



**Leading Creative Research for
Maximum Impact**

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CBCRP-Funded Researcher Receives Nobel Prize

*Katherine McKenzie, Ph.D.
Manager, Research Dissemination
and Outreach*

New ideas can become significant achievements when nurtured in the right conditions. In 1996, the California Breast Cancer Research Program funded Dr. Elizabeth Blackburn, at the University of California, San Francisco, for her idea of finding a way of using telomerase to treat breast cancer. Last month, she received the 2009 Nobel Prize in Physiology or Medicine for her work with telomerase and telomeres. Dr. Blackburn shares the award with Dr. Carol Greider of Johns Hopkins University School of Medicine and Dr. Jack Szostak of Harvard Medical School.

Telomeres and Telomerase in Tumor Cells

Every time a cell divides, its chromosomes shorten. The more a cell divides, the shorter the chromosomes become until the cell can no longer keep dividing, and the cell dies. This is normal cell function. Like the aglets that keep your shoelaces from unraveling, telomeres behave like caps on the ends of every chromosome. Telomerase is an enzyme that prevents the telomeres from shortening. It is found in immature eukaryotic cells and in a subset of normal adult cells—usu-

ally those that are rapidly dividing, like tumor cells.

One of the deadly elements of tumor cells is their immortality—in other words, their ability to continue dividing many more times than normal cells. The telomeres in these tumors do not seem to shorten enough to stop the tumor cells from dividing. For researchers exploring new treatment directions, one approach has been to look for ways to kill tumor cells by using their unique biological features against them.

Using Telomeres for Treatment of Breast Cancer

Dr. Blackburn's initial project investigated strategies for treating breast cancers by taking advantage of their elevated telomerase status. In one strategy, she hypothesized that since both HIV and telomerase need to be able to decode DNA in order to function, the drugs that inhibit HIV might also inhibit the action of telomerase. The idea was that the drugs would turn off telomerase,

which would in turn cause the tumor cells to stop dividing, effectively killing them. Some of the drugs were able to inhibit telomerase activity in the test tube, but the application in cells proved to be more complicated.

Another strategy that Dr. Blackburn explored involved turning the active telomerase against the tumor cell by causing them to make “toxic” telomeres. Telomerase uses the RNA available in the cells as building blocks to rebuild the telomeres every time the cell divides. In this approach, the tumor cells with active telomerase are given a mutant “toxic” RNA for rebuilding the telomeres. The normal cells, which do not have the active telomerase, would ignore the toxic RNA and divide normally. Dr. Blackburn found that tumor growth was inhibited when cells

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These recommendations have sparked a heated debate in the breast cancer community...



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

From the Director's Desk

Moving beyond Mammography

In November 2009, the US Preventive Services Task Force (USPSTF) announced new recommended guidelines for mammography screening for women with normal risk of developing breast cancer.¹

They advise that:

- Women in their 40s of average risk for breast cancer should not routinely get mammograms
- Women who are between 50 and 74 should get mammograms every other year
- Doctors should discontinue teaching breast self-examination

The task force was unable to make recommendations for screening women older than 75 or for clinical breast examinations because the evidence was inconclusive.

These recommendations have sparked a heated debate in the breast cancer community, although the controversy is not new.

Earlier Findings and Recommendations

In 2002, the USPSTF (an independent panel of experts in

¹<http://www.ahrq.gov/clinic/uspstf09/breastcancer/brcansum.htm>

prevention and primary care that operates under the Agency for Healthcare Research and Quality) set women's screening guidelines to every one to two years beginning at age 40, with the caveat that there was insufficient evidence to specify the optimal screening interval for women aged 40-49.

At the time, some groups (including the American Medical Association, the American College of Radiology and the American Cancer Society) supported the USPSTF recommendation, while other groups (including the American Academy of Family Physicians, the American College of Preventive Medicine and the Canadian Task Force on Preventive Health Care) recommended that average-risk women begin screening at 50 and that women 40-49 be counseled about the risks and benefits of mammography before deciding about screening.

Comparing Efficacy against Increased Harm

In 2009, the USPSTF panel (consisting of different members) analyzed the efficacy of different screening methods in reducing breast cancer mortality, but also factored the harms of over-treatment (including risks from

scarring, radiation, and drug side effects) and psychological distress into their analysis. They reviewed the evidence from established studies of the risks and benefits of screening by film mammography, breast self-examination, clinical breast examination, digital mammography, and magnetic resonance imaging. They also used computer modeling to compare the expected outcomes using the different screening methods at different intervals.

The resulting analysis led the committee to conclude that as a general screening tool, the harms outweighed the benefits of mammography for screening pre-menopausal women. They observed that reduction in mortality in this age group was slightly less than in women screened post-menopausally, while the cumulative risk for a false positive mammography result was 56% after 10 mammography examinations compared to 21% to 49% for women in general. The findings have not caused professional or advocacy groups to shift their positions, but they have inspired the community to re-examine assumptions and values.

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New ideas can become significant achievements when nurtured in the right conditions.

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were given even small doses of the toxic RNA. With subsequent funding, she has refined the type of RNA and been able to demonstrate increased inhibition of tumor growth.

At the time of Dr. Blackburn's CB-CRP funding in 1996, the idea of using telomeres to treat breast cancer was unique and risky. The properties of telomerase in cancer cells weren't fully understood at that point, and many basic research questions hadn't yet been answered. With scant data to support her hypothesis, there was little indication that her research would return the results she wanted.

A Shared Commitment to Improved Treatments

Developing effective, low-toxic treatments was a major goal that drove the CBCRP's creators when they established the program. Their unconventional vision for the program called for new approaches to achieving significant advances in breast cancer therapy. We developed the IDEA award as seed money to allow researchers to pursue the early stages of investigation. The approach may be risky, but the consequences for failure are monetary rather than human costs, and the potential impact for a successful new therapy is enormous.

The California Breast Cancer Research Program congratulates Dr. Blackburn and her colleagues for their outstanding achievement.

SAVE THE DATE **2010 Symposium**

From Research to Action: Tools for Change

sponsored by the
California Breast Cancer Research Program

September 24–25, 2010

Oakland Marriott and Convention Center

Watch for more information
about the symposium on our
website www.cabreastcancer.org/symposium/
and on Facebook.



CBCRP Researcher Spotlight: Addressing Disparities in Breast Cancer Risk Reduction

*Larry Fitzgerald, Ph.D.,
Manager, Core Funding*

In 2009 it is estimated that America will spend almost 18% of its GDP for health care, yet we have among the worst health outcomes of any industrialized nation and the greatest health inequities. Research has demonstrated that some disparity can be explained by variations in access to quality medical care, lifestyles, and genes across various cultural, ethnic, and racial groups. Recently, a PBS documentary series, *Unnatural Causes*, presented other health disparity determinants: namely the social conditions in which we are born, live, and work. Some of these determinants include unemployment, unsafe workplaces, urban blight, globalization, and racial prejudice.

Since 1993 the University of California, San Francisco, has housed a program called Medical Effectiveness Research Center for Diverse Populations (MERC), which has additional facilities in Fresno. MERC's mission is to promote health and prevent disease in racially/ethnically diverse populations by (1) discovering mechanisms that explain health disparities, (2) developing and evaluating interventions to

eliminate disparities, and (3) training investigators to conduct research on health disparities. A key MERC approach in this effort has been to build a network of relationships with diverse community-based organizations (CBOs) and strive to incorporate the community perspective in training and research.

Dr. Celia Kaplan is a CBCRP-funded, public health researcher with a faculty appointment both in MERC and UCSF's Division of General Internal Medicine. Dr. Kaplan is from Argentina, but moved to the United States to complete her graduate work at UCLA. For 10 years she was at the UCLA School of Public Health, and for the past 13 years she has been at UCSF. Throughout her career, she has focused on women's health, with an emphasis on breast cancer screening and abnormal mammogram follow-up, risk reduction, participation in clinical trials, quality of life after cancer diagnosis, and dissemination of information among Latino cancer patients. Her personal experience with breast cancer has helped inform her research, giving her an understanding of the needs of breast cancer patients and rais-



ing awareness of the disparities that exist. Dr. Kaplan has received three CBCRP grants to explore a range of topics impacting minority health associated with breast cancer.

In 2000, she was funded to study factors influencing decision-making in high-risk women from different ethnic backgrounds. The first part involved a survey of over 1,700 women in San Francisco, all of whom were Asian/Pacific Islander, African American, Latina, or White, 40 to 75 years old, and had no personal history of breast cancer.¹ In parallel, Dr. Kaplan's team surveyed over 800 physicians to assess factors related to their breast cancer risk reduc-

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It is estimated that America will spend almost 18% of its GDP for health care, yet we have among the worst health outcomes of any industrialized nation and the greatest health inequities.

Addressing Disparities cont. from page 4

tion practices. Results from these studies give insight into patterns of counseling, genetic testing, and chemoprevention treatments in various populations.²

Her second CBCRP grant, in 2003, followed Latinas diagnosed with DCIS for their treatment decisions and subsequent quality of life.³ This study gave key insights into both differences and similarities across ethnicity for DCIS treatment decisions, including breast conservation surgery, radiation therapy, mastectomy, or no treatment. There is much debate on how aggressively DCIS and other cancers diagnosed at early stages should be treated.

Currently, Dr. Kaplan is funded by the CBCRP for a three-year, translational research intervention to maximize patient-doctor communication of breast cancer risk information at the point-of-contact in the doctor's office. For this, Dr. Kaplan's team will employ a tablet-PC where the patient can enter her personal information, receive a score, and the physician can utilize this information to provide the most appropriate follow-up tests or counseling. The focus is on the Latina community with the intervention designed in both English and Spanish. The success of the project is enhanced through collaboration with local community groups, including

Círculo de Vida (Circle of Life) in San Francisco.

The culmination of Dr. Kaplan's research is a tool to better disseminate cancer information to minorities for effective prevention, provider communication, and treatment decision-making. Her future goal is to devise ways to increase minority participation in clinical trials, a topic to which she brings her experience in recruiting low-income, healthy women into research projects.⁴

¹ *Prev Med.*, 41(3-4):720-7 (2005)

² *Prev Med.*, 41(1):7-15 (2004).

³ *J Psychosoc Oncol.*, 25(4):19-36 (2007)

⁴ *Ethn Health.*, 2(5):497-519 (2007)





Update: Special Research into Breast Cancer Disparities A New Collaboration and a New Tool

Catherine Thomsen, M.P.H.
Special Research Initiatives
Project Lead

The California Breast Cancer Research Program is funding new research into the reasons why some groups of women bear a greater burden of this disease. With the assistance of national and state experts and advocates, we selected projects for funding that leverage the state's unique and diverse resources in ways that can steer breast cancer research in new, promising directions.

Two of these initiatives are underway. Their goals: to not only increase knowledge about the reasons for disparities in breast cancer incidence and outcomes, but also identify solutions that

will lead us toward true prevention of the disease.

Collaborative to Study Survival

Differences in survival between racial and ethnic groups has been of interest for many years, but we still don't know why women from some groups live longer with breast cancer than others, even when they are diagnosed at the same stage and with the same kind of cancer. We are funding six investigators representing eight different studies to collaborate on discovering why.

This project, entitled **Understanding Racial and Ethnic Differences in Stage-Specific Breast Cancer Survival**, is being facilitated by **Anna Wu**, Ph.D., of University of Southern California

and the Breast Cancer in Asian American Women Study. Other collaborators and their studies include:

- **Leslie Bernstein**, Ph.D., Beckman Research Institute of the City of Hope, Women's CARE Study and *In Situ* Breast Cancer Study
- **Katherine Henderson**, Ph.D., Beckman Research Institute of the City of Hope, California Teachers Study
- **Ester John**, Ph.D., Northern California Cancer Center, SF Bay Area Breast Cancer Study
- **Marilyn Kwan**, Ph.D., Kaiser Foundation Research Institute, Kaiser Pathways and Life after Cancer Epidemiology Study (LACE)

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A New Collaboration cont. from page 6

- **Kristine Monroe**, Ph.D., University of Southern California, Multi-Ethnic Cohort

The data in these eight studies represent over 13,000 California women with and without breast cancer, including significant numbers of African American, Hispanic/Latina, Japanese American, Chinese American, Filipina American, and white women, with smaller numbers of American Indian/Alaska Native women. Together, the researchers are exploring the feasibility of combining these studies to create a unique database.

So far, the researchers are looking at elements that the various studies have in common. Each collects information about physical characteristics, such as weight and height, as well as diet and exercise. They also know which women have or had other illnesses, and what types of tumors they have had. And they know about their social and economic position. By looking at differences in these and possibly other factors within a very diverse group of women, the six collaborators are hoping to identify reasons for disparate survival rates between racial and ethnic groups and subgroups.

By combining data and identifying important questions, these re-

searchers can apply for additional CBCRP funding in 2010. Their ultimate aim: to identify social or physical environmental factors that impact why some groups of women are more likely to die from breast cancer. Eventually this could lead to identifying actions women can take, or changes we can make in our physical and social environments, that will lower breast cancer death rates.

Creating Tools to Study Breast Cancer

Another way to better understand why some women are more likely to get, and die from, breast cancer is to improve our data. In order to make studies like those above more useful in the future, **Scarlet Lin Gomez**, Ph.D., of the Northern California Cancer Center, is working to develop new Demographic Questions for California Breast Cancer Research. We are funding Dr. Gomez and her team of national and state experts and community advocates to create a core set of standard questions to look at the multiple factors that could impact breast cancer incidence, progression and outcomes. The core variables include race/ancestry, ethnicity, birthplace/migration history, income, education, disability, and sexuality. They are also creating extended questions for researchers who are

interested in delving more deeply into one or more of these areas.

Dr. Gomez and her team are developing a tool that empowers researchers to find out more about which women are most affected by breast cancer, in order to reduce that burden. The questions in this survey tool are being pre-tested in focus groups to be sure they are understood correctly. The English survey tool will be translated into several languages commonly spoken in California: Spanish, Mandarin and Cantonese Chinese, and Tagalog. The survey will then be pilot-tested in telephone interviews and self-administered questionnaires.

This study builds on California's national leadership in collecting information about who gets cancer, including breast cancer. Scientists will be required to use these standard questions in future research that we fund, and we will encourage their use by other researchers. With uniformly gathered data, scientists can more effectively compare their results regarding why and how breast cancer affects some women more than others, leading to new knowledge about how the unequal burden of breast cancer in the population can be eliminated.

CBCRP to Host a Statewide Breast Cancer Research Symposium in 2010 – “From Research to Action: Tools for Change”

*Katherine McKenzie, Ph.D.
Manager, Research Dissemination and Outreach*

After three years since holding a symposium, we are happy to announce that our next statewide breast cancer research symposium will be September 24-25, 2010, at the Oakland Marriott and Convention Center.

The symposium is free and open to anyone interested in the direction of breast cancer research. Past symposia have attracted people from all corners of the breast cancer field. The attendees have ranged from people who are attending their first scientific conference to people who have spent a lifetime researching breast cancer. They included breast cancer advocates, clinicians, researchers in basic and social sciences, and legislators. The common thread between them is their abiding interest in the breast cancer field and finding ways to work together to end the disease.

The symposium will continue our tradition of exploring critical topics in breast cancer research, highlighting the contributions that CBCRP-funded researchers have made toward advancing our understanding of breast cancer; and developing ways to prevent, detect, and treat it; and providing practical information about what

each of us can do about breast cancer today.

A major goal of the CBCRP is not just to fund research into breast cancer, but to find ways to apply it. The research that will be presented at the symposium this year will highlight how we are putting this philosophy into action. Investigators will discuss what they are discovering about breast cancer and how they are moving their research down the critical path to application.

In 2007, the CBCRP began to fund program-initiated research into the role of the environment and breast cancer and the reasons for the unequal burden of the disease. The plenary session of the 2010 symposium, “A California Roadmap for Identifying Chemicals That Affect Breast Cancer Risk”, will reveal the tangible benefits that have resulted from one of these projects. The CBCRP funded an expert panel to examine the biological pathways governing the biology of breast cancer and the toxicity tests that can improve our ability to detect chemicals likely to affect breast development and carcinogenesis. The panel members will describe their recommendations for improving chemical toxicity screens to increase their relevance for human breast cancer and the

impact their findings will have on California policies.

The symposium will also feature breast cancer workshops for non-scientists, networking opportunities, practical information from nonprofit community organizations about what you can do about breast cancer, and art exhibits about how breast cancer affects our lives.

Advocates have had a critical voice in the direction of the CBCRP research agenda since the inception of the program, which has resulted in the innovative ways that the program approaches research funding. Our event’s keynote address will be given by an advocate who exemplifies that voice, **Angela Padilla**, detailing how advocacy can drive the breast cancer research agenda. She is the co-founder of Bay Area Young Survivors, a support and action group for women age 45 and under who are living with breast cancer.

Many more symposium topics and speakers are being finalized. Watch for more information about the symposium on our website www.cabreastcancer.org/symposium/ and on Facebook. Registration will be open in early 2010.



"My fiancée..."



"My mother..."



"My wife..."



"My partner..."

"...has breast cancer"

Those 3 terrible, terrifying words touch many lives...and can change them forever.

In 2010 nearly 20,000 Californians will be diagnosed with breast cancer

THIS TAX SEASON, CHOOSE TO HELP MAKE A DIFFERENCE IN THE FIGHT AGAINST THIS DEADLY DISEASE

How?

You can help us conquer breast cancer in your community with a contribution to the California Breast Cancer Research Fund on line 405 of your state income tax form 540. Your contribution is automatically tax deductible for the following year, and the money goes directly to the California Breast Cancer Research Program to support new approaches to diagnose, treat, and prevent breast cancer.

You can see a full list of research supported by California Breast Cancer Research Fund contributions at endbreastcancer.org.

Join us in our fight!

Help us identify the true causes of breast cancer so that we may ultimately prevent it.

We are challenging Californians to help us reach \$1,000,000 in contributions in 2010. If every California taxpayer gave even one dollar, we would exceed this goal.

Tell your tax preparer about donating to the CA Breast Cancer Research Fund on line 405 of your state tax Form 540.

Simple, effective, and automatically tax deductible.



Toll-free: 888 313-2277
E-mail: taxcheck@cabreastcancer.org



Participating member of Checkoff California
www.checkoffcalifornia.org

Thank you, Community Partners!

In Appreciation:

The California Breast Cancer Research Program staff and council would like to recognize and thank all of our community partners who volunteered their time, advocacy, and/or financial support to the CBCRP. We are strengthened every day by your generosity. Several groups and individuals have put their creative and physical resources to work to support us, including:

- The Crescent City Quilters sold raffle tickets, with the prize of a gorgeous, hand-crafted quilt (yielded \$635).
- Las Caballeras mounted their horses on Catalina Island and set out for a 5-day, “Cowgirls for the Cure” ride across the beautiful island. Among other activities, they decorated their horses in pink, had a barbeque, and enjoyed a JazzTrax concert (yielded \$10,000).
- Runners at the 2009 San Francisco Marathon™ joined Team CBCRP in several events through San Francisco’s historic waterfront district (yielded net \$14,158).

Other community partners donated funds through Employee Giving Campaigns and the United Way (yielding \$66,000 to date).

At the CBCRP, we know that every donation is meaningful. Be it time or money, we are indebted to all of you. Because of your unwavering support, we are able to continue pursuing our commitment to eliminate breast cancer.

Thank You

For the full list of community partners, please visit our website at:

www.CABreastCancer.org/support/communityPartners.php

CBCRP News

Army of Love

Researchers often need recruits for clinical trials. The Avon Foundation for Women and Dr. Susan Love Research Foundation are recruiting women who are willing to participate in research into the cause and prevention of breast cancer

How they've already helped: *The Sister Study, which launched in 2002 and recruited 50,000 women with sisters with breast cancer, was still missing 5,000 women: African American, Pacific Islanders, Hispanic, and Caucasian women over 65 with only a high school education. Within 48 hours of an e-blast sent to the Army of Women volunteers, the Sister Study had recruited 2,000 eligible women.*

The Love/Avon **Army of Women** has over a quarter of a million women signed up and is ready to help new grants, old studies that need help with recruitment, or studies that need human specimens to corroborate animal work. The CBCRP encourages volunteers and researchers to contact the Army of Women to explore how a partnership might help end breast cancer once and for all. For more information, visit www.armyofwomen.org/.

Call for Applications

The CBCRP offers **one funding cycle** per year for investigator-initiated research projects—what we call our Core Funding. We fund Translational Research awards; Community Research Collaboration awards; Innovative, Developmental, and Exploratory Awards (IDEAs); Postdoctoral Fellowships; Dissertation awards; and Joining Forces Conference awards. All research must be performed in California. Deadlines and application information about the awards is online at www.cabreastcancer.org/apply/.

Awards Funded in 2009

In 2009, the CBCRP funded over \$16 million for 53 research projects being performed at 22 institutions across the state. These projects will advance our knowledge about the community impact, biology, detection, and treatment of breast cancer, and represent both investigator-initiated awards (our Core Funding awards, including the Community Research Collaborations) and our program-initiated awards (our Special Research Initiatives, or SRI). Details about these new awards and an overview of the 2009 funding cycle may be found at www.cabreastcancer.org/publications/compendia.

The San Francisco Marathon

The organizers of The San Francisco Marathon™ again selected the California Breast Cancer Research Program as a beneficiary of its Cause to Run™ program. Some runners trained alone, but many runners joined a new, 16-week Train for Free™ training program that included running, nutrition, and fundraising seminars. On July 26, 2009, 25 runners raised \$22,780 to support the CBCRP's efforts to eradicate breast cancer. The top fundraiser was Sudha Venkataraman, who raised \$3,341 for the CBCRP and participated in the Train for Free™ program. Elliott Alman traveled the farthest distance (from Gaithersberg, MD) to participate and raise money for the CBCRP. Four staff from Gitanes Restaurant formed a running team and together raised \$2,314. Additional "Team CBCRP" volunteers registered racers, handed out supplies, and helped with other behind-the-scenes details.

Catalina Island Riders

The little jewel off the coast of Los Angeles is a magnet for daytrippers, but beyond the shopping and fine dining, there is a wealth

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of wildlife to enjoy on Catalina Island. One of the groups that enjoy the unique wilderness on Catalina Island is Las Caballeras. For 15 years these women and their horses have converged on the island for five days of relaxation, games, and trail riding. This year, Las Caballeras added a fundraiser to support breast cancer research, and they selected the California Breast Cancer Research Program as beneficiary. By the end of the week, they raised \$10,000 to support the CBCRP's efforts to eliminate breast cancer. Thank you, ladies! For more information about Las Caballeras, visit www.lascaballeras.org.

Meet Our Council

The CBCRP relies on its Breast Cancer Research Council for direction and oversight. Council members bring their significant interest in breast cancer research and represent the people affected by breast cancer and institutions pursuing solutions to the disease. Members serve three-year, overlapping terms, without compensation for their dedicated service. Each year, the council elects a new Chair and Vice-Chair. The incoming Chair for 2009-2010 is **Jim Ford**, Director of the Stanford University School of Medicine's Program for Applied Cancer Genetics and the Breast Cancer

Genetics Clinic. The Vice-Chair is **Barbara Brenner**, Executive Director of Breast Cancer Action. We look forward to an exciting year under their leadership. The CBCRP is also delighted to welcome four new council members:



- **Susan Braun** is the Executive Director of Commonwealth, a non-profit direct services organization and a home for public policy advocacy, including programs like the Cancer Help Program, the Institute for the Study of Health and Illness, the Collaborative on Health and the Environment, and the Regenerative Design Institute.



- **Lisa Barcellos** is an epidemiology professor at University of California, Berkeley's School of Public Health. Among her many additional appointments, she is a co-investigator for the U.S. Multiple Sclerosis Genetics Group and a member of the Kaiser Permanente Research Program on Genes, Environment, and Health.



- **Carlina Hansen** is the Executive Director of San Francisco's Women's Community Clinic, providing health care services

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to uninsured and under-insured women and girls in the Bay Area. She has served on the Executive Committee of the Women's Health Advisory Committee of the Department of Public Health and currently serves on the Executive Committee of the Women's Working Group on Universal Health Care.



• **Donna Sanderson** is the Executive Director of the Susan G. Komen for the Cure, Sacramento Valley Affiliate. As a breast cancer survivor and an educational psychologist, Donna is passionate about building on and sharing an appreciation and respect for other cultures.

The full list of council members may be viewed on our website. <http://www.cbcrp.org/about/council/bios.php>

Director's Desk cont. from page 2

The Need for Better Technology

This debate arises because we are dealing with an imperfect technology that forces us to make tough choices. It is undeniable that mammography can catch breast cancer early enough to save an individual life. It is also undeniable that mammography has led to a great deal of anxiety, unnecessary biopsies, over-treatment, and has actually caused some cancers, particularly in women younger than 50. The true challenge to the CBCRP and researchers is to make the debate irrelevant by finding an accurate way to identify life threatening disease.

The CBCRP is meeting the challenge by investing in ap-

proaches that we hope will lead to a paradigm shift in how breast cancer is detected and diagnosed. The breakthrough may come in the development of new technology such as functional magnetic resonance imaging or volume breast ultrasound. Or it may come by identifying which biological markers, alone or in combination, can reliably distinguish harmless changes in the breast from dangerous ones.

Only by pursuing alternative approaches to detecting breast cancer will we be able to move beyond the quandary mammography presents and offer women clear guidance about when and how often to be screened for breast cancer.

Mel Kawarough-Lynch

Going Paperless

As an ongoing effort to reduce both our administrative expenses and our carbon footprint, the CBCRP is no longer printing and mailing publications. You may access all of our publications on our website, www.cabreastcancer.org/publications/. There, you'll find our whole history of annual reports, newsletters, award compendia, position papers, and program evaluations. Thank you for helping us preserve natural resources and allocate even more money for breast cancer research. If you'd like to be kept up to date on CBCRP, our email is: getinfo@CABreastCancer.org

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Breast Cancer Research Council

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

Vice Chair, Barbara Brenner, *advocate*

Lisa Barcellos, Ph.D., *scientist/clinician*

Roxanna Bautista, M.P.H., *nonprofit health organization representative*

Chris Bowden, Ph.D., *industry representative*

Susan Braun, *advocate*

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Jeanne Rizzo, *advocate*

Donna Sanderson, *advocate*

Sherie Smalley, M.D., *ex-officio*

Mary Alice Yund, Ph.D., *scientist/clinician*

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 \$7 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 \$205 million in 803 grants to 95 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 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 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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