Advocate’s Summary: Great Lakes Breast Cancer Research Symposium
by LBCA Steering Committee member and patient advocate Barbara Neilsen

The Great Lakes Breast Cancer Research Symposium was held May 2 – 4, 2019 in Columbus, OH. Over 175 attendees, primarily researchers, attended this symposium. A small number of patient advocates were invited to participate.

Many presentations were highly technical and focused on triple negative breast cancer. Invasive lobular cancer (ILC) was featured with two presentations. Steffi Oesterreich, PhD of the University of Pittsburgh Medical Center (UPMC) presented on the The Unique Biology of ILC and Megan Kruse, MD of the Cleveland Clinic and Case Comprehensive Cancer Center spoke on The Genomic Landscape of ILC.

In the Trainee Talk section of the conference, Nilgun Tasdemir, PhD of UPMC, reported on the first hormone responsive ER positive metastatic xenograft model that faithfully represents the unique ILC features and which will serve as a valuable pre-clinical platform for testing new therapeutic approaches.

The poster session allowed us to display our LBCA information, and a number of participants stopped to learn more about ILC. In addition, there was a poster by Ashuvinee Elangovan of UPMC entitled E-cadherin loss induces activation of IGFR signaling in ILC. His poster presentation noted that insulin-like growth factor1 (IGF1) provides a potential new therapeutic target for ILC using an IGF1 inhibitor such as xentuzumab.

A session on Patient Advocacy was also of interest to many of the scientists. Most scientists don’t regularly interact with the patients who benefit from their work. Patient advocates can advance research by sending letters of support for grant applications, serving as part of a grant review team, as well as by participating in clinical trials and even by providing tissues for study following death. Tips for creating a patient advocacy program at institutions were presented, and our Lobular Breast Cancer Alliance member, Janice Axelrod, spoke of her experience with ILC and the challenges of being a patient with an under-studied disease.

The symposium concluded with a presentation, Delivering on the Promise of Precision Medicine by Gordon Mills, MD, PhD of Oregon Health and Science University. He felt breast cancer treatment needs to combine both targeted therapy and immunotherapy. While targeted therapy is a great way to begin treatment, emergence of resistance is almost universal. Immunotherapy is a good approach too, but it is hard to predict a patient’s response, which is usually modest but prolonged. Tumors adapt to therapies and the challenge is to adapt therapy faster than the tumor evolves. Research is exploring combinations such as PARP Inhibitor/PIK3 pathway combinations that seem to produce more lasting responses. He believes it is important to change therapy regularly to stay ahead of resistance and to generate durable responses with tolerable toxicity.

I found the symposium to be a good opportunity for learning, for networking, and also for raising awareness about ILC, particularly ILC as a topic for future research. Plans are under way for the third annual symposium to be held next spring in Cleveland, Ohio.

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