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www.reachmd.com  
info@reachmd.com  
(866) 423-7849

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### Lessons from the Lynn Sage Breast Cancer Symposium: Conference Highlights

Dr. Birnholz:

Welcome to a special focus on breast cancer from Advances in Women's Health, sponsored by Lilly.

On this episode, recorded live at the Lynn Sage Breast Cancer Symposium in Chicago, we hear from Symposium Chair Dr. William Gradishar, Chief of Hematology and Oncology in the Department of Medicine at the Feinberg School of Medicine of Northwestern University.

Dr. Gradishar shares some key highlights and updates presented at this year's conference. Let's hear from him now.

Dr. Gradishar:

What I'll be talking about this year is a topic that has become more of a research interest in the last probably 5 years or so, and that is, for patients who have what we think of as relatively early-stage breast cancer who receive some form of therapy systemically—that could be chemotherapy or anti-HER2 therapy—prior to getting surgery and then they undergo breast surgery and they're found to have residual disease, meaning that in the sample there is evidence of cancer cells still either in the breast or the lymph nodes, what is it that we do with those patients to further reduce their risk? And the reason that is a relevant question is a few trials have now suggested that giving more therapy after the completion of that preoperative phase further enhances patient's outcome.

If you go back 10 years ago, whatever we gave preoperatively was it. There wasn't anything more to give. But now we understand that in patients with HER2-positive disease, a specific subtype of breast cancer, that if there is residual disease after receiving preoperative therapy, a very specific kind of anti-HER2 therapy further enhances the probability that you would go without a recurrence. And similarly, in patients with the subtype referred to as triple-negative breast cancer, we now have evidence that if there is residual disease having gotten preoperative therapy, that you can further reduce the risk of recurrence by using either specific chemotherapies, or there are clinical trials that are evaluating even immune therapy or other strategies that hopefully will further reduce the risk of recurrence, and as a result, fewer patients develop metastatic disease and patients live longer. So I'm going to be covering that topic and sort of overviewing where we are at this point.

I think that there are a number of areas that obviously generate a great deal of interest, trying to understand the molecular underpinnings of the disease and how it evolves, and part of that information is being gained now by simply sampling the blood where we have evidence of the tumor cells either in the blood, circulating tumor cells, or the DNA from tumor cells. That can be analyzed, which then helps us in realtime understand what's going on with the disease. It may also help us with determining what the best therapy is, may help us determine when the disease is changing or becoming more active. So that's a new technology that is going to have some impact that's significant not only in breast cancer but across all types of malignancy.

I think the approaches that are used by surgery and radiation are becoming more refined, so we're doing less of those things very selectively and demonstrating that we can have very good outcomes. And if you go back over the last 50 or 100 years, what you've seen is less and less of invasive procedures being done for patients with breast cancer because we're understanding more about the disease, and as a result, we have to do less and less things to patients to optimally take care of their underlying cancer, so no more mastectomies for everybody, more lumpectomies. Not everybody needs significant amounts of radiation when we can do away with less. Not everybody needs an axillary dissection. They can get axillary sampling. Cosmetic surgery has given patients a possibility of improving their sense of self-image because they can reconstruct the breasts in a very cosmetically acceptable way.

So I think on all aspects, including survivorship where patients have to overcome the side effects of all the therapy they have gone

through, these are all elements that have resulted in a much better outcome for patients, both on the clinical end and just in day-to-day life.

Dr. Birnholz:

That was Dr. William Gradishar, Chair of the Lynn Sage Breast Cancer Symposium of Northwestern University, talking about the latest research and treatment updates highlighted at this year's conference. To revisit any part of this discussion and to access other episodes in this series, visit [ReachMD.com/Advances-in-Women's-Health](https://ReachMD.com/Advances-in-Women's-Health). I'm Dr. Matt Birnholz, and thank you for listening to ReachMD. Be Part of the Knowledge.