

A Large Mission

**An Interview with Nancy G. Brinker,
Founder and Chief Executive Officer, Susan G. Komen for the Cure**



EDITORS' NOTE *Ambassador Nancy G. Brinker is one of the primary leaders of the global breast cancer movement. Her journey began with a promise to her dying sister, Susan G. Komen, that she would work to end the shame and hopelessness caused by this disease. Brinker founded Susan G. Komen for the Cure® in 1982, which is now the world's largest grassroots network of breast cancer survivors and activists fighting to save lives and energize science to find the cures. In 1983, she founded the Susan G. Komen Race for the Cure® and she pioneered cause-related marketing, allowing millions to participate in the fight against breast cancer through businesses that share Komen's commitment to end the disease. Susan G. Komen for the Cure's advocacy for breast cancer survivors led to new legislation and greater government research funding, and to date, virtually every major advance in breast cancer research has been touched by hundreds of millions of dollars in Komen for the Cure funding. In 2009, President Barack Obama honored her with the Presidential Medal of Freedom and she was named Goodwill Ambassador for Cancer Control for the United Nations' World Health Organization. In 2008, Brinker was named one of TIME magazine's "100 Most Influential People." In 2008, President George W. Bush appointed her to The Kennedy Center Board of Trustees.*



*Nancy G. Brinker,
Suz and Nan bug (right)*

ORGANIZATION BRIEF *Susan G. Komen for the Cure® (www.komen.org) is the global leader of the breast cancer movement, having invested more than \$1.9 billion since its inception in 1982.*

How was Susan G. Komen for the Cure created and what is the breadth of work you're focused on?

My sister, Suzy, and I had a childhood of real service. We ran our first benefit in our backyard for our friend who had polio – I was five and she was eight.

In 1977, when Suzy developed breast cancer at age 33, there was a climate of unbelievable silence; there were no breast cancer organizations, only larger cancer organizations that weren't answering the needs of these women who had no forum at which to talk about this disease. Also, at that time, there were

only eight or nine pharmaceuticals on the shelf to treat breast cancer and they weren't specific enough. Furthermore, the diagnostics didn't even exist to allow for a full understanding of what was being treated. No one really understood cancer biology.

There was a huge number of people who didn't even know what breast cancer was even though during the period of the Vietnam War, in which 59,000 Americans died, 339,000 women died of breast cancer related disease.

We saw the weaknesses in the system. People didn't know how little money was going to research at the time – only \$20 to \$30 million of support for breast cancer research was coming to the National Cancer Institute, which was fairly new at the time.

Today, knowing what we know, it isn't useful to just fund research; to say you're helping one woman at a time is not enough. You need to fund the research, but also to make sure that as you're doing that, the clinical changes are occurring. You have to find ways to get people treatment, especially in the underserved, low-resource communities. We always felt we needed to create a local community model. One might say that is the government's or a health care provider's responsibility, but patient advocacy has to stretch all the way through that process.

One night, I had a dream and saw all these women in pink moving forward, like warriors, towards a goal. I woke up the next morning and said, this is a race.

So in 1983, a small advertising agency in Texas helped us coin the phrase, "Race for the Cure."

If you don't saturate a culture with what you're doing and keep it up at the top of the political and private sector agenda, then you will not get where you want to get.

It's always helpful to support research, but it's not enough to do that; if you want to eradicate death by disease, you have to involve every sector of society. To that end, we have more than 120 affiliates throughout America, all of whom are grassroots based organizations who leave 75 percent of what they raise in their communities, focused on low resource people. So they provide education, screening, and some treatment, while 25 percent of what they raise goes back into our national grant pool. Out of

that pool alone, we have invested over \$610 million in research. In total, Susan G. Komen has returned more than \$1.9 billion to this cause.

We are strongly committed to our approach. It's difficult to do what we're doing, but we know it works. *The New England Journal of Medicine* published a report that these awareness activities that we launched in 1982 and 1983 have worked. We've gained the support of politicians and the public the world over – we have a strong advocacy arm in Washington and a very strong new global effort, and we're in 50 other countries. So we have hundreds of thousands of people in our network and we have a very well developed Web site, and the ability to reach out to people on seven continents.

Our Komen Race for the Cure series spans 140 Races in America and around the world – that is one of our major fundraising efforts. We also have the Komen 3-Day for the Cure walk and Marathon for the Cure in select cities.

We are having an impact. When Suzy was diagnosed, the five-year survival rate of very early breast cancer was 74 percent; today, that number is almost 98 percent. We have helped almost eliminate death from early breast cancer.

With all of the progress that has been made, do you feel we are closer to finding a cure?

I believe we're about halfway there. For 20 years, most of our research funding went to cancer biology. Now we're focusing only on taking that biology and moving it toward a translational component.

This year, we gathered 50 of what we believe to be the best breast cancer scientists in the world. They will be compensated largely for the development of big ideas. We now give large promise grants, like funding the first tissue bank from asymptomatic young women who volunteer their breast tissue so we can see what normal tissue looks like and how it evolves.

It is a large organization with a large mission and we have complete faith that after all these years, we're doing things the right way.

When does the work end?

There is no exit. The board asked me to take over as CEO to shape and fashion the organization because we're all working on the 2020 plan, and I want to significantly increase fundraising so we can be in a position to help institutionalize new therapies.

It's going to take a lot of advocacy with this new health care reform – we have our hands full. ●