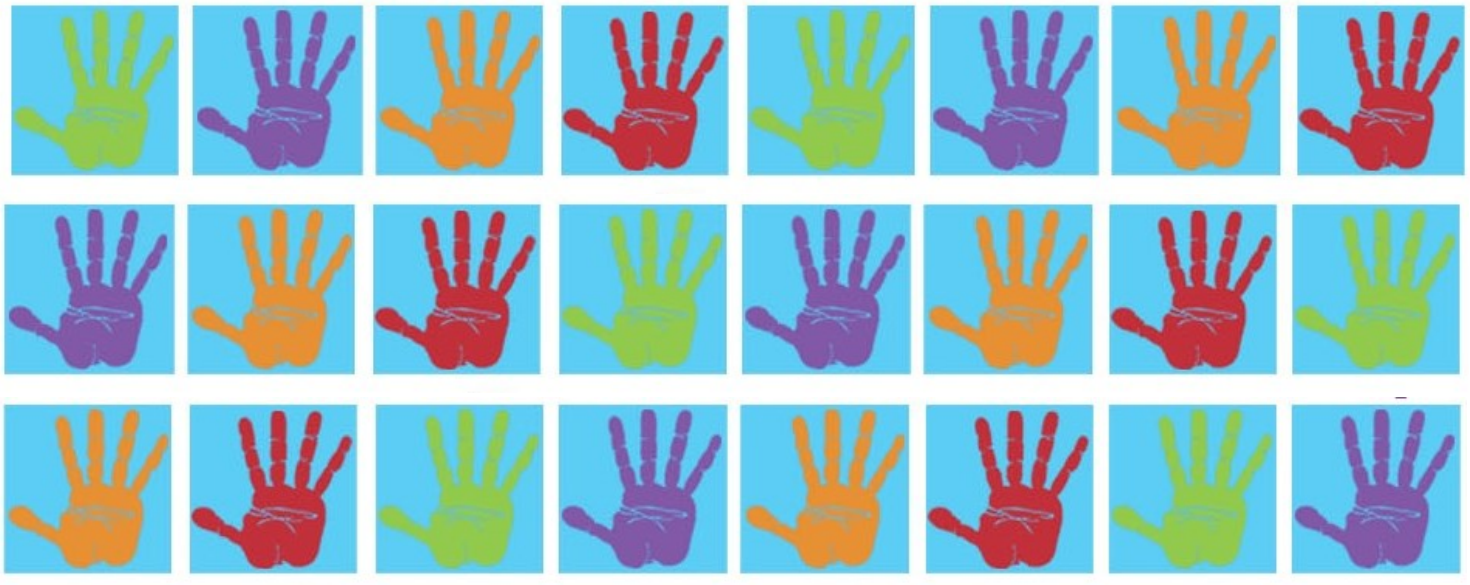
Cancer Prevention and Treatment Fund

Annual Report 2012-2013



MESSAGE FROM THE PRESIDENT

In 2012 and 2013, the Cancer Prevention and Treatment Fund helped thousands of adults and children get the best possible medical treatment. We also had a major impact on the many invisible government policies that can reduce or increase our risk of cancer.

- Our cancer hotline helped women, men, and children across the country. We helped people decide which screening tests and treatments were best for them, and which were likely to do more harm than good. Best of all, it was supported by our annual *Stop Cancer Now 5k*, which provides inspiration and consolation as participants run in memory of loved ones lost to cancer and in honor of cancer survivors.
- We helped people across the country reduce their risk of cancer and choose the safest and most effective treatments.
- We urged the FDA to require long-term studies of safety and effectiveness for all medications, implants, and HPV vaccines, so that consumers could make well-informed decisions for themselves and their children.
- We persuaded the federal government to improve the public's access to information about the safety and effectiveness of specific medications and medical devices, and to strengthen the safeguards that protect patients and consumers.
- We testified before the Food and Drug Administration (FDA) to reject a diabetes drug that could cause bladder or breast cancer, to rescind approval of a breast cancer drug that shortened rather than prolonged life, and to ban a surgical mesh that was harmful to prostate cancer patients.
- We helped persuade state legislators to change laws that have resulted in cancer-causing chemicals in furniture that then ended up in the dust and air in our homes.
- We testified before the National Institute for Occupational Safety and Health to protect all Americans from cancer-causing chemicals in our work places and to prevent those same chemicals from poisoning our air and water.
- We updated our free booklet for women with ductal carcinoma in situ (DCIS), and made it more widely available to patients and family members across the country.
- We updated and disseminated a companion Fast Facts on DCIS for health professionals.

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

Diana Zuckerman, Ph.D.

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

Helping Breast Cancer Patients Get the Best Possible Treatment

There are numerous larger organizations focused on breast cancer issues, but we are the only one committed to preventing cancer **and** improving treatment. Millions of dollars are spent on cancer research every year, but not enough doing what we do: making sure that scientific evidence improves the treatments that patients receive. We disseminate thousands of copies of our *Surgery Choices for Women with Early Stage Breast Cancer* booklet to women across the country, and helped the National Cancer Institute update that patient booklet.

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

By explaining complicated research results 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.

However, an infection or other minor

"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

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

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

Does that mean that PSA tests are never a good idea? No. First of all, the Task Force is only recommending against general screening for all men, not testing for men with symptoms. We scrutinized the results carefully and concluded that although annual screening does more harm than good for the general population of men over 50, men with possible symptoms, such as blood in the urine, should be screened (or biopsied). Additionally, we recommend that patients at higher risk—those who are overweight, African-American, or have a family history of prostate cancer—ask their doctors about screening on a regular basis, but not necessarily every year.

Which Diagnostic Tests and Treatments are Best?

Every year, the Food and Drug Administration (FDA) reviews thousands of new diagnostic tests and other medical devices and allows them to be sold—without first requiring clinical trials. As long as

the products are considered "substantially equivalent" to others on the market, a loose definition that does not require that they be made of the same material or use a similar mechanism of action, they can be sold in the U.S. It's not surprising, therefore, that many of these devices are later recalled because they are found to be dangerous. In addition, the vast majority of prescription drugs and implanted devices are approved on the basis of short-term safety and may not be proven safe for long-term use. We are working to improve these policies to prevent products meant to help us from harming us.

New FDA Safeguards

At our urging, the Institute of Medicine recommended improvements to the FDA review process for medical devices. They concluded that the FDA was not requiring that most medical devices be proven safe or effective. The report recommended completely replacing the system used to approve most medical devices with a system based on safety and effectiveness. We agree.

We worked with Members of Congress and their staff to improve the safety of medical products as part of the FDA Safety and Innovation Act (FDASIA). Unfortunately, our recommendation that all implants and other medical devices used by cancer patients must first be proven safe and effective was rejected by several Congressional leaders and did not become part of the law.

In Fall 2012, an epidemic of fungal meningitis was determined to be caused by contaminated painkillers sold by compounding pharmacies. Investigative reporters also discovered that some compounding pharmacies had sold diluted cancer drugs that were too weak to be effective. In November, 2012, Rep. Ed Markey (D-MA) held a press conference and invited our president, Dr. Diana Zuckerman, to speak in favor of new laws to prevent this from happening again.

A year later, in November 2013, Congress finally passed a law to provide patients and consumers with better protections against ineffective and unsafe drugs made by compounding pharmacies. We will examine the impact of this new law to make sure it is effective.

Preventing Cancer

We're Spreading the Word: Radiation from Cell Phones May Cause Brain Cancer – and if you keep it in your bra—breast 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. Studies indicate that using a cell phone for 10 years or more increases the risk of being diagnosed with a brain tumor on the side of the head where the cell phone user holds the phone.

And then something unexpected happened: several women who kept their cell phones in their bras instead of a pocket or purse, developed breast cancer at a very young age.

Since the extensive use of cell phones has increased dramatically in the last decade

"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

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

And, the developing breast is probably more vulnerable to radiation than many adult body parts.

Precautions You Can Take

Five years ago, the director of the University of Pittsburgh Cancer Institute, Dr. Ronald Herberman, warned his staff 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. We agree.

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 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!)
- Avoid keeping your cell phone in your pocket, bra, or anywhere close to your body while it is turned on.

Go over these guidelines with your children and limit their cell phone use.

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, and that reduces the risk of cancer for our children.

Bisphenol-A (BPA) was widely used in plastic sports water bottles and baby bottles until our work helped persuade companies to stop using it. BPA is still widely used to line almost all food and beverage cans in the U.S., however.

We think of plastic as being solid, but BPA leaches out of plastic containers 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 more likely to have heart disease or diabetes than those with the lowest levels, according to the study of 1,455 people published in *The Journal of the American Medical Association*.

With our encouragement, major stores such as WalMart and Toys "R" Us stopped selling baby bottles made with BPA, and then several major companies stopped making baby bottles with BPA. Infant formula companies stopped selling formula in cans lined with BPA. With companies now wanting to convince customers that their products were safe, they asked the FDA to ban BPA in baby bottles and sippy cups for children under 3, and in 2012 the FDA announced the ban. However, BPA it is still in the lining of nearly all canned food and beverages.

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

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

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

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 in their bodies 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.

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

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

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

Everyone knows about the obesity epidemic and its impact on diabetes, but obesity causes other health risks as well. Girls and boys are starting puberty as early as 8 years old, and one reason is that obesity affects hormones—and that could also increase the risk of breast cancer, 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.

Our President Dr. Diana Zuckerman testified before FDA Advisory Committees several times over the last few years to point out the risks of atypical antipsychotics such as Seroquel, Zyprexa, Risperdal, Geodon, and Abilify. These drugs were originally approved for the treatment of delusions, hallucinations, and other forms of psychosis that are symptoms of schizophrenia and manic depression. However, most of the 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.

What kind of medical products can reduce the risk of obesity and therefore also reduce the risk of cancer? Many Americans are turning to bariatric surgery and medications to help them lose weight. Most of these products work at first, but a year or two later, many patients weigh as much as they did to begin with – sometimes even more. The FDA has required long-term studies to determine the long-term safety and effectiveness of different medical products aimed at weight loss, but in the past the FDA has not always enforced those requirements. We are urging them to do so now.

"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

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.

- We hosted two free working conferences to improve the safety of medical products, attended by approximately 100 senior staff from health charities as well as patient representatives, on February 9, 2012 and on April 10, 2012.
- Dr. Diana Zuckerman, President, was a guest lecturer at a pharmacy graduate course at the University of Maryland, Baltimore, February 27, 2012.
- On March 8, 2012, Dr. Zuckerman made a presentation to about 100 women at the Ninth Annual Summit and Training Conference of Executive Women in Government, held at the Chamber of Commerce. She discussed ways to reduce stress and prevent cancer, and distributed 100 copies of the *Survival Guide for Working Women (and Other Stressed-Out Adults)*.
- Dr. Zuckerman was a guest lecturer at a health policy course at George Washington University, April 12, 2012.
- Dr. Zuckerman made a presentation about complications stemming from breast reconstruction surgery after mastectomy to the Steering Committee of the Women's Healthcare Reform Coalition in Maryland, April 18, 2012.
- Dr. Zuckerman was an invited speaker at the annual Cancer Awareness program for employees of Blacks in Government and the Department of Energy on April 18, 2012. She presented on ways of preventing cancer.
- In May 2012, we drafted and signed a letter from the Patient, Consumer, and Public Health Coalition to the FDA urging restrictions on the use of cancer-causing substances in the coatings of drugs and medical devices.
- Dr. Sonia Nagda, Senior Fellow, testified before the FDA's Oncologic Drugs Advisory Committee on semuloparin, a drug that prevents blood clots in patients taking chemotherapy on June 20, 2012.
- Brandel France de Bravo, Director of Communications, testified on June 21, 2012 at an FDA Advisory Committee meeting on the safety and efficacy of a device to be used during lumpectomy to examine margins of breast tissue removed for cancer cells.
- Dr. Zuckerman spoke before the Essential Health Benefits Advisory Committee of the Maryland Health Care Commission regarding the implementation of the Affordable Care Act in Maryland, and the need for breast MRIs for screening under certain circumstances, August 6, 2012.
- On August 23, 2012, Paul Brown, Government Relations Manager, participated in a meeting with Consumer Product Safety Commission Chairman Inez Tenenbaum and the American Chemistry Council (industry trade group) whether to make the interim ban on three phthalates for children's products (DIDP, DINP and DnOP) permanent. Animals exposed to phthalates are more likely to develop liver and kidney cancer.
- Mr. Brown testified at an FDA meeting on the need for better post-market surveillance of medical products on September 10, 2012.
- In collaboration with the Maryland Women's Healthcare Reform Committee, we worked to improve the implementation of the Affordable Care Act in Maryland, aimed at reducing restrictions on coverage for women, October 2012-September 2013.
- Dr. Zuckerman spoke at a Capitol Hill press conference about unsafe compounded drugs and the implications for cancer patients in Washington, DC on November 14, 2012.
- Dr. Zuckerman testified at an FDA meeting about the risks associated with lowering standards for approving medical products on December 5, 2012.
- Brandel France de Bravo testified at an FDA meeting on drug safety and risk on December 12, 2012.
- Dr. Jennifer Yttri, Senior Fellow, testified at an FDA meeting on the risks associated with expedited approval of drugs on December 18, 2012.
- Dr. Yttri testified at an FDA meeting regarding creating an alternative approval pathway for certain drugs intended to address unmet medical need in Silver Spring on February 4, 2013.
- Dr. Mary Carol Jennings, Senior Fellow, testified at an FDA meeting on the risks and benefits of a new drug to treat hot flashes, and whether it is a safer alternative to hormone therapy, which increases the risk of breast cancer on March 4, 2013.
- We hosted a free working conference on March 18, 2013 to improve knowledge about comparative effectiveness research and its role in improving the quality of patient care and

"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

health outcomes, attended by 73 nonprofit leaders, government officials, and other opinion leaders.

- Mr. Brown testified at an FDA meeting on Risk Evaluation and Mitigation Strategies (REMS) in Silver Spring, MD on March 8, 2013 and July 25, 2013. Dr. Yttri and Paul Brown testified at an FDA meeting on risk communication on April 29, 2013.
- Dr. Yttri testified at an FDA meeting regarding tivozanib, a drug for treating kidney cancer, on May 2, 2013.
- Dr. Yttri testified at an FDA meeting on the risks and benefits of a new renal cancer drug (tivozanib) on May 2, 2013.
- Dr. Zuckerman testified at an FDA meeting on the risks and benefits of a new insomnia drug on May 22, 2013. Use of sleeping pills has been linked to an increased risk of cancer in several studies.
- Dr. Zuckerman was an invited speaker at an FDA public meeting on the public health implications of efforts to allow device manufacturers to make modifications to medical products without conducting safety research or notifying the FDA on June 13, 2013.
- Dr. Zuckerman spoke at two Capitol Hill briefings on the risks associated with lowering the standards for FDA's approval of medical products in Washington, DC on September 4, 2013.
- In September 2013, we submitted comments to the California Bureau of Electronic Appliance and Repair, Home Furnishings and Thermal Insulation in support of the revisions to California's furniture flame retardants, which have been shown to be associated with hormone disruption and cancer.
- Ms. France de Bravo testified at an FDA meeting on the risks and benefits of virtual colonoscopy for colon cancer screening on September 9, 2013.
- In September 2013, we submitted comments to FDA on ensuring access to adequate information on medical products.
- In November 2013, Ms. France de Bravo submitted comments to the FDA asking that the FDA ban menthol cigarettes as has been done with other flavored cigarettes.
- Dr. Anna Mazzucco, Senior Fellow, testified at an FDA meeting on the initiation of clinical trials for two pediatric oncology drugs.
- On November 20, 2013, we submitted comments on the FDA draft guidance on Endocrine Disruption Potential of Drugs: Nonclinical Evaluation. Endocrine disruptors have been linked to several kinds of cancer.
- On November 20, 2013 we submitted comments on the FDA Safety and Innovation Act report on use of demographic information in clinical trials to improve information about which medical products work best for women, men, minority groups, and the elderly.
- On November 22, 2013 we submitted comments on the NIH Office of Disease Prevention Strategic Plan for 2014-2018, together with Trust for America's Health, asking for greater investment in disease prevention research.
- Dr. Mazzucco gave public comments on December 16, 2013 on NIOSH draft intelligence on Carcinogen Classification and Target Risk Level Policy for Chemical Hazards in the Workplace, asking for more protections for workers from cancer-causing agents.

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.

Internet and Social Media

Our web site, www.stopcancerfund.org, provides free information on a wide range of topics important to anyone who wants to reduce their chances of getting cancer or increase their chances of getting effective treatment. Our online cancer hotline enables anyone to obtain free information about their own personal cancer concerns by contacting info@stopcancerfund.org.

We also reach a broad virtual audience through social media on our Facebook page (www.facebook.com/CancerPreventionandTreatmentFund) and Twitter account(@cancer_fund).

In Unity there is Clout

The Cancer Prevention and Treatment Fund has a primary role in coordinating the Patient, Consumer, and Public Health Coalition, which includes well-respected nonprofit organizations such as Consumers Union, the Union of Concerned Scientists, the National Women's Health Network, Center for Medical Consumers, the National Consumer League, Title II Community AIDS Action Network, 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 2012 and 2013.

COMMUNITY OUTREACH AND EDUCATION

Cancer Prevention and Treatment Fund 5K Run/Walk

Our annual *Stop Cancer Now* 5K Run/Walk raises money for our online cancer hotline, which provides free information to anyone who contacts us at info@stopcancerfund.org

In 2012 and 2013, we held our 5K Run/Walk in September on the beautiful C & O Canal trail in the historic Georgetown area of Washington, DC. Our 5K attracts a diverse group of participants—cancer survivors and family members, serious runners, occasional joggers, parents with their kids and dogs in tow—ranging in age from 5 to 68. It's a wonderful way for people to celebrate cancer survivors and honor those who have lost their lives to cancer, either by running, sponsoring or pledging. To read more about this event, see photos, and view finish times and rankings from our most recent race, please visit www.cancer5k.com

Annual Health Policy Heroes Awards Luncheon

On the Friday before Mother's Day, we hold an awards luncheon to honor a Health Policy Hero. In 2012, we honored **Dr. Linda Birnbaum,** Director of NIH's National Institute of Environmental Health Sciences (NIEHS) and the National Toxicology Program,. She was honored for her outstanding research on the health effects of environmental pollutants and chemicals, particularly those that affect hormones that can cause cancer. Thanks to her leadership, NIEHS is carrying out groundbreaking research, prevention, and intervention efforts that are making our homes and communities safer across the country. Her work will save lives by reducing the number of Americans who develop cancer related to chemicals in our environment.

In 2013, for the first time, our **Health Policy Heroes** were not individuals but instead were three nonprofit organizations that worked together to improve screening and treatment for all kinds of medical care, including cancer. We honored key leaders of the *Choosing Wisely* Campaign, which worked with physicians across the U.S. to develop recommendations to improve the quality of health care while reducing unnecessary medical tests and ineffective treatments.

Consumer Reports

ABIM (American Board of Internal Medicine) Foundation

National Physicians Alliance

Their recommendations include:

- **Use mammograms for screening for early stage breast cancer, not PET, CT, or bone scans**
- Women under 30 should not have HPV tests to screen for cervical cancer and women **over 65 should stop being screened for cervical cancer** if they have not previously shown risk for disease
- Men who do not have symptoms generally should not be screened for prostate cancer using a prostate-specific antigen (PSA) test or digital rectal exam as it can lead to treatments that may do more harm than good.

Internships

The Cancer Prevention and Treatment Fund was assisted by impressive interns in 2012 and 2013, including Beverly Anderson, a student at Cornell University; Carla Bozzolo, a graduate student at University of Maryland's School of Public

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

—Jackie Lombardo, Charlottesville, Virginia

Health; Krista Brooks, a student at Tulane University School of Public Health and Tropical Medicine; Nicole Cota, a student at UC Riverside; Jessica Cote, a Fulbright research grant recipient and graduate of Trinity College; Laura Covarrubias, a graduate student at Johns Hopkins University's School of Public Health; Langan Denhard, a behavioral health student at the University of Maryland; Elly Field, a graduate of Hamilton College; Jennifer Focht, a graduate student in women's studies at George Washington University; Abigail Fredenburg, a graduate student in health communications at Johns Hopkins University; Jaime Hastings, a lawyer and graduate student at George Mason University; Katherine Ip, a community health student at the University of Maryland; Laura Julstrom, a graduate student at George Washington University; Krista Kleczewski, an undergraduate student at UCLA; Aaron Litz, an undergraduate student in community health at the University of Maryland; Danielle Pavliv, a graduate student at George Washington University's School of Public Health; Isabelle Platt, a student at Brown University; Monica Purmalek, a student at the University of Pennsylvania; Rebecca Silverman, a global women's health student at University of Maryland; Austin Van Grack, a graduate of Emory College; and Prianka Waghray, a graduate student at George Washington University's School of Public Health; Morgan Wharton, a student at Dartmouth University.

Lenora had never smoked in her life and lived a healthy lifestyle. Unfortunately, women who are non-smokers are at a much higher risk of lung cancer than their male counterparts, so we are trying to increase awareness on this issue.

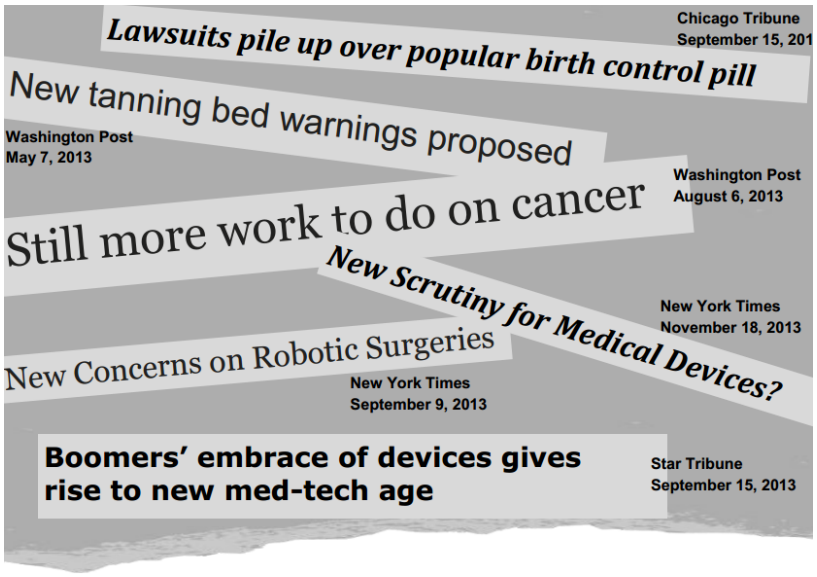
Amrita Ford holds a B.S. in Journalism from the University of Florida and a Master's Degree in Medical Science from Boston University. She is currently pursuing a Master's in Public Health at George Washington University.

The Lenora Moody Lung Cancer Fellowship

As the Lenora Moody Fellow in 2012, Amrita Ford analyzed current and potential recommendations and health policy issues pertaining to lung cancer. Ms. Ford's focus was on how to improve prevention, screening, treatment, and quality of life for women with lung cancer. This fellowship was made possible by the family of Lenora Moody, especially her daughter Jaime Moody and son-in-law Todd Cregar.

MEDIA AND COMMUNICATIONS

In 2012 and 2013, the media turned to the Cancer Prevention and Treatment Fund for timely, cancer-related health and medical information from a credible source. We responded to frequent requests from reporters and producers across the country for information, comments and interviews. In 2011, Dr. Zuckerman became a regular blogger for Rodale.com and the Huffington Post. The following is just a small sample of our coverage from 2012 and 2013:



1/8/12, Diana Zuckerman, *Huffington Post*, "Death by Medicine."

1/9/12, Brett Norman, *Politico Pro*, "Reps: FDA needs better post-market oversight."

1/12/12, Elizabeth Flock, *Washington Post Blog,* "Breast implants: Fifty long, strange years."

1/17/12, Marge Berer, *BMJ Group blogs* "The breast implant fiasco: a scandal of private medicine."

1/2/12, Thomas Burton, *The Wall Street Journal*, "Device Makers, FDA Agree on Fees."

3/12/12, Debra Sherman, *Reuters*, "Consumer Reports taps ire over bad medical devices."

3/12/12, *Consumerreports.org/Consumer Reports Magazine* **(cover story)**. "CR investigates: Dangerous medical devices, Most medical implants have never been tested for safety.

3/28/12, Michelle Castillo, *CBS News*, "Investigation: Most medical devices implanted in patients without testing."

4/3/12, Diana Zuckerman was interviewed by the BBC about what patients need to know about breast implants

5/4/12, Lena Groeger*, Msnbc.com/ Propublica*, "How does the FDA monitor your medical implants? It doesn't, really."

7/3/12, Anna Yukananov, *Reuters*, "U.S. plans IDs to track medical device safety."

7/18/12, Sabrina Tavernise, *The New York Times*, "F.D.A. Makes It Official: Chemical Can't Be Used In Baby Bottles and Cups."

3/27/13, John Fauber, *Journal Sentinel* , "U.S. fraud alert warns of doctors' ties to medical devices."

NATIONAL BOARDS

Board of Directors

George Thomas Beall
Managing Director
Ogilvy Public Relations

Stephen Bozzo, JD
Attorney-At-Law

Sarah Deutsch, JD
Vice President & Associate General Counsel
Verizon Communications

Ben Gitterman, MD
Associate Professor of Pediatrics and Public Health
Children's National Medical Center

Mary G. Hager, MA
Writer

Nancy Hardt, MD
Professor and Associate Dean
University of Florida College of Medicine

Judith L. Harris, JD
Partner, Reed Smith

Alan Mendelson, LLD
Axion Venture Partners

Tiffany Russo
Associate General Counsel
Verizon Communications

Omega Logan Silva, MD
Former President
American Medical Women's Association

Duchy Trachtenberg
Former Commissioner
Montgomery County, MD

Susan F. Wood, PhD
George Washington University

Diana Zuckerman, PhD
President
National Research Center for Women & Families

National Advisory Board

The Honorable Rosa DeLauro (CT)

Mark Franekl, PhD
AAAS

Pat Hendel
Commission for Women

Phyllis Katz, PhD
Institute for Research on Social Problems

Rebecca Klemm, PhD
Klemm Analysis Group

Harriet Lerner, PhD
Psychologist and Author

Lisa Lopez, JD

Mary McDonough
Actress and Director

Shari Miles, PhD
American Psychological Association

Judy Woodruff
The NewsHour, PBS

DONORS

President's Circle
Dianne and Rick Ammons
George Thomas Beall
Chris Cooper
Todd Cregar and Jaime Moody
Sarah Deutsch
Benjamin Gitterman
Anne Hale Johnson
Nancy Hardt
Judy Harris
Catherine Joyce
Denise Kane
The Knuff Family
Omega Logan Silva
Lisa Lopez
Alan Mendelson
Douglas and Margit Olson
Andrew Rothenberg
Victoria and Roger Sant
Sharon Scribner Pearce
Stephen Sheller
Sarah Stewart
Susan Wood
Phyllis Wiesenfelder
Barry and Pamela Zuckerman
Anne and Leo Zuckerman

Leadership Circle
Jim Audas, Jr.
Anne Ayres
Florine Bedford
Lena Blackwell
Nan Booth
Stephen Bozzo
Gerry Cassidy
Steve Chasen
Karen Eissner
Tom Fagan
Nancy Garrison
Mark Giordano
Steven Grossman
Roberta Gumbel
Mary Hager
Harvey Harris
Darren Hemminger
Jonathan Holland
Alicia Hruz
Steve Lambrecht
David Massey
Brooke McGrath
Claudia Miller
Patricia Olson
Tara Russo
Debra and William Searing
Janette Sherman
Alan and Ann Simpson
Renita Smith
Marianne Smythe

Circle of Friends
Walter Abbamonte
Tim Anderson
Marietta Anthony
Ellen Bailes
Brent Banks
Joanna Beitzel
Kimberly Bello
Jill Bost
Azuka Boutcher
Chris Brady
Elizabeth Braml
Randy Branitsky
Wendy Braund
Mario Bravo
Ying-Ying Chang
Renea Cherepko
Lance Christensen
Jackie Chu
Wendy Cole
Kathleen Corey
Theresa Cowley
Hema Dalal
Helen Darling
Kathryn Driscoll
Marcia English
Jorge Esguerra
Moley Evans
Anthony Fainberg
Henrietta Farber
Krysta Fazalare
Shannon Flannery
Dalene Florez
Donita Fredenburg
Adriane Fugh-Berman
Wilma Galang
Judy Gerahty
Charlotte Giordano
Justin Giordano
Stephen Giordano
Gary Gold-Moritz
Kevin Hall
Gale Hastings
Marsha Henderson
Jenn Hilleary
William Hruz
Mounir Ibrahim
Terry Inman
Iris Jones
Woody Kaplan
Taeho Kim
Cathy Knobelauch
Kitty Lansdale
Grace Lee
Harriet Lerner
Gwendolyn Lewis
Rebecca Lichtenfels
David Lightfoot
Jennifer Luettinger
Mimi Mager
Debbie Maiese
Monali Malaveetil
Marcia and Herb Marks
Michele Mazzocco
Errick McAdams
Kerry McCoy
Kelly McQueeney
Ingrid Mesa Gibbons
Judith Mezzullo
Hydi Miller
Constance Morella
Robert Mostow
Ellen Myerberg
Elena and Stuart Nightingale
Judy Norsigian
Adrienne Olson
Erica Olson
Jonathan Olson
June Osborn
Anne Owen
Delores Parron-Ragland
Cindy Pearson
Tiffany Perry
Kate Pisano
Anthony Prather
Sherman Ragland
Diana Rebholz
Tina Regan
Michelle Roberts
Mary Ann Robles
Jeffrey Rogers
Sabrina Rose-Smith
Joyce Rudick
Janet Elaine Russo
Noura Salman
Becky Sawyer
Jay Schwantes
Ryan Scott
Kim Sedway
Jean Silver-Isenstadt
Denise Sorrell

Sandy and Susan Stallsmith
Evan Stewart
Sarah Taban
Jane Taylor
Alan Thompson
Bonnie Thomson
Christina Townsend
Duchy Trachtenberg
Elinor Tucker
Eric Ullom
William Vaughan
Leroy Vestal
Yianna Vovides
Stephen Wallace
Brittany Wilson
Carolyn Wolf
Eric Yaffe
Donna Yanosik

FOREMOTHERS SPONSORS

Platinum Level
American Association for Justice
The Cooper-Rothenberg Group at Morgan Stanley
Verizon Foundation
Gold Level
Bipartisan Policy Center
William T. Grant Foundation
Morgan Stanley Smith Barney
Leadership Level
Catherine Joyce at Morgan Stanley Wealth Management
Charles Schwab
Lanier Law Firm
Sheller P.C.
Phyllis Wiesenfelder at Long & Foster Real Estate, Inc.
Friends
Complete Document Solutions
Congressional Federal
NES

5K RUN/WALK CORPORATE SPONSORS

BoConcept
Boundary Stone
Farmers Fishers Bakers
Georgetown Sports Massage
Georgetown Running Company
MOM's Organic Market
NES
The North Face
Patel Consultants
Reston T-Shirt
RoadID

Top 5k Fundraisers

Michele Knuff
Margit Olson
Alicia Hruz
Brittany Wilson
Tiffany Russo
Michael Jones
Steven Chasen
Monali Malaveetil
Jim Parsons
Karla Baires
Lewis Braml
Karin Argueta
Denise Sorrell
Josmin Khatun
Terri Azie
The Gioardano Family
Patrick Ryan
Sarah Inman
Stacey Francois
Canden Schwantes