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STEVE ADUBATO, host:

Spreading the word about clinical trials, next on CAUCUS: NEW JERSEY.

Announcer: Major funding for this edition of CAUCUS: NEW JERSEY has been provided by The Cancer Institute of New Jersey, bringing research to life, Johnson & Johnson, the worldwide health-care products company, New Jersey Natural Gas, proud to support education in our communities, Verizon Communications and by QualCare Inc., a local managed care company covering 550,000 New Jersey residents.

ADUBATO: Welcome to this very special edition of CAUCUS: NEW JERSEY. I'm Steve Adubato.

Many cancer patients, especially those in low-income and minority communities, are missing the opportunity to participate in clinical trials. Here with me are members of The Cancer Institute of New Jersey's new Leadership Council. We're working to connect people in need with new and promising cancer treatment options.

We first have our very good friend Rhonda Berry, who is a breast cancer survivor and an advocate, a very strong advocate, who underwent clinical trials at The Cancer Institute of New Jersey. Val Skinner, who has been with us many times, is the co-chair of The Cancer Institute of New Jersey's Leadership Council, a touring professional on the LPGA and founder of the Life Tournament which we'll talk about in a minute. And the young lady who started us several years ago into this initiative regarding breast cancer is Deborah Belfatto, co-founder and executive director of the Susan G. Komen Breast Cancer Foundation, North Jersey affiliate, and a 16-year breast cancer survivor.

It's great to see my old--really young--friends. We've been doing this for a while, huh, Deb?

Ms. DEBORAH O. BELFATTO (Executive Director, Susan G. Komen Breast Cancer Foundation; North Jersey Affiliate): Yes, Steve. We sure have. But we're just going to keep on doing it until we get the job done.

ADUBATO: Yeah. And this piece of it, the whole clinical trial issue--and by the way, folks, as you're watching this program throughout, you're going to see a Web site, telephone number that connects you to The Cancer Institute, if you want to find out more or need to find out more about the clinical trials. The clinical trial piece of this, we're talking about a population that has historically not gotten access to clinical trials. First of all, what are we talk--what is a clinical trial? Let's just put out that. What are--people are saying, 'clinical trials' and I don't want to assume everyone knows what that means. What is a clinical trial?

Ms. VAL SKINNER (Co-Chair, CINJ Leadership Council): A clinical

trial is an option for a different protocol for treatment where a patient can enroll in--you know, I suppose it's been looked at as some sense an experimental trial, but where they may combine different drugs to get a different result and an enhanced quality of life.

ADUBATO: Now, Rhonda, you were in a clinical trial.

Ms. RHONDA BERRY (Breast Cancer Survivor and Advocate): Yes.

ADUBATO: Describe it.

Ms. BERRY: Well, first of all, I knew nothing about clinical trials until I went to The Cancer Institute of New Jersey. And when my doctor approached the concept to me, my biggest concern was survival. I wanted to live. And we went through the process of her explaining to me about clinical trials and then also they needed to know everything that I experienced while I was in the trial. They needed to know if I had a temperature, my nose was running, you know, anything that was wrong.

ADUBATO: Why?

Ms. BERRY: Because it was a trial, it was a study. They didn't know anything about the side effects. In everyone, side effects are totally different. So I said, 'OK. I'll participate.' I never heard of a--you know, the clinical trials and I just wanted to survive.

ADUBATO: Was it difficult?

Ms. BERRY: Yes. It was extremely, extremely rough. It was very...

ADUBATO: Worth it?

Ms. BERRY: Yes.

ADUBATO: Why?

Ms. BERRY: I'm here. I'm a survivor of Stage IV breast cancer.

ADUBATO: Hmm. Clearly worth it.

Ms. BERRY: Yes.

ADUBATO: But the rough part.

Ms. BERRY: I was fighting against--I was trying to do things my way and not work with them.

ADUBATO: Are you saying you're a difficult patient? You've been a very great guest over the years, but...

Ms. BERRY: Thank you. So...

ADUBATO: You were stubborn.

Ms. BERRY: Very. Very stubborn and on a trial you can't be. You have to work with them because everything that they offer you helps

and when I stopped being stubborn and started working with them and going with the flow of it, it was a piece of cake.

ADUBATO: Hmm. But you're also getting a lot more care, are you not, when you're in a clinical trial?

Ms. BERRY: Oh, a clinical trial is fabulous. I mean, you get the best of the best of the best.

ADUBATO: They're really giving you a lot of attention.

Ms. BERRY: Yes. Yes.

ADUBATO: And you know the other thing we should do--Deb, I said we've been doing--we've been in partnership with the North Jersey affiliate of the Susan G. Komen Breast Cancer Foundation for about five or six years now. But what's amazing is that I still realize most people don't have a sense of the numbers. So I'm going to put some numbers out there that Val was good enough to bring in. This is amazing, first, less than 5 percent of adults participate in clinical trials to test new and innovative ways to prevent, treat and control cancer. How could it be that the number's so small, Deb?

Ms. BELFATTO: They don't know about them. They need to gain access. I mean, people just are--I mean, it's simply like with anything else. It's awareness. It's having a methodology to get this information to people.

ADUBATO: The methodology, OK--first of all, we're doing that right now. It's part of the initiative that we're involved in. Someone watching right now, Val, we have the Web site up, we have the telephone number up. They say, 'OK, I--the--Rhonda's got me a little bit curious. She went through it. She's talking about--she said it was rough but boy, it was worth it.' What should someone do?

Ms. SKINNER: Well, first of all, looking at the New Jersey Cancer Connect is an education within itself, and...

ADUBATO: That's the Web site.

Ms. SKINNER: That's the Web site that we have up and also calling The Cancer Institute or talking to their local physicians or asking questions when they see their doctors. Even prevention trials that may not be, you know, the clinical trial, which is a treatment trial. A prevention trial is somewhat similar but it's about prevention. This is bringing research to life. This is how you save lives.

ADUBATO: Yeah.

Ms. SKINNER: That's The Cancer Institute of New Jersey's entire focus. An institute that focuses on research, the difference is advancing technology and advancing innovative ways to treat cancer in the future.

ADUBATO: OK, we've had a lot of discussions with Bill Hait--Dr. Bill Hait our good friend who heads up The Cancer Institute. This whole leadership initiative that we're talking about, why the Leadership

Council? What is this Leadership Council and why is it so significant?

Ms. SKINNER: Well...

ADUBATO: It's the first of its kind.

Ms. SKINNER: It is the first of its kind, and what we wanted to do is harness the expertise of women across--that span the state of New Jersey in different fields, government, industry, women like Deb that are experts in their field, patients, people who have survived disease and survived cancer so that we could find ways to educate New Jerseyans about, A, The Cancer Institute of New Jersey and the programs and educational programs they offer, but also to maybe look at this from a different angle and a different place. Because we're citizens of New Jersey, too.

ADUBATO: Right.

Ms. SKINNER: We're patients, too, but we can harness this expertise to advance this to the next level. Our objective is to improve accrual and enrollment in clinical trials by 25 percent in the year 2006. So...

ADUBATO: Let's be clear. The numbers are way too low, less than 5 percent...

Ms. BELFATTO: That's right.

ADUBATO: ...of those who could or should be potentially in clinical trial are enrolled. The number we're shooting for is?

Ms. SKINNER: Twenty-five percent, which isn't necessarily out of breach and it's a measurable goal, which was important.

ADUBATO: Now we're talking about disproportionately minorities and the underserved.

Ms. BELFATTO: Mm-hmm.

ADUBATO: Is that what we're talking about here, Deb?

Ms. BELFATTO: Absolutely.

ADUBATO: Rhonda, why do you think that minorities and the--and--again, just inner-city residents disproportionately as well, anything unique, particular about the African-American and urban population that makes it harder for them to access clinical trials?

Ms. BERRY: Well, first of all, to add to what Val was saying about the educational piece, the inner-city, they--the individuals that live in the urban, inner-city communities need to also talk to someone that has experienced clinical trials, another African-American.

ADUBATO: Why?

Ms. BERRY: Because I have done that here up in Newark. I

volunteered at a couple of health fairs and I spoke to a young lady 34 years old and I talked to her about clinical trials and she was going to start her treatment and, you know, I'm smiling because she's in a study, she's in a clinical trial. She didn't know anything about clinical trial until I talked to her and I told her and then the best thing about it was I told her, 'You get the best of the best care.' You know, so she went to the...

ADUBATO: That's a good selling point.

Ms. BERRY: She went to--and it's true.

ADUBATO: Right.

Ms. BERRY: You do. So she went to her doctor and she told her doctor what I said about the best of the best care. She's on a trial right now, today.

ADUBATO: You helped get her into that. Is that what it takes, Deb?

Ms. BERRY: And is...

Ms. BELFATTO: She helps a lot of people. She does.

Ms. BERRY: I'm sorry. It was another clinical trial. I'm sorry, it was another CINJ patient.

ADUBATO: Cancer Institute.

Ms. BERRY: After I talked to her--before I talked to her--I'm so excited because before I talked to her, she was like, 'I don't want to be on a trial.' She was very negative about it. So my president and my support group called me and told me that after I talked to her, she's in the study.

ADUBATO: Is that what it takes, Deb?

Ms. BELFATTO: You know what? I think what you're saying--I think the word that we haven't mentioned yet is trust.

Ms. BERRY: Yes.

Ms. BELFATTO: And I think trust is a key element here.

Ms. BERRY: It is. It is.

Ms. BELFATTO: And to break down the barriers and to try to get, you know, to these populations that are so skeptical.

Ms. BERRY: Yeah.

Ms. BELFATTO: Because there's been so many reasons. I mean, there's been so many reasons...

ADUBATO: Trust in...

Ms. BELFATTO: Trust in the system; trust in another human being;

trust in promises that were made and not kept.

Ms. BERRY: Yes.

Ms. BELFATTO: I mean, and the list goes on and on. So, you know, when you have a woman like Rhonda who is--has such a voice and such a powerful voice and she speaks to the populations that, you know, are of greatest need, I mean, come on...

ADUBATO: Yeah.

Ms. BELFATTO: ...it's got to be a win-win.

ADUBATO: She's hard to say no to.

Ms. BELFATTO: She's so hard to say no to. I mean, her message is so strong and she's living proof.

ADUBATO: Yeah.

Ms. BELFATTO: And it's trust.

Ms. BERRY: I'm just so excited. I'm so, so--it's so important to me for more minorities, especially African-Americans, to get involved. And being--for me, just being in a clinical trial is not the end of me participating in other studies.

ADUBATO: What do you mean?

Ms. BERRY: I also participate in genetic testing.

ADUBATO: Hmm. So your attitude is...

Ms. BERRY: I want to know everything about me possible. Like Malcolm X says, 'By any means necessary.'

ADUBATO: 'By any means necessary.'

Ms. BELFATTO: She's great.

Ms. BERRY: I'm going to do what I have to do and I want to learn about my body and then I can learn--and then I can also educate the rest of my family, which I have already done that.

ADUBATO: Hmm. Jump in.

Ms. SKINNER: She's exceptional.

Ms. BELFATTO: You're awesome. She is.

Ms. SKINNER: You know, to be her own advocate, I mean, that's--so often with--Deb works with many young women--I've worked with young women regarding breast cancer, and to be their own advocate is so important.

Ms. BERRY: Yeah, it's very important.

Ms. SKINNER: And it's scary.

Ms. BERRY: It is.

Ms. SKINNER: It's scary. Let's face it. We have to educate the public through health-care professionals...

ADUBATO: Yeah.

Ms. SKINNER: ...through each other.

ADUBATO: By any means necessary.

Ms. BERRY: Means necessary, that's right.

Ms. SKINNER: In building that trust, in building that trust.

ADUBATO: Let's go back. Every one of you winds up being here with us, and you've been with us so many different times in different settings, but you all wind up taking different routes. You know, you brought us to Rhonda. We got involved in the Life Tournament, which is absolutely wonderful. We'll talk about it in a second. The proceeds go to The Cancer Institute and Susan G. Komen Foundation nationally.

Ms. SKINNER: Yes, mm-hmm.

ADUBATO: You have a particular reason, and I know it's a complicated story but the short version is?

Ms. SKINNER: I had a very young friend diagnosed at 24 and because of lack of awareness, because of fear...

ADUBATO: She was a golf professional.

Ms. SKINNER: She was a golf professional, headed far. She was a young, rising star; incredible girl. We all loved her, we all miss her and we lost her at 28. And it was because of a lot of the reasons we're talking about: fear, you know, lack of education and particularly back then--I mean, that was 1993, and so much has changed with the work of the Komen Foundation and all the different initiatives that have started to focus on young women. It's really changed that issue. But that was how I came to the Komen Foundation and they're the LPGA's national charity as well.

ADUBATO: Right.

Ms. SKINNER: But also The Cancer Institute of New Jersey, I had my own scare. I was fortunate. It was a benign tumor. But I met Bill Hait and I saw the compassion...

ADUBATO: Dr. Bill Hait who heads up the institute.

Ms. SKINNER: The director of The Cancer Institute. I just know him as Bill Hait, and he...

ADUBATO: Right. Well, we have some of our friends down in Maryland

and all the way up the East Coast and it...

Ms. SKINNER: Up and down. That's right.

ADUBATO: We hope people will find out about Bill Hait and the work that he--one of the best-kept secrets, right?

Ms. SKINNER: In New Jersey and it shouldn't be. Because, you know, this is--in our state, this is a comprehensive cancer center and that designation is incredibly special. There are only 38 in the entire country. So The Cancer Institute of New Jersey is the best care in my opinion, and I know many, for our residents in New Jersey and we need people to know it's there.

ADUBATO: Folks, as we continue the conversation, I'm going to remind our friends in the control room that the two sites that we're talking about in particular--the telephone number that the--the telephone number down at The Cancer Institute, the Cancer Connect number and the Web site. Please continue to put that up. I want to encourage you to log on to the site, to call the number, and I promise you there'll be someone else on the other end if you call who'll be very responsive. But the Web site is really exceptional, as Val said.

(Graphic on screen)

(866) 788-3929 New Jersey Cancer Trial Connect

www.njctc.org New Jersey Cancer Trial Connect

ADUBATO: Deb, again, you got us into this.

Ms. BELFATTO: Mm-hmm.

ADUBATO: You are a survivor for many years now.

Ms. BELFATTO: Many years.

ADUBATO: You didn't have to get so involved in helping others. What's your story?

Ms. BELFATTO: Oh, yes, I did. Oh, yes.

ADUBATO: You chose to. But go ahead.

Ms. BELFATTO: I had to. I mean, it just--I felt a responsibility. I have a 20-year-old daughter and there's nothing that I wouldn't do to prevent her from facing the fears that far too many women face. So I just got that message when I made a promise to a 10-year-old little girl, Jackie Bertilenni, who lost her mom, my dear friend, and we just said, 'We're going to do everything we can possibly do,' and people just jumped on board. People just--they were waiting for this to kind of come along, to embrace it, to get the message out. I mean, for myself in the late '80s, there wasn't a whole lot known about breast cancer in young women. I mean--and, by all rights, many young women are diagnosed with aggressive disease because, you know, breast cancer is a hormone-driven disease.

ADUBATO: Right.

Ms. BELFATTO: And in young women, their hormones are very active. So if it's going to be aggressive, it certainly will be aggressive in younger women. So lucky, lucky me that, you know, I was treated and I got the level of care because I had access to quality care. A lot of women and a lot of--certainly in the underserved population, don't have access to that level of care.

ADUBATO: Is that part of what's driving it for you, that you got the care that you did and this whole discussion about clinical trials--the best of the best as you describe it--is that part of what's driving it for you?

Ms. BELFATTO: Oh, without a doubt. Without a doubt. There is not one woman that shouldn't have that same degree...

ADUBATO: Right.

Ms. BELFATTO: ...that same level, that same quality of care. I mean, we as women--I mean, we're a sisterhood.

ADUBATO: Right.

Ms. BELFATTO: We have to stick together. We have to make this happen for one another. I mean, she's my hero.

ADUBATO: She is, isn't she?

Ms. BERRY: Thank you.

Ms. BELFATTO: She really is. She's really something.

ADUBATO: Did you see--what did you see in her when you first brought her in because she's been involved with the North Jersey affiliate for a long time?

Ms. BELFATTO: Oh, I just saw life. I just saw such a respect for life and just a respect for humankind. I mean, she wants to make women survive this disease that--and there are far too many women still losing their battles to breast cancer.

Ms. BERRY: Yeah.

ADUBATO: Right.

Ms. BELFATTO: I mean, we're making great strides and people ask me all the time, you know, 'What about all this money? What about research?' It's happening. It's really happening, but that's where the clinical trial piece comes in. That's the--you know, that's the added layer. That's kind of the cherry on the top, you know. That really is. And...

ADUBATO: That's where we can make tremendous strides in finding out more...

Ms. BELFATTO: We really can.

ADUBATO: Which is why we have to continue to go right at the preconceived ideas, the misconceptions, the fears. You talked about the trust before, right?

Ms. BERRY: Mm-hmm.

ADUBATO: The Leadership Council of The Cancer Institute has a variety of techniques, methods if you will...

Ms. BELFATTO: Yeah.

ADUBATO: ...to reach the underserved, the minority population that we're primarily talking about. This program is just one of those ways. Some of the other ways include--Val, talk to us.

Ms. SKINNER: Well, what we're looking at is we're looking at through the media relations. We've broken this up into four committees where we can cultivate and build relationships and raise money to do different programs. We're also looking at how we can utilize the media...

ADUBATO: Sure.

Ms. SKINNER: ...to help get the message out, how we can market the idea.

ADUBATO: Public service announcement spots, right?

Ms. SKINNER: Right. Exactly. Videos, pamphlets, all kinds of spin-off materials, programs like these, possibly. And then community outreach which is really kind of the driver and Deb does this so well with the North Jersey...

ADUBATO: What does it mean, community outreach? Particularly communities Newark, Jersey City, Camden, Trenton, Atlantic City, Elizabeth, particularly urban areas that have the women that you're talking about--how the heck do you get to them?

Ms. SKINNER: Well, we're piloting this within a 10-mile radius of The Cancer Institute so that we can control and manage that.

ADUBATO: Right down in New Brunswick.

Ms. SKINNER: Yes. Because it is an enormous task. But we need to learn how to do it right and it's done well in a lot of different ways but we're looking at faith-based organizations...

ADUBATO: Absolutely.

Ms. SKINNER: ...that--where there is trust in that community, as Rhonda mentioned, that is already there, it's established. We're trying to bring them into the group...

ADUBATO: Through their churches.

Ms. SKINNER: ...through their churches, through their--all the

people that they trust in their community, like speaks to like.

ADUBATO: It's fa--almost--like speaks to like and the trust thing is important. Do you remember we did some stuff with the Reverend Reginald Jackson our good friend?

Ms. BERRY: Oh, absolutely.

ADUBATO: Remember we actually were in the studio together. He did a public service announcement spot. He's one of the leaders in the church community and I remember--he's at St. Matthews AME Church in Orange and I'm thinking--when Reverend Jackson gets up there in the pulpit, and he starts talking about the importance of clinical trials and the importance--people respond, no?

Ms. BERRY: They listen.

Ms. BELFATTO: Oh, they listen.

Ms. BERRY: Yeah.

Ms. BELFATTO: Oh, yeah. I guess the word here is 'gatekeepers.' You know, I love that word.

ADUBATO: Yeah.

Ms. BELFATTO: But that's--he's a gatekeeper.

ADUBATO: Right.

Ms. BELFATTO: And, I mean, you know, he speaks and that's it. There's no discussion.

ADUBATO: So you have to be involved with...

Ms. BELFATTO: His message is...

ADUBATO: ...religious leaders like that.

Ms. BELFATTO: In these communities, I think it's paramount to get that information to the leaders, to the religious leaders in their communities.

ADUBATO: I'm going to ask you about New Jersey Cancer Trial Connect. By the way, before I do that, there's others beyond religious leaders. There are community leaders; there are educational institutions; there are media organizations; there are a whole range of places. Where else? What am I missing?

Ms. SKINNER: Health-care professionals are one of the biggest issues. You know, to find out, how do we get on the same page with this? How do we make this work in somewhat of a seamless and organic way so that...

ADUBATO: Seamless and organic.

Ms. SKINNER: So that...

ADUBATO: Sounds great. What does it mean?

Ms. SKINNER: Well, what it means is that, you know, we all have to have the same goal and come together...

ADUBATO: We can't get into turf stuff, can we?

Ms. SKINNER: Right.

Ms. BELFATTO: No.

Ms. SKINNER: Right. We have to care about the patient and care about the experience of the patient.

Ms. BERRY: That is very hard, territorial.

Ms. SKINNER: Very, very tough.

Ms. BELFATTO: It's very hard.

Ms. BERRY: Very tough, territorial.

Ms. BELFATTO: Short limitations.

Ms. BERRY: That's very hard.

Ms. BELFATTO: You know, it's territorial.

ADUBATO: Yeah?

Ms. BELFATTO: The education of the medical community and their time restraints because, you know...

Ms. BERRY: Yes, yes.

Ms. BELFATTO: ...they have to check their watch to make sure that, you know, they're abiding by the number of minutes that is allocated for them to speak to that patient. So do you think that they're going to really have the extra time to give information about clinical trials? It's...

ADUBATO: But that's not extra information. That's like...

Ms. BELFATTO: Well...

ADUBATO: I know you're--I'm playing devil's advocate. I'm thinking--again, and I don't want to put this on doctors because physicians have tremendous demands.

Ms. SKINNER: It's not all that. Yes. There are a number of reasons.

ADUBATO: But that's a piece of it. Encouraging doctors to facilitate a dialogue with their patients about clinical trials isn't some extra conversation. That's at the core.

Ms. BERRY: Well, I think it--I strongly feel that it's more with the community outreach and the part that bothers me is that, you know, a lot of people work during the day. And for those who are low income, they work temporary or part-time jobs, or whatever the case may be, so they need the community outreach workers to me need to do things after 5:00.

ADUBATO: For example.

Ms. BERRY: When people are off from work, they can come to the health fair or whatever case may be. And on a Saturday morning. People don't want to do--community outreach workers, you know, they're 9 to 5 job. On the weekend, they don't want to do a health fair on the weekend and that's not fair to the public.

ADUBATO: You're saying that the time frame...

Ms. BERRY: Yes.

ADUBATO: ...that we have to reach the community we're talking about, the people...

Ms. BERRY: With different hours, different times.

ADUBATO: ...we're talking about. So you say, well, 9 to 5...

Ms. BERRY: Not on their schedule.

ADUBATO: ...Monday through Friday, that's not working.

Ms. BERRY: That's not their--that's their schedule.

ADUBATO: Right.

Ms. BERRY: No, it's not working.

ADUBATO: No.

Ms. BERRY: It's not working, because everybody can't go 9 to 5, Monday through Friday.

ADUBATO: That's right.

Ms. BERRY: So people need to be able to go after work and then on a Saturday, Saturday morning.

ADUBATO: And the other part of it--you know, we speak about Rhonda being an exceptional communicator, a great leader, very persuasive. But there are only so many Rhonda Berrys. Simply put, do we need more--and I'm just not going to say African-Americans, because you can be any color and be as dynamic as you are--do we need more African-American...

Ms. BERRY: We need more.

ADUBATO: We do need...

Ms. BELFATTO: Oh, we need more.

Ms. BERRY: We need more in every area.

Ms. BELFATTO: All cultures. All minority cultures.

Ms. BERRY: Yes. We need more. We need--because just like Dr. Harold Friedman in Harlem, New York, said that if--just because they don't have a degree, train them and educate them. People don't want to train and educate people without degrees. That's a problem. Because there's individuals like myself who has life experience, who can reach that individual.

ADUBATO: We have to be more aggressive. We have to be more aggressive--I'm not going to say in finding the Rhonda Berrys, because that's not what it's about. It's about finding others who...

Ms. BELFATTO: Yes.

ADUBATO: ...may not even be as talented or as driven as you are, but have something to offer. That's tough. Because you said like speaks to like. And I don't want to say that someone who's African-American wouldn't respond at all to someone who's not, but you're just more inclined.

Ms. SKINNER: Yeah. And it's a trust issue. It just is.

Ms. BELFATTO: Right. It is. It really is.

Ms. SKINNER: You're just more comfortable.

ADUBATO: The Cancer Connect--New Jersey Cancer Connect site, real quick, talk to us about the initiative. What is it? Why is it important, Val?

Ms. SKINNER: In order to enroll?

ADUBATO: Yeah. Lay it out for us.

Ms. SKINNER: Well, to save lives, period. It really comes down to that, Steve. I mean, without research, without clinical trials, we do not make progress. We do not enhance the quality of care.

ADUBATO: We do not.

Ms. SKINNER: We do not. I mean, so--I mean, to--the bottom line is that--the Cancer Connect, in all the sites that have been reviewed, there were--I think it was out of 328 sites or something, roughly in that range, there were three that were comprehensive enough to explain to the patient or anyone seeking information and Cancer Trial Connect was one of them.

ADUBATO: And that's why we've had it up the entire program. By the way, Val gave me these numbers, I'm going to put them out there. I thought after doing dozens of programs on the subject of cancer, I understood but clearly I don't. New Jersey exceeds the national average in all forms of cancer, according to the American Cancer

Society. New Jersey ranks second in the United States for the incidents of all cancers among females. We are third in the incidents of all cancers among males. New Jersey has the highest rate of deaths from breast cancer and the highest rate of prostate cancer.

Ms. BELFATTO: Obscene numbers.

ADUBATO: If we can--I mean, our numbers are numbers; people are people. If we can't do this in New Jersey, then it just can't work anywhere else because there could be no greater demand or need, correct?

Ms. BELFATTO: Correct. Those are obscene numbers. I mean...

ADUBATO: Obscene.

Ms. BELFATTO: They really are. I just--I just think that there are so many resources available throughout our state, there really are, but people just--I mean, it's educating people, it's continuous education. It is street fairs. It's getting to the heart of the community.

Ms. SKINNER: Right.

Ms. BELFATTO: And going to the people. I think that that's why we've been as successful as we have because we've gotten into the trenches. You know, we've partnered with...

ADUBATO: You got that Sisters Network, right?

Ms. BELFATTO: Oh, the best.

ADUBATO: That's a great one, right? Because they do something about...

Ms. BELFATTO: The best.

ADUBATO: Real quick, Sisters Network is and you can connect to the clinical trials, too. Go ahead. Got a minute left. Go ahead.

Ms. BELFATTO: It is an organization of African-American breast cancer survivors and they--it's a sister to sister. I mean, they speak to the populations of African-American women and they care for them.

ADUBATO: Right.

Ms. BELFATTO: They take them through every step of the way, which is so daunting and that's it. That's what you've got to do.

ADUBATO: Got about 30 seconds left. Boy, we need a brothers network like that, you know, for the guys.

Ms. SKINNER: You need a navigator. You need a navigator.

Ms. BELFATTO: Yeah. You...

Ms. SKINNER: There's an act.

ADUBATO: That's a nav--federal legislation, real quick, Congressman Menendez.

Ms. SKINNER: That's right.

ADUBATO: What's it called? The navigator...

Ms. SKINNER: The Navigator Act, it's in front of the legis--it's the...

Ms. BELFATTO: Yes. That's right.

Ms. SKINNER: ...legislation out right now and the Leadership Council...

Ms. BELFATTO: Is pushing hard.

Ms. SKINNER: ...is supporting that, pushing hard.

ADUBATO: What does it do? Real quick, 10 seconds.

Ms. SKINNER: It would federally fund a navigation program for people in our community that need to be navigated through the system.

ADUBATO: And the federal government needs to take the responsibility here, not just the state government...

Ms. BELFATTO: That's right.

ADUBATO: ...not just private foundations, your foundation as well and the Life Tournament. Listen, folks, I know we've scratched the surface. There's more work to be done but I am confident that you all have done, as you always do, a tremendous public service. Thank you so much.

Great job, ladies.

Ms. BELFATTO: Thank you.

Ms. SKINNER: Thank you.

Announcer: If you would like more information on this program, or if you'd like to express an opinion, e-mail us at info@caucusnj.org. And visit us on the World Wide Web at www.caucusnj.org.

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