

## Cancer News

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### Researchers From Around The World Gather To Discuss Triple Negative Breast Cancer

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The Triple Negative Breast Cancer Foundation (TNBC), and Susan G. Komen for the Cure convened one of the first "think tanks" dedicated specifically to triple negative breast cancer, a particularly aggressive and difficult-to-treat form of the disease. The meeting was held prior to the opening of the annual San Antonio Breast Cancer Symposium.

Thirty researchers, from leading cancer institutions in North America and Europe, were invited to share information on the latest science, to discuss potential research collaborations and develop a scientific agenda for future research and clinical trials to find effective treatment for women with this subtype of breast cancer. The meeting also marked the first joint effort between Komen for the Cure and TNBC to share resources to accelerate research and progress for these women who are not benefiting from recent advances.

Research shared at the "think tank" showed that approximately 15 percent of breast cancer cases can be categorized as triple negative, but incidence rates among African American women, especially younger African American women, are significantly higher. These tumors lack the three receptors shown to fuel most breast cancers -- estrogen receptors, progesterone receptors and human epidermal growth factor receptor 2 (HER2) -- and generally do not respond to receptor-targeted treatments.

"We've made significant advances for many patients by using hormonal therapies for women with estrogen and progesterone positive breast cancers and new targeted therapies for women with HER2 positive breast cancer, as we'll all see in presentations at the San Antonio meeting over the next several days," explained Eric P. Winer, M.D., director of the Breast Oncology Center at the Dana-Farber

Cancer Institute and Komen's chief scientific advisor. "The focus on triple negative breast cancer is recent and there is very little known about its pathology and how treatment decisions should be made for these women."

Discussions at Tuesday's roundtable centered around the need to more accurately define and diagnose triple negative breast cancer, as well as the need to focus on the epidemiology and risk factors for this subset of the disease.

Participants also discussed recent clinical trials that demonstrated that some women with this type of the disease may be benefiting more from standard chemotherapy than the broader group of patients and also discussed the need for future trials to look at which drugs produce more benefit for these patients and potentially which drugs may not help them at all. These results could lead to wider use of existing therapies for these women and could spare others from standard treatment that has not been shown to benefit them.

The group also engaged in discussions about clinical trial design and how newer targeted therapies will need to show specifically how, and if, women with "triple negative" tumors benefit. As this subtype of disease disproportionately affects African American women and is also being diagnosed in younger Hispanic women, new trials will need criteria to ensure that these populations are represented in future "triple negative" research. The role that patient advocacy groups, such as TNBC and Komen, will need to play in educating patients about the existence of "triple negative" breast cancer and the importance of participating in clinical research to identify more effective treatments for it was another topic of discussion.

The goal of the meeting was to create the first comprehensive publication and white-paper summarizing the "state of the science" with input and authorship from leading researchers from around the world who have been dedicated specifically to this subtype of the disease. The publication will also include a roadmap and recommendations for planning, funding and designing the next level of research with the goal of identifying effective, tailored therapies for these women, thereby further reducing the rates of breast cancer mortality around the world.

Co-chairing the symposium were Allison Axenrod, executive director of TNBC, and Hayley Dinerman, TNBC's director of operations. The program was planned by TNBC's medical advisory board, which includes Dr. Winer as well as Lisa A. Carey, M.D., medical director of the University of North Carolina Lineberger Comprehensive Cancer Center, and George W. Sledge, Jr., MD, professor of Medicine and Pathology and co-chair of the Breast Cancer Program at the Indiana University School of Medicine.

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