

## Board Elections Announced

In a "Special Meeting" election held by mail and fax in late December, C-Change Members elected seven Board members.

Board members, for the first time, were elected as representatives of one of the three sectors that make up C-Change— public, for-profit, and not-for-profit. Two Board members were elected from a slate of at-large representatives. This change in policy was adopted last year by the Board to help balance its membership among the three sectors.

The following Board members were chosen in uncontested elections:

Harold Freeman, MD and LaSalle D. Leffall, Jr, MD (not-for-profit sector)  
Robert Ingram (private sector)  
John Niederhuber, MD., and  
William Winkenwerder, MD (public sector).

The two nominees from the at-large category were elected from a field of four candidates. They are Marguerite Donoghue Baxter, RN, and Robert Comis, MD. Donoghue Baxter is from the private sector while Comis is from the not-for-profit sector.

Ingram, Niederhuber, Winkenwerder, and Comis will serve their first term on the Board. Freeman and Leffall were re-elected to a consecutive term. Donoghue Baxter returns to the Board after having served a previous term.

All of the elected members took office on January 1 and will serve until 2008.

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## Steering Committee Builds Framework for Initiatives



**Jim Marks, C-Change Board Vice Chair, chairs the Prevention & Early Detection Steering Committee**

The Prevention and Early Detection Steering Committee held an all-day session in Washington on February 3 to further develop a strategic framework to achieve C-Change's top strategic priority – to increase and sustain the nation's investment and attention in cancer prevention and early detection through research, practice, and policy development.

The meeting included attendance by members of the Communications Subcommittee and C-Change Team Chairs.

The participants met to not only develop the framework to integrate the bold initiatives, but also to create an integrated plan for communication, constituent building, and fund raising. Constituents include specific organizations within the public, private and not-for-profit sectors along with employers and employer

associations, and the public.

A draft of the Prevention and Early Detection objectives includes

- Increase public sector policy support and resources for research, services, and health insurance coverage
- Increase training, licensing and continuing education requirements to improve the quantity and quality of cancer prevention and early detection
- Increase reimbursement to healthcare professionals and institutions for prevention and early detection services
- Develop and promote evidence-based cancer prevention and early detection benefit products within private and public health plans. Benefit products include coverage for preventive agents

*cont. on page 3, Steering Committee...*

# C-Change directors & staff

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First Lady Barbara Bush, Co-Chair  
Senator Dianne Feinstein, Vice Chair  
LaSalle Leffall, Jr., President and Board Chair  
James Marks, Board Vice Chair

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William Winkenwerder

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# from the executive director connie curran

## Cancer, Creativity and Collaboration

One definition of creativity is "the ability to generate multiple, unique approaches to a problem." This newsletter gives ample testimony to C-Change's creativity in approaching the problem of cancer. There are examples from our colleagues in their work to reduce tobacco consumption and create some positive outcomes against lung cancer. In reviewing the "Report Card" on lung cancer, the need for more resources and creativity is apparent.

The more one knows about a problem, the more able they are to be creative in generating solutions. The new C-Change Board members bring great depth and variety in their knowledge of cancer. Marguerite Baxter's unique background in cancer nursing and her work in government relations bring patient care and political savvy. Dr. Bob Comis has provided great leadership as the chair of the C-Change clinical trials team; he will increase our creative abilities to move across the highly complex world of pharma and research. Bob Ingram is one of the original members of C-Change; he chaired our efforts in building the CEO Roundtable and will surely enhance our success in working with the for-profit world. Dr. John Neiderhuber's distinguished background in academic health centers, and his role at the NCI will greatly supplement our skills set in working with the cancer centers, researchers and academics in our community. Dr. Bill Winkenwerder's knowledge of the military healthcare delivery systems and his physician perspective will add significantly to our abilities to improve the lives of patients and caregivers. We enter this New Year with a board that is unequaled in its knowledge of cancer, and I am very enthusiastic about their contributions to our abilities to collaborate to conquer cancer.

The demand for many groups of healthcare providers far exceeds existing supply. The shortages of registered nurses, pharmacists and radiation technologists are legendary. Almost all physician groups are projecting an inadequate supply to deal with the demands of our aging population. The C-Change Workforce Team has approached this problem in a most creative manner.

The Team's creation of a set of core competencies is expected to help develop an immediate surge capacity in the cancer workforce by equipping the general health workforce with the basic knowledge and skills necessary to meet the needs of cancer patients. With the support of workforce competency experts from Columbia University, the expert panel has been refining the standards that will serve as the backbone of this national initiative. Through this Team's creative initiative, the problem of the inadequate supply of healthcare providers with basic competency in cancer will be greatly increased.

Finally, the work of the Prevention and Early Detection Steering Committee is remarkable. Under the leadership of Dr. James Marks, the participants met recently to develop the framework to integrate the bold initiatives, set the stage to create a prevention and early detection communications plan, and to support future metrics development. The Steering Committee identified a base constituency needed to accomplish and sustain its cancer prevention and early detection objectives. Constituents include specific organizations within the public, private and not-for-profit sectors along with employers and employer associations, and the public. This focus on prevention and early detection will demand the creativity and collaboration of our diverse and dedicated membership as plans move forward.

As you read this newsletter, I hope you will be challenged by the many problems that confront all of us who battle cancer. Most of all, I hope you will be encouraged by the amount of creative collaboration that is taking place through C-Change.

cont. from page 1, ...Steering Committee...

- Adopt comprehensive employer health insurance plans that include the CEO Cancer Gold Standard
- Increase the investment in cancer prevention and early detection research
- Increase the investment of philanthropic funds in cancer prevention and early detection
- Increase advocacy efforts at the state and federal levels focusing on cancer prevention and early detection policy and programs
- Increase public knowledge that approximately 60 percent of cancers are preventable; increase public understanding of benefits gained from prevention and early detection actions

- Develop tools for states, tribes, and territories to evaluate and promote the business case for covering timely access to cancer prevention, early detection, and related treatment services
- Expand the quantity and quality of the cancer workforce through the development and dissemination of the Cancer Core Competencies
- Pursue resolution of legal, regulatory, reimbursement and behavioral barriers to research efforts in cancer prevention and early detection
- Develop and disseminate uniform cancer prevention and early detection messages for use by C-Change Members in their on-going media and public relations efforts

The strategic initiatives that are underway provide the impetus to achieve the objectives set forth by the Steering Committee. Those initiatives in various stages of development include

- Publish and disseminate the business case for covering evidence-based prevention and early detection services
- Launch state-specific efforts to raise tobacco taxes as a health policy and as a means to fully fund state, tribes, and territories cancer and tobacco plan implementation

The Steering Committee and Team Leaders invite the C-Change Membership to become actively involved in the support, development, and dissemination of the strategic initiatives. During the C-Change Semi-Annual Meeting on Friday, May 19, Members will learn more about the development of the prevention and early detection strategies. They will also identify areas where the Member or Member organization's expertise can contribute to increasing the investment in cancer prevention and early detection.

## Tierney Joins C-Change Staff

Emilie Tierney, a highly experienced administrator and leader in health advocacy and program development, has been appointed to the C-Change staff as a Director. Tierney will be responsible for strategic direction of the prevention and early detection bold initiatives and collaborating with the Program Workgroup to plan and implement the Semi-Annual Meetings. Tierney also will provide support for Tobacco Team initiatives.

Previously, Tierney established *Health Schematics*, a consulting business to assist organizations in optimizing health and well being through stakeholder driven strategic planning, partnership development, project management, program development and assessment of business strategies



Earlier, Tierney spent two years working for the Coalition of Cancer Cooperative Groups (CCCG) in Philadelphia. While at the CCCG, Tierney served as a voluntary staff member of C-Change's Clinical Trials Team.

"Emilie is committed to the attack on cancer and creating a healthier nation," C-Change Executive Director Connie Curran said. "She is a strong leader who gets things done. Emilie knows C-Change and its Membership and will serve well our Members and Partners in actualizing their commitment to our mission," Curran said.

Tierney was appointed by then-Governor Tom Ridge as Pennsylvania's Chronic Disease and Injury Prevention Director, serving from 1996 through 2003. In that position, she led the strategic design of the comprehensive tobacco control program capitalizing on the Master Settlement Agreement (MSA) funding and playing a key role in the development of the MSA investment and distribution model. Tierney later served as Deputy Secretary for Health Promotion and Disease Prevention prior to her departure from state government

"I am pleased to have this opportunity to join C-Change at a time when it is poised to launch an unprecedented, focused effort to reduce the morbidity and mortality from cancer," Tierney said. "I welcome the challenge and look forward to working with the leadership and other Members and Partners in creating the programs and services that will have a profound impact on their organizations and, most especially, all whom they serve."

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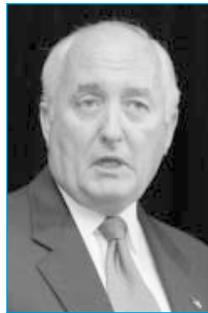
## C-Change Members Elect Seven Board members



Harold Freeman



LaSalle D. Leffall, Jr.



Robert Ingram



John Niederhuber



William Winkenwerder



Marguerite Donoghue  
Baxter



Robert Comis

## Save the Dates

### C-Change Cancer Prevention Research Summit

Hyatt Regency ~ Bethesda, Maryland  
June 12-13, 2006

A Prevention and Early Detection Strategic Initiative hosted by the C-Change Cancer Research and Clinical Trial Teams

*Registration details to follow*

#### June 12

**Opening Session:** Overview of the scientific evidence and the business case that supports a substantial increase in the investment of discovery and development of new cancer prevention agents

#### Concurrent Panel Discussions to Address Major Barriers for Cancer Prevention Research

#### Reception and Dinner

#### June 13

**Concluding Session:** Reports by chairs of panels on recommendations to address barriers and plans for further activities

## Access Team Launches Cancer Core Library

The Access to Quality Cancer Care Team has spearheaded the development of a library designed to assist a wide variety of audiences with helpful information on access issues. Now available on the C-Change website, the Library includes a summary of books, government and private sector reports, journal articles, and links to websites, all focused on a comprehensive range of access issues.

The library was designed to aid policy makers at various levels of government, state/tribal Nation and territory cancer control coalitions, and community health center staff members. The library will be updated at least annually and more often, if warranted.

In addition to the current contents, Members, Partners, and others can suggest items they feel could be part of the library. A form is included on the website to submit suggested items. These suggestions will be reviewed by C-Change, and, when deemed appropriate, will be added to the library.

To view the Access to Cancer Core Library, go to

<http://www.c-changetogether.org/library/default.asp..org/library/default.asp>

## May Semi-Annual Meeting Faces Cancer War Turning Points

On May 19 and 20, Members and Partners will come together for their Semi-Annual Meeting in the smoke-free jurisdiction of Bethesda, MD. Since C-Change and the universe of organizations concerned with cancer are currently facing major turning points in reducing the burdens of the disease, the May meeting will focus on a turning point for C-Change—its newly launched strategic plan. This focused and integrated set of bold strategic initiatives aims to increase the nation's investment and attention toward prevention and early detection.

During the special sessions held on Friday, May 19, Team leaders will illustrate the work in progress for five specific initiatives, and Members and Partners will refine, enrich, and accelerate each initiative's development. These sessions will include

- Increasing the Nation's Investment in Prevention Research
- Making the Business Case for Cancer Prevention & Early Detection
- Funding State Cancer Plans by Increasing State Tobacco Taxes
- Increasing Access to Cancer Prevention, Early Detection, and Treatment Services
- Building a National Cancer Corps Through a Core Competency Program

On Saturday, May 20, the Membership will engage in a more global discussion of C-Change's strategic plan to begin aligning the organization in new ways to tap its full potential. As a means of preparing for this major organizational investment, the Membership will have the opportunity to review several recent major milestones in cancer research, access, and policy that are removing barriers many believed to be insurmountable.

In research, the advent of the cancer genome project holds enormous promise for future discovery. In access, the Delaware Cancer Treatment Program serves as a model for timely access to cancer prevention, early detection, and treatment services for all Delaware residents. In policy, New York City's passage of clean indoor air legislation has sparked a wave of legislative developments in large and small jurisdictions across the country. While each of these achievements has individual significance in defeating cancer, they will also illuminate factors behind their radical success.

Meeting information regarding registration and logistics will be made available on the C-Change website in early April.

### Turning Points in Winning the War on Cancer: Research, Access, & Policy

**Semi-Annual Meeting, May 19-20, 2006**

Marriott Bethesda

In the smoke-free jurisdiction of Montgomery County, Maryland

## Expert Panel Meeting to Advance Core Competency Project

A multi-disciplinary expert panel developing C-Change's Cancer Core Competency Project will meet in Washington on February 27 to finalize the competency statements and begin the next phase of curriculum and validation tool development. The project, initiated by the Cancer Workforce Team, began last year and is expected to be completed in May.

National implementation of the core competencies will create immediate surge capacity in the cancer workforce by equipping the general health workforce with the basic knowledge and skills necessary to meet the needs of cancer patients. With the support of workforce competency experts from Columbia University, the expert panel has been refining the standards that will serve as the backbone of this national initiative.

To date, the expert panel has completed two rounds of Delphi review using Internet tools. Project participants have included representatives from

- Association of American Medical Colleges
- American Society for Health-System Pharmacists
- American Pain Foundation
- Cancer Registries of Northern California
- Colorado's Comprehensive Cancer Program
- National Association of Social Workers
- National Association of County and City Health Officials
- Oncology Nursing Society
- OSI Pharmaceuticals

### For more information about this project

please contact Alison Smith at [alisonpaigesmith@aol.com](mailto:alisonpaigesmith@aol.com)

## Lion in the House Documentary and Campaign Moving Toward June broadcast



**Steve Bognar and Julie Reichert have spent eight years documenting, through their film, the impact of childhood cancer**

*Lion In the House*, a documentary revealing the impact of childhood cancer through the experiences of five families, and the public outreach campaign surrounding the film have experienced several advances and some unfortunate news since *Lion* was previewed at the C-Change Semi-Annual Meeting in October. Eight years in the making, *Lion* goes beyond the disease and explores its related issues of health disparities, survivorship, and the end of life. The film is scheduled to air in two-parts on PBS stations around the country June 21 and 22 on the award-winning series, *Independent Lens*.

ITVS (Independent Television Services), which is conducting a Community Engagement Campaign in conjunction with the airing of *Lion*, has announced that the Lance Armstrong Foundation has awarded grants to ten public television stations to fund *Lion* outreach projects. The stations are based in Albuquerque, NM; Atlanta, GA; Cincinnati, OH; Ft. Myers, FL, and Juneau, AK. Also included are Martin, TN; North Carolina; Owing Mills, MD; Philadelphia, PA; and St. Paul, MN.

In other outreach news, ITVS has gained several new national partners for the campaign. The American Academy of Pediatrics, the Association of Oncology Social Workers, Gilda's Clubs Worldwide, and the National Association of Social Workers will conduct educational, promotional, and other programs tied to the airing of the documentary.

Other campaign partners include the American Cancer Society; Children's Cause for Cancer Advocacy; CureSearch; Health Ministries Association; Hope Street Kids, an initiative of the Cancer Research and Prevention Foundation; Intercultural Cancer Council; Lance Armstrong Foundation; National Black Nurses Association; and the National Cancer Institute. Other partners are National Hospice and Palliative Care Organization; The Oncology Nursing Society, including the Association of Pediatric Oncology Nurses; and Padres Contra El Cancer. The Cancer Prevention and Control division of the Center for Disease Control and Prevention is serving as a grantor and an advisor to the campaign.

In news about the documentary itself, The Sundance Film Festival selected *Lion* for its recently completed 2006 competition. *Lion*, created by filmmakers Steve Bognar and Julia Reichert, was one of only 16 films out of 760 submissions selected for its prestigious Documentary Competition.

Reichert received some unfortunate news while at the festival. According to a report in Cincinnati.Com/The Enquirer, Reichert learned that tests she took prior to leaving for the festival indicated that she had lymphoma. On the advice of physicians, Reichert and Bognar left the festival early to return to their home in Ohio for additional diagnostic studies and possible treatment.

"We made the film because we wanted people to look cancer in the eye. Now she's ready to look at her own cancer," Bognar said according to the Enquirer report.

C-Change Members and Partners and their organizations are invited to develop programs and services in association with the airing of the film in June. Those interested can go to the outreach campaign website to check out the updated Resources section of the site. A *Lion In the House* discussion guide, campaign fact sheets, and other items are to be posted in February.

For details and project descriptions of the ten PBS station's campaigns, go to [www.itvs.org/outreach/lioninthehouse](http://www.itvs.org/outreach/lioninthehouse).

For more information and materials for the entire outreach campaign, go to [www.itvs.org/outreach/lioninthehouse/resources](http://www.itvs.org/outreach/lioninthehouse/resources).

## Advocacy Groups Unite To Make Lung Cancer in Women a Top Educational and Research Priority

At a recent roundtable meeting of health experts and advocacy leaders, several women's health and lung cancer advocacy groups, including several C-Change Member's organizations, agreed to make lung cancer education and advocacy, especially among women, a top priority for their organizations in 2006 and beyond.

The Talk and Take Action: Women & Lung Cancer Advocacy Roundtable was led by the Society for Women's Health Research and held at the National Press Club in Washington, DC, on February 6. Attendees discussed sex-based research advances in lung cancer and the challenges in elevating public dialogue about the deadly disease.

Lung cancer is the number one cancer killer of women. Lung cancer claims the lives of more American women and men than the three most common cancers combined — colon, breast, and prostate — yet it receives a disproportionately low amount of media attention and government research funding, according to the Society.

The advocacy groups participating in the roundtable include the Society for Women's Health Research; CancerCare; Joan's Legacy; LUNGevity; National Women's Health Resource Center; Women Against Lung Cancer; and the Women's Health Policy and Advocacy Program at Brigham and Women's Hospital. Also participating were three organizations whose leaders are Members of C-Change. They are the American Society for Clinical Oncology, the Intercultural Cancer Council, and the Lung Cancer Alliance.

Individuals participating in the Roundtable committed to working together around the following lung cancer advocacy needs:

- Greater attention by the public, policy makers, and researchers to reduce lung cancer risks and rates of occurrence, improve diagnosis, and expand treatment options through research — particularly for women of all cultures, races, ethnicities, and socioeconomic strata.
- Significant increases in public and private funding to support sex- and gender-based research and education.
- Health care provider education to reduce nihilism, pessimism, and stigma in the treatment of lung cancer patients.

A major goal is to significantly increase survivorship and reduce death from lung cancer by 2015.

The Society for Women's Health Research is the nation's only non-profit organization whose mission is to improve the health of all women through research, education, and advocacy. Founded in 1990, the Society brought to national attention the need for the appropriate inclusion of women in major medical research studies and the need for more information about conditions affecting women disproportionately, predominately, or differently than men.

For more information about the Society for Women's Health Research, go to <http://www.womenshealthresearch.org>.

## Call for Applications 2006 Summer Internships

The Cancer Workforce Team is calling for applications for C-Change's 2006 Summer Internship Program. After a very successful pilot year, the Cancer Workforce Team is increasing the number of interns to 25.

Applications are due on Friday, March 24.

In a "Call to Action" at the November 2005 meeting, Members were asked to identify an individual from their incoming pool of summer interns who would be eligible to participate in this supplemental program. Interns will be selected from the applicant pool based upon the caliber of the candidates and the team's goal to create a balanced and diverse group.

The C-Change Summer Internship Program is intended to supplement new and existing internship programs in host organizations. Through Semi-Annual meetings and other special sessions, C-Change will provide forums for the interns to create a community among their peers and meet other leaders in the cancer field.

A detailed description of the program, including an outline of program objectives, a description of expectations and benefits to the host organization and intern, and the steps in the application process can be found on the on the C-Change website.

To obtain Summer Internship Program application materials and information, go to <http://c-changetogether.org/aboutndcteams/cancerworkforcestudygroupasp> or contact Alison Smith at [alisonpaigesmith@aol.com](mailto:alisonpaigesmith@aol.com)



## Meet The Members

### Ronald B. Herberman, MD

**Member since 1998**  
**Teams: Cancer Research (Chair) and Clinical Trials**

**Director, University of Pittsburgh Cancer Center**

*How did you choose cancer as the special interest of your career?*

**Dr. Herberman:** Actually it was not planned. When I finished my residency training in internal medicine, I knew I wanted to go into research in some way related to immunology.

I wanted to go to the National Institutes of Health (NIH) for additional training and to start my career. At that time, the best job available to me was in the National Cancer Institute (NCI), where I became a clinical associate in the Immunology branch. That particular happenstance in 1966 set me on a course from which I have never looked back and with which I have been thoroughly delighted.

*Why did you become a member of C-Change?*

**Dr. Herberman:** I was very pleased to accept the invitation of what was then the National Dialogue on Cancer a year or two after it was first launched. I was initially invited because I was president of the Association of American Cancer Institutes at the time.

*Why have you stayed with C-Change?*

**Dr. Herberman:** It is a very good opportunity to interact with the remarkable constellation of people who come from such a wide, diverse set of areas and who are at the top or near the top of very important organizations. I also have become increasingly optimistic that, in addition to its convening power, C-Change can really get some things done in a way that other organizations not as broadly based or as inclusive would not be able to achieve.

*What is most critical in the short-term fight against cancer?*

**Dr. Herberman:** There are extraordinary opportunities over the next five years or so. One is to capitalize on the true revolution that has occurred over the last ten years in understanding the causation of cancer, its genes, and interactions with the environment, and other molecular processes that affect cancer, contribute to its development, and what its outcome is. Now we need to capitalize on all of that in a truly translational way to get these advances turned into new treatments that will be more specific and effective.

Two other things. One, I feel strongly that there is a pressing need to shift the main focus of cancer research from just treatments for advanced cancer to putting more attention on emerging and major opportunities for early detection of cancer and even for prevention of cancer. These are the areas that are likely to have a much bigger impact on the overall cancer problem than the incremental improvements in treatment of the advanced stages of disease.

I have been very enthusiastic about the decision by the C-Change Board to put a top priority on cancer prevention. As Chair of the Research Team, I am leading a planning effort to have a summit conference on cancer prevention research that will take place in mid-June. There, I would like both to make the case that prevention is very important but also doable for the majority of cancers. The perceived barriers that have inhibited a lot of investment either by government or by industry are solvable. I would like to get people excited about the potential to prevent cancer and to reduce, if not eliminate, the barriers to progress in this arena.

The third thing I feel strongly about is to disseminate new knowledge and advances as effectively as possible to the entire population who are affected by cancer. Because of that, I am currently the Chairman of the Board of Directors of the Pennsylvania Cancer Control Consortium. The whole mission of this state cancer plan group is to ensure that there are no sectors of Pennsylvania's population who do not have access to the best possible approaches to known effective approaches for prevention, early detection, treatment, or quality of life.

People have to know how to seek help or care, and also how to deal with the healthcare provider institutions. We need to have processes in place so that any disparities in care are identified, reduced, or eliminated.

#### *What is needed long term in the fight against cancer?*

**Dr. Herberman:** I believe it requires a multi-pronged, team effort. The overall goal of the NCI, the American Cancer Society, C-Change, and others to reduce death and suffering from cancer is laudable and achievable. One can argue about the timeline, but the overall goal is achievable. To really make as efficient and as rapid progress as possible toward that goal, I see two main needs.

One is to better organize both cancer researchers and cancer care communities so that the best and most efficient use of resources can be made. In large measure, each cancer center, each hospital now is pretty much on its own. It is not coordinated and synergistic. Changing that could really help each to be more cost effective with available resources.

Beyond that, we need more resources to achieve the goal. I am very concerned that we are in a very tight federal budget period just when there is a lot of promise, a lot of enthusiasm for getting organized and going aggressively after the goal. We are going to be impeded to a very major extent by insufficient resources being made available to get it done.

#### *What would you advise someone just starting out in a career in cancer?*

**Dr. Herberman:** I think that it is a very exciting field with which to get involved. We are making real progress, and they should be optimistic about the future. They should carefully consider what their interests and expertise are, that they can bring to bear on the problem and try to get the best advice about how to apply that interest and expertise as effectively as possible. There is a wide range of opportunities for very productive and successful careers related to cancer - in cancer research, care delivery, or other aspects of cancer. Look for good role models and mentors early in the process to help you get on the right track as rapidly and as effectively as possible.

#### *What would you advise a veteran in the field who is burned out?*

**Dr. Herberman:** I think my main advice would be to back away from whatever they are currently doing, which is obviously leading to insufficient gratification and too much frustration. They should rethink how they can redirect their already established expertise and potential in a somewhat different direction to relieve the frustration and also more likely get them on a track that would be more successful. The same things that I suggested for the beginning of a career can be done to make a mid-course correction.

#### *What is the value of C-Change in the cancer fight?*

**Dr. Herberman:** A lot of what C-Change can do is catalytic. One type of catalytic function is to bring together leadership from the different sectors to talk to each other. When you bring together smart, dedicated people who are in positions of empowerment, good things happen. But I think that we also can shine a spotlight on certain priority areas, like cancer prevention. If we can do it in a way that engages truly multi-sector attention, it is going to create good things that will increasingly take on a life of their own.

#### *Has C-Change become too prevention-oriented and veering away from support of other areas such as research?*

**Dr. Herberman:** I am very well aware of those concerns, but I am convinced that they are not valid

As the leader of the Research Team of C-Change, and as a cancer researcher for my entire career, I am convinced that there are very exciting opportunities and very important things to be done in cancer prevention research. I believe that this focus for cancer research is a very good one and a very important one. Frankly, the things that I am particularly intent on driving through the Research Team and the summit that we will be having in mid-June will focus on how to develop new cancer preventative drugs and vaccines. That's mainstream cancer research.

## Lung Cancer Alliance Issues Inaugural Report Card on Lung Cancer

The Lung Cancer Alliance (LCA) in January issued its first Report Card on Lung Cancer, an assessment of progress being made in the battle against this lethal disease. Most of the report's grades were failing ones.

Lung cancer is the number one cancer killer, resulting in 30 percent of all cancer deaths and killing more people annually than breast, prostate, colon, liver, and kidney cancers combined. "Lung cancer is the most lethal of all major cancers," said Laurie Fenton, president of LCA. "This Report Card on lung cancer will put public health leaders and the American public on notice that it is time to change this." The "Report Card on Lung Cancer" will evaluate progress utilizing key benchmarks annually in the battle to eradicate this disease.

The "Report Card on Lung Cancer" had grades for seven categories:

#### **Number of Deaths—Grade: F**

Lung cancer is the number one cancer killer. An estimated 172,570 people were diagnosed in 2005 and approximately 163,510 died.

#### **Five-Year-Survival-Rate—Grade: F**

Only 15 percent of those diagnosed live longer than five years, which is virtually no improvement since President Nixon and Congress declared "War on Cancer" in 1971. The five-year-survival rate for breast cancer is now 88 percent and 99 percent for prostate cancer.

#### **Number of Late-Stage Diagnoses—Grade: F**

Seventy percent of diagnoses are late-stage. Late stage diagnosis is lethal.

#### **Newly-Addicted Youth Smokers—Grade: F**

About 2,000 new "daily" smokers under age 18 become addicted each day, or more than 700,000 a year.

#### **Number of New Treatment and Diagnostic Options in the last 30 Years—Grade: D**

Slight progress has been made only within the last few years.

#### **Federally-Supported Early Detection Program—Grade: F**

The federal government does not support early screening for lung cancer, while it does for other major cancers with comparable public health service ratings.

#### **Overall Federal Commitment—Grade: F**

Lacks overall plan and sense of urgency. Only \$1,829 spent per lung cancer death, compared to \$23,474 per estimated breast cancer death and \$14,369 per estimated prostate cancer death.

"It is not a surprise that The Lung Cancer Alliance would give their Newly-Addicted Youth Smokers category a failing grade," said Cheryl G. Heaton, President and Chief Executive Officer of the American Legacy Foundation and a Member,

Board of Directors, LCA (and C-Change). "Now is the time to redouble youth smoking prevention efforts."

The Report Card on Lung Cancer will be widely distributed among public policy leaders, medical professionals, and health care associations working to improve outcomes for lung cancer patients.

"Because we represent patients, caregivers and those at risk for this disease, it's clear we have much work to do," said Ms. Fenton. "We have rolled up our sleeves and look forward to working with all those committed to improving these outcomes when the Report Card on Lung Cancer is released next year."

For more information on lung cancer, the support services of The Lung Cancer Alliance or to view the complete report, visit <http://www.lungcanceralliance.org>.

## National Cancer Calendar now accessible

The U.S. National Cancer Calendar is now accessible via the C-Change website. Members, Partners and all in the cancer community can promote their cancer-related events and meetings by adding them to the calendar, or can search the calendar for meetings and events of interest.

To add your organization's event, visit the Cancer Calendar and fill out the user-friendly online form, which only takes a few moments to complete. Your entry will be reviewed and posted within two business days.

If you are reviewing the calendar for events that might be of interest to you and your organization, you can easily conduct a search for events and meetings based on your specific criteria.

The U.S. National Cancer Calendar is designed to be a resource to help bring the cancer community together through its online communication channel. C-Change encourages all to take advantage of the calendar to promote or search for cancer related events.

To find answers or obtain assistance regarding the calendar, please call **202-756-1600**, or email [calendar@c-changetogether.org](mailto:calendar@c-changetogether.org).

To view the calendar or submit an event, go to [www.c-changetogether.org](http://www.c-changetogether.org), or directly at [www.cancercal.org](http://www.cancercal.org).

## What does C-Change need to do to accomplish its mission?

**Dr. Herberman:** I think it's to obtain more resources to deal with a few high priority things. The focused efforts are critical. We are beginning with subsets of Members and expanding beyond the Membership to draw in expertise in a particular area, like cancer prevention research from wherever. That way we will have more of the resources needed to accomplish some priority projects. I see that as the key issue or challenge to C-Change.

## Tell us about your personal background.

**Dr. Herberman:** I grew up in Brooklyn, NY, and went to both college and medical school at New York University. I trained in internal medicine at Massachusetts General. I then went to the NCI where I was for 19 years. I next came to Pittsburgh where I have been for the last 20 years.

Aside from my professional life, my biggest focus is on having quality time with my wife, my children, and now three grandsons. One of the nice intersects of C-Change is that both of my children and my grandchildren live in the Washington, DC, area so I get to visit them around our meetings.

## Women In Government Assesses Cervical Cancer Prevention

Women In Government released in January findings from its second annual nationwide report on states' efforts to eliminate cervical cancer, "Progress Report 2006: The 'State' of Cervical Cancer Prevention in America. The report found that, while many states have improved since a year ago, they are still missing critical opportunities to prevent cervical cancer, based on screening rates, rates of uninsured women, coverage of advanced screening technology in public insurance programs, and state's legislative focus on the issue.

Major findings in the report show:

- 20 states and the District of Columbia improved their grades and only two state's grades declined since 2005.
- No state has yet received an excellent grade.
- Minnesota received the highest score of 81 percent (13 out of 16 measured points), followed by Illinois, Maryland, North Carolina and Rhode Island, each with 75 percent.
- Tennessee received the lowest score (38 percent), followed by California, Idaho, Kentucky, South Dakota and West Virginia (each with 44 percent).

Women In Government's report also found that among the five states that fared best:

- At least 87 percent of all age-appropriate women had been screened for cervical cancer in the past three years.
- In four of the top five states, at least 84 percent of women have health insurance, including Minnesota, where 92 percent of women have health insurance.
- Their state Medicaid programs cover HPV testing along with a Pap for routine screening of women age 30 and older.
- They have introduced or passed measures targeting insurance coverage of advanced cervical cancer screening technologies and/or establishing task forces to implement the most recent knowledge, expertise and technologies in fighting cervical cancer.

"... we are on the threshold of an incredible era in which cervical cancer could be eliminated through better and more accessible preventive health care, Susan Crosby, president of Women In Government said. "We must seize these tremendous opportunities. Thus, we will continue to monitor state progress in future reports as part of our plan to eliminate this preventable disease," Crosby said.

The FDA recently approved a new screening test for HPV infections, which, when used in conjunction with a Pap in women age 30 and older, increases the accuracy of the Pap from 51 to 85 percent to almost 100 percent. If the FDA approves an HPV vaccine, and it were widely used, it could significantly reduce cervical cancer worldwide, the report stated.

The state-by-state assessment is the latest step in Women In Government's fight against cervical cancer. The organization is a not-for-profit, bi-partisan association representing elected women state officials. It launched its Challenge to Eliminate Cervical Cancer Campaign in January 2004, engaging state legislators nationwide in policy and awareness efforts to help eliminate cervical cancer. To date, 42 states have introduced legislation or resolutions targeting cervical cancer elimination and 36 states have enacted such measures.

For a copy of the full report or for more information on Women In Government's Challenge to Eliminate Cervical Cancer Campaign, visit [www.womeningovernment.org/prevention/statereport/](http://www.womeningovernment.org/prevention/statereport/)