



Advocates in Action: Impacting the Cancer Burden

2016 Advocacy Accomplishments



Dear Friends,

It has been another remarkable year of achievement for the American Cancer Society Cancer Action Network (ACS CAN), the American Cancer Society's nonprofit, nonpartisan advocacy affiliate. Thanks to the outstanding efforts of volunteers and staff throughout the country, I am very gratified to present *Advocates in Action: Impacting the Cancer Burden*. In this report, you will find a comprehensive account of the advances made in 2016 on behalf of cancer patients, their caregivers and their loved ones – advances resulting from advocacy at the global, federal, state and local level.

We are elated about a momentous tobacco control victory in California in November where voters supported Proposition 56, a public health ballot initiative that increases the tobacco tax by \$2 per pack. Despite the \$71 million spent by tobacco companies to defeat the measure, voters overwhelmingly supported the initiative by a 64 percent to 36 percent margin. Never in California history has a ballot initiative passed in the face of so much opposition spending. This spectacular triumph is the largest tobacco tax increase in U.S. history.

On the national front, fighting for investments in potentially lifesaving cancer research remains a top ACS CAN priority. Our work over the past two years has increased ACS CAN's visibility and relevance as the leading advocacy organization for cancer research funding. Our efforts throughout the One Degree campaign, which reminds lawmakers that everyone has been affected by this disease, helped increase bipartisan support for cancer research funding to its highest level in years. Dedicated ACS CAN staff played a decisive role in securing passage of the 21st Century

Cures Act by connecting tens of thousands of cancer advocates with their lawmakers via phone, email and in-person meetings. This was evidenced at year's end by the overwhelming passage of the legislation in both houses of Congress, which President Barack Obama swiftly signed into law. The 21st Century Cures Act has the potential to significantly help improve how we prevent, detect and treat cancer and other serious illnesses. It includes \$4.8 billion in new funding for the National Institutes of Health, including \$1.8 billion for the National Cancer Moonshot initiative over seven years. It specifically provides resources for the development of cancer vaccines, more sensitive diagnostic tests and the development of immunotherapy and combination therapies, as well as research.

Earlier in the year, ACS CAN hosted its fifth annual National Forum on the Future of Health Care. We convened experts from various disciplines representing government agencies, the private sector and nonprofit organizations to explore the power of technology to expand diagnostic and treatment options for cancer patients and others with chronic illness.

In 2017, I am confident that we will continue to leverage the relationships that have been cultivated nationwide over the past two years with elected officials and other organizations to continue building support for strong public policies that will benefit cancer patients and their loved ones.

ACS CAN's mission – to make cancer a top national priority – remains unchanged. It remains nonpartisan, vital and achievable. So much is possible when concerned citizens take action. Thank you for all that you do as part of this nationwide effort.



Christopher W. Hansen
President, ACS CAN

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ACS CAN Board of Directors

The ACS CAN Board of Directors is comprised of volunteers who lead ACS CAN in partnership with ACS CAN Chief Executive Officer Gary Reedy and President Christopher W. Hansen.

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ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society headquartered in Washington, D.C., supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. ACS CAN works to encourage elected officials and candidates to make cancer a top national priority. ACS CAN gives ordinary people extraordinary power to fight cancer with the training and tools they need to make their voices heard.

The American Cancer Society's mission is to save lives, celebrate lives, and lead the fight for a world without cancer.



What is ACS CAN?

Founded in 2001, the American Cancer Society Cancer Action Network (ACS CAN) is the nation's leading cancer advocacy organization, working to save lives and eliminate death and suffering from cancer through involvement, influence and impact. As the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, ACS CAN educates the public, elected officials and candidates about cancer's toll on public health and encourages them to make cancer a top national priority.

Reducing suffering and death from cancer relies as much on public policy as it does on proven medical research. Lawmakers and policymakers at all levels of government play a critical role in making decisions that can help save more lives from cancer. By supporting legislation and policies that increase or sustain government investments in cancer research, strengthen tobacco control, provide better quality of life and improve access to care, policymakers can dramatically impact the cancer burden, helping to end cancer as a public health problem.

Involvement

ACS CAN ensures that cancer patients, survivors, their families and experts on the disease and other related areas have a voice in public policy matters that are relevant to cancer at all levels of government. We mobilize our large, powerful grassroots network of cancer advocacy volunteers to make sure lawmakers are aware of cancer issues that matter to their constituents.

Working closely with the American Cancer Society's research and cancer control leadership, ACS CAN staff identify and develop key public policies firmly rooted in scientific evidence that promote access to prevention and early detection, treatment and follow-up care. ACS CAN uses our expert lobbying, policy, grassroots and communications capacity to advance evidence-based solutions that help save more lives from cancer.

Influence

Like the American Cancer Society, ACS CAN is an evidence-based organization. We frequently convene scientists, researchers, medical providers, advocates and patients to examine critical public health policies.

ACS CAN is strictly nonpartisan and does not endorse, oppose or contribute to candidates or political parties. As a result, we are viewed as a trusted source of health policy information by legislators, policymakers and opinion leaders. The only side ACS CAN takes is the side of cancer patients.



Impact

ACS CAN's comprehensive advocacy efforts in 2016 resulted in numerous achievements benefiting people with cancer and their families.

HIGHLIGHTS INCLUDE:

\$4.8 billion



2 states

in research funds

was added to the NIH budget over seven years, with \$1.8 billion set aside for the National Cancer Moonshot initiative as part of the 21st Century Cures Act, thanks in part to ACS CAN's One Degree Campaign.

increased taxes on tobacco products,

which can help prevent children from smoking and help adults quit.

3 states

passed ACS CAN's quality of life model legislation to improve

public education on – and access to – palliative care services, bringing the overall state total to **13**.

2 states

passed oral chemotherapy fairness bills, ensuring

patients who receive chemotherapy orally are paying the same amount or a similar amount as patients who receive chemotherapy intravenously.

50

municipalities implemented

comprehensive smoke-free workplace, restaurant and bar laws.

2 states

increased access to care through Medicaid,

bringing the total to **32 states**, including the District of Columbia, and resulting in **11 million people** who will have access to health coverage through Medicaid.

2 states

restricted the use of indoor tanning devices

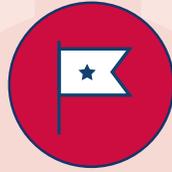
for those under 18 years of age.

More than

700

ACS CAN cancer patients, survivors, caregivers and staff

met with members of Congress and their staff during ACS CAN's National Leadership Summit and Lobby Day.



24 states

hosted Suits And Sneakers® events at their capitols.

Suits And Sneakers events are part of the American Cancer Society's Coaches vs. Cancer® program, a nationwide collaboration between the American Cancer Society and the National Association of Basketball Coaches that leverages the personal experiences, community leadership and professional excellence of coaches nationwide to increase cancer awareness and promote healthy living through year-round awareness efforts, fundraising activities and advocacy programs.

46

Day at the Capitol events were held

and engaged more than **3,500** ACS CAN volunteers and staff.

More than

24,000

Lights of HOPE

illuminated the U.S. Capitol Reflecting Pool as part of National Leadership Summit and Lobby Day.



26,000

people joined ACS CAN through

American Cancer Society Relay For Life® events, with **nearly 200 Relay events** being recognized as ACS CAN Club events for recruiting more than 40 members each.

70 events

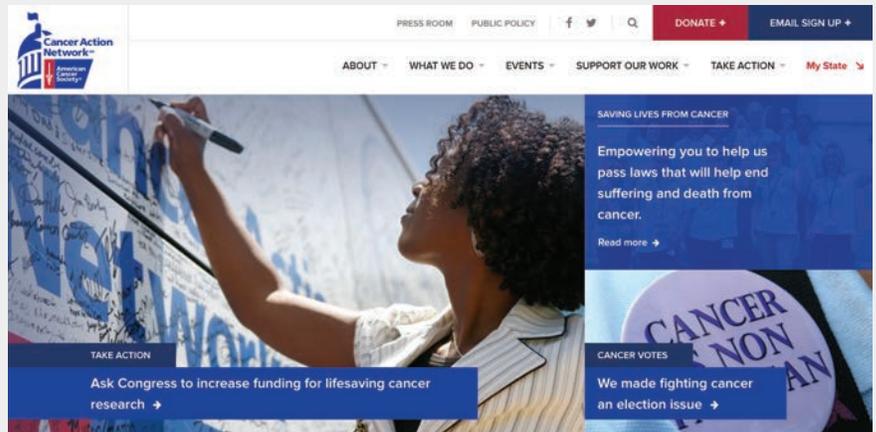
across the country

highlighted cancer research, access to care and the importance of patient quality of life.

New ACS CAN Website

In November 2016, ACS CAN unveiled its new website, the first major site redesign in more than a decade. The new acscan.org site provides visitors with a contemporary experience that allows everyone interested in our advocacy work to fight cancer to more effectively engage with the organization. Key new features of the website include mobile optimization, integrated state-specific content throughout the site, enhanced and increased legislative campaign pages and social sharing of pages and grassroots campaign actions.

ACS CAN would like to thank The Rad Campaign for their enormous contribution to the design, development and launch of the new ACS CAN website. Their team was led by owners Allyson Kapin and Jared Seltzer, as well as



project manager Kristin Johnson. Together, they provided comprehensive support to ACS CAN, from leading an intensive discovery process to assess our organization's needs and goals, to creating designs and developing the final website. Due in part to their own connections to the fight against cancer, The Rad Campaign also donated significant pro-bono time to the project.

Bringing Together Leaders in the Fight against Cancer

ACS CAN held its fifth annual National Forum on the Future of Health Care in April 2016 at the National Press Club. The forum, titled *The Role of Technology in America's Shifting Health Care Landscape*, convened leaders from government, as well as private and nonprofit organizations, to discuss how technology is improving diagnosis and treatment options for cancer patients and others with chronic illness.

In 2016, ACS CAN convened seven Personalized Medicine Roundtable events across the country sponsored by AdvaMedDx and AstraZeneca. These events focused on advances in therapies and diagnostics that are

revolutionizing cancer treatment and involved key stakeholders throughout the oncology community, including leaders in business, academia, public policy, patient advocacy and providers, among others.

Partnerships also help ACS CAN advance its goal of building a diverse and inclusive organization that represents all Americans. Since 2014, ACS CAN has partnered with the Gates Millennium Scholars Program (GMSP), which offers good-through-graduation full scholarships to qualified students from the African American, Hispanic/Latino, Native American and Asian Pacific Islander communities. These future leaders are invited to take action with ACS CAN, join

us at state lobby days and join volunteer ambassador teams throughout the country. For the third year in a row, six GMSP scholars were also invited to join ACS CAN at its National Leadership Summit and Lobby Day, where they attended training breakouts, listened to an array of general session speakers and met with their federal lawmakers on Capitol

Hill, alongside ACS CAN Ambassador Constituent Team Leaders and State Lead Ambassadors. The partnership with GMSP is one of several, including those with Delta Sigma Theta Sorority, Inc. and Phi Beta Sigma Fraternity, Inc., that helps us reach communities representing diverse constituencies impacted by cancer.





Volunteers: The Heart of ACS CAN

We would not be able to achieve our mission without the more than one million remarkable individuals across the country who volunteer their time and skills on behalf of those impacted by cancer. Our volunteers are cancer patients, survivors, caregivers, family members, experts on cancer and related issues and others who are affected by the disease and are committed to ending it as a public health problem. They are truly the heart of ACS CAN. They are with us every step of the way and engage their elected officials through phone calls, emails, letters and face-to-face meetings. They speak out to their networks, communities, the media and the public at large in support of policies that help save lives from cancer, knowing their voices are the ones that most influence lawmakers and policymakers. ACS CAN prioritizes building a volunteer base that reflects the nation's diverse population.

An integral part of ACS CAN's success is a volunteer structure that is sophisticated, innovative and effective. Ambassador Constituent Team (ACT) Leads in every congressional district work closely with ACS CAN staff partners to develop and execute advocacy campaigns. There are 51 State Lead Ambassadors (SLAs) – one for each state and the District of Columbia – who are ACS CAN's top advocacy volunteers, facilitating ACT activities and providing leadership to other volunteers. Together, this powerful, committed volunteer team recruits others to join the movement, as well as provides support to other volunteers dedicated to key elements of successful advocacy campaigns: grassroots mobilization, media outreach, fundraising and integrating advocacy into American Cancer Society Relay For Life® and Making Strides Against Breast Cancer® signature events, as well as the Colleges Against Cancer® and Coaches vs. Cancer® programs.

Judicial Advocacy Initiative

ACS CAN's efforts are also supported by the work of attorneys who provide specialized expertise as part of the Judicial Advocacy Initiative (JAI). Participating lawyers and law firms donate their time on a broad range of cancer-related issues. In 2016, JAI attorneys helped analyze the multitude of federal regulations affecting access to health insurance, researched legislative histories to promote

U.S. Agency for International Development (USAID) funding for cervical cancer screening and treatment in Africa and monitored litigation that may affect access to pain medication, to name just a few. These donated services allow ACS CAN to advocate with greater understanding of the relevant legal background while preserving precious resources.



Better Together

Together, ACS CAN and the American Cancer Society have the most powerful cancer-focused grassroots network in the world. In 2016, ACS CAN's Power of the Purse campaign gave American Cancer Society Making Strides Against Breast Cancer participants an opportunity to connect the mission of breast cancer education, treatment and research to the ACS CAN priority of federal cancer research and prevention funding. They urged lawmakers to put the Power of the Purse behind cancer research and prevention to help save lives. The results led to thousands of new ACS CAN members and tens of thousands of petitions being signed and delivered to lawmakers urging them to take action.

In addition, ACS CAN integrated into more than 4,000 of the American Cancer Society Relay For Life events nationwide, giving participants a venue to be heard on important public policy issues such as patient quality of life and funding for cancer research. Additionally, an award-winning smartphone app enabled volunteers to join ACS CAN, send messages to their members of Congress and share their advocacy activities with friends on social media. The ACS CAN-Relay For Life collaboration was responsible for recruiting 26,000 new ACS CAN members during the 2016 event season. We also celebrated nearly 200 Relay For Life events being recognized as ACS CAN Club events for recruiting more than 40 members each.





Global Advocacy

Cancer is an urgent and growing public health concern in low- and middle-income countries (LMICs) across the globe, killing twice as many people as HIV/AIDS, tuberculosis and malaria combined, plunging families into poverty and robbing communities and nations of productive lives. Today, more than half of new cancer cases and about two-thirds of cancer deaths occur in LMICs, but only 5 percent of global cancer resources are spent in these countries and less than 1 percent of development assistance for health is focused on cancer.

Following years of effort, cancer and other noncommunicable diseases (NCDs) are formally on the global health and development agenda, specifically in the United Nations Sustainable Development Goals agreed to by the United States and other member nations. Our advocacy efforts now include holding the U.S. and other countries accountable for implementing the commitments they have made. In 2016, the American Cancer Society and ACS CAN were very active in the effort to make cancer a global health priority.

As a result of collaborative efforts between the American Cancer Society and ACS CAN, other non-governmental

organizations (NGOs) and the USAID, USAID has revised its tobacco policy and is urging its field missions, regional bureaus, contractors and grantees to consider integrating control of tobacco, particularly secondhand smoke, into its global health programs and platforms.

ACS CAN is also developing a sustained campaign beginning in 2017 to urge Congress to take steps to end death from cervical cancer worldwide.

Today, through the potential of preventive HPV vaccination and the efficacy of low-cost treatment options, no woman anywhere in the world should die of cervical cancer. Yet each year, 267,000 women still do, and 90 percent of those deaths occur in LMICs. Complementing heightened attention that the American Cancer Society brought to cervical cancer through participation at international forums and in international media, ACS CAN amplified efforts in Congress and within the executive branch of the U.S. government to raise awareness and stimulate action to prevent, screen and treat cervical cancer in developing countries. On September 28, 2016, ACS CAN joined Pink Ribbon Red Ribbon's first Capitol Hill Day. An independent affiliate of the George W. Bush Institute, Pink Ribbon Red

Ribbon is a global partnership of national governments, NGOs and multilateral organizations, foundations and corporations with a shared goal of reducing deaths from cervical cancer and breast cancer in low- and middle-income countries. ACS CAN will continue working to make ending preventable death from cervical cancer a priority for Congress and the new administration by directing existing global health resources to preventing, screening and treating women around the world.

While there is a growing body of evidence showing the interrelationships between obesity, poor nutrition and a

significant number of cancers and other NCDs, to date, the U.S. government's global health focus has been solely on under-nutrition. In collaboration with other NGOs, ACS CAN convened a community meeting with the interagency Steering Committee of the new U.S. Government Global Nutrition Plan 2016-2021. It was the first time that such an interagency meeting had discussed malnutrition – in all its forms, including above average weight and obesity, and follow-up discussions are planned for early 2017.

Tobacco and International Trade

On February 4, 2016, World Cancer Day, representatives from 12 Pacific Rim nations, including the United States, signed the Trans-Pacific Partnership (TPP), a wide-ranging trade and investment pact that for the first time includes a provision that protects the right of participating nations to adopt public health measures to reduce tobacco use and prevents tobacco companies from using the TPP to launch legal attacks on such measures. ACS CAN worked to have the tobacco language in the treaty and supported

its enactment; however, the new administration has since rejected the agreement for unrelated reasons.

In the meantime, other TPP countries are considering ways forward with the agreement and its tobacco provision. Recently, Australia and Singapore updated their bilateral investment agreement and incorporated the TPP tobacco provision in that agreement.

In May 2016, ACS CAN released a report titled *Protecting Children and Reducing the Global Tobacco Burden: Trading Tobacco Company Protections for Public Health*. The report highlights the global tobacco burden and the need for Congress to protect children from the dangers of tobacco and help save lives from cancer.





Cancer Votes

Cancer Votes is ACS CAN's nationwide candidate and voter education campaign. It is an opportunity for the organization and its volunteers to educate the public and candidates about steps they should take to make cancer a top national priority. Through Cancer Votes, volunteers across the country work to inform the public, as well as talk to candidates of all political parties, about cancer issues, and encourage them to complete questionnaires stating their position on cancer policies. ACS CAN does not advocate for or against the election of particular candidates or otherwise attempt to influence the outcome of any elections.

In 2016, Cancer Votes questionnaires were sent to 95 candidates in 43 federal and state races, and nearly half of the candidates responded, putting themselves on the record about key policy issues important to our cancer fight. ACS CAN conducted a poll in 10 battleground states, surveying voters about their opinions on cancer research funding, and asking what they wanted their elected officials to do about it. The poll showed that voters in nearly every major demographic strongly favored increasing cancer research funding, but had seldom heard their candidates mention the issue. ACS CAN leveraged the poll in several ways, including in Colorado, where staff

and volunteers held a press event on the steps of the state capitol, and in North Carolina, where volunteers drove a van decorated with Cancer Votes memorabilia to the U.S. Senate campaign offices so they could personally deliver the poll results.

To raise the profile of cancer issues, volunteers all over the country sought out candidates at all levels, asking them to go on the record about cancer issues. For the first time, ACS CAN conducted a large portion of this activity online through Facebook and Twitter tagging. Questions for state candidates varied by state, but all federal candidates were asked whether they would increase research funding if elected, and what other policy priorities they would advance to fight cancer.

ACS CAN sponsored a number of candidate debates and forums. During the Delaware gubernatorial debate, which was broadcast on Delaware Public Media, the candidates were asked a question about cancer prevention. Our volunteers were also visible outside of the presidential debate venues in Missouri and Nevada.

Cancer Votes had an unprecedented reach via ACS CAN's social media channels in 2016. There were more than 2,300 mentions of #CancerVotes on Facebook, Twitter and Instagram, resulting in nearly seven million impressions. This election cycle was the first time ACS CAN used

Facebook Live to broadcast several events, including our poll release launch event in Colorado and the volunteer activity at the presidential debate in Missouri. ACS CAN voter guides were viewed more than 53,000 times through Facebook and Twitter.

In several states, volunteers also delivered or mailed Cancer Votes voter guides to the neighborhoods of candidates, as well as their key staff and surrogates. In Wisconsin, highway billboards promoting Cancer Votes were posted near the candidates' homes during the month of October. Each billboard featured a volunteer whose child had cancer. In New York, Maine and Minnesota, staff and volunteers hosted "eat and greet" events, where the candidates were invited to dine with ACS CAN volunteers and discuss cancer issues.

Through volunteer and staff efforts, ACS CAN was able to call on national candidates to make a commitment to conquering cancer and to support boosting the federal investment in research. ACS CAN created a petition that asked candidates to support increased research funding, which was promoted not only in person but also online and through social media. The petition garnered more than 39,000 signatures; more than 33,000 of those came from new volunteers. Those petition signatures were delivered to the Senate candidates in key states before Election Day.



ACS CAN National Ambassador Team member Adam Batchelor submitted a question via the Open Debate website for the second presidential debate ("Almost all Americans are touched by cancer in some way. More than half a million Americans will die from cancer this year alone. If elected, what are three ways you'll work to defeat this disease?"), and his question received more than 5,000 votes.



National Leadership Summit and Lobby Day

ACS CAN's 10th Annual National Leadership Summit and Lobby Day took place in September 2016. More than 700 dedicated ACS CAN volunteers and staff from all 50 states, the District of Columbia, Guam and Puerto Rico gathered in Washington, D.C., to urge members of Congress to make cancer a top national priority.

Volunteers participated in more than 500 congressional meetings, including every Senate office and nearly all House offices. Our advocates urged lawmakers to increase

funding for cancer research at the National Cancer Institute (NCI) by \$680 million, support legislation to increase patient quality of life by improving access to palliative care, and close a loophole in Medicare that currently results in unexpected financial costs for seniors undergoing a routine colonoscopy. These meetings resulted in a total of 20 House cosponsors and four Senate cosponsors for the Palliative Care and Hospice Education Act and 22 new House cosponsors and three Senate cosponsors for The Removing Barriers to Colorectal Screening Act.

In addition, three members from the Coaches vs. Cancer initiative, a nationwide collaboration between the American Cancer Society and the National Association of Basketball coaches that promotes cancer awareness and healthy living through awareness efforts, fundraising activities and advocacy programs, participated in National Leadership Summit and Lobby Day. They were: Ron Hunter of Georgia State University, Mike Martin of Brown University and Jim Harrick, a retired coach from the University of California, Los Angeles (UCLA). Each gave remarks

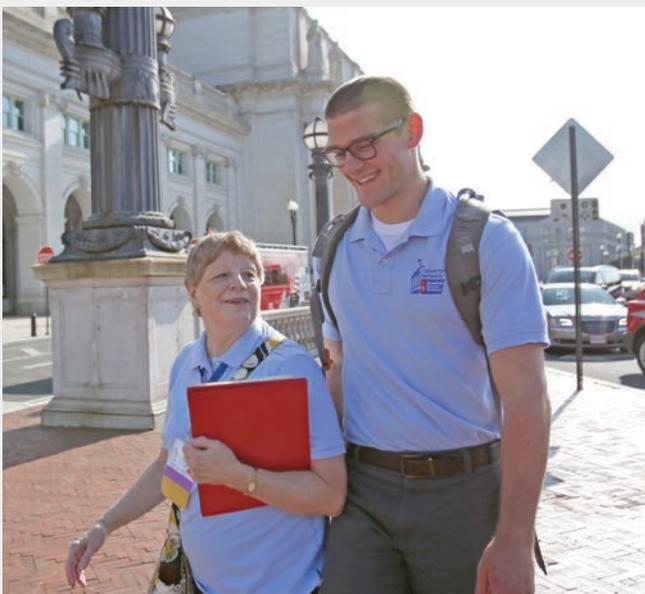


Cancer Survivor and Actor Hill Harper was the keynote speaker for National Leadership Summit and Lobby Day.

encouraging cancer advocates to continue their mission because their influence as the voice of families affected by this disease is invaluable. They also engaged with the media, attended Capitol Hill meetings and shared their personal experiences with cancer with ACS CAN.

National Leadership Summit and Lobby Day also included Lights of HOPE, ACS CAN's signature event held at the U.S. Capitol reflecting pool. There were a record-breaking

24,000-plus lighted bags shining in honor of cancer survivors and for those who have lost their lives to cancer. Merck was the presenting sponsor for the 2016 Lights of HOPE event. Ken Frazier, CEO of Merck, spoke passionately about the advances the medical community has made for cancer and credited cancer advocates with the enactment of policies that promote cancer research. This event is a critical fundraiser for ACS CAN, raising \$369,261 in 2016 to support our fight against cancer.



The social media buzz around the 2016 ACS CAN National Leadership Summit and Lobby Day included the voices of volunteers, lawmakers, media and other influencers that resulted in nearly 42 million impressions on Facebook, Twitter and Instagram combined. The #CancerLobbyDay hashtag was mentioned more than 10,000 times. The #LightsofHope hashtag, used on posts and tweets around the Lights of HOPE event, garnered more than 15.4 million impressions, and was mentioned more than 5,500 times on social media.

As part of lobbying efforts around National Leadership Summit and Lobby Day, 932 social media posts during the event targeted at least one federal lawmaker, and more than 45 members of Congress used the #CancerLobbyDay hashtag during the event to tweet about ACS CAN Capitol Hill meetings, or retweeted an ACS CAN volunteer tweet.

New to the event in 2016 was ACS CAN's Facebook Live broadcast, which showed volunteers across the country the Lights of HOPE event in real-time on Facebook. The broadcast had more than 17,500 views, and was even picked up by media outlets in California.

2016 Advocacy Award Recipients

Every year, ACS CAN recognizes exceptional volunteers at its National Advocacy Leadership Awards Dinner.

The 2016 recipients are:

- **Volunteer Award for Excellence in Advocacy:** Barbara J. Wilinski, Ohio
- **State Lead Ambassadors of the Year:** Thelma Jones, Washington, D.C.; and Robianne Schultz, Minnesota
- **Ambassador Constituent Team Leads of the Year:** Roger Crawford, Illinois; Lee Turner, Georgia; Anthony Volkar, California; and Kathy Williams, New York
- **State Advocacy Team of the Year:** Pennsylvania

In addition, ACS CAN recognized the following advocacy staff for outstanding work:

- **Field Government Relations Professional of the Year:** Stacy Reliford, Missouri
- **Field Grassroots Professional of the Year:** Chris Friend, Washington
- **American Cancer Society Partner of the Year:** Lisa Tempel, California
- **Regional Professional of the Year:** Beverly Tirado, Western Region
- **Alan Mills Award:*** Pete Fredriksen, Texas

In 2016, ACS CAN added a new staff award. The Regional Professional of the Year is presented to an ACS CAN regional staff member who exudes strong leadership, dedication and the utmost professionalism to their position.

The National Distinguished Advocacy Award is ACS CAN's most prestigious advocacy honor and is awarded for leadership in the movement to end cancer as a public health problem. The 2016 recipients are: U.S. Senator

Susan Collins (R-ME), U.S. Senator Tammy Baldwin (D-WI), Arkansas Governor Asa Hutchinson (R) and Kansas State Representative Dan Hawkins (R).

John L. Longstreth, a partner at K&L Gates, received the ACS CAN Judicial Advocacy Initiative's Perseverance Award in 2016 for contributing his expertise in appellate litigation and the Administrative Procedure Act for more than eight years.

**Alan Mills Award: The Alan Mills Award, which is ACS CAN's highest honor for advocacy staff, is presented to the individual who best embodies the passion and dedication of the late Alan Mills, a former American Cancer Society staff lobbyist and one of the founders of the organization's National Government Relations department.*



CONQUERING CANCER IS THE NEXT GREAT FRONTIER.

Eliminating death and suffering from this disease means everything to the millions of Americans with cancer and the people who love them. That's why we pushed for and secured a large increase in federal research funding last year. Now with the National Cancer Moonshot before us, we're refueling our effort and urging Congress to boost funding again to drive discoveries. We won't rest until the mission is completed—because everyone is just one degree from cancer.



The Next Great Frontier

In conjunction with National Leadership Summit and Lobby Day, ACS CAN expanded its latest advertising campaign urging Congress to complete a \$1 billion investment in cancer that was started in fiscal year 2016. The ads dominated the Union Station Metro station in Washington, D.C., through which more than 1.5 million people pass each month, including congressional staff. The ad campaign, supporting the National Cancer Moonshot initiative, featured iconic space and moon images alongside cancer research images. The ads showcased the historic opportunity Congress has to significantly advance progress against cancer.

2016 Advocacy Accomplishments

Sustained Investments in Cancer Research

A strong and sustained investment in cancer research at the federal and state levels can pave the way for scientific breakthroughs and help save lives. With one in two men and one in three women expected to be diagnosed with cancer in their lifetime, we can't afford to let promising research remain idle in a lab due to lack of resources. Americans from every state across the country are counting on lawmakers to do their part and make cancer a top national priority.

National Cancer Moonshot Initiative

At the beginning of 2016, ACS CAN held its annual State of the Union Watch Party for leadership volunteers across the country as President Barack Obama announced the National Cancer Moonshot initiative, to be led by Vice President Joe Biden. The new initiative offered a tremendous opportunity to advance the One Degree

campaign ACS CAN launched in 2015. The One Degree campaign was designed to change the current landscape in Congress for federal cancer research funding. This was done by emphasizing that we are all one degree from cancer – whether it's a relative, a friend, a coworker or we have been diagnosed ourselves. Building upon our success in 2015, which resulted in a \$2 billion increase for the National Institutes of Health budget, including a \$263 million increase specifically for cancer research, ACS CAN staff and volunteers spent much of 2016 advocating for federal cancer research and prevention funding requests to be included in the 21st Century Cures Act and appropriations bills. We raised awareness through direct lobbying, grassroots activity, social media, earned media and advertising that brought cancer research funding to the forefront of the national conversation.

On June 29, 2016, American Cancer Society and ACS CAN leadership and volunteers participated in the National Cancer Moonshot Summit, hosted by Vice President Joe Biden and Dr. Jill Biden at Howard University in Washington, D.C. The summit was the first time that individuals and organizations representing the entire cancer community – researchers, doctors, scientists, philanthropists, community oncologists, advocates, patients and survivors – convened under the national charge to double the rate of progress in the effort to end cancer as we know it. American Cancer Society and ACS CAN CEO Gary Reedy, American Cancer Society Chief Medical Officer Otis Brawley, MD, ACS CAN President Chris Hansen, former American Cancer Society and ACS CAN Board Chair Rob Youle, as well as ACS CAN volunteers George Blough and Thelma Jones, all participated in the daylong event. In addition to taking part in the National Cancer Moonshot Summit, the American Cancer Society and ACS CAN mobilized grassroots volunteers across the country to support the National Cancer Moonshot initiative. In conjunction with the Department of Health and Human Services, ACS CAN supported 10 regional events at nationally designated cancer centers across the country. Additionally, the American Cancer Society and ACS CAN collectively held more than 90 watch parties nationwide for volunteers and others to view highlights of the summit. In total, the American Cancer Society and ACS CAN helped to facilitate more than 100 events across 41 states.



In support of the 21st Century Cures Act, volunteers held rallies with the theme “Time is running out; this is our moment to make cancer history. Fund the Cancer Moonshot.”

Following the National Cancer Moonshot Summit, ACS CAN convened events in July and August 2016 in Chicago, Illinois, and Austin, Texas, to continue the conversation about furthering the goals of the National Cancer Moonshot initiative. Bringing together key stakeholders from the private, public and not-for-profit sectors, these events led to further discussions on what can be accomplished today to further the goals of the initiative. In Chicago, leaders discussed innovative solutions to cancer prevention, from the groundbreaking work of the American Cancer Society’s unique longitudinal Cancer Prevention Studies I, II, and 3, to the work of the Healthy Chicago 2.0 program and on-the-ground mechanisms for addressing disparities in health care. In Austin, leading experts from the public and private sectors shared best practices and opportunities to overcome barriers in cancer research, including the role of patients in the research process, maximizing research efficiencies through data sharing and non-traditional data collection and ensuring impactful translation of cancer research through health delivery systems. Following both events, ACS CAN prepared reports that were shared with members of the vice president’s team and congressional leaders.

ACS CAN volunteers made thousands of calls to congressional offices urging the passage of the 21st Century Cures Act, including funding for the National Cancer Moonshot initiative. Volunteers delivered thousands of petitions to district offices and held rallies



ACS CAN supported 10 National Cancer Moonshot regional events at designated cancer centers across the country, including this one at the Louisiana Cancer Research Center.



The social media activity nationwide amplified ACS CAN’s involvement with the National Cancer Moonshot initiative. When President Barack Obama announced the initiative during the State of the Union address in January 2016, ACS CAN immediately rallied volunteers to share social media posts that linked the president’s commitment to help end cancer with ACS CAN’s One Degree campaign. Throughout 2016, ACS CAN volunteers and staff used social media to target their lawmakers to urge an increase in cancer research funding, promote the National Cancer Moonshot Summit events all over the country, promote local activities around cancer research and elevate the issue of increasing cancer research funding. Over the course of 2016, this activity resulted in 6,953 mentions of the #OneDegree hashtag across Facebook, Twitter and Instagram, generating more than 23 million impressions.

from Wisconsin to Louisiana with the theme “Time is running out; this is our moment to make cancer history. Fund the Cancer Moonshot.” ACS CAN volunteers and staff in several states and regions used Facebook Live, the social media site’s live broadcasting platform, to engage volunteers and lobby lawmakers to pass the law and fund the initiative.

As a result of those efforts, bipartisan support for cancer research funding in Congress was the highest it has been in years, as evidenced by the overwhelming bipartisan vote to pass the 21st Century Cures Act in both the House and Senate. Under the law, \$4.8 billion in research funding was added to the National Institutes of Health budget over seven years, with \$1.8 billion being set aside for the National Cancer Moonshot initiative. The Food and Drug Administration will also receive \$500 million, and states will receive \$1 billion in grants to combat opioid abuse. Every American stands to benefit from this groundbreaking legislation.

ACS CAN continues to advocate for cancer research funding at the state level. In 2016, our volunteers and staff were successful in maintaining funding for the James

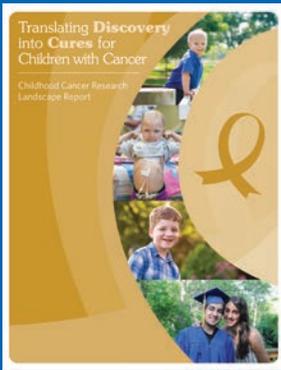
and Esther King Biomedical Research Program and the Bankhead-Coley Cancer Research Program in **Florida**. In **New Jersey**, ACS CAN volunteers and staff efforts resulted in \$1 million in funds being restored to the New Jersey Commission on Cancer Research. **Colorado** Governor John Hickenlooper signed legislation that sets aside a portion of future tobacco settlement agreement funds for cancer research at the University of Colorado.

Childhood Cancer

ACS CAN played an integral role in the development of the Childhood Cancer STAR Act, which would advance pediatric cancer research and increases transparency and expertise for childhood cancer research at the National Institutes of Health, and worked through 2016 to build support for this legislation. This bill also would ensure pharmaceutical companies have publicly accessible compassionate-use policies and expands research into the long-term side effects of childhood cancer and its treatments. This provision would help patients access potentially lifesaving experimental drugs when all other options have been exhausted.

On December 6, 2016, the STAR Act, which had 270 bipartisan cosponsors in the House and 22 in the Senate, was passed by the House of Representatives on a unanimous voice vote. While the bill ran out of time in the Senate, the STAR Act is well-positioned for the 115th Congress.

Additionally, the 21st Century Cures Act contains an expanded access provision, supported by ACS CAN that requires drug manufacturers to have publicly accessible compassionate use policies, including information about how patients can make a request for access.



On September 8, 2016, the American Cancer Society and the Alliance for Childhood Cancer released a joint report on pediatric cancer, including statistics and trends, a current list of drugs used to treat pediatric cancers, ongoing pediatric cancer clinical trials, and research funding levels. The report, *Translating Discovery into Cures for Children with Cancer: Childhood Cancer Research Landscape Report*, marks the first time that statistics and information about childhood cancers have been brought together with a critical analysis of challenges and opportunities related to pediatric cancer prevention and treatment. While the report was developed jointly by the American Cancer Society and the Alliance for Childhood Cancer, ACS CAN provided much of the leadership integral to the report's development.

Prevention and Early Detection

Breast and Cervical Cancer Prevention and Early Detection

The Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) is critical to increasing access to and awareness of potentially lifesaving cancer screenings for breast and cervical cancer for medically underserved women, including low-income, uninsured and underinsured women. ACS CAN continues to make funding for the NBCCEDP a priority and was pleased to stop proposed federal budget cuts to this program in the past year.

ACS CAN continues to make strides in protecting and increasing state funding for breast and cervical cancer early detection programs. In 2016, **Colorado** and **South Carolina** were able to secure additional funding for their state programs. Meanwhile **Alabama, Arizona, Connecticut, Florida, Maine, New Hampshire, New Mexico, New York, Pennsylvania, Rhode Island** and

Wyoming were able to protect funding for their breast and cervical cancer screening programs.

Colorado Governor John Hickenlooper also signed the fiscal year 2016-2017 appropriations bill, which included a provision for the expansion of the age of women who are eligible for cervical cancer screening from the current range of 40 to 64 years of age, to 21 to 64 years of age.

Colorectal Cancer Prevention

The National Colorectal Cancer Roundtable (NCCRT), established in 1997 by the American Cancer Society and the CDC, is a national coalition of public, private and voluntary organizations and invited individuals dedicated to reducing the incidence of and mortality from colorectal cancer in the U.S. The NCCRT has launched an initiative whose goal is to screen 80 percent of adults 50 and older for colorectal cancer by 2018.

Together with more than 1,200 other organizations, ACS CAN has committed to the 80 percent by 2018 goal.

Colonoscopies are a proven method to prevent colon cancer and save lives; however, cost sharing has become a barrier for many wanting to get screened. For seniors who rely on Medicare to cover health costs, the potential for cost sharing can be a barrier to accessing a colonoscopy.

In 2015, ACS CAN endorsed the Removing Barriers to Colorectal Cancer Screening Act, and in 2016 the bill garnered widespread bipartisan support with 289 cosponsors in the House of Representatives and 39 cosponsors in the Senate. This legislation would fix the loophole in Medicare that leads to surprise bills for seniors when a polyp is found and removed during a free colonoscopy screening. ACS CAN was also successful in preventing proposed federal budget cuts to the CDC's Colorectal Cancer Control Program (CRCCP).

At the state level, ACS CAN was successful in obtaining proclamations or letters of support for the 80% by 2018 initiative in **Arkansas, Colorado, Delaware, Indiana, Montana, North Dakota, New Mexico** and **Nevada**. State funding for colorectal screening programs continues to be a

priority for ACS CAN. **South Carolina** secured an additional \$500,000 for the state colorectal cancer screening and research program in 2016. **Kentucky** expanded coverage provided by their colorectal screening program to the underinsured, while **New York** and **Wyoming** preserved funding for their colorectal cancer screening programs.

Skin Cancer Prevention

Skin cancer is the most commonly diagnosed cancer in the U.S., and rates have been rising for the past 30 years. Exposure to UV radiation through sunlight and indoor tanning devices is one of the most avoidable risk factors for skin cancer. Yet, one in five high school girls has used a tanning device despite the health risks. At the state level, ACS CAN has worked to pass laws restricting the use of indoor tanning devices for those under the age of 18.

Kansas and **Massachusetts** passed such laws in 2016. ACS CAN will continue this work until young people in every state are protected from the harmful effects of indoor tanning.

Improving Quality of Life for Cancer Patients

Palliative care supports patients and their families from the point of diagnosis, throughout treatment and beyond. It provides cancer patients the best possible quality of life and can help prevent and relieve pain and suffering. Palliative care is provided by a team of clinicians and specialists, who work with the patient's regular physicians to provide an extra layer of support throughout a patient's cancer journey. It is appropriate at any age and any stage of cancer beginning at diagnosis. ACS CAN is committed to improving the quality of life for those with cancer and works with federal and state lawmakers to enact laws and make regulatory changes to policy that expand patient access to such care.

At the federal level, the Palliative Care Hospice Education and Training Act (PCHETA) was introduced in 2015 in

the House of Representatives by U.S. Representatives Elliott Engel (D-NY) and Tom Reed (R-NY). In 2016, a Senate companion bill was introduced by U.S. Senator Tammy Baldwin (D-WI), with bipartisan support from Senator Shelly Moore Capito (R-WV). The new legislation combined provisions from the PCHETA legislation from the 113th Congress, as well as the Patient Centered Quality Care for Life Act. The legislation would expand training opportunities for doctors and other health professionals in the medical subspecialty of palliative care; educate the public and providers on the delivery model of palliative care; and expand and intensify research on palliative care at the National Institutes of Health.

On September 8, 2016, the House Energy and Commerce Committee held a hearing on several public health bills,

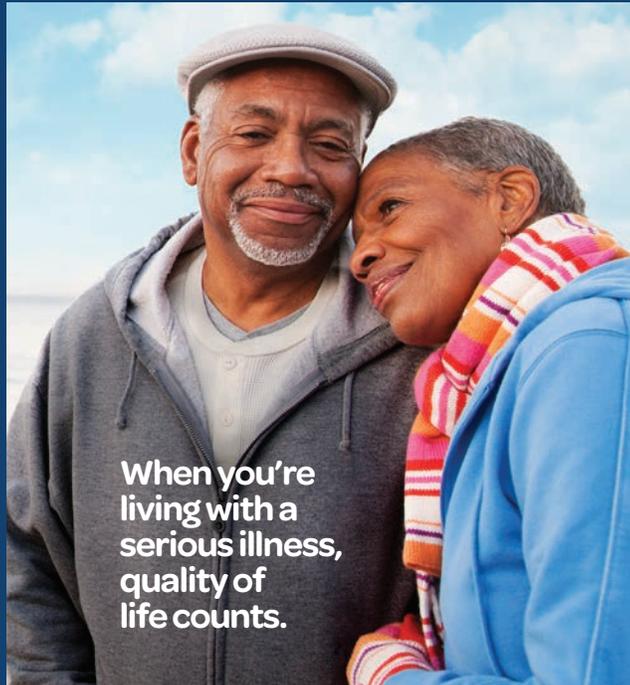
including PCHETA. Sean Morrison, MD, director, National Palliative Care Research Center, Mt. Sinai Hospital, New York, testified in support of the legislation and the Patient Quality of Life Coalition (PQLC), a group of more than 40 national organizations focusing on quality of life and led by

ACS CAN. In his testimony, Morrison detailed the provisions in the bill, and discussed how the legislation would help make palliative care services more accessible nationwide to patients with serious illness such as cancer.

In addition to the ACS CAN volunteer meetings held during National Leadership Summit and Lobby Day, PQLC held two virtual days of action in 2016. During the last week of April 2016, the coalition held a dynamic Virtual Lobby Day to urge uncommitted members of the House and Senate to sign on as cosponsors of PCHETA. Posts and tweets from the Virtual Lobby Day totaled more than 5.1 million impressions. ACS CAN volunteers also sent federal lawmakers who had yet to sign on to the legislation more than 4,000 email messages requesting their support. The second day of action was held in November 2016, where ACS CAN and PQLC volunteers reached out to House Energy and Commerce Committee Chairman Fred Upton (R-MI) and Ranking Member Frank Pallone (D-NJ) on social media to encourage them to advance PCHETA for a vote by marking up the legislation. It was a successful advocacy tool, with more than 6.8 million impressions on Twitter and Facebook.

Thanks in part to ACS CAN and PQLC, the House version of PCHETA gained 243 bipartisan cosponsors by the end of 2016, while the Senate version of the bill gained 20 bipartisan cosponsors.

State-level palliative care legislative efforts made great strides in 2016, with ACS CAN's quality of life model legislation passing in **Georgia, Indiana** and **Missouri**. The legislation empowers an expert advisory task force made up of palliative care experts in a state to come together and make recommendations. These recommendations relate to increasing the awareness, availability and utilization of palliative care services in a given state. The model legislation also tasks the state health department with creating and updating a palliative care information section as part of its website. The first three states to adopt the model legislation, **Connecticut, Maryland** and **Rhode Island**, each saw the first set of recommendations from their respective task forces in 2016.



Support PCHETA (H.R. 3119/S. 2748) to help patients live better.

The PCHETA bill increases access to palliative care—a team-based approach designed to help manage pain and other symptoms, explain treatment options, and ultimately give patients more control over their care. Passing the bill could improve quality of life for millions of Americans. Learn how at patientqualityoflife.org.



The Patient Quality of Life Coalition held its third annual Capitol Hill lobby day on June 22, 2016. There were more than 60 participants from 26 states, including patients, providers and researchers who participated in nearly 70 scheduled House and Senate meetings – (52 House/14 Senate) with 10 member meetings. Participants met with members of Congress and staff to ask them to support the Palliative Care Hospice Education and Training Act (PCHETA) as well. The coalition ran a PCHETA ad in Capitol Hill publications to help garner support and raise awareness.

Throughout the year, many states held forums, briefings and events focused on palliative care and quality of life issues, bringing together state experts and stakeholders to discuss federal and state palliative care legislation and educate providers and the public on key public policy issues that need to be addressed to ensure that patients have better access to care.

Patient Access to Pain Medications

In July 2016, the Comprehensive Addictions and Recovery Act (CARA) was signed into law by President Barack Obama. The legislation, which passed with bipartisan support, underscores the critical public health problem of misuse and abuse of opioid medications. The law includes provisions ACS CAN helped to champion that will expand research on chronic pain at the National Institutes of Health, strengthen prescription drug monitoring programs nationwide and create a federal task force to review chronic pain prescriber guidelines.

ACS CAN supports CARA and other balanced public policies that address addiction while maintaining access to necessary relief for individuals fighting pain from cancer and other serious illnesses. ACS CAN is also committed to making sure the patient voice is heard in the current public policy debate on the problem of opioid addiction and overdose.



ACS CAN co-hosts briefing to prevent the abuse of medicines

On June 16, 2016, ACS CAN and the Alliance to Prevent the Abuse of Medicines co-hosted a Capitol Hill Briefing on the opioid abuse epidemic and perspectives of chronic pain patients. Alliance members include the American Medical Association, Cardinal Health, CVS Health, Healthcare Distribution Management Association and Millennium Health. Participating on the panel were representatives from the National Fibromyalgia and Chronic Pain Association, the Interstitial Cystitis Association, the U.S. Pain Foundation, Millennium Health and the American Academy of Pain Management. ACS CAN is steadfast in making sure the patient voice is heard in the current public policy debate on the misuse and abuse of opioids.

Medication Synchronization



Medication synchronization allows pharmacists to coordinate all of a patient's maintenance prescription medications to be filled on the same date each month. This will better patient outcomes by improving how much a patient adheres to taking medication, enhancing patient access, increasing understanding of prescription drug use and providing greater pharmacist oversight. In 2016, ACS CAN successfully advocated for the passage of medication synchronization legislation in three states – **Michigan, Ohio** and **Rhode Island**.

Increasing Access to Health Coverage

Roughly half of all cancer deaths are preventable, and scientific breakthroughs are leading to better prevention, early detection and treatment methods. However, the American Cancer Society's own scientific studies show that people without health insurance are more likely than those with health coverage to be diagnosed with cancer at advanced stages, and to die from the disease. ACS CAN strongly advocates for cancer patients' ability to access quality, affordable health insurance coverage, while continuing to urge lawmakers to improve current protections for patients at the federal and state level. ACS CAN will continue to work with lawmakers to ensure that those affected by cancer can access and maintain quality, affordable health coverage.

Increasing Access to Medicaid

States have the option to use federal funds to help many low-income people access health coverage through Medicaid based on income level rather than qualifying through a traditional category of eligibility, including pregnant women or disability. Providing low-income Americans with access to comprehensive health care coverage plays a role in eliminating health and cancer disparities. In 2016, ACS CAN staff and volunteers successfully advocated for additional states to increase access to health care coverage, with **Louisiana** and **Montana** being the latest two states to accept the funds to increase access to Medicaid for eligible low-income adults, bringing the total to 32 states, including the **District of Columbia**, providing coverage for 11 million people.

Medicare

On March 8, 2016, the Centers for Medicare and Medicaid Services (CMS) released a proposed rule implementing changes to the way the Medicare program will pay for prescription drugs provided under the Part B program, which covers drugs administered in a physician's office. ACS CAN filed comments with the Department of Health and Human Services, expressing profound concerns about

the proposed Part B Drug Payment Model because it could adversely affect access to vital prescription drugs for cancer patients and their providers. Due to ACS CAN's efforts, and those of other patient advocacy organizations, CMS decided not to finalize the proposed rule.

In 2015, the Center for Medicare & Medicaid Innovation (CMMI) announced it would develop a pilot program to test a new payment method to encourage oncologists to provide higher-quality care to Medicare beneficiaries undergoing chemotherapy. Since the announcement, ACS CAN has been working with CMMI to improve the payment model and has offered technical assistance to help train physician's offices on how better to develop and share best practices for providers to meet the needs of cancer patients.

Biosimilars

The development of biologic drugs has provided cancer patients and their physicians with access to improved treatment options. In 2010 the Biologics Price Competition and Innovation Act was passed as part of the Affordable Care Act and created an abbreviated approval pathway for developers to create copies of biologic drugs once they are off patent, or no longer subject to patent restrictions. These copies are known as biosimilars, and can be prescribed to patients and produce the same clinical result as the original biologic drug. Biosimilars have the potential to increase price competition on older biologic drugs, and result in lower cost burdens for cancer patients.

While the FDA can solely determine interchangeability of biologics, the substitution of a biosimilar for a biologic by a pharmacist is governed by each state. Therefore, every state will eventually need to pass legislation to enable substitution. ACS CAN works to pass state biosimilar legislation that requires both provider and patient notification of any substitution along with entry, within five business days, into the patient's official medical record. Nine states, **Arizona, Hawaii, Idaho, Kentucky, Missouri, Ohio, Oregon, Pennsylvania** and **Rhode Island**, passed

biosimilars substitution legislation in 2016, bringing the total to 26 states.

Oral Chemotherapy Fairness

ACS CAN supports federal legislation that would require health plans covering chemotherapy drugs to provide coverage for oral anticancer medications at a cost no less favorable than forms of chemotherapy received intravenously. The Cancer Drug Coverage Parity Act only applies to insurance plans that already cover some form of chemotherapy. Additionally, this bill would only affect private insurance plans that are fully insured, not Medicare

or Medicaid. In 2016, the legislation gained 123 bipartisan cosponsors (62 Democrats and 61 Republicans), and in the Senate gained 21 bipartisan cosponsors (15 Democrats and 6 Republicans).

At the state level, two states, **Alaska** and **Pennsylvania**, passed oral chemotherapy fairness bills, ensuring patients who receive chemotherapy orally are paying the same amount or a similar amount as patients who receive chemotherapy intravenously, bringing the total to 43 states, including the **District of Columbia**.

Reducing Tobacco's Toll

Tobacco remains the leading cause of preventable death nationwide, claiming an estimated 480,000 people every year. Currently, more than 16 million people are suffering from a tobacco-related illness. In fact, mortality among male and female smokers is three times higher than those who have never smoked tobacco. ACS CAN works at the federal, state and local levels to pass strong tobacco control legislation that reduces exposure to secondhand smoke, encourages existing tobacco users to quit and prevents people from starting to use tobacco.

FDA Regulation of Tobacco Products

Since 2009, the U.S. Food and Drug Administration (FDA) has had the ability to regulate the sale, marketing and manufacturing of tobacco products under the Family Smoking Prevention and Tobacco Control Act. Aggressive and deceptive marketing of tobacco products, especially smokeless tobacco products, entices the nation's youth to engage in unhealthy behavior and risk developing cancer.

In May 2016, the FDA issued the final deeming regulation on all tobacco products, including electronic cigarettes, cigars and hookah. The regulation took effect in August 2016. Its provisions, along with others already in effect, are essential to keeping tobacco products out of the hands of kids and helping people quit using them.

ACS CAN was especially pleased that the FDA chose to regulate increasingly popular tobacco products such as cigars, electronic cigarettes and hookah.

This final regulation puts in place a number of strong provisions that will help to protect the public health and rein in an unscrupulous industry. The rule eliminates tobacco companies' practices of deceiving the public with unproven health claims, handing out free product samples and employing delay tactics in premarket application reviews to keep their products on the market indefinitely without a marketing order from the FDA. Tobacco companies must also include warning labels on their products and advertisements, and retailers are prohibited from selling any tobacco products to those under the age of 18.

ACS CAN applauds this important step forward and urges the FDA to take immediate action to address flavorings attractive to youth in all products and to curb the industry's egregious marketing practices.

ACS CAN also worked to keep Congress from passing provisions that would exempt many cigars from FDA regulation, including some that are cheap, flavored and attractive to youth, and provisions that would allow many

cigar and e-cigarette products to remain on the market without a critical FDA public health review required by current law.

Tobacco-free Major League Baseball

In early 2016, ACS CAN joined 33 other prominent health and medical groups to urge Major League Baseball (MLB) to act as a responsible role model for fans by ending smokeless tobacco use at all major league ballparks.

Seven cities – **Boston, Chicago, Los Angeles, Milwaukee, New York, San Francisco, and Washington, D.C.** – have passed local laws prohibiting the use of all tobacco products in ballparks. Additionally, a statewide law in California prohibiting the use of tobacco products in all sports arenas is set to take effect before the start of the 2017 season. Once these laws are implemented, 12 of the 30 MLB ballparks will be tobacco-free. ACS CAN urges other MLB cities to commit to making baseball tobacco free and pass comprehensive laws to cover players and fans.

In December 2016, the MLB and the Major League Baseball Players Association (MLBPA) agreed to prohibit the use of smokeless tobacco products by all new major league players as part of the league's new collective bargaining agreement. Additionally, the agreement prohibits current players from using smokeless tobacco if the city they play in has a tobacco-free law in place; allows the MLB to fine players who violate local tobacco-free laws; and continues to enforce tobacco-related restrictions agreed to during previous collective bargaining agreements. ACS CAN applauds the players and owners for working together and committing to take this major step forward.

Supporting State Tobacco Control, Prevention and Cessation Programs

Evidence-based, statewide tobacco control programs that are comprehensive, sustained and accountable have been shown to reduce smoking rates, as well as tobacco-related diseases and deaths. ACS CAN efforts played a role in protecting and increasing state investments in tobacco

control, prevention and cessation programs. **Florida** increased funding for its tobacco prevention and education program, while **Pennsylvania** increased funding for its tobacco control program. **Alaska, Arkansas, Idaho, Maine, North Dakota, New Mexico** and **New York** all protected their tobacco prevention, control or cessation program funding.

Colorado passed a bill in 2016 to ensure tobacco education, prevention and cessation grant funding totaling nearly \$24 million. **Connecticut** was able to maintain its Medicaid tobacco cessation program funding of \$3.4 million.



Working toward a Smoke-free Nation

Secondhand smoke causes 42,000 deaths per year, and can cause or worsen health effects in children and adults. There are 600 ingredients in each cigarette, and when burning, it releases 7,000 chemicals into the air, at least 70 of which are known to cause cancer. Secondhand smoke causes more than 7,000 deaths from lung cancer, and over 30,000 deaths from heart disease each year. A comprehensive smoke-free law that includes all workplaces, restaurants and bars is the only way to fully protect the public from exposure to secondhand smoke. ACS CAN is committed to protecting everyone's right to breathe smoke-free air.

In April 2016, the **California** Legislature passed legislation to close loopholes in the state's smoke-free workplace law making it comprehensive and prohibited the use of e-cigarettes wherever smoking is prohibited. This legislation was signed into law in May 2016 by Governor Jerry Brown and went into effect June 9, 2016. **Vermont** and **Washington, D.C.**, also added e-cigarettes to their smoke-free laws prohibiting the use of e-cigarettes wherever smoking is prohibited. Weak smoke-free laws were avoided in **Louisiana, Kentucky** and **Maryland**. **West Virginia** prevented legislation from passing that would have kept local jurisdictions from implementing local smoke-free laws.

Smoke-free laws were implemented in 50 municipalities in 2016. Nine of these ordinances were implemented in **Texas**, including the cities of **Wichita Falls** and **Waco**. **Salt Lake City, Utah** Mayor Jackie Biskupski eliminated smoking rooms at the Salt Lake City airport.

Thanks in part to the efforts of ACS CAN volunteers and staff, 58.6 percent of the U.S. population is protected by comprehensive state and local smoke-free laws.

Increasing Tobacco Taxes

Overall cigarette consumption declines by 4 percent for every 10 percent increase in the retail price of a pack of cigarettes, and the youth smoking rate also drops by 6.5 percent. Raising taxes on tobacco products can prevent children from smoking and help adults quit. ACS CAN is working with states across the country by passing regular and significant tax increases on all tobacco products, including smokeless tobacco products.

In **Pennsylvania**, Governor Tom Wolf and the state legislature approved an ACS CAN-supported increase in the state cigarette tax by \$1 per pack, which became effective on August 1, 2016. The legislation includes a tax on e-cigarettes equal to 40 percent of the wholesale price and a first-ever levy on moist snuff, chewing tobacco, pipe



tobacco and roll-your-own tobacco at 55 cents per ounce. Estimates are that nearly 66,000 adults will quit smoking, more than 48,000 kids will not start, and greater than 32,000 premature deaths from smoking will be prevented in the state.

On November 8, 2016, **California** voters passed the ACS CAN-supported Proposition 56 tobacco tax by a 64 percent to 36 percent margin, despite the \$71 million spent by the tobacco industry companies to defeat the measure. The \$2 per pack increase takes effect April 1, 2017 and will be the largest in U.S. history. It includes a similar increase in the tax on other tobacco products containing nicotine derived from tobacco, including e-cigarettes. More than half of the new revenues, between \$710 million and \$1 billion annually, will be allocated to provide health insurance to low-income, hard-working individuals and families through Medi-Cal, and between \$100 million and \$130 million of the new annual revenues will be dedicated to the state's comprehensive tobacco control program. This victory is expected to save nearly 135,000 lives and prevent more than 200,000 kids from ever becoming addicted to these deadly products.



In **California**, Governor Jerry Brown signed five bills that will regulate e-cigarettes like traditional tobacco products; raise the legal age for purchasing tobacco from 18 to 21, with an exception for active members of the military; expand California's smoke-free workplace laws to include self-employed individuals who bring clients to their offices, and remove some exemptions, including for hotel lobbies and warehouse facilities; broaden the state's tobacco-free school laws to cover all school property at

all times; and increase the licensing fees for distributing and selling tobacco products. Together, these new laws will significantly strengthen tobacco control efforts in the state, with the smoke-free law alone increasing the U.S. population covered by a comprehensive smoke-free law from 49.8 percent to 58.6 percent.

In 2016, 48 municipalities joined California in passing legislation to raise the legal age for purchasing tobacco from 18 to 21.

Healthy Eating and Active Living Environments

In the past several decades, excessive weight and obesity rates have more than doubled for adults and tripled for youth. Nearly one-third of all cancers are tied to poor nutrition, physical inactivity and excess weight. A healthy body weight is key to reducing cancer risk, and many of those factors listed can contribute to its likelihood. ACS CAN is dedicated to evidence-based public policies that help facilitate a healthy lifestyle.

In January 2016, the federal government released the Dietary Guidelines for Americans, 2015-2020, which provide evidence-based guidelines on diet to improve health and serve as the basis for all federal nutrition programs, policies, and communications. ACS CAN advocated throughout the multi-year Dietary Guidelines development process that the updated guidelines reflect the relationship between nutrition and cancer and include evidence-based recommendations to improve diet and manage weight.

The U.S. Food and Drug Administration (FDA) released final regulations to update the Nutrition Facts label and serving size requirements for all packaged foods and beverages, the first significant update since it was first required on food labels more than two decades ago. The updated Nutrition Facts label will make calorie, serving size and servings per container information larger and more prominent, as total calories are the most important information for managing weight. The label will also add a line for added sugars – sugars that are added during processing or packaging and provide excess calories with few nutrients – and include a daily recommended value to put the information in context. ACS CAN commented in support of these changes during the regulatory process.

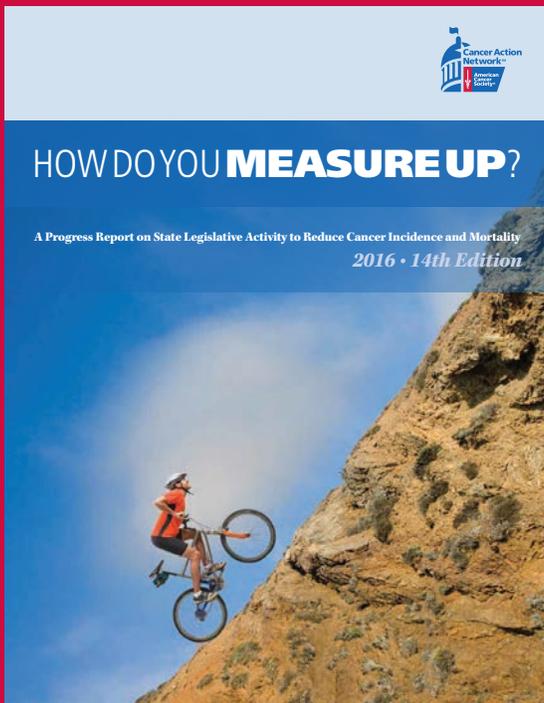
The FDA also took the final step needed to implement the requirements for menu labeling in chain restaurants and similar retailers. Beginning in May 2017, all chain restaurants

and similar retailers selling ready-to-eat foods will have to post calorie information on their menus and menu boards and make additional nutrition information available upon request. ACS CAN continues to work to ensure these health-promoting provisions are not undermined.

The Fixing America's Surface Transportation (FAST) Act, a five-year reauthorization of the nation's transportation policy, became law in December 2015. As ACS CAN had advocated, under this law, funding for policies that provide access to sidewalks, bike paths and Safe Routes to Schools was preserved and slightly increased. The programs now reside under the Surface Transportation Block Grant Set-aside Program (STBGSP) (formerly known as the Transportation Alternatives Program).*

The federal Every Student Succeeds Act, bipartisan legislation providing a new framework for elementary and secondary education across the country, also became law in December 2015. This law includes health and physical education as part of a "well-rounded education," putting these subjects on par with other academic courses in terms of available funding, reporting and other requirements.*

The U.S. Department of Agriculture (USDA) released final regulations in July 2016 establishing science-based nutrition standards for all foods sold in schools outside of meals, such as a la carte and in vending machines. While an interim final rule establishing science-based nutrition standards for snacks in schools was already in effect, this rule made some minor modifications and completed the regulatory process. ACS CAN advocated for and has been working to protect



How Do You Measure Up?

In 2016, ACS CAN released its 14th annual *How Do You Measure Up?* report, which uses a color-coded system to evaluate a state's activity on issues crucial to winning the fight against cancer. Green represents the benchmark position, showing a state has adopted evidence-based policies and best practices; yellow indicates moderate movement toward the benchmark; and red shows where states are falling short. The 2016 report finds that while there has been some progress when it comes to enacting laws and policies to prevent, manage and treat cancer, the majority of states still have work to do. Fourteen states have reached benchmarks in only two or fewer of the 10 priority areas measured, and 34 states and the District of Columbia measured up in just three to six issues. Only two states – **Maine** and **Massachusetts** – met benchmarks in seven of the 10 categories. Fortunately, the report also outlines for state legislators several opportunities for improvement that can reduce the cancer burden and save more lives from cancer.



these science-based school nutrition standards since their enactment.

Also in July 2016, the USDA released a final rule expanding requirements for local school wellness policies. The rule required school districts to work with a range of stakeholders to develop and update district-level wellness policies regularly that address a number of nutrition- and physical activity-related issues and monitor and report compliance.

ACS CAN continues to work at the state and local levels to implement policies to improve nutrition and increase physical activity among children and adults. In 2016, ACS CAN played a role in the passage of a number of state and local measures.

Maine passed a bill that provides \$3 million of one-time tobacco settlement funds to food banks or other appropriate statewide entities for purchasing fresh and frozen fruits and vegetables and seafood harvested in the state in order to increase access to healthy foods for those who are food-insecure, or lack reliable access to affordable, healthy food. **Minnesota** passed legislation to upgrade the standards for physical education (PE) to a set of national standards. This legislation improves the quality of PE.

Furthermore, it requires that children with disabilities be offered modified PE classes. **North Carolina** successfully advocated for \$250,000 in one-time state appropriations for their Healthy Corner Stores Initiative, which provides grant opportunities to corner stores for equipment or other assistance to provide fresh fruits and vegetables and lean meats that the store would otherwise not be able to offer. **Rhode Island** passed a bill to align with federal nutritional standards on foods sold in schools aside from regular school meals such as in vending machines or fundraisers. **Vermont** passed legislation for healthy food procurement that requires all State of Vermont offices, departments and agencies to establish healthful nutritional standards for food served in cafeterias, vending machines and office meetings and functions. **New York City** secured \$9 million in funding to make improvements in order for schools to meet the state's physical education requirements. The money will be used to hire more instructors and improve programming. **Washington, D.C.**, passed a measure known as the Bicycle and Pedestrian Safety Act, which includes complete street components to promote and encourage safe physical activity through active transportation for people of all ages and abilities by incorporating infrastructure and design components such as safe street crossings, bicycle lanes, accessible sidewalks, and public transit stops.



* Legislation passed after production deadline for the 2015 Advocacy Accomplishments report.



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