

National Lung Cancer Partnership Hosts Symposium on Stigma of Lung Cancer



Dr. Wayne Steward, Dr. Jaimie Ostroff and Mary Ann Childers lead the roundtable discussion.

Lung cancer is so tightly associated with smoking in the minds of the public, patients with lung cancer can feel stigmatized by their disease regardless of whether or not they have ever smoked. Patients may feel ashamed or unjustly blamed for their illness. Such feelings may increase psychological and emotional distress, compromise patients' ability to develop social support networks and even result in failure to seek adequate medical care and psychological support services.

To address these issues head-on, the National Lung Cancer Partnership sponsored **De-stigmatizing Lung Cancer – Developing A Road Map for the Future: A Think-Tank Presentation** at the World Conference on Lung Cancer. The goal of this interactive forum, moderated by **Mary Ann Childers** (Res Public Group), was to discuss the issues contributing to lung cancer stigma and to identify strategies to dispel this stigma.

Wayne Steward, PhD, (University of California - San Francisco) drew parallels between the causes and consequences of HIV/AIDS stigma and lung cancer stigma. Dr. Steward explained the degree of stigma associated with a disease depends on several variables: whether the patient is seen as personally responsible for the condition; whether effective treatments exist for the condition; and whether the condition or side effects are readily apparent to others. Dr. Steward also explained that widely publicized advances in HIV treatment greatly helped to combat the HIV/AIDS stigma. He predicted that once well-publicized advances in lung cancer treatment occur, the perception that lung cancer is an untreatable, incurable disease will be countered, thus reducing stigma.

Jaimie Ostroff, PhD, (Memorial Sloan-Kettering Cancer Center) reviewed the growing body of scientific evidence

documenting the stigmatization of lung cancer and the impact it has on patients. Dr. Ostroff theorized the stigmatization of lung cancer is a consequence of effective antismoking campaigns, and one way to lessen stigma is to increase understanding of nicotine addiction – to view smoking not as a character flaw, but a biological or genetic predisposition to nicotine dependence. A better understanding of the pressures that lead people to start smoking could also help reduce stigma surrounding lung cancer.

Drs. Steward and Ostroff both concluded that it is critical to develop support programs that help those affected by lung cancer manage the self-blame and shame that can accompany the disease. All lung cancer patients need to feel that they are not at fault for having the disease. They still have the right to quality health care and should be treated with respect.

In a roundtable discussion, speakers and meeting participants stressed the need to unite lung cancer patients regardless of cause of their illness, to empower them with a voice for advocacy and to combat the perception of lung cancer as a self-inflicted death sentence.

Slides and Podcast Online

A podcast of this symposium as well as Dr. Steward's and Dr. Ostroff's slides are available at NationalLungCancerPartnership.org.

November is Lung Cancer Awareness Month: Support Research, Awareness & Change

When you think about lung cancer, are you angry about how few options there are for screening and treatment? Do you wonder why the general public doesn't seem to care enough about this horrible disease?

We're working to change these perceptions, but we need your help! November is Lung Cancer Awareness Month – the perfect time to show your support. In this challenging economy, we are not asking much – only \$10. What can your gift do?

One \$10 gift allows us to mail educational materials to five patients.

Five \$10 gifts keep our website running for a month, enabling 30,000 patients, their

families and health care providers to access important information.

Fifteen \$10 gifts allow us to fund one day of critical lung cancer research.

Your gift – in any amount – will directly help lung cancer patients and their families.

We can't do it without you. And we must do it today. Lung cancer patients and their families can't wait.

Please donate today – visit NationalLungCancerPartnership.org, or mail your tax-deductible donation in the pre-addressed envelope enclosed.

Thank you for your support!

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Letter from the President



Joan H. Schiller, MD

Health care reform. It's in the news, the topic of town hall meetings and a major presidential address and the concern of Americans everywhere. Health care reform is also of great concern to those in

the cancer community because of the uncertainty about how it will affect cancer care delivery.

Examples of people's insurance coverage working for them during a cancer diagnosis and treatment are just as common as examples of problems. One young lung cancer patient shared how her employer had a sick leave bank, so other employees were able to donate their unused sick time to her. She never lost a paycheck or health insurance coverage during the nine months she had to be out of work to receive treatment for her cancer. A different patient couldn't join a clinical trial because her insurance company deemed the treatment "experimental," even though the insurance company would have only paid for the standard treatment portion of the trial. Her physician called the insurance company's denial ironic because if she had participated in the trial, she would have received her regular treatment, a very expensive drug, for free.

One of the most challenging issues in the health care reform debate is the cost of imaging and cancer therapies. These costs could deter doctors from ordering tests that could detect or rule out a cancer diagnosis in people who may not fit the profile of someone at risk. Such costs could also prevent a doctor from prescribing a potentially beneficial drug if he or she believes the patient may not be able to pay for it. It is important that scientific evidence, not cost, be used to determine health care needs and treatment.

Many of the newest therapies are so expensive because of the small number of people using the treatments, the high cost of developing the drugs and the lack of generic alternatives. These costs are difficult for our health care system to bear. However, these drugs have the potential to dramatically improve some lung cancer patients' lives. It would be very difficult to accept a system in which patients don't have access to beneficial drugs because of cost. Fears of such a system have added to the debates surrounding health care reform.

There are several versions of health care reform legislation making their way through Congress, and we don't know which one will come out "on top." What is clear, though, is that we need to stay informed, as consumers and as advocates, to ensure that lung cancer

patients have access to the treatments they need, regardless of who is providing their health insurance.

Joan Schiller
Chief, Division of Hematology and Oncology
Deputy Director, Simmons Comprehensive Cancer Center
Andrea L. Simmons Distinguished Chair in Cancer Research

New Scientific Executive Committee Members

The Partnership's Scientific Executive Committee engages a group of premier doctors and researchers to develop a common agenda for research progress in lung cancer. We are grateful to these world-renowned individuals for giving their time to help ensure the Partnership's programs are of the highest quality, are based in scientific evidence, and are of the greatest benefit to the lung cancer patients of today, tomorrow and beyond.

The Partnership is pleased to welcome five new members to our Scientific Executive Committee:

Andrea Bezzak, MDCM, MSc
University of Toronto and Princess Margaret Hospital
Dr. Bezzak's interests are in radiotherapy and applications of new technologies in radiation planning for thoracic tumors.

Yolonda Colson, MD, PhD
Brigham and Women's Hospital, Harvard Medical School
Dr. Colson's research interests include developing new technologies for delivering chemotherapy drugs directly to tumors.

James Jett, MD
Mayo Clinic
Dr. Jett is an expert in clinical trials for the early detection of lung cancer and treatment of advanced lung cancer and mesothelioma. He is also the Editor-in-Chief of the Journal of Thoracic Oncology.

Anil Potti, MD
Duke University
Dr. Potti's research investigates genomic testing strategies to improve the treatment of people with lung cancer.

Ann Schwartz, PhD, MPH
Karmanos Cancer Institute, Wayne State University
Dr. Schwartz studies the genetics underlying lung cancer risk, including how risks differ between men and women and people from different racial backgrounds.

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Advancing Lung Cancer Research

National Lung Cancer Partnership 2009 Annual Meeting



National Lung Cancer Partnership research grant recipients Dr. Michele Coté, left, and Dr. Richard Pietras, right, and Partnership President, Dr. Joan Schiller, center, presented at the meeting.

The Partnership held its 7th Annual Meeting, **Advancing Individualized Care in Lung Cancer: New Hope for Screening and Treatment**, on May 29 in Orlando, FL. This symposium brought together researchers, health care professionals and patient advocates to learn about the progress towards personalizing care for lung cancer patients.

Detecting circulating tumor cells: implications for screening, diagnosis and treatment

All cancers, potentially even in their earliest stages, shed cells into the circulatory system. A portion of these cells may play a role in forming metastases. An in-depth understanding of these circulating tumor cells (CTCs) may allow for earlier detection of invasive disease, increase our understanding of metastasis and allow monitoring of disease progression or response to treatment simply by using blood samples. However, CTCs constitute less than one cell in a billion in the blood, making detecting and studying these cells technically challenging.

Lecia Sequist, MD, (Harvard Medical School) reviewed the latest developments in the use of CTCs for screening, diagnosis and treatment of lung cancer. She described her team's work in adapting microfluidic chips, a new technology that captures CTCs so they can be studied. The small chips contain 78,000 microscopic posts covered in antibodies that can "grab" the CTCs.

Although this technology is still in early development, it is showing promise for practical applications. In one study, Dr. Sequist and colleagues counted the number of CTCs in patients' blood during treatment. In several patients, the numbers of CTCs detected correlated well with their tumor burden, suggesting it might be possible to monitor response to treatment using this one-step blood test.

Dr. Sequist and her colleagues also demonstrated it is possible to detect and characterize epidermal growth factor receptor (EGFR) mutations in CTCs from lung cancer patients. In the future, this technology could allow doctors to genetically profile tumors using a blood test, potentially removing the need for biopsies.

Dr. Sequist is also planning studies to test whether the microfluidic chips can be used for lung cancer screening and early detection.

Targeting for a cure: radiation therapy for lung cancer

Walter Curran, MD, (Emory University) reviewed technological advances that deliver higher doses of radiation targeted at a tumor to minimize damage to surrounding healthy tissue.

The challenge now is to pinpoint where the tumor is. Lung cancer tumors move, not only with breathing, but also with circulation and heartbeats. Thus, advances in tumor imaging are critical to improvements in how patients receive radiation therapy.

Recent advances in imaging are improving how patients receive radiation therapy. Fusion technology allows images from different imaging equipment to be combined. Dynamic imaging allows monitoring of the tumor movement throughout the entire respiratory cycle. Online imaging allows a patient's tumor to be imaged in the room where they will receive therapy and guide radiation treatment in real time. Clinical trials have led to these improvements in the quality of radiation therapy and, thus, better patient outcomes.

Control of chemotherapy-induced nausea and vomiting: new studies and new agents

Chemotherapy-induced nausea and vomiting can seriously impact quality of life for patients and may even prevent patients from receiving or completing the most effective cancer treatments. Women, and especially younger women, are at greater risk of experiencing nausea and vomiting during their cancer treatments than men. Understanding ways to control nausea and vomiting during treatment is critical to providing the best possible care for patients.

Richard Gralla, MD, (North Shore-Long Island Jewish Health System) reviewed the newest anti-nausea and anti-vomiting agents and discussed ways men and women differ in their response to these drugs.

Thirty years ago, nearly all patients experienced chemotherapy-induced nausea and vomiting. By the late 1990s, treatment with two-drug combinations – dexamthasone plus serotonin receptor inhibitors, such as ondansetron (Zofran®) – controlled vomiting in 50-60% of patients. This therapy is still considered standard of care for many patients treated with certain types of chemotherapy. However, this treatment tends to be less effective for women.

Dr. Gralla presented new research showing that adding a third type of drug to the treatment regimen can result in substantial alleviation of symptoms. These new drugs block NK1 receptors in the vomiting center of the brain. When an NK1-inhibitor such as

aprepitant (Emend®) is combined with other standard anti-vomiting drugs, 75-85% of patients receiving chemotherapy experience complete control of vomiting. These three-drug treatments appear especially effective for women.

In another encouraging study, women were treated with a different three-drug combination (dexamthasone, aprepitant and palonosetron [Aloxi®], a newer serotonin receptor inhibitor). Ninety-five percent of patients receiving this combination experienced no vomiting at all and 66% experienced no nausea during their chemotherapy treatment. Although this was a small study and needs to be repeated with more patients, it provides hope that chemotherapy-induced nausea and vomiting can be completely controlled for many patients.

Targeting critical molecular pathways in lung cancer to find more effective treatment

David Beer, PhD, (University of Michigan) described his work applying sophisticated genetic analyses to identify what genes and processes are most critical in lung cancer. Studies like this may determine which tumors will be aggressive and better predict which patients will respond to certain therapies.

Tony Mok, MD, (Chinese University of Hong Kong) discussed results of the ground-breaking IPASS clinical trial, which demonstrated a significant response to the targeted therapy drug gefitinib (Iressa®) in lung cancer patients with tumors containing mutations in the epidermal growth factor receptor (EGFR) gene. Dr. Mok discussed how these findings and others will help doctors select and treat patients based on molecular biomarkers in addition to clinical parameters.

Heather Wakelee, MD, (Stanford University) reviewed the role of vascular endothelial growth factor (VEGF) pathway inhibitors in the treatment of lung cancer. She discussed how these drugs may affect men and women differently and the potential role estrogen may play in treatment.

National Lung Cancer Partnership research grant recipients, **Michele Coté, PhD**, (Wayne State University) and **Richard Pietras, MD, PhD**, (UCLA) described their work investigating estrogen pathway molecules as markers of lung cancer survival and as potential targets for therapy.

Details of these latter presentations will be reviewed in an upcoming article in the Journal of Thoracic Oncology. We will announce the publication of this article as soon as it is available.

Save the Date!

The Partnership's next Annual Meeting will be June 4, 2010, in Chicago, IL.

Stories of Strength



Melissa Peterson with her daughter, Lucie

A Survivor's Story

Melissa Peterson was diagnosed with lung cancer in June 2008. With a young daughter and a feisty spirit, she is fighting the disease with everything she's got.

Q: What were the circumstances around your diagnosis?

A: I was diagnosed after returning home from a 40th birthday trip to Italy with my family. During the trip, I was having some odd sensations in my left arm, and noticed some hard lumps around my collarbone...along with some disconcerting amounts of perspiration under that armpit. I also had a chronically sore hip, which I had chalked up to my over-enthusiastic, pre-40th birthday workouts!

When we got back to Seattle, I went to my doctor, who seemed pretty concerned – I went in for scans which showed only a tiny spot on my lung, but also a ton of lymph node involvement, bone involvement and brain metastases.

After a biopsy, I was diagnosed with Stage IV adenocarcinoma of the lung. It was the last thing I expected, as I thought (then) that only smokers got lung cancer. And except for a bit of a fondness for red wine and chocolate, I have always been a very healthy, outdoorsy, active person.

Q: How did you handle the news?

A: It was the most terrifying and gut-wrenching news imaginable. My first thoughts went to my daughter, Lucie. My mother died of a brain tumor when I was two years old, and being a mother to my five-year-old daughter has been one of the greatest joys of my life.

Being told that I had an incurable cancer that would, in all likelihood, shorten my time with her, devastated me. But it also made me resolve to fight as hard as I could – not only to live longer for her, but also to make a difference for others given this diagnosis.

Q: How has your life changed?

A: After going through treatment – consisting of whole brain radiation and chemotherapy, which went surprisingly well, given their nature – I have become much more focused on what I want to do, both personally and professionally. Personally, I want to work

on maintaining excellent health, traveling and spending time with my family and friends. Professionally, I am splitting my time between my communications job and doing advocacy work on behalf of the Partnership and for the Global Resource for Advancing Cancer Education.

Q: What do you want other patients to know?

A: I believe we are now entering a phase of hope, where targeted therapies seem to be gaining ground in the battle. That's definitely something to hang on to if you're unlucky enough to get this disease – even five years ago, we didn't have as many options for therapy. I'm past my one-year mark, and so far, my once-a-month maintenance therapy seems to be holding the beast at bay. This makes me feel incredibly fortunate and also humbled, as I know that everyone's struggle with this disease is different.

Want to know more about Melissa's experience with lung cancer?

Visit our website at NationalLungCancerPartnership.org to follow our bloggers, Melissa and Lisa Woody, MD, as they share their stories of strength, OR to share your own story!



Anil Potti, MD

A Physician's Perspective

Anil Potti, MD, is a doctor and researcher at Duke University Medical Center where he investigates genomic testing strategies to improve the treatment of people with lung cancer. Dr. Potti is also a valued member of the

National Lung Cancer Partnership's Scientific Executive Committee.

Q: What inspired you to enter lung cancer research and treatment?

A: Cancer biology always fascinated me. I just gravitated to a disease about which very little was known, but one where you could make a tremendous difference in people's lives, even with small advances.

Q: What advances in lung cancer research have made you most hopeful?

A: We now understand the biologic underpinnings of lung cancer better than ever before. This will lead the way in designing rational clinical trials of new therapies that will likely have a major impact in outcomes. One example is the importance of EGFR mutation testing and most recently the promise of targeting mutations involving the ALK gene.

Q: What would you like young professionals entering the field to know?

A: There is both tremendous promise and opportunity for a motivated investigator in the field of lung cancer. Personally, as a junior investigator, I have been embraced and welcomed into the lung cancer community

by clinicians and researchers alike. Some of the people who have helped me the most have been senior lung cancer investigators at different institutions - there is a sense of mentoring that goes far and beyond institutional alliances and collaborative efforts. This is very unique to the lung cancer field.

Q: What would you like patients to know about lung cancer treatment now and for the future?

A: These are exciting times. We are on the cusp of a major turnaround in our approach to treating lung cancer. The development of a whole new repertoire of drugs will lend itself to more effective strategies, moving beyond traditional chemotherapy. Several recent discoveries and strategies will pave the way for more personalized therapy that will likely improve response rates and survival.

“For too long, the lung cancer community has waited for an organization to lead and bring all the forces together in this war against a deadly disease. What the Partnership has achieved in just a few years speaks for itself.”

Q: What role do you see the Partnership playing in the future of oncology?

A: My dad used to say that there are three types of people in this world – Leaders, Followers and Builders. While most fall into the top two categories at various points in our lives, the ones that are critical to eventual success and bring the leaders and followers together are the builders. The Partnership, in

my mind, serves that very important purpose, in bringing people together, to define the future of lung cancer research and therapy.

Q: What is your greatest challenge as a physician, researcher and Partnership Committee member?

A: I have a lovely family, and balancing my academic life with the needs of my family is always a challenge for me. I never miss an opportunity to thank my beautiful wife and three wonderful girls, so I will do that here again – they keep me going when the going gets tough. But, the fact is, the challenges I face are nothing compared to what cancer patients go through.

Q: As a member of the Partnership's Scientific Executive Committee, what do you see as the greatest strength of the organization?

A: The ability to motivate and lead, in all respects. For too long, the lung cancer community has waited for an organization to lead and bring all the forces together in this war against a deadly disease. What the Partnership has achieved in just a few years speaks for itself.

Q: What is the most important thing you have learned from your patients?

A: A patient once told me that, “Hope beats despair every day of the week and twice on Sunday.” A day does not go by where I don't remind myself of that. As most health care professionals would agree, we learn more from our patients than from anyone else.

Patient Point of Interest

Update from ASCO and World Conference on Lung Cancer



Two important conferences were held this summer: the American Society of Clinical Oncology (ASCO) Annual Meeting and the 13th World Conference on Lung Cancer (WCLC). Both conferences highlighted lung cancer research advances that may significantly improve lung cancer patients' survival.

Understanding lung cancer risk

Recent studies show estrogen can affect lung cancer growth and progression, just as it does for breast and ovarian cancers. Results from the Women's Health Initiative (WHI) presented at ASCO further suggest that, for women with lung cancer, continued use of hormone replacement therapy (HRT) may worsen their chance of survival from the disease. HRT did not, however, increase a person's risk of developing lung cancer. These results add to the body of evidence suggesting that women going through menopause should use the lowest dose of HRT for the shortest period of time to control their menopausal symptoms. For women who have been diagnosed with lung cancer, results of this study suggest HRT should be discontinued.

Prevention

Individuals who smoked in the past remain at risk for lung cancer for up to 20 years after they quit smoking. In order to decrease the risk of developing the disease, research in "chemoprevention" – using drugs to prevent disease – is underway. One study discussed at WCLC showed the drug iloprost (Ventavis®) effectively reversed airway damage in people who used to smoke. This airway damage may lead to the development of lung cancer. If these results are seen in larger numbers of people, iloprost and agents like it could be prescribed to people after they quit smoking to help prevent lung cancer.

Screening updates

What if doctors could detect lung cancer just by "smelling" a person's breath? At the WCLC, researchers described their progress in differentiating lung cancer from other cancers and normal cells by using new technologies to identify the chemicals being given off by the cells – essentially "smelling" them. Although early results are promising, further studies need to be completed before such an advance could be used in the clinic.

Another new screening technology, 3D Cell Analysis, was also presented at WCLC. This method uses computed tomography (CT) to look for irregular cells, which are indicative of cancer, in the sputum people cough up. This technology could prove useful in determining whether someone has pre-cancerous or cancerous cells in their lungs at a very early stage.

Predictors of disease severity & progression

Lung cancer in its earliest stage is typically treated with surgery. However, approximately 30% of people with the earliest stage of



are seeking to understand who is and who is not likely to experience a recurrence, using a simultaneous analysis of 100 genes. If this multi-gene analysis presented at ASCO can be successfully used in the clinic, doctors may be able to identify which early-stage lung cancer patients will benefit from more aggressive therapy.

Maintenance therapies

After an initial chemotherapy treatment regimen, patients with non-squamous lung cancer who were given pemetrexed (Alimta®) until the disease showed signs of progressing lived significantly longer than those who ended their treatment after the initial chemotherapy. This finding, presented at ASCO, has led to a new FDA approval of pemetrexed for maintenance therapy in lung cancer.

A similar trial treating advanced-stage lung cancer patients with erlotinib (Tarceva®) after initial chemotherapy also suggests this agent can provide a benefit in progression-free survival, as well as improving overall survival. Another study showed the combination of bevacizumab (Avastin®) and erlotinib given after initial chemotherapy provided a substantial improvement in progression-free survival versus treatment with bevacizumab alone.

Progression-Free Survival Rate describes the percentage of people who do not experience any new tumor growth or cancer spread during or after treatment, including those whose disease has either completely or partially responded to treatment, or those whose disease is stable (the cancer is still present but not advancing).

Experts caution, however, that both pemetrexed and erlotinib are already known to be effective for second-line treatment (once the disease has progressed after the first line of treatment), so it is not clear whether the timing of the medication is what's important, as opposed to just getting it at all. Nonetheless, these results make clear that patients and their doctors should discuss the pros and cons of maintenance therapy before the first line of treatment is complete.

Targeted therapies

Much interest at both conferences centered on agents designed to inhibit the epidermal growth factor receptor (EGFR). Mutations in EGFR have been found to drive the growth of some tumors. Results from the IPASS (Iressa Pan-Asian Study) trial, described in the summary of the Partnership's Annual Meeting (see page 3), were cited throughout both conferences as demonstrating the utility of targeted therapy to substantially improve progression-free survival rates in those with activating EGFR mutations. Advances in testing other agents directed

disease will have their cancer recur. If doctors could better understand who is likely to have a recurrence, those patients could be followed closely and offered additional therapy after surgery. Scientists

at EGFR were also described. For example, preliminary data using the drug BIBW2992 in patients with tumors with EGFR mutations showed the drug controlled the disease in the majority of patients. This and other agents in testing give great hope that we will soon be able to control disease caused by tumors with EGFR mutations.

Personalizing therapies

With increased understanding of the genetic flaws that drive certain cancers comes the ability to better predict which patients will benefit from particular therapies. Data presented at ASCO suggest that individuals with early-stage tumors that express low levels of two specific proteins are more likely to benefit from chemotherapy given after surgical removal of their tumor. These two proteins, called mutS homolog 2 (MSH2) and excision repair cross-complementation group 1 (ERCC1), are involved in repairing damage caused by platinum-based chemotherapies. As additional genetic testing methods are developed and matched to available therapies, patients can expect more personalized treatments, hopefully resulting in improved survival and cure rates.

Quality of life improvements

When a new drug, vandetanib (Zactima®), was added to standard chemotherapy for advanced-stage patients, patients experienced improved progression-free survival, as well as a better quality of life during the course of the treatment. However, in spite of these positive effects of the drug, patients didn't live longer when vandetanib was added to their therapy regimen. More studies are underway to better characterize who is most likely to benefit from vandetanib.

Conclusion

These brief summaries represent only a fraction of the advances that are being made in understanding how we can better prevent, screen for, diagnose and treat lung cancer. Future lung cancer research offers great promise towards ending lung cancer's reign as the #1 cancer-killer.

Lung Cancer Call to Action

The National Lung Cancer Partnership is pleased to announce a partnership with EmergingMed, a personalized clinical trials matching service.

This unique service helps patients quickly identify clinical trials that match their specific diagnosis and treatment history. Patients are encouraged to call EmergingMed as soon as they are diagnosed, in order to maximize the potential benefits of the service.

For more information, please visit emergingmed.com/networks/NationalLungCancerPartnership/.



National Lung Cancer Partnership
RESEARCH. AWARENESS. CHANGE.

Upcoming Events



The **Free to Breathe**® event series unites people who are passionate about raising public awareness and vital funding to fight lung cancer.

During 2009, **Free to Breathe**® has grown to 23 events around the country! Information about each event location, how to register, form a team, donate, volunteer or sponsor an event is available at FreeToBreathe.org.

November is Lung Cancer Awareness Month

Show your support for lung cancer research, awareness and change by joining thousands of lung cancer survivors, family, friends and advocates across the country and participating in a **Free to Breathe**® event near you!

Past Events

The 2009 **Free to Breathe**® season has already included these events:

Lake Charles, LA – March 14, 2009
Los Angeles, CA – August 2, 2009
Toldeo, OH – August 29, 2009
Tacoma, WA – September 19, 2009
Glastonbury, CT – September 20, 2009
Kansas City, MO – September 27, 2009
Madison, WI – September 27, 2009
Lincoln, NE – October 3, 2009



Participants run in the Kansas City **Free to Breathe**® 5K Run/Walk.

Free to Breathe® Events 2009 Fall/Winter Events

Run/Walk

East

Providence, RI – October 17
Philadelphia, PA – November 1

South

Punta Gorda, FL - October 31
Boone, NC – October 31
Raleigh, NC – November 7
Athens, GA – November 7
Jacksonville, FL – November 7
Columbia, SC - November 21
Triad, NC – November 14

Midwest

Dayton, OH - November 7

West

Seattle, WA – November 8

Nationwide

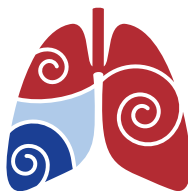
National Walk – November 7

Marathon

Raleigh, NC – November 1

Yogathon

Baltimore, MD - November 1
Durham, NC – December 21



National Lung Cancer Partnership

RESEARCH. AWARENESS. CHANGE.

2010 Free to Breathe® Events Planning has already begun for the 2010 Free to Breathe® season!

Watch FreeToBreathe.org for announcements of locations near you.

Save the Date!

Lake Charles, LA – March 27

Look Deeper Concert

Join us for the first Look Deeper Concert on November 13, 2009 in Dallas, TX!

To purchase tickets, please visit NationalLungCancerPartnership.org/LookDeeperConcert09.

Thank You!

We would like to thank all of our local event organizers, advocates and volunteers who give their time and effort to make these events successful. Without your dedication, our research, education and awareness programs would not exist.

We appreciate and applaud your efforts!

To have quantities of this newsletter or our other educational materials delivered to your office or clinic for FREE, please email us at info@NationalLungCancerPartnership.org.

Pennsylvania Chapter Update

It has been a busy summer for the Pennsylvania Chapter, with the official Chapter launch and several fundraising events!

The Life & Breath Party in Plattsburgh, NY, hosted by Brian Brubaker, not only raised funds but also spread awareness with a full-page article in the local press.

Lanes for Lungs in Philadelphia was hosted by Nicholas Tees and his family on the first anniversary of his father's death. Nicholas' dad loved to bowl, so the bowling alley was overflowing with people celebrating his life and raising much-needed funding.

Be the Light celebrated the founding of the Chapter. Guest speakers included Dr. Mike of Fox News and Dr. James Stevenson, of the Abramson Cancer Center at the University of Pennsylvania. The event included an exhibit of "Faces of Lung Cancer" from the Moffit Cancer Center in Florida, and the debut of the Philadelphia **Free to Breathe**® PSA

campaign designed by students at the Art Institute of Philadelphia under the leadership of Professor Linda Karp, Chapter Secretary.

In September, the Pennsylvania Lung Cancer Partnership's Board of Directors held the first strategic planning meeting to shape the chapter's direction for the next 3 years. And, of course, the chapter is preparing for the largest **Free to Breathe**® event in the country in Philadelphia on November 1.



Pennsylvania Lung Cancer Partnership Board Secretary Linda Karp, Board President Nancy Gatschet, Robin Barg and Bill Mignucci attend the Pennsylvania Chapter Launch event, **Be The Light**.

Research, Awareness and Change

Second Lung Cancer Advocacy Summit a Rewarding Experience



The National Lung Cancer Partnership sponsored the second annual Lung Cancer Advocacy Summit from April 23-26, 2009, in Dallas, TX.

This conference included presentations, discussions and interactive brainstorming on advocacy topics such as: engaging the media, crafting a message, legislative advocacy and raising community awareness. The goal of the Advocacy Summit is to empower advocates by giving them the tools, knowledge and courage to become confident and effective advocates for lung cancer research and awareness.

The Advocacy Summit brought together a diverse group of 68 advocates, including 24 lung cancer survivors. The group also included caregivers, family members, friends and medical professionals.

One of the highlights was a tour of the University of Texas-Southwestern Medical Center laboratory facilities. Summit participants learned about several cutting-edge advances in lung cancer research directly from researchers and gained important insights into the research process.

Advocacy Summit participants put what they learned into action during the conference by organizing a poignant candlelight vigil in honor and memory of those affected by lung cancer.

Advocacy Summit participants clearly identified that their two major concerns are insufficient funding of lung cancer research and the need to get high-quality information to patients as quickly as possible after diagnosis. Participants also expressed their desire for the lung cancer community to come together with a common goal of

increasing public awareness and research funding. These efforts will help to bring about the change that is needed for future lung cancer patients and their families.



Advocates learn first-hand about lung cancer research at the University of Texas-Southwestern Medical Center labs.

Save the Date!

The 2010 Lung Cancer Advocacy Summit will be held April 22-25 in Tampa, Florida! Look for details in early 2010 at NationalLungCancerPartnership.org.

In the News

SELF Magazine mentioned the Partnership as part of an article about lung cancer survivor and advocate **Montessa Lee** in the October issue.

Good Morning America featured the Partnership's broadcast public service announcement (PSA) as part of a segment about controversial PSAs on September 23.

CNN ran a similar story on the morning news that also featured a clip of the Partnership's broadcast PSA on September 24.

The Los Angeles Times ran an article about controversial cancer public service announcements on September 22 using the Partnership's PSA campaign as an example.

Ted Casablanca wrote an article about Kathryn Joosten's recurrence of lung cancer in his **E! Online blog**. The Awful Truth on September 14. The article directed readers to the Partnership's website for information about getting involved in the fight against lung cancer.

The American Thoracic Society Public Advisory Roundtable's September-October E-Newsletter included an article about how the Partnership's PSA is raising lung cancer awareness.

The New York Times published a letter to the editor by Joan Schiller, MD, Partnership President, in the August 6 issue. The letter was in response to an article about why so

few patients are currently participating in the clinical research process.

The Wall Street Journal published a letter to the editor by Regina Vidaver, PhD, Partnership Executive Director, in the May 30 issue. The letter was in response to an article about comparing the effectiveness of medical interventions.

The Chicago Sun-Times featured Kathy Albain, MD, Partnership Board Vice President, explaining how lung cancer affects men and women differently in the May 19 article, "No Butts About It".

Memorial Giving:

Donations have been made to the National Lung Cancer Partnership in memory of the following people (April 17 through September 17, 2009):

Lucy Acevedo
Bucky Alexander
Innocenzo Ambrosetti
Zwie Amitai
Karen Antonucci
David Atkins
Harry Baseman
Rose Baseman
Paula Belott
Allen Berman
Abuelo Bernal
Lorraine Blackwell
Nancy Boals
Tommy Boardman
John Bowden
Sheryl Brody
Carolyn Burchfield
Harriet Butcher
Leo Cabro
Bernardina Leynes Casana
Jean E. Chipman
Psan Chon

EJ Cole
Theresa Rose Convertino
John S. Cordero Jr.
Lynn Cortis
Jill Cotoia
Patricia Jean (Trish) Creegan
Mary Pat Darling
Doris Dillon
Patrick Duberg
Patrick Duffy
Jonnie Duncan
Kim Andrews Ebert
Mary Ellis
Joan Fazzolari
Estelle Flanagan
Madeline Fox
Ruth Frerichs
Michael Gaudreau
Shirley Jane Geisinger
Denise Gess
Matthew B. Ginnetty
Kara S. Gobron

Shelly Goldstein
Barbara Goodman
Johnny S. Greer
William C. Griffin, MD
Ruth Grimsley
Bill Hamberg
Anna A. Hamel
Elinor Hanna
Delbert Hardtch
Tim Harvell
Bruce Hayworth
Ella Marie Jones
Lynne Jones
Madge (Judy) Joplin
John Kelley
Mildred Kial
Janet Kohen
Red Lee
Gracie Levasseur
William Lynch
Joyce Lyons
Patricia Alice Maenza

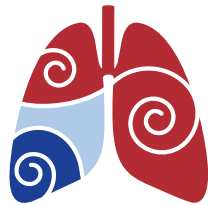
Thomas McDonough
Jill McKay
Joan McVay
Linda Mills
Gladys Morrissey
Kay Murphy
Nancy Venos Neilson
Karen Parles
Robert L. Pensinger
Charles Raynard
Mr. Reed
Margo A. Reynolds
Roberto Rios
Michaelene (Mickey) Robida
Robert Rothlein
Betty Sapolsky
Evelyn Schramm
Jeffrey Scott
Karen Siegmund
Stephen Simonnett
Dr. Susan L. Sipes
Carlene Smail

Susie Smith
Marcos S. Sodre
Dorothy Warm Stettner
Jim Stevens
David Stockwell
Edward Sweeney
Daniel T. Sweeney Jr.
Max Taft
George Turen
Joyce Turosky
James M. Vine
Gary Ward
Janice Weir
Lee M. Williams
David Woody
Louis Wright

Learn about the latest advances in lung cancer screening, diagnosis and treatment!

See inside for information about upcoming *Free to Breathe*® events and other ways that you can get involved in the fight against lung cancer.

National Lung Cancer Partnership is dedicated to decreasing deaths due to lung cancer, and helping patients live longer and better, through research, awareness and advocacy.



National Lung
Cancer Partnership

RESEARCH. AWARENESS. CHANGE.

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