

13 Ways to Fund the Fight Against Breast Cancer

By Bari Nan Cohen

Dozens of charities work for the cure. But before you run another race or buy another pink product, find out where your money's going. Here, we asked some of the most interesting minds in medicine for their priorities.

Research, Education, Detection & More

According to the most recent analysis, 20 organizations raised a collective \$1.06 billion for breast cancer. And only half operate efficiently, notes Sandra Miniutti of charitynavigator.org, a charity evaluator. There's even one outfit that spends less than 30 percent of its budget on programs and an astonishing 65 percent on fund-raising expenses.

Because there's no coordination at the national level of what research gets done or how funds are allocated, we need to do some homework before we purchase a product or pledge a contribution. Make sure you know what the scientists on the front lines of breast cancer research are citing as their primary interests in finding a cure and treating those afflicted. To give you some ideas about where your money might be well spent, we asked 13 breast cancer experts one question: If you had unlimited funds, which path would you pursue in the fight against breast cancer? Get ready for some surprising answers.

1. Create the right research environment. "I'd do what wealthy people did during the Renaissance to get great art: look for talented people and give them enough money to be creative. I'd put together a team of clinicians, scientists, nurses, patient advocates, ethicists, philosophers, and artists. I'd give them the funds to follow their imaginations without having to write grants, or please authority figures, or worry about how their colleagues respond. I think that would dramatically improve our ability to get to the bottom of this."

-- *Larry Norton, MD, deputy physician-in-chief for breast cancer programs, Memorial Sloan-Kettering Cancer Center*

2. Figure out the next magic pill. "Tamoxifen and aromatase inhibitors have really made a difference in survivorship. Yet there are still women whose cancer doesn't respond to these drugs. So, I'd want to focus on why cancer becomes resistant to them. Then we could probably figure out a medication to overcome that. I think this would directly benefit about 70 percent of women with breast cancer that is sensitive to hormonal treatment."

-- *Stephen E. Jones, MD, medical director, US Oncology Research*

3. Educate patients better. "We need to do better monitoring so patients get good information, not fluff. And the nice thing is, education doesn't take a lot of money -- it takes creativity."

-- *Edith Perez, MD, director, Breast Cancer Program, Mayo Clinic, Jacksonville, Florida*

4. Track the development of the breast. "No one has really looked at the normal changes that can affect stem cell behavior in the breast throughout its development. There's good evidence that some cancers begin in one or more stem cells and some evidence breast cancer may begin this way as well. Therefore I believe that understanding the normal regulation of mammary epithelial stem cells will help guide cancer research."

-- *Gloria Chepko, PhD, Lombardi Comprehensive Cancer Center, Georgetown University*

5. Go beyond early detection to predetection. "The more we understand how cancer develops, the more we will be able to prevent it from ever growing. My research uses magnetic resonance imaging. Currently, we use maybe five percent of its capacity. If we can develop the technology to show the whole metabolism technology to show the whole metabolism of the tissue -- much more than MRI does now -- we'd have a noninvasive way to determine how the disease starts."

-- *Professor Hadassa Degani, Weizmann Institute of Science*

6. Help the uninsured. "I would make sure that every woman without insurance could afford a mammogram and have access to healthcare. I see women undergoing cancer treatment who are evicted because they don't have jobs that continue to pay them while they are off work for treatment. It's more common than you think."

-- *Geri Blair, 21-year survivor and founder of Minority Women with Breast Cancer Uniting Inc.*

7. Identify even more breast cancer types. "We know that breast cancer represents a whole family of molecularly distinct, biologically distinct diseases. Our recent study found that young African-American women are more than twice as likely to get one of the more aggressive subtypes (the so-called basal-like cancers) compared with any other patient group and significantly less likely to get the least aggressive subtype (the luminal). We've long known that African-Americans get aggressive breast cancer more frequently than whites do. Now that we've identified which subtype they get, it may be part of the whole story about prognosis in African-American women with breast cancer. It's just one piece of the breast cancer puzzle, but a very interesting piece."

-- *Lisa Carey, MD, medical director, University of North Carolina Lineberger Breast Center*

Advocacy, Genetics, the Environment & More

8. Push lawmakers to create accessible healthcare. "You can talk all you want about early detection and targeted therapy. If everyone in this country doesn't have access to what they need -- and that's quality healthcare -- what's the point? How much money are we going to continue to put into more and more expensive interventions while fewer and fewer people have coverage?"
-- *Fran Visco, president, National Breast Cancer Coalition*

9. Link genetics and the environment. "I've been leading the Long Island Breast Cancer Study since 1995. We've been focusing on environmental factors that may affect breast cancer, including polycyclic aromatic hydrocarbons [PAHs] -- products released by the combustion of diesel fuel, cigarette smoke, and even the black stuff that appears when you grill your food. If you're exposed to PAHs -- and everybody is -- your body repairs the damage. But if the repair mechanism is overwhelmed or you have a genetic variation that can't handle it, your body responds differently -- with cancer. So now we want to know if it's possible that only some people are genetically susceptible to the effects of PAHs."
-- *Marilie Gammon, PhD, professor of epidemiology, University of North Carolina School of Public Health*

10. Follow the model of cervical cancer. "When I first started practicing 30 years ago, if we had an abnormal Pap smear, the patient had to have a hysterectomy. But because we could get to the cervix and see where the cancer started, we did research and found the cause: the HPV viruses. Today we have a vaccine. Cancer of the breast starts in the milk ducts, and now we can get in there with a catheter. There may be a way to put chemotherapy down the ducts; there's some good data in rats where chemo put into the ducts prevented cancer. At the same time, we can figure out what are the earliest changes, under which conditions, so that we can prevent cancer from ever starting. So what I am doing with my life is putting all my efforts and all the money I can get into that area, because I think it has the most opportunity."
-- *Susan Love, MD, president, Dr. Susan Love Research Foundation and author of Dr. Susan Love's Breast Book (Da Capo Lifelong Books)*

11. Investigate the environment. "We have noticed a pattern in our country [Nigeria], with girls 16 or 17 years old having breast cancer. We suspect there might be something in the environment that is causing some of this. We've noticed an increase in breast cancer in one area of our country that has similar climate changes to those in Europe or the United States, and we're starting to wonder if it has to do with the kind of food they grow. They grow apples, strawberries -- foods like the ones you grow here -- and they now use fertilizers to grow them. Also, more people in Nigeria are eating fast food. We don't have the money for even basic research in Nigeria, but this is the hunch I would follow."
-- *Princess Nikky Onyeri, founder, Princess Nikky Breast Cancer Foundation*

12. Crack the most basic genetic code. "If I had unlimited funds I'd do the same thing I do now, which is to investigate the role of breast specificity -- that is, how does a breast know to be a breast, not a liver or a nose? Everything comes from the same genetic material, and it's when that material doesn't know that it's supposed to be a breast, it starts invading as cancer. The genes are absolutely the same, so clearly mutations alone are not sufficient to explain cancer. More than 15 percent of those with the BRCA-1 mutation never get breast cancer; yet your DNA has the mutation in every cell -- your brain, your eye, your toe. But you don't get cancer there either, right? That means cancer is an organ- and tissue-specific disease. So what we need to learn what are the things that will keep it in check on a genetic level."

-- *Mina Bissell, PhD, principal scientist, Bissell Lab, Lawrence Berkeley National Laboratory*

13. Study complementary therapies. "I would like to do a clinical trial to prove what I already have proven in my own practice: holistic therapies, such as Reiki, massage, reflexology, and guided imagery, complement medical therapies. They truly make a difference in survival and in overall wellness."

-- *Beth Dupree, MD, breast surgeon/Reiki practitioner and author of The Healing Consciousness: A Doctor's Journey to Healing (Wovenword Press)*

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