

NCI 2007 PRE-OP THERAPY IN BREAST CANCER  
2 INTRO 2\_DOROSHOW, ROBERTS

[NOTE: Conference also covers local-regional therapy.]

DR. DOROSHOW: Thank you, thank you, Julie. It's a real pleasure to welcome this really quite remarkable group of individuals to come together to discuss the issues surrounding the data that have come to the fore over the last decade in the area of preoperative systemic therapy for breast cancer.

And we encourage all of you to be as open and as frank as possible, because the goals of this conference really are to assemble you together to think clearly and carefully and deeply about the data, and then to help us, working together as a community of investigators, to frame the goals for the next set of questions, the next set of clinical trials that you as investigators around the country and around the world will evaluate with respect to preoperative and systemic therapy for women with breast cancer.

With those goals in mind, and with the notion that we need to get started, I think, it is my really great, great pleasure to introduce our next speaker, Cokie Roberts. Cokie, as you all know, is well known throughout the world for her roles both as a senior news analyst at NPR and as a senior political correspondent for ABC News.

But, those of you in the audience who don't know may not realize that she is also an author of many, many books, the most recent of which, titled *Founding Mothers*, really characterizes the struggle of an incredible group of individuals who were essential as much as the men in the valiant struggle that led to the success of the American Revolutionary War.

And I think it's in that context that you have to understand her long-standing commitment to women's health issues, and her commitment to not only all of the investigators that have spent their lives dedicated to women's health issues, but also to our patients and our

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advocates, without whom we would not be here today, because we would not have the wherewithal to inform the clinical trials that you will be discussing and that will make it possible to answer a new set of questions regarding preoperative systemic therapy for breast cancer. So it's my really great pleasure to introduce Cokie Roberts.

COKIE ROBERTS: Well thank you very much. It's a great treat for me to be here. I must say, coming to the Natcher Building... I covered Bill Natcher for many years. He was this very courtly gentleman whose big claim to fame was that he showed up for every single, solitary roll-call vote in the House of Representatives. I mean, why? No one can explain this to you. And he, you know, he answered something like 11,000 roll calls, and on, you know, very important issues like the approval of the journal.

And Sil Conti, who was his... Natcher was the chairman of the Subcommittee of Appropriations -- Sil Conti was the ranking member -- this is when the Democrats always had Congress. And Conti said to him, "Bill, I'm not coming to your funeral". This is the way members of Congress talk to each other. And Natcher said, "Why, Silvio? Why are you not coming to my funeral"? And he said, "Because you're not coming to my funeral. You're going to be there answering some damn roll-call and not coming to my funeral." And, in fact, that was true.

Driving around this campus is sort of a trip down Memory Lane -- looking at all the names of the buildings -- [be]cause they're all named after members of the Appropriations Committees. Appropriately so. My own mother was a member of the Appropriations Committee, Lindy Boggs -- and I'm happy to say she's still with us -- so there's no building named for her.

But in fact, the reason I can't stay for the whole conference today is that she will be coming up here. She's 91 years old and she's living in New Orleans, our hometown. And she went back there after Katrina. My mother's home is on Bourbon Street. And if

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you've been to Bourbon Street, you have been to my mother's home. It is not like out someplace, you know. It's right smack-dab in the middle of all of the honky-tonk on Bourbon Street. And when my children were small I used to, you know, walk past the strippers and the other neighbors and say, "through the hills and over the woods to grandmother's house we go". And then, then after she retired from Congress, she took a job at the age of 81 in a new country, as the United States Ambassador to the Vatican, which we all thought was this wonderful capstone to a career in public service.

But then what happened in this country happened, and my mother found herself representing Bill Clinton to the Pope. So it turned out to be the hardest job in the diplomatic service. But when she moved from Bourbon Street to the Vatican, I teased her that the costumes had not changed -- it was still men in dresses. But she is now back there and trying to keep the city together, post-Katrina. But as I say, because she is coming up here today -- a friend is bringing her up here for Passover and Easter, both of which we celebrate in our house -- I have to leave here and meet her, because traveling at 91 is not all that easy. It's not all that easy at any age, and it's particularly not easy at 91.

But I am sorry to have to leave because I am so thrilled to be here. It is really a treat and an honor for me to be among all of you whom I have read about and read the words of and respected and admired for a very long time. Also, it would be incredibly ungrateful for me not to be here because Dr. Jo Anne Zujewski and Dr. Sandy Swain have kept me alive. And I am unbelievably grateful for the medicine that has been practiced here, and the fact that I'm here to be at this conference.

But, also, I feel like I am kind of in on the beginning of something. And Dr. Doroshow was nice enough to mention my book, *Founding Mothers*. Doing the research for that book was incredibly difficult. And I am now writing a sequel, where it's equally difficult, because the primary documents just aren't there, or they're very hard to find because people didn't care what women thought in the eighteenth century or nineteenth

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century or twentieth century. And so getting the materials is just very, very hard. So to be at a place where the materials are becoming generated -- the primary sources are coming into being -- is to me a very exciting thing.

It's also true, of course, that this conference, as you heard, has been planned for well more than a year, and the email traffic has been quite remarkable. But, a funny thing -- or not so funny thing, obviously -- has happened on the way to this conference -- and not at all funny for Elizabeth Edwards. But her diagnosis has made the subject something that the whole country is now talking about. Many of you, particularly Dr. Carey, have been in front of their cameras and microphones for the last few days and learned, of course, the great joys of that.

It is a mixed blessing of course, as Dr. Winer said on *This Week* yesterday -- I'll just put a little ABC plug there... It is also a teaching moment -- so that's the good part. The bad part, of course -- and I know this makes you all crazy -- is, we get so much wrong. And I know that that is incredibly frustrating. But you're kind of stuck with us, in the breast, because we're the way the information gets out, for the most part. Most people, other than scientists and people in the community, are not reading the medical journals, which also gets some things wrong.

So we are... we are the intersection between you and the public. And I think that's one of the reasons that having this open conference is such a good idea. Particularly having the patient advocates here. Because, again, they are often the intersection between the scientific community and patients. And for me, part of this teaching moment is to talk about the effectiveness of advocacy, again, as Dr. Doroshow said. Because all of the work that you are doing that's saving all of our lives would really not be possible without the resources.

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And a lot of those resources come from the advocacy. I discovered this one fine day. I became an advocate against breast cancer long before I was ever diagnosed with breast cancer. It happened one day when I was in a funeral home here in Washington. And one good friend was in a room on the left, and another good friend was in a room on the right. And one was in their 40's, one was in her early 50's. They left behind between them nine children. They have never met their grandchildren, most of whom had turned out to be nice children, if not all.

And they... it made me furious. I just got angry and started advocating. And I discovered at that point... this was early 1992. At that point all of cancer and all of heart research combined received less funding than AIDS. And why was that? Advocacy. The AIDS community, thank God, had gotten very involved and had lobbied Congress incredibly effectively, and had gotten vast sums of money appropriated. Obviously, they help all of us -- we're talking about the immune system.

But then people learned from that lesson. Particularly, women learned from that lesson and started all of the wonderful organizations that I know sometimes make you a little crazy; and sometimes you make them a little crazy. But the organizations that have really made a difference in terms of breast cancer and the funding for breast cancer, because, of course, the research does follow the dollars. So now here we are to learn what the research is on pre-op versus post-op therapy. And we are going to find out what it reveals, not only about the therapy, but probably about breast cancer itself.

As Dr. Winer explained to me, that the importance of this research comes, in part at least, from the fact that as went the breast, so went the patient -- that the response of the tumor told a lot about the long-term outcome for the patient.

By the way, "patient" is a word I hate. Not one of us is patient, particularly those of us who have been diagnosed with a dread disease. We are not patient. We are eager for you

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to keep pedaling as hard as you can possibly pedal on this research, to end, in the end, this epidemic of breast cancer.

So, I am honored to be here. I am very interested to hear what you have to say. And I will be back at the last panel tomorrow to moderate the audience Q&A. And I will be sitting here now listening eagerly to what you have to say. Thank you so much for having me here.

DR. JO ANNE ZUJEWSKI: OK, I'm going to do another little administrative announcement. Thank you, Cokie. It was a wonderful to have you, a very special guest today.

Some of you who were here right before eight o'clock saw me plug a research project for a Ph.D. dissertation student, and I'm going to do it again, because it's a pre-test and a post-test situation, so those of you who have come in late and didn't hear my earlier announcement -- her Ph.D. project is to develop a survey for continuing medical education.

And what we'd really like you to do before the conference gets started is to take out the pink sheet of paper, which is a pretest, and fill it out -- that should take you less than five minutes. There's a consent form if you haven't heard me describe it -- it just sort of explains it's an IRB-approved low-risk study where we're looking at pretest and posttest.

And this is Jiang Tian. If you have any questions, she'll be here to answer questions about the consent or to help you with the test or whatever it is that you need to get done. And, having said that, we're going to be opening Session number 1. And I'll turn it over to Julie and Eric.