

# Lung Cancer Voice

Summer 2008

## National Lung Cancer Partnership Initiates Chapter Program

The National Lung Cancer Partnership is pleased to announce the formation of its first state chapter: the North Carolina Lung Cancer Partnership.

The goal of National Lung Cancer Partnership's chapters is to provide a framework for advocates around the country to help fight the disease by raising awareness, increasing funding for lung cancer research, and reducing the stigma surrounding the disease. Chapters will host lung cancer awareness, fundraising, and educational events in their communities, and carry the messages of the Partnership throughout the nation.

Advocates in North Carolina have been working with National Lung Cancer Partnership for the past year to raise awareness and increase lung cancer research funding. The group, originally called the North Carolinians Against Lung Cancer, changed their name to North Carolina Lung Cancer Partnership upon formal incorporation as a chapter of the national organization. The North Carolina Lung Cancer Partnership will be working to fulfill the Partnership's mission of decreasing deaths due to lung cancer and helping patients live longer and better lives through research, awareness and advocacy at the state level.

Amy Cipau, President of North Carolina Lung Cancer Partnership, said, "It is an honor [to be the first chapter of the Partnership] and I feel it's a great tribute to the hard work and efforts of our team over the past year."

The collaboration between the two groups will open new doors and opportunities. The chapter looks to grow and improve on its already solid foundation of survivors, advocates and health care professionals. Now, with the support of a nationally known organization behind them, they have more options to expand their capabilities to raise awareness of a disease that is often neglected and shamefully disrespected.

"The tide is turning and people are starting to see that [lung cancer] is a cause that warrants compassion and funding for research," Cipau said.

"We are so excited about the new growth of the organization, and the number of new individuals getting involved," Regina Vidaver, Executive Director of National Lung Cancer Partnership, said.

The chapter is developing a strategic plan and seeks to substantially increase its already successful fundraising endeavors. Its sights are also set on having five or six events in North Carolina during lung cancer awareness month in November to boost awareness and research funding.

North Carolina chapter events that are already scheduled include one *Free to Breathe*™ 5K race in Raleigh and another race in the Triad area, a Yogathon, a church dinner, and a cocktail reception. For more information about these local events and how to get involved with the North Carolina chapter, log on to North Carolina Lung Cancer Partnership's website,

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**NationalLungCancerPartnership.org/NC** or contact Amy Cipau at 919-870-2990.

If you have a group of individuals interested in setting up a chapter in your state, please contact Kenda Schwarz, Director of Development & Outreach, at [Kenda@NationalLungCancerPartnership.org](mailto:Kenda@NationalLungCancerPartnership.org) or 608-233-7905.



### National Lung Cancer Partnership's *Look Deeper* Campaign

Early in May, National Lung Cancer Partnership launched *Look Deeper*, a national, multi-media public service announcement (PSA). See page seven for more information about the *Look Deeper* campaign, and how you can help us spread lung cancer awareness throughout the nation.

### Redesigned Website

In April, National Lung Cancer Partnership launched a redesigned website. The new design helps visitors easily and quickly find the information they are searching for. For more about our new look, see page seven. To see our new look, log on to **NationalLungCancerPartnership.org**.

### *Free to Breathe*™ National Virtual Run/Walk

The *Free to Breathe*™ 5K Run/Walk series is in 10 cities this year. If you want to participate, but aren't near an official race site, join the *Free to Breathe*™ National Virtual Run/Walk on November 1, 2008! See page six for more information.

This issue of Lung Cancer Voice is made possible by unrestricted educational grants from Kyphon, Inc., Genentech, and ImClone Systems, Inc.

# Letter from the President



Joan H. Schiller, MD

Dear Friends,

As we all know, smoking and lung cancer are closely linked. That fact has caused a lot of people to demand restitution from the tobacco industry for the ills that individuals have endured

due to the use of tobacco products. There are a number of ways in which people have sought restitution: through tobacco master settlement monies, tobacco taxes, direct lawsuits, and research or other funding directly from tobacco companies themselves.

The Tobacco Master Settlement Agreement (MSA) was set up to provide income to individual states so they could defer Medicare costs for treating people with tobacco-induced diseases, while shielding the tobacco industry from direct lawsuits from state governments. States were given the ability to decide how to use the money generated from the MSA, however most states have chosen not to use any portion to combat either cigarette use or to promote lung cancer research. As lung cancer advocates, we should support efforts to get states to allocate a certain percentage or amount of their MSA money towards lung cancer research. Unfortunately, the financial outlook for most states leaves legislators resistant to setting aside even a small percentage of these funds to fight lung cancer.

Tobacco taxes are another suitable source for lung cancer research funding, although the income has historically been allocated to other needs. In most states, tobacco products are taxed at a high rate but little, if any, of that income is made available for smoking prevention and cessation, or lung cancer research. Tobacco taxes are often seen as an easy money-maker for states, because most individuals who are addicted to tobacco will bear increased taxes in order to maintain their addiction. Furthermore, because higher tobacco taxes are known to reduce smoking rates, increased tobacco taxation is often seen as a vehicle to improve public health. Many interests clamor for access to the income from these monies. The discord among so many interested parties can cause proposals for tax increases to languish in discussions prior to legislative introductions.

Money directly from the tobacco industry is also available to support lung cancer and

other smoking-related illness-associated research. While some advocate the use of this additional revenue stream for lung cancer research, many consider it completely unacceptable to take funding from an industry whose products – when used as intended – kill people.

Because the National Lung Cancer Partnership was founded by doctors and researchers who see the effects of tobacco use on a daily basis, we decided early on to adopt a strict policy against taking money from the tobacco industry, its parent companies, or subsidiaries. This policy pertains to all of our programs, whether they are educational, research-based, or patient-oriented. We have even declined support from companies that contribute to advertising and public relations for the tobacco companies, due to their roles in establishing and expanding the use of tobacco products. Members of our Board of Directors and staff are prohibited from taking any money from the tobacco industry, or otherwise receiving professional benefits from them. We believe that this stance is in the best interest of the people we serve: lung cancer patients and their families.

Sincerely,

Joan H. Schiller, M.D.  
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

## Congratulations!

Dr. Jennifer Garst, member of the Board of Directors, Chair of the Outreach Committee, and Board Chair of the North Carolina Lung Cancer Partnership, was recently designated a “Health Care Hero” by the *Triangle Business Journal* (North Carolina).

Dr. Garst received the Physician’s Professional Excellence Award for her work at Duke University Medical Center, and for her involvement with the Partnership and the North Carolina Chapter.



National Lung  
Cancer Partnership

WOMEN. RESEARCH. CHANGE.

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# Advancing Lung Cancer Research

The National Lung Cancer Partnership is committed to increasing funding for lung cancer research. According to the American Cancer Society, in 2008 approximately 215,000 people will be diagnosed with lung cancer and 161,000 will die from it. Despite the large number of people affected by this disease, research funding for lung cancer lags far behind funding for other cancers. Without sufficient funding, lung cancer researchers are unable to make necessary progress towards finding better ways to prevent, diagnose and treat this disease and reduce the number of deaths.

In keeping with National Lung Cancer Partnership's goals of supporting and promoting research and encouraging health professionals to pursue careers in lung cancer research, we began a Research Grant and Award Program in 2005. The goal of the Research Grant and Award Program is to promote the translation of research discoveries into patient therapies to help decrease deaths from lung cancer and help patients live longer and better lives.

We have already awarded almost \$800,000 to researchers around the country who are studying how tumors from men and women with lung cancer differ; how lung cancer cells respond to drugs and

develop resistance to them; the role of estrogen and estrogen receptors in lung cancer development and progression; the mechanisms of how normal cells transform into lung cancer cells; and the invasion of lung cancer cells into surrounding tissues.

## 2008 Research Grant and Award Program

Our Research Grant and Award Program continues to grow every year. In 2008, we are offering six research grants. The National Lung Cancer Partnership is administering two \$100,000 lung cancer research grants, co-funded with the LUNGevity Foundation. We are also offering a \$100,000 Career Development Award for junior clinical or basic investigators. Please see below for more information on these two award competitions.

This year, National Lung Cancer Partnership is also partnering with the International Association for the Study of Lung Cancer (IASLC), the Oncology Nursing Society Foundation (ONS), and the Lance Armstrong Foundation to provide three lung cancer research grants. The first Awardee of the IASLC/National Lung Cancer Partnership 2008 *Young Investigators Award* is profiled below. The awardees of ONS/National

Lung Cancer Partnership *Lung Cancer Nursing Research Grant* and the Lance Armstrong Foundation/National Lung Cancer Partnership *Lung Cancer Survivorship Research Grant* will be announced in upcoming issues of *Lung Cancer Voice*.

## Help us fund lung cancer research

In order to keep our Research Grant and Award Program growing and making a positive impact in the lung cancer research field, we are continually seeking new partnerships with individuals, organizations, and companies interested in funding lung cancer research.

There are many ways in which National Lung Cancer Partnership can work with you, your organization or company to continue to provide researchers with the funds they desperately need to pursue their research in the lung cancer field. If you have questions or want more information about opportunities to help us grow our research grant program, please contact: Kenda Schwarz, Director of Development & Outreach, at [Kenda@NationalLungCancerPartnership.org](mailto:Kenda@NationalLungCancerPartnership.org) or 608-233-7905.

## The National Lung Cancer Partnership announces the opening of the application period for two award programs:

### National Lung Cancer Partnership/ LUNGevity Foundation Grants

The purpose of this grant program is to drive forward research that will increase understanding of lung cancer risk, biology, and response to treatment. National Lung Cancer Partnership and the LUNGevity Foundation are particularly interested in research that will aid in prevention, screening, detection, diagnosis, treatment, and symptom management of lung cancer.

This grant is designed to provide seed money for promising novel research in lung cancer for faculty members at any point in their careers, performing research at any institution worldwide.

Two grants are available. One grant is available specifically for research in the area of sex differences in lung cancer. One grant is available for research pertaining to any facet of lung cancer.

### National Lung Cancer Partnership Career Development Award

The purpose of this award is to provide funding for clinical and basic science fellows and junior faculty to advance their careers in lung cancer etiology, prevention, early detection, treatment, and symptom management.

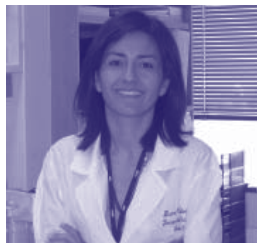
At the time of application, an applicant must hold a doctoral degree (MD, PhD, DO,

DrPH, or equivalent), and be a post-doctoral fellow or within the first 5 years of a faculty appointment at a not-for-profit institution in the U.S. or Canada. Applicants will be judged on the merits of their research proposal, career development plan, and research environment.

For complete application eligibility and instructions for both awards, please visit the National Lung Cancer Partnership's website, [NationalLungCancerPartnership.org](http://NationalLungCancerPartnership.org)

The application deadline is September 2, 2008. Awards will be made on or before January 1, 2009.

### IASLC/National Lung Cancer Partnership 2008 Young Investigator Award Winner



**Dr. Ilse Valencia**

Young Investigator Award. The goal of this award is to reward scientific excellence and

The International Association for the Study of Lung Cancer (IASLC) and National Lung Cancer Partnership are pleased to announce Dr. Ilse Valencia as the winner of our first co-sponsored

to encourage innovative investigations in the field of lung cancer translational research with the greatest potential impact on the management of lung cancer.

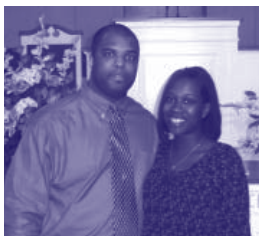
Dr. Valencia, Postdoctoral Fellow at the Hamon Center for Therapeutic Oncology Research, University of Texas Southwestern Medical Center, was given this award for her proposal titled, "Induction of c-MET signaling pathway through HIF-1 $\alpha$  and COX-2 in non-small-cell lung cancer cell lines."

This 2-year, \$80,000 award will support Dr. Valencia as she pursues research seeking to understand how some non-small-cell lung cancer (NSCLC) tumors become resistant to drugs like erlotinib (Tarceva) that target the epidermal growth factor

receptor (EGFR). Previous research has indicated a cellular protein called c-MET might play a crucial role in resistance of some NSCLC tumors to these drugs and may also perform other important functions in tumor cell growth. Her hypothesis is that two other proteins, HIF-1 $\alpha$  and COX-2, can regulate c-MET activity in tumor cells, resulting in drug resistance.

"Our work will contribute to a better understanding of the interplay between three proteins we believe to be crucial to regulation of NSCLC. This will have direct impact in searching for and designing new therapeutic tools to combat the disease," Dr. Valencia said.

# Stories of Strength



Jerrold and Rhonda Dash

## A Survivor's Story

Jerrold Dash was diagnosed two years ago with stage IV BAC (Bronchioloalveolar Carcinoma) at age 33. Jerrold had traditional treatments and

participated in clinical trials while he waited for an experimental bi-lateral lung transplant. He received a new pair of lungs in March of 2007 and has been steadily recovering. Because of his transplant, Jerrold is currently cancer-free.

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

A: My lung cancer diagnosis was unexpected and came at the worst possible time for my family and me. Actually, I don't think there is a good time to be told you have cancer – let alone lung cancer. I was enjoying my life, loved my job, was actively engaged in graduate school, and my family and I were celebrating the birth of our second daughter who, at the time, was 3 weeks old.

For years prior to my diagnosis of stage IV BAC, I was improperly diagnosed several times per year with bronchitis, asthma, allergies, and so on and so forth. I basically had a really bad cough that only slightly cleared up with antibiotics and would return full-force once the antibiotics were finished.

### Q: How are you doing now?

A: I am doing fine now. I have good days and bad days as I deal with the experimental treatment that I underwent to rid me of my cancer. I had a bi-lateral lung transplant at Stanford University, performed by doctors working under Dr. David Weill's direction.



Jill Siegfried, PhD

## A Researcher's Perspective

Dr. Jill Siegfried is a professor and vice chair of pharmacology at the University of Pittsburgh School of Medicine, and co-director of the lung and esophageal cancer program

at the University of Pittsburgh Cancer Institute. Dr. Siegfried is a founder of the National Lung Cancer Partnership, and currently serves on its Scientific Executive Committee.

### Q: What inspired you to enter lung cancer research?

A: I began my career studying how drugs used to treat cancer worked and how to measure their effects. Growing cancer cells in the laboratory and learning how they were different from normal cells – and how to stop them from multiplying – was the scientific question that most interested me.

At the time, there were very few laboratories that were trying to take tumors from patients with non-small cell lung cancer (like adenocarcinoma

and squamous cell carcinoma) and make cell lines to study in the laboratory. Also, I thought it was important to culture the normal lung epithelial cells (the cells from which many lung tumors arise) for comparison. I thought if I could create those types of cultures, I would have a unique system for investigating the growth requirements of lung tumors compared to normal lung tissue. I also hoped I would be able to get funding for this research since the area was so undeveloped.

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

A: I openly and honestly talk about lung cancer to anyone and everyone willing to listen to my story. I don't smoke, and I never have smoked. But still, people ask me, "How long did you smoke?"

***"This cancer was not put in my Franklin planner but I have been given the task of fighting it and I will do that for myself and others to come."***

### Q: What keeps you hopeful about lung cancer research and/or treatment?

A: Along with all other cancer patients, I remain hopeful that the longer I can fight the cancer, the better my chances are of getting new care from the latest in cancer research.

### Q: What is the biggest issue associated with lung cancer diagnosis, treatment, and/or research you wish could change?

A: The main issue that must be overcome in fighting lung cancer is that we, as a society, must get rid of the stigma that only smokers get lung cancer. Having cancer is bad enough; having lung cancer with the dismal survival statistics and the horrible stigma associated with the disease caused me to live a lie. I was ashamed of my diagnosis even though I had none of the lifestyle characteristics that are still commonly associated with lung cancer.

### Q: What advice would you give to others recently diagnosed with lung cancer?

A: For those who are newly diagnosed with lung cancer, my advice would be to fight like hell and to question your doctors as much and as often as possible. The most shocking news you could ever hear has already been given to you, so now you fight. Don't live in fear because you are not alone; there are others paving the way for you. Talk to others about what is going on in your life, in lung cancer research and treatment, and about the progress that has been made and is still needed. Get a support system behind you. And always remember: You have cancer but the cancer does not have you.

### Q: What advice would you give to physicians and health care providers in dealing with patients with lung cancer?

A: Health care providers need to be compassionate and envision their family member(s) having lung cancer and what it would be like to break the news to them. I would also suggest that they resist the urge to ask the irrelevant question: "Did you smoke?" Lastly, please study, research, and ask your colleagues about different carcinomas and treatment plans so you can give the very best possible care to the patient despite what the outdated statistics show. Remember that statistics are a historical snapshot of outdated medical protocols that do not include your patient. Be honest, but give them hope.

### Q: What is the most important thing you believe the general public needs to know about lung cancer and how it affects you?

A: This cancer was not put in my Franklin planner but I have been given the task of fighting it and I will do that for myself and others to come. It is like playing football all over again – painful as hell; I get no glory; I am opening holes for others, serving as a blocking fullback again. The game is long and we might go into overtime, but in the end we shall emerge victorious.

we first identified the highest at-risk groups using genetics or biomarkers of disease.

### Q: What would you like young professionals entering into lung cancer research and treatment to know about this field?

A: Young professionals should know that there is room for many more investigators in this field because there are so many unanswered questions, and that the possibility to make an impact is large because there is so much room for improvement in outcomes. Funding cycles come and go, and it is only a matter of time before things swing back to an easier funding climate. I think science and medicine will continue to be important national priorities.

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

A: The greatest strength of our organization is the different types of people (clinicians, scientists, survivors, patient advocates) that we have united around the desire to increase awareness of lung cancer and to begin treating it like any other important life-threatening disease. The awareness we have brought to lung cancer in non-smokers and the awareness of the impact lung cancer has on the nation's health are examples of this.

# Patient Point of Interest

## Understanding the use of Erythropoiesis-Stimulating Agents

When you or a loved one is told you need to have chemotherapy, you may be concerned about side effects like nausea, fatigue, and potentially losing your hair. These side effects can change a person's ability or desire to engage in activities important in their life while undergoing treatment for cancer.

Chemotherapeutic agents are designed to kill cells in the body that are rapidly dividing and reproducing – something that cancer cells figure out how to do really well. However, cancer cells aren't the only cells in the body that rapidly divide. Cells in the lining of the stomach and intestine, hair follicle cells, and cells that make up the blood reproduce quickly when they are healthy, so chemotherapy impacts these cells as well.

One of the side effects of chemotherapy is that the number of red blood cells in your body usually goes down. When your red blood cells decrease, you feel fatigued because your body is working hard not only to try to get rid of your cancer, but also to make more blood cells to transport oxygen and fuel around your body. If your red blood cell count gets too low, it is called anemia. In the past, erythropoietin-stimulating agents (ESAs) like epoetin alfa (EPOGEN, Procrit) and darbopoetin alfa (Aranesp) were prescribed to many cancer patients going through chemotherapy to increase their red blood cell count, which helped combat fatigue and prevent the need for transfusions. Now, new research is showing that ESAs may not be the best option for everyone.

### The development of ESAs

Erythropoietin-stimulating agents (ESAs) were developed twenty years ago to reduce the number of transfusions that people with low red blood cell counts – including cancer patients receiving chemotherapy – might need. Transfusions aren't ideal to give to people on a regular basis for a number of reasons. First, there is a limited supply of blood available for medical use. Cutting down on transfusions needed for cancer patients helps ensure blood is available for other critical needs, such as accidents and surgeries. Second, there is a risk – although very, very slight – that a virus could make it through the stringent process used to make sure donated blood is safe for use. Should a virus be present in the transfused blood, the body of a patient receiving chemotherapy may not be able to fight it off. Third, it has recently been recognized that a very small number of people who get transfusions inexplicably accumulate fluid in their lungs, an effect called transfusion-related lung injury (TRALI). TRALI can be life-

threatening. For these reasons, ESAs were developed to help one's own body create more red blood cells.

### What is the current controversy?

In recent months, there have been a number of troubling study results regarding the use of ESAs as part of the cancer treatment portfolio. ESAs were designed to keep the level of hemoglobin – the chemical in blood that transports oxygen through the body – at normal levels, even during chemotherapy. Normal hemoglobin levels are between approximately 12 and 16 grams of hemoglobin per deciliter of blood (12-16 g/dL). Because everyone is unique, it is not known how high an individual's level of hemoglobin needs to be in order to stave off the need for a transfusion when they are undergoing chemotherapy. Many physicians have, in the past, commonly administered ESAs to cancer patients when their hemoglobin levels fell, with the hopes of staving off future transfusions.

Recent studies, however, have shown an increased risk of heart attacks, stroke, heart failure, blood clots, and even death when hemoglobin levels were brought above 12g/dL using ESAs. Perhaps even more troubling for cancer patients and their doctors, additional studies have suggested that ESAs may contribute to an increased risk of the cancer progressing – including in non-small cell lung cancer (NSCLC). Studies with ESA use in small cell lung cancer (SCLC) do not suggest any increased risk of disease progression. These results led to a meeting of the Oncology Drugs Advisory Committee (ODAC) to the Food and Drug Administration (FDA). ODAC recommended that ESAs still be offered to patients with chemotherapy-induced anemia, but with these qualifications:

- ESAs should not be given to patients for whom chemotherapy is intended to cure them.
- ESAs should not be given to patients with metastatic breast or head & neck cancer.
- Patients who wish to receive ESAs should sign an informed consent form, acknowledging that they understand the potential risks and benefits to using the ESA to help fight their chemotherapy-induced anemia.

The FDA is not required to follow the recommendations of their advisory committees, of which ODAC is one. There have already been some indications that the informed consent process that ODAC recommended may be problematic for FDA to implement. It is also not clear when the FDA might make a final ruling

on ESA use in cancer patients receiving chemotherapy. However, ODAC's recommendation is likely to change the way doctors think about treating their patients with chemotherapy-induced anemia. More doctors may allow their patients' hemoglobin levels to dip, even if it means they are at increased risk of needing a transfusion. With no "right" answer for treating chemotherapy-induced anemia, it is all the more critical that patients ask questions about all treatments they are scheduled to receive.



### Where We've Been...

The National Lung Cancer Partnership is happy to send our materials to major conferences, health fairs, and events across the country (and even internationally!) in order to expand lung cancer awareness to health professionals, patients, advocates, and the general public.

If you know of a health fair or event coming up and would like to staff a table on our behalf, please contact us at [info@NationalLungCancerPartnership.org](mailto:info@NationalLungCancerPartnership.org) or 608-233-7905 to request materials.

In 2008, National Lung Cancer Partnership has exhibited at:

- American Association for Cancer Research (AACR) – San Diego, CA
- American Thoracic Society (ATS) – Toronto, Canada
- Oncology Nursing Society (ONS) – Philadelphia, PA
- Society for Thoracic Surgery (STS) – Fort Lauderdale, FL
- TGL Classic (5K Run) – New York, NY

*Lung Cancer Voice* is also available on the web! You can access current and back issues of this newsletter and our electronic newsletter by visiting [NationalLungCancerPartnership.org](http://NationalLungCancerPartnership.org) and clicking on "Newsletter" on the homepage.

In a conscious effort to save resources, we try to send only one newsletter to each household. If you receive more than one copy, if your address has changed, or if you wish to stop receiving *Lung Cancer Voice*, call us at 608-233-7905 or email us at [info@NationalLungCancerPartnership.org](mailto:info@NationalLungCancerPartnership.org).

# Upcoming Events



## National Free to Breathe™ Virtual Run/Walk November 1, 2008

Unable to make it to one of the official *Free to Breathe*™ race sites? Kick off Lung Cancer Awareness Month on November 1 by joining the **National Free to Breathe™ Virtual Run/Walk!** Run or walk the distance of your choice on November 1, or whatever date works for you.

Registration is \$15 and each participant will be mailed a t-shirt and a lung cancer awareness wristband.

Participants are encouraged to create a fundraising page online to raise money for the National Lung Cancer Partnership's lung cancer research, education and awareness programs. Wear your *Free to Breathe*™ t-shirt as you run or walk and take pictures to share with us and other lung cancer advocates online.

Visit [FreetoBreathe.org](http://FreetoBreathe.org) for registration and donation information.

The *Free to Breathe*™ 5K race series raises awareness and increases funding for lung cancer. Visit [FreetoBreathe.org](http://FreetoBreathe.org) for registration, donation, and volunteer information.

### 2008 *Free to Breathe*™ Locations

**Providence, RI**  
Sunday, July 13

**Los Angeles, CA**  
Sunday, August 3

**Glastonbury, CT**  
Sunday, September 21

**Madison, WI**  
Saturday, September 27

**Kansas City, MO**  
Sunday, September 28

**National Virtual Run/Walk**  
Saturday, November 1

**Dayton, OH**  
Saturday, November 1

**Philadelphia, PA**  
Sunday, November 2

**Raleigh, NC**  
Saturday, November 8

**Triad Area, NC**  
Saturday, November 15

**Seattle, WA**  
November

The fourth annual **Jennifer Bartlett-Perini Memorial Golf Outing** will be held on **September 13** at the Jackal Golf Course in **Brighton, MI** at 1:00 PM. For registration information and further details, visit [Jennys-Foundation.com](http://Jennys-Foundation.com).

The North Carolina Lung Cancer Partnership has local events listed on their website, [NationalLungCancerPartnership.org/NC](http://NationalLungCancerPartnership.org/NC).

The North Carolina Lung Cancer Partnership is hosting an inaugural **wine reception** on **June 14** at the Nasher Museum of Art at Duke University, **Durham, NC**. Tickets are \$50 per person for an evening of food, wine and fine art.

North Carolina advocate, Bill Spreitzer, is running in the **Marine Corps Marathon** in **Washington, D.C.** on **October 26**. Bill and his team have set a fundraising goal of \$100,000 for North Carolina Lung Cancer Partnership. To donate to Bill and his team's efforts, visit [NationalLungCancerPartnership.org/NC](http://NationalLungCancerPartnership.org/NC).

The fourth annual **Great 108 Yogathon** will take place on **December 21** at the Yogaspot in **Durham, NC**.

## In the Press

- National Lung Cancer Partnership's blogger, Lori Monroe, RN, was interviewed on Bowling Green, KY's ABC 13 *WBKO at Midday* on April 15
- Executive Director, Regina Vidaver, PhD's letter to the editor was published in *Philadelphia Daily News*, April 28
- Regina Vidaver, PhD was interviewed by Board member and news anchor, Carleen Wild, on Madison, WI's NBC 15 5:00 PM News on April 29
- President, Joan Schiller, MD's letter to the editor was published in *U.S. News & World Report*, May 6

## Past Events

The following events will be fully reported on in the Fall 2008 issue of *Lung Cancer Voice*.

**The United for Lung Health Federal Advocacy Day in Washington, D.C.** took place on May 13-14. Lung health advocates attended meetings with their congressional representatives to encourage support of lung disease research, prevention and patient services programs.

**The Lung Cancer Advocacy Summit: Acquiring Tools, Effecting Change**, May 27-29, brought together lung cancer advocates to give them the tools to be even better advocates for raising awareness of lung cancer and advocating for increased funding for lung cancer research.

**The National Lung Cancer Partnership's Annual Meeting, Lung Cancer 2008: Progress and Promise**, was held in Chicago on May 30, prior to the American Society of Clinical Oncology (ASCO) Annual Meeting. Health professionals, researchers, and lung cancer patients and advocates attended to learn more about the progress that has been made in lung cancer research.



Tiffany Hudak, Mrs. Georgia and *Free to Breathe*™ 5K organizer, with family and friends

The *Free to Breathe*™ 5K in memory of Sherry Bridges took place on April 13 in **Athens, GA**. This first annual event had great community support. Over 120 people participated in the run, despite the cold and wind. Special thanks to Tiffany Hudak for organizing this wonderful community event!



**The Sarah Farmer Courts for a Cure Tennis Tournament** in **Plano and Dallas, TX** had a successful second year, with 52 teams participating in the tournament. Special thanks to the sponsors and companies who donated items for the raffle. A very warm thank you to Una McKeen and her team of volunteers for making this another great year!

## To have quantities of this newsletter delivered to your home, office or clinic for FREE...

Please email us at [info@NationalLungCancerPartnership.org](mailto:info@NationalLungCancerPartnership.org). You can also log on to [NationalLungCancerPartnership.org](http://NationalLungCancerPartnership.org) and click on the Free Resources link at the bottom of the page to order quantities of this newsletter, our brochure, fact sheets, or our educational booklet and video.

# Support Research, Awareness, and Change



## Look Deeper - New Public Service Announcement

One of National Lung Cancer Partnership's goals is to raise awareness of the deadly impact of lung cancer. In working towards fulfilling this goal, National Lung Cancer Partnership has launched the *Look Deeper* campaign, a national, multi-media public service announcement (PSA) campaign to inform women about their risk for lung cancer and urge them to find out more about this deadly disease.

The *Look Deeper* campaign takes aim at America's obsession with women's breasts through print and radio PSAs. The message: It's time we obsessed more over women's lungs. Women have heard of their risk for breast cancer, their risk for skin cancer, their risk for ovarian cancer. But the message that lung cancer can occur in people of any age – regardless of smoking history – is not widely spread to women. It is time to give women the facts and raise their consciousness about the number one cancer killer of American men and women: lung cancer.

The flagship component is a one page color advertisement showing a woman modeling a yellow bikini. In place of her bikini top sits a superimposed image of a chest x-ray, asking the public to look deeper and pay more attention to women's lungs and lung cancer.

Visit [NationalLungCancerPartnership.org](http://NationalLungCancerPartnership.org) or contact us at 608-233-7905 or [info@NationalLungCancerPartnership.org](mailto:info@NationalLungCancerPartnership.org) to download the print and audio files and learn how you can spread the message about lung cancer and its risks across the country.

The National Lung Cancer Partnership is appreciative of Eichenbaum/Associates of Milwaukee for generously donating their services to create the *Look Deeper* campaign.

IT'S TIME WE OBSESSED  
MORE OVER WOMEN'S LUNGS.

*Look Deeper.*

Nearly twice as many  
women die of lung cancer  
than breast cancer today.

## Website Redesign

We gave National Lung Cancer Partnership's website a facelift! Our website was redesigned to make navigating the information on our site easier for everyone. The homepage has quick links to the most popular pages on the website. Event listings, patient education materials, lung cancer information, and information on our research grants are all readily accessible.

If you haven't browsed our website in a while, we encourage you to familiarize yourself with the information available. If you are a regular to our site, we feel confident that you will appreciate the redesign and will find the changes to be helpful.

If you have any technical difficulties with any part of the website, please email us at [info@NationalLungCancerPartnership.org](mailto:info@NationalLungCancerPartnership.org).

## Renew Your Membership

Membership with National Lung Cancer Partnership is vital to the organization. Membership dues allow us to continue our critical mission of decreasing deaths due to lung cancer and helping patients live longer and better lives. We have accomplished much since our inception; in order to continue expanding our programs and offering more services to lung cancer patients and the health and research professionals who make lung cancer treatment advances a reality, we need your support.

Log on to [NationalLungCancerPartnership.org](http://NationalLungCancerPartnership.org) to join or renew your membership.

## YOU Can Help

Wondering how you can get involved in the fight against lung cancer? People come up with all kinds of unique ideas to support National Lung Cancer Partnership while raising awareness of lung cancer. Here are a few highlights:

**Terese Dillon** sold lung cancer awareness lapel pins for donations in honor of her colleague at the Choctawhatchee Senior High School in Florida who was recently diagnosed with lung cancer.

**Margaret Irving** and **Michael McDonald** are getting married on June 7, 2008. Instead of giving their guests traditional favors, they made a donation to National Lung Cancer Partnership in honor of Margaret's mother, Nancy Ann Irving, and are giving each guest a lung cancer awareness wristband.

**Vicki Knowles** honored the memory of her husband, A.J. Knowles, by coordinating the A.J. Knowles "Free to Breathe"™ Lakewood Village Community Memorial Benefit – a two-day community garage sale and bake sale – to raise money for National Lung Cancer Partnership.

Other ways you can help;

- Donate your tax return or economic stimulus package to National Lung Cancer Partnership in honor or memory of a loved one.
- Give a recurring gift to the Partnership—monthly, quarterly, semi-annually or annually.
- Host an awareness event to raise money for lung cancer research, awareness, and education programs.
- Shop and search online using charity-friendly websites like GoodShop.com and GoodSearch.com.
- Form a state chapter of National Lung Cancer Partnership. See page one for more information about our chapter program.

## Donations can be made to National Lung Cancer Partnership by:

**Mail:** 222 N. Midvale Blvd., Suite 8  
Madison, WI 53705

**Phone:** 608.233.7905

**Fax:** 608.233.7893

**Email:** [info@NationalLungCancerPartnership.org](mailto:info@NationalLungCancerPartnership.org)

**Online:** [NationalLungCancerPartnership.org](http://NationalLungCancerPartnership.org)

## Memorial Giving:

Donations have been made to National Lung Cancer Partnership in memory of the following people (Mid-January 2008 through April 2008):

Jessica Marie Abate	Fran Cornell	Louise Gigantino	Sue Marinari	Charlotte L. Simpson
Lana Anderegg	Jill Cotoia	Eric Hanson	Marco Mattessich	Leah Soto
Charles S. Anderko	Les Cox	Jackie Hay	Kathleen McCormack O'Leary	Amy Strazala
Joan Binder	Joyce Cunningham	T. Michael Herbert	Julie McMurray Kennedy	Kenneth Roy Tedder
Lorraine Blackwell	Mary Pat Darling	Wendy Jackson Hall	Kay Menzel	Eleanor Vitrano
Brenda Borg	Elizabeth DiFazio	Judy Joplin	Barbara Moore	Bill Wanless
Sherry Bridges	Tammy Dudley	Stanley Jury	Mary Morris	Elaine Wise
Sue Brooke-Smith	Sarah Farmer	Valerie Kaufman	June Orear	Patricia Weeks
Bruno Ceschini	Christine Fish	Betsy Kemeny	Lorraine Rudolph	Anne Woolner
Carole G. Connelly	Lisa Strawn Foley	Terrelle Mattox Kerr	Marina Salazar	
Gladys Virginia Compton	Herbert Furstenberg	Barbara Law	Melba Savage	

# The National Lung Cancer Partnership welcomes North Carolina Lung Cancer Partnership as its first state chapter!

See inside for information about upcoming *Free to Breathe™* 5K events.

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.



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