



What Pink Makes Possible - Research and More in the Mission to End Breast Cancer

We're often asked at Susan G. Komen about the amounts we fund in research versus other aspects of our work to end breast cancer. We hope the information below, describing our processes around our mission funding, is helpful.

Komen's Comprehensive Approach

Komen has funded more breast cancer research than any other nonprofit (\$889 million to date, second only to the U.S. government). But like many health organizations, we've known from our very first days that reducing death from breast cancer requires a mix of science, education, and direct help to people facing the disease.

We focused our attention then, as now, on those with the fewest resources: uninsured, underinsured and low-income women and men without the resources or capacity to access care. Their need can be as simple as finding a low-cost screening or as complicated as support during years of surgery, drug treatments and therapies for aggressive and metastatic breast cancer.

Imagine having to face a cancer diagnosis without insurance, or money, or someone by your side. Imagine having to choose to forego treatment so that you can pay for child care, or calculating whether your bus fare to chemotherapy means the family won't eat today. Tens of thousands of people live that reality every day, and Komen programs are there to help them.

Awareness = Education and So Much More, and It Matters

We also hear that we should stop discussing "awareness" of breast cancer because people are "aware."

But in the communities we work in all across the country, we find that not everyone is "aware" of breast cancer or educated about the facts, and some have mistaken beliefs about the disease. A surprising number believe, for example, that they're not at risk for breast cancer because breast cancer doesn't run in their families (only 5 to 10 percent of breast cancer cases are hereditary)

They believe that underwire bras or deodorants cause breast cancer (they don't).

Or worse yet, they believe that if they get sick, they will lose their jobs, or that there is no help for them or their families, so they hold off seeking medical attention until their tumors are breaking through the skin. Some believe their disease is matter of fate, and there are still many for whom the diagnosis of breast cancer is a source of shame and stigma.

This is why we work in community centers, churches, local clinics and schools to educate about breast cancer. To make women aware of the signs and symptoms of breast cancer, and to connect them with the resources available to them if they need assistance.

Education also includes maintaining the most comprehensive source of breast cancer information – komen.org – accessed by millions of people each year, and funding a national toll-free helpline that provides supports to thousands annually and connects callers to services they need.

We also print breast cancer materials in 26 languages, pay to train laypeople to serve as community educators, and fund programs to establish patient navigation programs and patient navigators who support patients by finding and linking care providers, helping with paperwork, sorting through insurance issues, and ensuring patients follow up with their care.

How We Raise the Funds

Komen raises funds for its mission in two ways: First, through community events like our Komen Race for the Cure series operated by our 111 U.S. Affiliates. Our Affiliation agreements in the U.S. *require*, and our Affiliates promise local donors, that 75 percent of the funds raised in our local communities will *stay* in local communities for the outreach programs mentioned above and others listed below.

To determine how those local funds are used, each of our U.S. Affiliates develops a detailed community profile that outlines the most pressing needs for local women, and funds grants that meet those specific needs.

The remaining 25 percent raised in our communities is contributed to Komen's national research program, meaning it is used exclusively to fund breast cancer research.

None of the funds raised through our grassroots Affiliate Network supports our national operational overhead expenses. Komen's overhead expenses (rent, salaries, utilities) are paid by a portion of the funds raised through partnerships, direct mail and email campaigns, sales of merchandise and gifts from donors. Some partners also require us to fund specific research grants or community outreach [programs](#).

An Impressive Mission Spend

All of these community-based services, plus our research, public policy advocacy, and global work in 30 countries outside the U.S. comprise the Komen mission. Komen consistently has spent at least 80 cents of every dollar on mission programs, including about 20-25 cents, on average, to research.

- Metastatic breast cancer research has comprised about 16 percent of Komen's overall research spending since we were founded. We've invested \$147 million to metastatic research, funding 377 research grants specifically into metastatic disease. In 2015, about 50 percent of our new research grants are focused on metastatic research, bringing our number of active metastatic research grants to 60.

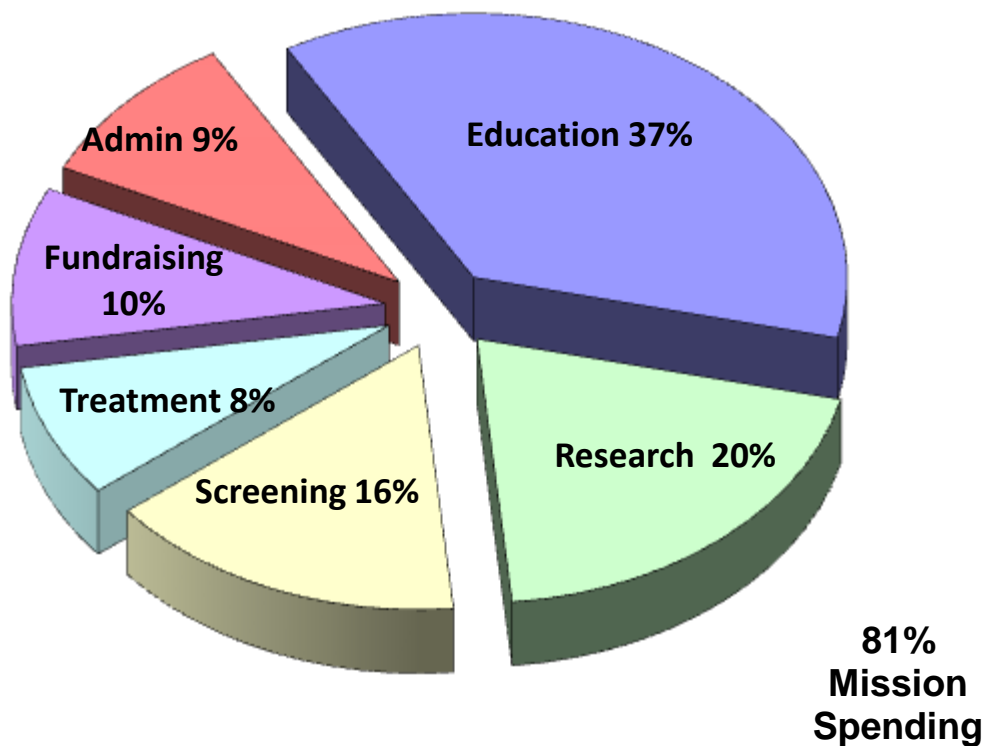
In our most recent fiscal year, we spent about 9 percent of our funds on salaries and overhead for all of our mission programs, and another 10 percent for expenses related to fundraising (security for our Races, for example).

We're happy to tell you more. Please visit [our website](#) to investigate Komen's research, education and community health programs. And please click on our financial statements (where all this information is publicly available) [here](#).

-more-

The graph below shows percentages committed to Komen Mission Programs and Fundraising and Administrative in FY2015; Examples of Komen’s community health mission expenses are listed under the graph below.

Susan G. Komen
Total Spending Fiscal Year 2015
*Without Value of Contributed Goods and Services



Education is more than “awareness.” Our education programs fund:

- Lay/community breast health educators/promotoras
- Health care professional/provider education
- Patient navigators
- Clinical trials education
- Material development and dissemination (multi-cultural, and in accessible and alternative formats)
- Group education (e.g. lectures, workshops, seminars, webinars)
- Public education (e.g. radio, television, newspaper, e-communications, social networking)
- Faith-based outreach
- One-on-one education
- Events (e.g. health fairs) in accessible venues

Screening Interventions:

- Reduced cost or free breast screenings and mammograms
- Funding for expanded hours for breast health services during evenings and weekends
- Outreach programs (that result in new appointments, new patients, etc.)
- In-reach programs (that result in getting existing patients to get a mammogram)
- Genetic testing
- Patient navigation
- Reminder systems directed at patients (e.g. letters, phone calls, online reminder tool at komen.org)
- Reminder systems directed at health care providers (e.g. chart reminders)
- Interventions to reduce costs for patients (e.g. transportation to treatment, child care)
- Translation or interpretation services to include sign language interpreters
- Accessible facilities for screening

Diagnosis Interventions:

- Reduced cost for diagnostic services such as ultrasound and biopsies
- Patient navigation
- Patient navigation interventions to reduce other barriers to diagnostic services (e.g. transportation, child care)

Treatment and Treatment Support Interventions:

- Reduced costs for treatment services (e.g. chemotherapy, radiation, surgery)
- Reduced out-of-pocket costs for treatment (e.g. co-pay or prescription drug assistance)
- Patient navigation
- Financial assistance for day-to-day costs during treatment (e.g. housing, utilities)
- Reduce other barriers to treatment (e.g. transportation, child care)
- Management of side effects (e.g. paying for prostheses, wigs, lymphedema therapy)
- Complementary therapies (e.g. meditation, yoga, acupuncture, art therapy)
- End of life care (e.g. hospice/palliative care)
- Legal services
- Caregiver support (e.g. respite programs, training for caregivers)
- Support groups
- Individual counseling/psychotherapy
- Exercise/nutrition programs
- Complementary therapies (e.g. meditation, yoga, acupuncture, art therapy)