



# Logan's Promise

News from the Terri Brodeur Breast Cancer Foundation  
[www.terribrodeurbreastcancerfoundation.org](http://www.terribrodeurbreastcancerfoundation.org)

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Norma with sister GERALYN

## Keeping Logan's Promise

(Pat Newborg and Lisa Carroll)

Our organization's name was chosen to honor the beautiful life and fighting spirit of Terri Brodeur, a mother of three young children and victim of breast cancer. Terri's name is inextricably bound to that of Norma Logan, one of the founder's of the Terri Brodeur Breast Cancer Foundation (TBBCF). What was and is the Logan's Promise of the title?

Norma named the Foundation after Terri because she felt that Terri represented the most dreadful aspects of breast cancer etiology and diagnosis. Terri was diagnosed with Stage IV breast cancer; there is no Stage V, thus Terri faced the worst odds possible. While seemingly quite healthy until diagnosis, effective treatment options did not exist to save Terri, and after a two-year battle she succumbed to the disease. Norma had herself been diagnosed with breast cancer just prior to Terri. While she originally was diagnosed at Stage II, a later metastasis spread to her liver and she succumbed to the disease in April of 2006.

Norma's desire to establish a non-profit organization was born of her frustration at having raised money for non-profit breast cancer organizations and participated in their events only to later discover, after requesting a disclosure of financials, that a large percent of fundraising dollars were being diverted from research to cover organizational overhead and administrative costs. Her anger and knowledge became a promise in two parts: 1). 100% percent of every dollar raised by the TBBCF would go directly to research and 2). The Foundation would be financially transparent so that all participants, from sponsors to volunteers, could plainly see that the organization was meeting its 100% target.

Between 2004 and 2005, Norma led a group of walkers in raising \$200,000 for a nationally recognized breast cancer event. She later discovered that 40% of all the money her team raised went to overhead. Of the \$200,000 raised by the group, \$80,000 never made it to critical research programs. Norma felt, as a fundraiser and breast cancer patient herself, that this was unacceptable. She decided there had to be an organization that was more idealistically visionary with the gross proceeds it accepted from fundraisers.

Many organizations raise money for breast cancer research and awareness. The pink ribbons we see everywhere are evidence of their success. While monies directed towards awareness are useful, they are also donations lost to research. These dollars will never reach the scientists who are searching for the keys to unlock the mysteries of this disease. Most fundraising organizations have overhead costs that divert even more money from

research. The National Institutes of Health and other government grant agencies, over the last few years, have substantially reduced the amount of money available to basic research scientists working on solutions to the problem of breast cancer therapies and treatment options. It is crucial that private philanthropic organizations fill the research dollar gap.

Thanks to Norma's amazing vision, the Terri Brodeur Breast Cancer Foundation (TBBCF) is different. By working at a grass roots level, with committed volunteers who have a proven track record in fundraising, and with the support of key sponsors, we are keeping Norma's promise to devote 100% of gross fundraising dollars directly to research and provide transparent fiscal evidence to the 2006 donators to honor her and their commitment.

Terri and Norma became friends as a result of their shared illnesses and the fact Norma also became a Stage IV breast cancer patient. On October 14, 2005, Norma wrote an impassioned [email letter](#) to her band of committed walk volunteers from the previous year. She had just returned from Terri Brodeur's calling hours in Old Saybrook. That letter became the spiritual contract with the group who would become the foundation leaders. The Terri Brodeur Breast Cancer Foundation was born on that day.

We lost Norma on April 20, 2006, just six months after losing Terri, but not before Norma had used every bit of energy she could muster to fight her disease and at the same time create the reality of a new and functioning non-profit foundation. In this first edition of our bi-annual newsletter we are pleased to be able to say we are keeping Logan's Promise.

This first issue is filled with stories about our business experiences and fundraising successes in 2006. But clearly, the biggest story for 2006 is that in a little over six months, through the amazing efforts of a small band of volunteers, the generous support of local sponsors, and the selfless commitment of Walk Across Southeastern Connecticut walkers and crew members, the Terri Brodeur Breast Cancer Foundation was able to award \$300,000 toward breast cancer research. On January 5, 2007, The Board of Directors announced the names of the 2006 Terri Brodeur Breast Cancer Foundation research grant recipients. They are:

[Dr. Andrea Oliver](#) - Surgical Oncologist at the Dana Farber Cancer Institute: Dr. Oliver will be studying molecular pathways conferring Tamoxifen and Herceptin resistance to metastatic cells. Her aspiration is to work in a multi discipline caregiver setting. The Scientific Advisory Committee (SAC) describe Dr. Oliver as vibrant and willing to participate in Terri Brodeur Breast Cancer Foundation activities.

[Dr. Erica Mayer](#) - Clinical Research Oncologist at the Dana Farber Cancer Institute: Dr. Mayer will be studying the vascular injury and hypertensive liabilities of Avastin which limit its therapeutic potential. Understanding this problem could improve treatment regimes and ultimately outcomes as well. The SAC describe Dr. Mayer as brilliant and driven. Regarding advocacy she says, "I let my research talk for me".

[Dr. Samit Chaterjee](#) - Molecular Cell Biologist at Cold Spring Harbor: Dr. Samit has been studying the molecular determinants of cellular polarity. It is thought that dysregulation in cell polarity may be a preamble to formation of early epithelial breast malignancies. This is a great proposal being executed at Cold Spring Harbor. The SAC describe Dr. Samit as someone who is quiet and

reflective but who also enthusiastically embraces the foundation and its work.

Each of the three researcher recipients has been awarded a grant in the amount of \$100,000. Good luck to them. Norma's, and our hopes and aspirations, are with them.

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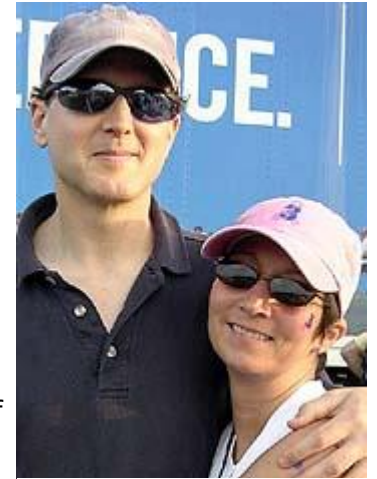
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## A Life to Be Envied

### *One cancer patient's plea not to be pitied*

(Norma Logan)

Cancer patients used to always freak me out. Bald heads were one thing, but those with no eyebrows or eyelashes really got me. They had an alien, other worldliness about them. I'd try not to stare, but inevitably my gaze would be drawn back. Once in Paris, I watched a couple check out of a hotel. The wife, drawn and tired with a scarf on her head, sat in a chair while her husband handled the luggage. I created a life for them. She was dying of cancer, and this was their trip of a lifetime. I pitied her as I did other cancer patients, but in truth they scared the hell out of me. "Oh my god, what if that was me?" I could work myself to the point of hysteria, obsessing about every ache and pain. So now when those pity stares are directed at me, I understand where the person is coming from. Still, that doesn't make them any easier to take.



Norma with husband Michael

I was diagnosed with breast cancer in May 2003. I stayed in the house during my course of chemo. Part of being housebound was fear of infection, but in truth I was hiding. I didn't want to appear vulnerable, looking like an alien. I didn't want to be pitied or stared at. One day my mother-in-law popped in unexpectedly and saw me bald; I cried and cried. She could have cared less what I looked like, but for me it was devastating. It was as if the gig was up; I'd been exposed; the truth was out; I had cancer and had crossed over to the world of "otherness".

Following treatment my hair grew back, and my life with my beloved husband resumed. We traveled to Barcelona and throughout Italy. I returned to work. I had a sold-out solo show of my pottery. Life was good. Then my cancer returned and metastasized to my liver. I was now literally in the fight of my life. Once again I was put on chemo and lost all my hair, including my eyebrows and eyelashes, but this time it was different. As a Stage 4 patient, I would likely be on some form of chemo for the rest of my life. I needed to come to terms with my appearance, and how I was going to interact with the world. I couldn't hide in the house forever. The first time around I wouldn't wear a wig. They work for most, but I felt like a clown. I might as well be wearing a football helmet. This time was no different, so I made peace with scarves. But now, I'm a poster child for cancer. Not surprisingly, I'm also the recipient of those pity stares I used to give and have come to dread.

I can forgive the children. "Grandma, that woman doesn't have hair". They are innocent, naïve, and simply state the obvious. It's the adults I find most difficult to deal with. Most just stare, but occasionally someone will feel bold enough to speak up. Then it gets worse. Recently at a farmer's market, a

complete stranger came up to me and stated (with the requisite sympathy head tilt), "How ARE you?" I was stunned, and only later wished I had said, "I'm wonderful, how ARE YOU?" (head tilt included). Then someone came up to me at work and asked if I was in any pain. Again, shock prevented the resort I later crafted. But it not just strangers. Even well intentioned family members manage to hurt me with their compassion, which comes across as patronizing. "Shouldn't you sit down?" "Aren't you over doing it?" It's as if they have given up on me. Just once I want someone to say, "You go, girl!!"

I do understand that these comments and stares are often generated from true compassion, and other times it's fear. But these individuals will never know how deeply their actions hurt me. The pain of being, stared at, pitied, or treated as an invalid is far more painful than any chemo treatment, or how I felt the first time I stared at that bald woman in the mirror. What I want to scream to all who will listen is that I'm still the person I always was, I'm okay, really. Cancer is part of my life, but it is NOT my life. Yes, I wish I didn't have cancer. Yes, I sometimes cry in the shower. Yes, I worry about how much time I have. But in truth, even with cancer, my life is happy. I lead a richer, more fulfilled life than most people I know. I'm active. I walk and swim regularly. I recently walked 60 miles to raise money for breast cancer research. I travel. I have a great job and that pays me well and a lovely home. I am a successful artist. I have a circle of friends that could keep the Titanic afloat. And most importantly, I'm still madly in love with my husband of 25 years, and we're planning our next trip to Italy.

So the next time you see a cancer patient, don't rush to pity. Look deeper. There is a good chance she doesn't want your pity and plans on beating the disease. And even if her prognosis is poor, she may still actually have a life to be envied.

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## **Norma's letter to Team - Birth of the Foundation**

(Norma Logan)

Dear Team,

I wanted to share with you some plans on fund raising for breast cancer research in 2006.

After much thought and a little bit of agony, I have decided not to walk in the Breast Cancer 3-Day next year. Yes, I did sign up for San Diego and Phillie, but I've since had a change of heart. Let me explain.

In October I received a call from one of the Boston Coaches informing me of a reunion that was being held in Boston. Almost immediately I began thinking, "Why are they spending money on a reunion when it could be going to research?" About the same time I received the Komen Annual report, which stated a 75/25 split, namely 75 cents of every dollar raised goes to programs, and 25 cents goes to overhead. This is considered "good" for a non-profit.

In reading the report I searched for 3-Day data but couldn't find it, so I decided to contact the coaches for financials. Data were not yet able for 2005, but they informed me that in 2004 the split for the 3-Day was 60/40. My heart sank. It may not have broken, but that information did leave a deep crack. In two years our team has raised \$200,000,

yet according to this split, \$80,000 went to overhead. I thought of everyone's hard work at fund raising. And I thought of my personal needs. People don't get cured at Stage 4; they only live longer through better treatment options. As such I came to the conclusion I could no longer support the 3-Day and shared my feelings with the 3-Day organization.

Of course I was not about to abandon raising money for breast cancer research. So I talked with Sandy about establishing our own non-profit. A non-profit where 100%, yes 100%, of every penny raised goes DIRECTLY to breast cancer research. You may be thinking, but what could our little non-profit do; we can't compete with the likes of the Komen Foundation. Well, we aren't proposing to that. The Komen Foundation is wonderful and does great work. But even if we raise only \$30,000 in our first year, that is \$30,000 that would go directly to funding better treatment options and hopefully a cure. In researching foundations, I also discovered that the average grant issued from the Breast Cancer Research Foundation (great organization by the way) is \$200,000. We could have done that!!! Can you imagine the feeling of presenting a researcher with a check for \$200,000? Think about it, because that is what will happen.

Sandy and I wanted to complete our business plan and then pitch the idea to everyone, but we decided to bring you in now for two reasons. First, some of you are already making plans for the 3-Day. Please know if you participate in this event, you will have our support. Whichever way we choose to contribute to the cause doesn't matter, as long as we all do it. Second, and more importantly, we wanted to include you in this planning stage. We started this journey together and as such we wanted to include you in our new thinking as soon as possible. But the bottom line is, you are our teammates and always will be no matter what route you choose. Speaking of routes... yes, there will be one, across the State of Connecticut!!! We are proposing a 100-mile walk as our major fund raising/awareness event, which can be completed as an individual or as part of a relay team.

I realize this will come as a surprise for folks, and you all probably have justifiable doubts. But Sandy and I are not only convinced we can pull this off, but are also really, really excited. Next week we will meet with an accountant. We also have a lawyer who will help us. In January we'd like to have a get together to share our ideas with you, get your ideas, and see if we can convince you to join us. If you have ideas now, there's nothing to prevent you from jumping in at this point. We meet every Friday afternoon. But we can be flexible with this day and time to accommodate other commitments you may have.

As I said before, we share a connection that will never be broken whether you participate in the non-profit, walk in a 3-Day, or write a check. Just keep the hope alive.

For now, I'll leave you with one of my favorite quotes that I believe captures the spirit of this non-profit.

*"Never believe that a few caring people can't change the world. For, indeed, that's all who ever have."* Margaret Meade

With love and admiration,  
Norma

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## **Congratulations to TBBCF 2006 Grantees** (Susan Logan)

The Terri Brodeur Cancer Foundation has awarded three grants of \$100,000 each to three researchers. We are blessed with their presence and intense commitment to researching and developing new breast cancer therapies. Their biographies follow below.

### **Erica Mayer, MD, MPH Dana-Farber Cancer Institute**

Erica writes about herself:

I am originally from suburban Boston, graduated summa cum laude from Williams College, received my medical degree in 2000 from Harvard Medical School, and obtained a Masters in Public Health from the Harvard School of Public Health in 2005. I completed my internal medicine residency at Brigham and Women's Hospital, and my fellowship in Medical Oncology at the Dana-Farber Cancer Institute in Boston. I am currently board certified in Internal Medicine and Medical Oncology. In July 2006, I joined the staff of Dana-Farber as a breast cancer clinician and researcher. I am also an Instructor in Medicine at Harvard Medical School.

My research explores the use of novel agents for the treatment of breast cancer. I design and oversee clinical trials evaluating the role of various antiangiogenic therapies, which target the blood vessels supplying tumors. These treatments appear to have a multitude of effects on the cardiovascular system, and I am currently initiating studies to better understand short and long term consequences of exposure to these agents. Additionally, I am presently leading several efforts at Dana-Farber to introduce new agents into the clinic for the management of triple negative breast cancer, a recently identified aggressive subtype of the disease. [Triple negative breast cancer is usually cancer that is estrogen, progesterone, and Her2Neu gene amplification negative. It associated with more aggressive cancer activity and poorer therapeutic outcomes. Our founder, Norma Logan, was diagnosed with triple negative breast cancer.] In addition to my research work, I maintain a busy clinical practice and serve on the admissions committees for Harvard Medical School and the Brigham and Women's Hospital Internal Medicine Residency Program.

### **Dr. Samit Chatterjee, PhD Postdoctoral fellow at Cold Spring Harbor Laboratories**

Dr. Chatterjee's young but impressive research career is described below:

Dr. Samit Chatterjee was born in Indore, India. He obtained his Bachelors Degree in Microbiology, Zoology, and Chemistry from Holkar Science College (Indore) in 1993. Having developed a strong interest in biomedical research, he pursued a Masters Degree in Biotechnology at Jawaharlal Nehru University (New Delhi, India) with a fellowship from the Department of Biotechnology, Government of India.

After finishing his Masters program in 1995, he joined a highly competitive Ph.D. program in an internationally recognized premier research institution, the National Centre for Biological Sciences (NCBS), located in the city of Bangalore, southern India. He obtained his Ph.D. from NCBS in 2002 under the mentorship of distinguished cell biologist Dr. Satyajit Mayor. During his Ph.D. research, Dr. Chatterjee carried out novel studies in

*I am a surgeon because I believe the living body is the most magnificent creation on earth. I am a doctor because I cannot stand the toll human suffering takes on the body, whether it be at the hands of war, poverty, or illness. I am a researcher because I believe that science is the most powerful tool of the human mind. I cannot save everyone, I cannot relieve every suffering, I cannot find every answer. But as long as I have the opportunity, I can damn well try. One patient, one day, one question at a time.*

Dr. Andrea Oliver, Surgical Oncologist  
Terri Brodeur Breast Cancer Research  
Foundation Grant Recipient

elucidating the mechanism of cellular retention of folate receptor that is anchored to the cell membrane via a glycosylphosphatidylinositol (GPI)-anchor. The human folate receptor is necessary for uptake of folate, a vitamin involved in DNA synthesis/repair. Folate deficiency has been correlated with higher predisposition to breast cancer, among other types of cancer.

Upon completion of his doctoral work, Dr. Chatterjee initiated his postdoctoral training at Cornell Medical School (New York City, NY) in the laboratory of Dr. Enrique Rodriguez-Boulan, a pioneer in the field of epithelial biology. Here he investigated molecular mechanisms by which epithelial cells establish apical-basal polarity. Normal apical-basal polarity is inherent to all epithelial cells lining ducts in organs such as breast. However, the normal epithelial polarity is lost during initiation and progression of carcinoma.

With a desire to extend his training in cell biology toward understanding the molecular mechanisms of disease, he joined Cold Spring Harbor Laboratory (Cold Spring Harbor, NY) in 2006 as a postdoctoral fellow in the laboratory of Dr. Senthil K. Muthuswamy. At CSHL, Dr. Chatterjee's research goal is to understand how changes in expression of a novel class of molecules that regulate epithelial cell polarity cooperate with oncogenes during metastatic progression in breast cancer. As a long-term career objective, Dr. Chatterjee's seeks to establish his own research laboratory geared toward understanding the mechanism of breast cancer progression.

Dr. Chatterjee was the recipient of fellowships from Council of Scientific and Industrial Research, Graduate Aptitude Test in Engineering, and Department of Biotechnology for higher education in India. He also received a travel award by the American Society for Cell Biology and was selected for the Advanced and Quantitative Light Microscopy Course at Marine Biological Laboratory (Woods Hole, Massachusetts). Dr. Chatterjee takes active interest in promoting the cause of science as evidenced by his membership in scientific bodies such as American Society for Cell Biology, and New York Academy of Sciences.

### **Andrea Oliver, MD Surgical Oncologist, Dana Farber Cancer Institute**

Dr. Oliver's biography, in her own words, is below:

I had long decided to go to medical school prior to graduating from High School, but was put off by the "pre-med" crowd in college and decided that maturity might be a helpful quality in medicine. So I decided to take time off, work, and be a part of the communities that I had come to love. I worked at Dimmock Community Health Center, then decided to have a closer look at clinical work and moved to Harvard Vanguard Medical Associates Pediatrics Department as a medical assistant and ran a parenting program for pregnant teenagers to improve compliance with pre-post-natal care and coping with parenting responsibilities. The program also pushed to improve teaching around contraception to prevent exposure to STDs and further unwanted pregnancies. The program graduated 10 girls that year, only one of which had a second pregnancy within 2 years, and all except one finished high school and started on junior college or training programs for work in a health care field.

I moved on to do research to help decide whether or not an MD/PhD or an MD degree alone was going to be my initial career path. I had a productive year in Dr. Gail Sonenshein's Lab under Dr. Marcello Arsura's tutelage at Boston University School of Medicine's Department of Biochemistry working on a project looking at signaling pathways in hepatocellular carcinoma, although Dr. Sonenshein's work is primarily in breast cancer. Although strongly encouraged by Dr. Sonenshein to pursue a joint degree at Boston University School of Medicine, I elected to just get an MD as I was getting old and had to get on with my education.

I decided to stay at Boston University for medical school because of the patient population

that the main hospital served. Most of the communities I had worked with from college onwards got their care there, and it served members of the community who otherwise could not get access to any medical care. When I applied, and up until my fourth year of medical school, I planned to become a family medicine doctor with plans to undergo an obstetrical fellowship and continue to serve underserved populations either in the US or abroad. Then I went through my surgical rotation. Somehow I got tangled up in surgery and I couldn't get out of it. I loved it. It had this amazingly unique place in patient care that I found intoxicating. Although I loved Boston University and the opportunities it afforded a young surgical resident, I elected to find other pastures for clinical exposure and landed at Brigham and Women's Hospital as a surgical resident.

I had wonderful experiences with the trauma and vascular surgery departments as a medical student, but found that the actual skills and diseases that I found most challenging were those that were related to research that I had done so many years ago. The surgical oncology service had the most technically challenging cases, emotionally and spiritually challenging needs, and the most diverse patient spectrum. Everything that all the other surgical specialties needed technically was necessary in surgical oncology. The frustration in nailing down diagnoses, to taking patients back for further resection (surgery) is professionally challenging. But looking someone in the eye who is crushed under the weight of pain from metastases, explaining diagnoses to distraught families, or holding someone's hand as they pass away can be emotionally devastating. Especially for someone who knows all too well that they too, are human.

Breast Cancer patients had all of the complexity of other oncology patients except that they could go home. It was the one place where there was real hope. One could have real impact and add years to the life of, not just months, one's patients. And in the midst of this realization came the news of my Aunt's cancer diagnosis. I had already planned to go back to the bench to do basic research in surgical oncology, but was not sure what question would be fulfilling enough to keep my attention. Her struggle brought my decision into pinpoint focus. I cannot do anything that I do not believe in. Life is too short to be wasted. Every aspect must be lived to the fullest. Before, I asked other people's questions about their passions. Now I ask my own questions, which have been burned into my life. I would love to say that it is altruistic, but it is not. It is the greedy, selfish need to find the answer. It is the hatred of the idea that another woman or man helplessly suffers because we just don't know how to help them. Or worse, we never tried to find a way.

Like Dr. Iglehart, I believe that we are on the cusp of finding a way to possibly eradicate breast cancer as a source of mortality within the next generation. Much in the same way we saw cervical cancer almost disappear with the introduction of the Pap smear, I believe we too will see a similar paradigm shift in the natural history of breast cancer as a disease. However it takes global thinkers like Dr. Iglehart and others to relentlessly pursue and collaborate for society to reach this challenging goal. I believe the Terri Brodeur Foundation and foundations like it are integral in making research questions translate into treatment answers for patients.

I am a surgeon because I believe the living body is the most magnificent creation on earth. I am a doctor because I cannot stand the toll human suffering takes on the body, whether it be at the hands of war, poverty, or illness. I am a researcher because I believe that science is the most powerful tool of the human mind. I cannot save everyone, I cannot relieve every suffering, I cannot find every answer. But as long as I have the opportunity, I can damn well try. One patient, one day, one question at a time.

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## Breast Cancer Survivor Story (Mary Lenzen)

Three words as powerful as "I love you" were told me on March 15, 2004 - "You have cancer." My journey began that day, though it was one I had hoped never to traverse. My fight against breast cancer began with my decision to research treatment options to arm myself as best I could for the battle of will and spirit ahead. I chose, after careful investigation, a medical facility that was well grounded in breast cancer treatment, having worked with thousands of breast cancer patients in the past. They seemed to possess the technical expertise and knowledge to help me beat the cancer into remission.

I had not considered participating in a clinical trial until the option was offered to me prior to surgery. Clinical trials are the continuation of scientific advances in medicine begun after promising results in laboratory experiments. After several stages of further tests, usually involving animals or computer modeling, new medicines and techniques, which usually don't have a name at that point, are used on patients who consent to the use of these new therapies. Benefits of clinical trials include the possibility of enhanced disease mitigation through cutting edge drugs and therapies. Negative consequences include the possibility that the new treatment will not promote any response in the disease. Also, the vast majority of clinical trials are randomized. This means that some patients receive the new treatment option while others receive a placebo, a sugar pill that has no medicinal benefit, or a treatment option that already exists. Researchers can then analyze the response rates to between the groups to assess the effectiveness of the clinical treatment option. A patient entering a clinical trial is "blinded." They do not know if they will receive the placebo or the new medicine. This is the only realistic method currently statistically accurate enough to assess the efficacy of new medicines. Patients who enter clinical trials are on the cutting edge of, hopefully, enhanced treatment options for themselves, but also to promote knowledge it will provide to researchers and doctors treating new patients.

My surgeon was actively involved in a clinical trial and explained that it would involve a new surgical technique that could, if utilized, enhance the benefits of surgery and excision of the cancer. Because it was a randomized trial, I did not know if I would actually have the procedure. I was also asked if I would consent to having the surgical procedure videotaped as part of the trial. I consented to the clinical trial and the videotaping. [Link here for more information about my surgical clinical trial.](#)

I felt uplifted accepting the clinical trial opportunity, not only to improve my chances, but ultimately, to help other women who might someday face the same perilous decisions I did. I also felt a sense of empowerment and control over fate by participating in the trial. It is not easy to accept a breast cancer diagnosis, but maybe, just maybe, by getting this disease and following the pathways of the journey it took me on would yield greater survival benefits to women who followed me. Nothing in life, and it was life I coveted, is more life enhancing than helping others save themselves.

Once I was diagnosed and surgically treated as part of a clinical trial I wanted to throw the experience of breast cancer behind me and forget its memory. But it would not fade that easy. After surgery, my doctor recommended a course of chemotherapy treatment, a brutal injection of cancer combating drugs with attendant side effects, that I was hoping I would not need. I knew the physical and emotional difficulties associated with chemotherapy. Not only would I feel nauseous and sick, I would lose all my hair, a double psychological defeat. To think about being bald and sick for several months felt overwhelming. After discussion with my husband and much soul searching and emotional turmoil in the land of fear, I decided I could handle chemotherapy. I didn't count on the option of a second clinical trial.

I was asked to decide between the accepted, standard course of chemotherapy available and another clinical trial. I was eligible for the trial because the pathology of my breast cancer is Her2Neu positive, which occurs in only about 30% of breast cancer patients, yet is believed to indicate a more aggressive cancer. (Her2Nue designates the gene that makes the human epidermal growth factor receptor 2. It produces the protein, HER2/neu antigen, which is involved in the growth of some cancer cells. It is also sometimes called c-erbB-2.) I read the clinical trial protocol. It was a randomized trial. I would not know which treatment group would be selected for me by the "randomization method."

There were three treatment groups in the trial. The first group would receive the standard, currently prescribed, course of chemotherapy for twenty-four weeks. The second group would receive the standard treatment for twenty-four weeks and then the new treatment for an additional fifty-two weeks, a regimen of seventy-six weeks. The final group would receive standard chemo for twelve weeks followed by the standard drug in combination with the new medicine for twelve weeks, with the addition of the new drug alone for a final 40 weeks, a combined treatment of sixty-four weeks. I had difficulty deciding to have chemotherapy itself; these choices were truly mind-boggling.

Only one of the protocol options met my goal of only a few months of treatment, and two were over a year in length. Ultimately, I decided to participate in the trial because, once again, I believed it might help another future breast cancer patient. I left it up to a higher power to determine which of the three treatment options I would be randomized to. I found out that I was assigned to the third group, the sixty-four week chemo treatment, ironically, the option I would have chosen had it been my decision. The first twelve weeks of the regimen was one treatment every three weeks and then weekly chemo treatments for a year. Shortly after I finished treatment, the FDA announced that it was suspending clinical trials involving the new drug I'd been given in combination with standard treatment. Herceptin, the new drug's commercial name, became available to oncologists and their patients due to the astonishing response rates shown in the clinical trials. [For more information about Herceptin](#)

While working at Pfizer, a pharmaceutical company, I was interviewed about my breast cancer treatment for the company's employee newsletter, The Pfizer Pipeline. My comments below from that article further reveal why I participated in two clinical trials. "Well, working for a Pharmaceutical company I realized the importance of clinical trials and the good they can do. Initially, my primary hesitation was the time commitment; participating in this trial means I will undergo weekly chemotherapy through August '05 instead of having that aspect finished and behind me in November 2004. Going through weekly chemotherapy treatments keeps the illness 'in your face' when you really just want it all behind you. However, in addition to receiving a drug that you might not otherwise have received, you also gain added health attention as a result. I feel that I am receiving close monitoring on all fronts as a result of my involvement that otherwise I may not have gotten."

I am now in remission from breast cancer. While there is always fear of recurrence lurking, I feel that the clinical trial options, while daunting at the time, gave me availability to treatments - the products of discovery research - much earlier than standard care. Though there is always risk in clinical trials, the benefits to me have been obvious. And to other Her2Neu diagnosed breast cancer patients, I say, "Long may you live and thrive."

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- Outback Steak House
- Paperback Café
- Penny Lane Pub
- Pepsi Bottling Group
- Scott's Orchard Farm Market
- Staples
- Carlin Swint

### SPONSOR LIST FOR SHASH'S BAND BASH

- Alpha Audio Works
- Foxwoods Resorts
- Mohegan Sun
- Pfizer Inc

### BANDS

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## **Top 20 Fundraisers & Fundraising Profile**

Endurance sports fundraisers have become a very successful vehicle for organizations like the Terri Brodeur Breast Cancer Foundation. For the 2006 Walk Across Southeastern Connecticut, 116 of the 149 walkers had never participated in an endurance event. That is an amazing 75 percent. Many wondered why the training and fundraising pieces were so hard. They are designed to be hard. Based on the 2006 walker stats, most of us were ordinary people engaged in an extraordinary pursuit. When we asked for donations, we were asking friends and family to support the huge sacrifice we were making in the fight against breast cancer.

124 of the 149 registered walkers participated in the October 14, 2006 Walk Across Southeastern Connecticut. While each walker was only required to raise \$1,000, the average dollars raised per walker was \$1,800. Congratulations to all fundraisers!

For some people, raising \$1,000 requires more time, shoe leather, and sales pitches than those who easily passed the minimum. These folks are our lifeblood, as important to us as those people who donate five dollars at a time to the Foundation because that is all they can afford. Ultimately, their money is yours, and vice-versa. When a grant is presented to a scientist the money is all under one name - The Terri Brodeur Breast

Cancer Foundation. We all have a stake because the idea is to transform cash into something more important, a cure. Remember, 100% of every hard earned penny raised by you goes to the science of breast cancer research and therapeutic discovery. Yet we want to salute the top twenty fundraisers because they exceeded their personal goals and because they raised the bar for the rest of us.

Here's the list of the top 20 fundraisers:

1.	Marcie	Brensilver	\$ 6223
2.	Carlo	Porazzi	\$ 4050
3.	Tammy	Wawrzynowicz	\$ 4021
4.	Billie Jo	Abbiati	\$ 3625
5.	Audrey	Leone	\$ 3598
6.	Stacey	Gualtieri	\$ 3475
7.	Heather	Roche	\$ 3350
8.	Katherine	Gibson	\$ 3300
9.	Ann	Baldelli	\$ 3216
10.	Lynne	Murphy	\$ 3180
11.	Geralyn	McPhail	\$ 3134
12.	Amy	Perry	\$ 3055
13.	Sue	Diviney	\$ 2938
14.	Jessica	Kupka	\$ 2875
15.	Anne	Rochette	\$ 2846
16.	Samantha	Tonucci	\$ 2785
17.	Judy	Sullivan	\$ 2650
18.	Peg	Sheehan	\$ 2560
19.	Irene	Corsino	\$ 2525
20.	Dianne	Anderson	\$ 2471

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## What People Have To Say About The Walk Across SECT

Ann Baldelli, feature writer for The Day and Walk Across Southeastern Connecticut walker, summed up her Walk Across Southeastern Connecticut experience by saying:

**Next to the births of my two sons, completing the October 14 marathon was about the best thing I ever did. It was exhilarating, spiritual, powerful, and proof that you can push yourself to do things you never imagined possible.**

Many walkers and crewmembers echoed Ann's sentiments at closing ceremonies and in emails circulating around after the walk. We also received positive reactions from walkers and crewmembers via a walk survey conducted post walk. The survey report produced great feedback for the Foundation and the Walk Chairs.

If you were there, you saw it. A finish line where the last walker to the finish is cheered as much as the first, in fact, maybe more. An event defined not by distance - though the marathon distance was daunting enough for an inaugural breast cancer research fundraiser - but a shared purpose to sacrifice a little piece of oneself to a greater cause. A life-changing, life-affirming focus on imagining those who couldn't walk - the women currently being treated for breast cancer - the survivors proudly reminding us, carrying the torch of recognition between illness and rejuvenated health, along with volunteers and the committed, who pushed their own physical limits to bring a cure closer to the reality of a patient's sore muscles and aching spirits. It was the Terri Brodeur Breast Cancer Foundation's Walk Across Southeastern Connecticut 2006.



Below are some wonderful letters to the editor published in the October 16, 2006 edition of The Day. Our heartfelt thanks to these walkers for their wonderful letters. They say it better than we can. Thank you.

To the Editor of The Day:

Saturday, Oct. 14, is a day I won't ever forget. As a participant of the inaugural Terri Brodeur Breast Cancer Foundation Walk Across Southeastern Connecticut, I can't say enough about all those who were a part of making the walk an experience of a lifetime.

Walking 26.2 miles seems daunting, but each person who volunteered made it easy. Their smiling faces, cheers and encouragement made each step easier. I will forever be grateful for each walker.

From the time I hit the submit button on my participant form, to the final minute of the closing ceremonies, I never felt alone in this journey. The participant support during the training and fund-raising period was equally matched on the day of the event. Everyone who took part should be proud.

I did not know Terri Brodeur or Norma McPhail Logan, but have no doubt they are looking down and smiling upon each walker. Participants exemplify the words of Margaret Mead, "Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has."

**Krishna Wall, Waterford**

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To The Editor Of The Day:

Saturday, Oct. 14, I had the pleasure of walking in the first Terri Brodeur Breast Cancer Foundation's marathon-length walk to raise money for breast-cancer research. The foundation is a local organization run by volunteers. I was very impressed with the professional orchestration of the whole day.

*Whenever evil befalls us,  
we need to ask ourselves,  
after the first suffering,  
how we can turn it into  
good. So shall we take  
occasion, from one bitter  
root, to raise perhaps  
many flowers.*

Leigh Hunt

I have participated in several 60-mile breast cancer walks, in which event-management companies were hired for the specific purpose of organizing and running the walks. Saturday, the same level of attention and detail to the running of the day and care of the walkers was pulled off by a local group of volunteers, at zero percent of the cost. Local sponsors paid for the cost of putting on the event, allowing 100 percent of all funds collected by the walkers to go directly to research.

My hat is off to all who conceived of, organized and so successfully implemented the marathon walk. My every want was taken care of along the route, from pit stops to food and hydration, to a well-marked, beautiful route with great support along the way.

If the walk is offered again next year, I will definitely participate and I encourage women and men of all walking skills to participate in this worthwhile cause and have a wonderful experience along the way.

### **Deborah Mandel, Lyme**

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To the Editor of The Day:

On Saturday, Oct. 14, I participated in the Terri Brodeur Breast Cancer Foundation's inaugural walking marathon and I was just impressed by the sheer number of volunteers who donated food, drinks and services to us along the 26.2-mile walk.

We started in Old Saybrook with a police escort. They had stations set up about every three miles through Niantic and Waterford; bicyclists, patrol cars and vans monitored our walk; and a podiatrist was also available. Lots of people cheered us on along the route, including Boy Scout troops and Little League players who offered snacks to us. Their encouragement and support all made our walk so much easier and I understand that all 137 walkers, younger and older, finished it.

It is so heart-warming to know how many people braved that early, cold morning to help us out, proving that so many do care about helping to find a breast-cancer cure in memory of Terri Brodeur and others.

### **Jerry Guindon East Lyme**

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To the Editor of The Day:

On Saturday, Oct. 14, my wife and I walked 26.2 miles with about 160 other dedicated walkers for the Terri Brodeur Breast Cancer Foundation. I'm sure all the walkers feel like me when I say the marathon was a life-changing experience.

I want to salute all the wonderful people involved in this great fund-raising event. The support team supplied us with every essential and just plain moral support. There were people lined up throughout the walk cheering us on and smiling kids giving us stickers with words such as "courage" or "strength"

printed on them. Kudos to all of you for a job well done.

I would like to acknowledge the people who donated so generously to this event. Over \$300,000 has been raised so far. It's still possible to contribute until the end of this year. Just look on-line for the Terri Brodeur Breast Cancer Foundation. As Tim Brodeur said at the closing ceremony "Terri was a perfect wife" and this is a perfect tribute to her strength and fortitude. May the money provide a cure for breast cancer.



I am grateful to all the walkers, especially the ones I trained with. The Mystic Saturday-morning walkers are a very special group of people. Cheers to all of them. Also, through the actions of two very loving and caring people, Sandy and Phil Maniscalco, other people learn how to give of themselves. Connecticut is a better place because of people like them.

I'm grateful that my wife, Megan, asked me to participate. Through the many miles we walked together, we were able to connect all over again. I am appreciative to her for this affirmation of our love.

### **Wally Stone Waterford**

**Change your life; change someone else's life. Join us in 2007**

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## **Scientific Advisory Committee**

Founding a non-profit organization is a consuming process wholly reliant on the passion and commitment of volunteers. Funding breast cancer research also requires technical expertise to analyse and develop funding mechanisms, a fluency in the sciences, and especially, a vision of the future: a futurist's gaze toward the novel therapies and people who might unravel the mysteries of the breast cancer at the cellular level, promoting targeted therapies to combat the disease. The TBBCF Scientific Advisory Committee (SAC) members volunteered to lead this mission while pursuing their own demanding careers as scientists, laboratory managers, business leaders, and scientific researchers.

Dr. Nicholas Saccamono led the team. As a beloved and esteemed colleague to the late founder Norma Logan, Nick's passion achieved one of Norma's great dreams - significant grant money directed to young, ambitious breast cancer researchers within the first year of the foundation's operational calendar. Working as a team under a tight year end deadline to identify the first TBBCF scientific grant recipients, the SAC identified candidates and selected three young scientists pursuing varied research targets. The SAC's effort was herculean, mastered without complaint at the year-end deadline.

Because of them, the TBBCF awarded \$300,000 in research dollars to fund new efforts to eradicate breast cancer. We salute the TBBCF Scientific Advisory Committee. Below are short biographies of each valued member of the SAC:

### **Howard Brensilver, MD**

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Howard Brensilver is an internist practicing general internal medicine in the New London area. He received a Bachelor of Arts from Columbia College, New York, New York and his Doctor of Medicine from Columbia University College of Physicians & Surgeons, New York, New York. He has been on the staff at Lawrence & Memorial Hospital in New London, Connecticut since 1973.

Dr. Brensilver is Vice President of the Terri Brodeur Breast Cancer Foundation.

### **Michael J. Garabedian, Ph.D.**

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Michael J. Garabedian is an Associate Professor of Microbiology and Urology at the NYU School of Medicine. He received dual Bachelor of Science degrees in chemistry and biology from the University of California, Irvine, a PhD in biochemistry from Brandeis University, and received postdoctoral training at the University of California, San Francisco. His current research interests center on the role of steroid hormone receptors, including the estrogen and androgen receptors, in breast and prostate cancer. (Receptors are a protein on the surface or inside of a cell that connect to a certain hormone and cause changes in a cell. Androgen is hormones that help to develop sex organs in men. They also help to keep up sexual function in both women and men. In women, most of them are changed into estrogen by fat and muscle cells. After menopause, when the ovaries no longer make estrogen, this is the main source of estrogen made in the body.)

Dr. Garabedian has published over 60 peer-reviewed articles in leading scientific journals, and has been awarded grants from the National Institute of Health, American Cancer Society, and the Department of Defense for his research on breast and prostate cancer. He has served on numerous local, national and international grant review panels for breast cancer research, and is on the editorial boards of *Molecular and Cellular Biology* and *Molecular Endocrinology*, and is a founding editorial board member of the *Nuclear Receptor Signaling Atlas (NURSA)* open-access journal.

### **Susan Logan, Ph.D.**

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Susan Logan is an Assistant Professor in Urology and Pharmacology at New York University School of Medicine. Her laboratory studies the role of the androgen steroid hormone receptor in prostate and breast cancer. These studies focus on the interaction of the androgen receptor (AR) with other cell signaling pathways and the mechanism of AR-mediated gene transcription. The research is designed to understand how aberrant regulation of these processes promotes human cancers. Dr. Logan is a member of the New York University Cancer Center and is involved in graduate education and admissions. She serves on grant review committees for multiple agencies that support cancer research.

### **Karen J. Ferrante, M.D.**

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Karen is a native Rhode Islander who graduated cum laude with a BS degree from Providence College (1980) in Providence, RI. She attended Georgetown University Medical

School in Washington, DC (1988) and subsequently moved to Boston to complete her Internal Medicine internship and residency at the New England Deaconess Hospital (now the Beth Israel Deaconess Hospital). She decided to pursue a fellowship in hematology-oncology while at the Deaconess and subsequently joined the hospital staff, first as Clinical Instructor and then Instructor in Medicine. During her tenure at the Deaconess, Karen became interested in clinical trials primarily focusing on non-small cell lung cancer. She participated in both institution based clinical studies as well as acting as a co-investigator on a number of pharmaceutical company sponsored trials. In addition, she served as a ward attending physician and also spent time working with medical students as a Section Instructor for Harvard Medical School.

In 1995, Karen decided to leave academic practice to pursue a career in the pharmaceutical industry. While an Associate Director at the Bristol-Myers Squibb Company, she was afforded the opportunity to work on global filings for Taxol ® in the treatment of various cancers including lung and adjuvant breast cancer. In addition, she served as clinical leader for novel taxanes in development.

Karen joined Pfizer in 1999, where she began work on the development of novel targeted agents, including Tarceva®, now approved for patients with lung cancer and pancreatic cancer. After accepting roles of increasing responsibility, Karen is currently Vice President, Therapeutic Area Clinical Leader and Clinical Oncology Site Head for Groton/New London and Milan and has oversight of the development of a number of novel therapies in Pfizer's cancer portfolio that are being studied in patients with many different tumor types. Karen is working to ensure patients have new treatment options and believes that she and her colleagues in the pharmaceutical industry have a unique opportunity to make a difference for those battling cancer.

#### **Michael J. Morin, Ph.D.**

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Mike Morin joined Pfizer in 1991, first working as a lab supervisor and soon thereafter as a manager. Mike led the research teams that discovered and developed Tarceva™, a drug recently approved for the treatment of lung and pancreatic cancer. In his current role, Dr. Morin is Vice President of Drug Discovery in Pfizer Global R&D, and leads a group focusing on anti-bacterials, immunology and cancer in Pfizer's Groton (CT) Labs.

Mike graduated from UMass with a B.Sci. in Biological Sciences, went on to the Roswell Park Graduate Division, SUNY at Buffalo, and earned a Ph.D. in Cancer Pharmacology. He then continued his training as an NIH Postdoctoral Fellow in Cancer Pharmacology at the Yale University Cancer Center. Before joining Pfizer, Dr. Morin was an Assistant Professor in the Department of Pharmacology and Director of the Tumor Cell Biology Program at the Cancer Center, Northwestern University Medical School in Chicago.

#### **Nicholas A. Saccomano, Ph.D.**

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Nick Saccomano is Senior Vice President in the Global Research & Development Division of Pfizer Inc. In April 2004, Dr. Saccomano assumed his current role to build and lead the newly formed Research Technology line within PGRD. The overall mission of this organization is to enhance scientific execution, efficiency and effectiveness through integrating new and evolving technology disciplines across research lines to drive improved productivity from the pipeline. The Research Technology Center and Strategic Alliances department also fall within the scope of the Research Technology organization.

Dr. Saccomano joined Pfizer in 1984 as a research scientist in the Central Nervous System therapeutic area. In 1980, Dr. Saccomano received his B.S. in chemistry from the State University of New York at Buffalo. He earned his Ph.D. from Columbia University in 1984

under the guidance of Professor Gilbert Stork.

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## **Policies & Procedures for Research Grants 2007-08**

These guidelines, which are currently under development, will be provided to assist Grantees in interpreting and implementing the policies and procedures for research grants awarded by the Terri Brodeur Breast Cancer Foundation. The policies and procedures are expected to be posted here on the Foundation website by March 2007.

The specific terms and conditions applicable to a grant award will be outlined in those policies and procedures and in the subsequent Grant Agreement. No grant funds will be awarded until an individual authorized to sign on behalf of the Grantee Institution signs the Grant Agreement.

Copies of all required forms will be available as an appendix to the guide. We will be unable to process an award without the completion of the required forms. It is the policy of the Foundation to send the original grant agreement and policies and procedures to the grantee upon announcement of the award.

Contact the Grants Department

Terri Brodeur Breast Cancer Foundation  
PO Box 785  
New London, CT 06320

[tbbcf@sbcglobal.net](mailto:tbbcf@sbcglobal.net)

Telephone/Fax: 860-245-0402

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## **Research Grant Application Process**

*The goal of the grant process is an intensive peer review of all proposals. Proposals are invited by the Scientific Advisory Committee, rather than accepted as unsolicited requests. The SAC generally reviews proposals in the late summer.*

There is no set format, but we request a brief personal narrative of interest (no more than 4-5 pages), lay language summary of the proposal, an estimated annual budget (no more than \$100,000), and budget narrative.

Considerable latitude is given to the investigators in terms of the work proposed. Both the Board of Directors and the Scientific Advisory Committee concur that some of the most important advances in understanding the disease will most likely occur by enabling brilliant minds to pursue some of their most creative theories. The Foundation's Scientific Advisory Committee is comprised of the following physicians/researchers:

- [Howard Brensilver, M.D., Partner, Mystic Medical Group](#)
- [Karen Ferrante, M.D., VP, Pfizer Global Research and Development](#)

- [Michael Garabedian, Ph.D., New York University Medical Center](#)
- [Susan Logan, Ph.D., New York University Medical Center](#)
- [Mike Morin, Ph.D., VP, Pfizer Global Research and Development](#)
- [Nicholas Saccomano, Ph.D., Chair, SVP, Pfizer Global Research and Development Head, Research Technology](#)

Grants are awarded in two installments for a period covering January 1-December 31 of any given year. All grantees are required to submit two progress reports: the first by June 30 and the second by October 31. Receipt of the second grant installment is contingent upon review of the submitted reports and a recommendation from the Scientific Advisory Committee.

While most of the grants are unrestricted, the Foundation may have donors requesting restricted grants for specific purposes. When this occurs, the Scientific Advisory Committee will meet to determine whether the area of interest merits further exploration. If so, they will identify various research projects meeting the donor's criteria.

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## Foundation Report

The mission of the Terri Brodeur Breast Cancer Foundation is to provide critical funding to researchers in search of a cure for breast cancer. Our vision is based on two fundamental objectives: 1). Guarantee 100 percent of the total gross fundraising dollars directly to breast cancer researchers; 2). Through research, to provide effective treatment options to eradicate all types of breast cancer by 2010. Because 2006 was the initial year of the Foundation's existence, the business plan was focused on achieving IRS recognition as a non-profit foundation, garnering corporate sponsorship to cover fundamental business costs, and to initiate a series of community fundraising events that would provide an exciting means for raising research grant money. The Walk Across Southeastern Connecticut was the largest gross revenue generator and will be an annual, community recognized event.

The initial year of the foundation's existence was driven by four main business goals. It was exciting and tumultuous and could not have been accomplished without the tireless efforts of a group of dedicated volunteers. Among those who slogged through tedious regulations and paperwork to help the foundation achieve legal status with the IRS and State of Connecticut were CPA Stacey Gualtieri of Doherty, Beals, and Banks and Attorney David Condon of Waller, Smith, and Palmer.

As soon as the Foundation was recognized as a non-profit organization, the work of foundation fundraising began: convening a board of directors and scientific advisory committee, garnering corporate sponsorship, setting up a business appropriate, transparent fiscal model, organizing and operating fundraising events, and finally, the ultimate goal - awarding grant money to three talented, young scientists working to solve the devastating disease of breast cancer.

Below is the status of the four main 2006 business goals for Year One of the Terri Brodeur Breast Cancer Foundation:

**Goal #1:** Establish a non-profit foundation recognized by the IRS as a 501 (c) (3) organization eligible for tax-deductible contributions and corporate matching gifts. Status:

- Completed in Jan 06 - Obtained IRS Federal Tax ID/EIN Number (20-4149832)

- Completed in Feb 06 - 1) Filed By-laws and Articles of Incorporation with the State 2) Filed 501(c) (3) application and required paperwork to the IRS
- Completed in Mar 06 - Held initial Board of Directors' Meeting and approved By-laws
- Completed in May 06 - Launched web site
- Completed in May 06 - Received IRS Determination Letter effective February 2, 2006

**Goal #2:** Solicit corporate sponsorship to cover all overhead and administrative costs, thereby directing 100% of gross fundraising money to breast cancer research. This goal was accomplished, again, through the tireless work of volunteers who presented the foundation's business plan to local business leaders and their companies. The successful campaign yielded \$32,000 in corporate sponsorship toward the 2006 fundraising events operated by the foundation.

**Goal #3:** Identify, organize, and market three to four fundraising events, analyze the resultant gross revenue yield to cost ratio, and identify those events that will become annual events based on fiscal analysis. The following events occurred in 2006.

- Completed on Jun 25 - Stash's Café Band Bash
- Completed on Aug 12 - One Magic Night in Old Saybrook
- Completed on Oct 14 - Walk Across Southeastern Connecticut

The Walk Across Southeastern Connecticut was identified as the top fundraiser and will be the foundation's marquee, annual event. The Stash's Café Band Bash will also be an annual event, kicking off the walker-training schedule in June of each year.

**Goal #4:** Through the Scientific Advisory Committee (SAC), conduct a search for and identify emerging talent in breast cancer research to whom the TBBCF could award 100% of 2006 gross fundraising money. The SAC's search resulted in the selection of three scientists who will be awarded \$50,000 per year over a two-year period (in total, \$100,000 per researcher; a total grant award amount of \$300,000). Please see the article profiling the selected scientists, beginning on page one. Because the amount of money raised exceeded expectations for the initial year of the foundation, we were able to provide money to three researchers instead of the original goal of only one.

All of the business oriented goals identified by the Foundation Leaders, Board of Directors, and Scientific Advisory Committee were achieved or exceeded. Congratulations to all. It was an astonishingly successful year and only the beginning of a foundation that will have a major, beneficial impact on research aimed at the eradication of breast cancer.

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## 2006 Financial Summary

**Charity & personal force are the only investments worth anything.-  
Walt Whitman**

The Foundation's first year was both challenging and exciting. Many Board members felt our most important accomplishment was to award three hundred thousand dollars in grants to three well-qualified research scientists. This was done by relying heavily on our volunteer base, the generous support of our sponsors, and honoring our pledge to disburse 100% of gross fundraising dollars to research.

Because the Foundation believes in transparency we wish to provide for our sponsors and donors a brief overview of our operational costs and gross fund raising receipts for 2006. For our brief first year, the Foundation's business operating expenses (office materials, phone/fax line, copying, printing, etc.) were \$6,234 and fund raising expenses were \$23,783. These expenses were covered totally by sponsor donations, which totaled \$32,000.

These figures become more impressive when you factor in that fund raising costs came in \$10,000 under the projected 2006 budget allocation and our fund raising dollars were \$109,456 over budget - exceeding, thanks to you, our own expectations! To date, our fundraising dollars for 2006 total \$293,788. Each fund raising event exceeded our projected goal in monies raised. The Walk Across Southeastern Connecticut topped the list at \$229,342 gross fundraising dollars delivered. Our incredible walkers are increasing that amount as checks continue to arrive on a weekly basis. Thank you.

2007 is already shaping up to be another successful fund raising year. I look forward to reporting on our audit, which is currently in progress, in the next newsletter.

**Stacey L. Gaultieri, CPA**  
Treasurer

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[www.terribrodeurbreastcancerfoundation.org](http://www.terribrodeurbreastcancerfoundation.org)