

AVON Walk for  
Breast Cancer 2007

WASHINGTON, D.C. | May 5–6

BOSTON | May 19–20

CHICAGO | June 2–3

DENVER | June 23–24

SAN FRANCISCO | July 7–8

LOS ANGELES | September 15–16

NEW YORK | October 6–7

CHARLOTTE | October 20–21

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New for 2008

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*partnerships* for a cure

THE AVON-NCI  
PROGRESS FOR  
*patients*  
AWARDS PROGRAM

A PRIVATE-PUBLIC PARTNERSHIP OF THE AVON FOUNDATION, THE FOUNDATION FOR NIH, AND THE NATIONAL CANCER INSTITUTE

*“Every year when I celebrate this holiday [Thanksgiving] one of the things I am most thankful for is your research and having been a part of it. I believe that your research saved my life.”*

*Sherri Jackson, cancer survivor*

For more information about breast cancer and clinical trials, call the NCI Cancer Information Service (CIS):

**1-800-4-CANCER**  
**(1-800-422-6237)**

Or visit the NCI Web site at [www.cancer.gov](http://www.cancer.gov).

Click on the *LiveHelp* link to instant message with a CIS cancer information specialist.

For more information about the Avon Foundation and its women's health and empowerment programs, visit [www.avonfoundation.org](http://www.avonfoundation.org).

Information about the Foundation for the National Institutes of Health is available at [www.fnih.org](http://www.fnih.org).

## INTRODUCTION

After 55 projects and an investment to date of \$29 million, the Progress for Patients Program has changed the way breast cancer research is conducted. The program is an innovative public-private partnership launched in 2002 by the Avon Foundation (Avon), the National Cancer Institute (NCI) Cancer Centers Program and the Specialized Programs of Research Excellence (SPOREs), as well as the Foundation for the National Institutes of Health (FNIH). The spirit of collaboration between the federal government and a non-profit organization has trickled down from organization leaders to the academic professors managing research programs.

Progress for Patients has fostered collaboration by 90 investigators representing 30 institutions. Over the past 5 years, many of the scientists and doctors involved found that collaborating across institutional and geographical borders was a more

efficient way to conduct breast cancer research. In 2006, these innovators created the Translational Breast Cancer Research Consortium, a formal structure through which to continue their collaboration. The program is testing a number of molecules or substances in breast cancer patients that could serve as biomarkers for early detection, response to therapy, or disease progression. Hundreds of women have volunteered to participate in clinical trials testing the latest innovations in prevention, treatment, and early detection of breast cancer. Most meaningfully, a few clinical trials have moved from early-stage testing to the next phase. One example is a phase II multicenter trial developing new ways to treat “triple negative” breast cancer, which is not responsive to standard therapy (such as tamoxifen, aromatase inhibitors, or Herceptin).

## Information

Progress for Patients is one award mechanism that the NCI, Avon, and the FNIH use to accelerate research in breast cancer, to help patients more quickly, and to enhance translation of laboratory discoveries as rapidly and safely as possible. The program serves as a model of effectiveness and efficiency for the NIH Roadmap for Medical Research initiative (<http://nihroadmap.nih.gov>). Keep watching for continuing results and success as we work together to make Progress for Patients fighting breast cancer.

This publication describes the most recent projects of the Progress for Patients Program fostered by the NCI, Avon, and FNIH partnership.

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For more information about the Avon Foundation and its women's health and empowerment programs, visit [www.avonfoundation.org](http://www.avonfoundation.org) or call **1-866-505-AVON**.

Information about the FNIH is available at [www.fnih.org](http://www.fnih.org).

### SUMMARY OF AWARDS 2002–2006

	<i>Projects</i>	<i>Participating Institutions</i>	<i>Total Funding</i>
Treatment Studies	29	26	\$ 15,826,821
Prevention Studies	7	8	\$ 3,829,578
Early Detection, Diagnosis, Prognosis, and Prediction Studies	19	26	\$ 10,911,662

*“Avon is proud to be a leader in public-private partnerships, working with the National Cancer Institute and the Foundation for NIH to accelerate the delivery of breast cancer research discoveries to patients.”*  
*Andrea Jung, Chairman and CEO,*  
*Avon Products, Inc.*



## CLINICAL TRIALS

*"I consider it a privilege to be able to participate in a trial. Of course, there is always the hope that access to an innovative, new therapy might improve my personal outcome—but just as important to me is the opportunity to help advance treatment so that others, like my own teenaged daughters, may have more and better options in the future. Being part of a trial makes me feel that I am doing something concrete to help in the fight against cancer."*

*Joann Feldman Lawrence,  
metastatic breast cancer survivor*

## Prevention Studies

### **Breast Cancer Risk Counseling for African American Women (funded 2006)**

*Chanita A. Hughes-Halbert, Ph.D., Abramson Cancer Center  
of the University of Pennsylvania*

Many African American women may be unaware of the link between obesity and breast cancer, although each year thousands of African American women are diagnosed with the disease. This study will enroll African American women who are at increased risk of developing breast cancer because of a family history in at least one first-degree relative. The women will participate in a risk-counseling program to educate them about obesity reduction behaviors (e.g., physical activity and diet) and will be followed up by telephone to assess their obesity reduction behaviors.

*“Avon-NCI PFP awards have brought researchers together from all over the country to work together with the common goal of preventing and curing breast cancer...The Avon-NCI PFP partnership has not only made a huge difference in bringing clinical trials forward but has also gotten breast cancer researchers to realize how much can be accomplished when we work together (rather than what we did in the past, which was working alone and competing instead of collaborating).”*  
*Victoria Seewaldt, M.D.,  
Duke University*

*“As a woman at high risk for breast cancer (and an ovarian cancer survivor), I am excited about the prospect of a blood test that could be used with mammography to detect breast cancer in its earliest stages. If my mammogram looks fine but a blood test indicates potential cancer, I can get further diagnostic testing and potentially treat the cancer in its earliest stages—when it is most curable. I want all the tools possible to live a long life and hope that my six-year-old daughter will see the day when a simple blood test can detect breast cancer.”*

*Shannon Marsh, ovarian cancer survivor*



## Early Detection, Diagnosis, Prognosis, & Prediction Studies

### **Improvements in Ultrasound Tomography for Characterization of Breast Masses (funded 2006)**

*Neb Duric, Ph.D., Wayne State University*

Despite great progress in the detection, diagnosis, and treatment of breast cancer, major limitations remain in the use of mammography for breast imaging. Mammography is associated with very high false-positive rates, resulting in too many biopsies. Conversely, in women with dense breasts, mammography has a high false-negative rate, leading to many missed cancers. This study has the long-term goal of improving breast imaging. Its objective is to demonstrate the potential of the Computerized Ultrasound Risk Evaluation (CURE) prototype developed by the investigators. In a preliminary study, CURE was shown to detect and characterize breast masses greater than 15 mm in size. The investigators hypothesize that CURE is capable of detecting and characterizing the full range of breast masses, including those smaller than 15 mm, using ultrasound-guided biopsy. They will test this hypothesis by imaging 40 patients using an upgraded CURE prototype. The study will also evaluate the use of DTPA

(diethylenetriaminepentaacetate), a contrast agent, to improve the ability to measure the characteristics of small breast masses. If CURE can detect and characterize all breast masses that are normally biopsied under ultrasound guidance, it will be possible to assess CURE's potential impact on reducing the biopsy rate for benign (noncancerous) masses.

### **Monitoring Response to Neoadjuvant Chemotherapy by the Use of Breast Proton MR Spectroscopy (funded 2006)**

*Lia Bartella, M.D., M.B.Ch.B., F.R.C.R., Memorial Sloan-Kettering Cancer Center*

Choline, a B-complex vitamin, is a biomarker for cancer. Patients with breast cancer have elevated levels of choline. This study is based on the hypothesis that changes in choline concentration detected by breast proton magnetic resonance spectroscopy (1H MRS) at 1.5 T will enable early prediction of tumor response in women with adenocarcinoma of the breast treated with neoadjuvant chemotherapy. A pilot study using 4-T scanners, a type available only at research institutions,

showed that 1H MRS could predict therapeutic response as soon as 1 day after the start of chemotherapy, but most hospitals and health care providers use a different type of magnetic resonance imaging (MRI) scanner. This study aims to show that changes in choline concentration could also be detected by the more commonly available 1H MRS at 1.5 T. This study will involve 115 patients with breast cancer for whom preoperative chemotherapy is planned. Patients will receive MRI examinations before starting chemotherapy, midway through treatment, and immediately before surgery. The patients will also undergo two additional MRI examinations at 24 hours after and 1 week after initiation of chemotherapy. 1H MRS will be performed during each of the MRI examinations. If the data show that 1H MRS at 1.5 T enables early prediction of tumor response to neoadjuvant chemotherapy, women with breast cancer will have a noninvasive tool that can help their oncologists optimize treatment. The ability to predict tumor response early (1 day to 1 week) after chemotherapy begins will potentially spare women from undergoing toxic and ineffective chemotherapy regimens.

*"...as a result of the funding provided by the Avon Foundation and the NCI, we have designed a trial that is currently testing the effectiveness of a type of targeted treatment in this [basal-like] subtype of breast cancer."*

*Lisa Carey, M.D., University of North Carolina at Chapel Hill*

### **Type I $\gamma$ PIP Kinases as Biomarkers for Breast Cancer Progression (funded 2006)**

*Richard Anderson, Ph.D., University of Wisconsin*

*Paul P. Carbone Comprehensive Cancer Center*

A body of scientific evidence supports the hypothesis that members of a family of four enzymes within the body (type I $\gamma$  phosphatidylinositol-4-phosphate 5-kinase [PIPKI $\gamma$ ]), which are responsible for certain cellular functions, play a role in cancer progression. Scientists found from gene splicing experiments that PIPKI $\gamma$  splice variants are key, unique biomarkers for breast cancer progression. In this study, through a series of analyses using 438 samples of archived breast

cancer tissue, the researchers will validate which of the PIPK1 $\gamma$  splice variants correlate with known markers of breast cancer progression. In the second stage of the study, the researchers will apply their findings to investigate PIPK1 $\gamma$  content and splice variant expression in a large breast tumor tissue microarray corresponding to 4,150 breast tumor cases. This work will constitute the beginning of a long-term study to relate PIPK1 $\gamma$  to progression of epithelial tumors (the most common tumor type, including breast cancer). This approach is designed to yield information that will link underlying cellular mechanisms to breast cancer cell progression and metastasis.

*“Collaboration means that we share and thus maximize our resources and draw on institutional strengths from all participants.”*  
*Nicole Urban, Sc.D., Fred Hutchinson Cancer Research Center*

### **Comparative Study of Breast Cancers and Their Risk Factors Among Mexican Women in Mexico and the U.S. (funded 2006)**

*Maria Elena Martinez, Ph.D., Arizona Cancer Center*

*Melissa Bondy, Ph.D., Breast Cancer SPORE at University of Texas M.D. Anderson Cancer Center*

This partnership between researchers at the Arizona Cancer Center (U.S.), the University of Texas M.D. Anderson Cancer Center (U.S.), the University of Sonora (Mexico), and the University of Guadalajara (Mexico) is aimed at delineating the differences in premenopausal and postmenopausal patterns of aggressive breast cancer between Mexican women and women of Mexican descent living in the United States. The investigators will conduct a case-by-case comparative study in 450 women of Mexican descent diagnosed with breast cancer in the United States and in Mexico, comparing profiles of tumor markers, including the ones known to have prognostic/predictive clinical importance, and assessing whether differences in markers are more pronounced in postmenopausal than in premenopausal women. If such differences are

identified, the researchers will investigate whether they are at least partly explained by factors associated with behavior specific to U.S. culture, including low parity, late age at first birth, adult weight gain pattern, waist circumference, and body mass index. In addition, the project will offer a unique cross-training opportunity in molecular and clinical oncology and provide better understanding of socio-cultural issues related to quality of care for Mexican American women in the United States and Mexican women in Mexico.

### **Early Assessment of Response to Targeted Breast Cancer Therapy (funded 2006)**

*Hannah M. Linden, M.D., Fred Hutchinson Cancer  
Research Center*

The ability to identify molecular targets, such as the estrogen receptor (ER) and *HER2neu*, and to tailor treatment to these targets in tumors is a major advance in breast cancer treatment. Potent, targeted agents with low toxicity, such as aromatase inhibitors (AI) and trastuzumab, have significantly improved outcomes. However, patients are usually exposed to

months of treatment before their doctors can determine how well or poorly the therapy is working. Thus, measuring a woman's response to targeted therapy earlier in her treatment is an important need. One way this can be done is with biopsy. Analysis of biopsy tissue can indicate a positive response as early as 2 weeks after the start of treatment. But biopsy is invasive, not practical for many disease sites, and subject to significant sampling errors. The investigators propose to complement biopsy with positron emission tomography (PET) to measure response after 2 weeks of targeted therapy. This work builds upon previous results based on sophisticated PET studies to evaluate response to therapy and survival. Preliminary data support the ability of a combination of 18F-16 $\alpha$ -fluoroestradiol (FES) PET and 18F-fluorodeoxyglucose (FDG) PET to measure early response to targeted therapy. In this study, patients initiating treatment on either AI or trastuzumab will undergo standard baseline staging imaging with FDG PET and, if patients have ER-bearing tumors, with FES PET. Following 2 weeks of single-agent treatment, patients will receive a repeat core biopsy and FDG PET to assess early response. The findings will enhance understanding of the mechanism of

tumor response and identify strategies to target tumor resistance. Results from this work could also establish a role for early use of PET to identify tumors destined to fail to respond to therapy, indicating a need to change treatment. Because FDG PET is already in routine clinical use for breast cancer patients, these results could be translated immediately into clinical trials and practice.

*“With its goal of increasing the number of early-phase clinical trials for new breast cancer interventions, the AVON-NCI Progress for Patients Awards Program is clearly dedicated to more rapidly delivering our best science to patients. The program is also proof of what can happen when the public and private sectors develop partnerships that leverage both resources and scientific knowledge.”*

*John Niederhuber, M.D., Director,  
National Cancer Institute*

### **Multiplexed Assay for Early Detection of Breast Cancer (funded 2006)**

*Anna Lokshin, Ph.D., University of Pittsburgh Cancer Institute*

Mammography misses approximately 10% of early cancers in postmenopausal women and up to 40% of cancers in premenopausal women. In addition, 70–80% of breast biopsies taken from patients with abnormal radiographic images are benign due to false-positive mammograms. Additional detection methods are needed to (1) identify breast tumors at early, ideally preinvasive, stages; (2) detect breast cancer at close to 100% sensitivity; and (3) provide a substantially higher degree of specificity than mammography provides. To help meet these needs, this study is focused on designing a prototype multimarker assay panel for early detection of breast cancer. The proposed multiplexed assay is based on nipple aspirate fluid either alone or in combination with serum. If validated, such an assay could provide a more sensitive and accurate means for detecting breast tumors at an earlier stage than mammography and help to reduce the instances of missed or misdiagnosed cancers that occur with mammography.

*“The Avon-NCI Progress for Patients (PFP) partnership provides funding for an inter-SPORE collaborative validation study....Our goal is to validate plasma and serum markers that may complement mammography in early detection of breast cancer in high-risk women.”*

*Nicole Urban, Sc.D., Fred Hutchinson Cancer Research Center*

**Estrogen-DNA Adducts in Urine and Breast Fluid as Biomarkers of Breast Cancer Risk (funded 2006)**

*Ercole Cavalieri, D.Sc., Eppley Cancer Center at the University of Nebraska Medical Center*

*Sandhya Pruthi, M.D., Mayo Clinic Cancer Center*

This study is based on the assumption that initiation of breast cancer occurs by specific reaction of the hormone estradiol with DNA, forming DNA adducts.

These in turn generate mutations, ultimately leading to breast cancer. Estradiols are significantly more abundant in urine and nipple aspirate fluid (NAF) from women with breast cancer compared to women without breast cancer. Investigators are planning to identify and quantify the estrogen metabolites, estrogen-glutathione conjugates, and depurinating estrogen-DNA adducts in urine, serum, and NAF from control and high-risk women and women with breast cancer. In addition, they are examining the modulating effects of hormonal therapy on estrogen metabolism in women with breast cancer by analyzing urine, serum, and NAF obtained before and after treatment (tamoxifen and anastrozole). Analyses of urine, serum, and NAF may identify biomarkers of breast cancer risk, whereas the analyses of breast cancer patients should demonstrate that both tamoxifen and anastrozole could reduce the formation of catechol estrogen quinones and/or their reaction with DNA, presumably reducing the likelihood of recurrence of breast cancer.

*“During the past five years, the Dana-Farber/Harvard SPORE in Breast Cancer and the Dana-Farber/Harvard Cancer Center have received eleven Progress for Patients (PFP) grants. These PFP grants have supported early-phase, frequently highly novel, clinical trials of new drugs or treatment strategies....All of this productivity and discovery would surely not have happened in remotely the same time frame were it not for the partnership of Avon and the NCI.”*

*J. Dirk Iglehart, M.D., Dana-Farber  
Harvard Cancer Institute*

*“The trial offered me access to this amazing new drug, lapatinib, which shrank my tumor by more than 75%, with very few side effects....”*

*Sue Perlo, cancer survivor*



## Treatment Studies

### **A Phase II Study of Trastuzumab and Lapatinib in *HER2*-Positive Metastatic Breast Cancer, with Biomarker Discovery (funded 2006)**

*Eric P. Winer, M.D., Breast Cancer SPORE at Dana-Farber/  
Harvard Cancer Center*

*Jenny C. Chang, M.D., Breast Cancer SPORE at Baylor  
College of Medicine*

This phase II study aims to define potential biomarkers of response to trastuzumab and lapatinib treatment in patients with *HER2*-positive metastatic breast cancer. (Trastuzumab and lapatinib are both biological therapies that block growth factor signals to breast cancer cells but by different means.) Two groups of metastatic breast cancer patients will be evaluated. One group has never received trastuzumab therapy. The other group has received at least one course of treatment containing trastuzumab but did not respond to it, and these patients are now receiving second-line treatment with a combination of trastuzumab and lapatinib. Both groups will undergo biopsies of their tumors and positron emission tomography scans to monitor

tumor response. By analyzing the biopsy specimens, the researchers will determine whether the expression of any of several proteins associated with tumor growth is inhibited by treatment with these biological therapies and, thus, whether any are good biomarkers that can be used to indicate response to therapy or disease progression.

### **Predicting Response to Platinum in Triple-Negative Breast Cancers: A DNA Damage Repair Assay (funded 2006)**

*Judy E. Garber, M.D., M.P.H., Dana-Farber/Harvard  
Cancer Center*

A small group of breast cancer tumors are referred to as “basal-like.” This tumor subtype is most often “triple negative,” meaning that it is negative for the estrogen receptor (ER), negative for the progesterone receptor (PR), and *HER2*-negative. Basal-like tumors, which are more difficult to treat than other tumors, share many properties with another breast cancer subtype—*BRCA1* tumors—including response to the

DNA-damaging chemotherapy agent cis-platinum. Previous studies by these investigators have shown that cis-platinum is very effective in triple-negative breast cancers as a single agent. This study evaluates the combination of cis-platinum and the targeted therapy, bevacizumab, in newly diagnosed triple-negative tumors as neoadjuvant therapy (before surgery). Before treatment begins and at the time of surgery, the investigators will obtain tumor biopsies from patients for the purpose of research measurements. They will then analyze tumor tissue characteristics to ascertain whether triple-negative breast cancer responds to the combination of chemotherapy plus biological therapy. These studies will complement other clinical experience by the same researchers to help find the best treatment for this refractory tumor type.

*“The Avon-NCI PFP partnership has been absolutely instrumental in moving promising new drugs and laboratory findings into the clinic.”*  
*Eric Winer, M.D., Dana-Farber  
Harvard Cancer Institute*

### **MPA Revisited: A Phase II Study of Anti-Metastatic, Anti-Angiogenic Therapy in Postmenopausal Patients with Hormone Receptor–Negative Breast Cancer (funded 2006)**

*Kathy D. Miller, M.D., Indiana University Cancer Center*

The expression of metastasis suppressor genes (MSGs), such as *Nm23*, is reduced in highly metastatic tumors, and transfection of MSGs significantly reduces metastatic potential. For these reasons, MSGs might represent excellent molecular targets for therapeutic development. Studies suggest that an old drug, medroxyprogesterone acetate (MPA), increases *Nm23* expression and, by increasing thrombospondin (TSP-1) and plasminogen activator inhibitor (PAI-1), inhibits angiogenesis (development of blood vessels) in both estrogen (ER) and progesterone (PR) receptor–negative breast cancers. This hypothesis will be tested in a sequential cohort phase II clinical trial to evaluate the clinical and biological activity of single-agent MPA or MPA in combination with metronomic chemotherapy in postmenopausal women with hormone receptor–

negative advanced breast cancer. Metronomic regimens are low dose and anti-angiogenic. Previous trials of MPA reported significant inter-patient variability in drug exposure with trough, or lowest, drug levels significantly higher in responding patients. In this trial, the dose based on trough MPA concentration will be adjusted to maximize potential efficacy. The primary objective of the study is to determine the clinical activity of this regimen, defined by the proportion of patients with responding or stable disease for at least 6 months (clinical benefit). For this work, 30–50 patients will be enrolled over 24 months. Although anti-metastatic and anti-angiogenic therapies are expected to have the greatest clinical impact on patients with only microscopic disease, the findings from this trial will determine whether and how larger studies of MPA should proceed in patients with less advanced disease. In addition, this prospective clinical trial represents an extraordinary opportunity to characterize biomarkers of metastasis and angiogenesis in these patients. Based on previous studies, the investigators will measure the impact of MPA treatment on *Nm23* in serial skin

biopsy specimens. Plasma TSP-1 and PAI-1 concentrations will also be assessed. Finally, the unique expertise of the COBRA network in steroid genetics will be exploited to explore potential genetic determinants of MPA response/toxicity.

### **A Phase I Study of Intraductal Pegylated Liposomal Doxorubicin in Breast Cancer (funded 2006)**

*Vered Stearns, M.D., The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins University*

This group has demonstrated that administration of pegylated liposomal doxorubicin (PLD) into the mammary ducts in a *HER2*/transgenic mouse model is associated with tumor regression with no systemic toxicity. The group is expanding the study by conducting a phase I clinical trial to evaluate the feasibility, safety, and maximum tolerated dose of intraductally administered PLD. According to the study design, the investigators will administer PLD in one breast duct of women with breast cancer awaiting a mastectomy

and then evaluate the local and systemic exposure of PLD by serial determination of doxorubicin and doxorubicinol concentrations in plasma, in nipple aspirate fluid, and in breast tissue at the time of mastectomy. Through a series of preclinical and clinical investigations, the ultimate goal of this work is to optimize the intraductal route for administration of agents that have the potential to eradicate premalignant or noninvasive ductal lesions and might prevent breast cancer.

### **Naltrexone for the Treatment of Aromatase Inhibitor–Resistant Metastatic Breast Cancer (funded 2006)**

*Douglas Yee, M.D., University of Minnesota Cancer Center*

Drugs targeting the estrogen receptor (ER) are effective in reducing breast cancer mortality. Investigators have shown that inhibition of opioid receptors inhibits *in vitro* and *in vivo* growth of breast cancer cells. The opioid receptor antagonist naloxone inhibits ER function and also disrupts tumor vascular growth. In this phase II clinical study, the investigators will use positron emis-

sion and computed tomography to measure disease activity in women with ER-positive, hormone-refractory metastatic breast cancer who are receiving the oral opioid antagonist naltrexone. This treatment regimen, which was developed for other medical conditions, could demonstrate value as a safe oral drug for use in breast cancer.

### **Neoadjuvant Intratumoral Injection of Dendritic Cells (funded 2006)**

*James E. Talmadge, Ph.D., Eppley Cancer Center at the University of Nebraska Medical Center*

*Dmitry I. Gabrilovich, M.D., Ph.D., H. Lee Moffitt Cancer Center and Research Institute at the University of South Florida*

The investigators of this phase I clinical study hypothesize that intratumoral injection of dendritic cells during neoadjuvant chemotherapy with paclitaxel is safe and has the potential to augment the T-cell response against tumor-associated antigens. Twenty patients (phase I study) with locally advanced breast cancer and large, operable breast cancer who desire breast-conserving surgery will receive neoadjuvant chemotherapy with the

goal of inducing a pathologic complete response (pCR). Although pCR is associated with an improved prognosis compared to adjuvant chemotherapy, neoadjuvant chemotherapy has only a 15% pCR rate and a 5-year survival rate of less than 20%. The proposed study has the potential to demonstrate an improvement in time to disease progression and survival in these breast cancer patients.

*“The Avon-NCI PFP Program rescues good ideas and makes clinical trials happen based on their scientific merit, not necessarily on their commercial value, and that, without doubt, is a wonderful gift to our breast cancer patients.”*

*Matthew Ellis, M.D., Ph.D.,  
Washington University*

Avon has been a steadfast ally in supporting breast cancer research and care for underserved populations. Since 1992, Avon Breast Cancer Crusade programs in more than 50 countries have raised and awarded more than \$450 million for access to care and finding a cure for breast cancer. As a leading advocate for women's health, Avon expects the Progress for Patients Program to further its mission to help reverse health care disparities and accelerate critical research in breast cancer prevention, detection, and treatment.

The NCI continues to serve the nation by pursuing its mission of reducing the burden of cancer and has a long history of conducting and supporting breast cancer research. The FNIH was established by the U.S. Congress to support the mission of the NIH: improving health through scientific discovery. Guided by a board of directors composed of distinguished leaders in biomedical research, philanthropists, and business leaders, the FNIH works to advance research by linking the generosity of private-sector donors and partners to NIH programs.