BREAST CANCER THEN AND NOW: 20 YEARS OF IMPACT
The National Breast Cancer Foundation has awarded almost $110 million to fund more than 370 Australian-based research projects since 1994.

We thank all our corporate partners, donors, fundraisers and volunteers for supporting us over the past 20 years.

Without research there is no cure.
Without funding there is no research.

CONTENTS

4 Sarah Murdoch: The quest for answers
5 Elaine Henry: How NBCF has made its mark
6 Calm follows decades of fear
7 1996-98: Identifying those at risk
8 2005-08: Breast tissue bank a first
9 2005-08: Young women and fertility
10 A fight for life and family
11 2006-08: Pregnancy and breast cancer
12 2008-13: Transforming detection
13 Holding onto hope
14 2009-13: Living well with lymphoedema
15 A tale of two sisters
16 2008-12: Sexuality and breast cancer
17 2009-13: Blocking breast cancer spread
18 Carole Renouf: Striving for zero deaths
Throughout my time working with NBCF, I have been overwhelmed by the generosity of the thousands of women and men who raise or give funds for us to direct to the very best research.”

SARAH MURDOCH

THE QUEST FOR ANSWERS

At the 20th anniversary of NBCF, I reflect back upon when I first became involved in 1997. I was shocked to learn that about 30% of women diagnosed would die from the disease. As well, there was little to no awareness around breast cancer and the word “breast” wasn’t something uttered freely in public. With these statistics I was motivated to take up the honour of becoming Patron, an honour I never take lightly, as I work together with the community; with women and men who have been affected by this disease to do all we can to find answers.

At NBCF we made it one of our first goals to inform all women about breast cancer and the critical need for early detection through breast self-examination and screening. October was known as “Breast Cancer Awareness Month.” Thanks to a resolute determination from media, our many ambassadors and a passionate community, awareness of the disease grew exponentially and within a few years October simply became “Breast Cancer Month”.

Throughout my time working with NBCF I have been overwhelmed by the generosity of the thousands of women and men who raise or give funds for us to direct to the very best research. Australians have done an incredible job, enabling us to invest almost $110 million in rigorously peer-reviewed research over the past 20 years. We have worked hard to improve treatments and to address issues around survivorship. We continue to find the big answers to this disease that still causes the death of seven Australian women every day.

I meet many diagnosed with breast cancer and nothing beats that look in their eyes when they tell me they have beaten the disease. The most difficult thing is looking in the eyes of those who have metastatic, or secondary, cancer and knowing their time is running out. I recall meeting a young mum like this with four young children. I asked her why she had only just been diagnosed and she replied that she was so busy looking after her children she hadn’t thought of herself.

I applaud the dedication of all those researchers and clinicians who work in breast cancer. And to all those living with breast cancer, it is our vow to keep working towards getting answers for you sooner.

Sarah Murdoch
NBCF Patron

1994

NBCF established
Five-year breast cancer survival rate is 70%

HOW NBCF HAS MADE ITS MARK

Arriving back in Australia in 1981 and joining the Cancer Council, I met a group of older women struggling with their own survival from breast cancer, trying to support others with hospital visits when their doctors “allowed”, and proudly asking for office space to coordinate their activities. My feelings were a jumble of humility and outrage, followed by determination.

The outrage and determination came flooding back about seven years later when the editor of a well-known business magazine refused to have breast cancer as the cover story as it would adversely affect sales! It took the supportive wife of a Prime Minister and the mapping of a comprehensive and integrated plan before a spotlight was eventually shone on the need for more systematic action against a disease which was the most common cause of cancer death in Australian women. By the early 1990s the control of breast cancer had finally become a political imperative.

The National Breast Cancer Foundation (originally the Kathleen Cunningham Foundation named after a pioneer surgeon at Rachel Forster Hospital in Sydney) was established with seed funding from the Federal Government. Its aim was to focus on meritorious breast cancer research by attracting the best and brightest into a career path searching for the answers to questions about the causes, treatment and prevention of breast cancer.

With the support of the community and our major corporations, NBCF has emerged over the past 20 years as a vital, independent organisation raising the funds and investing in research to elucidate the underlying mechanisms of this most insidious group of diseases. As the steward of public funds, NBCF determined it was important to commission an independent evaluation of research funded since 1994 to ensure that our investment had been wise and that we were having an impact. The Health Economics Research Group at Brunel University confirmed, in this landmark study, that our strategy was working – as you can read on the following pages – but emphasised that more needed to be done.

I am sure those courageous women from 1981 would be well satisfied that their pioneering efforts were not in vain.

Elaine Henry
NBCF Board Chair

NBCF determined it was important to commission an independent evaluation of research funded since 1994 to ensure that our investment had been wise and that we were having an impact.”

ELAINE HENRY
**CALM FOLLOWS DECADES OF FEAR**

There would be few people whose story better illustrates progress in breast cancer research than Kate Friis.

Almost 50 years ago, Kate’s mum Kathleen died from breast cancer aged 42, when Kate was just eight years old. She left behind her three daughters, all of whom would go on to develop breast cancer – and survive.

Kate’s sister, Anny, was diagnosed with breast cancer at the age of 32. The cancer was caught early and Anny has had no further problems. In her early 50s, Kate’s oldest sister, Liz, also developed breast cancer. Again treatment was successful.

It’s little wonder that Kate, the youngest of the three, has been vigilant, almost paranoid, about checking for early signs of breast cancer. Kate had had regular mammograms for breast cancer since her mid-20s. Then in 2007, just shy of her 50th birthday, a mammogram showed that Kate had high-grade ductal carcinoma in situ (DCIS), a precancerous condition.

She took three months to research her options but, in the end, decided to have a double mastectomy with immediate reconstruction – the option that gave her peace of mind after decades of living with the fear of breast cancer.

“The clear difference between me and my mum was that I was able to stop breast cancer in its tracks. Mum didn’t have that option,” Kate says. “When I was 25, I believed that if you get breast cancer, you die, because my mother died. Now, thanks to progress made in treating breast cancer, my daughter Hanne, now 25, is not fearful because her mum and two aunts have all had breast cancer and are hale and healthy, living their lives to the max.”

Despite a lifetime living in the shadows of breast cancer, Kate has overcome the fear she once felt about her daughter’s future.

“Before I got involved with NBCF, I couldn’t bear to think what might happen to Hanne after all that our family has been through,” she says. “But now that I know so much about the research that NBCF is funding, I feel a lot calmer.”

**“The clear difference between me and my mum was that I was able to stop breast cancer in its tracks. Mum didn’t have that option.”**

**Kate Friis**

---

1996-98: IDENTIFYING THOSE AT RISK

Identifying people who are at high risk of developing breast cancer will pave the way for more effective screening and prevention strategies.

By the early 1990s, it was becoming apparent that women with abnormally high mammographic density (appearing as white matter on a mammogram) have a greater risk of developing breast cancer.

If the genes that cause variations in mammographic density could be identified, they may provide clues to the genetic basis of breast cancer – particularly in those with a strong family history of the disease.

This led Professor John Hopper and colleagues at the University of Melbourne to try to identify which genes might control mammographic density. They did this by studying a large number of twin pairs and their sisters. Identical twins share all their genetic material, while non-identical and sister pairs share on average half their genetic material. They examined differences in mammographic density between the different groups.

The work has since gone on to show that genetic factors appear to explain about 60% of the wide variation in mammographic density, and has provided important clues to the genes driving breast cancer risk.

---

**NBCF-funded work has global impact – involving researchers from more than 30 countries**

---

**The IMPACT**

- Australia is now leading the world in mammographic density research and the genetic basis of breast cancer risk
- World-first discovery of a gene involved in mammographic density that may act as a marker of breast cancer risk
- Provided the foundation for breast density to be measured for the first time in Australia, allowing women to determine their individual risk of breast cancer.
As breast cancer is such a complex disease, scientists need access to large numbers of breast cancer tissue specimens with information on disease outcomes to ensure their research is most relevant to patients. NBCF provided funding that helped to establish the Australian Breast Cancer Tissue Bank (ABCTB), a facility that collects breast cancer specimens and clinical data from newly diagnosed patients. Before the ABCTB was established in 2006, there was no other national tissue bank collecting specimens from non-inherited breast cancer cases in Australia, and very few worldwide.

The ABCTB has built up a large collection of breast cancer specimens and related information about the donor’s health, treatment and outcomes. Australian and international researchers can apply to use the specimens and information for their projects.

Director of the ABCTB, Professor Christine Clarke, from the Westmead Millennium Institute, said many research projects would not have been possible without the tissue bank.

“Is it vital that researchers have access to breast cancer tissue to conduct clinically relevant research that will help women with breast cancer,” she says.

**THE IMPACT**

- The first non-inherited breast cancer tissue bank in Australia
- Provides a high-quality collection of breast cancer tissue samples and related clinical information to researchers throughout Australia and the world, from teams at the Mayo Clinic in the US to Canberra Hospital
- More than 6,500 patients have donated to the bank and more than 10,000 tissue samples have been provided to breast cancer research projects
- Collection of breast cancer tissue and data is now routine in some hospitals
- An internationally renowned resource, allowing interaction with world leaders in breast cancer research.

Nearly one-third of NBCF-funded research has, or will, impact on health service policy and decision making.
Jacqui Hill, a clinical nurse educator, supports NBCF because she is passionate about research. "Initially I supported research to find a cure for myself and others with breast cancer," she says. "Now my motivation is for my daughter. I dream of the day I tell Harriet my breast cancer story, assuring her that she is safe because we have found the key to prevention, or better still we have the cure.”

Jacqui has directly benefited from increased efforts to ensure that young women with breast cancer have full information about how treatment can affect their fertility. NBCF-funded research has led to the development of key resources to ensure fertility issues are high on the agenda when a young woman is diagnosed with breast cancer.

Jacqui completed treatment in 2010 and is now in good health. In 2012, her daughter Harriet was born. Jacqui, a clinical nurse educator, supports NBCF because she is passionate about research.

"Initially I supported research to find a cure for myself and others with breast cancer," she says. "Now my motivation is for my daughter. I dream of the day I tell Harriet my breast cancer story, assuring her that she is safe because we have found the key to prevention, or better still we have the cure.”

Dr Angela Ives, from the University of Western Australia, studied women who were diagnosed with breast cancer during their pregnancy, within 12 months after giving birth, or who became pregnant after diagnosis. She explored the treatment they received, the outcomes of their diagnosis, and asked them about the unique practical and emotional issues they faced.

Her study aimed to help health professionals to better manage the treatment of this group of women and to enable women to make more informed treatment choices.

Dr Ives’ study found that women diagnosed soon after completing a pregnancy have a poorer prognosis compared with young women diagnosed with breast cancer when they are pregnant or have not recently been pregnant. This may be due to later diagnosis, as breast changes during pregnancy and lactation may mask signs of the disease. Interestingly, young women who became pregnant after a breast cancer diagnosis appeared to have better outcomes compared with other young women.

Dr Ives also found that these situations may have significant emotional and psychological side effects, such as anxiety about how their cancer diagnosis might impact on their unborn child’s health, and fear of not seeing their child grow up. "They need to know that they are not alone," she says. “Women want to know all their options so they can make supported choices, without judgment.”

Fortunately, a diagnosis of breast cancer during pregnancy or shortly after giving birth is uncommon. However, it can present some unique challenges – both emotionally for the woman and her family, but also for doctors to determine the best course of treatment.

In the mid-2000s, little was known about how pregnancy could affect the treatment and outcomes of young women diagnosed with breast cancer.

Jacqui Hill knows better than most what a difference a day makes.

On 16 August 2009, Jacqui and her husband Chris were as happy as they thought any couple could be. It was their first wedding anniversary and they had just discovered that Jacqui was pregnant with their first child.

The next day, her doctor called to tell Jacqui the results of her biopsy on a breast lump had come back – she had breast cancer.

Not only did Jacqui, then aged 30, have to face a life-threatening illness; she and Chris had to make the heart-breaking decision to terminate the pregnancy – knowing that cancer treatment, especially chemotherapy, could affect Jacqui’s fertility.

Jacqui’s doctors were determined to ensure she had every chance to fall pregnant again. In between surgery to remove the cancerous lump and chemotherapy, Jacqui had IVF to secure her eggs for future use. “My breast surgeon is my daughter. I dream of the day I tell Harriet my breast cancer story, assuring her that she is safe because we have found the key to prevention, or better still we have the cure.”

Jacqui’s doctors were determined to ensure she had every chance to fall pregnant again. In between surgery to remove the cancerous lump and chemotherapy, Jacqui had IVF to secure her eggs for future use. “My breast surgeon is my daughter. I dream of the day I tell Harriet my breast cancer story, assuring her that she is safe because we have found the key to prevention, or better still we have the cure.”

Jacqui’s doctors were determined to ensure she had every chance to fall pregnant again. In between surgery to remove the cancerous lump and chemotherapy, Jacqui had IVF to secure her eggs for future use. “My breast surgeon is my daughter. I dream of the day I tell Harriet my breast cancer story, assuring her that she is safe because we have found the key to prevention, or better still we have the cure.”

Jacqui’s doctors were determined to ensure she had every chance to fall pregnant again. In between surgery to remove the cancerous lump and chemotherapy, Jacqui had IVF to secure her eggs for future use. “My breast surgeon is my daughter. I dream of the day I tell Harriet my breast cancer story, assuring her that she is safe because we have found the key to prevention, or better still we have the cure.”

Jacqui’s doctors were determined to ensure she had every chance to fall pregnant again. In between surgery to remove the cancerous lump and chemotherapy, Jacqui had IVF to secure her eggs for future use. “My breast surgeon is my daughter. I dream of the day I tell Harriet my breast cancer story, assuring her that she is safe because we have found the key to prevention, or better still we have the cure.”

Jacqui’s doctors were determined to ensure she had every chance to fall pregnant again. In between surgery to remove the cancerous lump and chemotherapy, Jacqui had IVF to secure her eggs for future use. “My breast surgeon is my daughter. I dream of the day I tell Harriet my breast cancer story, assuring her that she is safe because we have found the key to prevention, or better still we have the cure.”
Breast cancer then and now: 20 years of impact

At the molecular level, breast cancer is not just one disease. Recent research suggests that there may be at least 10 different subtypes of breast cancer driven by changes in different sets of genes and all of which may respond to treatment in different ways.

Because of this complexity, it is often challenging for doctors to know which treatment will work most effectively for which patients. This means that some patients may get little benefit from a particular type of chemotherapy, but are still exposed to the side effects.

It is also difficult to predict at diagnosis which women are most at risk of their cancer spreading away from the breast to distant organs. If these patients are identified early, they could be given more aggressive treatment to prevent progression of their disease.

Professor Matt Trau and collaborators from across Australia wanted to create a cheap and simple test, such as a blood test, that could help tailor treatments for individual patients at high risk of disease progression.

The team worked across the cutting-edge fields of genetics and nanotechnology to develop tiny devices called nanoscaled biosensors. These nanoscaled biosensors are microscopic devices coated with highly sensitive DNA detectors to identify the specific subtype of breast cancer and help guide the treatment of the patient.

“When these new diagnostic technologies we hope to be able to determine at diagnosis if the cancer has spread or not, then work out the best way to treat it. If it hasn’t spread, the patient might be spared chemotherapy.”

Professor Trau says, “If the cancer has spread, these technologies should help the oncologist choose the chemotherapy that is most likely to benefit each particular patient.”

Nearly three-quarters of NBCF grants involve national and international collaborations

**2008-13: TRANSFORMING DETECTION**

**THE IMPACT**

- World-first in combining cutting-edge methods in nanotechnology and epigenetics to revolutionise the way cancer is detected and treated via a simple and inexpensive blood test or biopsy
- Discovery of more than 200 new regions of DNA associated with advanced breast cancer – critical to increase understanding of breast cancer spread and identify those patients at high risk of disease progression
- Great potential for these advances to be applied to other cancers to improve diagnosis and treatment.

**HOLDING ONTO HOPE**

When Tracey Ryan fronts a room full of people to talk about her breast cancer experience, she has one key message: don’t give up hope.

Tracey, 50, has been speaking on behalf of NBCF for the past three years – all the while enduring debilitating treatment for the breast cancer that has now spread to her spine, lungs and liver.

Through it all, a defiantly positive attitude has sustained Tracey and her family. Even now, as she faces the reality that she has terminal breast cancer, Tracey holds onto hope.

“My oncologist told me how long I’ve got, but I’m going to prove her wrong,” she says. “Despite the pain and the fear, life is still life, and it beats the hell out of the alternative.”

Tracey speaks on behalf of NBCF because she believes research holds the only chance that she, and many like her, with advanced breast cancer, can survive.

“Research is the only way we’ll get a cure,” Tracey says. “I’m in a support group for women with advanced breast cancer. There are 62 in the group and many have small children. We want to see our children grow up.”

Despite her daily “grin and bear it”, Tracey has found ways to find joy in her life and appreciate every day she has with her husband, Andrew, her daughter Erin, 26, and her son Leigh, 16.

In short, Tracey believes research has bought her time, and she’s not wasting a minute. She’s drawn up a bucket list, which includes a long-held ambition – skydiving.

In September 2013, on her wedding anniversary, Tracey was strapped to a skydiver and jumped out of a plane. “It was breathtaking and absolutely beautiful,” she says. “I felt so free. I thought, I’m alive and I’m here and nothing else matters.”

Tracey’s message to NBCF in its 20th year, and to the scientists it funds, is never give up.

“I know research is slow and painstaking work, but it makes a real difference to people like me,” she says. “We have come a long way, but we still have a hell of a long way to go.”
While more women are surviving breast cancer, treatment can leave them with long-term physical problems such as painful swelling of the arm known as lymphoedema.

NBCF funding has allowed Professor Sharon Kilbreath to lead a series of studies aimed at identifying the causes of, and risk factors for, lymphoedema, as well as developing better ways of preventing and treating this debilitating condition.

Her findings have challenged common but mistaken beliefs about what women can and can’t do after breast cancer surgery to help prevent lymphoedema developing. For example, women have often been advised to be very cautious with what activities they do with the arm on the side of surgery and to avoid air travel, but Professor Kilbreath has found no evidence to support this advice. While numerous criteria have been used to diagnose women with lymphoedema, most of these lacked any evidence to support them. In a series of studies, Professor Kilbreath’s group identified evidence-based criteria for diagnosing lymphoedema of the arm as well as the hand.

Her research has also included investigations on whether accepted lymphoedema treatments actually work. Professor Kilbreath, an NBCF Fellow, became interested in breast cancer research after being diagnosed with breast cancer in 2001.

“My immediate coping strategy was to go to the literature to see what I could do to prevent long-term problems such as lymphoedema,” she says. “At that time, the literature was pretty sparse. Women were provided with a list of do’s and don’ts without any evidence to support this advice.

“We have successfully challenged these assumptions and showed that many of the do’s and don’ts are not supported, which means that women can get on with their life and not be fearful whenever they use their arm.”

While numerous criteria have been used to diagnose women with lymphoedema, most of these lacked any evidence to support them. In a series of studies, Professor Kilbreath’s group identified evidence-based criteria for diagnosing lymphoedema of the arm as well as the hand.

Her research has also included investigations on whether accepted lymphoedema treatments actually work. Professor Kilbreath, an NBCF Fellow, became interested in breast cancer research after being diagnosed with breast cancer in 2001.

“My immediate coping strategy was to go to the literature to see what I could do to prevent long-term problems such as lymphoedema,” she says. “At that time, the literature was pretty sparse. Women were provided with a list of do’s and don’ts without any evidence to support this advice.

“We have successfully challenged these assumptions and showed that many of the do’s and don’ts are not supported, which means that women can get on with their life and not be fearful whenever they use their arm.”

Jennie Ellis

If Jennie Ellis wants proof of how research can directly benefit the lives of women with breast cancer, she only has to compare her life after breast cancer with that of her sister-in-law, Cheryl.

Jennie, who was first diagnosed with breast cancer in 1997, had all her lymph nodes removed to check for cancer spread. Even though the surgery found no cancer cells in her lymph nodes, Jennie was left with lymphoedema, a permanent, painful and debilitating condition caused by fluid build-up due to the invasive surgery.

Her sister-in-law Cheryl, who was diagnosed with breast cancer 10 years later, hasn’t had lymphoedema because her lymph nodes are largely intact. Cheryl had a less-invasive procedure called a sentinel node biopsy to check if cancer had spread to the lymph nodes. This involves only removing the first one or two lymph glands that a cancer may spread to.

“In that 10 years, from when I was diagnosed to when Cheryl was diagnosed, researchers developed a way to reduce the impact of surgery on women,” Jennie says. “Until that time, removing all lymph nodes was the gold standard treatment and women were just expected to put up with lymphoedema.”

NBCF was one of several organisations that funded a clinical trial that found that sentinel node biopsy was just as effective as traditional surgery in predicting and controlling cancer spread. The sentinel node trial results may have come too late for Jennie, but research has helped her to manage lymphoedema.

I’m happy that research has meant my sister-in-law and many other women don’t have to accept lymphoedema as part of their life.”

Jennie Ellis
Breast cancer then and now: 20 years of impact

2008-12: SEXUALITY AND BREAST CANCER

Treatments for breast cancer can have profound and often long-lasting effects on sexual intimacy for breast cancer patients and their partners.

Professor Jane Ussher and colleagues, Associate Professor Janette Perez and Dr Emilee Gilbert, recognised that this was an important area of need for patients, yet there had been little in-depth research addressing it. It also remained largely invisible within policy and practice guidelines developed to improve the quality of life of people with cancer and their partners.

“Despite its importance, sexuality was rarely mentioned by health professionals who work with cancer patients,” Professor Ussher said. “This means there was an absence of information and support on how to deal with sexual or body image concerns that stem from cancer-related surgery.”

Professor Ussher and her team had funding from NBCF, the Australian Research Council and Cancer Council NSW to explore this important issue in depth. They used questionnaires and interviews with patients, partners and health professionals to help identify the changes in sexuality and intimacy that couples often experience after cancer treatment.

“A significant proportion of couples reported that physical intimacy and sexual contact stopped or was reduced after cancer,” Professor Ussher said. “Many women with breast cancer reported diminished sexual desire and response, as well as bodily changes and feeling unattractive, which led to changes in their intimate relationships with their partner. In many cases, these changes were associated with depression and anxiety, as well as significant disruptions to relationships.”

The researchers used the information they gained to develop a self-help booklet, Sexual Intimacy and Cancer, which described sexual changes that can occur after cancer, and strategies women and their partners can adopt to address them.

THE IMPACT

- The booklet has significantly impacted on helping women understand what happens to their body sexually, facilitate conversation about sex with their partner, and reduce anxiety about sexual changes
- Provided health care professionals with a critical resource to raise and address sexuality and intimacy issues with patients and their partners
- Contributed to clinical practice guidelines for the management of breast cancer patients.

More than half of NBCF-funded researchers engage with breast cancer patients and their families – the people who will directly benefit from their research.

2009-13: BLOCKING BREAST CANCER SPREAD

If breast cancer is diagnosed early, treatment is often successful and women can be effectively cured. However, in about one-fifth of cases, the cancer spreads away from the primary tumour in the breast to areas such as the bone and the lungs – a process called metastasis. At this point, treatment options are limited and the survival rate drops significantly.

NBCF Fellow, Associate Professor Robin Anderson, and her team at the Peter MacCallum Cancer Centre in Melbourne are investigating why certain cancer cells spread around the body while others stay in the primary breast tumour.

They are trying to identify the genes that control the spread of breast cancer and learn more about how they work to cause metastasis in some patients, but not others.

“Once we have identified the genes linked to metastasis, we can alter their level of activity in tumours and measure the impact of this change on the ability of cancer cells to spread,” Associate Professor Anderson says.

“With this knowledge we can then develop new drugs to block their activity and help prevent the tumour from growing in other tissues at secondary sites.”

The research has uncovered a number of genes shown to regulate metastasis, and a therapy targeting one of these genes has been shown to delay the spread of breast cancer in early laboratory tests. This discovery lays the foundation for a therapy for patients with advanced breast cancer.

THE IMPACT

- Discovery of several new genes that control breast cancer metastasis, significantly increasing our knowledge and understanding of this critical process
- Identifying a potential therapy to block the spread of breast cancer
- Extensive dissemination of research findings in Australia and around the world – including publications in leading international journals
- Research advances have helped to significantly accelerate the development of promising new therapies for the treatment of metastatic breast cancer.

NBCF-funded research has generated more than 660 publications in peer-reviewed journals, with papers cited at double the world benchmark.

NBCF-funded researchers are part of a global consortium that discovers new genes involved in breast and ovarian cancer.

Breast cancer then and now: 20 years of impact
CHALLENGES IN BREAST CANCER RESEARCH: THE NEXT 20 YEARS

Identifying the genes that increase breast cancer risk

Determining how to prevent breast cancer

Improving early detection methods

Understanding and treating advanced breast cancer

Personalising treatment to improve outcomes

Improving survival rates for aggressive types of breast cancer, like triple negative disease

Addressing inequities in outcomes for Indigenous women

STRIVING FOR ZERO DEATHS

After three years in this role, I am only just beginning to realise how very blessed NBCF is to have such a diverse and large community of support around the country. And when I look over the past 20 years of achievement, I can begin to understand why. From its inception, NBCF has delivered in shaping the course of breast cancer research for maximum impact. We intend to continue that tradition even more vigorously over the next 20 years, striving towards our goal of zero deaths by 2030, and beyond.

Over the past year in particular, both the Board and the executive have been accruing significant inputs to guide our future research investment strategy: the evaluation from Brunel University, our Community Conversations, a review of progress against our 2010 National Action Plan. We have also been active internationally in liaising with other funders through the International Cancer Research Partnership and cancer research leaders to ensure that while we may act locally, we are thinking globally. This is all in preparation for a pivot point in research funding strategy in our 20th year.

With the help of our Research Advisory Committee, Consumer Advisory Group and other expert stakeholders, I look forward to putting in place some different funding approaches cutting to the heart of areas of need the community has flagged to us – whether advanced breast cancer or breast cancer in young women.

We will also endeavour to use our funding as an accelerant of research results. In recent years, NBCF has funded very little research into health services delivery, and this will become an important area for attention. Similarly, we have done little for underserved populations such as Indigenous women with breast cancer, and this will be redressed. Where we can investigate questions that will deliver across other cancers as well as breast, we will do so, hopefully in partnership with other funders.

Above all, we will keep listening – on the one hand, to the needs of the community that we serve; and on the other, to the expertise of the research community through whose dedication we provide that service. Research may take time to bear fruit, but our job is to transform the health future and, together, we are well on our way.

Carole Renouf

NBCF CEO

“From its inception, NBCF has delivered in shaping the course of breast cancer research for maximum impact. We intend to continue that tradition even more vigorously over the next 20 years...”

Carole Renouf