

NATIONAL PRESS CLUB NEWSMAKER WITH AMBASSADOR NANCY BRINKER

SUBJECT: BREAST CANCER SCREENING CONTROVERSY

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DONNA LEINWAND: (gavel sounds) Good afternoon. Welcome to the National Press Club for our speakers event. My name is Donna Leinwand of *USA Today*. I'm President of the National Press Club. We're the world's leading professional organization for journalists and we're committed to a future of journalism by providing informative programming and journalism education, and fostering a free press worldwide. For more information about the National Press Club, please visit our website at www.press.org.

On behalf of our 3,500 members worldwide, I'd like to welcome our speaker and guests in the audience today. I'd also like to welcome those of you who are watching us on C-SPAN. We're looking forward to today's speech, and afterwards I will ask as many questions from the audience as time permits. Please hold your applause during the speech so that we have time for as many questions as possible. For our broadcast audience, I'd like to explain that if you hear applause, it may be from the guests and members of the general public who attend our speakers events, and not necessarily from the working press.

A highly charged report on breast cancer screening by a federally appointed task force is inciting outrage, anger and confusion as women nationwide struggle to decipher some of the mixed medical messages. In reversing its previous position on breast cancer screening, the U.S. Preventative Services Task Force sharply contradicts the advice of many physicians and medical authorities, including the American Cancer Society. It's also going head to head with the world's largest breast cancer charity, the Susan G.

Komen For the Cure Foundation. It is the largest grass roots network of breast cancer survivors and activists, and the group's founding chairman is with us today.

Ambassador Nancy Brinker has been called the leader of the global breast cancer movement. She founded Komen for the Cure in 1982 after her sister's death from breast cancer. She is the driving force behind the world renowned breast cancer fund raiser, the Race for the Cure. And for years, she has championed more breast cancer screenings for women.

By contrast, the task force guidelines apparently recommend less, advising against the teaching of self breast exams, against routine mammograms for women in their 40s, and against annual mammograms for women over 50, suggesting that one screening every two years is enough. What's the rationale behind the recommendations? Supporters say too little evidence exists that self breast exams are effective in reducing breast cancer deaths. They say early screenings cause women more anxiety, leading to excess biopsies that aren't needed, and to treatment of tumors that would not be problematic if left untreated.

On the other side of the debate, task force critics warn that if women do not follow the new guidelines, many will die unnecessarily because of delayed detection. They cite cases of women under age 50 who are diagnosed with breast cancer in time to get treatment, numerous instances where women have discovered their own cancer during self breast exams.

Still other critics say the guidelines are a sneaky form of health care rationing that is part of health care reform, a slippery slope that could allow bureaucrats to enter the exam room. Here to address these charges, and more, is a breast cancer activist who received the Presidential Medal of Freedom by President Barack Obama. She was named Good Will Ambassador for Cancer Control by the U.N. World Health Organization. She's been on *Time* magazine's list of 100 most influential people. She served as U.S. ambassador to Hungary and most recently was the U.S. Chief of Protocol under President George W. Bush. Please help me welcome the founder so Susan G. Komen For the Cure, Ambassador Nancy Brinker. (Applause)

AMBASSADOR BRINKER: Thank you so much for that very kind introduction. It's great to be here with you all today. I would like to just take a moment and introduce three very important people at our organization who are here, came to be with you today. Alexine Clement Jackson, who's our Chairman of the Board. Alexine, would you stand, please? Liz Thompson, Vice President of our Global Health Sciences; and Jennifer Luray, President of our Komen Advocacy Alliance here in Washington. I'm proud to serve with everyone here today from the Komen organization.

But I think all of us wish that we were here to announce that Susan G. Komen For the Cure has found the cure for breast cancer and that we're out of business. And I frankly look forward to the day when I can make that announcement. I'm confident we'll find it, but it takes a great deal of work, and we've got to focus on what we know.

And what works is what we know; early detection, awareness, research and treatment. And yes, screening mammography and self awareness. Because if you just look at the facts today, the five year survival rate for breast cancers that haven't spread from the breast is now 98 percent in the U.S., contrasted to 74 percent when I started this organization in 1982; 98 percent. There are more than 2.5 million breast cancer survivors alive in the U.S. today, the largest group of cancer survivors living. I want to remind you that these 2 ½ million breast cancer survivors are real women; mothers, daughters, sisters, friends, employees, and men.

And last summer, I met a breast cancer survivor in California at our affiliate in Orange County who told me something really stunning and keep people like me going. She told me she was an 18-year stage IV breast cancer survivor. Unheard of until now. And I was amazed that this woman identified her disease as end stage, and I asked her to walk me through her treatment all the way from the beginning.

She says, "You know, it hasn't been pleasant, hasn't been easy. But I'm here, I'm alive, and I'm having a good life." And I said, "Well, what therapy have you been given?" And she walked through each of the therapies. And I'm proud to tell you that every single therapy that she had received had been funded very early by Susan G. Komen For the Cure grant. And 18 years of a woman's life isn't a cost, it's an invaluable benefit to a family and to our country, to our social fabric, to our national strengths and values. And that's why these reports and all the controversy from last week, I guess the report was officially released last Monday, it seems like it was 40 years ago, have taken a tremendous toll. And I believe they set us back.

First, they resulted in mass confusion and lack of clarity, and justifiable outrage. The women I have heard from, thousands and thousands and thousands, are justifiably outraged and worried and angry. They believe that the mammogram they had, which detected their cancer, saved their lives. They thought they had done all the right things. And all the things that all of us in the health care system have told them to do. And they believe they're alive today because of these recommendations and because of their own practices and their own engagement. And I don't blame them for being concerned about future generations of women because we've spent 30 years doing this. We've asked them to take a very active approach to their health care.

And now the report comes out, raises questions. We've worked so hard to build this public trust and clarity is absolutely critical. So let me say it as clearly as I can. As a breast cancer survivor, whose breast cancer was found with a mammogram at the age of 37, and as a leader of the world's largest breast cancer organization, let me say clearly to anyone watching mammography saves lives. And even this report says so. Keep doing what you're doing, speak with your physician, speak with your physician always. And at Susan G. Komen For the Cure, we are not changing our guidelines. We can't afford to, because for all the progress we've made against breast cancer, it's still the leading killer of women in America between the ages of 40 and 60. One in eight women in the U.S. will be diagnosed with breast cancer in our lifetime. In the U.S., nearly 200,000 women

and men will be diagnosed with breast cancer, and more than 40,000 will die this year alone.

Which brings me to my second point, which is access, access to care. You know, we can develop the greatest science, we can develop the greatest treatment, we can develop the greatest screening. But if people don't have access, we have to question what is it all for? One-third of American women, 23 million, who need the most basic screening and mammography are not getting it today. That's right, there's no disagreement about this, and after all we've done to urge people to get screened, now they hear that maybe they shouldn't bother.

That's dangerous. We've spent a long time acculturating people to be curious and active participants in their care. We've spent a long time bringing very fragile people into the health care world, into treatment, into diagnosis, into screening; people with very low dollar insurance policies, people who are dependent on Medicaid and Medicare, people who are dependent on many of the private organizations that we funded, and public organizations we funded, in over 120 affiliate cities in the United States alone. People who would never have had the opportunity to have care or screening. You know, we spend over \$2.2 trillion every year on health care in the United States. Surely, we can cover 23 million women. It's a tiny fraction of \$2.2 trillion, and we should.

I'd also like to say that any insurance company who's thinking right now that this report could be used as a way to reduce coverage for mammography now or at some point, we'll be watching very carefully, we'll be watching. So access, clarity and public trust are critical. But so, too, is perhaps the centerpiece of what it is we're having the most trouble with, and that's technology. In a strange way, all the dust up from the past week actually may do some good. Maybe it's a clarion call, finally. We know mammography works, but we also know it's imperfect. We do need better screening technology. This technology that we're using today, though it's been improved and regenerated, is still almost 50 years old. What other business or field that we know in the United States or around the world would use 50 year old technology? There is a huge technology gap in breast cancer and cancer screening.

At Susan G. Komen For the Cure, we're funding cutting edge research, but we can't do it alone. We need technology that is more predictive, more available, more accessible, more personal, less expensive, and less aggressive. And it isn't rocket science. We know it exists somewhere. It's political will, it's marshaling the political will to transform the next generation of technology so that it's really useful for people and people who will be diagnosed with breast cancer.

I've spoken with the NIH director this week, spoke with Secretary Sebelius, and Susan G. Komen will this year, this next year in calendar 2010, host a technology summit where we will invite the top leaders from public health, science, government, business, advocacy communities, to work together to identify ways for us to close the technology gap. And it will be held soon and we want you all to come back. We want you all to question it the way we are: why don't we have it?

We already know one way to help close the gap, and this is screening, research and development, and we're doing a lot of that. So is the NIH, so are others. But that's also why I'm calling today on the President, on the Congress, to report to the American people on investments that have been made in screening technology and to commit to us that whatever it is, it will be doubled. We need the efforts to create a technology that really, really is doubled in effort, in will, in science, and in every way that we need it to be. Because if we make it better, more predictive, less expensive and more available, we can avoid having this same screening discussion that we have every ten years. I guess I've now been around long enough to weather it every ten years. And at the end of the day, it's always about the same thing.

So better technology, more access and continuing to speak clearly. It all begins with doing what we know works, and the stakes not only in the U.S. are high, but around the world. Literally, millions of lives are at stake. It seems like just forever, but two weeks ago I returned from a twelve-day, six-country tour that took me from Vienna through Budapest and on to Oman and Jerusalem before ending up in Zurich. It was my first extended travel, both as U.N. Ambassador for Cancer Control and founder of Susan G. Komen For the Cure, and it was both encouraging and discouraging. There's great progress being made in the fight against cancer, and breast cancer. There's enthusiasm from leaders everywhere. They know they have to do something, that's encouraging. They know that cancer is universally deadly, and our response must be equally universal.

The point is, we can't afford to slow down in our race against this disease. We can't get distracted, we have to keep running to the finish line. And the reason is the number of cancer cases in the world are exploding. People are aging, governments don't use the words cancer out loud who don't have cancer registries. At the U.N., cancer is not even mentioned in the millennium development goals. It's the forgotten millennium development goal. So why would you expect countries to be talking about it?

Well, my fight began nearly 30 years ago with a promise I made to my sister Susie, to do everything I could to find a cure for breast cancer. And I remember those days when she was diagnosed, but without the benefit of a mammogram. The world was very different. There were no text messaging, no cell phones, no internet. There were no young groups of people organized around this disease. People crossed the street in our hometown when they saw her because they were afraid her disease was contagious.

But as I said earlier, just last summer, I met the breast cancer survivor with end stage IV disease in California. And she was a living testament to what we could accomplish. And I had to believe on that day that my sister was watching and happy and believing we were going to get to the end of this race. So with more early detection, not less screening, better screening, more hope, more research which is translating to longer lives; and most importantly, more survivors shows what's possible.

Today, we're talking about breast cancer in the U.S., but I hope you'll invite me back to talk about this global cancer crisis I refer to, because there's a lot that we need to do and a lot we need to write about, and a lot of awareness we need to create.

A story involving a deadly enemy that takes more lives every year than TB, malaria, and AIDS combined, cancer now kills more people than TB, AIDS and malaria. So, why is the leading world killer marginalized, and in many countries ignored? Something is wrong when one of the most lethal diseases on Earth isn't even mentioned by name in the public health reports of many countries, and something is wrong when it's hidden away in the category of other diseases. Now consuming almost eight million lives a year, and those are the ones that are counted.

It would be like the state of Virginia being wiped out every year. It's only projected to get much worse, and that's why we need your help. The plain fact is that new cancer cases are projected to rise from 13 million to nearly 27 million by 2030, and by then cancer could easily consume 17 to 20 million lives every year.

So whether reported accurately or not, there are still too many people here in the U.S. who are dying from cancer of all kinds. I know we can do this. I know we can do this because we know enough and we have enough resources to make it happen, not just in America, but around the world. We can always use more, but let's recommit ourselves to what we have now. If we turn more of our energy and resources on this crisis, we can move faster towards saving more lives.

The other day, someone asked me why I keep doing this work and why we at Susan G. Komen work so hard every day to complete our mission. And after 30 years of laboring in the field, it's only led us to be more confident and feeling more charging to victory. Because I remember a horrific disease, feared by generations and victims were hidden away in shadows and hopelessness that a cure or treatment would never be found. Faced with an epidemic, ordinary citizens and scientists took action, raised money, funded research, organized. Governments formed and founded new institutions. People exhibited extraordinary amounts of leadership and collaborated with a sense of urgency.

I'm not talking about cancer, I'm talking about polio. And on the day in 1955 when I was a little girl and Jonas Salk's polio vaccine was announced in my hometown, the church bells rang and the factories stopped, our schools closed, and our parents and teachers wept in a moment of silence, as if a war had ended. And indeed, it had.

Years later, Salk understood and said very publicly, "If we are to solve and eradicate disease, we must collaborate, we must cooperate, and we must lead." The diseases are different, but the lessons are the same. And we believe at Susan G. Komen if we forge an approach that is pro-health prevention oriented, research oriented, evidence based oriented, then we too can imagine a day when another scientific breakthrough changes the world, when public health works as an outreach of scientific exploration. When a mastectomy, like the iron lungs of the polio era, are but artifacts of history. And when church bells again ring because our war with cancer is coming to an end.

Thank you very much for being here today. Thank you for participating in the aftermath of this report and for asking so many good and valuable questions. I hope you'll keep asking questions. (Applause)

MS. LEINWAND: We have some questions. First of all, can you talk a little bit about this task force and if you think there's anything valuable that they put out and what you think of their credentials and who they are?

AMBASSADOR BRINKER: Yeah, I think task forces are very valuable. This task force is made of some very accomplished people. Our only concern was it was a two-year task force. It was a total surprise about the way it was announced. And frankly, my personal feeling is it was a little clumsy. Again, we've acculturated people now for so many years to be active participants in their health care. And, of course, my personal worry is so much about low resource individuals who, frankly, are frightened and their ability to show up to take a mammogram or a screening or be involved in health care is fragile.

And I feel like the behavioral science piece of this wasn't focused on perhaps as much as it should have been. In other words, there are ways to convene and deliver these kinds of messages. No one was opposed-- We agree more than we disagree, probably, on many areas, so this isn't a personal attack about the panel.

MS. LEINWAND: So to follow up, you think that the task force could have handled the distribution of the guidelines differently? Can you tell me a little bit about how it should be done?

AMBASSADOR BRINKER: Yeah, if not the distribution, it would have been helpful for them to convene a consensus of advocates, scientists, clinicians, people who treat cancer and deal with it every day, and again, public health people who deal with the messaging. And this alone would have comforted a lot of people. But to hear this sooner, and to hear it in a way that perhaps we could have helped shape and position it for the public so that people do understand. Science is important, but so is the communication.

MS. LEINWAND: Will the recommendations change how private health insurance providers cover mammograms?

AMBASSADOR BRINKER: What we're vitally concerned about is our access issues. How screening science will turn out in four to five to ten years is a subject that we're all going to be looking very carefully at. We are now the largest source of nonprofit funds for breast cancer research and we look very, very carefully at every piece of research that comes out, including screening issues, of course, and preventive-- Anything that we can find, we study and look at very carefully with a really fine, fine group, a scientific advisory committee that we have chaired by Dr. Eric Weiner from Harvard Dana Farber, world class scientists. And we look at this very carefully. Our advocates look at it carefully. So we want to make sure we make measured opinions. Look, it two

took years for the panel to come to their conclusions. We want time to come to our own conclusions and look at it.

MS. LEINWAND: Is the timing of this announcement suspect?

AMBASSADOR BRINKER: You know, panels release figures all the time. I choose not to be suspect about it. People release data all the time, there are thousands of panels every day. So, I would choose to not think that way.

MS. LEINWAND: Are you just being nice?

AMBASSADOR BRINKER: No. I'm not so nice--

MS. LEINWAND: What's Komen's position on health care reform?

AMBASSADOR BRINKER: Well, we're going to take on-- We're focusing on making sure our priorities are included in the final legislation and evaluate them down the line. We're very focused on issues as they affect cancer patients, survivors, the public. And as our organization funds the entire spectrum of breast cancer issues from early screening to end of life issues, we're going to be watching very carefully and we're going to look very carefully.

You know, we are working to insure that there are key provisions, our priorities are improving coverage of screening, banning insurance discrimination for people with preexisting conditions, lowering out of pocket expenses and providing patient navigator services. And this is a very important key part of cancer therapy today. Making sure we have lower cost strategies to insure that people, again particularly low resourced people, are able to navigate their way through cancer therapy units and treatment. It's a very important part, again, on the behavioral side, but extremely important to be able to commit people to accept their therapy and walk through a very complex system.

MS. LEINWAND: Across the board, we've had recent recommendations for less screening for breast, prostate, cervical, skin and colon cancers. Are you concerned this will discourage people who would benefit from screening from seeking it?

AMBASSADOR BRINKER: Yes.

MS. LEINWAND: What do these guidelines mean for real women?

AMBASSADOR BRINKER: The guidelines mean for real women, and I guess as opposed to unreal women (Laughter), what I hope they mean and what we want to encourage every single woman, and man, in America to do is continue what you're doing. Continue to be interactive and proactive with your health care professional, continue to read, to study, to go to well versed and exploratory sorts of websites, very credible cancer centers, National Cancer Institute, our website, wherever, to learn as much as you can and to be as educated as you can. To question your provider.

You know, what we're doing is working. I mean, screening mammography saves lives, so we want people to continue to do what they're doing.

MS. LEINWAND: You seem to have some allies on Capitol Hill, Representative Debbie Wasserman Schultz comes to mind. How are you working with these folks, and what would be your A, number one, priority legislation?

AMBASSADOR BRINKER: I think our A, number one priority legislation would have to be-- Well, I just named the four areas to you. I think that you can't really weight one against the other. These are the four critical issues we believe for breast cancer patients. How we work with members on the Hill is really great. We have a very large bipartisan group of people who have supported us over the years in many ways. What we do seek to do is stay out of partisan politics. It just simply is not what we want to do. Staying in the politics of cancer, and the partisan politics of cancer are very different.

MS. LEINWAND: Are G.E. Health and/or Siemens working with your group on getting more funds for research on new technologies?

AMBASSADOR BRINKER: They're going to.

MS. LEINWAND: Can you explain that further?

AMBASSADOR BRINKER: (Laughter) We need to have in this technology summit that we're going to call, we need to have industry come to the table. We need to have government come to the table. We need to have advocate groups, private insurers. We need to have people who get it, that as technology has benefited almost every possible part of our lives, when you see cell phones that keep regenerating themselves into small-- When you walk through screening units in airports, I just can't be convinced that there's not a better generation of breast and probably prostate and every other kind of screening tool, lung cancer. There has to be a better way.

And we need market incentives, we know, to make it happen. That's what companies are largely interested in. But, these companies are also interested in detecting early disease, that's what they do. So we will be urging them as much as we can to participate in the solutions, to close the technology gap.

MS. LEINWAND: How much of Komen money is going toward research into new detection technologies now?

AMBASSADOR BRINKER: I'm going to ask, perhaps, Liz Thompson, wherever the question came from, who's head of our health sciences. And Liz, correct me if I'm wrong. We just committed \$20 million this year to prevention research, which would include some of that. And I would have to quantify that over the years. We have invested a lot of money. Again, every issue that impacts a breast cancer patient from

screening to end of life, we have made significant contributions and will continue to do so.

MS. LEINWAND: Let me just remind our audience that if you have questions, please write them on the cards and pass them up to me. We're definitely going to have time for more questions. What about advice to get mammography every two years instead of annually? Aren't there cases when breast cancer can spread more quickly before that next mammogram?

AMBASSADOR BRINKER: When I was talking about better, faster, cheaper, more efficient, personalized kind of screening, that's exactly what we're talking about. We know that when we started screening, everyone thought breast cancer was one disease. We know it's many diseases. And that's why we need better technology. We need to be able to locate which tumor in which person has very aggressive features and will likely grow more quickly, and which are rather indolent, or benign. That's really the issue. And so that's exactly-- And whether that is going to occur every year or two years will be decided hopefully in conversation with one's health care provider to say, "You know what? You have a rather indolent tumor, and therefore we could watch it in two years." We don't know. But one thing we do know is we've got to close the technology gap.

MS. LEINWAND: Would you acknowledge that there are instances in which mammography or successful exam has a downside?

AMBASSADOR BRINKER: Sure. I can do that personally. Once you're a breast cancer survivor, and my breast cancer, thank heavens, I think we're always a little nervous about talking about how many disease-free years we've had. But mine is well over 20 years and you still have anxious moments. You're a survivor and most educated women who have access to health care choose to have more rather than less screenings because they want to feel a sense of security. There is always high anxiety when you go for your cancer screenings.

And high anxiety if you have a false positive. We're not arguing with that. But I think largely the women and men that we've heard from in the last week are very much on the side of-- They're grown ups, they can face the anxiety. They'd rather know than not know. Again, I'm sorry to be rather endlessly boring about this, but again it's closing the technology gap. With more information, people can make better decisions and it will create a whole lot less anxiety.

MS. LEINWAND: How can we stop economics from blocking patient care like breast cancer screening?

AMBASSADOR BRINKER: Well, I'm not sure I understand the question other than to say that-- You mean the cost of screening? Or just because of the state of our economy today?

MS. LEINWAND: I think this might be the idea of health care rationing?

AMBASSADOR BRINKER: Well, our role at Susan G. Komen is to continue to insure access. Again, to get the cost of screening so that it can be afforded in a very public health setting, in very much of a public health setting. That is at a lower cost, again, more efficient, quicker, easier, low power source tools. I mean, go try to do a mammogram in Africa in some of the places where we work. It wouldn't be accepted, you couldn't do it. We need better tools.

MS. LEINWAND: What role, if any, do you think the ongoing health care debate had on the newly released guidelines?

AMBASSADOR BRINKER: I don't know that it did. First of all, the panel started up two years ago. I think they were trying to look at scientific, evidence-based science in a primary care setting. These were not cancer physicians, so I think they were trying to react to a set of circumstances and some data and science that they were given. I will say that apparently, I was told by the director of the NIH that some of the study was based on mammographies done with film mammography, which is an older version than digital mammography. And so that we don't yet have the data for digital mammography and if it's more effective, less effective. So I think that we do have some questions and want to find out more about that.

MS. LEINWAND: Has Secretary Sebelius done enough to distance HHS from the task force recommendations? And what should HHS do next?

AMBASSADOR BRINKER: I think Secretary Sebelius has been very responsible in her response to this. We've spoken to her more than a few times and I think this was a difficult issue to have to deal with. She understands, she's been a governor. She understands what it means when something impacts people's lives and how difficult it is to deal with and how important communication is. What was the second part of the question? I'm sorry.

MS. LEINWAND: Second part of the question is what should HHS do next?

AMBASSADOR BRINKER: Well, I think HHS is focused, as we are. We're going to try to do some things together. We're going to encourage them to do some things that we can't do to really focus, again, on the technology issues, on the research, bringing it up sooner. I know Frances Collins is focused on that, getting answers faster, making people aware of where we need to go. And again, focusing on the small amount of money this kind of research requires versus what we are spending on health care overall.

MS. LEINWAND: So there has been so much controversy and most of the outrage falling on your side of the argument. Is there a possibility that this report will just go away, that it will be ignored?

AMBASSADOR BRINKER: No, I don't think things oftentimes just get ignored, but I think it will have to be translated into, again, a public health understanding and setting. I think you can't take recommendations like this and just assume they sit by themselves and the world changes. You have to look at things as to how they really can be translated into care. And again, how not to break a fragile system of empowerment and engagement and people's trust.

So, no, I don't think so. I think there will be more reports from more panels. I think you can look to more scientists releasing more data. I think that's always good. And again, every ten years we have the screening debate. So this year, we'll have another one that will be interesting and a lot will come out. I hope this one will produce a lot more progress than the last one.

MS. LEINWAND: Is there any possibility the taskforce might reverse its opinion on their recommendations?

AMBASSADOR BRINKER: I don't think so. I think they've made the recommendations. I don't know, I haven't spoken to the chairman, but I would assume that they will keep their recommendations. What I do think is they'll engage perhaps more in communicating. I think the rage that has been directed at them has been serious, and I'm glad I'm not a member of the panel, to tell you the truth.

MS. LEINWAND: Can you give us an estimate of how many outraged people have contacted you?

AMBASSADOR BRINKER: Thousands, thousands. We have, I think, 25, maybe 30 thousand people who signed up in the last week to join our actions on our advocacy alliance, which Jenny Luray leads. And our lines are going off the hook in our emails and everything and we expect a giant sort of response to continue.

MS. LEINWAND: What are they telling you?

AMBASSADOR BRINKER: They're telling us that they want to-- The same things. There's fear, there's lack of trust, there's concern. They feel good in the habits they've already established. Many of them feel very comfortable with their health care provider and what they're doing. Again, sometimes fragile people, fragile because they've had a cancer diagnosis and they want to keep up with care that will give them some sense of peace of mind. It may not be a perfect tool, but it's one of the only tools we have.

And then I think, also, it's a real understanding of just the rage that people feel because it's so personal. Breast cancer is a very personal-- All disease is personal, but breast cancer is very personal to women and very sensitive. And people aren't yet comfortable in many circles even saying the words out loud. So that's the kind of level of sensitivity we deal with.

MS. LEINWAND: If the medical experts and government officials can't agree on what is right, how can women decide what to do themselves when they work with their own doctor?

AMBASSADOR BRINKER: I believe that some of the great advances in science have been made with dispute, with discussion, with advocacy, with people disagreeing. And I'm going to remain very optimistic, that the same thing will happen here. I'm going to remain very optimistic that when we convene this technology summit that some real forward progress will come out and that we'll all be able to turn around in a few years and say, "You know what? That was, in a way, a good thing that happened."

MS. LEINWAND: What treatments are showing the most promise?

AMBASSADOR BRINKER: You know, we have such a number of different strategies now. I think the monoclonal antibodies, I think the PARP inhibitors that you just heard about at ASCO this year. I think all of the great advances that you've heard about-- And by the way, I'm proud to tell you that we have funded every single one of them-- are terribly exciting. And they are leading to an era of sort of personalized diagnosis and care. In one way good, in one way a little scary. They're expensive and they're first generation, so it's going to take a while. But what we are praying for in the short-term is seeing breast cancer become a chronic disease so that the lady I met in California is sort of standard rather than someone who's highly unusual.

And I think to keep this focus going and people going, I guess again I have to go back to the number of years I've served in this effort and I can remember very well as a very young woman when President Nixon signed the National Cancer Act, and though it seemed like light years away, we've made significant progress. It's been frustrating, we've had lots of right turns and left turns and lots of non-starters. But I do believe now that we are in the most exciting time of cancer therapy we have ever known.

MS. LEINWAND: Can you talk about the difference between detection and prevention?

AMBASSADOR BRINKER: Yeah, big difference. Detection is, of course, looking at a disease hopefully before it's spread and grown. Prevention, what we're really looking at, is some day being able to extract amniotic fluid from a mother to be able to see what genetic composition the baby may have, and can we retard or protect or manipulate or work-- I won't say manipulate-- Can we engineer genes? Can we do something in prenatal stages so that women and children don't develop these kinds of diseases? I think it's very exciting what we're looking forward to. But it's going to be years until that happens.

We're also really hoping that we can find some blood marker in the short-term. And that's going to be a very difficult-- Yeah, it's difficult right now. We need some kind of blood marker to determine whether a woman might develop this cancer and then be

able to intervene in the growth as soon as we can. That would be the most cost effective way to deal with it.

MS. LEINWAND: If women are denied mammography, what would be your advice to them, by their insurance companies, obviously?

AMBASSADOR BRINKER: Get in touch with Jenny Luray at Susan G. Komen Advocacy Alliance here in Washington. It's Komenadvocacy.org. But seriously, we have ways to explain people's cases and to make sure that we protect people. And this is exactly why we are so focused on access and why we really want to make this a big piece of whatever reform goes forward. We understand it's taken years and years and years to develop access programs that work and make sure we have coverage of screening and banning insurance from denying women care because of preexisting condition and lowering out of pocket expenses. Again, patient navigator services. Again, being a breast cancer survivor, I can tell you what it feels like when you're denied care of coverage, it's scary. And it just can't happen. So, call us.

MS. LEINWAND: Do you agree with Bernadine Healy's comments that this controversy is a precursor to health care rationing?

AMBASSADOR BRINKER: Well, you know, Dr. Healy is a fine physician and that is her opinion. We focus our efforts in looking at, really, reform and, again, what we can do for the cancer patient. We're not going to characterize what anybody else says or get into partisan politics. We're going to stay where we are in the politics of what we're dealing with, advancing the interests and the protection of breast cancer and cancer patients.

MS. LEINWAND: What can we expect to see during the next couple of weeks as this discussion continues?

AMBASSADOR BRINKER: Well, a lot more emails to our office. (Laughter) What I think you'll see is the beginnings of a very healthy engagement and debate by health care leaders, particularly cancer leaders. We will be in serious discussion with HHS, with NIH, with other advocacy organizations. We'll be working on convening our tech summit. I think you'll see a lot of discussion behind the scenes and you'll continue to hear a lot of advocacy going forward from people.

MS. LEINWAND: What would be the single most important get for you in health care reform?

AMBASSADOR BRINKER: Single most important get? I think it's hard to say, but this sort of package of what we're asking for because we, among ourselves in watching the data, we don't do things, honestly, unless we look very closely at what we're doing and what we believe the key issues. And I think the most important get is the four areas we've taken on to advocate for this year. Because we believe and know at the end of

the day, those are going to be the most important things in the near term for breast cancer patients.

MS. LEINWAND: Okay, that does it for our questions, unless there are any reporters here that have something that hasn't been answered? Everybody okay? All right Well, let me remind our members of our future speakers. November 30th, we have Prince Albert II of Monaco who will address a National Press Club luncheon. On December 4th, Joy Zinoman, Artistic Director and Cofounder of Studio Theatre. December 8th, Gary Knell, President and CEO of the Sesame Street Workshop. I hear he's going to be bringing characters. The early report was Grover, perhaps. Second, I would like to present our guest with the NPC mug. (Applause)

AMBASSADOR BRINKER: Does this mean I've been mugged?

MS. LEINWAND: You've been mugged. I'd like to thank you all for coming today. I'd also like to thank National Press Club staff members Melinda Cooke, Pat Nelson and Joann Booz for organizing today's speaker. Special thanks to Melissa Charbonneau for also organizing today's speaker. Also, thanks to the NPC Library for its research. The video archive of today's speaker is provided by National Press Club Broadcast Operation Center. Our events are available for free download on iTunes, as well as on our website. Nonmembers may purchase transcripts, audio and videotapes by calling 202-662-7598, or emailing us at archives@press.org. For more information about the National Press Club, please go to our website.

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