

Invitation

Prevention of Breast Cancers

The 2014 Annual meeting of the European Cancer Prevention Organization

November 21 & 22, 2014, **Radisson Blu**, Genk-Hasselt, Belgium

FINAL PROGRAM & Satellite Meeting

The good news about breast cancer is that more women are cured than ever before. New and better treatments lead to longer survival with better quality of life, and much hope has been raised from the implementation of individualized targeted and endocrine treatments. But rarely, one could expect cure in advanced disease.

The improvements in survival can be explained almost entirely by the detection of the disease in its first stages where more cures can be expected through less mutilating therapies. The importance of early detection cannot be overemphasized and remains one of the established methods to conquer the disease. There is reasonable hope as well that secondary prevention still can be improved to reach more women with better equipment.

But the silent incidence rise in Western countries and even steeper increase in developing regions remains worrisome, forcing the medical community to find urgently modifiable causal factors. Germ line mutations are responsible for 5 to 10 per cent of the cases but are difficult to use in prevention. Exogenous factors, in particular those in early life, such as diet, environment, lifestyle, reproduction, and not in the least, medical interventions, are well known causes. Later in life, diet, medication, endocrine factors, and lifestyle may play a role as well.

Substantial progress has been made in discovering how the disease originates and progresses before it becomes clinically detectable and life-threatening. In this preclinical stage, susceptibility may be reversed and progression slowed down. Chemoprevention has been tried in the past. The moderate success of such interventions can be explained now by the different

biomolecular types and the recognized heterogeneity of cancer cells.

The unawareness of the large variability in diseases, commonly named breast cancer, is probably a reason why progress was slow and inconsistent in the past.

Large scale interventions should account for the many faces of breast cancer. It is highly probable that for example luminal types are caused by other lifestyle factors compared to triple negatives and HER2-types. Various prevention strategies might be combined in one coherent, sensible and affordable action program.

Together with a substantial number of highly recognized research groups, the European Cancer Prevention organization intends to make an inventory of the recent scientific research to provide health care workers and decision makers with a comprehensive strategy to combat the disease before it is able to kill.

On November 21 and 22, 2014 a selection of the most productive international research groups will present their latest data. This milestone meeting will take place in the vibrant region Hasselt-Genk, in the most eastern part of Belgium and a couple of miles from Maastricht.

On behalf of ECP and partners, we cordially invite you to join us in this milestone conference.

Jaak Ph. Janssens MD, PhD
President ECP



Program

Friday November 21, 2014

8 h: Welcome coffee - Foyer - Radisson Blu

9 h [Welcome by Governor Herman Reynders, Belgian Limburg](#)

9.10 h [Breast Cancers: a group of cancers originating in the breast](#)

Chair: Prof. Eric de Jonge

9.10 h **Should we speak about breast “cancers” instead of “cancer”? Introduction.**

Jaak Ph. Janssens – ECP

The well-established different molecular forms of breast cancer are treated by appropriate, often targeted, medication focused on the many cellular pathways that are differentially expressed. It is highly probable that each molecular class of breast cancer has its own type of carcinogenesis and causation.

9.20 h **Molecular types of breast cancers**

John-Paul Bogers – Belgium

Today, 4 molecular types of breast cancer are recognized but evidence suggest that many more subtypes deserve clinical attention with regard to prognosis and treatment. In addition, separate prevention strategies should be considered as the carcinogenetic process is likely to be different.

9.40 h [Early life where breast cancer originates](#)

Chair: Dr. Peter Sieprath

9.50 h **Hereditary breast cancers**

Eric Legius – Belgium

BRCA-1 and BRCA-2 mutations are well known to be related with a life-time increase in breast cancer. Other mutations have been recognized as well. How do they relate to the different molecular forms of breast cancer?

10.10 h **Break – Foyer – Radisson Blu**

10.30 h **Genistein in the diet as a preventive agent in breast cancer**

Coral A. Lamartiniere – USA

Breast cancer protection in Asian women consuming a traditional soy-containing diet is derived from early exposure to soybean products containing genistein. Events, early in life, are essential for the benefits of cancer protection.

- 11.00 h **The molecular mechanisms of the dual effect of pregnancy in risk and prevention of breast cancer.**
Jose Russo – USA
 We have studied the genomic profile of nulliparous and parous women in the premenopausal and postmenopausal period and find that there are genes only activated during the first five years after pregnancy that may contribute to the increased risk experienced by certain women after pregnancy and at the same time we have confirmed that pregnancy induces a long lasting genomic signature that start after pregnancy that explain preventive effect. The molecular mechanism related to prevention is around the chromatin remodeling process.
- 11.30 h **Vaccination against breast cancer and it role in prevention**
Brian Czerniecki – USA
 Several research groups have started to develop a vaccine against breast cancer. The research has shown that a vaccine designed for immune prevention of HER-2 positive breast cancer can work to both prevent and treat the disease.
- 12.00 h **Overweight and diabetes**
Carlo La Vecchia – Italy
 Overweight is inversely related to premenopausal breast cancer. For postmenopausal breast cancer there is an association which stronger in elderly women. Overweight and obesity are strongly related to diabetes. Diabetes is associated with postmenopausal but not with premenopausal breast cancer. Thus, although overweight and obesity are strongly related to postmenopausal breast cancer, diabetes is only moderately related to it.
- 12.30 h **Lunch – Foyer – Radisson Blu**
- 13.00 h Noon satellite session:
 Chair : Prof. Herman Depypere
Chromatin remodeling by 15aa peptide of hCG as preventive strategy in breast cancer.
Jose Russo – USA
- 14.00 h **Adult life-style factors**
 Chair: Dr. Marcel Verjans
- 14.00 h **SERMs and aromatase inhibitors for cancer prevention**
Jack Cuzick – UK
 Review of trials, summary results by subgroup, long term benefits and harms, managing side effects and issues for wider spread use
- 14.30 h **Breast cancer chemoprevention, beyond hormonal manipulations**
Gad Rennert – Israel
 Prevention of cancer with use of medications taken by healthy women at average or increased risk is gaining interest as other behavioral interventions have not yielded the expected reduction in incidence. While hormonal interventions with SERMs and AIs have been shown effective in RCTs, they carry a certain level of side effects and other limitations that rendered their use lower than expected. A variety of commonly used drugs, such as aspirin and NSAIDs, metformin, statins and bisphosphonates have been suggested as potential chemopreventive agents. Current knowledge and limitations in acquiring evidence as to their potential benefits and risks will be discussed.
- 15.00 h **Omega - 3 Fatty Acid Administration for Breast Cancer Prevention**
Andrea Manni – USA

Mechanisms and conditions are explored under which omega-3 fatty acids exert an antitumor effect preventing the development of estrogen receptor positive and negative breast cancers. The individual and combined effects of omega-3 and Raloxifene are evaluated in reducing breast density in postmenopausal women at higher than average risk of breast cancer.

15.20 h **The Israeli paradox**

Niva Shapira – Israel

High n-6 polyunsaturated fatty acid intake was the presumed dietary risk underlying the 'Israeli paradox', the unexpected gap between 'ill' health and 'good' diet. Scientific literature and population health surveillance reports are reviewed with regard to breast cancer risk.

15.40 h **Break – Foyer – Radisson Blu**

16.00 h **Part 5: Early detection and screening**

Chair: Dr. Patricia Duvivier

16.00 h **Breast cancer screening and early detection: the European Commission Initiative on Breast Cancer - ECIBC**

Donata LERDA – European Commission

The European Commission Joint Research Centre (JRC), in cooperation with the European Commission Directorate-General for Health and Consumers (DG SANCO), stakeholders and Member States delegates, coordinates an initiative aimed at ensuring that essential quality requirements for cancer secondary prevention and care are granted to all women across Europe. A quality assurance scheme based on evidence, as defined in trustworthy guidelines, and covering all stages of care will be proposed for voluntary implementation according to the European Regulation on accreditation.

16.20 h **Premalignant lesions imaging**

Luc Rotenberg – France

The introduction of mammography screening has caused an increased detection of precancerous lesions such as ductal carcinoma in situ (DCIS), intraductal proliferative lesions with atypia like flat epithelial atypia (FEA) and atypical ductal hyperplasia (ADH). The detection of these lesions in large core needle biopsies becomes one of the strategies to identify individual risk.

16.35 h **Knowledge and practice of breast self-exam among female students at Makerere University: a probable tool for early detection to prevent breast cancer in Uganda**

Vian Namanya – Uganda

While technical infrastructure is missing in most developing countries, breast self-examination, while debatable for its efficiency, might be the only option for the early detection of breast cancer. The results of a project in Uganda will be discussed.

16.55 h **Breath test for breast cancer screening**

Jan Vandevenne - Belgium

A breath test based on analysis of volatile organic compounds (VOCs) is being developed as an adjunct to diagnose breast cancer. The method is available as a rapid point-of-care test allowing set up of multicentric studies in order to optimize predictive algorithms.

17.10 h **Breast cancer screening for women between 50 and 69**

Wiebren Tjalma - Belgium

Currently, breast screening is almost exclusively performed with mammography. What is the value of breast cancer screening for women between 50 and 69? Goals addressing the pros and the cons

of screening are evaluated. This after the extensive discussion in several papers and media during the last months.

17.30 h **Reception offered by TEVA – Foyer – Radisson Blu**

Welcome to Hasselt

Paramedical initiatives to lower fear from cancer – cosmetics and hair care demonstration (Luc Cosemans, Hasselt, Belgium)

19.00 h **Conference Dinner**
(optional 70 Euro with prior registration)

Saturday November 22, 2014

8.00 h **Welcome – Foyer – Radisson Blu**

9.00 h *In the breast clinic*
Chair: Dr. Ann Cornelis

9.00 h **Surgery in breast cancer prevention**
Paul Guelinckx - Belgium

Refraining from some cosmetic interventions in the breast that confer increased risk as well as careful selection of high risk patients for surgery are considerations that must be taken daily by the plastic surgeon. Some criteria and advises might apply for the safety of women at risk.

9.20 h **Risk reducing mastectomy and breast reconstruction**
Katrin Seidenstücker – Belgium

One of the established methods of cancer prevention in high risk patients is prophylactic removal of the breasts and simultaneous reconstruction. Indications, methods, side effects and results will be carefully evaluated.

9.40 h **Breast imaging diagnostic – update and future**
Rudiger Schulz-Wendtland – Germany

New and innovative medical imaging equipment allows us to detect cancer in its earliest clinical stage. The integration of biomolecular research, better tissue acquisition and improved navigation will increase the quality of the presurgical work-up.

10.00 h **Break – Foyer – Radisson Blu**

10.20 h **Prognostic & predictive impact of commercially available genomic signatures – an overview of the European landscape**
Ulrike Nitz - Germany

Recent improvements in our understanding of breast cancer biology and a parallel increase in possible treatment options have led to improvements in treatment; however, we have yet to fully translate our increased understanding into improved outcome for this very heterogeneous disease

- 10.40 h **Candidate molecules for targeted therapy in cancer**
Tom Boterberg – Belgium
Over the past decades, molecular cell biologists managed to unravel the mechanisms that cancer cells use to invade and metastasize. More recently, the knowledge of the molecules that are responsible for invasive and metastatic behavior of cancer cells has also been translated into clinical applications for the treatment of cancer. In this presentation we want to give some examples of the results of this so called translational research.
- 11.00 h **Experience of the European Institute of Oncology in the use of intra-operative radiotherapy with electrons (ELIOT)**
Simonetta Monti - Italy
There was therefore much interest in developing intra-operative RT which would complete the RT treatment in a single intra-operative session during surgery. Analyses found that the excess recurrences in the ELIOT were mainly confined to specific subgroups allowing indications for ELIOT to be refined. ELIOT appears safe (no difference in survival compared to conventional radiotherapy) and its particular advantage is that it permits definitive surgical and RT treatment for early breast cancer in a single session.
- 11.30 h **Home take messages panel discussion**
- 12.00 h **Adjourn**
- 12.30 h **Lunch**

Information:

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For hotel information & airport Shuttle service: Please contact ECP

Accreditation:

4 Credit points in the field of Ethics & Economics accepted for each ½ day conference

Registration:

On site: 200 Euro - Reduced fees for groups

ECP members are waived from registration & lodging fee

Only pre-registered participants are assured of seating (max 200 seats)

Bank:

ING BELGIUM - Grote Markt 45, 3800 Sint Truiden

IBAN: BE90 3631 3155 0632

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BE 0872279824.

Venue:

Radisson Blu Hasselt

Torenplein 8, 3500 Hasselt – Belgium – tel + 32-11 77 00 00

Free Wifi in all meeting rooms available

Bennies fit 4 life: as guest to the Radisson Blu, the facilities such as fitness, swimming pool, sauna and steam bath, are free in the Health Club.

Parking: TT parking (tickets: 3 Euro for 3 hours, 9 Euro for 9 hours, 14 Euro for 24 hours) at the reception of the Radisson Blu.

Other (free) parkings: Cultureel Centrum - Kunstlaan 5 (5 min walk), Kolonel Dusartplein (5 min walk), Kanaalkom – Slachthuiskaai (10 min walk).

Publications:

Some of the presentations are or will be published in the Eur J Cancer Prev:

<http://journals.lww.com/eurjcancerprev/pages/default.aspx>

ECP business meeting

Thursday November 20, 2014: 18.00 h: Sky 3 meeting room Radisson Blu

The entire meeting is compliant with the “Eucomed Code of Ethical Business Practice”



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Invitation

to participate in a preparatory meeting for a clinical study on women at high risk for breast cancer.

Friday November 21, 2014 – 13 h.
Radisson Blu, Hasselt, Belgium

Chromatin remodeling by 15aa peptide of hCG as preventive strategy in breast cancer.

Speaker:

Prof. Jose Russo,

Director

Irma H Russo, MD-Breast Cancer Research Laboratory
Fox Chase Cancer Center
Philadelphia, PA 19111

Breast cancer susceptibility originates at puberty but risk can be significantly modulated by events later in life. High risk genetic signatures for example can be converted to low risk by early full time pregnancy (FTP). Recent research has pointed to the powerful role of human chorionic gonadotropin (hCG) in this conversion. Recombinant hCG proves active in metastatic disease and in primary breast cancer when differentiation is modulated. Due to its low toxic profile, hCG is a prime candidate for preventive purposes. A 15 amino acid peptide of hCG seems to mimic the entire hCG action with similar effects compared to FTP without any known toxicity. A Phase I and Phase II study is proposed with focus on chromatin remodeling, as studied by molecular biology, on breast tissues. European breast centers are invited to participate in both substudies.

The meeting takes place as a noon satellite meeting of ECP annual meeting, Radisson Blu, Hasselt at 13 h.

More information: sabine.janssens@ecprevention.org

Partners

This milestone meeting is possible through valued partnership with:

