

Prevention and Survivorship
Summary of BCRF think-tank session

Moderator:
Peter Greenwald, MD, Dr.PH

<u>Attendees</u>	
Debra Barton	Dawn Hershman
Eduardo Cazap	Karen Liby
Andrew	Barbara Parker
Dannenberg	Jeffrey Peppercorn
Carol Fabian	Michael Sporn
Patricia Ganz	Annette Stanton
Julie Gralow	Mary Beth Terry

The subgroup considered three interrelated thrusts: 1) Public health/lifestyle/global approaches to cancer prevention; 2) Medical approaches; & 3) Survivorship/symptom management. Common themes for these thrusts are the critical importance of basic science, mechanisms & pathways; the two-way interaction & collaboration between basic & clinical scientists; attention to the different types of breast cancer; taking advantage of windows of opportunity; & the need for education & to build broad support for the field of cancer prevention.

Public health/Lifestyle/Global

Globally there is a disconnect between scientific knowledge & application of the knowledge. This has to be addressed in a practical way. Feasibility & political will are keys to success, which will be stepwise & require resources. Obesity, eating behavior & physical activity impact breast cancer risk & are related; they require a much greater basic science effort to complement the current epidemiology & policies to spread adoption of evidence-based guidance. The built environment (facilitating exercise as a routine part of life) is key to increasing physical activity. The behavior of institutions & policy makers governs much of what can be done on a population basis regarding lifestyle.

Medical approaches/Chemoprevention

The clinical development & use of SERMs & aromatase inhibitors is a great success. Greater education of health professionals & the public about this success will spur progress. Research attention to non-hormonal pathways for breast cancer prevention provide opportunities for pre-clinical to first-in-human & phase II studies aimed at preventing ER-negative breast cancer. Biomarker modification is a practical aim for early phase trials. For most biomarkers in use, intensive study is needed of their predictive value as surrogate end-points for phase III trials. The size, duration, & benefit-

risk issues of breast cancer adjuvant trials often are similar to prevention trials. Attention to the variability in the chemical nature & function within classes of potential preventive compounds (e.g., anti-inflammation, anti-oxidant, retinoid, statin) as well as differing breast cancer types merits consideration. Time-of-life & stage-of-carcinogenesis also should be taken into account in study designs. Suggestions for building up this field include 1) increasing NCI's role as a non-profit pharmaceutical company; & 2) providing incentives for industry to focus on prevention (e.g., advocate starting patent life at the time of first-in-human studies, with a *quid pro quo* of no direct-to-public advertising for two years & rigorous post-marketing review at five years.

Survivorship/Symptom management

There is growing recognition of the importance of research on symptom management & survivorship, but more clinically-related basic research & better diffusion & adoption of what is known will greatly benefit cancer patients. Clinical trials, or piggy-back studies on clinical trials, which have the power of randomization & link exposures to outcomes will further this field. Mechanistic & clinical research is vital to prevent or minimize these problem areas: fatigue, depression, cognitive impairment, neuropathies, sleep disorders, arthralgias from aromatase inhibitors, hormone deficiency symptoms. We also must learn more about how best to help care givers.