

The Regents of the University of California

COMMITTEE ON EDUCATIONAL POLICY

January 18, 2001

The Committee on Educational Policy met on the above date at UCSF-Laurel Heights, San Francisco.

Members present: Regents Atkinson, Bagley, Connerly, Davies, Fong, O. Johnson, S. Johnson, Lansing, and Preuss; Advisory members T. Davis, Morrison, and Seymour

In attendance: Regents Hopkinson, Khachigian, Kohn, Kozberg, Lee, Marcus, and Miura, Faculty Representatives Cowan and Viswanathan, Secretary Trivette, General Counsel Holst, Provost King, Senior Vice Presidents Darling and Mullinix, Vice Presidents Broome, Drake, Gurtner, and Saragoza, Chancellors Berdahl, Dynes, Greenwood, Tomlinson-Keasey, Vanderhoef, and Yang, Laboratory Director Tarter, and Recording Secretary Nietfeld

The meeting convened at 12:30 p.m. with Regent Bagley presiding.

1. **APPROVAL OF MINUTES OF PREVIOUS MEETING**

Upon motion duly made and seconded, the minutes of the meeting of November 16, 2000 were approved.

2. **REPORT ON BREAST CANCER RESEARCH**

Vice President Drake reported that the mission of the University's health sciences enterprise is to improve the well-being of Californians and others. In addition to direct patient care, the University trains healthcare providers and performs medical research. The State sponsors three research programs that are overseen by the Office of Health Affairs: breast cancer research, tobacco-related disease research, and AIDS research. The breast cancer research program was established in 1993 when the legislature increased the tobacco tax to fund the program. The increase in funding for breast cancer research over the past two decades has begun to produce encouraging results. Vice President Drake then called upon Dr. Marion Kavanaugh-Lynch, the director of the breast cancer research program, to introduce the presentation.

Dr. Kavanaugh-Lynch informed the Committee that this year more than 200,000 women in the United States will be diagnosed with breast cancer, and more than 40,000 women will die of the disease. In California, an estimated 20,000 women will be diagnosed, while approximately 4,200 women will die of breast cancer. Dr. Kavanaugh-Lynch presented data on the pattern of breast cancer in recent years. She explained that breast cancer has various stages, from 0 to 4. These stages are the best predictor of outcome. The staging is based upon the size of the tumor at diagnosis, whether it has spread to the lymph nodes, and whether the cancer has metastasized. Dr.

Kavanaugh-Lynch discussed the characteristics of the cancer at each stage of development and the number of women in California who will be diagnosed at each stage of the disease. Early stages are typically found through mammography, while larger tumors are often found by the patient herself. The detection of tumors at a later stage can result from the fact that some women do not undergo regular breast screening due to lack of access or personal choice. Some are diagnosed before age forty, the age at which regular screening is recommended. Other cancers may develop between yearly screenings. Dr. Kavanaugh-Lynch provided data on the probable outcomes for the 20,000 women who will be diagnosed this year. The majority of women who are diagnosed in the early stage of breast cancer will be alive in ten years. The prognosis worsens if the cancer is not detected at an early stage. The women who do survive will do so in part due to new treatments developed by breast cancer researchers. Overall, early detection and treatment saved the lives of 14,000 California women in 2000. Despite the advances in early detection and treatment of breast cancer, nearly 6,000 California women diagnosed with breast cancer in 2001 will die in the next ten years. The goal of the California breast cancer research program is to support research that will save the lives of women with breast cancer in the future and to prevent the disease from occurring in future generations. Dr. Kavanaugh-Lynch introduced Dr. Laura Esserman, an Associate Professor of Surgery and Radiology at the San Francisco campus whose research is supported in part by the breast cancer research program. She serves as the director of the Carol Frank Buck Breast Care Center and the clinical oncology research program at UCSF.

Dr. Esserman discussed a project which the breast cancer research program had funded on how breast cancer screening should best be implemented. She noted that the goals of screening include early detection in order to minimize the side effects of treatment and to find the most cancers using the fewest interventions. The goal of screening, however, is not to find every cancer, because not all cancers are visible at the time of mammographic screening. One side effect of screening is the identification of pre-malignant lesions that never become cancer and the resultant need for biopsies.

Dr. Esserman explained that her project focused on maximizing the use of resources, first through a macro-economic model of how screening resources are being used. One finding was the fact that in Sweden, where mammography was developed, one-half as many biopsies are performed compared with the United States. If the United States were able to develop a screening practice that did not work up the pre-malignant lesions, up to \$4 billion could be saved annually. Researchers examined the question of whether high-volume mammographers do a better job of identifying potential cancers and whether the volume of biopsies is really needed. For every 1,000 mammograms taken, three to five cancers are identified. It is known that extra biopsies cause needless costs, both emotional and economic. Dr. Esserman continued that her project had surveyed mammographers in the United Kingdom, Sweden, and the United States and had determined that those who read a high volume of x-rays do a better job, while the low-volume readers are less efficient. She reported that two-thirds of the mammographers in the state of California are low-volume readers. This research should benefit women in a significant way. The program is contacting insurers about establishing centers of excellence where digital technology would be used. The breast cancer research program knows that underserved women are

commonly found at high stages of breast cancer. The program has raised money to support the first digital mammography van, which will be tested in San Francisco. Funding is also being sought to support underserved women through the process of biopsy and treatment. In addition, her program is developing a vaccine that could be used in the early stages of breast cancer. Dr. Esserman recognized the contributions of the breast cancer research program in funding innovative research projects in the fight against breast cancer.

Dr. Kavanaugh-Lynch introduced Dr. Margaret Wrensch, an adjunct professor in the division of epidemiology and prevention research at UCSF. Dr. Wrensch explained that her presentation would focus on unique collaborations made possible by the California breast cancer research program. She noted that one step to control cancer is understanding enough about the disease to prevent it from developing. The rates of lung cancer have fallen in the Bay Area, which leads the nation in tobacco-control efforts. There is no clear target, however, for the control and prevention of breast cancer. Studies are taking place around the country which aim at such interventions as diet modification and physical activity. Breast cancer rates in Marin County are among the highest in the world and are approximately 40 percent higher than in the San Francisco Bay Area as a whole. A group of women has founded the Marin County Breast Cancer Watch, a grassroots organization of breast cancer survivors whose mission is to discover and alter factors to eliminate breast cancer as a life-threatening illness. Dr. Wrensch reported that she had been called upon as an epidemiologist to work with the coalition. The coalition learned that the California breast cancer research program had developed an innovative funding mechanism for community-research collaborations, including a special award category for pilot studies. Marin County Breast Cancer Watch was awarded a grant to study adolescent risk factors. Adolescence is considered by many researchers to be a period of special vulnerability to cancer-causing substances. A major task was to focus questions on adolescent events and experiences that women with breast cancer and appropriate controls could accurately remember. The research question being addressed in the study is "Did adolescent and pre-adolescent experiences, exposures, and events differ between women with and without breast cancer in Marin County?" The factors studied included a variety of physical, social, psychological, and economic factors, as well as tobacco and alcohol use. The investigation is a population-based control study of approximately 300 women who were diagnosed with breast cancer between 1997 and 1999 in Marin County and an equal number of appropriately aged control women without breast cancer chosen randomly from the Marin County population. Dr. Wrensch reported that the coalition is half finished with the data collection. No single epidemiological study will answer all of the questions about the causes of breast cancer in Marin County. Marin County Breast Cancer Watch is also involved, in collaboration with researchers at UCSF and Lawrence Berkeley National Laboratory, in a pilot study of environmental risk factors that will be submitted to the California breast cancer research program this year. The Marin County Health Department has received federal funding to conduct studies on breast cancer. Dr. Wrensch pointed out that the breast cancer research program also sponsors forums for community members and holds regular investigator meetings to develop new ideas for breast cancer research.

Regent Bagley asked how the incidence of breast cancer corresponded to age. Dr. Esserman explained that the risk for developing a cancer at age 35 is one in 2,500, while at age 50 the risk increases to one in 50. There is evidence to suggest that environmental factors contribute up to 50 percent of the risk.

Regent Miura asked about the racial composition of the women studied by the Marin County Breast Cancer Watch. Dr. Wrensch noted that, due to the demographics of Marin County, the women with breast cancer are 98 percent white. White women in Marin County are at a somewhat higher risk for breast cancer than other ethnicities.

In response to a question from Regent S. Johnson regarding early detection, Dr. Esserman explained that some patients respond to treatment better than others. Researchers are focused on questions such as how to tailor therapies to different types of tumors.

Regent Kohn noted that the Oxford study had been conducted on the cases of thousands of women with breast cancer and imagined that the researchers rely upon this study in their work. He stressed the importance of focusing on prevention.

3. **QUARTERLY REPORT ON PRIVATE SUPPORT**

In accordance with the Schedule of Report, the **Quarterly Report on Private Support** for the period July 1 through September 30, 2000 was submitted for information.

Senior Vice President Darling noted that for the first quarter, funds raised were 11 percent above those of the prior year.

[The report was mailed to all Regents in advance of the meeting, and a copy is on file in the Office of the Secretary.]

The meeting adjourned at 1:10 p.m.

Attest:

Secretary