Why Susan G. Komen®?

Every 60 seconds, someone in the world dies from breast cancer. In the U.S. alone, more than 42,000 people will lose their lives this year to this devastating disease - that’s one person every 13 minutes. That’s unacceptable!

With 1 in 8 women in the U.S. expected to be diagnosed with breast cancer at some point in her lifetime - or one woman every 2 minutes - nearly everyone will be touched in some way by this disease.

Susan G. Komen has more than three-and-a-half decades of experience fighting breast cancer. We’re seeking research breakthroughs, providing needed care to those facing the disease today, educating patients, families and providers, mobilizing communities of compassion and ensuring that the needs of the breast cancer community are heard by policymakers across the country.
Letter from the CEO

From the very beginning, this movement has been built on a foundation of love and collaboration. The love of mothers who wanted to protect their daughters and daughters who wanted to honor their mothers. And the love of a sister who found purpose through the suffering and loss of her older sister.

We’re doing everything we can to save lives and end this disease, but we cannot do it alone. It takes brilliant scientists, dedicated health care providers and passionate men and women speaking up, educating their neighbors and building a chorus of voices to make breast cancer a national priority.

For more than 35 years, Susan G. Komen has taken a comprehensive approach to fighting the disease. We’ve invested in breakthrough research which has improved our understanding of the disease, and how to detect and treat it. Yet advances in the lab only matter if people can benefit from these discoveries. Too often, women and men aren’t getting the care they need, either because they don’t understand the care that is available, or they can’t afford the care because they are uninsured or underinsured. That’s why Komen is also providing real-time help to those facing the disease now.

This year was marked by significant change and considerable progress. Our research program is focused on the most aggressive and deadly forms of breast cancer. We are working nationally, and in each of our communities, to close gaps in mortality rates by increasing access to quality care, providing important education and breaking down cultural and systemic barriers so that everyone can get the help they need. Through our advocacy work, we are ensuring that the needs of patients are heard by policymakers. And we are building on our efforts to ensure those living with metastatic breast cancer feel valued as part of our Komen family.

We have a lot of work left to do, but by working together and standing on a firm foundation built by generations of advocates, we are on the cusp of seeing our vision of a world without breast cancer become a reality.

Paula Schneider, President and CEO
“We are on the cusp of seeing our vision of a world without breast cancer become a reality.”

Paula Schneider, CEO
Susan G. Komen’s **Bold Goal**

Reduce the current number of breast cancer deaths by 50% in the U.S. by 2026.

To achieve our Bold Goal, we are focused on two things: **Finding breakthroughs for the most aggressive and deadly breast cancers and ensuring that all people receive the care they need.**

20,145
2026 GOAL

40,290
BREAST CANCER MORTALITIES IN 2016
Metastatic Breast Cancer

Komen is fully committed to changing the unacceptable reality that more than 42,000 women and men in the U.S. will die from breast cancer this year. We know we cannot reduce those numbers and accomplish our Bold Goal without innovative research focused on metastatic (stage IV) breast cancers.

- About **70 percent of Komen’s most recent research funding** investment was focused on metastatic breast cancer and treatment resistance.

- In all, Komen supports **85 active research studies totaling more than $55.6 million** invested in projects focused on understanding how breast cancer metastasizes and how to prevent and treat metastatic breast cancer.

- **56 of these grants are focused on identifying, developing or testing** new treatments for metastatic breast cancers, including 14 that support clinical trials.

“I didn’t want to tell [my family] when I found out. First because I didn’t believe it was true … and then because I wanted the holidays to go by – Thanksgiving, Christmas, New Year’s, my birthday – and I wanted to celebrate without [anyone] knowing. So they could treat me the same.”

Sandra Lopez
Living with Metastatic Disease
HIGHLIGHTS OF NEW RESEARCH GRANTS AWARDED

Aki Morikawa, M.D., Ph.D., of the University of Michigan, is studying if real-time drug testing can guide treatment decisions in the clinic and improve outcomes for breast cancer patients who develop brain metastases.

Karla Williams, Ph.D., of the University of British Columbia, is investigating how breast cancer cells metastasize and spread throughout the body. She hopes that her studies will lead to better ways to detect metastasis early and identify targets for treatment.

Jennifer Rosenbluth, M.D., Ph.D., of Harvard Medical School, is investigating new treatments for inflammatory breast cancer (IBC), an aggressive cancer type that often becomes metastatic and has poor outcomes.

PATIENT EDUCATION AND SUPPORT

While research is extremely important, through a variety of national and local programs, we work to improve the quality of life and the ability of people living with metastatic breast cancer (MBC) to receive and stay in treatment. For example, over the last year:

- **More than 500 people** living with MBC received psychosocial support through Komen’s Breast Care Helpline.

- **About 800 people** living with MBC received financial grants or financial help through Komen’s Treatment Assistance Program.

- Through our MBC Impact Series, Komen and our network of Affiliates hosted **26 MBC educational events**, including 14 conferences that were livestreamed so that people unable to attend in-person could benefit from the information.
Three Facets of Komen’s Mission

Susan G. Komen’s mission is to save lives by meeting the most critical needs in our communities and investing in breakthrough research to prevent and cure breast cancer. This work is implemented through:

Advocacy, Discovery and Delivery.

“It takes corporations, it takes individuals, it takes researchers, it takes geneticists, it takes everybody to put their tools and their talents into getting rid of this disease.”

Andrew Gardner, Director of Radiology and Cancer Services Wellstar Atlanta Medical Center South
Advocacy and Public Policy

Driving Systemic and Sustained Change

Since our early days, Komen has mobilized our communities to take action. Together, we ensure the voice and needs of breast cancer patients, survivors and the people who love them are heard by policymakers and government regulators.

The Susan G. Komen Center for Public Policy seeks to improve outcomes and save lives through sound public policy. Only through informed government action can we make the broad, systemic and lasting change we need. As a patient advocacy organization with first-hand knowledge of how breast cancer impacts people and communities, Komen must advocate at all levels of government. Komen works to educate people about public policy issues, so they are empowered to become forceful advocates for themselves and their neighbors, and then unites their collective voices for maximum impact.

By working together, we can truly affect issues that have the greatest impact in our communities and the greatest return on investment for the women and men we serve.

2019-2020 Public Policy and Advocacy Priority Issue Areas

- EXPANDING Access to Affordable, High-Quality Health Care
- FUNDING Breast Cancer Research
- ENSURING Coverage and Access to Breast Cancer Screening and Diagnostic Services
- REMOVING Insurance Barriers to Treatment
2019 KOMEN ADVOCACY SUMMIT
Komen’s 2019 Advocacy Summit convened more than 250 people from across the country, who met with more than 400 congressional offices in support of our priority issues important to women and men impacted by breast cancer, including new legislation introduced earlier that week to address the high costs of cancer diagnostic exams. Advocates also stressed the importance of ensuring parity between insurance coverage of oral chemotherapy, which often is governed by prescription drug benefit rules, and traditional IV treatments, as well as maintaining the government’s commitment to funding breast cancer research and vital safety-net programs, such as the National Breast and Cervical Cancer Early Detection Program.

CONGRESSIONAL BRIEFING ON DIAGNOSTIC BREAST IMAGING
For the first time in nearly 10 years, Komen hosted a congressional briefing on Capitol Hill highlighting a Komen-commissioned study that analyzed the out-of-pocket costs for diagnostic breast imaging. The briefing provided an opportunity to educate hill staffers, the press and Komen partners on the issue. To learn more about this research visit: komen.org/advocacy-resources
State Advocacy:
ELIMINATING INSURANCE BARRIERS TO CARE

Komen has increased our presence and expanded our participation in state policy across the country. Below are a few examples of ongoing efforts.

**Komen Affiliates in Arkansas** successfully worked on eliminating step therapy protocols for people living with metastatic breast cancer, for whom the wait times for prescribed treatments are especially devastating. The legislation allows metastatic patients to avoid the step therapy process, which provides access to their treatments faster.

**Komen Idaho Montana and our Tennessee Affiliates** worked on legislation that would create parity between oral chemotherapy and traditional IV therapies.

**Illinois advocates** are focused on leading legislation that would eliminate the disparity in health insurance coverage between screening and diagnostic mammography.

A coalition of patient advocacy organizations joined together in Kansas to fight against “junk insurance” plans introduced in the state legislature. The groups worked to ensure short-term and unregulated health plans, that expose consumers to medical and financial harm, did not enter the market.

**Komen Oregon and SW Washington** worked to reduce utilization management protocols to ensure patients are able to more easily access the most effective treatments.

**Komen’s New York Affiliates** supported legislation to ensure that all prescriptions breast cancer patients are currently taking remain at the same formulary level and cost throughout the contract period. Mid-year, non-medical switching takes treatment decisions out of the hands of doctors and patients, and is not based on what is medically best for the patient.

**Voters in Idaho, Nebraska and Utah** voted to expand Medicaid through ballot initiatives in the November election. This is an important win for the most vulnerable in these states, as more than 325,000 citizens will now have access to traditional Medicaid coverage up to 138 percent of the Federal Poverty Level. Komen, working in partnership with coalitions, supported the state referendums to ensure uninsured individuals would have access to high-quality, affordable health care.

**Komen advocates from across the state of Texas** visited the state capitol in Austin to urge support for legislation that eliminated the disparity in health insurance coverage between screening and diagnostic mammograms, funding for the Cancer Prevention & Research Institute of Texas (CPRIT) and the state’s screening program.
Komen Affiliates also held Lobby Days across the country to advocate for health care policies that put patients first and make breast cancer a priority.

STATE PUBLIC POLICY AND ADVOCACY TRAINING
Komen worked over the last year to grow state advocacy capacity, expand grassroots involvement and strategize for upcoming state legislative sessions. Through interactive trainings in California, Illinois, Ohio, Tennessee and Texas, local leaders and advocates were brought together to discuss each state’s unique advocacy and public policy issues. The training programs were tailored to provide practical solutions in each state.

PATIENTS’ ACCESS TO TREATMENTS WEBINAR SERIES
Komen has long advocated for policies to reduce insurance barriers that shift costs to patients, preclude physician decision making or place unnecessary burdens on accessing care. Because of this tireless advocacy, patients are finally beginning to access affordable treatment options they deserve. Unfortunately, most patients are unaware of these new treatment options, updated insurance policies and their options for cost-savings. In response, Komen created a quarterly webinar series to educate Komen Affiliates, patients, survivors, grantees and caregivers on these important topics.

“Those women would not have known that they had cancer. They were mothers, daughters, sisters, grandmothers that might not be here today had it not been for us being able to assist them to get mammograms.”

Darlene Mims,
Supervisor of Cancer Services
Wellstar Atlanta Medical Center South
In the beginning, Susan G. Komen's research investment was designed to understand the basic biology of breast cancer. As we learn more about the factors that cause cancer cells to grow and spread to other parts of the body, we are able to invest in finding better approaches to early detection, treatment and prevention.
Over the last year, Komen-funded researchers have contributed to the following research discoveries, among others:

**Avoiding Toxic Side-Effects** — Older patients with breast cancer are at a higher risk of treatment side effects. In a Komen-funded study, Komen Scholar Sharon Giordano, M.D., studied the relationship between chemotherapy regimens and hospitalization for older women with newly-diagnosed metastatic breast cancer so that this group of patients can avoid treatment regimens that may cause toxic side effects that lead to hospitalization. Published in *Cancer*, the results of this study show that treatment toxicity differed among chemotherapy regimens and that these differences may help better inform treatment decisions for this population of women.

**Combating Treatment Resistance** — People diagnosed with estrogen receptor-positive (ER+) breast cancer often become resistant to standard therapies. In a new *Nature Genetics* publication, funded in part by Komen, Nikhil Wagle, M.D., and team, showed that mutations in HER2 contribute to treatment resistance in patients with metastatic ER+ breast cancer. They demonstrated that resistance could be reversed by combining ER-directed therapies with the HER2 inhibitor called neratinib.

**TAILORx Study Focuses on Early Breast Cancer and Chemotherapy** — This groundbreaking study, supported in part by Komen, found that 70 percent of women with hormone receptor (HR)-positive, HER2-negative breast cancers could forgo chemotherapy and avoid its toxic side effects. Researchers also found that African-American women had a 39 percent higher risk of breast cancer recurrence compared to white women, and a 52 percent increased risk of death. This adds to an emerging body of evidence suggesting a biologic basis contributing to racial disparities that requires further evaluation.
Komen Scholar and Promise Grant recipient Dr. Matthew Ellis continues to expand understanding of estrogen receptor positive (ER+) breast cancer and treatment resistance.

According to his research, specific mutations to the estrogen receptor protein can cause ER+ breast cancers to become resistant to current therapies and more likely to spread throughout the body to other organs like the lungs. Encouragingly, CDK4/6 inhibitors (a class of drugs designed to interrupt the growth of cancer cells) may be able to overcome treatment resistance driven by these mutations.

Some tumor cells can spread to distant parts of the body where they lie dormant or ‘asleep’. These cells, called disseminated tumor cells (DTCs), are difficult to eliminate and can eventually develop into metastatic tumors. In a Nature Cell Biology publication, Komen-funded investigators Candice Grzelak, Ph.D., Cyrus Ghajar, Ph.D., and colleagues show that DTCs residing near blood vessels are protected from the killing effects of chemotherapy. They demonstrated that targeting the area around blood vessels can sensitize breast DTCs to chemotherapy and stop the development of metastatic tumors arising from DTCs.

Breakthrough in Brain Metastasis — In a new Journal of Clinical Oncology publication, several Komen-funded researchers reported results from the Translational Breast Cancer Research Consortium Phase II trial testing neratinib + chemotherapy in patients with HER2+ breast cancer and brain metastases. They found that neratinib activity against brain metastases is enhanced by addition of chemotherapy with a significant reduction in brain metastases size in roughly half of the patients treated.

Carolina Breast Cancer Study Identifies Contributing Disparity Factors — This Komen-funded research study found a potential factor explaining why African-American women diagnosed with breast cancer are more than 40 percent more likely to die than white women. African-American women with hormone-receptor positive (HR+) breast cancer were more likely than white women not to take their endocrine therapy as prescribed. Importantly, the study also identified several reasons for treatment nonadherence that are different between African-American and white women. Differences in their beliefs about the risk that their cancer will return and the ability of endocrine therapy to protect them from a recurrence, as well as differences in how treatment decisions are made between the doctor and patient and the burden of side effects appear to be driving the difference in nonadherence.
LEVERAGING BIG DATA TO DRIVE DISCOVERIES

Komen envisions a world in which health care is an integrated web of information, so patients are better informed and feel empowered, data systems are linked and accessible and electronic health records provide evidence-based support for clinical decision-making. While Big Data applications hold immense promise for research, the capabilities of data science and technology have not revolutionized the health care industry the way they have other industries (e.g. financial industry, transportation).

Komen’s Big Data for Breast Cancer (BD4BC) Initiative aims at using Big Data to fuel scientific discoveries and accelerate the delivery of equitable, patient-focused care. It takes a three-pronged approach to:

- Empower the public with information and tools to make data sharing understandable and easy to do;
- Address challenges of incorporating big data applications into breast cancer research and clinical care; and
- Fund data science projects to improve breast cancer outcomes and save lives.

ADVANCING DISCOVERIES THROUGH COLLABORATIONS

The Center for Health Organization Transformation (CHOT) welcomed Komen as its newest industry member in July 2018. CHOT is comprised of eight academic centers that conduct pilot data science research projects. Through CHOT, Komen is partnering with Pennsylvania State University to use data science to advance translational discoveries that have a high impact in reducing and eliminating deaths from breast cancer.
BD4BC RESEARCH PROJECTS

Exploiting new patterns of genome damage in triple negative breast cancer. The pattern of DNA mutations found in patients can inform the treatments they should receive. Dr. Sohrab Shah of Memorial Kettering Sloan Cancer Center (New York, NY) uses DNA sequencing technologies to measure the DNA of individual cancer cells. By creating a detailed picture of how these cancers are changing over time, treatment effects can be better monitored, and patient outcomes better predicted.

Predicting disease progression from imaging data. Dr. Regina Barzilay of the Massachusetts Institute of Technology (Cambridge, MA), uses raw imaging data (mammograms) and artificial intelligence to develop better algorithms to predict expected outcomes, including recurrences.

Clinical decision support for precision breast cancer treatment. Dr. Mia Levy of Rush Cancer Center (Chicago, IL) is developing clinical decision support systems that incorporate a patient’s clinical history and the results of tumor genetic testing to produce a set of recommendations that doctors can use in the clinic.

Managing treatment burden and capacity in breast cancer patients. While the effects of illness on patients are well investigated, the burden of treatment is not commonly studied or monitored. Drs. Alex Cheng of Vanderbilt University Medical Center (Nashville, TN) and Mia Levy of Rush Cancer Center (Chicago, IL) are developing methods to quantify that burden, enabling the identification of high-risk groups that could benefit from interventions to decrease patient work and improve outcomes.
“Susan Komen’s Big Data meeting (BD4BC3) was the first gathering where I connected to other researchers who operate in the breast cancer space and who are open to embrace new technology.”

Regina Barzilay, Ph.D.
GRADUATE TRAINING IN DISPARITIES RESEARCH
Susan G. Komen supports an innovative training program for graduate students seeking to understand and eliminate disparities in breast cancer outcomes across population groups most affected by breast cancer inequities. In all, Komen has supported 121 students across 25 training programs.

SUPPORTING THE NEXT GENERATION OF RESEARCHERS
Through Susan G. Komen’s Career Catalyst Research (CCR) grants, Komen supports early career investigators, ensuring the future of breast cancer research. Breast cancer will be cured by this next generation of researchers, but only if they are encouraged to choose this path and are able to stay in the field.

From 2008-2017, Komen invested more than $87 million in 202 CCR grants, supporting nearly 200 researchers.

- 98% are still in the breast cancer research field
- 78% are working at a university or academic institution
- 57% now hold the position of Assistant Professor
- 53% went on to receive a large, federal government grant
- More than 400 papers have been published in peer-review journals
- 4 former CCR grantees have become Komen Scholars, developing into leading authorities in the field
This year’s BRINKER AWARD FOR BASIC SCIENCE was presented to Lisa Coussens, Ph.D. Professor of Cell, Developmental and Cancer Biology, School of Medicine, at the Knight Cancer Institute at Oregon Health & Sciences University (Portland, OR) for her pivotal discoveries about the role of immune cells in cancer development and progression. Her work is helping lay the foundation for the development and clinical use of immunotherapies that will significantly impact the future of breast cancer research and treatment.

This year’s BRINKER AWARD FOR CLINICAL RESEARCH was presented to Eric Winer, M.D. Professor of Medicine, Harvard Medical School, Senior Vice President for Medical Affairs, Director, Breast Cancer Program; Thompson Chair in Breast Cancer Research, Dana-Farber Cancer Institute (Boston, MA) for his devotion to applying the advances from clinical trials to daily practice to improve breast cancer patient care and quality of life. He has designed and conducted a wide array of clinical trials that have changed clinical practice or paved the way towards more personalized treatment of breast cancer that has led to a lasting impact on patient outcomes.
Komen collaborated with the Metastasis Research Society (MRS) and METAvoir to host the “Susan G. Komen Patient Advocacy for Metastatic Cancers” session at the MRS Biennial Congress. Komen provided travel scholarships to 12 patient advocates and 10 early-career investigators to attend the Congress. Additionally, four “best presentation” awards were given to early-career investigators working on metastatic breast cancer research projects.

### Products Resulting from Komen-Funded Research

- **130** Early detection technologies or treatments in the Komen research pipeline
- **12** Technologies for early detection, including 4 focused on detecting metastasis
- **118** New treatments – 56 on aggressive breast cancers, 56 on new treatments for MBC
- **453** Research programs within Komen’s research pipeline. 82% that ladder up to Komen’s Bold Goal.

### Research Products Stage of Development

- **30%** Were tested at the basic research stage
- **67%** Were tested at the preclinical trial stage (tested in animals or human samples)
- **16%** Were tested at the clinical testing stage (tested in people in clinical trials)
Komen Delivery

The discoveries we make through research only matter if people can benefit from them.
Too often, women and men aren’t getting the care they need, either because they don’t understand care that is available, they don’t have access to quality care, or they can’t afford the care because they are uninsured or underinsured. That’s why Komen is focused on providing real-time help to those facing the disease.

QUALITY CARE IMPROVEMENT TRAINING
Assuring high quality care is one strategy for achieving breast cancer health equity. In culturally and ethnically diverse communities, differences in cancer treatment outcomes are due not only to delays in treatment, but may also reflect the lower quality of medical services. To that end, Komen is partnering with the American Society of Clinical Oncology (ASCO) and ASCO’s Conquer Cancer Foundation to provide quality care improvement training to oncology practices within each targeted metropolitan area, providing each with the tools necessary to both improve quality of care and sustain this improvement over time.

Addressing Disparities
Through the African-American Health Equity Initiative, Komen’s goal is to reduce African-American breast cancer disparities by 25 percent in 5 years, starting in those U.S. metropolitan areas where the inequities are the greatest.
IN MY OWN VOICE

Komen convened a small group of African-American women living with metastatic breast cancer to learn and identify the unique needs of this community. There were three primary takeaways:

- There is a clear need for increased education about MBC, as participants noted the lack of knowledge about MBC was one of the challenges of living with the disease.

- There is a need to provide those living with MBC with resources about traditional approaches and complementary ways to cope with MBC.

- It is important to address the unique experiences and needs of African-American women living with MBC. While the participants believed it was important to work with all communities living with MBC, many of the participants discussed unique aspects of being an African-American woman living with the disease.

SUSAN G. KOMEN SERVICES

KOMEN.ORG
Most comprehensive collection of information and support about breast cancer

BREAST CARE HELPLINE
Free service providing patient support 1-877 GO KOMEN

TREATMENT ASSISTANCE PROGRAM
Financial support for those undergoing treatment

CLINICAL TRIAL INFORMATION HELPLINE
Information about available clinical trials
Sergipe, Brazil - “One Day Clinic” Model
Komen completed a two year project to increase access to oncology care by implementing a breast care model based on the “One Day Clinic.” This model provides screening and diagnostic exams in the same day. There were two radiologists, eight physicists and 33 technicians trained in mammography and 45 social workers trained on patient rights. The project was funded by the Pfizer Foundation, which is part of the Access Accelerated Initiative – an initiative from the biopharmaceutical industry to catalyze global action on non-communicable diseases.

Panama - Capacity Building of First Level Healthcare Providers
Komen delivered a training in Panama aimed at improving the quality of breast cancer care, developed and delivered by a collaborative platform of stakeholders: the Ministry of Health (which is the main health care provider in Panama), the national cancer society (ANCEC), Pan American Health organization (PAHO), Komen and the Breast Health Global Initiative (BHGI). The workshop focused on the time from the appearance of symptoms to diagnosis, also called diagnostic interval. The sessions were attended by more than 170 providers.

Zambia - Advancing Breast Cancer Control
Komen worked with partners from Zambia to produce a report to be published in the Journal of Global Oncology that outlines recommendations for advancing breast cancer control in the country. The recommendations were the result of a breast cancer consensus meeting conducted in Lusaka, Zambia convened by Komen.
Treatment for All Campaign
In October 2018, Komen joined forces with the Union for International Cancer Control (UICC) in support of the Treatment for All Campaign, which calls on the international cancer community to address the global gap in access to cancer services through strengthening health systems and encouraging governments to improve the provision of information, availability and access to treatment and care. The aim is to decrease the 4.3 million premature deaths from cancer worldwide.

Breast Health Global Initiative Summit
As part of the Breast Health Global Initiative (BHGI), Susan G. Komen, Fred Hutchinson Cancer Research Center, and the National Comprehensive Cancer Network (NCCN) convened the sixth Global Summit on International Breast Health and Cancer Control: Improving Breast Health Care through Resource-Stratified Phased Implementation held in Seattle, WA on October 15-17, 2018. Chaired by Komen Scholar Benjamin Anderson, M.D., and Komen Scholar Alumni Julie Gralow, M.D., the objective of this summit was to examine the current scientific understanding of how to successfully diagnose breast cancer and increase access to care, and to analyze barriers to that care, with the goal of reducing disparities in breast cancer outcomes for 2.5 million women by 2025.
Black women are about 40% more likely to die from breast cancer.

Together, we can change that fact. Knowing your breasts can save your life.

Know your breasts like you KnowYourGirls.org
EMPOWERING PEOPLE THROUGH EDUCATION
Komen is exploring innovative and integrated programming to address emerging needs of those with breast cancer, including those living with metastatic breast cancer.

**Biosimilars**
The number of biosimilar products being released for treating breast cancer is expected to increase in the coming year. Through Komen educational resources, we are proactively equipping people with information about biosimilars, so they can understand how these therapies are similar to the original drug they may be familiar with. Komen wants to ensure breast cancer patients and their physicians can choose the most appropriate and effective course of treatment, regardless of insurance design.

**Bone Health**
Many people who are diagnosed with breast cancer may also be at increased risk for osteoporosis, especially those who have used an aromatase inhibitor, have gone into early menopause, are 65 years or older, or women age 60-64 with a family history of osteoporosis or low body weight. Bone health and fracture prevention have become important health issues among many breast cancer survivors. A collaborative partnership with American Bone Health (ABH) provides the opportunity to utilize ABH resources and educational materials and Komen’s breast cancer expertise and notable reach to build a digital campaign for our Susan G. Komen 3-Day® participants and supporters.

**Know Your Girls**
Komen partnered with the Ad Council on a national campaign that seeks to educate and inspire African-American women to understand their breast cancer risk and engage with information and tools that can ultimately promote early detection. The campaign included a series of TV, radio and print Public Service Announcements that directed people to a dedicated website that included breast health information, personal stories and access to a downloadable Family Health History tool. The goal of the campaign was to spur useful conversations among African-American women and to provide resources to help guide their conversations with their health care providers.
The Essence of Our Mission

Jamil Rivers, a young African-American wife and mother, received a metastatic breast cancer diagnosis in 2018.

She immediately went into action mode, attending the 2018 *In My Own Voice* event, becoming a member of the Advocates in Science program and began working with Komen at the local and national levels to inform and improve our work in the MBC space. Jamil represented Komen and the breast cancer patient voice at a Public Workshop “Enhancing the Incorporation of Patient Perspectives in Clinical Trials,” convened by the Clinical Trials Transformation Initiative (CTTI) in collaboration with the Federal Drug Administration (FDA). The workshop gathered input from patients, caregivers, industry, academic researchers and expert practitioners on the challenges and barriers to patient participation in clinical trials. Jamil is an inspiration to all who encounter her. She is the essence of Komen’s mission!
“I think Komen is a powerhouse when it comes to care, support, research and advocacy. They are putting it to the forefront of our political leaders’ minds.”

Jamil Rivers
Living with Metastatic Disease
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BARBARA SEGARRA-VAZQUEZ, MT, DHSC

SOHRAB P. SHAH, PHD

PATRICIA A. SPEARS

MELINDA L. TELLI, MD

GEOFFREY M. WAHL, PHD

MERYL R. WEINREB

DANNY R. WELCH, PHD

ALANA L. WELM, PHD

JULIA R. WHITE, MD, FACR, FASTRO

ANTONIO C. WOLFF, MD

KIMBERLY E. WRIGHT
### Consolidated Statement of Financial Position

**Fiscal Year Ended March 31, 2018**

**ASSETS:**

<table>
<thead>
<tr>
<th>Description</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>83,459,075</td>
<td>68,889,183</td>
</tr>
<tr>
<td>Investments</td>
<td>158,950,034</td>
<td>154,678,179</td>
</tr>
<tr>
<td>Receivables</td>
<td>28,896,582</td>
<td>31,962,593</td>
</tr>
<tr>
<td>Prepaid expense and other assets</td>
<td>2,507,497</td>
<td>2,467,629</td>
</tr>
<tr>
<td>Property and equipment, net</td>
<td>1,458,749</td>
<td>1,182,326</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>275,271,937</strong></td>
<td><strong>259,179,910</strong></td>
</tr>
</tbody>
</table>

**LIABILITIES:**

<table>
<thead>
<tr>
<th>Description</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable, accrued expenses, and other payables</td>
<td>6,845,857</td>
<td>8,739,177</td>
</tr>
<tr>
<td>Deferred revenue and rent</td>
<td>1,428,881</td>
<td>1,233,217</td>
</tr>
<tr>
<td>Grants payable, net</td>
<td>93,097,037</td>
<td>84,801,351</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>101,371,775</strong></td>
<td><strong>94,773,745</strong></td>
</tr>
</tbody>
</table>

**NET ASSETS:**

<table>
<thead>
<tr>
<th>Description</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>With Donor Restrictions</td>
<td>58,077,744</td>
<td>98,533,872</td>
</tr>
<tr>
<td>Without Donor Restrictions</td>
<td>115,822,418</td>
<td>65,872,293</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td><strong>173,900,162</strong></td>
<td><strong>164,406,165</strong></td>
</tr>
</tbody>
</table>

**Total Liabilities and Net Assets**

<table>
<thead>
<tr>
<th>Description</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>275,271,937</strong></td>
<td><strong>259,179,910</strong></td>
</tr>
</tbody>
</table>
## Consolidated Statement of Activities

*From the Audited Financial Statements*

**Fiscal Year Ended March 31,**

<table>
<thead>
<tr>
<th>Year</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PUBLIC SUPPORT AND REVENUE:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions</td>
<td>99,770,168</td>
<td>115,145,655</td>
</tr>
<tr>
<td>Komen Race for the Cure &amp; Breast Cancer 3 Day</td>
<td>94,365,753</td>
<td>84,572,385</td>
</tr>
<tr>
<td>Less: Direct benefit to donors and sponsors</td>
<td>(18,586,166)</td>
<td>(14,953,516)</td>
</tr>
<tr>
<td><strong>Net Public Support</strong></td>
<td><strong>175,549,755</strong></td>
<td><strong>184,764,524</strong></td>
</tr>
<tr>
<td><strong>REVENUE:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment Income/(Loss)</td>
<td>14,295,602</td>
<td>8,074,733</td>
</tr>
<tr>
<td>Other Income</td>
<td>942,686</td>
<td>1,046,422</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>15,238,288</strong></td>
<td><strong>9,121,155</strong></td>
</tr>
<tr>
<td><strong>Total Net Public Support and Revenue</strong></td>
<td><strong>190,788,043</strong></td>
<td><strong>193,885,679</strong></td>
</tr>
<tr>
<td><strong>EXPENSES:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Services</td>
<td>153,385,258</td>
<td>144,209,959</td>
</tr>
<tr>
<td>Management and General</td>
<td>16,132,610</td>
<td>25,857,357</td>
</tr>
<tr>
<td>Fundraising</td>
<td>29,098,200</td>
<td>33,312,360</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>198,616,068</strong></td>
<td><strong>203,379,676</strong></td>
</tr>
<tr>
<td>Change in net assets</td>
<td>(7,828,025)</td>
<td>(9,493,997)</td>
</tr>
<tr>
<td>Net Assets, beginning of year</td>
<td>181,728,187</td>
<td>173,900,162</td>
</tr>
<tr>
<td><strong>Net assets end of year</strong></td>
<td><strong>173,900,162</strong></td>
<td><strong>164,406,165</strong></td>
</tr>
</tbody>
</table>
Susan G. Komen®

Total Spending Fiscal Year 2019
Without Value of Contributed Goods and Services

- Education 33%
- Research 19%
- Fundraising 16%
- Admin 16%
- Treatment 10%
- Screening 6%

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