



Cancer Prevention and  
Treatment Fund

2010-2011  
Annual Report





Cancer Prevention and Treatment Fund

# OUR MISSION

The mission of the Cancer Prevention and Treatment Fund is preventing cancer, improving screening for all types of cancer, and helping patients choose the best possible treatments.

## MESSAGE FROM THE PRESIDENT

Photo by T.J. Popkin



In 2010 and 2011, the Cancer Prevention and Treatment Fund had a major impact on public information, public debate, and public policy. Our efforts were particularly effective because of our strong focus on helping patients and their families, improving public health, and our work with policy leaders across the country, including state and U.S. legislators and the White House.

- We helped people across the country reduce their risk of cancer and choose the safest and most effective treatments.

- Through our online cancer hotline, we helped patients decide which screening tests and treatments were best for them, and which were likely to do more harm than good.

- 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 persuaded the federal government to improve the public's access to information about the safety and effectiveness of specific medications and medical devices, and to strengthen the safeguards that protect patients and consumers.

- We testified numerous times before the FDA, state legislatures, and the U.S. Congress urging them to remove baby bottles and food containers containing chemicals linked to cancer from our supermarket shelves, and rescind approval of a breast cancer drug that shortened rather than prolonged life, and to carefully test the safety of all medical devices, including a surgical mesh that was harmful to prostate cancer patients.

- We developed and disseminated the first free booklet specifically for women with ductal carcinoma in situ (DCIS).

- We developed and disseminated a companion *Fast Facts on DCIS for Health Professionals*.

Whether we were explaining well-established and complicated scientific information to families and the medical community, or making sense of controversial new research on vaccines, medications, or toxic chemicals in toys, 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 ordinary men, women, and children, who are often left out of policy debates and life-saving public health decisions. As always, we will continue to advocate for you on matters that are crucial to the health and well-being of adults and children nationwide.

A handwritten signature in black ink that reads "Diana Zuckerman". The signature is fluid and cursive.

Diana Zuckerman, PhD

*"I sailed through the surgery, and am thrilled – a dramatic change in course for me after discovering your work. My gratitude to you is beyond words."*

*—Harriet Lerner, psychologist and best-selling author of The Dance of Anger*

## PROGRAM AND POLICY HIGHLIGHTS

### Getting the Word Out

Our cancer hotline enables anyone to obtain free information about their own personal cancer concerns by contacting [info@stopcancerfund.org](mailto:info@stopcancerfund.org). But even if you don't write to us, we can help you. Our web site, [www.stopcancerfund.org](http://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. Did you know, for instance, that women who breastfeed their babies have a lower risk of ovarian cancer, or that using a sleep mask can decrease your chances of getting colorectal cancer? Our web site offers everything from descriptions of the latest research such as "Palliative Care and Pain Management for People with Late Stage Lung Cancer" and "What are the Alternatives to Traditional Radiation Therapy for Breast Cancer Patients?" to attractive, easy-to-read patient booklets that explain the pros and cons of different treatments.

### Cancer Screening and Treatment

#### 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 sometimes will go away without any treatment. Treatment is almost always necessary, however, because experts cannot yet predict which cancers will go away and which will become dangerous. Even so, experts agree that more than 75% 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 HMO, 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 that equally safe – and sometimes safer – alternatives are available. The Cancer Prevention and Treatment Fund 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.

#### Helping Breast Cancer Patients Get the Best Possible Treatment

There are numerous larger organizations focused on breast cancer issues, but we are the only one committed to preventing cancer and improving treatment. Finding a cure for cancer will take more time, and meanwhile, millions of dollars are spent on cancer research every year, but not enough on doing what we do: making sure that scientific evidence leads to improved treatments for patients. We disseminated thousands of copies of our *Surgery Choices for Women with Early Stage Breast Cancer* booklet to women across the country. We developed a popular Continuing Medical Education (CME) course for Medscape to help primary care physicians and gynecologists remain up-to-date on breast cancer health issues, and

are working on a new one on DCIS.

In 2011, we completed and disseminated the first patient booklet specifically targeted to women with DCIS. We also wrote and disseminated a *Fast Facts on DCIS for Medical Professionals*. These free materials empower women and educate physicians, so that DCIS patients will better understand their treatment choices and be less likely to undergo unnecessary mastectomies. These materials were supported by a generous grant from the D.C. Cancer Consortium using funds from the D.C. Department of Health, and also supported by a generous grant from the Jacob and Hilda Blaustein Foundation.

By translating research into 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.

#### Prostate Cancer: Screening Risks Outweigh the Benefits

**Prostate cancer is the #1 cancer in men in the United States and the #2 cause of cancer deaths for men, after lung cancer. It affects one in six men, two-thirds of them over the age of 65, so annual screenings would seem to be a clear choice for men as they get older. But there is a hot debate within the medical community: do regular screenings do more harm than good?**

Screening for prostate cancer can be performed quickly and easily in a

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physician's office using two tests: the PSA (prostate-specific antigen) blood test and the digital rectal exam (DRE), a manual exam of the prostate area.

However, an infection or other minor health problem can also elevate PSA levels, which tend to rise with age. In fact, 60% to 75% of men with high PSA levels who undergo biopsies do not have cancer. Unfortunately, the biopsy itself can cause infections and more serious problems.

Until recently, experts from the U.S. Preventive Services Task Force advised that screening was not recommended for men over 75 and that there was insufficient evidence to recommend for or against screening men under 75 for prostate cancer — whether by the PSA blood test or by digital rectal exam (DRE).

In October 2011, the U.S. Task Force revised its position and now recommends *against* screening healthy men of any age for prostate cancer. They determined that the PSA test, with or without DRE, doesn't save lives and too often results in needless tests and treatment with life-altering consequences. For example, between 1986 and 2005, a million men in the U.S. were treated for prostate cancer with surgery, radiation therapy, or both. According to the Task Force, 5,000 of those men died following the surgery, as many as 70,000 had serious complications, and 200,000 to 300,000 suffered incontinence, impotence, or both.

Does that mean that PSA tests are never a good idea? No. First of all, the Task Force is only recommending against general screening for all men, not testing for men with symptoms. We scrutinized the research results carefully and concluded that although annual screening does more harm than good for the general population

of men over 50, men with possible symptoms, such as blood in the urine, should be screened (or biopsied). Additionally, we recommend that patients at higher risk — those who are overweight, African-American, or have a family history of prostate cancer — ask their doctors about screening on a regular basis, but not necessarily every year.

### Which Diagnostic Tests and Treatments are Best?

**Every year, the Food and Drug Administration (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 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. We are working to improve these policies to prevent products — meant to help us — from harming us.**

### New FDA Safeguards

When the FDA Advancement Act of 2007 became law, we succeeded in including new safeguards and increased resources to strengthen the safety of prescription drugs and medical devices. These safeguards are helping patients today. For example, patients and doctors now have free access to results of clinical trials, so that companies can't hide information that is

unfavorable to their products. The legislation also required the Government Accountability Office (GAO) to examine the process that allowed "substantially equivalent" devices to be sold, even without clinical trials or proof of safety. The GAO report criticized the FDA for not following the law, which required clinical trials for medical devices that were life-saving or life-sustaining. Now we're working to make sure the FDA follows through on much-needed changes to improve the safety and effectiveness of all medical products. One by one, the FDA is complying with the law on the highest risk devices, and we are making sure that patients are being protected as they should be.

### Meetings with New FDA Leadership

As a result of our work, change is coming to the FDA. The FDA hired a new director of their Center for Medical Devices and Radiological Health in late 2009 who is much more concerned about public health than his predecessor. In a spirit of being open to change, the FDA commissioned a report by the Institute of Medicine to recommend improvements to the FDA review process for medical devices. When the report came out in 2011, the FDA was surprised that it concluded that new devices which were "substantially equivalent" to older devices could not be assumed to be safe or effective. The report recommended completely replacing the system used to approve most medical devices with a system based on safety and effectiveness. We agree. But such a major change is politically difficult and in the meantime, we are urging the FDA to make smaller changes that will protect patients. Unfortunately, those changes have been opposed by many members of Congress. We are working with other nonprofit organizations to support these long

*"Dr. Zuckerman's pitch as it pertained to various health related issues was absolutely phenomenal. Her ability to touch on very important issues of health in a small amount of time was not only informative, but contributed immeasurably to the success of our kickoff."*

—Sammy Payne, Deputy Chief of Staff G-8, United States Army

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overdue changes. For example, after NRC's president met with the Consumer Union's Patient Safety Project, their members sent more than 150,000 e-mails to Congress.

### Preventing Cancer

#### We Help You Use Your Cell Phones Safely

You love your cell phone, but is it a hazard to your health? Approximately 1 billion people use cell phones worldwide, with over 110 million Americans using cell phones daily. These devices depend on radio waves that were assumed to be safe, but new research tells us otherwise. Studies indicate that using a cell phone for 10 years or more increases the risk of being diagnosed with a brain tumor on the side of the head where the cell phone user holds the phone.



Since the extensive use of cell phones has increased dramatically in the last decade and since cancers usually take at least 15-20 years to develop, it will be years before research can conclude whether cell phones cause cancer or not. Meanwhile, well-designed studies indicate that the radiation from cell phones can damage DNA in sperm, suppress the immune system, and increase the risk of tumors, including cancer. In addition, children are at higher risk than adults because of their thinner and smaller skulls, which absorb more radiation.

#### Precautions You Can Take

Scientists recognize 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 a few inches 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 or when you're in a place where the signal is weak.
- Text message instead of talking (but never while driving!).
- Avoid keeping your cell phone in your pocket or close to your body while it is on.
- Go over these guidelines with your children and limit their cell phone use.

#### We Are Helping to Ban Dangerous Chemicals in Plastics

**When we first started to examine research on plastics that affect hormones, most Americans didn't know what bisphenol-A or phthalates were—or even how to pronounce them. Over the years, we have explained to policy makers and journalists what the research showed and why we were concerned that these chemicals interfere with our body's hormones and may cause cancer and other serious diseases. As a result of our work, these chemicals are banned from many common products today, and that reduces the risk of cancer for our children.**

**Bisphenol-A (BPA)** was widely used in plastic sports water bottles and baby

bottles until our work helped persuade companies to stop using it. BPA is still widely used to line almost all food and beverage cans in the U.S., however.



We think of plastic as being solid, but BPA leaches out of plastic containers and out of the linings of cans into liquids and foods. The Centers for Disease Control and Prevention found BPA in the bodies of more than 93 percent of Americans, and children, particularly formula-fed babies, have the highest daily intakes.

BPA mimics and interferes with estrogen, which is important in reproduction and development. BPA is especially likely to get into liquids from a plastic container that is heated, such as when one warms a baby bottle. Scientists are concerned about how BPA affects the behavior of young children, and whether it can affect the prostate, breasts, and brain. For example, BPA could potentially increase the likelihood of early puberty in girls and breast cancer in women, or the risk of prostate cancer in men. Studies have also found that adults with higher levels of BPA in their urine are more than twice as likely to have heart disease or diabetes than adults with lower levels, according to the study of 1,455 people published in *The Journal of the American Medical Association*.

With our encouragement, major stores such as Walmart and Toys "R" Us announced they would no longer sell baby bottles made with BPA, and several major

*"The American system works on checks and balances and it helps me sleep better at night knowing you all are keeping government agencies honest."*

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—John H. Powers, III M.D., Olney, Maryland

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companies announced they would no longer make baby bottles with BPA. However, it is still legal to sell baby bottles and sippy cups with BPA in stores in the U.S., and it is still in the lining of nearly all canned food and beverages. In response to our work, the FDA announced in 2010 that it was reconsidering whether BPA was safe and is funding new studies and working with manufacturers to discover ways to reduce BPA in food containers. The results of those studies are not yet public.

**Phthalates** are synthetic chemicals found in soft plastic and many everyday products—including plastic toys and shampoos. They are used to make plastic flexible and to add fragrances to soap, room fresheners, and other personal products. Unfortunately, these chemicals don't just stay in the products, and phthalates have been found in indoor air and dust and in human urine, blood, and breast milk. Levels are highest in women and children ages 6 to 11.



Research indicates that boys exposed to phthalates may be more likely to develop smaller genitals and undescended testicles. Boys who are born with undescended testicles are more than twice as likely to develop testicular cancer when they are teenagers or young men. Phthalates are also believed to affect girls' hormones and recent studies show a link between children's exposure to phthalates and the risk of asthma, allergies, and bronchial obstruction. Studies by Harvard researchers have shown phthalates may

alter human sperm DNA and semen quality.

As a result of our meetings with Members of Congress and their staff to explain our concerns about phthalates and to ask them to protect our children, a law passed to ban phthalates from children's toys and child care products sold in the U.S (such as teething rings and plastic books) as of February 2009. However, testing to ensure these products are actually phthalate-free did not begin until January 2012, in order to give small businesses time to comply with the new law. Meanwhile, thanks to our work, major retailers such as Wal-mart, Target, and Babies "R" Us have removed children's products containing phthalates from their shelves.

Despite this progress, children and adults in the U.S. are still exposed to phthalates in many other products, including shampoo, soap, lotions, food packaging, pharmaceuticals, and medical devices and tubing. We are now working with state and city legislators, the FDA, and the media to explain the risks and persuade government officials to require clear labels or restrict phthalates in those products.

### We Are Urging FDA to Require Long-term Studies of HPV Vaccines

**We were pleased when the first cancer vaccine, Gardasil, was approved by the Food and Drug Administration (FDA) in June 2006. Since that time, however, we have become concerned that not enough is known about the safety and long-term effectiveness of the vaccine. Now that another HPV vaccine, Cervarix, is available, we are urging the FDA to compare the risks and benefits of the two vaccines for 5-10 years and make that information public as soon as possible.**

HPV is the name for a group of viruses that cause cervical cancer, as well as cancer of the vulva, anus, penis, head and neck (tongue, throat, etc.). It can also cause genital warts and several other diseases. The good news is that in 90% of cases, HPV clears up on its own within 2 years, and often much sooner. In 2012, approximately 12,000 women in the U.S. will be diagnosed with cervical cancer, and an estimated 4,000 women will die from cervical cancer.



Gardasil and Cervarix are two vaccines approved to protect girls and women, ages 9 through 26, from the two types of Human Papillomavirus (HPV) infection that are responsible for most cervical cancer. The vaccines have very limited effectiveness, however, against other types of HPV that cause approximately 30% of cervical cancers. For that reason, all women, whether they are vaccinated with Gardasil or Cervarix or not, still need regular Pap smears to detect cervical cancer in its early stages, when treatment is most effective.

Gardasil is also approved by the FDA for boys and men ages 9 through 26 to prevent genital warts. In 2011, the CDC recommended that boys 11 and 12 be routinely vaccinated with Gardasil to reduce the spread of HPV and to prevent anal, oral and penile cancers.

Gardasil is the most expensive vaccine ever recommended for school-age children, and an important unanswered

*“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*

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question is how long does it last. The FDA did not require long-term studies of Gardasil, and we have demanded that they finally do so. Meanwhile, it is not known if a booster shot is needed, and if so when. That means that girls and boys and women and men who received Gardasil several years ago may no longer be protected. In comparison, the FDA required longer-term studies of the HPV vaccine Cervarix than it did of Gardasil, which was approved on less than 5 years of data.

Like any public health intervention, a vaccine's risks must be weighed against its benefits. This is why it is so important to determine the vaccine's efficacy and how long it lasts. In addition, the FDA is currently asking for studies of the risk of blood clots from Gardasil. If the vaccine is offering minimal protection or instilling a false sense of immunity, almost any risk or adverse reaction becomes unacceptable.

### **Did You Know: Obesity Increases the Risk of Several Types of Cancer**

**Everyone knows about the obesity epidemic and its impact on diabetes, but obesity causes other health risks as well. 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, colorectal cancer, endometrial cancer, cancer of the esophagus, and other cancers. The risk of obesity may be increased by BPA, phthalates, and other chemicals that influence hormones and fat cells.**

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 and obesity 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.

Our President, Dr. Diana Zuckerman, testified before FDA Advisory Committees several times over the last few years to point out the risks of atypical antipsychotics such as Seroquel, Zyprexa, Risperdal, Geodon, and Abilify. These drugs were originally approved for the treatment of delusions, hallucinations, and other forms of psychosis that are symptoms of schizophrenia and manic depression. However, most of the prescriptions filled each year in the U.S. are for other symptoms such as depression, anxiety, insomnia, or behavior problems typical of ADHD or Alzheimer's disease. These drugs have serious risks, including sudden death, but the most common risk is rapid weight gain, which increases the risk of diabetes and also increases the risk of breast cancer, prostate cancer, and other cancers. With more than 35 million prescriptions filled each year, the impact of these drugs on cancer rates could be substantial.

What kind of medical products can reduce the risk of obesity and therefore also reduce the risk of cancer? Gastric lap bands are a surgical product that can result in substantial weight loss within 6 to 12 months. Unfortunately, little is known about how effective these products are for the kind of permanent weight loss needed to reduce the risk of cancer. The FDA has required long-term studies to determine

the long-term safety and effectiveness of lap bands, but in the past the FDA has not enforced those requirements. We are urging them to do so now, especially as obese and overweight teenagers are now getting lap bands.

### **Congressional Testimony, Briefings, College Lectures, and Speeches**

The Cancer Prevention and Treatment Fund provides policymakers, health professionals, and other opinion leaders with an unbiased explanation of scientific data so that they can make educated decisions that affect everyone in our nation. Our research and advocacy work represents the interests of ordinary women and families, who are often left out of policy debates. We educate leaders in our nation's capital and across the country.

- Dr. Zuckerman and Mr. Paul Brown, Government Relations Manager, advocated stronger safety standards for prescription drugs and medical devices at the monthly FDA meetings about the reauthorization of the Prescription Drug User Fee Act (PDUFA V) and the Medical Device User Fee Act (MDUFA). They also met with Hill staffers throughout 2010 and 2011 on this topic.

- Brandel France de Bravo, Communications Director, testified about the cancer risks of tanning devices at a FDA General and Plastic Surgery Devices Panel in March 2010.

- Brandel France de Bravo testified on the cancer risks of menthol cigarettes at a FDA Tobacco Products Scientific Advisory Committee meeting in March 2010.

- Dr. Zuckerman spoke about the lack of information on the long-term efficacy of Gardasil, an HPV vaccine, at the DC Public Oversight Committee Hearing in April 2010. Ms. France de Bravo testified about these concerns at a FDA Advisory

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Committee meeting in December 2010.

- Dr. Zuckerman was a guest lecturer on cell phone safety and cancer risk in a class at George Washington University's School of Public Health in September 2010. In September 2011, Dr. Dana Casciotti also lectured on this topic to the 2011 class.

- Dr. Zuckerman gave an invited speech to the Department of Energy and Federally Employed Women at their annual Cancer Awareness program in October 2010. That same month, Dr. Zuckerman also spoke about cancer prevention to employees of the Security and Exchange Commission.

- Mr. Paul Brown met with senior staff members of the Consumer Product Safety Commission to discuss the risks of phthalates in children's toys and their impact on cancer in October 2010.

- Dr. Zuckerman testified about the need for safer anemia medication for cancer patients in October 2010 at a FDA Advisory Committee meeting.

- Dr. Zuckerman attended a meeting in October 2010 with White House staff and child nutrition advocates and spoke about the latest research showing that obesity increases the risk of cancer, especially for women.

- We held a working conference at George Washington University School of Public Health on the diagnosis and treatment of DCIS, which provided continuing medical education credit for breast cancer health professionals in November 2010. That same month, Dr. Zuckerman and Ms. France de Bravo provided similar training to doctors and other medical professionals at Howard University on DCIS.

- Dr. Zuckerman and Ms. France de Bravo delivered a presentation to patient navigators about DCIS and our new patient booklet in April 2011.

- Dr. Zuckerman testified in support of a bill to ban BPA in children's products at

the Virginia legislature in Richmond in February 2011.

- Dr. Zuckerman testified in favor of the FDA's plan to rescind approval of Avastin for Stage 4 breast cancer at a FDA Advisory Committee meeting in June 2011. Research shows that Stage 4 breast cancer patients who took Avastin died sooner and had worse complications than other Stage 4 patients.

- Dr. Zuckerman testified at a FDA Advisory Committee meeting on the possible risks of dapagliflozin, a diabetes drug that may increase the risk of cancer, in July 2011.

Our staff actively participated in meetings of the D.C. Cancer Consortium, an association of all Washington, D.C. cancer groups and service providers. We offered free technical assistance throughout the year and disseminated information on cancer prevention and treatment at the Cancer Survivor Jubilee in Washington, D.C. We also assisted in developing strategic plans for breast cancer, cervical cancer and obesity prevention.

### 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 well-respected nonprofit organizations such as Consumers Union, the Union of Concerned Scientists, the National Women's Health Network, Center for Medical Consumers, the National Consumer League, Title II Community AIDS Action Network, Our Bodies Ourselves, Breast Cancer Action, and U.S. PIRG. We hosted numerous coalition meetings, strategy sessions, and nationwide efforts to help consumers understand new health information in 2010 and 2011.

### Cancer Prevention and Treatment 5K Run/Walk

We held three 5K Run/Walk events in 2010 and 2011 to raise money for our online cancer hotline, which provides free information to anyone who contacts our online hotline.

Our first 5K Run/Walk was in March 2010, on the beautiful Washington & Old Dominion Trail in Arlington in Virginia. Our second and third races were held in the fall of 2010 and 2011 at the same location. Now held every September, our 5K attracts a diverse group of participants—former track stars, occasional joggers, parents with their kids and dogs in tow—ranging in age from 7 to 65. The Cancer Prevention and Treatment 5K is a wonderful way for people to celebrate cancer survivors and honor those who have lost their lives to cancer, either by running, sponsoring or pledging. To read more about this event, see photos, and view finish times and rankings from our most recent race, please visit [www.cancer5k.com](http://www.cancer5k.com).

### Friday Luncheon Series and the Annual Health Policy Hero Awards Luncheon

On select Fridays throughout the year, the Cancer Prevention and Treatment Fund hosts a luncheon devoted to the latest cancer prevention, treatment strategies, and other issues. We invite medical experts to provide objective and useful information. Held at the conference room of the Washington offices of Reed Smith, the luncheons are free and open to the public. In 2011, CapitalOne bank became our luncheon sponsor.

*"I am immensely grateful to you and Dr. Zuckerman for your thorough, succinct and clear response to my query -- and for providing it so very promptly."*

*--Ernest Herman, New York, NY*

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## COMMUNITY OUTREACH AND EDUCATION



Photo by Gwen Lewis

*Dr. Catherine DeAngelis*

On the Friday before Mother's Day, we hold an awards luncheon to honor a Health Policy Hero. In 2010, we gave our Health Research Policy Hero Award to Dr. Catherine DeAngelis, Editor-in-Chief of the prestigious medical journal *JAMA* (Journal of the American Medical Association). We honored her for her tireless efforts to ensure the integrity of research that influences America's medical care, including cancer treatment. Her insistence on independent statistical analyses of studies financed by pharmaceutical companies and other medical product manufacturers will bring greater objectivity and accuracy to medical articles that oncologists and radiation oncologists rely on.



Photo by Gwen Lewis

*Dr. Margaret Hamburg and  
Dr. Diana Zuckerman*

In 2011, we honored FDA Commissioner Dr. Margaret Hamburg as a Health Policy Hero who has worked to strengthen the FDA and protect all of us from unsafe foods, drugs, and devices. Thanks to her work, the FDA is ensuring that life-saving medical products get to the patients who need them.

### Internships

The Cancer Prevention and Treatment Fund was assisted by impressive interns in 2010-2011, including Gayani Weerasinghe, a graduate student working at NIH; Padma Ravichandran, a public health undergraduate student from the University of Maryland; Megan Cole, a graduate student at Yale's School of Public Health; Sarah Miller, a nurse and graduate student in health policy at the University of California, San Francisco; Margaret Aker, an undergraduate at the University of California at Santa Barbara; Blossom Paravattil, a graduate student from Florida International's School of Public Health; Sarah Romano, an undergraduate at Smith College; Jessica Becker, an undergraduate at William Smith College in New York; Jacqueline Britz, an undergraduate at James Madison University in Virginia; Sarah Bushman, a graduate student at George Washington University; Kiren Chauhan, an undergraduate at Smith College; Jennifer Shapiro, a community health undergraduate student at University of Maryland; Lexi Smith, a graduate student from Johns Hopkins School of Public Health; Sarah Pedersen, a graduate student in public policy at the University of Maryland; Krista Brooks, a graduate student at Tulane University School of Public Health and Tropical Medicine; Caroline Novas, an undergraduate at Hamilton College; Juliana Stebbins, a graduate of Barnard College; and Marghuerita Scott, an

undergraduate at Hamilton College.



*Tiffanie Hammond*

### The Lenora Moody Lung Cancer Fellowship

As the Lenora Moody Fellow in 2011, Tiffanie Hammond analyzed current and potential medical recommendations and health policy issues pertaining to lung cancer. Ms. Hammond's focus was on how to improve prevention, screening, treatment, and quality of life for women with lung cancer. This fellowship was made possible by the family of Lenora Moody, especially her daughter Jaime Moody and son-in-law Todd Cregar. Lenora had never smoked in her life and lived a healthy lifestyle. Unfortunately, women who are non-smokers are at a much higher risk of lung cancer than their male counterparts, so we are trying to increase awareness on this issue.

In addition to her fellowship position, Ms. Hammond serves as the Research and Operations Coordinator for the National Lung Screening Trial and the Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial at the Lombardi Comprehensive Cancer Center at Georgetown University. She is currently completing her Master's degree in Health Promotion, at the George Washington University School of Public Health.

*"Thank you so much for your rigorous attention to and proactive dissemination of informed analysis about these issues. I'm sure many women appreciate having you as an advocate."*

—Shari Graydon, Author of *In Your Face: The Culture of Beauty and You*

## MEDIA AND COMMUNICATIONS

In 2010 and 2011, the media turned to the Cancer Prevention & 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. In 2011, Dr. Zuckerman became a regular blogger for Rodale.com's *Voices*. The following is just a small sample of our coverage from 2010 and 2011:

01/16/10, Denise Grady, *The New York Times*, "U.S. Concerned About the Risks from a Plastic: A Shift from Bush Era"

01/16/10, Meg Kissinger, *Journal Sentinel*, "FDA Does About-Face on Exposure to BPA"

03/29/10, Leah Zerbe, *Rodale.com*, "The Health Care Bill Passed...Now What?"

03/31/10, *Reuters*, "Cigarette Makers Defend Menthol to U.S. FDA Panel"

08/22/10, Diana Zuckerman, *The Washington Post*, *Letters to the Editor*, "Sparks from a Cancer Drug"

10/04/10, *NBC Nightly News with Brian Williams*, "Safety of Hip Implants"

10/29/10, Andrew Pollack, *The New York Times*, "With Safety Concerns Growing, FDA Rejects Another Diet Pill"

12/04/10, Andrew Pollack, *The New York Times*, "Panel Votes to Expand Surgery for Less Obese"

01/12/11, Diana Zuckerman, *The New York Times*, "Playing with the Band"

01/15/11, Barry Meier, *The New York Times*, "Recalled Devices Mostly Untested, New Study Says"

01/26/11, *ABC News*, "Breast Implants Linked to Cancer? FDA Alerts Women there is a Link Between Implants and a Rare Blood Cancer"

01/27/11, Jennifer Corbett Dooren and Alicia Mundy, *The Wall Street Journal*, "Implants, Cancer May Be Linked"

02/18/11, Jonathan D. Rockoff, *The Wall Street Journal*, "J&J, FDA Clash Over Device"

04/11, *Dr. Oz Show*, "Dr. Mehmet Oz on Lap Band Surgery: FDA Says You Could be Eligible"

06/05/11, Andrew Pollack, *The New York Times*, "Drug Offers a Safer Option in Preventing Breast Cancer, Researchers Say"

06/23/11, Rob Stein, *The Washington Post*, "Silicone Breast Implants Reasonably Safe, FDA Says"

06/28/11, *NBC Los Angeles*, "Breast Cancer Patients Beg FDA to Keep Drug on the Market"

07/14/11, Christine Mai-Duc, *Los Angeles Times*, "FDA Cites Risks of Implant"

07/26/11, Rita Ruben, *MSNBC.com*, "Risky Pelvic Mesh Highlights Worries About FDA Process"

07/29/11, *ABC World News with Diane Sawyer*, "Experts Say FDA Should Abandon Approval Process"

09/01/11, Gardiner Harris, *The New York Times*, "FDA Affirms Safety of Breast Implants"

09/01/11, Saundra Young, *CNN.com*, "FDA Panels Put Silicone Breast Implants Back Under Microscope"

09/08/11, Ricardo Alonso-Zaldivar, *Associated Press*, "FDA Advisers Urge Closer Scrutiny of Pelvic Mesh"

09/13/11, Rob Stein, *The Washington Post*, "Bachmann Questions Safety of HPV Vaccine for Girls"

9/14/11, Diana Zuckerman, *Rodale.com Voices*, "Breast Implant Victims Testify."

9/26/2011, Diana Zuckerman, *Rodale.com Voices*, "Reasonably Safe?"

11/01/11, Emily Main, *Rodale.com*, "The Mobile Phone-Cancer Link: What the Research Doesn't Tell"

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