

Spring 2011

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## New Look!

The Lung Cancer Voice may have a new look, but you'll still find all the same expert knowledge about lung cancer and inspirational stories inside!

## Free to Breathe®

See page 6 for a run, walk, yogathon or golf tournament near you, and join the movement to support lung cancer research, awareness & change!



## Partnership Funding Cutting-Edge Lung Cancer Research

Designed to confront a lack of funding and to spur innovation, the National Lung Cancer Partnership's Young Investigator Research Grant Competition allows talented young scientists to pursue research interests in lung cancer, the number one cancer killer of men and women in the U.S.

"Public and private funding for lung cancer research is severely lacking, giving young researchers little incentive to search for a cure," said Regina Vidaver, PhD, Executive Director of the National Lung Cancer Partnership. "The Partnership's goal is to eliminate roadblocks for gifted scientists. By encouraging them to make lung cancer research their life's work, we can create a culture of sustained innovation within this field, ultimately saving lives."

This year's Young Investigator Research Grants are fueling novel ideas across a wide variety of lung cancer research areas that have long been

underfunded, including early detection, how the body's immune system responds to cancer treatment, new treatment opportunities, understanding the genetic components and risk factors of the disease, and examining how a tumor's environment affects tumor growth.

Past recipients of Partnership research grants have conducted vital research into understanding stigma, how drugs interact with one another to improve outcomes, the role estrogen plays in tumor growth and how genetics impact lung cancer. Some of these researchers have gone on to receive significant funding from the Department of Defense and the National Cancer Institute to continue their research. Because of the Partnership's ground-level support, these researchers are now uniquely poised to make important strides in developing more and better options for lung cancer patients.

See page 3 for a list of this year's grant winners and more detailed descriptions of their research!



Sunil Singhal, MD, Assistant Professor at the University of Pennsylvania and 2011 Partnership grant recipient, operates on a patient.

## Lung Cancer: Navigating The New Frontier

### 2011 National Lung Cancer Partnership Annual Meeting

June 3, 2011 • Hyatt Regency McCormick Place • Chicago, IL

The National Lung Cancer Partnership's Annual meeting is a scientific symposium designed to foster collaboration among researchers, health care professionals, patients and advocates, giving them the opportunity to share information and learn about the latest advances in lung cancer research.

This year's meeting will feature keynote speaker

Dr. Harold Varmus, Director of the National Cancer Institute, speaking about why now is such an exciting time in lung cancer research and how lung cancer researchers are contributing to the scientific revolution. Speakers will also be sharing the results of the National Lung Screening Trial (NLST) and the implications of its findings for screening recommendations, advances in biomarker development, state of the art targeted treatments, clinical trial design methods and palliative care.

We are excited to welcome a panel of past Partnership grant winners to share the results of their studies. Join us in Chicago for this FREE event – and see the impact of your support!

Register today at

[www.NationalLungCancerPartnership.org](http://www.NationalLungCancerPartnership.org).

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University of Texas-Southwestern  
Medical Center

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## Letter from the President

November 4, 2010, was a big day for lung cancer. That day, we learned the National Lung Screening Trial (NLST) had conclusively shown screening for lung cancer with computed tomography (CT) scans helps save people with a significant smoking history from dying of the disease.

The NLST is the largest randomized controlled clinical trial ever conducted to determine the benefit of CT screening for lung cancer. A randomized controlled clinical trial design (considered the "gold standard" in medical research) was necessary to discover if lives could truly be saved with the technique.

The NLST showed that people over age 55 with a significant history of smoking (30 pack-years: equivalent to a pack per day for 30 years, or two packs per day for 15, etc.) who received an annual CT scan had a 20% lower risk of dying of lung cancer than people who received an annual chest x-ray. Interestingly, there was also a 7% decrease in all-cause mortality (deaths due to any factor, including lung cancer), presumably because the CT scans also picked up other abnormalities besides early lung cancers.

The findings were released via a press conference. Because of the study's positive results, the study's overseers and the National Cancer Institute (NCI), which sponsored the study, decided all 50,000 study participants and the general public deserved to know the results immediately.

The findings are expected to be published within the next several months in a peer-reviewed medical journal, which is how most study findings are released. Many experts are waiting until they can see the full data to make recommendations, and many more have expressed concern about CT screening limitations, including:

• **The 25% (minimum) false-positive rate:** many people will be told they may have cancer when they really don't. Biopsies to confirm a lung cancer diagnosis can result in complications.

• **The excess doses of radiation:** some people exposed to CT scan radiation could actually develop more cancers as a result. Some experts counter that the CT scan radiation risk is not as significant as the benefit to screening people at high-risk of lung cancer.

• **The limitations of the study findings:** the study does not reveal the benefits of CT screening in other groups of people, such as those with a more limited smoking history, a family history of lung or other cancers or exposure to other known causes of lung cancer such as radon, asbestos and infectious diseases like tuberculosis.

Because there are still so many unanswered questions, major medical bodies such as the American Cancer Society (ACS) and the US Preventive Services Task Force have not yet developed guidelines for lung cancer screening. That's why it is important, now more than ever, to talk with your doctor about whether CT screening is right for you.

The Partnership is taking steps to distribute the results of the NLST broadly. Our Annual Meeting this June will bring together the NCI's NLST study director, an ACS representative, and researchers devoted to improving lung cancer screening to discuss how the study results will influence the way people are screened and treated. In addition, we will welcome Dr. Harold Varmus, NCI Director, winners of our research grant competitions and scientists studying the next generation of lung cancer treatments. Our Annual Meeting promises to be an exciting, thought-provoking event, and we hope you will join us to learn more about the NLST and other lung cancer advances.

Joan H. Schiller, MD  
Chief, Division of Hematology and Oncology  
Deputy Director, Simmons Comprehensive  
Cancer Center  
Andrea L. Simmons Distinguished Chair  
in Cancer Research  
University of Texas Southwestern Medical Center



Joan H. Schiller, MD



## 2011 Young Investigator Research Grant Recipients



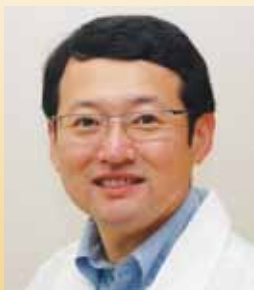
**Peter Hammerman, MD, PhD**  
Clinical Fellow,  
Dana-Farber  
Cancer Institute

Squamous cell lung cancer makes up about 25% of lung cancer cases, and previous studies have shown that changes in two genes, DDR2 and FGFR1, occur in about 20-25% of these tumors. Dr. Hammerman hopes to establish whether these genetic changes are important in the development of squamous lung cancer, and if so, whether drugs targeted to these genes will lead to tumor shrinkage. Eventually, Dr. Hammerman hopes to make DDR2 and FGFR1 inhibitors available in clinical trials.



**Puneeth Iyengar, MD, PhD**  
Assistant Professor, UT  
Southwestern  
Medical Center

During cancer development, our bodies are in a constant state of inflammation that may drive tumor progression and inherent resistance to one of the main-stays in lung cancer treatment: radiation therapy. Dr. Iyengar is interested in identifying how proteins involved in the inflammatory process help lung cancer cells survive and how blocking the action of these proteins may increase the effectiveness of radiation therapy. It is hoped that this knowledge will ultimately improve survival for lung cancer patients.



**James Kim, MD, PhD**  
Postdoctoral Scholar,  
Stanford University

K-ras is a protein that is frequently mutated in lung cancers. In

tumors, mutant K-ras eventually leads to the activation of the Hedgehog (Hh) pathway in the surrounding non-cancerous cells (also called stroma). The Hh pathway may be involved in causing stromal cells to promote the growth of cancer cells. This project seeks to understand the role of the Hh pathway in tumor growth, identify new factors that may be important for cancer growth, and test drug combinations that attack both the cancer cells and the surrounding stromal cells. The ultimate goal of Dr. Kim's research is to identify new targeted treatments for tumors with the K-ras mutation.



**Celine Mascaux, MD, PhD**  
Postdoctoral Research Fellow,  
University of Colorado-Denver

By further understanding the early steps of lung

cancer development, Dr. Mascaux hopes to identify biomarkers for early detection and potentially find new targets for lung cancer prevention and treatment. In this international multicenter study, Dr. Mascaux will analyze selected biomarkers and demonstrate whether they can be used for early detection of lung cancer. Her ultimate aim is to develop a cost-effective, non-invasive screening test for lung cancer that could be made widely available.



**Claire Simpson, PhD**  
Visiting Fellow,  
National Human Genome Research Institute,  
National Institutes of Health

The risk of developing lung cancer differs between individuals depending in part upon the genes they carry and their exposure to cancer-causing chemicals and agents. Genetic variation of a region on chromosome

6 appears to result in a greater risk of developing lung cancer regardless of a person's smoking history. By determining the sequence of DNA in the region, Dr. Simpson may be able to find the specific mutations responsible for this increased risk. In addition, Dr. Simpson will continue to look for genes in other regions of the genome that may also affect lung cancer risk. Identification of gene markers indicating higher risk of lung cancer may ultimately improve early detection of the disease.



**Sunil Singhal, MD**  
Assistant Professor,  
University of Pennsylvania

Cancer cells are able to continue to grow and divide, in part, because

they suppress the normal action of immune cells and escape recognition as "enemies" by the immune system. Researchers have been searching for ways to make a person's own immune system recognize cancer cells and subsequently eliminate them. Dr. Singhal's goal is to discover and characterize the network of factors created by human lung tumors that suppress recognition by the immune system. Ultimately, Dr. Singhal hopes this research will lead to methods to target these immune-suppressing factors and make current therapies more effective.

### More Info

For more information about past research funded by the National Lung Cancer Partnership, please visit [www.NationalLungCancerPartnership.org](http://www.NationalLungCancerPartnership.org)

### 2011-2012 Grant Competition

Information about our next grant competition will be posted on our website in June!

# Stories of Strength

## Survivor Story

Joan Tashbar was diagnosed with Stage IIIB lung cancer in February 2004. She now has no evidence of disease, and has become a passionate advocate for lung cancer research, funding and community awareness, using every possible opportunity to spread awareness of this disease!

### Q: When were you diagnosed with lung cancer? What were the circumstances?

A: In 2004, I went to the doctor because of shoulder pain and swelling. He took an x-ray, proclaimed it was muscle pain and sent me on my way with muscle relaxers. This did not help; I also began to feel dizzy. I insisted my doctor do more. Further tests showed I had lung cancer. While waiting for the results, the oncologist I saw told me it would be much better if I had breast cancer or even HIV instead of lung cancer, as these could be treated. After finally confirming it was Stage IIIB lung cancer, I was offered chemotherapy and given a prognosis of maybe 2 years to live. This was scary because I had a younger sister who passed from lung cancer just 6 years prior.

### Q: Where/how did you gather information about lung cancer after your diagnosis:

A: I found out about a clinical study at Moffitt Cancer Center in Tampa, Florida, and signed up. My treatment began 2 weeks later and lasted 8 weeks total. It will be 7 years this August that I had my last treatment and I thank God, my wonderful medical team and that clinical trial that I can celebrate being cancer-free and the birth of my newest granddaughter 6 weeks ago!

### Q: What is the reaction you get when you talk with others about having lung cancer?

A: The hardest part is the way people look at you. Even if they don't say it, you know they are thinking, "Oh well, you brought this on yourself by smoking." This stigma never fades into the background. Yes, I smoked, but stopped a very long time ago. Should I be punished because I fell for the tobacco companies' marketing ploys? Do those who stayed in the sun when we were all told, "You had to have a tan to be beautiful," deserve melanoma? Where does the stigma end?

### Q: What advice would you give to a person who has just been diagnosed with lung cancer?

A: Most importantly, **ALWAYS GET A SECOND OPINION** before making any decisions on treatment. **BE POSITIVE** - it's the first ingredient in a successful fight. **RESEARCH** your individual diagnosis, and always go to medical appointments armed with information and questions. **BE PROACTIVE** - ask for tests and if told no, ask why not. **CONSIDER CLINICAL TRIALS** - Remember, not only may they help you but also many others to follow.



Joan Tashbar

## Read More

of Joan's answer to these questions and find other Stories of Strength at [www.NationalLungCancerPartnership.org](http://www.NationalLungCancerPartnership.org)

## Researcher Perspective

In a series of recent studies funded by the National Lung Cancer Partnership, Drs. Richard Pietras and Lee Goodglick from the Geffen School of Medicine at UCLA and the



Dr. Richard Pietras and Dr. Lee Goodglick

Jonsson Comprehensive Cancer Center have discovered a new approach to treating lung cancer.

### Q: What impact did the National Lung Cancer Partnership's grant have on your research?

A: There is no question the Partnership's funding allowed this work to flourish. The funding they provided was truly paramount in getting our research to where it stands now.

### Q: What are your research findings?

A: Our research has shown that estrogen is a fuel that drives the growth of many non-small cell lung cancers (NSCLC). We found these tumors often create aromatase, the enzyme responsible for a key step in estrogen synthesis. Essentially, they generate their own fuel.

In our lab work, treatment of NSCLC with a common chemotherapy drug, cisplatin, showed only a modest and temporary effect on the tumor. However, when we combined cisplatin with aromatase inhibitors (drugs used to stop the production of estrogen - the same ones used to treat breast cancer), the combination appeared to completely eliminate the tumor. Our studies suggest that effects of this interaction can reverse tumor resistance to cisplatin.

### Q: What do these findings mean for lung cancer patients?

A: This may be an important new approach to treating this deadly disease. The drugs we tested are already FDA-approved, and we can target who we think will benefit most from this novel therapy. Our ultimate goal is to put a significant dent in the deaths caused by lung cancer.

### Q: What else needs to happen before lung cancer patients can benefit from your research findings?

A: Our next step is to begin a clinical trial, but clinical trials are expensive. At this point, we are pursuing all options for raising funds to begin this trial.

## Innovations in Radiation Therapy for Lung Cancer Patients

Radiation therapy has become increasingly important in the treatment of lung cancer. And in the past twenty years alone, the field of radiation oncology has significantly progressed due to advancements in computers and imaging technology.

During the first 50 years of radiology, a radiation treatment plan was based on plain, two-dimensional x-ray images and hand calculations, whereas now, treatment plans are based on three- and four-dimensional x-ray computer images.

“These imaging advances allow for more precise planning and delivery of radiation,” explains Dr. James D. Cox, professor of Radiation Oncology at MD Anderson Cancer Center in Houston. “This precision can result in fewer long- and short-term side effects and less damage to healthy tissue – a big advantage for patients with cancer in their lungs, a part of the body that is often more sensitive to radiation exposure.”

As the field of radiation oncology has advanced, doctors and researchers have been working to overcome another important challenge for treating lung tumors with radiation therapy: The tumors move when people breathe.

“The biggest leap forward was when we began to be able to use computed tomography (CT) scans for planning radiation treatment,” says Dr. Cox.

“Before that, we used plain x-rays and treated much larger areas of the body. We can now capture images of the tumor while the patient breathes in and out, so we can pinpoint when to deliver the radiation in the smallest area possible with the highest dose possible. This allows us to refine how we deliver the radiation based on the size, shape and location of the tumor, as well as the natural movements of the human body.”

Several advances in radiation therapy are now used for treating lung cancer:

### Three-Dimensional Conformal Radiotherapy (3D-CRT)

CT scans create three-dimensional pictures of the tumor. Then, using these pictures

as guides, the treatment team conforms the radiation beams to the tumor's shape and size. This targeting makes it possible to use higher doses of radiation than in conventional radiation therapy and avoid healthy tissues.

### Intensity-Modulated Radiation Therapy (IMRT)

IMRT is a specialized form of 3D-CRT that uses beams of radiation sent through the body at different intensities to target the tumor while avoiding or minimizing the dose to normal tissues.

### Stereotactic Body Radiation Therapy (SBRT)

SBRT is a specialized form of radiation that uses three-dimensional coordinates to deliver very high doses of radiation to small, defined target areas over a shortened period of time, often in as few as three to five treatments.

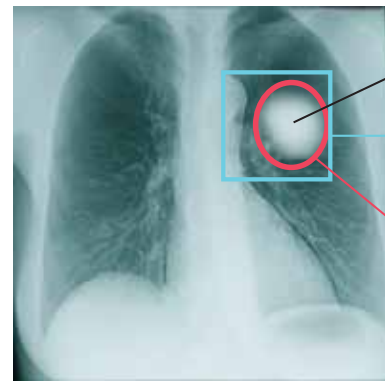
### Proton Therapy

Proton therapy is a promising type of radiation treatment that uses a beam of protons instead of x-rays to deliver radiation directly to the tumor. Supercharged protons enter the body with a low dose of radiation and deposit the bulk of their energy right at the site of the tumor, sparing nearby healthy tissue. Proton therapy is the newest form of radiation therapy requiring highly specialized equipment and expertise, and is currently available at only nine centers in the US. The potential benefits of using proton therapy for treating lung cancer are currently being studied in clinical trials.

### Brachytherapy

Brachytherapy is an internal radiation treatment that uses small radioactive seeds implanted directly in or near the tumor. This allows for high doses of radiation to the tumor site while reducing exposure to surrounding tissue.

With these advances in radiation therapy have come new promises for cancer control



The figure above illustrates how doctors use newer radiation treatment methods, such as 3D-CRT, IMRT, SBRT and Proton Therapy, to better target lung cancer tumors. This leads to a lower chance of affecting healthy organs and tissue near the tumor.

and even cures. A recent report in the Journal of the American Medical Association (JAMA) showed that early-stage lung cancer patients who cannot undergo surgery often can be treated successfully with SBRT. SBRT is a great alternative for these patients, since conventional radiation therapy historically has been unable to successfully control these tumors. This is just one example of how radiation therapy advances will transform lung cancer treatments in the future.

Radiation therapy today is much safer and more focused than ever before. Patients referred for traditional radiation therapy should ask their doctors about whether one of the advanced radiation treatment options mentioned here would be right for them.

## Looking for more info on treatment options?

*Living with a Diagnosis of Lung Cancer* is a FREE booklet provided by the National Lung Cancer Partnership to help newly diagnosed patients learn about all their treatment options. Order your copy now! Visit [www.NationalLungCancerPartnership.org](http://www.NationalLungCancerPartnership.org) or call our office at 608.233.7905.



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## Events and Updates

### Free to Breathe® 2011



Last year alone, throughout communities across the nation, *Free to Breathe*® brought together more than 29,000 people in the movement to defeat lung cancer. Help us build the momentum by joining the movement!

You'll be uniting with tens of thousands of lung cancer survivors, family, friends and advocates from across the country to honor survivors and remember and celebrate the lives of those lost to this disease while raising funds for lung cancer research, education and awareness programs.

Don't see an event city near you? Get involved in National Walk Week! Read more to the right.

State	City	Event Type	Date
CA	Los Angeles	Yogathon	March 20
CA	San Diego	Fun Run/Walk	August 20
CO	Denver	Run/Walk	August 27
CT	Glastonbury	Fun Run/Walk	September 18
DE	Delmarva	Run/Walk	August 14
FL	Jacksonville	Run/Walk	November 5
FL	Orlando	Fun Run/Walk	November 19
FL	Southwest Florida	Run/Walk	November 12
GA	Athens	Run/Walk	November 12
GA	Atlanta	Run/Walk	August 20
IA	Central Iowa	Fun Run/Walk	October 8
LA	Lake Charles	Run/Walk	March 26
MA	Chelmsford	Fun Run/Walk	September 25
MD	Baltimore	Yogathon	November 13
ME	Augusta	Walk	November 5
MO	Kansas City	Run/Walk	September 25
MO	St. Louis	Walk	August 20
NC	Buies Creek	Golf Classic	May 14
NC	Durham	Yogathon	June 21
NC	Greensboro	Run/Walk	November 12
NC	Raleigh	Run/Walk	November 5
NC	Wilmington	Golf Classic	May 16
NE	Omaha	Fun Run/Walk	October 15
NJ	Morris County	Walk	September 25
OH	Cincinnati	Run/Walk	October 1
OH	Dayton	Run/Walk	November 5
OH	Toledo	Run/Walk	June 11
PA	Philadelphia	Run/Walk	November 6
RI	Providence	Run/Walk	October 15
SC	Midlands Area	Walk	Fall
TX	Austin	Run/Walk	November 6
TX	Dallas	Run/Walk	May 21
VA	Alexandria	Run/Walk	Fall
VA	Richmond	Fun Run/Walk	March 12
WA	Tacoma	Run/Walk	September 10
WI	Milwaukee	Run/Walk	October 8

Register online at [www.FreetoBreathe.org](http://www.FreetoBreathe.org)!

### Free to Breathe® National Walk Week

Your Walk • Your Way • Your Day! | November 5-11, 2011

The 4th Annual *Free to Breathe*® National Walk brings people from across the country together **in spirit** to support the fight against lung cancer. It is an opportunity for everyone, even if you don't live near a *Free to Breathe*® event city, to join the movement.

The National Walk is all your own - your walk, your way, your day! Simply pick the day during National Walk

Week that works best for you and gather friends, family and coworkers, or just walk on your own any distance, anywhere you'd like in your community. We'll provide an event t-shirt, wristband and temporary tattoos for everyone registered!

**Where:** Anywhere you choose!

**Why:** The National Lung Cancer Partnership's research, education and awareness programs could not exist without your support and the vital funds you raise!

**Registration:** \$15 - closes October 15, 2011

#### It's YOUR National Walk:

- People have participated in groups from 1 to 150, in distances from 100 feet to 100 miles.
- The National Walk has even gone international, with one team in 2009 walking across the Sydney Harbour Bridge in Australia.
- Families separated by state lines and time zones have walked together in spirit on the same day, while others have come together in person at one location.



Friends and family members in Madison, AL participate in the 2010 National Walk!

**Join the movement!**

Register online at [www.FreetoBreathe.org](http://www.FreetoBreathe.org)

### Thank you!

We'd like to extend a very special thank you to all our event organizers, volunteers, participants, donors, fundraisers, sponsors and everyone else who makes *Free to Breathe*® possible.

Words simply don't exist that capture how grateful we are that you have chosen to share a part of your life with us and with all those touched by lung cancer through *Free to Breathe*®!

NOTHING we do would be possible without your support.

**Thank you!!!**



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# Research, Awareness and Change

## A True Legacy

In February of 2009, Elsie McDermott learned that she had lung cancer. As a long time social worker for cancer patients, Elsie knew the challenges patients face as they come to grips with their diagnosis. Over the years, she helped many people understand what their diagnosis meant, helped them formulate questions to ask their doctors and generally provided guidance during their difficult times.

Even with her knowledge and experience in dealing with cancer, Elsie turned to the same resources she had recommended to numerous lung cancer patients during her career as a source of support: those from the National Lung Cancer Partnership. While it wasn't difficult for Elsie to understand her diagnosis, treatment options and odds, reading the "Stories of Strength" and survivor blogs on the Partnership's website provided a measure of hope and comfort.

In October of 2010, Elsie passed away from lung cancer, but not before she included a gift to the Partnership in her will. Her son, Peter, said that traveling and shopping were two of his mother's pastimes, but helping people was her calling. By remembering the Partnership in her will, Elsie found a way for her passion to continue beyond the confines of her days on earth.

We thank her for her lifetime of kindness and her generosity!

**To learn more**  
about Elsie's story, or to read more Stories of Strength from people affected by lung cancer, please visit  
[www.NationalLungCancerPartnership.org](http://www.NationalLungCancerPartnership.org)

## In the News

**WebMD** (Oct. 27) the **Chicago Tribune** (Nov. 17), **Wall Street Journal This Morning** (Nov. 4) and **The Saturday Evening Post** (Dec. 17) discussed the results of a Partnership survey revealing how little Americans understand the symptoms and risks of lung cancer.

Several articles and reports about the National Lung Cancer Screening Trial featured comments from Partnership Executive Director Regina Vidaver, PhD, including articles in **WebMD & Reuters** (Nov. 4), **The Wall Street Journal & Financial Post** (Nov. 5), & **NPR- The Health Show** (Nov. 23).

Partnership Scientific Executive Committee Chair & Board Member, Pasi A. Jänne, MD, PhD, discussed stigma, risk factors and current promising areas of lung cancer research on the **Stand Up 2 Cancer website** (Nov. 22).

The **Roxbury Township** (Nov. 25) featured a story about lung cancer survivor Jim Dennison and the Teen Beatles concert he organized to benefit the Partnership.

Track Coach Haley Convertino and her students were featured on **22 News WWLP** (Jan. 23) for organizing a road race with proceeds going to the Partnership.

**Florida Today** (Feb. 6) ran an article exploring the topic of lung cancer in people who've never smoked, featuring comments by Partnership Board President, Joan Schiller, M.D.

Partnership Executive Director, Dr. Regina Vidaver, appeared on **The Dr. Oz Show** (Feb. 10) to discuss lung cancer risks and symptoms.

The **Kennebec Journal** (March 1) published an article about advocate Debra Violette, a Partnership-nominated consumer reviewer for the Department of Defense's Lung Cancer Research Program.

For a complete list of all news articles about the National Lung Cancer Partnership, please visit  
[www.NationalLungCancerPartnership.org](http://www.NationalLungCancerPartnership.org)

## Memorial Giving

Gifts in memory of loved ones provide critical support to the Partnership. We are so grateful for the donations made in memory of the following people (September 29, 2010, through March 14, 2011):

- |                             |                            |                                     |
|-----------------------------|----------------------------|-------------------------------------|
| Hiroko Adachi               | Walter Flathers            | Ewing Orlando                       |
| Rose Ancona                 | Connie Foster              | Walter Owyang                       |
| Mary Angelsanti             | Craig Fordham              | Sarah Pace                          |
| Mimi Arfin                  | Beth Kenny Foretic         | Harry W. Palmer                     |
| Cora Ann Ashburn            | Larry Fossee               | Patricia Peebler                    |
| Elyse Aussenberg            | Nancy Frankenthal          | John Robert Perushek                |
| George L. Barr              | Dora Freeman               | Martha-Jane & Samuel O. Pruitt, Jr. |
| Kimberley Baum              | Patricia Gill              | Feng Qin                            |
| Richard Allen Bechstein     | Coleman Goldberg           | Robert Quinn                        |
| Rebecca Behncke             | Walter Pat Grady           | Skip Ramsey                         |
| Dotty Belanger              | Donna Greene               | Polly Rice                          |
| Jeannette Berger            | Jack Guarino               | Julie Baker Richardson              |
| Dr. Philip Bern             | Allison Marie Haake        | Barbara A. Rinaldi                  |
| Madaline Bernard            | Margaret Hamilton          | Lynn & Selma Rindler                |
| Lorraine Blackwell          | Patricia Hamlin            | Dawn Rivard                         |
| Daniel Bourne               | Mark Haney                 | Michaelene Robida                   |
| Burnis Brahmer, Jr.         | Pat Harvill                | Kevin Roper                         |
| Clinton Brockway            | Samuel Helf                | Megan Rosenberg                     |
| Karen Bryan                 | Dolores Hensgen            | Robert Rothlein                     |
| Robert H. Buchanan          | Vicky Hirte                | Lucretia P. Rowley                  |
| Susan Kay Buchanan          | Tim Holt                   | Maria Salguero                      |
| Carol Buonaiuto             | Adam Hume                  | Sara Saunders                       |
| Hildegarde Burke            | Louis Iocca, Jr.           | Bernice Schiro                      |
| Richard 'Burkie' Burkholder | Elizabeth 'Bebe' Brown Ira | John Schmal                         |
| Hallie R. Carmen            | Beverly Sue Irwin          | Nick Serpentine                     |
| Stephen B. Carmichael       | Edna James                 | Renuka Sharma                       |
| Kent Cattlett               | Charles Johnson            | Jack & Hal Sitowitz                 |
| Bradley Cerulla             | Linda Jones                | Kathleen Noble Smith                |
| Richard Cervantes           | Judy Joplin                | Krista Smith                        |
| Penny E. Chapel             | Richard Kallet             | John R. Solon                       |
| Cecilia Sun-Chan Cheng      | Norma Kane                 | Leah Demona Soto                    |
| George Chotas               | Steven Keifer              | Esther Spiegel                      |
| William Clarvit             | Phyllis Kirkpatrick        | John Stearns, Jr.                   |
| Betty Cocco                 | Helen Kochuk               | Stanley Stefanski                   |
| Jennifer Collison           | Mr. Kowurko                | Mary Louise Stockton                |
| William Connor, Jr.         | Carol Kupchik              | Joseph Strychalski                  |
| Richard Cox                 | Ken Kurtz                  | Janet 'Carol' Thompson              |
| Susan Crowder-Hicks         | Florence Landau-Weinstein  | Christopher & John Thornton         |
| Jane Ann Crumm              | Robert Larson              | Wayne Tinsley                       |
| Barbara Cucinotta           | Jon Laster                 | Kathy Torberntsson                  |
| Ardith Dentzer              | Betsy Leach                | Mardee Troup                        |
| Rohit Desai                 | Sandra Levinson            | Cliff Tupper                        |
| Theresa Dial                | June Lin                   | Elizabeth Ulrich                    |
| Rosa Dillon                 | William E. Lindsay, Jr.    | Juan Velez                          |
| Donald Divoky               | Edith Lonzi                | Mary Gouveia Walsh                  |
| Frances Donatoni            | Roland Maas                | Maury Weinberg                      |
| Deanne Dorn                 | Maryann Maio               | Delores White                       |
| William Dove III            | Tova Manela                | Gene Willis                         |
| Joseph Dowd                 | Joseph Marcantonio         | Gene Winski                         |
| James Dunn                  | Judith Martin              | Yim King Wong                       |
| Angela Dziorney             | Frank Mayer                | Lisa Woody                          |
| Anton Eelman                | Patrick J. McCardle        | Anne Woolner                        |
| Rasha ElAmroussy            | Edgar McCarthy             | Juanita Worcester                   |
| Christine Fish              | Diane Lynn McCubbin        | Rebecca Work                        |
| Terry Wayne Fisher          | Carole McGuinn             | Yueqin Xu                           |
|                             | Carolyn Meche              | Mark Yuresko                        |
|                             | Carolyn Miceli             |                                     |
|                             | Julie Miles                |                                     |
|                             | Ted Miller                 |                                     |
|                             | Bruce E. Moore             |                                     |
|                             | Bruce Moss                 |                                     |
|                             | Trina Norris               |                                     |

## Join us for one of our **Free to Breathe<sup>®</sup>** events



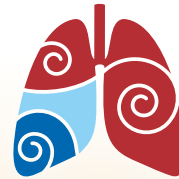
With more than 36 events across the nation, there's sure to be a way for you to run, walk, golf or practice yoga as part of the movement to defeat lung cancer! Turn to page 6 for the complete 2011 *Free to Breathe<sup>®</sup>* schedule.

## 2011 Research Grant Winners Announced

Turn to the front cover and pages 3 and 4 to read more about the exciting lung cancer research the National Lung Cancer Partnership is funding!

## Innovations in Radiation Therapy

Turn to page 5 to read about the latest techniques doctors are using to target radiation therapy to lung cancer tumors and what these advances mean for patients!



**National Lung Cancer Partnership**

RESEARCH. AWARENESS. CHANGE.

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