

Lung Cancer Voice

Winter 2007

National Lung Cancer Partnership Announces 2007 Grant Awardees

National Lung Cancer Partnership is pleased to announce the winners of our second annual grant competitions. We currently award two grants; a Research Grant to understand sex differences in lung cancer, and a Career Development Award, co-sponsored with the LUNGeVity Foundation, for junior faculty involved in lung cancer research.

National Lung Cancer Partnership Research Grant

Dr. Richard Pietras of the University of California at Los Angeles has been selected as the recipient of our Research Grant for advancing the understanding of sex differences in lung cancer.



Richard Pietras, PhD, MD

The Research Grant, made possible by a gift from Genentech and other donors, is designed to drive forward research that will increase understanding of how inherent differences between women and men contribute to lung cancer risk, biology, and response to treatment.

The 2-year, \$100,000 grant will support Dr. Pietras as he pursues research investigating how estrogen, estrogen receptors, and other molecules that interact with the estrogen receptor complex work together to stimulate lung tumor growth. His team will use a multi-pronged approach to answer this question.

Dr. Pietras will use molecular biology techniques to evaluate how the estrogen receptor complex signals lung tumor cells to grow and survive. This line of investigation seeks to understand the most basic aspects of estrogen-induced cell communication, thus potentially leading to significant new lines of questioning that may ultimately help explain differences in how the disease affects women and men. These differences include: lung cancer patients who are women are more likely than men to be never-smokers; women are more likely to get specific subtypes of lung cancer, while men are more likely to get others; some of the newest treatments available for lung cancer work better in women, while others work better in men; women tend to survive longer than men with lung cancer at every stage of the disease.

Dr. Pietras' research will also test available anti-hormone agents to see if there is a way to inhibit tumor growth by blocking estrogen. These agents

will also be tested in combination with other agents currently used in the clinic to determine if combined treatments will yield a greater inhibition in tumor growth.

"Since current therapies for lung cancer result in only a 15 percent five-year survival, the need for improved treatment is compelling," Dr. Pietras said. "Our research will hopefully offer new treatments targeting estrogen receptors that could be applied to therapy of women afflicted with non-small cell lung cancer."

In 2005, the National Lung Cancer Partnership (then Women Against Lung Cancer) awarded its first Research Grant to Dr. Christoph Plass of The Ohio State University. Dr. Plass will discuss the progress in his research on how lung tumor tissues from males and females differ in the way that DNA is modified within the cancerous cells at the Partnership's Annual Meeting on June 1, 2007 in Chicago (see page 6 for further details).

National Lung Cancer Partnership/LUNGeVity Foundation Career Development Award

Dr. Michele Cote of the Karmanos Cancer Institute at Wayne State University was awarded the Career Development Award co-sponsored by the Partnership and the LUNGeVity Foundation.



Michele Cote, PhD

The Career Development Award is intended to provide "protected time" for newly independent investigators to develop their careers for two years of their initial lung cancer research projects. Lung cancer research is severely under-funded at the federal level in proportion to the death toll from the disease;

therefore the Partnership designed this award to provide crucial career support to those individuals who decide to persevere in the face of a poor funding climate.

The 2-year, \$100,000 award will support Dr. Cote as she pursues research investigating the role of estrogen-related tumor characteristics in predicting survival after a lung cancer diagnosis. Women have slightly better survival rates than men, suggesting that hormones might play a role in lung cancer progression.

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Joan H. Schiller, MD

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and **Change**

In particular, Dr. Cote is investigating the relationship between estrogen expression and survival in individuals who get lung cancer before they are 50. This group of individuals is especially important to study because they are less likely to have other diseases that can confound understanding their survival from lung cancer.

"The identification of molecular and genetic profiles associated with survival will help target treatment advances in hopes of improving survival for a cancer in which little progress has been realized," Dr. Cote said.

In 2005, the National Lung Cancer Partnership (then Women Against Lung Cancer) and the Lung Cancer Online Foundation awarded the first Career Development Award to Dr. Hayley McDaid of the Albert Einstein College of Medicine at Yeshiva University. Dr. McDaid will also discuss her research investigating how lung cancer cells respond to new classes of drugs that specifically target the dysfunctional growth of cancer cells and how the cells become resistant to the effects of these drugs at the Partnership's Annual Meeting.

The next competition for our grants will open in April, with applications due September 4, 2007. Full application instructions and materials will be available on our website at www.NationalLungCancerPartnership.org.

This issue of the Lung Cancer Voice is printed in memory of Jackline Bardakjian.

Letter from the President



Joan H. Schiller, MD

As we enter 2007, it is a time for reflecting and looking forward. For us at the Partnership, 2006 was a year filled with significant changes – we welcomed new members to our Board of Directors and wished retiring members well; we changed our name and

logo; we added new initiatives – such as this print newsletter; and we added new staff to meet the needs of our growing number of constituents.

As we have navigated these changes, many have asked about the “Partnership” aspect of our work. We work with partners every day to fulfill our mission of decreasing deaths due to lung cancer and helping patients live longer and better.

One of the partnerships we are proudest of is the one we instigated two and half years ago at our annual meeting. At that meeting, we brought several lung cancer organizations to the table to discuss ways to collaborate and work together. As a result of that meeting, the groups involved began a monthly teleconference in which we discuss our plans and initiatives. Those teleconferences continue to this day.

A direct result of these teleconferences is a partnership we have formed with the American Lung Association of Metropolitan Chicago’s (ALAMC) Lung Cancer Initiative. With ALAMC, we have instigated two educational initiatives for physicians. The first is for general practice physicians, to help educate them about the signs and symptoms of lung cancer in an effort to increase the likelihood that patients will be diagnosed at an earlier, hopefully more treatable, stage of the disease. The other series targets oncologists at hospitals that have the highest death rates from lung cancer in the Chicago area to improve their knowledge of the latest treatment advances that are available.

Another cooperation underway is one with the Center for Biomedical Continuing Education (CBCE). As one of the premier continuing medical education providers in the country, CBCE has teamed with us to present our annual meeting, which will be held June 1 at the Chicago Marriott Downtown. The partnership with CBCE is increasing our reach and ability to spread the word about the differences in lung cancer between men and women.

We are also pleased to be co-funding a Career Development Award with the LUNGevity Foundation. The purpose of the Career Development Award is to foster the careers of junior lung cancer researchers so that they are able to continue doing significant research in lung cancer. Because

lung cancer research is so poorly funded at the federal level, it is critical that organizations like ours continue to fund researchers who are making lung cancer their life’s work. In this issue we announce our latest Career Development Awardee, Michele Cote, from Wayne State University.

And of course, there is you. Whether you are a patient, a family member or friend of someone with lung cancer, a physician, a nurse, a researcher, a student, or an advocate, you can count on us to be your partner in efforts to raise awareness about lung cancer, increase the funds available for lung cancer research, and to educate patients and providers so they have the information they need to make the best possible decisions at crucial moments. We stand with you in partnership to improve the outlook for lung cancer patients: those already diagnosed, those yet to be diagnosed, and future generations.

Sincerely,

Joan H. Schiller, M.D.

Chief, Division of Hematology and Oncology
Deputy Director, Simmons Comprehensive Cancer Center
University of Texas Southwestern Medical Center

Annual Meeting Travel Grants

Travel grants to our Annual Meeting on June 1 in Chicago are available for health and research professionals-in-training, patients, and advocates. Approximately 15 travel grants will be available to health professionals-in-training, and approximately 15 grants will be available for patients and advocates. Travel grants will not exceed \$750 (US \$) per person. The deadline for submission is March 26, 2007. Please log on to our website at www.NationalLungCancerPartnership.org to download the application and for more information about the meeting.

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Lung Cancer Research: A Look Back and a Look Forward

Much of the time when we focus on lung cancer research, we speak in the negative: how little we know compared to other common cancers; how limited federal funding is for lung cancer research; and how difficult it is for researchers to establish themselves and be successful in the lung cancer field because of the funding climate. However, in 2006 we saw several lung cancer advances that were significant, and we expect that 2007 will bring even more. As organizations like ours continue to fund lung cancer research at greater and greater levels, we expect lung cancer research to reach the same level of success as other, better-funded cancers in the not-too-distant future.

Progress in Treatment

A significant treatment advance was made in 2006: the approval of the addition of bevacizumab (Avastin) to chemotherapy for first line treatment of non-small cell lung cancer (NSCLC) in certain patients. Bevacizumab is not used for the treatment of squamous-cell NSCLC (cancer that arises from the thin, flat cells that line the passages of the respiratory tract). Bevacizumab is now considered part of standard treatment for NSCLC patients who do not have squamous cell tumors and:

- are unable to have surgery,
- have locally-advanced disease, or
- have recurrent or metastatic disease,
- do not have bleeding problems or require anti-coagulants,
- do not have brain metastases.

Bevacizumab is the first treatment that inhibits the process of blood vessel formation, called angiogenesis, to make it to the market. Several other products that target the same pathway are in development, including some that are combined with agents inhibiting the epidermal growth factor receptor (EGFR) pathway, which has also been shown to be critical in the formation of lung tumors. We are likely to see some results of studies on these other agents at the 2007 annual meeting of the American Society of Clinical Oncology (ASCO) in early June, and will report on those advances in later issues of the Lung Cancer Voice.

A research advance that is likely to change the way early-stage lung cancer is treated in the future came from researchers at Duke University. Their research, published in the New England Journal of Medicine last August, showed that they could predict with about 75% accuracy which early-stage lung cancer patients would have a recurrence of their disease. Currently, patients with stage IA lung cancer (lung cancer with a primary tumor of less than 3 centimeters that has not spread beyond the initial tumor site and is considered completely curable with surgery alone) are not typically given chemotherapy. However, the Duke group noted that many of these patients nonetheless experience recurrence of disease. Their research aims to predict which early-stage lung cancer patients are more likely to experience recurrence, and therefore would be candidates for prophylactic chemotherapy. A clinical trial to investigate this question is in development.

Lung Cancer Screening

Perhaps the most provocative research released in 2006 focused on lung cancer screening. Researchers from the International Early Lung Cancer Action Program (I-ELCAP) reported their findings in the New England Journal of Medicine last October. They screened 30,000 individuals at high risk for developing lung cancer who were otherwise asymptomatic with low dose CT (computed tomography) scans. Approximately 400, or 1.3%, were found to have lung cancer on initial baseline (prevalence) scans. Almost all of these individuals had early stage disease, where five-year survival is known to be as high as 65% and the disease is potentially curable. An additional 74 cases (0.3%) were found on annual repeat scans. These numbers compare favorably to the frequency with which mammography detects breast cancer.

Most patients were then followed for three years. Based on actual survival and statistical algorithms used by I-ELCAP researchers, 10-year overall survival was projected at 80% and, for Stage I patients undergoing surgery within a month of diagnosis, survival was estimated as high as 92%.

The I-ELCAP findings are encouraging, leading some to urge wider adoption of CT screening for high-risk individuals. Others have cautioned against making broad public health recommendations based on these findings. The I-ELCAP study lacked a comparison or control group, specifically a group of patients similar to those who were enrolled but NOT being screened. Critics say that without a control group it cannot be determined whether or not I-ELCAP's screening actually saves lives. Many insurers and managed care providers insist this question be answered definitively before they will pay for CT screening for lung cancer.

The National Lung Screening Trial (NLST), sponsored by the National Cancer Institute (NCI), hopes to answer the question of whether lung cancer screening lowers the risk of death and saves lives. The NLST is a randomized controlled trial (RCT) comparing two methods of screening for lung cancer, spiral CT and chest X-ray. (Doctors often use X-rays to screen for lung cancer, even though evidence suggests this method does not reduce deaths from the disease.) This study is designed to find out which test better detects lung cancer and whether screening lowers a person's risk of dying from lung cancer. The study has enrolled more than 50,000 people across the US - final results are expected in 2009. Some have questioned the long-term conclusions the NLST can provide, because the technology used to screen patients is constantly being improved, as is the sophistication of computer models used to evaluate the growth of suspicious nodules.

Based on the evidence currently available, the National Lung Cancer Partnership's Scientific Executive Committee makes the following recommendations for CT-screening of lung cancer in asymptomatic, high-risk individuals:

"Until the scientific community has come to a consensus on recommendations for lung cancer screening, the decision to be

screened for lung cancer will remain a personal one. Individuals considering this procedure should thoroughly examine the potential benefits and risks in consultation with their doctors. The primary benefit is finding lung cancer at an early stage where it is potentially curable. However, screening often picks up small lesions in the lung that may not be lung cancer but something else such as scar tissue from bouts of bronchitis or pneumonia. Determining whether or not suspicious lesions are cancerous often requires repeated CT scans. Some lesions will have to be biopsied and potentially surgically removed, which can pose a significant risk. Anyone who decides to undergo screening for lung cancer should seek out a facility with extensive experience in evaluating the results. It should also offer a team of experts for follow-up care, including a board-certified thoracic surgeon who will remove suspicious lesions. Such facilities include I-ELCAP designated screening sites (www.ielcap.org/members.htm), screening programs run by National Cancer Institute (NCI)-designated Cancer Centers (www.cancer.gov/nlst/screeningcenters), and institutions with a multidisciplinary approach to lung cancer diagnosis and treatment."

Debate about lung cancer screening will likely continue. Regardless of the outcome, it increases lung cancer awareness and generates momentum for increased research funding. An example of such funding is NCI's soon-to-be-announced "R01" grants for lung-cancer-specific original investigator-initiated research. This program is the result of extensive advocacy efforts by scientists and advisory groups who have argued for the government to make a higher investment in lung cancer research. Although the investment is modest, it is a notable step forward.

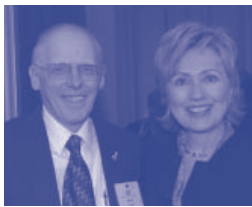
In Memoriam

Melissa Lumberg Zagon:
1967-2007



We are deeply saddened by the death of long-time lung cancer advocate Melissa Lumberg Zagon. Zagon, a founder of the LUNgevity Foundation, lived for six years with stage IV lung cancer, but succumbed to pneumonia on the evening of January 2. Our hearts go out to her family, friends, and everyone at LUNgevity. Melissa's warm smile and selflessness will be missed. May her memory be a blessing.

Stories of Strength



Dave Grant with Sen. Hillary Clinton on Capital Hill

A Survivor's Story

Dave Grant, a retired Army sergeant, was diagnosed with lung cancer when he was 58. He received his diagnosis after an auto accident; he had no symptoms. Dave had quit smoking

four years prior to his diagnosis. He has been through chemotherapy, radiation therapy, and participated in clinical trials, and, although not cancer-free, he has hit the 5-year mark of survival.

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

A: Those who know me seldom bring up the negatives about lung cancer. When I tell those who don't know me that I have lung cancer, they usually ask the proverbial question: "Did you smoke?" My usual answer is: "You must have a reason for asking that. Could I ask what that reason is?" Usually, the other person will become very embarrassed at that point because they realize they just asked a dumb question.

Q: Is there any knowledge or information that you wish you knew before that your experience with lung cancer has taught you?

A: I didn't realize the high mortality rate with lung cancer. I knew it was deadly, but just didn't realize how deadly.

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

A: Get past the statistics. Develop a good attitude. Have a good spiritual direction. Have a good support system. Have HOPE. Lung cancer can become a chronic disease - it is up to you. A strong will to live is also important.



Julie Brahmer, MD

A Physician's Story

Dr. Julie Brahmer is an oncologist at the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins University. In addition to her busy clinical and research responsibilities, she serves on the Partnership's Board of Directors, where she is Chair of the Scientific Executive Committee.

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

A: When I started my fellowship, lung cancer research was not very popular in the field of medical oncology. Working with Dr. David Ettinger, my mentor, I discovered that there was a huge unmet need in this area. It was clear there was enormous potential to make a difference in lung cancer patients' lives by testing new concepts in treatment.

Q: What advances in lung cancer research have made you hopeful as a thoracic oncologist?

A: The approval of at least four new therapies (docetaxel, pemetrexed, erlotinib and bevacizumab) in the past six years has

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

A: The public needs to realize that this is not a self-inflicted disease. We didn't ask for lung cancer. Those of us in our 50's and 60's, especially, grew up in an era when smoking was both socially encouraged and accepted. Back in the 1940's, 50's, and 60's it was very common to go into most homes and find an ash tray, cigarettes, and a lighter sitting on the coffee table as a courtesy for guests. Back then, we did not realize the cigarette companies were getting people addicted to nicotine so they could have customers for life.

Q: What is the biggest problem associated with lung cancer diagnosis and treatment that you wish you could change?

A: The biggest problem, as I see it, is that general and family practice physicians are not up-to-date regarding lung cancer, and they don't refer those just diagnosed with lung cancer to oncologists for treatment, electing, instead, to only address the symptoms and not the disease. We must come up with a method of better informing front-line physicians that lung cancer, although not curable, is definitely treatable, and that long-term survival is possible with treatment. (Editors note: National Lung Cancer Partnership and the American Lung Association of Metropolitan Chicago began a program last summer to educate general practice physicians about lung cancer treatment to address the issue raised here.)

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

A: General practice physicians MUST refer lung cancer patients for treatment. They must come to understand that all stages of lung cancer are now treatable. They also must offer hope rather than despair. My experience has shown that those patients who are given hope usually survive far beyond what the statistics tell us. Attitude is a very key component to survival.

demonstrated that we are prolonging and improving the quality of our patients' lives. I am highly optimistic that this trend will continue.

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

A: I would like the next generation of clinical research professionals to realize that working closely with other researchers, particularly in the laboratory sciences, can allow us to take their discoveries from the bench to the bedside more rapidly.

Q: Is there any advice you would like to give to others entering this field?

A: My advice to anyone entering this field is to find a great mentor, team-up with other researchers, and always aim to make a difference.

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

A: The greatest strength of this organization is it's members - from physicians and researchers working in prevention, epidemiology, and treatment, to lung cancer patients, their families, and advocates. All of our members work together to promote the organization's mission.

Q: How has having lung cancer changed your life?

A: My whole outlook on life changed. My priorities, which used to be: work, family, God, have changed to where work no longer carries the importance it once did in my life. My family and God are what are important. By knowing that I have adjusted my priorities, whenever I have a bad day (and I do have bad days) I remember the importance of family and God in my life. I have dedicated my life to helping others with lung cancer learn to cope with their disease and develop a survivor's attitude.

Q: What inspires you while receiving treatment for lung cancer?

A: My inspiration comes from my medical team, my family, and my friends. The one thing I am very grateful for is that my medical team has kept everything positive and has continued to encourage me throughout my 5-year journey with lung cancer.

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

A: What keeps me hopeful is that there is ongoing research, although limited by lack of funds. The important thing is that new drugs are being developed, especially in targeted therapies. As these new drugs are developed, the emphasis is on lessening the side effects of treatment, which I certainly appreciate.

Q: Is there anything else you think our readers should know about you, your disease, and/or the challenges you've faced?

A: People must come to realize that no one wants lung cancer, no matter what our lifestyle may have been in the past. We didn't ask for lung cancer. Give us a chance; don't turn away from us. Support us and encourage us. Having fought off four recurrences has not been easy. I have been through the rigors of chemo and have experienced the side effects (low blood counts, fatigue, lack of energy, hair loss, etc.). Ongoing support from many sources is what has made it easier for me.

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

A: The Partnership is helping to advance lung cancer research by raising the public's awareness of the disease, funding grants for research, and supporting researchers in their quest to combat lung cancer.

Q: What is your greatest challenge as a physician, researcher, and Partnership Board Member?

A: My greatest challenge as a physician and researcher is to balance and incorporate two worlds - clinical care and clinical research. As a Partnership board member, I seek to utilize my experience to convince others to invest in the future of lung cancer research.

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

A: Patients need to know, and be assured, that developments in lung cancer treatment are continuing to prolong survival and improve quality of life. The future of treatment is developing viable ways to individualize therapy since lung cancer is such a diverse disease.

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

A: The most important thing I have learned from my patients is to never give up hope.

Clinical Trials: What You Should Know

When you are diagnosed with lung cancer, participating in clinical research might not be the first thing you think about. But, it should be something you discuss with your physician early in the treatment process. Why? Because your participation in clinical research and clinical trials might make additional treatments available to you, and can help others as they walk down the path you have begun.

What is a clinical trial?

Clinical research is any research involving people. Clinical trials are specifically designed to test one intervention vs. another. People who choose to participate in clinical trials get top-flight care under some of the best physicians in the country.

Participating in clinical research may make additional treatments available to you, and also will help future lung cancer patients as they and their physicians work to determine the best course of treatment for them. Treatment-based clinical trials might involve the use of drugs, radiation therapy, or surgery. Clinical trials are only done after extensive research in the laboratory, where scientists use cancer cells growing in petri dishes, and cancers growing in animals to test the intervention in question. Only once the research looks promising in the laboratory is a treatment tested in people. But clinical research isn't only about treatment advances. Clinical research is designed to teach doctors and researchers:

- how diseases start and progress
- how to screen for diseases
- what treatments work best for specific diseases
- what interventions help people deal with side effects of their disease or treatment

Who can participate in clinical trials?

The simple answer to this question is everyone. There are clinical trials to see what lifestyle changes will prevent disease. We all know that quitting smoking – or better yet, never starting – is the best way to prevent lung cancer. But we've also learned through prevention trials that eating vegetables like broccoli and cauliflower helps prevent lung cancer. The people who participate in prevention trials are healthy – the question that prevention trials hope to answer is what will keep them that way! There are also clinical trials currently underway to determine the best ways to screen people at risk for lung cancer to try to catch their disease early. There are trials using computed tomography (CT scans), tests to look at particular molecules the cancers might cause to show up in people's blood, and even testing the compounds in people's breath. The people participating in these studies help those who will be diagnosed with lung cancer in the future by assisting doctors and researchers to learn how best to find lung cancer early, when it is likely to be the most treatable.

People with lung cancer are especially needed to participate in clinical trials so we can learn more about the disease, and how to treat it. For most clinical research involving lung cancer patients, it is important to know what type of lung cancer you have, for example, small cell, non-small cell, mesothelioma, etc. It is also important to know the stage of disease you have, that is, how far the disease has spread within your lungs or whether it has spread outside of your lungs. The other aspect that is important to know for choosing a clinical

trial is how well you feel, despite having lung cancer. This is usually referred to as your "performance status". Your performance status is determined by how many standard daily living tasks you are able to perform, how active you are, and how much weight you have lost, if any. There are also studies that are designed to figure out how to make people feel better during their treatment, so even if you aren't a good candidate for a treatment clinical trial, there are still ways for you to participate.

My doctor talked with me about trials having phases. What does that mean?

In order for a drug, intervention, or method to be approved by the Food and Drug Administration (FDA) to treat a disease, the treatment in question must undergo three phases of clinical trials. These phases are all very strictly monitored and carefully evaluated by the institutions where the trials are carried out, and by the FDA. It is only after successful completion of all three phases that a new treatment can be approved for general use.

Phase I trials

The first phase of clinical trials is designed to help determine the most appropriate dosage of a drug or radiation therapy, for example, and the best way to give a new treatment or intervention. These trials are also designed to determine whether a treatment has any potentially harmful side effects. Between approximately 12 to 60 people might participate in a Phase I study. Patients in Phase I studies may have different types of cancer, different stages of disease, and different amounts and types of prior therapy. Because it is unlikely that there will be a large number of patients on the trial with the same disease, stage, and prior treatments, it is impossible to determine whether an intervention is effective in treating a certain disease in a Phase I study. About 70 percent of drugs tested in phase I trials are successful enough to go on to phase II trials.

Phase II trials

The second phase is designed to evaluate whether the new treatment or intervention actually has a positive effect against the disease. In general, if at least 20 percent of the patients respond to the treatment, the new therapy undergoes further evaluation. Fewer than 100 people usually participate in a Phase II study. About 33 percent of the drugs tested in phase II trials are found effective enough to go on to phase III.

Phase III trials

During phase III studies, new treatments or interventions are compared to the best existing treatment available. These studies typically involve several hundred to even thousands of people to determine whether the new treatment works better than what is already being used. Because of the number of patients involved, many hospitals often work together (sometimes called Co-operative Groups) to collaborate in conducting and completing the trial. It is often a long time before the results of a Phase III study are known.

I have lung cancer – I don't want a placebo

Many people think that – particularly if they are in a treatment clinical trial – they could get just a "placebo". But that's not usually true for oncology patients, or for any patients

with severe, potentially life-threatening conditions. For any condition for which there is a standard treatment, the clinical trial will test a new treatment in comparison to the standard treatment. Therefore, you will get treatment at least as good as what has already been determined to be the best possible treatment at that time. Should you be placed on the experimental arm of the study, you may get something in addition to the standard treatment, or you may get something that is being tested to see if it is equivalent, but might have better side-effects, for example.

Sometimes placebo trials are conducted when there is no standard therapy, or if the disease or condition is not serious. Regardless, your physician is required to tell you what you will be receiving, other possible treatment options, and side effects of the experimental therapy, in a process called "informed consent".

What questions should I ask?

You will likely have many questions about participating in clinical research. It is a good idea to bring a trusted family member or friend with you to your appointments to help you remember what to ask, and the answers you hear. Some suggested questions to ask:

- How long will the trial last?
- Will I have to travel to participate in the trial?
- What drugs, interventions, or treatments will be used and how? Is there a placebo involved?
- What is the main purpose of the trial?
- What risks are involved?
- What are the possible benefits?
- What drugs, interventions, or treatments are available besides the one being tested in the trial?
- Do I have to pay for any part of the trial?
- What if something happens to me while I am participating in the trial?
- Can I opt to remain on the treatment being studied, even after the trial ends?

With only 1 in 100 lung cancer patients in the U.S. participating in clinical research, it is absolutely critical that more people with lung cancer participate. Research advances – and someday, cures – cannot happen without the participation of patients in clinical research. If you are interested in participating in clinical research and your doctor does not discuss this option with you, you should feel free to ask about participating. Please visit the Clinical Trials section of our website at www.NationalLungCancerPartnership.org to access additional information about clinical trials, and see the resources below.

Where can I search for clinical trials?

You can find listings of clinical trials for prevention, screening, treatment, supportive care, and epidemiology (who gets the disease and why). There are trials specific to your condition and area of the country. Some of the best resources for finding clinical trials include: www.clinicaltrials.gov, www.cancertrialshelp.org, www.centerwatch.com

Events and Special Thanks

National Lung Cancer Partnership Annual Meeting – June 1, 8:00am-12:00pm

This year's **Annual Meeting** will be held at the Chicago Marriott Downtown in **Chicago, IL**. Topics to be addressed include: How Public Policy impacts Lung Cancer Rates; CT Screening for lung cancer; Topics in Bronchioalveolar Carcinoma (BAC); and an advocate training session. Travel grants of up to \$750 are available for health and research professionals-in-training, and patients and advocates. For a detailed agenda and travel grant application information, see our website at www.NationalLungCancerPartnership.org or contact us at Info@NationalLungCancerPartnership.org.

Donations can be made to National Lung Cancer Partnership by:

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Online: www.NationalLungCancerPartnership.org

Past Events



Our inaugural **Free to Breathe** 5K Run in **Philadelphia, PA** on November 5, 2006 was a great success – over 300 runners and walkers joined together and raised over \$40,000 to help fund our lung cancer research, awareness and education programs. If you would like to organize a **Free to Breathe** run or walk in your community, please contact Kenda Schwarz, Director of Development at Kenda@NationalLungCancerPartnership.org or 608-233-7905.

The second annual **Great 108 Yogathon** in **Durham, NC** on December 21, 2006 boasted a doubling in participants, and a doubling of the proceeds raised from last year! All the proceeds go to support vital lung cancer research, public awareness, and education programs.



Participants at the inaugural **Free to Breathe** event



Memorial Giving

Donations have been made to National Lung Cancer Partnership in memory of the following people (September 2006 to January 2007):

Betty Ahrens
Katherine Baker
Judy Baldwin
Peggy Bartow
Barry Bentzel
Martha Berghahn
Hallie Carmen
Fran Cornell
Mary Lou Damm
Michele Del Cotto
Ellen Diagostino
Christine Fish
Donna Flynn
Phyllis Gardner
Roger Gaskin
Raedine Hartman
T. Michael Herbert
Thomas Herman
Brenda Hewell
Pamela Hewlett
Emerson Ireland
Harry Jacobs
Catherine Kosmetatos
Ruth Maher
Tema Markovsky
John McAdaragh
Emma Jean McGinty
Susan Nazzaro
Judith Quinby
Judith Leverton-Scherer
Freda Shapiro
Janet Streight
Deceased members of the Vaca Valley
Women's Golf Club
Phoebe Valeo
Carolyn Wolf
Melissa Lumberg Zagon

You Can Help

There are so many ways you can support our organization. These individuals and groups came up with creative ways to celebrate their loved ones while supporting the organization.

Greg and Julie Bardakjian celebrated their wedding in November by asking their guests to send contributions to our organization in lieu of wedding gifts and in memory of the groom's mother, Jackline Bardakjian.



Greg and Julie Bardakjian



Jackline Bardakjian

Glastonbury Lacrosse Tournament, Inc.

sent the proceeds of the tournament to us in memory of Beth Foretic and John Cooper.

The Jennifer L. Bartlett-Perini Women's Lung Cancer Education Foundation

held its second annual golf outing, live auction, raffle, and steak dinner. The Foundation gave us the proceeds to help continue our mission of decreasing deaths due to lung cancer, and helping patients live longer and better, through research, awareness, and advocacy.

Support Research, Awareness, and Change

Marketplace

The National Lung Cancer Partnership is pleased to announce that you may now purchase lung cancer awareness gifts from our marketplace. These unique lung cancer awareness items are perfect to give as a gift to a loved one—or to yourself! The proceeds from the sales will benefit our lung cancer research, education, and awareness programs. Please visit our Marketplace website at www.NationalLungCancerPartnership.org, call us at 608.233.7905, or send us an email at info@nationallungcancerpartnership.org, to place an order.

Swarovski Crystal Bracelet

A gorgeous combination of Swarovski crystals of varying sizes and sterling silver beads. The 7 inch bracelet has a sterling silver toggle clasp and a sterling silver ribbon.

Price:
\$50.00 Each



Rhinestone Crystal Pin

A sparkling 1" clear rhinestone crystal pin. This pin would be appropriate to wear anytime but is especially nice for dressier occasions. Beautifully carded and ready for gift-giving, or give yourself the gift of class and sparkle while bringing awareness to lung cancer!

Price:
1-9 Pins @ \$5.00 Each
10-49 Pins @ \$4.50 Each
50-99 Pins @ \$4.25 Each
100+ Pins @ \$4.00 Each



Pewter Pin

This lung cancer awareness ribbon is finished in satin antique pewter, and is approximately 1" x 3/4". Comes with a military clutch back.

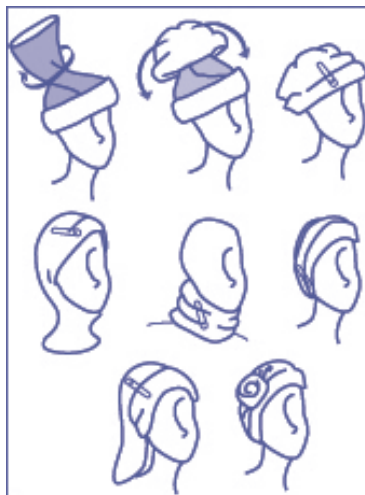
Price:
1-9 Pins @ \$4.00 Each
10-49 Pins @ \$3.50 Each
50-99 Pins @ \$3.25 Each
100+ Pins @ \$3.00 Each



Carolyn's Pin-Ups

These attractive head coverings are for those undergoing chemotherapy, or for anyone who is looking for a quick and stylish hair accessory. Available in black, white, red, and turquoise.

Price:
\$18.00 Each



Generous Joe Coffee

Generous Joe will send an amount equal to 10% of your total coffee purchases to the National Lung Cancer Partnership.



BreatheDEEP

BreatheDEEP will send proceeds from the sales of wristbands and other purchases to the National Lung Cancer Partnership.



All proceeds from merchandise purchases help fund lung cancer research and education.

To order...

Visit us at:
www.NationalLungCancerPartnership.org

Email us at:
info@nationallungcancerpartnership.org

Call us at:
608.233.7905