

[MUSIC PLAYING]

**MATTHEW
GOETZ:**

I always tell my patients we should always be thinking about a clinical trial. Because then what we're doing is providing access to a drug that you might not otherwise have access to. And that could substantially improve not only your survival, but also quality of life as well.

When women are diagnosed with breast cancer, they want to be in a center that is doing cutting edge research. So one of the things that we do is develop clinical trials and specifically perhaps bring a brand new drug into the clinic or a drug combination. One of the recent advances was actually took a tamoxifen metabolite called endoxifen and developed that as a drug in collaboration with the National Cancer Institute.

We found that the drug actually had substantial anti-tumor activity in women whose cancers had previously progressed on standard hormonal therapy. One of the observations for quite some time for the last 10 years is that the measles virus actually can attack cancer cells and kill them in ways that chemotherapy could not.

So this is quite exciting, and we have a project that's focused on bringing a new measles virus into the clinic. We think about genetic change inherited from the mother, a father, that placed that woman at risk of developing breast cancer. And increasingly, we're ordering genetic tests on a regular basis for our patients.

And we get a result back that says, well, this is slightly abnormal. And we're not sure whether it's truly disease causing or it's benign. We have an investigator, a researcher that's focused on BRCA1 and BRCA2. Of course, these are the genes that we think about as being hereditary breast cancer genes.

We can actually now go to the database for these VUS's reclassified and actually find out, are they truly uncertain, or are they actually disease causing, or perhaps not associated with disease? This has huge implications, obviously, for decision making for patients because we would never recommend aggressive surgery or other medications for a VUS, something where we don't know.

But obviously, we knew that that alteration was indeed associated with a high risk of developing breast cancer. Then that would affect our decision making. We have a number of trials that are open for patients with metastatic breast cancer, whose tumors are estrogen receptor positive, but where their cancers have progressed on standard therapies.

Our options typically would only be chemotherapy. And so a woman in that situation would like to have potential access to a drug that could prolong her life, lead to better quality of life, but yet not be classic chemotherapy.