

Cancer Prevention and Treatment Fund

A voice you can trust in prevention, treatment, and policy



Annual Report 2014 - 2015



MESSAGE FROM THE PRESIDENT



In 2014 and 2015, we helped thousands of adults and children get the best possible medical treatment, we published articles in medical journals that will help physicians provide better treatment, and we had a major impact on the many invisible government policies that can reduce or increase our risk of cancer. Here's how:

- ♦ Our cancer helpline served women, men, and children like you 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. We helped people across the country reduce their risk of cancer and choose the safest and most effective treatments.
- ♦ We urged the Food and Drug Administration (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 make sure that everyone has 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 Environmental Protection Agency (EPA) Scientific Advisory Panel on chemicals that disrupt hormones, which can cause cancer.
- ♦ We helped persuade state legislators to change laws that have resulted in cancer-causing chemicals in furniture and curtains that then ended up in the dust and air in our homes.
- ♦ We testified before the FDA to ensure that medical products are analyzed for their effectiveness in women, people of color, and people over the age of 65. Unfortunately, this is not always the case.
- ♦ We trained patient advocates from across the country on how to make their voice heard to improve medical research on cancer treatments and prevention.
- ♦ We updated our free booklet for women with ductal carcinoma in situ (DCIS) and our free booklet about prostate cancer screening for men. We made both more widely available to patients and family members across the country.

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 our homes and communities, 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 all the men, women, and children who are left out of policy debates and life-saving public health decisions. As always, we will continue to advocate for all Americans on matters that are crucial to the health of adults and children nationwide.

A handwritten signature in black ink that reads "Diana Zuckerman". The signature is fluid and cursive, with a long, sweeping underline.

Diana Zuckerman, Ph.D.

PROGRAM AND POLICY HIGHLIGHTS

Cancer Screening and Treatment

Research to Improve Treatment Decisions

We review the latest research studies to determine safe and effective strategies for reducing the risk of cancer or recurrence. We influence policies pertaining to exposure to radiation and chemicals, and review research on the impact of obesity, the food we eat, types of exercise, dietary supplements, and drugs on different types of cancer.

We started a research study to determine the best strategies for doctors to communicate with patients about cancer screening and diagnosis, so that they can decide together whether active surveillance or treatment is the appropriate choice for ambiguous diagnoses.

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 will sometimes go away without any treatment. Treatment is almost always chosen, 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 when 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 disseminated 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. Since completing our free DCIS patient booklet and *Fast Facts on DCIS for Health Professionals* in Fall 2011, we have distributed 850 booklets and 450 *Fast Facts for Medical Professionals* to patients and experts who requested them across the country.

By explaining complicated research results in 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

"Hopefully, every woman finds her way to your website. Your article has helped me arm myself with information I will need to select the right surgeon." —Annamaria Picollo, Prospect, Oregon

"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

best treatments, and doctors and patients know the best ways to prevent cancer.

We are currently conducting a pilot study at the breast clinic at the University of Maryland Medical Center in Baltimore. As part of this study, we are interviewing women regarding a hypothetical DCIS diagnosis. Half the women are given the typical explanation of DCIS, while the other half are given a new type of explanation, equally accurate but without the term "cancer." We are evaluating whether different descriptions of DCIS will affect anxiety levels and treatment choices.

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 most experts now agree that for most men, regular screenings do more harm than good. The question is: who is likely to benefit?

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

However, an infection or other minor 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, have a family history of prostate cancer or many relatives who had any kind of cancer, or were exposed to Agent Orange—ask their doctors about screening on a regular basis, but not necessarily every year.

Which Diagnostic Tests and Treatments are Best?

Every year, the 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. Some prescription drugs for common ailments like diabetes can even increase the chances of patients developing cancer. We are working to improve these policies to prevent products that are meant to help us from harming us instead.

In 2015, we worked with Congress to prevent the passage of legislation that would lower the scientific standards for approval of drugs and devices by the FDA.

We were also very active in warning patients about power morcellators, which are a tool used during the surgical removal of fibroids (non-cancerous growths on the uterus). The morcellator often chopped up hidden cancer within the uterus, inadvertently spreading cancer inside women's bodies, which "upstaged" the cancer from Stage 1 to Stage 4. FDA has since warned about the risks of these devices, and their use has decreased dramatically, saving lives.

"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

Preventing Cancer

Environmental Health Issues

The Cancer Prevention and Treatment Fund continues to be a major voice regarding the dangers of hormone-disrupting chemicals for human health. Our current works builds on our successful fight in Congress in 2008 to get **phthalates banned** from children's toys and products. Phthalates are hormone-disrupting chemicals used to soften plastic that have been linked to birth defects in baby boys, including abnormal genitals, testicular cancer, and liver problems. Despite well-funded, repeated efforts by industry to overturn the law since 2008, those dangerous chemicals are still banned from children's products.

Originally developed as a synthetic estrogen that was replaced by DES, **BPA** is currently used in hard plastic products and is commonly found in the lining of food and beverage cans. BPA leaches out of the plastic, and the CDC reports that it is in the bodies of more than 93 percent of Americans. Studies suggest a link between BPA exposure and early puberty, infertility, and prostate and breast cancer. We have been interviewed by reporters about our concerns for pregnant women and children, and testified about the risks before the FDA, District of Columbia Government Operations and Environment Committee, and the Maryland and Virginia legislative committees. Thanks to these efforts, companies have voluntarily stopped making baby bottles and infant formula cans with BPA.

Our efforts regarding BPA and phthalates are now focused on getting these dangerous chemicals removed from the packaging used for foods, including canned foods, beverages, and frozen meals.



Keeping Children Safe in the Home

We support strong safety standards for products at home. Too many chemicals used in the home can increase the risk of cancer. We use research evidence to show why the cancer-causing chemicals in flame retardants used in drapes and furniture have risks that are much higher than benefits – for families and for firefighters.

Unnecessary Radiation

Whether from cell phones, unnecessary CT scans, or mammography that is done too frequently, radiation can increase the risk of cancer even as radiological devices can contribute to easy communication or better medical diagnosis. We are fighting to reduce unnecessary radiation exposure, especially for vulnerable populations such as young children, adults at high risk of cancer, and others.

Seven years ago, the director of the University of Pittsburgh Cancer Institute, Dr. Ronald Herberman, warned his staff that 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, but never while driving!
- ◆ Avoid keeping your cell phone in your pocket, bra, or anywhere close to your body while it is turned on.

“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



The Evidence is In: Obesity and Lack of Exercise Increase the Risk of Several Types of Cancer

Everyone knows about the obesity epidemic and its impact on diabetes, but obesity can also increase your chances of developing cancer. 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. Regardless of the cause of obesity, however, the evidence is now clear that it increases the chances of developing several types of cancer.

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, in turn, 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.

Your eating habits affect your risk of getting cancer too. The way to lose weight is to eat fewer calories than you burn in a day. However, eating fewer calories doesn’t necessarily mean eating less food. Just make sure you’re eating mostly healthy food. Try to limit your intake of cholesterol and fat, and instead focus on eating more fruits and vegetables. Improving your eating habits and increasing your exercise are two of the main ways to prevent cancer (the third is cutting out tobacco use).

Can medical products help with weight loss and therefore also reduce the risk of cancer? Most of these products help with weight loss at first, but many patients gain the weight back within a year or two. We are urging the FDA to require long-term studies so that patients know whether these products will improve their health.

Sunscreen

One way to prevent skin cancer is to wear sunscreen, and we want to make sure that sunscreens are safe and effective for you to use. In 2014, we testified at the FDA about the safety of sunscreens. We pointed out that some active ingredients in sunscreen have the potential to cause cancer, so there should be studies done on this before they’re used on the market. The effects of different combinations of ingredients should also be researched, and we need conclusive evidence that sunscreens are safe for children, since this hasn’t been researched.

Remember – we’re always here for you!

We assist individuals through our online and telephone helplines. In 2015, we helped almost 3 times as many people as we did in 2014, and this number continues to grow. In some cases, we spend hours on the phone talking to a patient or family member, and hours more providing useful information via email. In other cases, we provide one or more email responses to questions patients, family members, consumers, or health professionals have about preventing or treating specific types of cancer or other diseases. We also provide free patient booklets or other materials that we have developed or adapted from the NIH or other unbiased, expert sources.

"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.

Our most important work in 2014 and 2015 was to fight Congressional and FDA efforts to lower the safety and efficacy standards of drugs and devices. The 21st Century Cures Act had numerous provisions that would lower FDA approval standards, and because it included funding for NIH, it passed the House in July 2015. We worked with the U.S. Senate to support the beneficial provisions in the bill and to eliminate the parts that would result in expensive, ineffective, and harmful cancer drugs.

The Cancer Prevention and Treatment Fund is one of the most active public health organizations on FDA issues. Since we do not accept funding from pharmaceutical or device companies, we are one of the very few objective voices speaking on behalf of better treatments, not on behalf of specific products that might not be safe or effective. Here are examples of our efforts to educate policymakers and the public about ensuring that medical products are safe and effective:

- ◆ We organized two Senate briefings on FDA safety legislation and its effect on patients and health policy in Washington, DC on June 12, 2014 and October 28, 2014.
- ◆ In October 2015, Dr. Zuckerman was an invited speaker at the National Physicians Alliance annual conference about legislation that would lower FDA standards.
- ◆ Dr. Zuckerman was an invited speaker to discuss legislation that would lower the safety standards for medical products at a Politico luncheon at the Newseum in October 2015.
- ◆ Dr. Zuckerman presented Grand Rounds on the topic of FDA approval standards at the University of Maryland Medical School in Baltimore on February 28, 2014. Approximately 100 physicians and health care professionals attended.
- ◆ In March 2014, Dr. Zuckerman presented two free Webinars for a non-profit coalition partner, Breast Cancer Action, to educate breast cancer patients about how the FDA approval process affects cancer treatments.
- ◆ Dr. Zuckerman was an invited speaker at the annual meeting of Consumers United for Evidence Based Medicine (CUE), discussing the importance of improving patient safeguards for medical devices. Approximately 30 leaders from non-profit organizations attended on July 25, 2014.
- ◆ Dr. Lauren Doamekpor gave a presentation about the implications of a lack of racial/ethnic diversity in clinical trials on Black women's health at the 2014 Congressional Black Caucus Fall Health Braintrust on September 26, 2014.
- ◆ Dr. Anna Mazzucco testified before the EPA Scientific Advisory Panel on endocrine-disrupting chemicals on December 3, 2014.
- ◆ Dr. Zuckerman was an invited speaker on the impact of environmental exposures on cancer at Hopewell in Baltimore in July 2015.
- ◆ In April 2015, Dr. Zuckerman gave a talk about preventing cancer to the Charter100 group in Washington, DC.



COMMUNITY OUTREACH AND EDUCATION

Internet and Social Media

Our website, 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 dozens of well-respected nonprofit organizations, including:

American Medical Student Association, American Medical Women's Association, Annie Appleseed Project, Breast Cancer Action, Breast Cancer Consortium, Center for Medical Consumers, Connecticut Center for Patient Safety, Consumer Federation of America, Consumers Union, DES Action USA, Government Accountability Project, Institute for Ethics and Emerging Technology, Jacob's Institute of Women's Health, MedShadow.org, National Consumers League, National Physicians Alliance, National Women's Health Network, Our Bodies Ourselves, Union of Concerned Scientists, US PIRG, and Washington Advocates for Patient Safety (WAPS).

We hosted numerous coalition meetings, strategy sessions, and nationwide efforts to help consumers understand new health information in 2014 and 2015.



"Our voices will get even stronger! Honored and privileged to have attended Patient Advocacy workshop by NCHR. Thank you Dr. Diana Zuckerman and staff, this was life changing."
- Chandra Dealessandro

USA Patient Network



In recent years, pharmaceutical and device companies have supported many patient organizations to pressure the FDA to approve drugs and devices more quickly, but they have been oddly silent on safety issues. That's where the USA Patient Network comes in.

We hosted free workshops in June 2014 and November 2015 to train patient advocates about research on the safety and effectiveness of drugs and medical devices, and how to contribute to better research studies by representing patients' perspectives in

meetings with the FDA, NIH, university researchers, and nonprofit organizations.

Cancer patients and family members from across the country learned about the health and quality of life outcomes that matter most to patients. These workshop participants form the USA Patient Network, which consists of patients, caregivers, and their friends and family members that are united by a common goal: to make sure that medical treatments are as safe and effective as possible. The USA Patient Network includes patients concerned about cancer and other serious diseases. We will be holding more workshops in 2016 and 2017.



To find out more about the USA Patient Network, visit our website at:

www.USAPatientNetwork.org.



Health Policy Hero Awards Luncheon

Every May, we hold an awards luncheon to honor health Policy Heroes for their work improving the lives of people across the country. Our 2014 Health Policy Heroes were Charles Ornstein and Tracy Weber, two ProPublica journalists who investigated health care issues in ways that revealed corruption, incompetence, and an urgent need for change. Their pioneering work has saved lives, as well as billions of dollars needed for Medicare.

Lap-a-thon

We held our first Stop Cancer Now Lap-a-thon at Tuscarora High School in Virginia on April 26, 2015. The Lap-a-thon raised money for our online cancer helpline, which provides free information to anyone who contacts us at info@stopcancerfund.org.

Participants registered for one of four teams or as individuals: the Track Team (which included the H.S. track team and friends and family), the Baseball Team (also the H.S. team and friends and family), Team Bob (in memory of Bob Knuff), and Team Ann (in memory of Ann Koch).

Bob Knuff's wife Michele Knuff, and their children, Abby and Ben, were instrumental in organizing the Lap-a-thon. "It was such an uplifting day, full of very fond memories of loved ones, new stories to hear and people to meet, and helping others in their fight against cancer," recalled Michele.

It was 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. At the end of the Lap-a-thon, all the balloons representing different cancers were gathered into one large bouquet of color.

"We read the names of all the friends and loved ones that we were honoring. It was a powerful moment as we watched in silence as the balloons were released skyward," described Cancer Prevention and Treatment President, Dr. Diana Zuckerman.

To read more about this event, see photos, and view results, please visit www.stopcancerfund.org/events/lap-a-thon

5K Walk

On April 25, 2015, Sherina Garner organized a 5K walk in loving memory of her mother, who passed away from lung cancer. All proceeds went to the Cancer Prevention and Treatment Fund to help others affected by cancer through our online cancer helpline. Thanks to Sherina and her friends for this wonderful and moving tribute!



In 2015, we honored Dr. Amy Reed and Dr. Hooman Noorchashm, two advocates for safe and effective medical devices. While a physician at Harvard Medical School, Dr. Reed became a patient. During her routine hysterectomy, Dr. Reed's surgeon used a power morcellator, not realizing a cancer was hidden inside a fibroid. The morcellators pulverized the cancer, spreading it throughout her abdomen. Since then, the couple has become the most well-known patient advocates in the country, determined to make sure no one else gets harmed by a medical device that is not proven safe and effective for everyone.

"You are a champion of many and I appreciate all you do." —Jackie Lombardo, Charlottesville, Virginia

Patient Booklets

We continued to distribute electronic and hard copies of the following patient booklets, which have been updated as important new research results are made available:

DCIS: What You Need to Know. This low literacy patient booklet explains DCIS in everyday language and enables women who have been diagnosed with it to make informed treatment decisions. To date, we have distributed 1,369 free hard copies of this 32-page color booklet to medical centers, physicians, and individuals. It is also available for free on the Cancer Prevention and Treatment Fund website.

Prostate Cancer Screening: What You Need to Know. This 10-page booklet provides the information that men need to know to make informed decisions about if and when they should be screened for prostate cancer. If they've already been screened for cancer, the booklet explains what it means if their test showed they had prostate cancer. It is available on the Cancer Prevention and Treatment Fund website.

Surgery Choices for Women with Early Stage Breast Cancer. This 24-page booklet gives women the information they need when confronted with an early stage breast cancer diagnosis. It is also available on the Cancer Prevention and Treatment Fund website.

Information for Medical Professionals

Fast Facts on DCIS for Medical Professionals. This 2-sided color fact sheet summarizes the conclusions of the NIH Consensus Conference on DCIS and subsequent research on long-term patient outcomes. More than 450 hard copies have been distributed, and it is also available for free on the Cancer Prevention and Treatment Fund website.



Internships

The Cancer Prevention and Treatment Fund was assisted by impressive interns in 2014 and 2015, including:

Caitlyn Brooks, a graduate of Mount Holyoke; Melanie Brown, an undergraduate at University of Maryland School of Public Health; Celeste Chen, an undergraduate at Georgetown University; Evangeline DiMichele, an undergraduate at Tulane University; Rebecca Gaines, an undergraduate at Hamilton College; Samantha Kahn, an undergraduate at University of Pennsylvania; Hannah Kalvin, an undergraduate at George Washington University; Claire Karlsson, an undergraduate at American University; Theresa Leone Meyer, an undergraduate at Smith College; Alisha Malkani, an undergraduate at George Washington University; Jenny Markell, an undergraduate at University of Pennsylvania; Amelia Murphy, a

graduate of Smith College; Diane Ng, a graduate student at University of Maryland College Park; Jessica Rothman, an undergraduate at American University; Lea Simms, an undergraduate at Dickinson; Amanda Strausser, a graduate student at University of Maryland School of Public Health; Katy Wang, an undergraduate at UC Riverside; and Jennifer Wernimont, a graduate of James Madison University in Health Communication.

Ruth Nadel Internship

As the Ruth Nadel Intern in 2015, Caitlyn Brooks managed outreach to college campuses about the risks of Yaz birth control compared to other birth control pills. She also helped organize our fall Patient Advocacy Workshop, which brought around 30 patients and caregivers from across the country to Washington, DC to learn how to ensure medical products are safe and effective for everyone. She also researched health insurance policies to help women get the coverage they need for medically necessary surgeries. This internship was made possible by friends of Ruth Nadel, who has worked tirelessly on women's health issues.

Caitlyn Brooks holds a B.A. in Biology with a certificate in Culture, Health, and Science from Mount Holyoke College.



Caitlyn Brooks

MEDIA AND COMMUNICATIONS

In 2014 and 2015, 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. Dr. Zuckerman's blog for Rodale.com (publisher of *Self*, *Prevention*, and many other magazines) has often been selected to appear in the *Huffington Post*, as a guest post for Maria Rodale, the CEO. In addition, in September 2015, Dr. Zuckerman was invited to be a blogger for the website of *Our Bodies Ourselves*. The following is just a small sample of our coverage from 2014 and 2015. In addition to this sampling, every spring and fall, we publish and distribute issues of our own printed newsletter, *The Voice*. We also emailed 13 issues of our cancer e-news digest in 2014 and 2015.

Approved but not proven: what's up with FDA, cancer drugs?

Medscape Medical News
October 22, 2015

Should HPV Testing Replace The Pap Smear?

NPR
May 21, 2014

**Can the War on Cancer Be Won?
A Surprising Answer**

Huffington Post (Diana Zuckerman)
September 16, 2015

Patients shouldn't be used as guinea pigs (Letter to the Editor)

Sun Sentinal
September 10, 2015

Which Cancer Drugs Actually Work? Many Unanswered Questions Threaten Patients and Families

Rodale.com
November 13, 2014

SPEEDING UP DRUG-APPROVAL PROCESS COULD HAVE DOWNSIDE.

The Wall Street Journal
May 30, 2015

Why the FDA wants to ban tanning beds for minors

MarketWatch (WSJ)
December 22, 2015

FDA's compassionate-use program offers early access without compromising drug trials (Letter to the Editor).

The Washington Post
April 24, 2014

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