In 2016 and 2017, we helped thousands of adults and children get the best possible medical treatment; we published articles in medical journals that will help physicians provide better medical treatment; and we had a major impact on the many invisible government policies that can reduce or increase our risk of cancer.

- Our cancer helpline helped women, men, and children like you across the country. We helped people decide which screening tests and treatments were best for them, and which were likely to do more harm than good. We helped people across the country reduce their risk of cancer and choose the safest and most effective treatments.
- We published a study in JAMA Internal Medicine scrutinizing 18 ineffective cancer drugs that are still being prescribed. We found that only one was proven to improve quality of life, and these new ineffective cancer drugs cost just as much or more than the ones that are effective – up to $170,000 per patient.
- We persuaded Congress to protect all Americans’ access to affordable health insurance, including those with pre-existing conditions such as cancer.
- We urged the FDA to require long-term studies of safety and effectiveness for all medications, implants, and HPV vaccines, so that consumers could make well-informed decisions for themselves and their children.
- We testified before the Consumer Product Safety Commission and the Environmental Protection Agency (EPA) Scientific Advisory Panel urging them to ban chemicals that can cause cancer.
- We helped persuade state legislators to change laws that have resulted in cancer-causing chemicals in furniture, mattresses, and curtains that then end up in the dust and air in our homes.
- We testified before the Food and Drug Administration (FDA) to ensure that cancer treatment products are analyzed for their effectiveness in women, people of color, and people over the age of 65. Unfortunately, this is not always the case.
- We published a study showing why innovative software and IT used in hospitals needs to be proven accurate and secure for all patients.
- We trained 100 patient advocates from across the country on how to make their voices heard to improve medical research on cancer treatments and prevention.
- We updated our free booklet for women with ductal carcinoma in situ (DCIS) and our free booklet for men about prostate cancer screening. We made both more widely available to patients and family members across the country.

Whether we were explaining well-established and complicated medical research information to families and health professionals, or making sense of controversial new research on vaccines, medications, or toxic chemicals in our homes and communities, we scrutinized research and provided useful, understandable, and unbiased information to patients, consumers, policy makers, and the media.

Our research and advocacy work continues to represent the interests and needs of all the men, women, and children who are left out of life-saving public health decisions. As always, we will continue to advocate for all Americans on matters that are crucial to the health of adults and children nationwide.

Diana Zuckerman, Ph.D.
New Study Explains Why So Many Cancer Drugs Don’t Work

Cancer drugs often drain a patient’s energy and joy for living, but don’t always provide much benefit. In some cases, the cancer may stop growing within a few months and even begin to shrink, but ultimately the patient doesn’t seem to live even a day longer.

A key problem is that cancer drugs do not have to be proven to prolong anyone’s life in order for the Food and Drug Administration (FDA) to approve them. And once the drugs are approved, thousands of patients start taking these drugs and paying for them, even if there is no evidence of a meaningful health benefit. However, the FDA usually does require that companies keep studying the drugs to find out if those medicines are actually extending lives.

Unfortunately, those later studies show that many of these drugs do not help patients live longer or better. In a recent study, only five of 36 cancer drugs that were approved between 2008 and 2012 were proven to help patients live longer. Eighteen drugs (50%) failed to extend life and 13 (36%) have unknown impact on survival because no data on them are available to the public. Since companies are very good at sharing information when their drugs are proven effective, experts assume that means those 13 drugs are not proven to work.

Our Cancer Study

In November 2016, the Cancer Prevention and Treatment Fund published a new study in *JAMA Internal Medicine* looking more carefully at those 18 ineffective cancer drugs. We found that only one was proven to improve quality of life – which isn’t surprising, since cancer drugs so often cause nausea, vomiting, hair loss, and exhaustion. Two made quality of life worse, and the other 15 new cancer drugs either did not improve quality of life (6), or there is not enough research evidence to know if they do or not.

We also looked at the cost of those cancer drugs and found something that doctors, patients, family members, and lawmakers need to know: the new cancer drugs that are not proven to benefit patients in any way cost just as much as the ones that are effective – up to $170,000 per patient. In fact, the most expensive of the 18 cancer drugs was a thyroid cancer drug (Cabozantinib, also called Cabometyx or Cometriq) that had no benefit to survival compared to placebo, and also caused patients to have a worse quality of life.

Meanwhile, the ineffective cancer drugs remain on the market, and patients, Medicare, and insurers are still paying for them. When we asked FDA officials why they take so long to rescind the approval of ineffective cancer drugs, they stated that they still think those drugs might be effective, but that it is difficult to prove.

They pointed out that once a cancer drug is approved, it is very difficult to keep patients in a clinical trial long enough to know if the drug actually saves lives. We agree it is difficult; if a patient is in a clinical trial and not doing well, he or she is likely to drop out, whether they are on the new drug, old drug, or placebo.

In other words, the FDA is approving cancer drugs on short-term, inconclusive data knowing that we may never know if they are safe and effective or not.

Patient-Provider Communication for Thyroid Cancer

Patient-provider communication is a complicated issue, especially as it relates to something so complicated and stressful as cancer screening, diagnosis, and treatment.

With partial support from the Patient-Centered Outcomes Research Institute (PCORI), we’re planning a research project to determine the best strategies for communication between health professionals and patients regarding thyroid cancer. Topics could include screening, diagnosis, and deciding whether treatment or monitoring is the appropriate choice for ambiguous diagnoses.

In 2017, we hosted a brainstorming session with patients, physicians, and researchers from Sloan Kettering, Georgetown, and George Washington University.

“Hopefully, every woman finds her way to your Web site. Your article has helped me arm myself with information I will need to select the right surgeon.” —Annamaria Picollo, Prospect, Oregon
Working to Reduce Unnecessary Mastectomies

Every year, more than 250,000 women are diagnosed with breast cancer or "pre-cancerous" conditions such as ductal carcinoma in situ (DCIS) that may never become cancer. DCIS and other types of very early breast cancer will sometimes go away without any treatment. Treatment is almost always chosen, however, because experts cannot yet predict which cancers will go away and which will become dangerous.

Even so, experts agree that more than 75 percent of these women do not need mastectomies if they have access to other, equally safe treatment options. Yet, as unbelievable as it may seem, in some parts of our country, medically unnecessary mastectomies are increasing, not decreasing.

Some women will undergo a mastectomy because the surgery is less expensive than lumpectomy—a decision made by their insurance company, not by them. Some will be so frightened by the word "cancer" that they will make a hasty treatment decision they will later, and forever, regret. Fully informed of their options and free to choose, some women will decide to have a mastectomy that is not medically necessary, but thousands more will never even be told when equally safe—and sometimes safer—alternatives are available. CPTF is working with Congress, health professionals, and insurance companies to ensure that patients can get second opinions, and to improve the quality of care available to all patients.

By explaining complicated research results in clear, everyday language and making that information widely available, we can reduce the number of mastectomies and improve cancer treatment at the same time. We can reach this goal by making sure that women understand their treatment options, doctors communicate more clearly with their patients, insurance companies cover the best treatments, and doctors and patients know the best ways to prevent cancer.

We have conducted a pilot study at the breast clinic at the University of Maryland Medical Center in Baltimore. We interviewed women regarding a hypothetical DCIS diagnosis. Half the women were given the typical explanation of DCIS, while the other half were given a new type of explanation, equally accurate but without the term "cancer." We are evaluating whether different descriptions of DCIS affected anxiety levels and treatment choices.

Which Diagnostic Tests and Treatments are Best?

Every year, the FDA reviews thousands of new diagnostic tests and other medical devices and allows them to be sold—without first requiring clinical trials. As long as the products are considered “substantially equivalent” to others on the market (a loose definition that often does not require that they be made of the same material or use a similar mechanism of action), they can be sold in the U.S.

It’s not surprising, therefore, that many of these devices are later recalled because they are found to be dangerous. In addition, the vast majority of prescription drugs and implanted devices are approved on the basis of short-term safety and may not be proven safe for long-term use. Some prescription drugs for common ailments like diabetes can even increase the chances of patients developing cancer. We are working to improve these policies to prevent products that are meant to help us from harming us instead.

In 2017, we worked with Congress to prevent the repeal of the Affordable Care Act, ensuring that patients with pre-existing conditions have the medical care they need.
Preventing Cancer

Environmental Health Issues

The Cancer Prevention and Treatment Fund continues to be a major voice fighting to ban carcinogenic chemicals. Our current works builds on our successful fight in Congress in 2008 to get phthalates banned from children’s toys and products.

Phthalates are hormone-disrupting chemicals used to soften plastic that have been linked to birth defects in baby boys, including abnormal genitals, testicular cancer, and liver problems. Despite well-funded, repeated efforts by industry to overturn the law since 2008, those dangerous chemicals are still banned from children’s products.

Originally developed as a synthetic estrogen that was replaced by an even more dangerous one, DES, BPA is currently used in hard plastic products and is commonly found in the lining of food and beverage cans. BPA leaches out of the plastic and the CDC reports that it is in the bodies of more than 93% of Americans.

Studies suggest a link between BPA exposure and early puberty, infertility, and prostate and breast cancer. We have been interviewed by reporters about our concerns for pregnant women and children, and testified about the risks before the FDA and legislators in Maryland, Virginia, and Washington, D.C. Thanks to these efforts, companies have voluntarily stopped making baby bottles and infant formula cans with BPA.

Our efforts regarding BPA and phthalates is now on getting these dangerous chemicals removed from the packages used for foods, including canned foods and beverages and frozen meals.

Keeping Children Safe in the Home

Too many chemicals used in our homes and communities can increase the risk of cancer. We use research evidence to show why the cancer-causing chemicals in flame retardants used in drapes and furniture have risks that are much higher than benefits – for families and for firefighters.

Unnecessary Radiation

Whether from cell phones, unnecessary CT scans, or mammography that is done too frequently, radiation can increase the risk of cancer even as radiological devices can contribute to easy communication or better medical diagnosis. We are fighting to reduce unnecessary radiation exposure, especially for vulnerable populations such as young children, adults at high risk of cancer, and others.

The founder of the University of Pittsburgh Cancer Institute, Dr. Ronald Herberman, warned his staff years ago that the risks from cell phone radiation raise concerns. He advised that rather than wait for definitive studies, we should curb our cell phone use immediately. We agree.

We know that most people are not going to stop using cell phones. Here are their recommendations on how to lower your exposure and your risks:

♦ Limit the number and length of your calls.
♦ Use hands-free devices, put the cell on “speaker phone,” or hold the phone away from your ear.
♦ When speaking on your cell phone, alternate sides.
♦ Limit your cell phone use in rural areas or anywhere reception is poor. More radiation is emitted when you are farther from a cell phone tower.
♦ Text message instead of talking (never while driving!)
♦ Avoid keeping your cell phone in your pocket, bra, or anywhere close to your body while it is turned on.
Prevention and Patient Safety

Safety and Effectiveness of Medical Products

Our work on the safety and effectiveness of medical products has made us a very visible presence in the media, for health professionals, for policy makers, and for cancer researchers.

As can be seen in the list of activities on page 8, we influence legislation, hold briefings on Capitol Hill to educate Congressional staff and other interested individuals, meet with Members of Congress and their staff; publish in medical journals and on popular websites; and speak at dozens of public meetings. Other nonprofit organizations don’t participate in as many government meetings as we do. We are often the only public health speaker that challenges Big Pharma and other special interests.

We conduct research to improve cancer treatments, and we publish the results in medical, public health, and policy journals.

In addition, we are fighting to:

- Improve the quality of cancer treatments through better use of comparative effectiveness research.
- Promote safer and more effective medical devices, such as mammography, power morcellators, MRIs, and breast implants.
- Promote safer and more effective cancer pharmaceuticals and biologics.
- Improve medical research to ultimately improve treatment and Medicare coverage.

For several years, we’ve been on the forefront of efforts to ensure that medical products have been adequately tested and analyzed in diverse populations to determine safety and effectiveness for women and men, people of color, and children and adults of all ages. We have approached this issue by helping to write and support legislation, by testifying about the lack of such information at FDA public meetings, by conducting research to document the lack of such data, and by meeting with decision makers at the FDA and Congress.

Despite our small size, we continue to be instrumental in organizing patients and organizations to fight for safer, more effective, and more affordable medical products. We are the major consumer voice on medical devices.

Sunscreen

One way to prevent skin cancer is to wear sunscreen, and we want to make sure that sunscreens are safe and effective for you to use. In 2014, we testified at the FDA about the safety of sunscreens. We pointed out that some active ingredients in sunscreen have the potential to cause cancer, so there should be studies done on this before they’re used on the market. The effects of different combinations of ingredients should also be researched, and we need conclusive evidence that sunscreens are safe for children, since this hasn’t been researched.
The Evidence is In: Obesity and Lack of Exercise Increase the Risk of Several Types of Cancer

Everyone knows about the obesity epidemic and its impact on diabetes, but obesity can also increase your chances of developing cancer. Girls and boys are starting puberty as early as 8 years old, and one reason is that obesity affects hormones—and that could also increase the risk of breast cancer, prostate cancer, colorectal cancer, and some other cancers.

The risk of obesity may be increased by BPA, phthalates, and other chemicals that influence hormones and fat cells. Regardless of the cause of obesity however, the evidence is now clear that it increases the chances of developing several types of cancer.

In addition to our activities regarding BPA and phthalates described in the previous section, the Cancer Prevention and Treatment Fund scrutinized new research to determine other potential causes of weight gain that could increase the risk of cancer.

Obesity is caused by eating more calories than you burn up from physical activity, but some popular prescription medications drastically increase appetite and obesity. Some of the drugs that are especially likely to cause obesity are “atypical antipsychotics,” which are taken by more than 30 million Americans each year.

Can medical products help with weight loss and therefore also reduce the risk of cancer? Most of these products help with weight loss at first, but many patients gain the weight back within a year or two. We are urging the FDA to require long-term studies so that patients know whether these products will improve their health.

Remember – we’re always here for you!

We assist individuals through our online and telephone helplines. In 2015, we helped almost 3 times as many people as we did in 2014, and this number continues to grow. In some cases, we spend hours on the phone talking to a patient or family member, and hours more providing useful information via email. In other cases, we provided one or more email responses to questions patients, family members, consumers, or health professionals have about preventing or treating specific types of cancer or other diseases, or provided free patient booklets or other materials that we had developed or adapted from the NIH or other credible websites.
The American system works on checks and balances and it helps me sleep better at night knowing you all are keeping government agencies honest.” — John H. Powers, III M.D., Olney, Maryland

Congressional Testimony, Briefings, College Lectures, and Speeches

The Cancer Prevention and Treatment Fund is one of the most active organizations ensuring that FDA safeguards patients by approving cancer drugs that are proven safe and effective. We also work with other federal agencies to ensure that essential cancer research is conducted and that toxic chemicals and other products are removed from our homes and communities.

We do not accept funding from pharmaceutical companies, medical device companies, chemical companies, or other companies that make products that affect our health, making us one of the very few unbiased voices speaking on behalf of cancer prevention and treatment.

Here are examples of our efforts to educate policy makers, opinion leaders, and the public:

It took 2 years for Congress to pass the 21st Century Cures Act. The first version, introduced in 2015, would have drastically lowered safety standards for medical products. In response to our criticisms, it was improved before it became law in 2016, but still lowered safety standards because of expensive lobbying by pharmaceutical and medical device companies.

Here are examples of our efforts to educate policymakers and the public about ensuring that medical products are safe and effective:

- CPTF president Dr. Zuckerman was an invited speaker at the Patient-Centered Oncology Care Summit in Philadelphia in November 2017. She explained how the Expanded Access program that enables cancer patients to have access to experimental drugs is a better option than “Right to Try” laws that fail to protect patients from expensive, unproven treatments.
- Health policy director Mr. Jack Mitchell and Dr. Zuckerman testified at an FDA meeting on improving patient engagement in October, 2017.
- Dr. Zuckerman was a guest lecturer at a University of Maryland seminar, explaining the possible risks of artificial turf and other products made with cancer-causing materials in October, 2017.
- CPTF provided recommendations to the U.S. Preventative Services Task Force regarding guidelines for cervical cancer screening in October, 2017 and research on ovarian cancer screening in August, 2017.
- Senior Fellow Dr. Megan Polanin testified at FDA Advisory Committee meetings on cancer treatments in June and July, 2017.
- Senior Fellow Dr. Stephanie Fox-Rawlings testified at an FDA Advisory Committee meeting on a treatment to prevent breast cancer recurrence in May, 2017.
- Dr. Zuckerman met with FDA Commissioner Robert Califf to discuss our concerns about safety and effectiveness of medical products in December, 2016.
- Dr. Zuckerman was invited to speak about the improvements needed to the 21st Century Cures bill at a Congressional briefing in the U.S. Senate in November 2016.
- Dr. Zuckerman was an invited speaker on a panel on the role of FDA in the opioid epidemic at the National Academies of Science, Engineering, and Medicine in November, 2016.
- Dr. Zuckerman and Jack Mitchell testified before the FDA commissioner and an FDA panel in opposition to dangerous off-label promotion of medical devices in November, 2016.
- Dr. Zuckerman was an invited speaker at a panel sponsored by Harvard Medical School on the role of patients and other advocates in improving FDA decision-making in Cambridge, MA, in September, 2016.
- Dr. Zuckerman met with FDA officials at their request to discuss improvements to sunscreens in March, 2016.
- Dr. Zuckerman met with White House officials to discuss enormous increases in prescription drug prices and how the lack of data regarding the safety and effectiveness negatively affects prices in February, 2016.
COMMUNITY OUTREACH AND EDUCATION

Internet and Social Media

Our website, www.stopcancerfund.org, provides free information on a wide range of topics important to anyone who wants to reduce their chances of getting cancer or increase their chances of getting effective treatment. Our online cancer hotline enables anyone to obtain free information about their own personal cancer concerns by contacting info@stopcancerfund.org.

We also reach a broad virtual audience through social media on our Facebook page (www.facebook.com/CancerPreventionandTreatmentFund) and Twitter account (@cancer_fund). At the end of 2017, we had over 1,800 Twitter followers, and about 3,000 Facebook followers.

Our online cancer hotline enables anyone to obtain free information about their own personal concerns by contacting info@stopcancerfund.org. We help hundreds of individuals each year with their questions regarding prevention and treatment options.

Patient Training Workshops

Companies that make medical products are supporting many patient organizations, encouraging them to urge the FDA to approve treatments more quickly. However, those patient groups have rarely focused on safety issues, or on other outcomes important to patients.

With partial support from the Patient Centered Outcomes Research Institute (PCORI), we hosted free workshops in November 2015, and June and October 2016 to train patient advocates about research on the safety and effectiveness of drugs and medical devices, and how to contribute to better research studies by representing patients’ perspectives in meetings with the FDA, NIH, university researchers, and nonprofit organizations.

Cancer patients and family members from across the country learned about the health and quality of life outcomes that matter most to patients. These workshop participants formed the USA Patient Network, which consists of patients, caregivers, and their friends and family members that are united by a common goal: to make sure that medical treatments are as safe and effective as possible. The USA Patient Network includes patients concerned about cancer and other serious diseases.

We will be holding one more workshop in 2017.

To find out more about the USA Patient Network, visit their website at www.USAPatientNetwork.org.

In Unity, there is Clout

The Cancer Prevention and Treatment Fund has a primary role in coordinating the Patient, Consumer, and Public Health Coalition, which includes dozens of well-respected nonprofit organizations, including:


We hosted numerous coalition meetings, strategy sessions, and nationwide efforts to help consumers understand new health information in 2016 and 2017.

Patient Booklets

We continued to distribute electronic and hard copies of the following patient booklets, which have been updated as important new research results are made available:

Prostate Cancer Screening: What You Need to Know. This 10-page booklet provides the information that men need to know to make informed decisions about if and when they should be screened for prostate cancer. If they’ve already been screened for cancer, the booklet explains what it means if their test showed they had prostate cancer.
is available on the Cancer Prevention and Treatment Fund website.

**Surgery Choices for Women with Early Stage Breast Cancer.** This 24-page booklet gives women the information they need when confronted with an early stage breast cancer diagnosis. It is also available on the Cancer Prevention and Treatment Fund website.

**DCIS: What You Need to Know.** This patient booklet explains DCIS in everyday language and enables women who have been diagnosed with it to make informed treatment decisions. To date, we have distributed 1,369 free hard copies of this 32-page color booklet to medical centers, physicians, and individuals. It is also available for free on the Cancer Prevention and Treatment Fund website.

**Information for Medical Professionals**

**Fast Facts on DCIS for Medical Professionals.** This fact sheet summarizes the conclusions of the NIH Consensus Conference on DCIS and subsequent research on long-term patient outcomes. More than 450 hard copies have been distributed, and it is also available for free on our Cancer Prevention and Treatment Fund website.

**Health Policy Hero Awards Luncheon**

In 2017 we were very saddened by the death of one of our health heroes, Dr. Amy Reed. Every May, we hold an awards luncheon to honor Health Policy Heroes for their work improving the lives of people across the country. Our 2015 Health Policy Heroes were Dr. Amy Reed and Dr. Hooman Noorchashm, a married couple who were tireless advocates for safe and effective medical devices. While a physician at Harvard Medical School, Dr. Reed became a patient. During her routine hysterectomy, Dr. Reed’s surgeon used a power morcellator, not realizing a cancer was hidden inside a fibroid. The morcellators pulverized the cancer, spreading it throughout her abdomen.

The couple became the most well-known patient advocates in the country, determined to make sure no one else would be harmed by a medical device that is not proven safe and effective for everyone. We continue to work with Dr. Noorchasm to make that a reality.

**Lap-a-thon**

We held our annual Stop Cancer Now Lap-a-thon at Tuscarora High School in Virginia in November 2016. The Lap-a-thon raised money for our online cancer helpline, which provides free information to anyone who contacts us at info@stopcancerfund.org.

The Lap-a-thon was the brainchild of Michele Knuff, and her children, Abby and Ben, in honor of Bob Knuff. “It was such an uplifting day, full of very fond memories of loved ones, new stories to hear and people to meet, and helping others in their fight against cancer,” Michele told us.

Participants celebrated cancer survivors and honored those who lost their lives to cancer, either by running, sponsoring, or pledging. Participants registered for teams or as individuals.

**5K Walk**

In April 2016, Sherina Garner organized a 5K walk in memory of her mother, who passed away from lung cancer. All proceeds went to the Cancer Prevention and Treatment Fund to help others affected by cancer through our online cancer helpline. Thanks to Sherina and her friends for this wonderful and moving tribute!

**Public Service Announcement with Actress Elisabeth Rohm**

We were thrilled when Elisabeth Rohm enthusiastically agreed to film a public service announcement for the Cancer Prevention and Treatment Fund in November 2016. She’s been in TV shows such as Law and Order, Hawaii Five-O, The Last Ship, Jane the Virgin, and in many films, including starring alongside Jennifer Lawrence in American Hustle and Joy.

She is particularly interested in our unique work to prevent cancer and keep cancer-causing chemicals out of children’s products as well as our neighborhoods, food, and homes. As a devoted mother, she shares our concerns that her daughter might be exposed to these chemicals on playgrounds and in toys, soda cans, and even pizza.

You can find a link to this video at the bottom of our homepage at www.stopcancerfund.org, or visit www.stopcancerfund.org/in-the-news/press-releases/actress-elisabeth-rohm-urges-give-back-join-fight-cancer.
“You are a champion of many and I appreciate all you do.” —Jackie Lombardo, Charlottesville, Virginia

**Internship**

The Cancer Prevention and Treatment Fund was assisted by more than 20 impressive interns in 2016 and 2017, including students from Tulane University, Amherst College, University of Maryland College Park, University of Pennsylvania, George Washington University, American University, Smith College, UCLA, Cornell University, UC Riverside, and Yale University.

Interns can focus on health communications, outreach, marketing, or policy, and gain a wide range of experiences on Capitol Hill. Interns learn about the Washington, D.C. policy scene while working on communicating about a range of health issues. Interns gain experience writing and editing articles, reports, and press releases, and using the Internet to influence people and policies. They also develop their research skills and learn how to communicate effectively with patients and consumers.

---

**Ruth Nadel Internship**

Our 2016 Ruth Nadel intern was Natalie Rosseau. One of Natalie's major projects was ensuring women's access to medically necessary procedures, as well as collecting data and analyzing health insurance plans as a part of the NCHR Affordable Care Act project.

Natalie is a Phi Beta Kappa graduate of Cornell University, with a BA in History and minors in Law & Society and Inequality Studies. She is passionate about providing patient-centered and culturally competent clinical care, and plans to go to medical school in 2018.

---

**Marcy Gross Internship**

Our 2016 Marcy Gross intern was Mingxin (Mandy) Chen. Mingxin focused on health economics and policy issues related to women’s health and cancer treatments. Mingxin focused on policy issues related to women’s health, the need for medical products to be proven safe and effective for the many kinds of patients who are going to depend on them: Women and men, people of color as well as whites, and adults over 65 as well as those under 65. She reviewed published research on possible causes of cervical cancer.

Mingxin graduated from Johns Hopkins Bloomberg School of Public Health in May 2016 with a Master of Health Science in Health Economics.

As a nationally-respected senior official with the U.S. Department of Health and Human Services, Marcy Gross helped build the foundation for federal policies regarding sexual assault and other women’s health issues. She was a strong supporter of NCHR until her death in 2005.

---

*Simon Essig Aberg, Natalie Rousseau, Kristine Chin, and Elsie You*

*Miriam Mosbacher, Nisa Hussain, and Hannah Kalvin*

*Natalie Rousseau*

*Mingxin (Mandy) Chen*
In 2016 and 2017, the media turned to the Cancer Prevention and Treatment Fund for timely, cancer-related health and medical information from a credible source. We responded to frequent requests from reporters and producers across the country for information, comments, and interviews. Dr. Zuckerman was invited to be a blogger for the website of Our Bodies Ourselves. She has also been invited to write syndicated op-eds that have been published in Chicago Tribune, Sacramento Bee, Lawton Constitution, Seattle Times, Bellingham Herald, Keene Sentinel, and dozens of other newspapers across the country. The following is just a small sample of our coverage from 2016 and 2017. In addition to this sampling, every spring and fall, we publish and distribute issues of our own printed newsletter, The Voice. We also emailed issues of our e-news digest in 2016 and 2017.
NATIONAL BOARDS

Board of Directors

George Thomas Beall, M.A.
Former Managing Director,
Ogilvy Public Relations

Sarah Deutsch, J.D.
Former Vice President & Associate General Counsel,
Verizon Communications

Benjamin Gitterman, M.D.
Associate Professor of Pediatrics and Public Health,
George Washington University & Children’s National Medical Center

Mary G. Hager, M.A.
Freelance Writer

Nancy Hardt, M.D.
Former Professor and Senior Associate Dean for External Affairs,
University of Florida College of Medicine

Judith L. Harris, J.D.
Partner,
Reed, Smith, Shaw, and McClay

Courtney McKeldin
Public Servant,
Baltimore, MD

Alan Mendelson, LLB
Founder & General Managing Partner,
Axion Venture Partners

Omega Logan Silva, M.D.
Professor Emeritus,
George Washington University

Duchy Trachtenberg
Former Commissioner,
Montgomery County, MD

Susan F. Wood, Ph.D.
Research Professor,
George Washington University School of Public Health and Health Services

National Advisory Board

The Honorable Rosa DeLauro
U.S. House of Representatives from Connecticut

Mark Frankel, Ph.D.
Former Director, Scientific Freedom, Responsibility and Law Program, American Association for the Advancement of Science

Patricia Hendel
Past President of the National Association of Commissions for Women

Phyllis A. Katz, Ph.D.
Director of the Institute for Research on Social Problems

Rebecca Klemm, Ph.D.
President, Klemm Analysis Group

Harriet Lerner, Ph.D.
Psychologist and Author

Lisa Lopez, J.D.
Former Senior Vice President and General Counsel for Haemonetics Corporation
DONORS

-President’s Circle-

- Dianne and Rick Ammons
- Holly Bilden-Stehling
- Chris Cooper
- Sarah Deutsch
- Benjamin Gitterman
- Nancy Hardt
- Judy Harris and Norman Ornstein
- Janet Holt
- Timothy Johnson
- Catherine Joyce
- Judy Kovler
- Jeremy Lew
- Lisa Lopez and Victor Del Vecchio
- Janis Manning
- Alan Mendelson
- Cindy Pearson
- Andrew Rothenberg
- Omega Silva
- Sally Sweatt
- Duchy Trachtenberg
- Phyllis Wiesenfelder
- Susan Wood
- Barry and Pamela Zuckerman
- Anne and Leo Zuckerman Family Fund

-Leadership Circle-

- Marietta Anthony
- Valerie Arkoosh
- Pamela Barnes
- Joseph Bastian
- Tom Beall
- Kyle Bell
- Nan Booth and Richard L. Kogan
- Carolyn Brown
- Teresa Carrington
- Dee Dee Chavers
- Peter Doe Jr.
- Wendy Dolin
- Jolisa Dudley
- Mary Hager
- John Hammond and Wilber Alvarez
- Bernadette Haynes
- Scott Holtschneider
- Jon-Paul Kohler
- Kurt Kratz
- Zeno Lawson
- Mary Lamielle
- Vanessa Lee
- Maria Lugo
- Courtney McKeldin
- Evelyn Melton
- Hydi Miller and Randy Branitsky
- Richard Moore
- Rob Mostow
- Christopher Rhodes
- Joyce Rudick
- Tess Schulman
- Sophia Sweeney
- Bonnie Thompson and Eugene Tillman
- Thomas and Shannon Williamson
- Billy Zeck
- Katherine Zuckerman