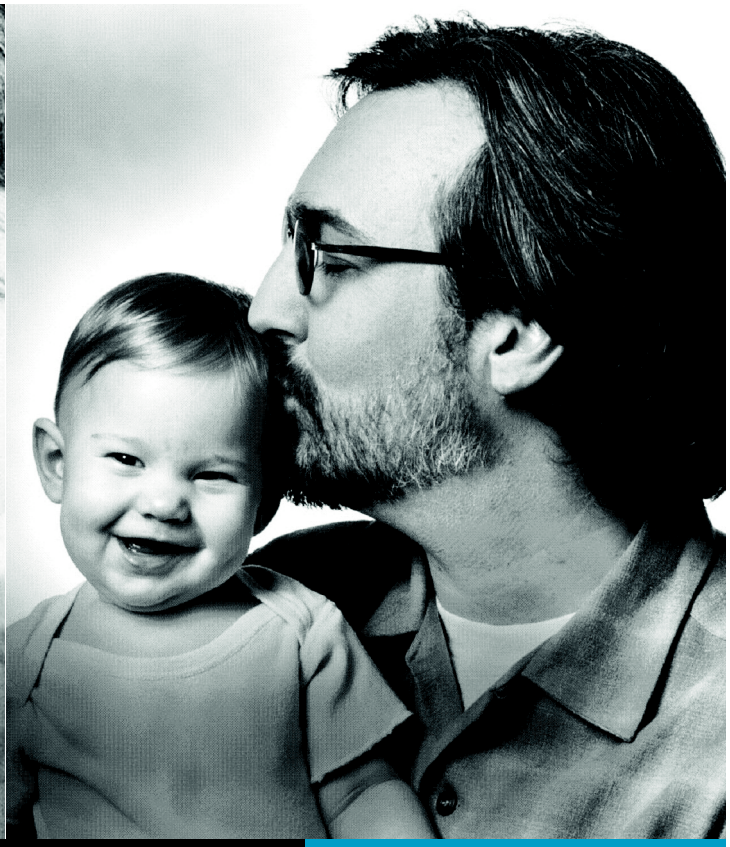

Cancer Prevention and Treatment Fund

2009 Annual Report

OUR MISSION

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

MESSAGE FROM THE PRESIDENT

Photo by J.J. Popkin

In 2009, the Cancer Prevention and Treatment Fund had a major impact on public information, public debate, and public policy. Our efforts were particularly effective because of our strong focus on helping patients and their families, improving public health, and our work with Congress and the White House.

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

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

- We urged the FDA to approve a new vaccine to prevent cervical cancer and to require long-term studies of safety and effectiveness for all vaccines so that parents could make well-informed decisions for their children's health.

- We co-sponsored an international conference and Senate meeting on the potential health risks of cell phones, and worked to reduce radiation exposure from cell phones for children and adults.

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

- We testified numerous times before the FDA Science Board and Advisory Committees, urging them to remove unsafe baby bottles and food containers from our supermarket shelves and urging them not to approve an ovarian cancer drug that reduced the quality of life and was ineffective at prolonging life.

- We expanded our public education efforts to improve the safety of children's toys and reduce potentially toxic environmental exposures that affect health.

- We recognized congressional champions with our new Health Policy Heroes Awards.

Whether we were explaining well-established and complicated scientific information to families and the medical community, or making sense of controversial new research on new vaccines, old medications, or toxic chemicals in toys, we scrutinized research and provided useful, understandable, and unbiased analyses to the media, patients, consumers, and policy makers. Our research and advocacy work continues to represent the interests and needs of ordinary men, women, and children, who are often left out of policy debates and life-saving public health decisions. As always, we will continue to advocate for the public on matters that are crucial to the health and well-being of adults and children nationwide.

Diana Zuckerman, PhD

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

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

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PROGRAM AND POLICY HIGHLIGHTS

Cancer Screening and Treatment

Working to Reduce Unnecessary Mastectomies

Every year, more than 250,000 women are diagnosed with breast cancer or "pre-cancerous" conditions such as ductal carcinoma in situ (DCIS) that may never become cancer. DCIS and other types of very early breast cancer sometimes will go away without any treatment. Treatment is almost always necessary, however, because experts cannot yet predict which cancers will go away and which will become dangerous. Even so, experts agree that more than 75 percent of these women do not need mastectomies if they have access to other, equally safe treatment options. Yet, as unbelievable as it may seem, in some parts of our country, medically unnecessary mastectomies are increasing, not decreasing.

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

Helping Breast Cancer Patients Get the Best Possible Treatment

There are numerous larger organizations committed to breast cancer issues, but we are the only one focused on prevention and quality of care, and on translating research into medical practice. We are disseminating thousands of copies of our *Surgery Choices for Women with Early Stage Breast Cancer* booklet to women across the country. Thanks to a generous grant from the Blaustein Family Foundation, we are completing a new patient booklet for women with DCIS (ductal carcinoma in situ), a non-invasive type of breast cancer. We previously developed a Continuing Medical Education (CME) course to help primary care physicians and gynecologists remain up-to-date on breast cancer health issues, and are working on a new one on DCIS. This CME course is available online on the Medscape Web site.

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

Prostate Cancer Screening May Cause More Harm than Good

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

Screening for prostate cancer can be performed quickly and easily in a physician's office using two tests: the PSA (prostate-specific antigen) blood test and the digital rectal exam (DRE), a manual exam of the prostrate area.

Unfortunately, these tests are very inaccurate, with many false positives (scaring patients who have no disease) and false negatives (falsely reassuring patients that they are okay when they actually have cancer). Prostate cancer grows very slowly and most patients are elderly. For that reason, experts estimate that many screen-detected prostate cancers may never become clinically significant, which means they would not need to be treated.

Unnecessary treatment is a serious problem because life-changing side effects, such as impotence and incontinence, are common.

Confusion reigned when one recent major study found that men who were screened annually did not live any longer than men who were screened less often. A different recent study found that men who were screened every four years were 20% less likely to die from prostate cancer than men who were never screened, but were more likely to be over-treated.

The dueling headlines read "Prostate Cancer Screening Saves Lives" and "Prostate Cancer Screening Doesn't Save Lives." We scrutinized the results carefully and concluded that annual screening is not necessary, but screening every 4 years could save lives, especially for men under 75. We agree with the United States Preventive Services Task

"I'm a cancer survivor myself and love to donate to the cause as much as possible. Keep up the good work and thank you. It's your research that has saved my life."

--Shane King, Wichita, Kansas

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PROGRAM AND POLICY HIGHLIGHTS

Force, however, that there is insufficient evidence to recommend for or against PSA screening for men under 75, and we recommend against screening for most men over 75.

Which Diagnostic Tests and Treatments are Best?

Every year, the Food and Drug Administration (FDA) reviews thousands of new medical devices and allows them to be sold—without first requiring clinical trials. As long as the products are considered "substantially equivalent" to others on the market, a loose definition that does not require that they be made of the same material or use a similar mechanism of action, they can be sold in the U.S. It's not surprising, therefore, that many of these devices are later recalled because they are found to be dangerous. In addition, the vast majority of prescription drugs and implanted devices are approved on the basis of short-term safety and may not be proven safe for long-term use. We are working to improve these policies to prevent products meant to help us from harming us.

New FDA Safeguards

When the FDA Advancement Act of 2007 became law, we succeeded in including new safeguards and increased resources to strengthen the safety of prescription drugs and medical devices. For example, patients and doctors now have free access to results of clinical trials, so that companies can't hide information that is unfavorable to their products. The legislation also required the Government Accountability Office (GAO) to examine the process that allowed "substantially equivalent" devices to be sold, even without clinical trials or proof of safety. Now we're working to make sure the FDA follows through on much-needed changes to improve the safety and effectiveness of all medical products.

Meetings with New FDA Commissioner

The GAO report, released in January 2009, supported many of the criticisms we had made in previous years. NRC president Dr. Diana Zuckerman was invited to meet with the Obama Administration's new FDA Commissioner, Dr. Margaret Hamburg, at several small meetings in 2009 to discuss our concerns about medical devices and prescription medications. As a result of our work, change is coming to the FDA. There is now a new director of the FDA's Center for Medical Devices and Radiological Health who is much more concerned about public health and a new study by the Institute of Medicine that will recommend improvements to the FDA review process for medical devices.

Preventing Cancer

We're Spreading the Word: Radiation from Cell Phones May Cause Brain Cancer

You love your cell phone, but is it a hazard to your health? Approximately 1 billion people use cell phones worldwide, with over 110 million Americans using cell phones daily. These devices depend on radio waves that were assumed to be safe, but new research tells us otherwise. The director of the University of Pittsburgh Cancer Institute, Dr. Ronald Herberman, warned his staff in July 2008 that the risks from cell phone radiation raise concerns. He advised that rather than wait for definitive studies, we should curb our cell phone use immediately. Meanwhile, studies indicated that using a cell phone for ten or more years increases the risk of being diagnosed with a brain tumor on the side of the head where the cell phone user holds the phone.

In September 2009, we helped bring together scientists from around the world for a national conference on cell phones in Washington, D.C. and organized a Senate meeting on cell phones and health. We agree with the experts convened in the capital that since the extensive use of cell phones has increased dramatically and since cancers usually take at least 10-20 years to develop, it will be years before research can conclude whether cell phones cause cancer or not. Meanwhile, well-designed studies indicate that the radiation from cell phones can damage DNA, suppress the immune system, and increase the risk of tumors, including cancer. Children are at higher risk than adults because of their thinner and smaller skulls, which absorb more radiation.

Precautions You Can Take

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

- Limit the number and length of your calls.
- Use hands-free devices, put the cell on "speaker phone," or hold the phone away from your ear.
- When speaking on your cell phone, alternate sides.
- Limit your cell phone use in rural

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

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

PROGRAM AND POLICY HIGHLIGHTS

areas or anywhere reception is poor. More radiation is emitted when you are farther from a cell phone tower.

- Text message instead of talking (never while driving!)
- Go over these guidelines with your children and limit their cell phone use.
- Avoid keeping your cell phone in your pocket or close to your body while it is on.

We Want You to Know: Radiation from CT Scans Increases Cancer Risk

People in the U.S. are exposed to about six times more radiation from medical technology today than in the 1980s. Computed Tomography (CT scanning, or "CAT scan") is a wonderful tool for detecting tumors, determining if treatment is shrinking those tumors, finding blockages in the heart's arteries, and other important diagnostic strategies. About 1 in 5 people get a CT scan every year. Unfortunately, CT scans use large doses of radiation and have the potential to harm patients even as they help them.

Some doctors have recently been using CT scans to detect blockages in the heart's arteries that can cause heart attacks. However, an average heart CT scan exposes a patient to as much radiation as at least 30—sometimes as much radiation as 400—chest x-rays. If this test is widely used, we could see many new cases of cancer from increased exposure to radiation.

Is it worth the risk? Although there is a benefit to early diagnosis of heart disease, the American Heart Association, American College of Cardiology, and the United States Preventive Services Task Force do **not** recommend the use of heart CT scans for any patients—whether at low or high risk of heart disease. The reason is that the radiation from CT scans could cause cancer, and that risk is greater than the likely benefits. A recent study estimated that one heart CT scan for 50 million Americans could cause 2,700-37,000 new cancer cases, depending on the dose of radiation. The number of new cancer cases could be even higher if individuals were screened more than once in their lifetime.

Even when CT scans are necessary, radiation can be a problem. Unfortunately, there is no established guideline for *how much* radiation should be used for each type of CT scan, with CT scans in some hospitals delivering as much as 13 times as much radiation as other hospitals. On October 8, 2009, the FDA announced that it was notifying healthcare professionals that 206 patients who were being tested for stroke received CT radiation doses to the brain that were much higher than expected at the nationally respected Cedars Sinai Hospital in Los Angeles. Since then, the FDA has discovered that CT scans given to stroke victims in at least four hospitals exposed more than 300 patients to excessively high levels of radiation. We are working with experts across the country to reduce these risks by improving CT scan machines and training, and educating doctors and patients to avoid unnecessary CT scans.

We Helped to Ban Dangerous Chemicals in Plastics

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

Bisphenol-A (BPA) was widely used in plastic sports water bottles and baby bottles until our work helped persuade companies to stop using it. BPA is still widely used to line almost all food and beverage cans in the U.S., however. We think of plastic as being solid, but BPA leaches out of plastic containers into liquids and foods. The Centers for Disease Control and Prevention found BPA in the bodies of more than 93 percent of Americans, and the highest daily intakes are in infants and children.

BPA mimics and interferes with estrogen, which is important in reproduction and development. Until recently, many plastic baby bottles contained BPA. BPA is especially likely to get into liquids from a plastic container when heated, such as when one warms a baby bottle. Scientists are concerned about how BPA affects the behavior of young children, and whether it can affect the prostate, breasts, and brain. For example, BPA could potentially increase the likelihood of early puberty in girls and breast cancer in women, or the risk of prostate cancer in men. Studies have also now found that adults with more BPA in their urine were more than twice as likely to have heart disease or diabetes than those with the lowest levels,

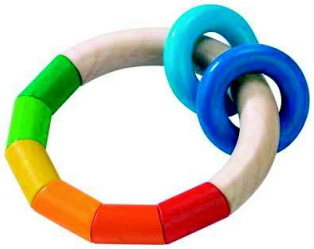
"The American system works on checks and balances and it helps me sleep better at night knowing you all are keeping government agencies honest."

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

PROGRAM AND POLICY HIGHLIGHTS

according to the study of 1,455 people published in *The Journal of the American Medical Association*.

With our encouragement, major stores such as WalMart and Toys "R" Us announced they would no longer sell baby bottles made with BPA, and several major companies making baby bottles announced they would no longer make baby bottles with BPA. Still, BPA is in many baby bottles and sippy cups sold in stores in the U.S., as well as in the lining of nearly all canned food and beverages. We testified about our concerns before the FDA Science Board three times in 2009, and in response to this advocacy the FDA announced in early 2010 that they were reconsidering whether BPA was safe and are funding new studies and working with manufacturers to discover ways to reduce BPA in food containers.



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

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

In 2008, we met with Members of Congress and their staff to explain our concerns about phthalates and to ask them to protect our children. As a result, a law passed to ban phthalates from children's toys and child care products sold in the U.S (such as teething rings and plastic books) as of February 2009. However, testing to ensure these products are actually phthalate-free does not begin until February 2011 in order to give small businesses time to comply with the new law. Meanwhile, thanks to our work, major retailers such as Wal-Mart, Target, and Babies "R" Us removed children's products containing phthalates by the end of 2008.

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

We Urge FDA to Require Long-term Studies of the HPV Vaccines

We were pleased when the first cancer vaccine, Gardasil, was approved by the Food and Drug Administration (FDA) in June 2006. Since that time, however, we have become concerned about how little is known about the long-term safety and effectiveness of the vaccine. We are no longer confident that the benefits outweigh the risks. Now that another HPV vaccine, Cervarix, is available, we are urging the FDA to compare the risks and benefits of the two vaccines for 5-10 years and make that information public as soon as possible.

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

HPV is the name for a group of viruses that cause cervical cancer, as well as cancer of the vulva, anus, penis, and neck. It can also cause genital warts and several other diseases. The good news is that in 90% of cases, HPV clears up on its own within 2

"Hopefully, every woman finds her way to your Web site. Your article has helped me arm myself with information I will need to select the right surgeon."

—Annamaria Picollo, Prospect, Oregon

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years, and often much sooner. In 2008, approximately 11,000 women in the U.S. were diagnosed with cervical cancer, and an estimated 3,800 women died from cervical cancer.

Gardasil is the most expensive vaccine ever recommended for school-age children, and an important unanswered question is how long it lasts. **The FDA did not require long-term studies of Gardasil, and we have demanded that they finally do so.** Meanwhile, it is not known if a booster shot is needed, and if so when. That means that girls and women who received Gardasil several years ago may no longer be protected against cervical cancer. In comparison, the FDA required longer-term studies of the HPV vaccine Cervarix, and the early evidence suggests that Cervarix will last longer.

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

We're Spreading the Word: Obesity Increases the Risk of Several Types of Cancer

Everyone knows about the obesity epidemic and its impact on diabetes, but obesity causes other health risks as well. Girls and boys are starting puberty as early as 8 years old, and one reason is that obesity affects hormones—and that could also increase the risk of breast cancer, prostate cancer, colorectal cancer, and some other cancers. The risk of obesity may be increased by BPA, phthalates, and other chemicals that influence hormones and fat cells.

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

Obesity is caused by eating more calories than you burn up from physical activity, but some popular prescription medications drastically increase appetite and obesity. Some of the drugs that are especially likely to cause obesity are "atypical antipsychotics," which are taken by more than 30 million Americans each year. In the spring, summer, and fall of 2009, our President Dr. Diana Zuckerman testified before FDA Advisory Committees to point out the risks of atypical antipsychotics such as Seroquel, Zyprexa, Risperdal, Geodon, and Abilify. These drugs were originally approved for the treatment of delusions, hallucinations, and other forms of psychosis that are symptoms of schizophrenia and manic depression. However, most of the 30 million prescriptions filled each year in the U.S. are for other symptoms such as depression, anxiety, insomnia, or behavior problems typical of ADHD or Alzheimer's Disease. These drugs have serious risks, including sudden death, but the most common risk is rapid weight gain, which increases the risk of diabetes and also increases the risks of breast cancer, prostate cancer, and other cancers. With more than 35 million prescriptions filled each year, the impact of these drugs on cancer rates could be substantial.

Congressional Testimony, Briefings, College Lectures, and Speeches

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

- Dr. Zuckerman testified about BPA as a potential carcinogen at the **Dietary Guidelines Advisory Committee** meeting in January 2009, and before the **FDA Science Board** three times in 2009. The Cancer Prevention and Treatment Fund also urged **Members of Congress** to pass legislation that would remove BPA from food and beverage containers.
- The Cancer Prevention and Treatment Fund organized and hosted a presentation and discussion for consumer advocates on **Preventing Cancer & Birth Defects**, featuring **Dr. Rich Purdy** as guest speaker, in February 2009.
- Dr. Zuckerman and Government Relations Manger Paul Brown actively participated in a national meeting to improve medication adherence, sponsored by the **National Consumer League** and the **Agency for Healthcare Research and Quality** (AHRQ) in February 2009.
- Dr. Zuckerman was an invited speaker at an **Institute of Medicine** meeting on future needs to improve women's health in February 2009, where she focused on the need for more information on **racial and ethnic differences in medication effectiveness**, so that all patients could get the safest and most effective treatments.
- Dr. Zuckerman testified at an **FDA Risk Communication Advisory Committee** meeting in February 2009, urging the FDA to develop patient booklets and medication guides that are easier to understand.

"You are a champion of many and I appreciate all you do."

—Jackie Lombardo, Charlottesville, Virginia

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PROGRAM AND POLICY HIGHLIGHTS

- Dr. Zuckerman testified about **Gardasil** at a **U.S. Health and Human Services Vaccine Safety Working Group** meeting in March 2009, emphasizing the need for better long-term information about safety and effectiveness.
- Dr. Zuckerman and Government Relations Manager Paul Brown met with the **Consumer Product Safety Commission** staff to discuss the need to quickly remove phthalates from all children's products in March 2009.
- The Cancer Prevention and Treatment Fund organized and hosted a **Capitol Hill briefing on BPA** featuring presentations by Dr. Zuckerman and **Sarah A. Vogel, PhD, Program Officer, Johnson Family Foundation** in April 2009.
- Dr. Zuckerman met with senior staff of the AHRQ to discuss concerns about **long-term safety and effectiveness of cancer vaccines and atypical antipsychotics** in April 2009.
- Dr. Zuckerman was an invited speaker on the medical devices clearance process at the **Food and Drug Law Institute Conference** in April 2009.
- Dr. Zuckerman testified on comparative effectiveness research at a Health and Human Services meeting in April 2009.
- Dr. Zuckerman testified on HPV vaccines at a Washington, D.C. Health committee hearing in April 2009.
- Dr. Zuckerman testified at FDA Advisory Committee meetings on the health risks and cancer implications of atypical antipsychotic medication in April 2009, June 2009, and December 2009.
- Meredith van Tyne testified for the Cancer Prevention and Treatment staff about the terrible side effects and lack of clear benefit compared to other drugs of a new ovarian cancer drug at an FDA Oncologic Drugs Advisory Committee meeting in July 2009. The FDA agreed and the drug was not approved.
- Dr. Zuckerman testified at an FDA Human Papillomavirus Vaccine Committee Meeting regarding the need for long-term studies of effectiveness against cancer in September 2009.
- The Cancer Prevention and Treatment Fund helped organize a conference and Capitol Hill meeting on cell phones and brain cancer in Washington, D.C. in September 2009, and Dr. Zuckerman was an invited speaker and workshop leader.
- Dr. Zuckerman gave a guest lecture on cancer prevention at a health policy course taught by Professor Elaine Anderson at the University of Maryland, College Park in November 2009.

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

--Ernest Herman, New York, NY

COMMUNITY OUTREACH AND EDUCATION

To help give patients the information they need to get the best possible treatment for breast cancer, we distributed free copies of our booklet *Surgery Choices for Women with Early-Stage Breast Cancer* (and the Spanish version *Las Primeras Etapas del Cancer de Seno*) co-authored by our staff and staff from the National Institutes of Health, the National Cancer Institute, and the Agency for Healthcare Research and Quality. These were distributed to Maryland's Prince George's County Health Department as part of its education and counseling program, to the Washington Cancer Institute, to the Capital Breast Care Center in Washington, D.C., and to cancer centers and Komen affiliates across the country.

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

On the Internet

Our new web site, www.stopcancerfund.org, began as part of the National Research Center for Women and Families' web site and became an independent web site in 2009.

Coalition Building and Events

The Cancer Prevention and Treatment Fund and the National Research Center for Women and Families has a primary role in **coordinating the Patient, Consumer, and Public Health Coalition,** which includes well-respected nonprofit organizations such as Consumers Union, the Union of Concerned Scientists, the National Women's Health Network, Center for Medical Consumers, the National Consumer League, Title II Community AIDS Action Network, the Government Accountability Project, Our Bodies Ourselves, Breast Cancer Action, WoodyMatters, and U.S. PIRG. We hosted numerous coalition meetings, strategy sessions, and nationwide efforts to help consumers understand new health information in 2009.

Friday Luncheon Series

On selected Fridays throughout the year, the Cancer Prevention and Treatment Fund hosts a luncheon devoted to the latest cancer prevention and treatment strategies issues. We invite medical experts to provide objective and useful information. The luncheons are free and open to the public.

Held at the conference room of the Washington offices of Reed Smith, the luncheons provide great speakers and foster topical discussions.

Lunches in 2009 included:

- *HPV Vaccine: The Fact behind the Hype*, held on March 13, 2009, featured Cancer Prevention and Treatment Fund President Dr. Diana Zuckerman and Dr. Susan Wood, professor at George Washington University and Former

Director of the FDA's Office for Women's Health.

- *How Does Body Image Affect Health?* an annual lunch on body image and health for interns, held July 28, 2009. The lunch featured Cancer Prevention and Treatment Fund President Dr. Diana Zuckerman and Lesley Fair of the Federal Trade Commission.

Health Policy Heroes Awards Luncheon

In May 2009, we honored two Congressional champions of cancer treatment and other health issues. The awards event took place at the Cosmos Club of Washington, D.C.

Photo by Gwen Lewis

Rep. Rosa DeLauro (D-Connecticut) a member of Congress since 1991, is one of Congress' most effective champions to improve the health and safety of all Americans. In 2009, she introduced the Food Safety Modernization Act to protect our nation's food supply. A cancer survivor, she has successfully increased funding for breast and cervical cancer screenings and research.

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

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

COMMUNITY OUTREACH AND EDUCATION

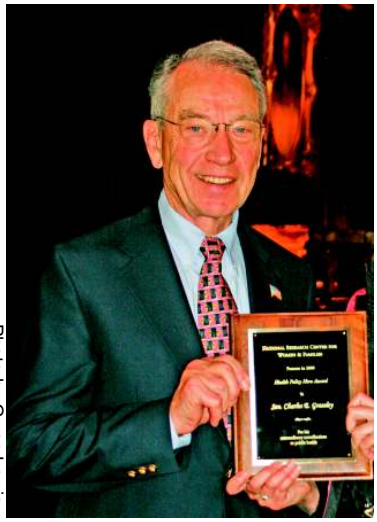

Photo by Gwen Lewis

Senator Charles Grassley (R-Iowa) is the Senate's most outspoken advocate on behalf of safeguards to ensure the safety and effectiveness of all medical products. Sen. Grassley is the ranking Republican on the Finance Committee, which is responsible for Medicare and Medicaid. His willingness to challenge the FDA has saved the lives of adults and children by helping remove unsafe medical products from the market. Sen. Grassley, whose wife is a cancer survivor, commended the Cancer Prevention and Treatment Fund on its work, saying, "Your group helps people get unbiased information of what is needed when it is most needed. That's an invaluable service, and yet just a small part of what you do."

Internships

The Cancer Prevention and Treatment Fund was assisted by impressive interns in 2009, including: Krystle Seu, a student at the University of Maryland; Maushami DeSoto, a graduate student at the University of Maryland; Heidi Mallis, a graduate student of public health at Tulane University; and Julie Bromberg of Johns Hopkins' Bloomberg School of Public Health.

In addition, two graduate students received internships named for Marcy Gross and Joy Simonson, whose idealism and accomplishments have inspired our work.

Marcy Gross Internship

Marcy Gross was a nationally respected advocate for women's health who served as a senior adviser at the U.S. Department of Health and Human Services. Ms. Gross helped build the foundation for federal policies regarding sexual assault and other women's health issues, and co-authored a report that became the basis of the federal Healthy Start Program, aimed at reducing infant mortality and promoting health care for children. After retiring from the federal government in 2002, Marcy helped organizations dedicated to women's health and safety. She was a strong voice for research-based medical treatment, and worked closely with us to improve the quality of care for breast cancer patients.

Meredith Van Tine, our **Marcy Gross Intern** for the summer of 2009, was in her final year at the University of Virginia's School of Law. She is preparing for a career in women's health advocacy and her goal is to focus on public policy, public education, and research on health issues that affect women differently than men, including domestic violence.

In addition to being a law student, Meredith volunteers at the local Sexual Assault Resource Agency at the Charlottesville FOCUS Women's Resource Center, and at Women's Health Virginia.

During her internship with NRC, Meredith researched and wrote articles on a range of health issues; attended Hill briefings on the *Violence Against Women Act*; participated in women's healthcare coalition meetings on healthcare reform; helped organize our annual intern luncheon, and testified before the FDA on the unfavorable risk-benefit ratio of a drug for ovarian cancer.

"Years ago, the Center directly affected my life in a positive way by providing me with important health information," said Meredith. "Now, thanks to the generosity of **Marcy Gross**' family and friends I have finally been able to return that favor by working to further the Center's wonderful mission."

COMMUNITY OUTREACH AND EDUCATION

Joy Simonson Internship

Joy Simonson was our National Advisory Board member, Foremother honoree, and friend, who passed away in June 2007 at the age of 88. Joy was well known in the women's community as an activist and advocate into her 70's and 80s. However, that was just the latest in a long list of accomplishments, starting when she moved to Washington, D.C. in the 1940's to work for the War Manpower Commission, and then to Egypt and Yugoslavia immediately after World War II to work for the U.N. To honor and continue the remarkable contributions that Ms. Simonson made, the internship will focus on health issues for midlife and older women.

Stephanie Portes-Antoine was our **Joy Simonson Intern** for the summer of 2009. A Martin Luther King scholar as an undergraduate, Stephanie holds a Master's in Public Health from Boston University and is now a second year medical student at Boston University School of Medicine. Stephanie is keenly interested in health disparities, particularly racial/ethnic, gender, and socioeconomic. As part of her public health school practicum, she worked on a reproductive health project in Haiti. Stephanie is the first intern to come to us through the American Medical Association's Government Relations Internship Program.

As our intern, Stephanie synthesized research information on treatments for ovarian cancer; attended Hill briefings on issues such as the efficacy of the HPV vaccine; participated in women's health care coalition meetings on the health care reform debate; and testified before the FDA on the potential risks of prescription drugs used by children. She also analyzed differences in drug response among African American and Caucasian women suffering from breast, cervical, and ovarian cancer.

"My experience this summer was amazing, and there is no doubt in my mind that I will carry what I learned this summer, not only throughout my remaining academic career, but into my life as a future physician," Stephanie said.

MEDIA & COMMUNICATIONS

In 2009, the media turned to the Cancer Prevention & Treatment Fund for timely cancer-related health and medical information from a credible source. We responded to frequent requests from reporters and producers across the country for information, comments and interviews. The following is just a small sample of our coverage in 2009:

11/20/09, Rodale.com, "The New Mammogram Guidelines: What You Should Know"

11/15/09, Leah Fabel, *The Washington Examiner*, "The Inside View: Diana Zuckerman"

2/9/09, Brandel France de Bravo, *Washington Post* Letter to the Editor, "Better Lullaby for Baby"

10/31/09, Diana Zuckerman, *Washington Post* Letter to the Editor, "Breast Cancer Report has the Wrong Focus"

9/10/09, *Philadelphia Enquirer*, "FDA advisers back Glaxo's drug for cervical cancer"

7/22/09, Associated Press, "FDA: Electronic cigarettes contain toxic chemicals"

9/4/09, Associated Press,"Glaxo's cancer vaccine inches toward approval"

9/9/09, Associated Press, "FDA says Glaxo vaccine to prevent cervical cancer is safe, effective"

7/12/09, *Buffalo News*, "Vaccine debate shifts to boys"

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