

1) My BRCA2 positive daughter was recently diagnosed with triple positive breast cancer at age 24. Both being triple positive and having this cancer at 24 seem unusual for BRCA2 and for our family. Does this alter her predicted risk or timing for a future ovarian cancer?

Dr. Drullinsky: There is no influence on risk of ovarian cancer

2) I am Hispanic BRCA1+ with a family history from Spain. I have had cancer five times all primary, four different types. Are any researchers looking at the reason why?

Dr. Drullinsky: This can be due to the BRCA1 mutation which causes an increased cancer risk. It is possible for one person to have 5 primary cancers.

3) Any news about Covid vaccine boosters and cancer patients?

Dr. Drullinsky: There is no news from the CDC as of yet.

4) I just heard about molecular studies for chemotherapy. Where can I find info about how they work?

Dr. Drullinsky: Genomic profiling is recommended in all patients with metastatic breast cancer. This can help guide therapy and accessibility to clinical trials

5) Why are people in some areas of the country (like Vermont) more prone to cancer?

Dr. Drullinsky: Northern states and countries have a higher incidence of cancer. This may, in part, be related to Vitamin D deficiency since there is less sun exposure.

6) What preventative measures can be taken if I have dense breasts along with calcifications, which makes manual exams and even mammography unreliable?

Dr. Drullinsky: Ultrasounds would be added

7) Does a breast cancer patient benefit more from having an MRI vs mammogram or both?

Dr. Drullinsky: A routine MRI of the breast would be recommended only for patients with germline mutations (like BRCA).

8) Are there any recent/helpful updates for someone with METS BC in the skin?

Dr. Drullinsky: There is nothing specific for skin mets. Treatment would be the same as mets to any other area.

9) Are there any new breast cancer medications aside from aromatase inhibitors and Tamoxifen going to be available?

Dr. Drullinsky: In terms of hormonal therapy- there is only AI's tamoxifen and toremifene. In metastatic – fulvestrant. Additionally, there are clinical trials developing newer anti-estrogen drugs.

10) Any new therapies To combat ongoing cognitive negative impact: AND ongoing fatigue in Morning?

Dr. Drullinsky: For cognitive issues, I would recommend neuropsychological testing. If impairment is found, the specialist will make recommendations.