

EMBRACE



Living Well with MBC at the Zakim

Sarah Sammons, MD, associate director of the Metastatic Breast Cancer Program, speaks with Jennifer Ligibel, MD, director of the Leonard P. Zakim Center for Integrative Therapies and Healthy Living.

Q: What is the Zakim Center's origin story?

A: The Zakim Center opened at Dana-Farber in 2000 to provide integrative therapies that alleviate cancer symptoms and treatment side effects. The Center aims to help patients with cancer feel stronger, complete their treatments, and recover faster. It was founded with the vision of Leonard “Lenny” Zakim, who found integrative therapies like meditation and acupuncture helped manage his treatment side effects for multiple myeloma. Zakim wanted to make integrative therapies available to as many patients as possible, so the Center offers many services at no or limited cost.

The Center started small, but now provides treatment rooms, a consultation space, and exercise facilities. Center offerings include massage and a wide assortment of exercise, nutrition, meditation, and expressive arts programs.

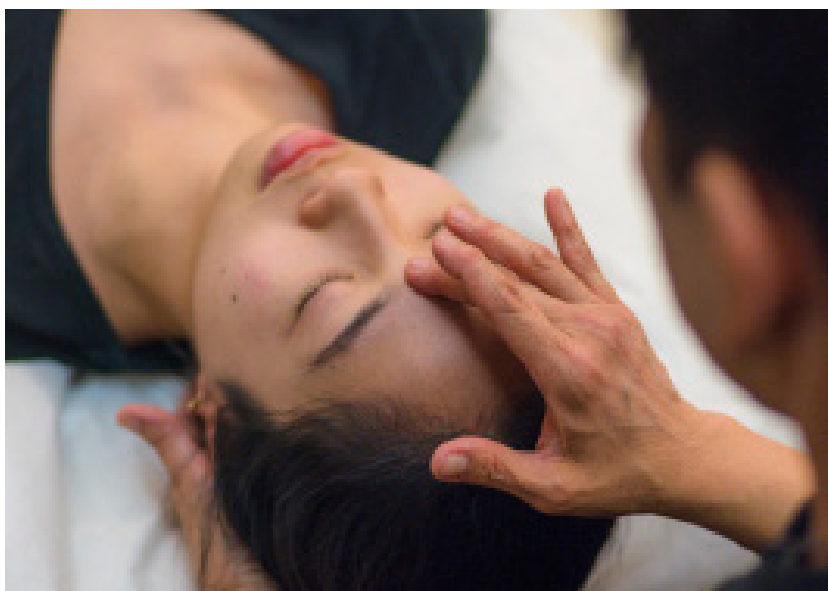
Q: How did the COVID-19 pandemic impact the Zakim Center?

A: The pandemic initially closed the Center, but we quickly realized that patients needed support more than ever. We began delivering virtual programs; this eventually led to the MyZakim website (myzakim.dana-farber.org) with a full array of digital services that reach thousands of people.

Q: What does MyZakim offer people living with MBC?

A: A group called Roots & Wings Yoga and Healing Arts helped us develop a program called Living Well with Metastatic Breast Cancer, focusing on evidence-based healthy living and integrative therapies. The program includes nutrition information and classes on mindfulness, yoga, exercise, and cooking. There are also Zoom classes, such as a creative arts workshop specifically for people living through advanced breast cancer. We mail people supplies, and they do an art project together online with our art therapist. Later this year, we are hoping to pilot a program offering health coaching.

We are also launching a new research project called FastER, for women with ER+ MBC starting first- or second-line CDK4/6 with endocrine therapy. The project studies the effects of exercise and prolonged overnight fasting on fatigue and other treatment side effects. Participants will be randomized into one of four groups: just exercise, just fasting, both exercise and fasting, or a general



Letter from the PIs

As we EMBRACE 2024, we are filled with gratitude and optimism for continued progress against metastatic breast cancer (MBC). We thank you sincerely for your contributions to the EMBRACE research cohort, which has enrolled over 3,400 patients with MBC as of June 2024.

We have witnessed significant milestones with the approval of drugs addressing specific mutations in hormone receptor-positive (HR+) breast cancer. Elacestrant, a novel oral selective estrogen receptor degrader (SERD), has shown promising results in targeting ESR1 mutations. Additionally, capivasertib, which targets the PIK3CA/AKT/pTEN pathway, offers a new line of defense for patients with these genetic alterations. These advancements represent a leap forward in personalized medicine, allowing us to tailor treatments more effectively to individual needs. We have also made advances with several antibody drug conjugates (ADCs) in MBC, which deliver targeted payloads of chemotherapy in all MBC subtypes. We have found that the ADCs

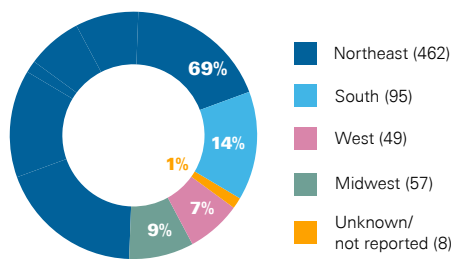
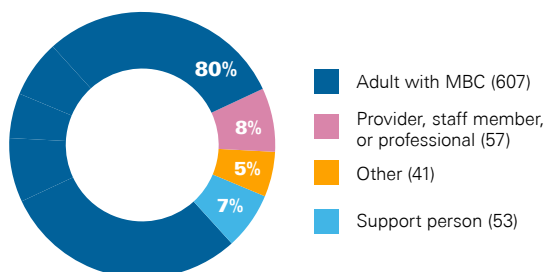
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Highlights of the 2023-2024 EMBRACE Virtual Forum Series

DUE TO THE SUCCESS and increased accessibility resulting from moving the EMBRACE Annual Forum online, we continued this format with our 2023-2024 Virtual Forum Series. We are pleased to see the number of viewers rise each year. Our welcome sessions with Nancy U. Lin, MD, and Sara M. Tolaney, MD, MPH, continue to be a favorite with viewers, along with an update from the 2023 San Antonio Breast Cancer Symposium (tinyurl.com/SABCS2023). The What's New in Research & Treatment sessions by cancer type are also highly viewed. For more information and to watch sessions, visit dana-farber.org/mbc-education.

FORUM PARTICIPANT PROFILES



EMBRACE participants make it all possible

EMBRACE RESEARCH PARTICIPANTS have been instrumental in advancing our understanding of MBC, including your willingness to provide blood samples and biopsy tissue. To highlight a few recent findings:

One study provided valuable insights into how older patients with MBC differ from younger patients, the types of treatments they receive, and their survival outcomes. The findings from this large prospective registry have helped to tailor more effective treatment strategies and improve the quality of care for this patient population.

Another study shed light on how changes in HER2 expression affect the effectiveness of the drug trastuzumab deruxtecan, a targeted therapy for

MBC. Understanding these dynamics can help predict which patients will benefit most from this treatment and potentially lead to better management of MBC. We were also able to use the blood samples to identify HER2 expression from the blood, saving patients in the study from biopsy. This advancement could lead

to easier, more frequent monitoring of HER2 status, allowing for timely adjustments in treatment.

We also studied factors that predict good response to first-line therapy in hormone receptor-positive (HR+) MBC. By identifying clinical and genomic factors that predict outcomes for patients receiving first-line treatment for HR+ MBC, this research helps in understanding which patients are likely to benefit from certain treatments. This can lead to more personalized and effective treatment strategies, improving the prognosis for patients with this type of breast cancer.

Overall, the EMBRACE research cohort has contributed significantly to the field of breast cancer research by providing a deeper understanding of the disease, identifying new biomarkers for treatment response, and paving the way for personalized medicine approaches in the management of MBC.

As of June 2024,
3,409
patients have enrolled
in the EMBRACE study...

...and
have
contributed **9,093**
blood samples to date

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also work quite well for brain metastases.

The theme of this year's newsletter, "Living Well with MBC," reflects our holistic approach to care. We understand that extending life is only part of the journey; ensuring that you lead a fulfilling life is equally important. In collaboration with the Zakim Center, we are proud to present an issue that delves into the role of diet, exercise, and integrative therapies in living well with MBC.

As we look back on the progress made and anticipate the advances yet to come, we extend our deepest appreciation to all of our patients, caregivers, and healthcare professionals who contribute to our mission. Your courage, participation in clinical trials, and shared experiences are the driving force behind our achievements. We move forward with hope, determination, and a shared vision of living well and long with MBC.

Warm regards,
Drs. Lin and Sammons

PATIENT PROFILE: Angela Douglas

IN 2016, WHILE PREPARING for a hip replacement, Angela Douglas discovered a lump in her breast. She was immediately sent for a scan, but a machine malfunction postponed it until after her surgical recovery in the spring of 2017. After a scan and biopsy, she was initially diagnosed with stage 3 ER-positive breast cancer, then once a PET scan was approved, diagnosed with stage 4 MBC.

Her treatment—bilateral mastectomy with reconstruction, chemo, and targeted therapies—was going well until August 2020 when her doctor found a nodule on her lung. Her cancer had mutated to triple negative breast cancer (TNBC). Treatment was effective and, in August of 2021, her scans were clear. Then, in October 2022, a scan showed a nodule on her lung had reappeared, along with lesions on her liver. Her doctor in New York was retiring and recommended Sara Tolaney, MD, MPH, at Dana-Farber. With Dr. Tolaney, Douglas started a trial that is resulting in clear scans. She remains in the trial for prevention and maintenance, commuting from her New York home to Dana-Farber for monthly treatment.

Q: The last few years must have been a roller-coaster. What has helped you through it?

My faith and belief that my attitude makes a huge difference. If I think I'm not going to make it, then I could very well push myself to that place. Family is also a big motivator. When I was diagnosed, my children moved back in to be with me. In September 2017, we took custody of my nieces and nephew, ages 2, 4, and 6. I wound up with four young adults and three little ones in my house. While the young adults have launched and the little ones are no longer living with me, it was a glorious time because priorities were clear: the care of the little ones and my health and wellbeing.

Q: How did the people around you react to your diagnosis?

My children and my mother struggled at first. But, as they've watched me walk through the treatments and reoccurrences, they've gotten stronger. My work families have been phenomenal, too. They've shown tremendous care, but also allowed me to just show up, be me, and do work. It has been important to contribute.

But there are also people who just think you're gonna die—that, in your hope, you're in denial about how bad this is. The reality is that cancer treatment is exhausting and hard. Some people just can't participate in that, and it's important to not be resentful if they can't. Having people you can talk to about all that helps.

Q: What life tools have served you best through this?

My mother raised me to understand that this is my body and that I should be able to participate in decisions about myself. Every time the cancer mutates or treatments aren't working, it feels like I'm going back to zero, but I'm not. I have learned along the way, and this is just a new thing I haven't worked through yet. When I was diagnosed with TNBC, I read about every trial on the Dana-Farber website and came up with detailed questions. If I were still reeling from the reoccurrence, I wouldn't be able to think about questions or process Dr. Tolaney's answers. As cancer patients, there's so much we don't have control over. How do we create areas where we do have control? For me, it's knowing the process and being a part of it.

Q: People of color have historically been underrepresented in clinical trials. What has your experience been?

Starting with the obvious, I don't see many people of color in waiting rooms. Maybe there are locations serving people in their own communities? But, it's always in the back of my mind, "Are we getting treatment?" I also wonder if there are support groups for people of color participating in trials. It would be nice to share our hard-earned wisdom and process what we're going through together.

Getting into the trial was important for many reasons. First, I have experienced medical discrimination in my lifetime. Take pain relief. There are legitimate inequities. I had a surgical dislocation in my hip—one of the most painful surgeries you can have—with next to no pain meds.

The trial medications that I'm on made me very sick. The doses were formulated for someone who wasn't me. My quality of life was so impacted, I didn't think I could continue on the trial. But, how many other people of color were in the trial? If I left, would we then have no representation? I was able to stay in because Dr. Tolaney was amazing and suggested protocol adjustments. The doses have been scaled way back, and I am still getting unprecedented impact. It's healing my body.



Safe and effective remedies for pain, hot flashes, and neuropathy

WHEN TING BAO, MD, MS, CO-DIRECTOR OF the Zakim Center, moved to the U.S. from China to pursue a career in medicine, she discovered some of the tools she routinely used to remedy her own illnesses, like Chinese herbal medicine and acupuncture, were rarely used here. Then, an internship revealed an intense interest in Eastern medicine and cancer. “I discovered my goal of bringing together the best of Eastern and Western medicine,” says Bao. After completing her medical education at Johns Hopkins and working at Memorial Sloan Kettering Cancer Center as a breast medical oncologist, integrative medicine doctor, and acupuncturist, Bao’s career path led her to the Zakim Center. Here, she consults on integrative medicine and leads clinical trials examining the safety and effectiveness of acupuncture and yoga for the treatment and symptoms of cancer.

Alternative medicine vs. integrative therapies

“If an alternative medicine is promising to treat cancer, it’s unfortunately often not true,” cautions Bao. The term “alternative medicine” describes a remedy used instead of Western cancer treatment. In contrast, the Zakim Center offers evidence-based integrative therapies for use along with conventional cancer treatment. “When we recommend one of these therapies, it’s backed up by clinical trials, so we can say with some certainty that it’s safe and effective,” explains Bao.

Addressing discomforts

Clinical trials show that therapies like those at the Zakim Center can help with cancer symptoms and treatment side effects.

Pain: Guidelines published in 2022 summarize 227 clinical trials looking at integrated medicine options for treating cancer pain. Acupuncture and yoga were shown to be effective for easing aromatase inhibitor-induced joint muscle pain. Massage was shown to help reduce pain in patients receiving palliative or hospice care.

Hot flashes: Acupuncture, progressive muscle relaxation (deep breathing and guided imagery), and cognitive behavioral therapy (not provided at the Zakim Center, but available via Dana-Farber social workers) are options for treating hot flashes.

Neuropathy: Bao has completed two pilot studies suggesting that acupuncture and yoga help reduce chemo-induced peripheral neuropathy (CIPN) and might improve nerve function. She is conducting two large phase 3 randomized controlled trials to determine if acupuncture and yoga can reduce CIPN pain and help explain how these treatments work.

Getting started

The [MyZakim website](#) offers free virtual classes and a library of information for Dana-Farber patients. Dr. Bao recommends the 8-week mindfulness resilience class and the 13-week nutrition class. Services are in-person, but virtual visits may be an option. Dana-Farber patients can email or call the Center directly at 617-632-3322.

	Ending Metastatic Breast Cancer for Everyone
<i>Principal Investigators</i> Nancy Lin, MD Sarah Sammons, MD	Susan F. Smith Center for Women’s Cancers Breast Oncology Center Dana-Farber Cancer Institute Email: embrace@dfci.harvard.edu Phone: 617-632-5510

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supportive-care program. Participants in the exercise group will work with a trainer on Zoom and receive a stationary bike and weights to use at home. Participants in the fasting group will work with a coach to safely achieve longer fasting periods at night.

Q: What do we know about how physical activity improves breast cancer outcomes, and how people tolerate treatments?

A: We don’t have as much evidence regarding the benefits of exercise in MBC as we have in people with early breast cancer, but a recent European study looked at a twice-per-week exercise program in 300+ patients with MBC. The study showed that an exercise program, with both aerobic and strength training, significantly reduced side effects of cancer treatment. This study provides the strongest evidence to date that structured exercise is beneficial to patients living with MBC.

Q: Some estrogen-based therapies can lead to minor weight gain. Is it safe to lose weight while in MBC treatment?

A: There aren’t many studies looking at weight loss in patients with MBC, but we included some patients in a pilot weight-loss program. Weight loss seemed to be safe and feasible in women with MBC. I would just stress: If you are embarking on a weight-loss program, combine it with exercise. Often, when people lose weight, they also lose muscle mass. So, reasonable caloric restriction combined with increased physical activity is a path to weight loss and muscle maintenance.

Ask a nutritionist

Christina E. Conte, LDN
Zakim Center
Nutrition Coordinator

How can a nutritionist/dietitian assist in my care?

Dana-Farber registered dietitians/nutritionists are experts in providing oncology-specific nutritional guidance. By meeting with a Dana-Farber dietitian, you can discuss your nutritional concerns and receive tailored advice on how to best meet your goals. For example:

- Managing nutrition-related treatment side effects, such as nausea, constipation, diarrhea, poor appetite, or taste changes
- Knowing which foods support energy and strength
- Getting adequate protein to support healing, maintenance of muscle mass, and the immune system

Your nutritional needs and side effects may change over time, and our experienced team can help educate you on what to expect and how to manage nutrition-related challenges.