Science of MBC
Episode Title: Subtypes and Status
Guest: Julia Perkins Smith, MD, Global Clinical Lead – Pfizer

DR. COMEN: Hi, I'm Dr. Elizabeth Comen, a medical oncologist specializing in treating breast cancer patients. When someone is diagnosed with metastatic breast cancer, they're often in a state of shock, especially when they find out it is the most advanced stage of disease. But we want to help you feel both informed and empowered. We are here to help you, find your MBC voice.

PATIENT:
JANICE: I think one of the things that's most helpful, and I don't believe that you need a science or a medical background; learn about your disease. Learn as much as you're capable of learning about your disease. Because if you don't know, if you don't know specifically about your disease, you can't be a partner in your care. Everybody has a different level of knowledge that they want to acquire with their disease, but at least know the basics, know your receptor type, know whether or not you've had genomic or genetic testing, know whether or not, you know, you have mutations. Get a feel for what your treatment options might be. There's so much information out there. You don't have to know everything, but at least know the basics.

DR. COMEN: No two people living with metastatic breast cancer are the same. That's why it's so important for people living with metastatic breast cancer to know as much as possible about their disease, as this can help inform the treatment decisions they make with their physician. Join me as we speak with Dr. Julia Perkins Smith, Global Clinical Lead at Pfizer. Julia trained at Fox Chase Cancer Center and joined the Pfizer team ten years ago. In her role as Global Clinical Lead she focuses on seeing breakthroughs for women and men facing breast and ovarian cancers. Julia is here to explain the importance of understanding your metastatic breast cancer subtype as well as hereditary status. This is Science of MBC. Julia, welcome. Thank you for coming today. We're thrilled to have you. To start us off could you tell us a little bit about yourself and your job at Pfizer and exactly what you do?

DR. PERKINS SMITH: Sure. Absolutely. It's a pleasure to be here with you today, Elizabeth, and thank you so much for informing your audience and allowing me to be a part of that as well. So I am an oncologist hematologist by clinical training, but I've been with Pfizer for almost a decade now, working in, as you mentioned, as a global clinical lead now, which really means thinking about clinical trials and how we bring new therapies, and solutions to patients. And I'm specifically focused in the breast cancer space. Also, I guess on the personal side, I would just say that I've two in my family, we've been touched by breast cancer with two family members having had breast cancer, and I'm a mom. So I think a lot about not just trying to solve problems for, you know, for today's generations, but for future generations as well.

DR. COMEN: Yeah, that's so important. And thank you for sharing all of that with us. And I know certainly as your role as a global lead at Pfizer and, your background in medical oncology and treating patients, we know that understanding this subtype of the patient's cancer is so important for helping them understand and helping the doctor really provide the best possible options for them, be it standard of care or clinical trials. Can you speak to, how patients can best understand their subtype of their breast cancer better?

DR. PERKINS SMITH: Sure. Absolutely. And, you know, I think, those of you listening today, patients and caregivers alike, you often hear a lot of different details in the doctor's office and it's not always clear exactly what you're hearing, but your oncologist and others on the health care team are going to try to learn a little bit about your cancer because it's relevant to what type of therapies you will get, what your treatment journey will be. So when a biopsy is taken or tumor is removed, that tissue, that piece of you, goes in to a pathologist who's another specialist who really works, at looking at tumor tissue under the microscope, staining it in different ways and trying to learn about it. And they will be able to tell you and your health care team, what, where the cancer started. Did it start in the ducts or the lobules? So you might hear histological words such as ductile or lobular. They will also do some testing to try to figure out maybe some of the reasons or ways your tumor is stimulated to grow. So they'll look at hormone receptors, estrogen, progesterone receptors, and they'll look at human epidermal growth factor receptor 2, which is a mouthful, but we call that HER-2. Looking to see what's positive, what's negative, ultimately be able to settle in on whether you have a hormonally driven tumor, an HR+, PR+ tumor. Or do you have a HER-2 driven tumor, HER-2+. In some cases all three will be negative and we call that a triple negative breast cancer.

PATIENT:
MARLENA: I received the call that told me after I had my biopsy that it was triple negative breast cancer. So… well first all, I never even knew there were multiple types of breast cancer. So that was the first thing. So when she said triple negative immediately, I'm taking notes and I was shocked, of course. But as soon as that conversation was over, I just got on my phone and I started Googling triple negative breast cancer. So then when I found… when I met with my oncologist, you know, I asked her, well, what's the course of treatment? What's the time frame? You know. What does all of that look like?

DR. COMEN: One of the things we know that's so exciting about upcoming research and new developments and new treatment options is that in addition to the traditional subtypes that we think about, like hormone receptor positive or HER-2 positive, that cancers are really, and breast cancers in particular, can be tremendously heterogeneous. And one of the ways that we're investigating that is by looking at the genetic signature of a cancer, by actually sequencing and looking at the genetic changes of the tumor itself. But one other component of that is understanding the hereditary causes of cancer, of which there can be many. Would you like to speak to a little bit about how important it is to know our family history and also to consider genetic testing, hereditary genetic testing of a patient, especially in the setting of a strong family history?

DR. PERKINS SMITH: Yeah, absolutely. So, you know, early on when you're meeting with your oncologist and your health care team, they may ask you questions about your family history and you might wonder why, but it's important to understand if you do know what other cancers have occurred in the family. There are certain elements about your clinical history that may make your oncologists think about doing genetic testing. And so, you know, young age, bilateral breast cancer, is a history of male breast cancer in the family? A lot of history of breast cancer in the family at young ages. There can be a lot of factors that might encourage your health care team to look at that. There are different genetic issues that we know about. A common mutation that we hear about is BRCA1, BRCA2. That's a very common… I shouldn't say it's very common, but that is one of the more common ones that we know about. Not all cancers are driven by a genetic issue. So one in eight, about twelve percent of women in the general population, will be diagnosed with breast cancer in their lifetime. But with a BRCA1, BRCA2 mutation, your risk could increase dramatically, on the order of 70 percent risk in one's lifetime. So it's important information to know because it can have impacts on you and your family and even on treatment selection.

PATIENT:
SHANTE: Well yes, I know what the statistics say, but this is not the same metastatic breast cancer that it was in my grandmother or my great grandmother's day and age. There's lots of different type of treatments and modalities that can get us with progression free survival for longer periods of time. And so that's why I decided to advocate not only to educate myself, but definitely to educate others. You need to know what your tumor looks like beyond genetic testing. You need the genomic testing to find out what androgen receptors it has because different treatments are targeted at certain ones.

DR. COMEN: One other thing that I think is important to note is that BRCA1 and BRCA2 are not the only potential hereditary causes of cancer. There can be many other different kinds associated with breast cancer, and patients will often think, well, in my mom's side, I know all of that history and there's no cancer in the family. But as we know, you can get 50 percent of your genes from your mom, 50 percent from your dad. And it's important to equally consider both sides of the family history.

DR. PERKINS SMITH: Yeah and I think it's important to realize that we're learning more every day. So we don't know every cause today. And we keep, you know, we keep learning more. And when we sort... we talked about subtype at the beginning, you know, genetic history, hereditary history. And this is all important, also, if you and your team are considering a clinical trial, because there will be what we call eligibility, you know, certain subtypes, certain other factors that go into your decision as to whether or not a clinical trial might be good for you.

DR. COMEN: And, you know, it's so important in the breadth of information that's available, particularly in the age of the Internet, we know that there's just so much out there, both reliable and unreliable. What insights do you have in terms of making sure that patients have quality access to information above and beyond speaking to their doctor at an appointment?

DR. PERKINS SMITH: Yeah, I think it's true. If…with a diagnosis of breast cancer, you will have a lot of people come to you with expert opinions, but they may not always be right. So I think it's important to try to find the most reliable information you can. And then also consider taking that information and questions you have about it to your health care team, because they understand your situation best and they can help you interpret it and decide what really applies for you and what doesn't. And so I think that's always really important. In terms of some reliable resources, I would certainly recommend going to find your MBC voice dot com and there you will find reliable information that can help you navigate the diagnosis and your available treatment options. And then on that site also, you can link out to some of the partners who've helped develop it, some of the advocacy groups that have very reliable information, places like the Metastatic Breast Cancer Network, Breast Cancer dot org and other partners.

DR. COMEN: Great. Thank you so much for your insight today, Julia. We really appreciated the chance to talk with you and thanks to Pfizer for sponsoring this conversation. As Dr. Smith shared there's a lot to understand about each patient's breast cancer diagnosis, their subtype, as well as their hereditary potential component to their cancer, which can help inform the treatment that may be available to them. Visit Find Your MBC Voice dot com for an interactive discussion guide to help you have a more informed conversation with your doctor.

END