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Assessing Breast Cancer Patient Attitudes Toward Minimal Residual Disease Screening

Announcer:
You're listening to *Breaking Boundaries in Breast Cancer*, sponsored by Lilly.

Dr. Birnholz:
This is ReachMD. I'm Dr. Matt Birnholz. I'm joined by Isoris Nivar. She's a research coordinator at the Division of Hematology and Oncology at Penn Medicine, and she has participated in a study about patient attitudes, experience and results of screening for minimal residual disease, or MRD, for therapeutic intervention with breast cancer.

Isoris, welcome to you.

Dr. Birnholz:
It's great to have you on the program. So I'm curious about where this study originated. Um, it—it's looking to answer an important question, which is: Do breast cancer survivors want or not want to engage in more active surveillance? Can you talk about how this study came to be?

Ms. Nivar:
Yeah, sure. So I work for Dr. Angela DeMichele, and the study came to be... There have been literature that shows that harboring DTCs, or disseminated tumor cells, um, has been shown with an increased risk of recurrence, so she kind of looked at that information and said, "Well, how can we take that information and use that to put in place a measure of active surveillance?" because patients, once they have finished all their primary treatment and they are in remission, they're kind of left in this space of, "Well, what do I do now? I know that there are lifestyle measures that I can take," um, "to sort of reduce my risk of recurrence, but is there anything else," um, "that I can do?"

So the idea of the study is that we are performing bone marrow aspirates to look for these DTCs, or dormant tumor cells, um, in the bone marrow aspirate, which is usually where the cells are prolif—proliferate, they hang out, so we want to know—all right, we've performed this bone marrow aspirate, we find these DTCs—first of all, are patients gonna wanna do this? Are patients, um, willing to have multiple of these if they do have these DTCs? and sort of what happens after that. So we found that patients are definitely willing to participate in this research because they want to have that knowledge. And patients, um, are not entirely pleased with the idea of having multiple bone marrow aspirates, but they're still willing to do it.

Dr. Birnholz:
And it's no small decision, of course, but pursuing the investigation of whether or not they would want to, I think we often leave that up to be one of those rhetorical questions. We either assume one way or another. Um, it's—it's interesting to me that your team wanted to go after that information. What kind of insights did you get from that?

Ms. Nivar:
So we discovered that patients—not only do they want to know, they're highly motivated. In fact, they're so motivated that we have patients coming from all the over the country. We have patients from California, patients from Texas, um… And we also found that, uh, patients, after they have the bone marrow aspirate, they do self-report reduced anxiety because they feel like they're taking active measures, um, and really being proactive with, um, their health and their future, so that was really interesting. Um, and they do tolerate the bone marrow aspirates fairly well. I mean, we have no—reported no bleeding, very minimal bruising, tenderness, um, no drainage, um, and there is some pain, but it's very minimal; so not only is it physically tolerable, but patients actually, um, are very pleased with

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their participation in the study.

Dr. Birnholz:
Have you found that, um, among those, whether it's at, uh, Penn Medicine or more specifically maybe in, uh, satellite kind of practices, um, might have had a—might have had a bit of a block around, um, the assumptions about whether patients would actually want to do this? Um, has there been any kind of barriers towards, um, getting patients to, um, register for this to become more involved in—in—in getting bone marrow aspirates?

Ms. Nivar:
I think one of the biggest barriers I would say is, um, patients having the information that the study is available to them. I mean, they can look for it on clinicaltrials.gov, but as we know, that can be a very hard site to navigate for patients, so I think the biggest barrier has been getting that information out to more—more people. Um, we do... We have had a large amount of patients come, um, from all over due to the fact that other patients that have participated are speaking out and they're posting about it on Facebook, social media, and they're saying, "Hey, I had this study. You might be eligible for this as well. Why don't you try," um, "and see if you participate in it?"

Dr. Birnholz:
It's sort of a positive spiral happening here.

Ms. Nivar:
Yeah.

Dr. Birnholz:
So I guess looking forward, uh, one of the next questions that comes to mind is whether the outcomes for these patients in the short- and long-term will be different, uh, with more, uh, knowledge, with more information armed at their disposal, if that will lead towards better outcomes. Do you think that there will be an extension study down the road for that?

Ms. Nivar:
Um, so that's a really good question. Um, what I will say is that right now from the information that we do have, um, the patients that tested positive, um, have enrolled in the CLEVER trial. So the CLEVER trial is really our pilot trial to see if these, um, minimal residual disease, um, trials for therapeutic intervention are feasible, and right now we're finding that they are. So, out of the 37, um, that are found to have—be positive, 36 enrolled. One did not enroll because she had a concurrent recurrence. So, as you can see, patients have this information. Um, they're willing to enroll in the trial. Um, the current, uh, trial CLEVER uses hydroxychloroquine and everolimus, and these are already 2 FDA-approved drugs that, um, target autophagy and mTOR pathways, and they have been tolerated fairly well, so it's very promising, and we'll see what comes next. We're very excited.

Dr. Birnholz:
Well, I'm looking forward to hearing more updates on that in the future. It's been great talking to you, Isoris. Thanks so much for your time.

Ms. Nivar:
Thank you.

Dr. Birnholz:
I've been speaking with Isoris Nivar from Penn Medicine about patient attitudes, experience and results of screening for minimal residual disease after breast cancer. Isoris, thanks again.

Ms. Nivar:
Thank you.

Dr. Birnholz:
For access to this and other episodes devoted to breast cancer research and treatment, visitReachMD.com where you can Be Part of the Knowledge. I'm Dr. Matt Birnholz. Thanks for listening.

Announcer:
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