



CALIFORNIA
Breast
Cancer
Research
PROGRAM

CBCRP
Bulletin
News from the California Breast Cancer Research Program

Winter 2006
Volume 10, Number 3

Stabilizing the Funding Gap



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The drop in funding revenue has created an expanding chasm between critical issues that *must* be addressed and our ability to address them.

From the Director's Desk

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



The Funding Gap

In the past 13 years, we've had tremendous success in building a responsive, innovative, and results-oriented breast cancer research agenda for California, but I'm afraid that we must find a way to stabilize our declining funding or risk losing our momentum against the disease.

Our funding revenue has dropped nearly 12 percent in the last six years. Current estimates indicate that our funding will further decline at a rate of 5 percent per year. Cigarette tax revenue, which accounts for most of the California Breast Cancer Research Program's funding, has been declining thanks to successful anti-smoking and cessation campaigns, increases in cigarette prices, and cigarette tax evasion. Our other major funding source, voluntary contributions through the Tax Check-off program on California income tax form Series 540, has declined 10 percent per year for the last two years.

This drop in revenue has created a funding gap, an expanding chasm between the critical issues that must be addressed and our ability to address them.

Achieving a Vision

One of the strengths of the California Breast Cancer Research Program is that we are able to adapt quickly to changes in priorities and needs. In 2004, following an intense, three-year evaluation process, our advisory council recommended three important changes: to reduce our award types to those that

provided the greatest potential impact; to design a new award type that establishes clear guidelines for translation and supports research that is on a critical path for practical application; and to set aside a portion of our funding to develop the road map to studying the effects of environment and lifestyle on breast cancer and the reasons why some women suffer more from the disease.

A cornerstone in the structure of the CBCRP is our commitment to innovation. We realize that truly innovative ideas often begin as theories that require a tremendous amount of development, exploration, and supporting data before results can be clearly identified. To launch these explorations, we're willing to fund high risk, high reward projects that the federal funding agencies are too afraid to touch. In 12 years, we have funded 141 of these innovative, exploratory, developmental awards (IDEAs), which allowed experienced researchers to develop enough data to allow them to pursue additional funding elsewhere. Some of our most compelling research results have come from these IDEAs, like Dr. Kristen Kulp's discovery that Essiac tea, which was used by many women as an alternative chemopreventive medicine, actually promoted tumor growth. Dr. Bruce Tromberg received funding from the CBCRP to pursue a novel non-invasive detection method. With the data from our seed funding, Dr. Tromberg obtained further funding from the NIH, and he has developed a laser-based scanner that may detect breast cancer with more accuracy in younger women

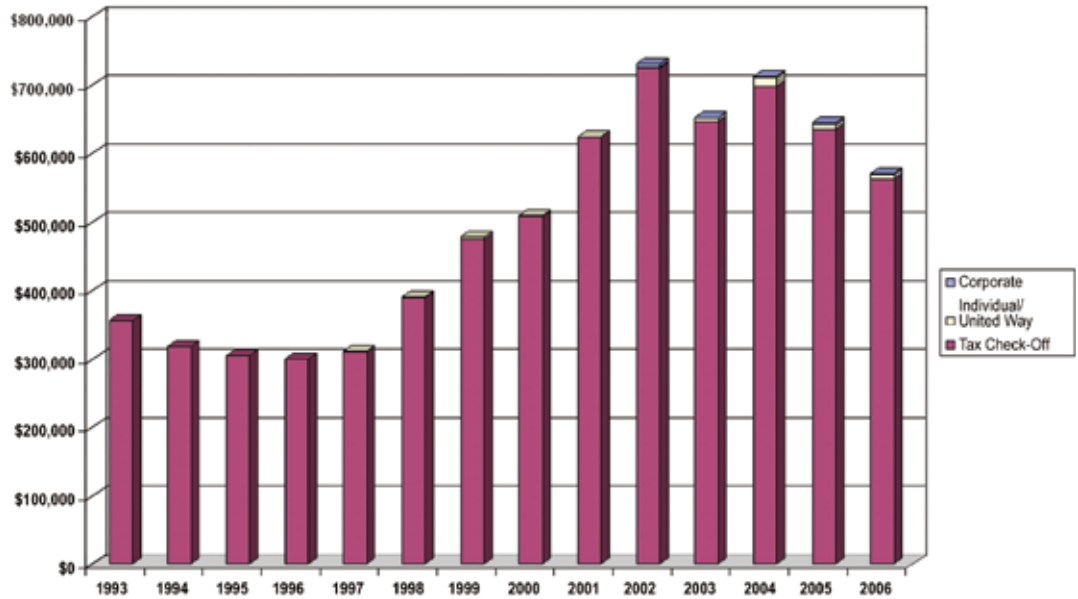
and women with denser breast tissue.

The CBCRP has also led the way in encouraging collaboration, particularly between researchers and community. In 12 years of funding, we have supported the formation of 86 collaborative teams, including 54 projects that linked community organizations with experienced scientists to study questions of particular importance. Many of those collaborative teams have produced pilot data that allowed them to receive larger awards from both the CBCRP and other funding organizations. One such team is Jeff Belkora (UCSF) and Sara O'Donnell (Mendocino Cancer Resource Center), whose collaborations have developed and expanded decision support services for women in rural areas.

The Downside of Success

Since its inception, the CBCRP has successfully piqued the interest of researchers. We receive hundreds of grant applications each year, and each year we fund only the projects that meet our high standards in both scientific rigor and programmatic appropriateness. In the past we've been able to offer funding to as many as 34 percent of the applications we receive, but in the past five years, that rate has fallen to approximately 20-25 percent. This means that a significant number of applications engender strong scientific and programmatic interest, but there simply isn't enough money to fund them. We put them on a "pay-if" waiting list and offer funding only if money becomes available, like when a grant recipient turns down CBCRP funding. In the past

Voluntary Donations to the CBCRP



four years alone, over \$13 million of “pay-if” grants have gone unfunded.

We have also made great strides in encouraging advocacy involvement in every level of our program, including participation in conducting research. We have informed community groups about the opportunity for research funds and provided technical assistance in putting projects together. As a consequence, we have seen a sharp rise in community-based participatory research for the past several years. These teams of concerned community groups and experienced researchers study problems directly affecting their community. Outcomes from these projects often move directly into practice within that community and often migrate to other similar populations. New teams typically start out with pilot grants, which allow for development of the research team and the acquisition of preliminary data. Full research projects are resource-intensive, but really get into the heart of the community’s question. Information and dissemination awards, implemented in 2005, help these teams move the research results from theory into actual practice. We have enabled several outstanding community-research teams to get started, but under our current funding levels, we are already limited in our ability to fund them beyond their pilot studies. As our funding resources continue to erode, so will our ability to fulfill the translational promise of these awards.

Research that will be applied to critical questions in breast cancer prevention, treatment and management is sorely needed, and is indeed one of the central reasons for the existence of the CBCRP. This year we are launching our translational research award, which has been carefully designed to address the critical path to practical application. We received 52 letters of intent, indicating high interest for this type of research. Those letters were reviewed by our advisory council, and ten researchers have been invited to submit full applications in February. While we have yet to make funding considerations, we anticipate that we can afford to fund only one translation project. This means that many good, immediately applicable ideas will be left on the table.

At current levels of funding, we are only able to fund a fraction of the incredible, scientifically meritorious ideas presented by these brilliant researchers. As our funding resources diminish, we will have to decline funding for even more good ideas. The concept of losing the cure for cancer for want of funding is haunting.

An Infrastructure at Risk

Ours is not the only breast cancer research funding program to face

declining revenue. The Department of Defense’s Breast Cancer Research Program, which must argue yearly for its funding, recently saw its budget slashed by over 16 percent. Representatives from the National Cancer Institute have also announced declining funding rates for breast cancer research.

A stable infrastructure is important if we are to continue to make progress against breast cancer. As we face declining funding, we know that we won’t be able to support the meritorious projects at the same rate as we have before. This challenge imperils California’s ability to produce groundbreaking research and our ability to make an impact against breast cancer. Without the financial support provided by research grants, the best and brightest researchers may be forced to leave the state, or worse, leave breast cancer research altogether.

There is an enormous demand for answers to the causes and prevention of breast cancer. We are dedicated to pursuing those answers, and we have identified the best ways to put our resources to the best use, but unless we close our funding gap, too many important projects will never get off the ground.

Continued on page 4

OCAPICA employed successful leveraging strategies to become one of the leaders in capacity building and community involvement through the research process.

Capacity Building and Community Involvement: Orange County Asian Pacific Islander Community Alliance (OCAPICA):

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

Our Community Research Collaboration awards encourage growth in organizational capacity and community participation among community agencies involved in research. An excellent example is OCAPICA, which started in 1997 when community leaders mobilized to address health care, policy, and employment issues for Asian Pacific Islanders (APIs) living in Southern California. The organization grew to eight volunteers and sixteen board members and successfully leveraged a \$76,000 coalition-building grant from the California Endowment.

OCAPICA then teamed up with Marjorie Kagawa Singer, a researcher at UCLA. We funded Mary Anne Foo, executive director of OCAPICA, and Dr. Kagawa Singer with a \$100,000 pilot award followed by a \$500,000 full award for a project entitled, "Improving Breast Health Access for Hmong Women and Men." The project focused on screening rates among Hmong women in Southern California and the lack of culturally appropriate materials for this community to inform women about screening and breast health.



Capacity Building and Growth

OCAPICA continued their community-based participatory research projects focusing on cancer prevention and leveraged funding from other agencies like the National Cancer Institute, the California Wellness Foundation, the CDC, and the Office of Minority Health. Additional funding has led to a budget of over \$1.5 million for programs related to cancer prevention, education policy, youth leadership, and community and economic development.

OCAPICA built capacity by investing in the administrative arm of their organization and supporting and training other organizations working on API health issues. OCAPICA also invested in a financial administrator with grant funds management experience, who created investment policies and utilized

indirect costs provided by their CBCRP grant to build administrative capacity for the organization. Research findings were shared with other organizations so that existing knowledge and lessons learned were built upon to create culturally tailored projects for specific API communities. The organization continues to mentor those interested in health professions about appropriate ways to do research in the community; students get mentored in community-based participatory research by both academicians and community leaders.

Educating Providers and Legislators

OCAPICA shares research results with health care providers, highlighting issues related to linguistic and cultural barriers to health care. The organization (along with community members) has visited legislators in Sacramento

to discuss language and access issues. Their findings with specific Asian communities have helped disaggregate data that are often lumped together. In fact, the Hmong project enabled the team to publish the first U.S. data related to screening rates for Hmong women. They have also talked with state data gathering entities like the California Health Information Service about including other Asian groups and oversampling underrepresented groups like Cambodians.

Community Involvement

In addition to capacity building, OCAPICA has successfully involved community members directly in research projects. While conducting the Hmong study, the partners engaged the entire community by inviting men and spiritual leaders to encourage study participation among Hmong women. This strategy enabled a safe and encouraging space for breast cancer survivors to share their personal experiences and social support for others who might have suffered their breast cancer experience alone. The study facilitated a significant change in the community, where breast health issues could be discussed openly with collective support. The community advocated for a cancer support group and addressed other sensitive issues like pain management and sexual health.

The community also takes a direct role in research projects by their participation in a Community IRB (Institutional Review Board). A Community IRB puts the control back into the com-

munity as they decide what types of research projects would be most beneficial, ensure cultural sensitivity and relevance, and safeguard confidentiality. This IRB is composed of pastors, community leaders, therapists, and researchers working in the community. Over the past two years, this community IRB has approved over 12 projects.

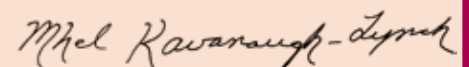
OCAPICA offers several tips for growing organizational capacity: (1) organizations should request the full amount of money required to conduct a study (many tend to underestimate and depend on volunteer time); (2) invest time into strategic planning and fundraising; (3) keep up with the latest technology and take advantage of resources that offer free- to low-cost technology; (4) identify mentors who will provide information on HIPAA regulations, proposal writing, data ownership, and grant management; and (5) collaborate with other agencies to share lessons learned from the research process. We encourage other organizations to adopt similar capacity and leveraging strategies and join OCAPICA as one of the leaders in building organizational capacity and involving community through the research process.

Director's Desk *continued from page 2*

With a View to the Future

Californians declined to pass Proposition 86 in the recent elections, which would have tripled our funding revenue. As an alternative, we are focusing on other revenue sources, such as the Tax Check-off Program, donations through the United Way, and individual contributions from our Community Partners. To increase Californians' awareness of the Tax Check-off's easy and tax-deductible method of contributing to breast cancer research, we have joined with the other tax check-off organizations on the state's income tax Form 540 to launch a combined marketing campaign. We will continue to explore other methods of fundraising for and increasing awareness of the California Breast Cancer Research Program.

Despite our shrinking funds, we will continue to invest in the best ideas that move us closer to our goal of eliminating breast cancer. But we must rely on you, our stakeholders, for your continued support and involvement. Visit our website (www.CABreastCancer.org): learn about our research projects, develop your research questions, and support our research program with your donation. Together, we can move closer to the day when breast cancer is eliminated from our bodies and our lexicon.



SAVE THE DATE

2007 Symposium

From Research to Action: Breaking New Ground
Sponsored by the California Breast Cancer Research Program
September 7-9
, 2007
Westin Bonaventure Hotel, Los Angeles

**Invest in a Cure for Breast Cancer.
Contribute on your California
Tax Form 540.**

Learn more at www.CABreastCancer.org



Thank You Community Partners!

We are indebted to our community partners who have generously contributed to our mission to eliminate breast cancer through research. Their support has been invaluable.

In Memory/In Honor of*

Janice Bolls
- Canyon Coyotes 4-H
- Connie Mauro
- Michael & Julie Moody
- River Valley Plumbing
- Chet & Traci Roberts
Olga Boyd
- Mr. and Mrs. James Blake
Nina Brick
- Tracey Brick
Rosalie Cervantes
- Lorraine Reubens
Beatrice Ilene Cobin
- Valarie Ayers
Patricia DeMarce
- Matthew Kistenmacher
Edwina Dixon
- Denice Nichols
Maniqeh Farlmond
- Denice Nichols
Lisa Marie Furia
- Michael & Julia Dailey
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- Cecil & Marjoree Portlock
Alexander S. Goodman
- Jeannie Farr
Sadja Greenwood
- Hope Rugo
- Nancy McDonald
Sue Haase
- Anonymous
- Nancy Turner
Cherrie L. Henderson
- Dick & Betsy Brinton
Ruth Johns
- Denice Nichols
Ruth MacDonald
- Denice Nichols
Patty Phillips
- Bobby Ingram
- Don & Helen McDonell
Gail Silver
- Morey Melnick
- Beth Semilof

Jennifer Skuce
- Richard & Janie Cox
- Ann & Richard Matuszak
The Bruce Thompson Family
- James Thompson
UCLA Dept. of Molecular & Medical Pharmacology
- Anonymous
Gloria Winfrey
- Denice Nichols

*In Memory/In Honor of
- Donor

Community Partners— Individuals

Anonymous
Irving Ashkenasy
Gladys Barillas
Fred Batin
Michael Batsford
Janet Bocciardi
Donna Brune
Fran Burgess
Dorothy Calderon
Tasha Carr
Robert Caturegli
Gina Chaiping
Nirm Chohan
Dennis Corbett
Ivette Corona
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Cailin Daley
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S. Givens
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Monica Sun
Chris Timossi
Carolyn Tomkins
Theodore Treat
Tani Ugale
Kristi Vail
Hisani Washington
Julian Webb
Audrey Williams
Monica Yuen

Community Partners— Organizations

America's Charities
Community Health Charities
Mayfield Junior School of the Holy Child Jesus
NUMMI Team Member Giving Campaign
United Way Bay Area
United Way Silicon Valley
Wonders of the Wind.com

We rely on our advisory breast cancer research council to provide the kind of insightful vision that has shaped the CBCRP into what it is today.

Welcome New Council Members

We rely on our advisory breast cancer research council for guidance in setting our research priorities, providing effective outreach to CBCRP stakeholders, and making grant-funding decisions. The council is comprised of advocates, scientists, clinicians, nonprofit health representatives, and industry representatives. All of these individuals have provided insightful vision that has shaped the CBCRP into what it is today.



Crystal D. Crawford, Esq., serves as CEO of the California Black Women's Health Project, where she performs legislative, educational, and policy advocacy to improve the health status of African American women and girls. Throughout her career, she has combined legal and policy approaches to civil rights and social justice issues. Crystal earned her J.D. from New York University Law School, where she served as an editor of the *Journal of International Law & Politics*, a Hays-Weber Civil Rights Fellow, and Chairperson of the Black Law Students Association. Crystal gained litigation experience as an associate with premier corporate law firms in Los Angeles, Boston, and New York, and then turned her attention to the non-profit sector, serving as Legal Director of the Alliance for Children's Rights. Crystal serves on a variety of boards and councils including Health Access, VIP Mentors, and California's Women's Health Council.



Diane Griffiths currently serves as Chief Counsel to the California State Assembly Rules Committee. In 1995-1996, Griffiths served as Chief of Staff to Assemblywoman Barbara Friedman, the author of the legislation that created the California Breast Cancer Research Program. In 2002, she was herself diagnosed with breast cancer and underwent surgery, chemotherapy, and radiation therapy to treat the disease. She also has served from 2002-2006 as a Commissioner of the California Medical Assistance Commission, which administers California's selective provider contracting program for hospitals serving Medi-Cal patients. She also previously served in a number of legislative positions affecting a broad range of health policy decisions, including efforts to expand access to health care and to secure funding for California's trauma network. She represented the Assembly on the Managed Health Care Advisory Committee and on the Managed Health Care Improvement Task Force.



Gordon Parry, Ph.D., is currently Head of the Cancer Research Department at Berlex Biosciences in Richmond, California. He has focused his research on utilizing genomics technologies to find new targets for drug development and in discovering small molecule and antibody-based drugs. Prior to joining Berlex, Dr. Parry was head of cancer gene therapy efforts at Somatix Gene Therapy, (now Cell Genesys), where he developed some of the first cytokine based (GM-CSF) tumor cell vaccines. Prior to his work in the biotechnology sector, Dr. Parry spent 12 years in academic research, mostly as a Staff Scientist at the University of California's Lawrence Berkeley Laboratory (LBL). At LBL he made significant contributions to research on the regulation of mammary epithelial cell differentiation and to the discovery of antibodies targeting breast tumor cells. Dr. Parry obtained his Ph.D. in Biochemistry from the University of London, and carried out post-doctoral work at the University of California, Berkeley.

Council members serve a three-year term, so each year introduces new changes that ensure that our program continues to develop and grow. Led by a newly-elected chair and vice-chair, Lisa Wanzor and Amy Kyle, respectively, we and the council welcome five new members (who appear below on pages 7 and 8).



Klaus Porzig, M.D., received both his undergraduate and Doctor of Medicine degrees at Stanford University, then completed his internship at University of California, San Francisco. He completed his residency in internal medicine and clinical fellowship in medical oncology at Stanford University. He was also a research fellow in the Laboratory of Cellular and Molecular Biology at the National Cancer Institute. For 27 years he was a partner in Southbay Oncology Hematology Partners in Campbell, California. During the past ten years he has concentrated on the care of patients with breast cancer. He retired from private practice in September 2006 and continues to practice at the Stanford University cancer center in the Breast Oncology Program. He is an active participant in the teaching program of the Department of Medicine and has received the Russell Lee Teaching Award for Excellence in Clinical Teaching several times.



Catherine Quinn is the Executive Director of the California Health Collaborative. She has provided steadfast leadership to community health efforts in the Central Valley and throughout the state for more than 20 years. She directed health services for the Fresno County Economic Opportunities Commission and for Urban Indian Health Services, Inc. She is recognized for her program development skills and credited with the collaborative's transition from a three-program, nonprofit affiliate of the Hospital Council with an operating budget of less than \$500,000 to an independent, Fresno-based, nonprofit public benefit corporation with more than 20 local, regional, and statewide programs and an annual operating budget of more than \$15 million.

There is much more to learn about our advisory council members. Visit our website (www.CABreast-Cancer.org) to read all of their biographies.

CBCRP News

Grant Applications for 2007 Due in January

We have issued our *Call for Applications* for next year's funding cycle. Full details, application forms and instructions, and helpful advice can be found on our website (www.CaBreastCancer.org) under the "Apply" link. Applications must be submitted through the appropriate award types links on proposalCENTRAL (<https://v2.ramscompany.com/>).

► Applications for the IDEA, Post-doctoral Fellowship, and Dissertation awards are due by January 10, 2007. IDEA-competitive renewal letters of intent are also due by this deadline.

If you have specific questions, please contact one of our research administrators:

- **Basic science topics**, including: Innovative Treatments, Pathogenesis, and Earlier Detection: contact **Larry Fitzgerald, Ph.D.** 510 987-0712
- **Population and social sciences**, including: Health Policy and Health Services; Etiology and Prevention; Sociocultural, Behavioral, and Psychological Issues; Disparities research: contact **Walter Price, Dr.P.H.** 510 987-9886
- **Community Research Collaboration (CRC) applications**: contact **Walter Price, Dr.P.H.** 510 987-9886 or **Natalie Collins** at 510 987-0646

CBCRP Joins World Community Grid

The California Breast Cancer Research Program has partnered with World Community Grid, joining the IBM Corporation and over 200 other universities and foundations to harness individual PCs and laptops worldwide to support humanitarian research. The IBM Corporation launched World Community Grid in November 2004 to advance humanitarian research project. One such project is "Help Defeat Cancer," in which cancer tissue microarrays are being analyzed to help doctors select proper treatments and provide accurate prognosis for cancer patients. The "Help Defeat Cancer" project is being led by Dr. David J. Foran, lead researcher and professor at the Center for Biomedical Imaging at the UMDNJ-Robert Wood Johnson Medical School and co-director of the Immunohistochemistry shared resources program of The Cancer Institute of New Jersey.

In your computer's spare time, World Community Grid software could be analyzing micro-sections of tissue samples and sending the data back to World Community Grid's server. Hundreds of thousands of volunteers around the world are already sharing their idle computer cycles with World Community Grid projects. Together, these individual computers can quickly analyze what would take years to complete using a traditional computer. The California Breast Cancer Research Program is encouraging our community to join the World Community Grid and participate in this humanitarian research project. To join, go to www.worldcommunitygrid.org and down-

load the free, small software program onto your computer. Then sign up for the CBCRP team and select the "Help Defeat Cancer" project.



CBCRP Joins the Checkoff California Umbrella Campaign

The CBCRP has joined a coalition comprised of the other recipients of voluntary contributions on the state income tax form, Jackson Hewitt Tax Services, and both the Northern and Southern California Broadcasters' Associations to launch the Checkoff California media campaign. These groups have united together to alert California tax payers to the unique opportunity they have to give to the causes closest to their hearts on their California State Income Tax Form 540. To see a full description of the Checkoff California umbrella campaign and all of the participants visit checkoffcalifornia.org any time after January 1, 2007.

New to the Web—Learn about CBCRP Featured Researchers

We're pleased to announce that our website now hosts a Featured Researcher page. Every two months, we'll spotlight another researcher or research team and highlight the progress they're making against breast cancer. The Featured Researcher page includes a Q&A segment—we'll take your questions

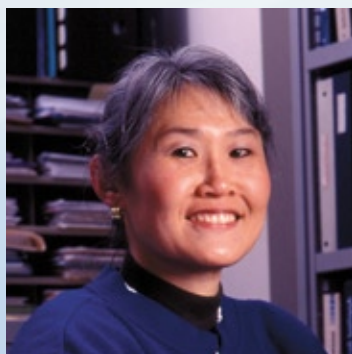
during that spotlight period and post their answers. Archived features are also available.

CBCRP Featured Researchers for 2006:



Dr. Susan Murin

Our current featured researcher is Dr. Susan Murin, of the University of California, Davis. Her research on smoking has resulted in direct, experimental evidence that cigarette smoke exposure can increase the spread of cancer cells to the lung.



Dr. Anna H. Wu

Our previous featured researcher was Dr. Anna Wu, of the University of Southern California. She has found

that both soy and green tea intake can reduce one's risk of breast cancer.

Visit www.cabreastcancer.org/research/feature/ to read more.

Spread the Word about California Breast Cancer Research Fund

The California Breast Cancer Research Program (CBCRP) is seeking assistance in spreading the word of how California income tax payers can Invest in a Cure for breast cancer simply by contributing to the California Breast Cancer Research Fund on their State Income Tax form 540.

You can help by:

- Partnering with us in holding informational rallies in your community
- Hosting an informational meeting, event, or reception with a CBCRP guest speaker
- Promoting the Tax Check-off through your newsletters and/or websites
- Informing your tax preparer of the option
- Distributing materials to local businesses
- Telling a friend
- Spreading the word your way

For more information about how you can help to spread the word, contact Brenda Dixon-Coby at cbcrp@ucop.edu.

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:

African American Health Summit 2007

January 11–13, 2007

Oakland Marriott City Center, Oakland

*5th International Symposium—
Intraductal Approach to Breast Cancer*

March 1–4, 2007

Sheraton Delfina, Santa Monica

Cedars-Sinai's Sixth Annual Women's Health Conference

March 23, 2007

Hyatt Regency Century Plaza, Los Angeles

American Association for Cancer Research (AACR) Annual Meeting

April 15–18, 2007

Los Angeles Convention Center, Los Angeles

Each One Reach One—

African American Women's Breast Cancer Conference

May 19, 2007

Hilton Oakland Airport, Oakland

Staff

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Marion H.E. Kavanaugh-Lynch, M.D., M.P.H.

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Breast Cancer Research Council

Chair, Lisa Wanzor, *advocate*

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

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

Crystal Crawford, Esq. *advocate*

Diane Griffiths, *advocate*

Anuja Mendiratta, *nonprofit health organization representative*

Angela Lucia Padilla, *advocate*

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

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

Klaus Porzig, M.D., *medical specialist*

Catherine Quinn, *nonprofit health organization representative*

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 California Breast Cancer Research Program

- 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 over \$174 million in 725 grants to 89 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 detect, treat, and prevent 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

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