

The international debate on Breast cancer and personalized medicine: Advances, conundrums and novel therapeutic interventions

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Despite significant increase in the number of women surviving breast cancer, there still exist a large number of women who die each year despite treatment. It remains a challenging disease to treat, in part, due to the heterogeneity of the malady. It is widely accepted that breast cancer is a highly heterogeneous disease and that subpopulations of cells within a single tumor can exhibit distinct genomic, protein and metabolic profiles. These profound complex profiles result in perspicacious and variable phenotypic cellular portraits. Furthermore, tumor cells experience a range of microenvironmental cues, which would in turn, translate into a range of phenotypic manifestations, contributing to morphologically dissimilar cellular lineages and tissues, within the tumor milieu. Thus, interactions of tumor cells with their microenvironment mutually shape tumor behavior and phenotype. Likewise, plasticity of tumor cell phenotypes would necessarily also influence the apoptotic and autophagic responses. The clinical relevance is that this disparate and divergent heterogeneity contributes significantly to the efficacy of drug therapy and therefore imparts considerable inter-individual variation in pharmacotherapy and clinical response to a myriad of agents. Accordingly, this tumor intra-/inter- incongruence in breast cancer patients, underscores the necessity to personalize therapeutic regimens favoring more personalized patient care throughout monitoring disease progression, relapse and remission states. Our lab briefly delineates a reliable in-vitro test that employs a more

scientific and logical approach to identify drug(s) and drug combinations that may be efficacious against a specific patient's tumor in-vivo. The patient's own tumor mass is fully disaggregated and as such, all cells (microenvironment) that compose the tumor are subjected to cytotoxic/ cytolytic agents. The endpoint is cell death (not cell-growth), which correlates to clinical outcomes of progression-free and overall survival in cancer patients. Though, the entirety our tumor studies are not shown, our studies do validate that in-vitro testing does qualify as a tool that can assist and guide oncologists to the most efficacious therapy(s) for their patients and the necessity to individualize chemotherapeutic regimes.

Biography

Sherry A Bradford has attended undergraduate school at SUNY at Buffalo and has done her PhD in Biochemistry from the University of Buffalo. During her clinical laboratory vocation, she was solicited by the Chief of Surgery at Millard Fillmore Hospital, Buffalo, NY, to direct the Surgical Research Laboratory. She was awarded for Excellence in Research by the American Federation for Clinical Research, and for the Excellence in Research – SUNY at Buffalo. Currently, she sits on the Editorial Board of many reputed national and international journals and has authored and co-authored a number of scientific peer-reviewed manuscripts. She is also a member of many professional organizations including: International Metabolic Cancer Group, AACR, ASCO and GLIFCA.