

Transcript Details

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Announcer:

You're listening to *Project Oncology* on ReachMD. On this episode, we'll hear from Dr. Filipa Lynce, who's the Director of the Inflammatory Breast Cancer Program at the Dana Farber Cancer Institute and an Assistant Professor of Medicine at Harvard Medical School. Today, she'll be reviewing a newly proposed scoring system for inflammatory breast cancer.

Let's hear from Dr. Lynce now.

Dr. Lynce:

I think that we all can recognize that there are many challenges in making the proper diagnosis of this disease. There is ambiguity in diagnosis. The diagnosis is overly dependent on the provider's experience, and you can already understand how challenging this is when we are talking about a rare disease that represents about two to three percent of all the breast cancers. So outside of IBC-dedicated clinics, providers see at most one or two new cases per year, which for some might not be enough to give you the confidence to make the proper diagnosis of this disease.

So to try to overcome some of these challenges, there was an IBC Task Force that was brought together by the IBC Research Foundation led by Ginny Mason, the Milburn Foundation, and Susan G. Komen. They brought a group of IBC experts. They asked them, "Okay, in your opinion, what are the features most important when it comes to defining inflammatory breast cancer?" And they came up with seven characteristics. For each of them, they gave them a priority factor depending on how important they thought it was, and it's mainly clinical findings, but you also have a pathology finding, such as the presence of lymphatic emboli or breast imaging findings. And then for each of these characteristics, you could be assigned a score of one, two, or three. And in the publication that share this new proposed scoring system with the scientific community, there are also photographs that reflect different skin tones to help the providers that see these patients in the clinic try to identify these characteristics and be able to grade them. As we know, that unfortunately, this has been these findings too much associated with patients with white skin, and we really need to help of how do we identify these findings in other patients? So then, based on these variables or these characteristics and the scoring that each characteristics is attributed, you could come up with a total score that can make a patient fall into one of four categories that can go from very likely IBC to very unlikely IBC, and we propose that it is not only used for treatment decisions but as well for inclusion of patients in IBC-dedicated clinical trials.

This proposed scoring system is currently undergoing validation, so both the IBC program at Dana-Farber that I lead and the IBC program at MD Anderson that is led by Dr. Wendy Woodward, we both received the grants that the main goal is to validate this scoring prospect—retrospectively using our combined databases and if not validated to come up with suggestions to refine it and make it more accurate. So this work is ongoing with expertise. We could not do this without our biostatisticians, so we hope to be able to share the results with the scientific community sometime next year.

Announcer:

That was Dr. Filipa Lynce discussing inflammatory breast cancer. To access this episode and others in our series, visit *Project Oncology* on ReachMD dot com, where you can Be Part of the Knowledge. Thanks for listening!