



CBCRP
Bulletin
News from the California Breast Cancer Research Program

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Translating research into health

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Olufunmilayo I. Olopade, M.D., (left) recently received a MacArthur Fellowship for her work translating findings on the molecular genetics of breast cancer in African American and African women into innovative clinical practices in the United States and abroad



Susan Shinagawa (right) is widely recognized as the nation's leading Asian American cancer and chronic pain advocate and activist

CBCRP Recruits National Experts to Lead Special Research Initiatives

Our five-year, \$18 million effort will investigate the effects of the environment and lifestyle on breast cancer and the reasons why some groups of women bear a greater burden of the disease.

Judy MacLean, Consultant

The CBCRP has recruited an outstanding steering committee of experts from across the nation to guide our Special Research Initiatives—a five-year effort to investigate questions which, if answered, could lead to major progress against breast cancer.

Newly-recruited steering committee members have all made path-breaking contributions in the research areas we selected for this effort: (1) the effects of the environment and lifestyle on breast cancer, and (2) the reasons why some groups of women are more likely to get breast cancer or to die from the disease.

The CBCRP is setting aside 30% of our funds for five years for the Special Research Initiatives, which will result in at least \$18 million.

Three of the five steering committee members bring expertise with the question of why some groups of women bear an unequal burden of breast cancer.

Olufunmilayo I. Olopade, M.D., recently received a MacArthur Fellowship for her work translating findings on the molecular genetics of breast cancer in African American and African women into innovative clinical practices in the United States and abroad. She is an oncologist and the founding director of the Center for Clinical Cancer

Genetics at the University of Chicago. CBCRP Director Marion H.E. Kavanaugh-Lynch describes Dr. Olopade as “a broad thinker who is highly regarded by basic scientists. Part of her role on the steering committee will be to keep the Special Research Initiatives connected to basic science.” Dr. Olopade applies her research findings at clinics in Chicago and West Africa.

Also serving on the committee is **Susan Shinagawa**, widely recognized as the nation’s leading Asian American cancer and chronic pain advocate and activist. She describes herself as a “breast cancer *thrivor*” after two diagnoses and one recurrence. She also served on the CBCRP’s first advisory council and was the council’s second chair. Says Dr. Kavanaugh-Lynch, “Susan was part of the brains behind our Community Research Collaboration awards,” another CBCRP research effort that broke new ground. She is also the co-founder of the Intercultural Cancer Council, a national organization committed to eliminating the unequal burden of breast cancer.

Research aimed at uncovering the reasons why some groups bear an unequal burden of breast cancer has lagged behind such research into other diseases. **David R. Williams, Ph.D.,** is an expert in research into how racial

discrimination affects heart disease and other health conditions. “The CBCRP is fortunate to be able to include him on the Special Research Initiatives steering committee,” says Dr. Kavanaugh-Lynch. “He will bring an outside perspective to help speed progress against breast cancer analogous to progress that has been made against other diseases, where he has been a leader.” Dr. Williams is based at the University of Michigan, where he is a Senior Associate Research Scientist at the Survey Research Center, and an Associate Professor of Sociology.

The reasons why some groups of women are more likely to get breast cancer or die from the disease are intertwined with the effects of environment and lifestyle on breast cancer. Our Special Research Initiatives steering committee includes two leaders in the field of the environment-breast cancer connection.

Julia G. Brody, Ph.D., is the executive director of the Silent Spring Institute in Newton, Massachusetts. Dr. Brody is the principal investigator of an award-winning study to determine whether chemicals that pollute air and water—and which are also found in pesticides, detergents, plastics, and cosmetics—cause breast cancer. “She is one of the

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How much certainty we require before taking action is a matter of common sense and personal and collective judgment.

From the Director's Desk

Marion H. E. Kavanaugh-Lynch, M.D., M.P.H.,
Director of the CBCRP



Health Policy in the Face of Scientific Debate

We've seen some startling resistance to the California EPA's declaration of secondhand smoke as a toxic air contaminant. CalEPA's January 26 announcement cited causal associations between secondhand smoke exposure and respiratory illness, lung cancer, and heart disease. In particular, the report pointed to a causal link between secondhand smoke and breast cancer in younger, pre-menopausal women.

Leading agencies including the American Cancer Society, the Centers for Disease Control, and the US Department of Health and Human Services have publicly refused to support CalEPA's declaration, generally citing a lack of "broad scientific consensus." This has angered breast cancer advocates who feel that the evidence is strong enough to take action.

From a scientific standpoint, the resistance is understandable—scientific rigor demands substantial and conclusive evidence, exceptional statistical significance, and consistent results across several studies when determining cause and effect. In addition, it requires analysis, debate, and eventual agreement amongst a critical mass of scientific experts. To bypass this path to scientific certainty would lead us astray as many isolated research findings have failed to hold up to this scrutiny. It can also lead advocates to apply pressure for action prematurely.

In the 1990s, thousands of women underwent high-dose chemotherapy and

bone marrow/peripheral blood stem cell transplants to treat metastatic or high-risk breast cancer in light of indirect evidence that it would increase their chance of survival. The results of large clinical trials demonstrating the lack of efficacy of this treatment did not become available until 2000.

In 1994, a large, well-designed study was released reporting that abortion increased the risk of breast cancer later in life by 50%. Subsequent studies failed to verify this finding, but the National Cancer Institute was pressured by legislators and advocacy groups to modify its language about abortion in its breast cancer fact sheet. In February, 2003, the National Cancer Institute convened a workshop of over 100 scientific experts that concluded that having an abortion does not increase a woman's subsequent risk of developing breast cancer and the information on the NCI website was revised. A search of the web today, however, reveals numerous websites dedicated to "exposing" the risk between abortion and breast cancer and calling for legislation to require this risk in informed consent for those undergoing abortions.

On the other hand, to ignore research findings and fail to take action while we await scientific certainty can delay life-saving interventions. We all cope daily with

circumstances in which we must make decisions in the absence of absolute certainty—health policy is no different. How much certainty we require before taking action is a matter of common sense and personal and collective judgment.

It DOES matter if breast cancer is related

Does it matter whether or not breast cancer is linked to active or passive smoke exposure? Don't we know enough about the harmful effects of smoking and secondhand smoke to call for eliminating these toxins from our environment? On a public health and pragmatic level, the link to breast cancer does matter. While the morbidity and mortality from heart and lung diseases (all firmly connected to smoke exposure) far outnumbers the morbidity and mortality from breast cancer, it has been well-documented that women are much more afraid of breast cancer (and therefore perhaps more motivated to take action to avoid it) than they are of heart and lung disease. Thus, establishment of a link between secondhand smoke and breast cancer may create a more powerful public will to eliminate exposure. A similar argument led to the CBCRP funding research on the link between the spread of breast cancer to the lungs and smoking in 2001 (see *Smoking Effect on Pulmonary Metastasis from Breast Cancer* in the research portfolio on our website). This

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David R. Williams, Ph.D., is a leader in research into how racial discrimination affects heart disease and other health conditions



Julia G. Brody, Ph.D., is one of the world's experts on breast cancer and the environment

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world's experts on breast cancer and the environment, and she's doing cutting-edge research," says Dr. Kavanaugh-Lynch. Dr. Brody's ongoing Cape Cod Breast Cancer and Environmental Study includes 2,100 women and is now in its tenth year.

Author **Sandra Steingraber, Ph.D.**, wrote *Living Downstream: An Ecologist Looks at Cancer and the Environment*, which presents cancer as a human rights issue. The book was the first to combine data on toxic releases with data from U.S. cancer registries. It garnered widespread praise from international media. "She is a biologist by training and her science background makes her incredibly well-informed," says Dr. Kavanaugh-Lynch. "She's also an environmental activist with a national reputation." Dr. Steingraber's new book, *Living on Faith: An Ecologist's Journey to Motherhood*, reveals the alarming extent to which environmental hazards now threaten each crucial stage of infant development.

Dr. Kavanaugh-Lynch will also serve on the steering committee, which is drawn mostly from outside California to prevent conflicts of interest. The committee is now beginning to determine how best to leverage Special Research Initiative funds to make the biggest impact on breast cancer. This will be no easy task, because the questions we have chosen to investigate are difficult to research.

One goal for the steering committee is to devise research strategies based on a new funding approach, because the current research funding model—pro-

viding funds for research into questions developed by the investigators themselves—has not led rapidly enough to progress. Another goal is the development of new research strategies that could be implemented not only by the CBCRP, but also by other California organizations. Our vision is to catalyze a coordinated statewide effort to explore innovative ideas and new theories; leverage California's unique and diverse geographic, population, and research resources; and undertake critical studies that significantly move breast cancer research forward. We want to fund research that answers scientific questions, and that also points to real-world solutions that will lessen the suffering from breast cancer.

"The Special Research Initiative steering committee members are all innovators with creative minds. Every member is as excited about being part of the path-breaking work the CBCRP is doing as we are about their being part of this effort," says Dr. Kavanaugh-Lynch.

The planning process for the Special Research Initiative includes opportunities for the public to give input through a series of statewide public meetings. More information is available in the Special Research Initiatives Strategy Plan at the CBCRP website (www.CABreastCancer.org).



Sandra Steingraber, Ph.D., author of the book *Living Downstream: An Ecologist Looks at Cancer and the Environment*, is an environmental activist with a national reputation

To receive regular updates about the Special Research Initiatives or learn more about the planning process for the Special Research Initiatives, go to: www.CABreastCancer.org and click on Special Initiatives.

Dr. Tanjisiri realized that a scientist going into the PI community would have little impact unless research was done collaboratively with equal input from community partners in all aspects of the research process.

CBCRP Investigator Profile: Sora Park Tanjisiri Uncovers Disparities among Pacific Islanders

Natalie Collins, M.S.W., Outreach and Technical Assistance Coordinator

The impact of breast cancer on underserved communities is a central priority for the CBCRP Community Research Collaboration (CRC) awards. Investigators funded under the CRC mechanism reflect the diversity of communities affected by breast cancer. **Sora Park Tanjisiri**, of California State University, Fullerton, has spent over a decade looking at breast cancer screening and cancer disparities among Pacific Islander (PI) communities. Her work started in 1992, while pursuing her doctorate in Public Health at the University of California, Los Angeles. During her doctoral training, Dr. Tanjisiri worked with **Lola Sablan Santos**, executive director of the Guam Communications Network, Inc. to address disproportionate rates of cancer among PI, including breast cancer.

Dr. Tanjisiri and Ms. Sablan Santos began looking at screening rates among PIs and some of the unique cultural characteristics such as culturally discordant providers, language difficulties, close knit communities, and feelings of shame around breast cancer. Dr. Tanjisiri realized that a scientist going into the PI community would have little impact and research must be done collaboratively with equal input from community partners in all aspects of the

research process. The CRC program is based on this same research philosophy, known as community based participatory research (CBPR) where research scientists and community partners work together to answer issues of importance to the community.

Dr. Tanjisiri received her first CBCRP grant, a postdoctoral award in 1997 for a study titled, *Breast Cancer Knowledge/Attitudes: Southern California Pacific Islanders*. This was a two-year study that analyzed and assessed the breast cancer knowledge, attitudes, and screening behaviors among Tongan and Chamorro women, age 40 and older living in Los Angeles, Orange, and San Diego counties. Dr. Tanjisiri collaborated with both the Guam Communications Network, Inc. and the Tongan Community Service Center to recruit 530 women to complete surveys, which highlighted striking differences in these two communities related to screening. For example, 25.7% of Tongans had ever had a clinical breast exam compared with 92.8% of Chamorros. Similarly, 25.1% Tongans had ever had a mammogram while 76.8% of Chamorros had. A similar finding for both communities was low rates of breast self exams with 40.4% in Tongan women and 37.3% in Chamorros. Barriers to screening such as cost, language, and lack of knowledge for both populations were elucidated in this study.

In 2001, both Dr. Tanjisiri and Ms. Sablan Santos were funded for a full Community Research Collaboration grant, for the study, *A Network-Based Intervention for Chamorros in Southern California*. This was a three-year study that attempted to increase screening rates among Chamorro women, age 50



and older living in Los Angeles and Orange counties. The study employed a quasi-experimental design with a comparison group of Chamorro women in Northern California. Baseline data showed that only 54.9% of Chamorro women were getting yearly mammograms despite high rates of insurance coverage.

Investigators like Dr. Tanjisiri and Ms. Sablan Santos have focused on specific communities like Chamorros and Tongans because Asian communities tend to be lumped together for statistical power, yet can have significantly different rates of disease and health education needs. Dr. Tanjisiri recommends building bridges and networks to epidemiologists and cancer registries to get ethnic specific data. There is still a paucity of health-related data available for the PI population, such as breast cancer stage at diagnosis, especially compared with other ethnic minority groups. Bridges must also be built with funding agencies so that they carefully consider funding studies assessing the

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Community Research Collaboration (CRC) Workshops and Teleconferences

Workshops and teleconferences are being offered throughout California to introduce community members, community-based organization representatives, and researchers to the Community Research Collaboration (CRC) awards in breast cancer.

WORKSHOPS

Dates, Times, and Locations (*Please check our website for possible changes to hotel locations*)

Outreach workshops are from 9:00am– 4:00pm

SOUTHERN CALIFORNIA

Los Angeles | Thursday, June 8, 2006

Westin Los Angeles Airport

5400 West Century Boulevard, Los Angeles

Ph: 310 216-5858 | Fax: 310 417-4545

NORTHERN CALIFORNIA

Oakland | Tuesday, June 13, 2006

Hilton Oakland Airport

One Hegenberger Road, Oakland

Ph: 510 635-5000 | Fax: 510 383-4062

TELECONFERENCES

One-hour teleconferences are from 10:00am–11:00am

Participants will be contacted with phone-in information

OUTREACH TELECONFERENCES

Thursday, June 15

Thursday, June 22

Wednesday, July 12

APPLICATION TELECONFERENCES

Thursday, June 29

Thursday, July 20

Wednesday, August 16

To register for either the workshops or teleconferences, go to our website at www.CABreastCancer.org/community/workshop.php, or contact Natalie Collins at (510) 987-0646 or natalie.collins@ucop.edu.

Participants are strongly encouraged to register early, because space is limited!



Community, Advocates, and Scientists:
Innovation through Collaborative Research

In recognition and appreciation.

Inspiration from our Youngest Community Partner

Lyn Dunagan, CBCRP Communication Projects Coordinator

At the CBCRP we understand that breast cancer impacts entire families. Our work is inspired by the support we receive from families whose loved ones are battling breast cancer. Sydney Low's story is an excellent example of what inspires us to continue our work.

Sydney Low became our youngest Community Partner when she was an eleven-year-old Girl Scout living in Newport Beach, California. One day, Sydney came home from school, and her mother told her that a favorite aunt, Dana, had breast cancer. "I wasn't sure what cancer meant or what would happen to my aunt," Sydney said, "but I knew it bothered me. I wanted to do something to help."

Sydney describes her aunt as "my buddy and my best friend. She lives in the mountains near Big Bear, and I live in Newport Beach, so secrets travel from the highest mountain to the ocean."

To honor her aunt, Sydney decided that she wanted to collect money for breast cancer research. "I called up some of my friends in my Girl Scout troop and asked them to meet with me and come up with ideas, and we decided to make pink ribbons."

Sydney and her friends distributed the pink ribbons at various local venues and asked for donations in return. They were surprised and pleased at people's reactions and generosity: people gave \$20s and \$10s, and one person even

gave them \$50. In the end, Sydney and her friends had raised \$376.45, which they donated to CBCRP.

As this article went to press, Sydney's aunt, Dana, was undergoing chemotherapy.

With their donation, the girls gave us a picture and a note that said, "We hope that this will help your program."

They have helped our program immeasurably because Sydney believed in us, and supported our efforts. The hope and trust of an eleven-year-old girl inspires us to keep working, to keep looking for a way to eliminate breast cancer and the damage it creates in people's lives and families. Part of our mission includes communicating research findings and impacting health policy. In the process, we build a bridge of collaboration and education with scientists, advocates, nonprofits, the private sector, government, and the public.

In Appreciation of our Community Partners

We recently asked our Community partners to help us raise awareness that Californians can support the CBCRP by contributing to line 57 on their California State Tax Form 540. Several organizations rose to our call by notifying their members, posting the news on their websites and in their newsletters,



and by hosting joint informational exhibits with us. We would like to thank the following organizations for partnering with us:

- Breast Cancer Action
- Breast Cancer Fund
- California Detection Program — Every Woman Counts
- Coalition of University of California Staff Assemblies (CUCSA)
- Holistic Learning Center, UCSF
- Marin Breast Cancer Watch
- Office of Carolyn R. Tompkins, CPA
- Sutter Medical Cancer Center, Sacramento
- Y-Me National Breast Cancer Organization, Northern California

We also would like to thank all of the community partners who held independent events or told their tax preparers and friends about line 57. It is only with your support that we will be able to continue in our efforts to prevent, cure, and eventually eliminate breast cancer.

Future therapies selectively targeting cancer stem cells are thought to have the potential to cure the disease

CBCRP Investigator Profile: Brunhilde Felding-Habermann

Laurence Fitzgerald, Ph.D.,
CBCRP Core Funding Manager

The spread of breast cancer from the primary tumor to distant metastatic sites through the lymph and blood remains an element of tumor progression that is poorly understood and treated. Researchers know that tumor cells circulate in the blood of patients and there is much current interest in isolating these cells with the hope of obtaining prognostic information and better therapy selection. **Brunhilde Felding-Habermann, Ph.D.** from The Scripps Research Institute in La Jolla has taken a unique approach to study the process of metastasis that has evolved in two directions with CBCRP funding from three separate grants. Her initial interests were focused on the role of specific cell surface adhesion proteins, called integrins, for promoting the tumor cell-extracellular matrix interactions critical for metastasis. The specific integrin of interest is called the vitronectin receptor ($\alpha v\beta 3$), which can exist in an “activated state” on aggressive tumor cells. The activated vitronectin receptor has the ability to interact with circulating platelets in the blood. It is thought that the tumor cell-platelet interaction serves to form tiny clumps or “thrombi” that can interfere with the microcirculation in organs where metastasis will occur. In addition, the vitronectin receptor also

is present on endothelial cells where it plays a critical role in the growth of new tumor-associated blood vessels through the process of angiogenesis. Thus, interfering selectively with activated forms of the vitronectin receptor would be expected to block both the metastasis of circulating tumor cells and tumor growth via inhibition of angiogenesis. Investigators at The Scripps Research Institute are developing small peptide inhibitors based on a three amino acid sequence, called Arg-Gly-Asp (RGD), which can block the active vitronectin receptor. Dr. Felding-Habermann’s strategy is to “present” these inhibitory peptides as portions of antibody fragments to gain higher specificity, potency, and extended therapeutic effect in the blood. In 2005, the CBCRP funded Dr. Felding-Habermann to pursue her strategy to tackle breast cancer brain metastasis by producing the RGD peptide in the form of viral constructs that could be delivered to the brain through the nose. The research on integrins in cancer biology described above was performed in collaboration with **Drs. David Cheresch, Zaverio Ruggeri, and Kim Janda** at Scripps. Dr. Felding-Habermann is scheduled to give an update of her research at the Keystone Conference, *Host Cell Interaction and Response to the Cancer Cell*, on January 21-26, 2007.

Tumor cell metastasis might be considered from a new perspective, if the “stem cell theory” of breast cancer proves correct. In this model of breast cancer progression tumors arise, not from mature (differenti-



ated) epithelial cells, but from “stem cell-like” progenitors. Thus, the vast majority of a primary tumor mass from human patients represents differentiated cancer cells. Only a small fraction of the tumor is the residual stem cell population that gives rise to more tumor cells. Importantly, it is from the population of tumor stem cells that metastatic cells that colonize distant organs are thought to be shed. The CBCRP funded Dr. Felding-Habermann along with co-PIs **Dr. John Yates** at The Scripps Research Institute and **Dr. Evan Snyder** from The Burnham Institute in 2004 for a project, *Stem Cells in Breast Cancer Metastasis*. Currently, work is ongoing to isolate stem cell fractions from tumors and pleural (lung-derived) effusions to compare their protein composition and gain insight into the “markers” that would predict

metastatic potential. Future therapies selectively targeting cancer stem cells are thought to have the potential to cure the disease, especially in the advanced, metastatic stages. This is in contrast to current therapies without complete cancer stem cell eradication, which merely shrink tumors and extend the time to disease recurrence. Finally, Dr. Felding-Habermann's interests have evolved to focus on neural stem cells. This approach is a novel paradigm that utilizes these neural stem cells as a delivery agent for anti-cancer therapies to target breast cancer metastases in the brain.

Dr. Felding-Habermann was educated in Germany and received her doctorate from Phillips University of Marburg. She received additional training at the Fred Hutchinson Cancer Research Center in Seattle and as a visiting scientist at Scripps. Prior to returning to Scripps in 1993, Dr. Felding-Habermann was Head of the Cell Adhesion Research Group in the Department of Immunopharmacology at E. Meck KgA in Germany. She has been on the faculty at Scripps since 1995 and is currently an Associate Professor in the Department of Molecular and Experimental Medicine. In addition to CBCRP support, she has two ongoing NIH R01 grants.

Director's Desk continued from page 2

study provided direct, experimental evidence that exposure to cigarette smoke is associated with an increase in the spread of cancer cells to the lung and highlights the need for smoking cessation efforts directed at women, particularly those at increased risk of breast cancer.

There is uncertainty

So why has the CalEPA's determination of secondhand smoke as a toxic air contaminant caused such a stir? One reason is that the link between secondhand smoke and breast cancer is not yet widely accepted. Decades can elapse between exposure to a toxin and a cancer diagnosis, and we suspect that *timing* of the exposure—at adolescence, for example—can also make a significant difference in one's later risk of a cancer diagnosis. The data that informed CalEPA's decision didn't arise from thin air. Previous research has indicated that active smoking actually decreased risk of breast cancer, but the assessment of active and passive smoke exposure in these studies was in most cases not strong. Growing evidence supports the possible link between active smoking and exposure to secondhand smoke and a woman's increased risk of pre-menopausal breast cancer.

We still have to make decisions

While it may take years to unravel the many different threads of related factors and influences to establish scientific certainty, common sense argues that this is one risk factor that we, as

individuals and as a society, can control. Add to this the strong evidence linking secondhand smoke to cardiovascular disease, respiratory illness and other cancers, and the rationale for reducing exposure is strong.

Another area in which there is a great deal of scientific uncertainty is the link between breast cancer and environmental agents. The Special Research Initiatives, which was initiated last year by the California Breast Cancer Research Program, is in the process of developing a comprehensive examination of the evidence that links environmental hazards to the increased risk of breast cancer occurrence. This review will serve as a springboard to targeted research strategies that we hope will increase scientific certainty. It is our goal to identify more ways that Californians can protect themselves from controllable risks.



CBCRP News

Applications Received for 2006

We received 201 applications for our 2006 grant cycle. The numbers are very similar to 2005 (199 total applications). We saw small increases in IDEA and CRC applications and a slightly reduced number of postdoctoral applications. In terms of topics, the “Community Impact” numbers increased, while there were slight decreases in “Biology of the Breast Cell” and “Etiology & Prevention.”

This year we eliminated paper applications by switching to a Web-based submission and peer review system through our new vendor, proposalCENTRAL (<https://v2.ramscompany.com/>). Our sister programs, the Tobacco Related Diseases Research Program and University-wide AIDS Research Program, are also using this system, along with approximately 20 other funding agencies including the American Cancer Society and The Lance Armstrong Foundation. You can expect minor application format changes in the future as we become more familiar with proposalCENTRAL, obtain feedback from our applicants, and strive to make the overall process work more smoothly.

Community Research Collaboration (CRC) Awards Orientation & Application Workshops and Teleconferences Summer 2006

This year, the Community Research Collaboration (CRC) program is conducting both outreach workshops

and teleconferences for researchers, representatives from community organizations, and community members across California. The purpose of these information sessions is to provide participants with an overview of community based participatory research (CBPR), inform them about funding opportunities for research available within the CRC program, and offer tools for creating successful CRC collaborations. Teleconferences will also include an overview of the online submission process.

We will offer three different information sessions:

1. Outreach workshops (strongly recommended for first-time applicants):

These workshops will provide:

- Orientation to the research and grant application process for community members (no previous research experience necessary)
- Presentation from funded CRC teams about lessons learned and research results
- Introduction to community-based participatory research and how to develop effective partnerships
- An overview of the CRC awards and the application process

2. Outreach teleconferences (recommended for all potential applicants)

These one-hour teleconferences will cover:

- An overview of the CRC awards and the general concept paper and application requirements
- Introduction to community-based

participatory research

3. Online application teleconferences (recommended for all potential applicants):

These one-hour teleconferences will include:

- An introduction to our online application system (required for submitting concept papers and applications)
- Instructions on how to register and initiate applications through our web based system
- FAQ based on first year’s experience submitting online applications
- Navigation of the online application system (note: participants will need internet access for this teleconference)

For more information, consult our website at <http://www.CABreastCancer.org/community/workshop.php>

CBCRP Offers Free Breast Cancer Network Newsletter Access

The Breast Cancer Network newsletter delivers updates of breast cancer publications, news, and events directly to your email box. We are pleased to offer a limited number of free subscriptions to the service on a first come, first served basis. To sign up for the BreastCancer.Net newsletter, go to <http://www.breastcancer.net/>, click “Subscribe”, and fill out the form. Type “CBCRP” in the space for promo code, and they’ll extend their normal, two-week complimentary subscription for an entire year.

Sora Park Tanjisiri continued from page 4

needs of smaller or isolated communities in addition to those with communities large enough to have adequate sample sizes.

Dr. Tanjisiri's work on breast cancer among PI is extremely rewarding, because she has observed a large impact in this community in a small amount of time. She attends community forums where once invisible Chamorran survivors voice their own experiences with breast cancer and serve as leaders in their communities. She is also inspired by the work of her community collaborators, like Ms. Sablan Santos, who have been successful in leveraging additional funds, writing their own proposals, and taking the lead on subsequent collaborative research projects. Dr. Tanjisiri is now focusing on additional grants related to survivorship, lymphedema, and social support among PIs, and is involved in a project related to mentoring junior researchers so they may develop expertise in community based participatory research, and continue addressing the needs of PI communities.

CBCRP on Tour

If you would like to get the most up-to-date information about the CBCRP, or just to talk to CBCRP staff in person, look for our exhibit at the following conferences:

Charlotte Maxwell Complementary Clinic's 15th Year Anniversary Gala
April 27, 2006
One Ferry Building, San Francisco

*Professional Businesswomen of California's 17th Annual Conference—
The Power of Connection*
May 2, 2006
Moscone Center, San Francisco

Northern California Cancer Center's Each One Reach One
May 6, 2006
Hilton Oakland Airport

Bay Area Business Woman's Expo: Women on the Move—From Vision to Action
May 13, 2006
Oakland Marriott

Kaiser Permanente, West Los Angeles Women's Health Check Up Day
May 15, 2006
Kaiser Permanente, West Los Angeles Medical Center

*Sisters Network San Francisco 4th Annual Luncheon & Fashion Show
"Celebrating Our Survival"*
May 21, 2006
Hyatt San Francisco Airport

California Governor's Conference for Women and Children
September 26, 2006
Long Beach Convention Center

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Joyce Price

Walter Price, Dr.P.H.

Roslyn Roberts

Jelena Simjanovic

Breast Cancer Research Council

Chair, Christine White, M.D., *private industry representative*

Vice Chair, Lisa Wanzor, *advocate*

Moon S. Chen, Jr., Ph.D., M.P.H., *scientist/clinician*

Jim Ford, M.D., *scientist/clinician*

Felicia Hodge, Dr.P.H., *scientist/clinician*

Amy Kyle, Ph.D., M.P.H., *scientist/clinician*

Anuja Mendiratta, *nonprofit health organization representative*

John W. Morgan, Dr.P.H., *nonprofit health organization representative*

Angela Lucia Padilla, *advocate*

Gordon Parry, Ph.D., *private industry representative*

Mark Pegram, M.D. *scientist/clinician*

Kim Pierce, *advocate*

Kurt Snipes, Ph.D., *ex-officio member*

Kathy Walters, *advocate*

Maria Wetzel, *advocate*

What is the California Breast Cancer Research Program?

The California Breast Cancer Research Program (CBCRP) was established pursuant to passage by the California Legislature of the 1993 Breast Cancer Act (*AB 2055 (B. Friedman) [Chapter 661, Statutes of 1993]* and *AB 478 (B. Friedman) [AB 478, Statutes of 1993]*). The program is responsible for administering funding for breast cancer research in the State of California.

The mission of the CBCRP is to eliminate breast cancer by leading innovation in research, communication, and collaboration in the California scientific and lay communities.

- The CBCRP is the largest state-funded research effort in the nation and is administered by the University of California, Office of the President
- The CBCRP is funded through the tobacco tax, voluntary tax check-off on personal income tax forms, and individual contributions
- The tax check-off, included on the personal income tax form since 1993, has drawn over \$6 million for breast cancer research
- Ninety-five percent of our revenue goes directly to funding research and education efforts
- Since 1994, the CBCRP has awarded nearly \$164 million in 672 grants to 73 institutions across the state. The CBCRP supports innovative breast cancer research—including cow viruses, Tibetan herbs, snake venom—that might otherwise go unfunded. With continued investment, the CBCRP will work to find better ways to prevent, treat, and cure breast cancer.

Breast Cancer Research Council Members

The CBCRP relies on its advisory Breast Cancer Research Council, which is responsible for tracking the trends and opportunities for progress that arise in the breast cancer community, making funding recommendations, and planning future directions of the CBCRP. The advisory council is made up of 16 people selected to represent those affected by breast cancer and the institutions that can help find a solution.

CBCRP Bulletin

2043
California Breast Cancer Research Program
University of California, Office of the President
300 Lakeside Drive, 6th Floor
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