National Lung Cancer Partnership
WOMEN. RESEARCH. CHANGE.

Lung Cancer Voice

Summer 2006

Welcome to the inaugural newsletter from National Lung Cancer Partnership!

Who are we? We were known as Women Against Lung Cancer. Why have we changed our name? We want to make sure we're partnering with **everyone** who can help us achieve our goals: men, women, young, old, physicians, researchers, allied health professionals, survivors, advocates, industry, and the general public.

Although our name has changed, our goals have not. Our mission remains to: **decrease deaths due to lung cancer, and help patients live longer and better, through research, awareness and advocacy.** We continue to welcome anyone who is dedicated to improving the outlook for lung cancer patients.

With your help, we can reduce death and suffering from lung cancer, raise public awareness and fund research for more effective treatments and prevention.

Our Partnership is still focused on:

- Raising awareness of the deadly impact of lung cancer, particularly on women
- Increasing funding for lung cancer research
- Supporting and promoting research into sex differences in lung cancer
- Encouraging professionals, particularly women, to enter into and be successful in lung cancer research, treatment and care.

We will continue to offer programs in support of these goals, including:

- Awarding grants for lung cancer research (see page 3 for our current competition)
- Hosting scientific symposia highlighting the most recent advances in understanding sex differences in lung cancer
- Performing educational outreach
- Hosting lung cancer awareness events
- Using all possible pathways to advocate for better lung cancer research funding
- Sponsoring career development initiatives for health professionals interested or working in the lung cancer field

Inside:

Welcome to National Lung Cancer Partnership. We are working for women, working for research, working for change.

We gratefully acknowledge support from the following companies for making publication of our newsletter possible: OSI Pharmaceuticals, Inc., Eli Lilly and Company, Telik, Inc., and Novartis Pharmaceuticals Corporation.

Letter from the President

Joan H. Schiller, MD

Five years ago, several of my colleagues and I came together to try to identify ways to address the growing number of women lung cancer patients we were seeing. Not only did it seem the numbers were going up, but it also seemed that we were seeing younger women, and even patients who had never smoked. The outlook for many patients was, let's face it, bleak. Many women did not know that they were at risk for getting lung cancer. Physicians and scientists were not going into lung cancer research. Federal research funding for lung cancer was a fraction of the amount spent on other malignancies. And no one—particularly women, who are the primary health care advocates in this country – was calling for change.

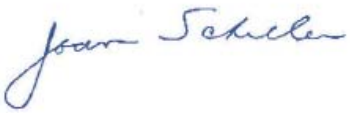
Women Against Lung Cancer was born from our notion of "wanting to do something." We identified raising awareness of lung cancer as a top priority. As a medical oncologist involved in both clinical research and clinical practice, I see patients, especially women, who never knew they were at risk. When our group first gathered five years ago, I don't recall there being a single lung cancer awareness or fundraising event happening anywhere. Today, we and others are making great strides in increasing lung cancer awareness. See page 6 for events we are sponsoring to increase awareness of the pervasiveness of lung cancer and raise critical funds for lung cancer research. We hope that, with the help of dedicated volunteers, we will be able to expand these and other events in the future.

The other, major initiative that we have undertaken is to begin funding lung cancer research ourselves (see page 3). Our research funding program was born from our frustrations with the low level of Federal funding for the disease. This insufficient funding commitment affects not only the amount of research that can be done to make significant improvements in lung cancer treatments – for which understanding sex differences may prove critical – it also has a detrimental effect on the recruitment of researchers to the field. If we are going to make progress in treating lung cancer, there must be more scientists and physicians working to understand this disease.

Why women? Several reasons. First, American women do not recognize that lung cancer is a woman's disease. Even though more women die of lung cancer each year than of breast cancer, uterine cancer, and ovarian cancers combined, lung cancer is not on most women's radar screens. Second, it turns out that there really are differences between how men and women get lung cancer, what happens when they get it, and how they respond to treatment. We believe if we can understand those differences, we will make great progress towards understanding how to tackle lung cancer.

Our mission is still to decrease the number of deaths due to lung cancer, and help lung cancer patients live longer and better. You may be wondering why we have changed our name, if we haven't changed our focus: to raise awareness of lung cancer, particularly in women, and understand the differences in how lung cancer acts in men and women. We found that as we have expanded over the last several years, our name sounded unwelcoming to many, thus reducing our ability to make greater strides against lung cancer. We continue to welcome anyone who is dedicated to improving the outlook for lung cancer patients. We hope that this new name will herald in a new era for lung cancer, with greater attention to the disease, commitment to funding research, and emphasis on understanding how lung cancer affects women and men differently, with the goal of improving treatments for everyone.

Sincerely,



Joan H. Schiller, MD
Deputy Director, Simmons Cancer Center
Chair, Hematology/Oncology
University of Texas-Southwestern Medical Center

National Lung Cancer Partnership
WOMEN. RESEARCH. CHANGE.

Advancing Lung Cancer Research

National Lung Cancer Partnership is pleased to announce the opening of the application period for our two award programs:

National Lung Cancer Partnership Research Grants for the promotion of understanding sex differences in the molecular, cellular, and environmental underpinnings of lung cancer, as well as differences in response to treatment. This grant, made possible by the generous support of Genentech, is designed to provide seed money for promising novel research on sex differences in lung cancer for faculty members at any point in their careers. For 2007, one 2-year award of $100,000 will be given.

National Lung Cancer Partnership/ LUNGevity Foundation Career Development Award for junior clinical and basic investigators involved in lung cancer etiology, prevention, and treatment. The National Lung Cancer Partnership and the LUNGevity Foundation are jointly sponsoring this program to create a critical mass of lung cancer researchers to ensure effective translation of basic and behavioral research discoveries into patient therapies to reduce lung cancer incidence, morbidity and mortality. Applicants will be judged on the merits of their career development plan, research proposal, and research environment, among other factors. For 2007, one 2-year award of $100,000 will be given.

For application eligibility and instructions, please visit the National Lung Cancer Partnership website at www.NationalLungCancerPartnership.org. Application deadline: **September 5, 2006**. Awards will be made on or before January 1, 2007.

Wear lung cancer on your sleeve!

We sell clear wristbands for lung cancer awareness. These 'BreatheDeep' wristbands, similar to the Livestrong yellow bands, can be purchased at: www.NationalLungCancerPartnership.org.

2005-2007 Grant Awardees

Research Grant

Christoph Plass, PhD

Dr. Christoph Plass, Associate Professor of Medical Microbiology and Immunology at The Ohio State University, is the recipient of the 2005-2007 Research Grant for advancing the understanding of sex differences in lung cancer. This Research Grant was made possible by a generous gift from Genentech.

The 2-year, $100,000 grant is supporting Dr. Plass as he pursues research investigating how lung tumor tissues from males and females differ in the way that DNA is modified within the cancerous cells. Dr. Plass' research will focus on the involvement of estrogen in the modification of DNA, and whether these modifications may lead to the myriad sex differences seen in lung cancer.

"Our research aims to address some of the fundamental mechanisms that make a cell go from normal to cancerous, and how these mechanisms may be influenced by sex hormones, such as estrogen. Ultimately, we hope that our research may yield targets for lung cancer drug development. The support of the National Lung Cancer Partnership is absolutely critical for our research to succeed," said Dr. Plass.

Dr. Christoph Plass

Career Development Award

Hayley McDaid, PhD

Dr. Hayley McDaid, Assistant Professor at the Albert Einstein College of Medicine, is the 2005-2007 recipient of the Career Development Award. This Award was co-funded by the National Lung Cancer Partnership and the Lung Cancer Online Foundation.

This 2-year, $100,000 award is supporting Dr. McDaid as she pursues 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. "My work will address the urgent need to identify and test novel drugs that take into account the complexity of cancer cells and the diversity of the different types of lung cancer," said Dr. McDaid.

Dr. Hayley McDaid

Stories of Strength

Interviews and summaries by Anne Tsao, MD

A Survivor's Story

Lori Monroe is a unique individual who has bravely fought stage IV lung cancer since her diagnosis at age 42 on September 18, 2001. A nurse by trade, Lori quickly learned to become her own advocate and defy the odds despite a devastating diagnosis of metastatic disease. Her story is one of survival, maintaining hope, and overcoming the odds by sheer determination. We asked Lori a few questions about her perspective on lung cancer and her advice for other patients and health care providers.

Q: How are you doing now?
A: My last surgery (my 5th) for lung cancer was in December 2005 and right now I'm doing very well. My last scans, one month ago, show no evidence of disease, again. I am returning to work, taking care of my girls, and life is so good. I am, as always, very hopeful that we have seen the end of my lung cancer; and if not, then we will have newer, more effective treatments and better options when the time comes to deal with it again.

Q: What is the reaction you get when you talk about your lung cancer?
A: Always, without fail, people will ask me if I smoked–or in other words…*"Did you cause your own cancer?"* I don't believe they even realize this is the underlying question, but it is and it's a sensitive subject for me. There isn't a good answer to this other than honesty: *"Yes, I smoked…however I quit 14 years prior to developing lung cancer, and my particular cancer may not be caused by smoking."*

Q: What advice would you give to others recently diagnosed with lung cancer?
A: Lung cancer is NOT a death sentence, even stage IV lung cancer. Become your own best advocate. Educate yourself and pursue aggressive treatments. Enroll in clinical trials. There are survivors of lung cancer-- don't let anybody steal your hope. And, of course, after you have survived your treatment, become an advocate for lung cancer.

Q: What is the most important thing you believe the general public needs to know about lung cancer and how it affects you?
A: We will not be able to change the survivability of lung cancer until people understand that research is not currently being adequately funded. Lung cancer survivability has barely changed in 30 years and will remain the same for my daughters' generation unless we do something different. The second most important thing people should know is the risk of lung cancer is present in not only smokers, but also those who quit many years ago, and those who NEVER ever smoked. If you have lungs, you are at risk for lung cancer.

Q: What advice would you give to health care providers in dealing with patients with lung cancer?
A: Always offer hope! Let the patient tell you when it's time to decide not to do any more treatments. You don't know at the beginning who will survive and who will not, and even if you have a strong suspicion a patient will not do well, it's only your opinion, not fact, so keep it to yourself. It's hard enough to battle the disease, patients SHOULDN'T have to fight for treatments as well-- that's simply too much to bear. It took me a long time to feel like I had doctors who were willing to fight *with* me.

Q: How has having the diagnosis of lung cancer changed your life?
A: It completely interrupted my life, shattered my world, unraveled my confidence, and threatened my joy of motherhood. It steals your ability to plan 'next year'. I long for the naiveté of my pre-cancer life. At the same time, my diagnosis taught me how to live my life with gratitude, to appreciate simple every day experiences, to teach my daughters well now, to seize the moment and to wear my expensive perfume for yard work.

Q: What inspires you while receiving treatment for the lung cancer?
A: My daughters and my love for them. I promised them both when they were born that I would always be here for them, no matter what; always means always. They are, and always have been, my focus, my reason. Even before cancer, I felt I was born to become their mother. You can't write down life-lessons for someone, you have to experience them. I'm not finished being their mother; they aren't ready yet, and I'm not ready yet to let go.

Q: What keeps you hopeful about lung cancer research and treatment improvements?
A: I know we (advocates, scientists, doctors) can change the survivability for lung cancer. The one thing we have learned, since the 'war on cancer' was declared, is that when you put resources behind an illness, when you are willing to commit to adequate funding and allow great doctors and scientists to do their work, we can actually change the course of an illness. We have proved it with prostate cancer, breast cancer, leukemia, and even HIV. We know we can do it with lung cancer as well. It's time, now, for lung cancer.

A Physician's Perspective

Dr. Kathy S. Albain is a Professor of Medicine at Loyola University Chicago Stritch School of Medicine and the Director of the Thoracic Oncology Program at Cardinal Bernardin Cancer Center. Among her numerous accomplishments, Dr. Albain also serves as the Vice President of National Lung Cancer Partnership.

Q: What inspired you to enter lung cancer research and treatment?
A: During both my Internal Medicine residency and Hematology/Oncology fellowship, I had role models and mentorship from a multi-disciplinary group of physicians dedicated to improving survival in lung cancer through well-thought out clinical trials. I simultaneously developed clinical research interests in breast cancer, so to this day have dedicated my career to both lung and breast cancer.

Q: What advances in lung cancer research have made you hopeful as a thoracic oncologist?
A: Survival for most of the major stages of lung cancer has doubled to tripled over the last two decades due to advances in treatment that often combine surgery, chemotherapy and radiation. Also, adding the new molecular-based targeted therapies to our standard armory is increasing survival and hope for our patients. We are curing some patients now who would not have had a chance when I first entered the field.

Q: What would you like young professionals entering into lung cancer research/treatment to know about this field? Is there any advice you would like to give to others entering this field?
A: This is a very exciting time in lung cancer research, which is not "overcrowded" with investigators. So, it will be easy for young professionals to carve out a niche. Some good advice would be to find a mentor early on who has "been there" and still finds lung cancer treatment and research exciting. Also, never forget to learn from your patients; take clues from them. Or, if you are more suited to basic research, make sure you are at a place where you can participate in a good translational research program, where clinicians work together successfully with basic scientists to design research studies and clinical protocols.

Q: As the Vice President of the Board of Directors for National Lung Cancer Partnership, what do you see as the greatest strength of the organization?
A: The greatest strength is who we are, and that a majority of us remain in active leadership positions in the organization. That is, we are predominantly physicians and scientists who work together with advocates, survivors and lay constituents in our dedication to decreasing deaths due to lung cancer, and helping patients live longer and better, through research, awareness and advocacy.

Q: What is your greatest challenge as a physician, researcher, and National Lung Cancer Partnership Board Member?
A: Raising awareness of the great need for major funding increases to support lung cancer research. Also, to find the time to do "all of the above" and still protect some personal time!

Q: What would you like patients to know about lung cancer treatment?
A: It is critical to seek a place to receive your care where all disciplines work together to develop your treatment plan in an efficient manner with up-to-date programs and a full menu of clinical trial options. There is ALWAYS hope to improve the situation, regardless of the stage of disease.

Q: What is the most important thing(s) you have learned from your patients?
A: That you never should rely just on "statistics". Always look at each survivor as an individual and offer the best and safest available treatment prescription for the given situation.

Everyone's Question: Why Me?

By Tom Fagan

You have just been told you have lung cancer. Having come to grip with that news as best you can, you have started asking questions. The first one that might have come to mind is: Why me?

You are not alone. Over 170,000 Americans are diagnosed with lung cancer each year. You probably know that lung cancer is linked with smoking, but what if you quit a very long time ago, or never even smoked? You still have plenty of company. It is estimated that in the US, approximately half of today's lung cancer patients quit smoking already, and another 15% - about 30,000 people annually – never smoked at all.

For former smokers, only recently has it been fully appreciated just how long it takes for the effects of those previously puffed cigarettes to peter out. It can be 20 years or more after quitting before an ex-smoker's risk for lung cancer declines to near that of someone who has never smoked, and in fact, will likely never return to normal. Though there may also be mitigating factors—those who smoked fewer cigarettes, for a shorter time, started smoking at a later age, or who quit when younger, may see their risk decreasing slightly faster—the bottom line for smokers is, quit now.

For someone who has never smoked, a lung cancer diagnosis raises questions about a variety of other factors, including genetic variations and man-made and natural pollutants, that can increase your odds of getting the disease. In fact, after smoking, radon, a naturally occurring, radioactive gas, is now considered the biggest risk. Research indicates that radon causes about 20,000 lung cancer deaths every year in the U.S. and about the same in Europe, making it the second leading cause of lung cancer. Although most of these deaths are due to the synergy of radon exposure and smoking, radon is nonetheless the primary cause of lung cancer among never-smokers. For many, that news has come too late, but for others the important take home message is take steps to eliminate radon from the home, school, or workplace.

Radon is formed by the radioactive decay of uranium, which is found in bedrock and soils all over the globe. Uranium decays into the much more radioactive radium, which in turn decays into radon. Radon gas diffuses from rock and soil into crawl spaces, through stone walls into basements, and even through cracks in concrete sub-floors. Once in the home, the carcinogen can be inhaled into the lungs where its radiation causes genetic mutations in lung cells. Decay of radon also produces polonium, a solid that gets deposited in the lungs. Polonium is both chemically toxic and radioactive.

The Environmental Protection Agency recommends that every home be tested for radon—testing is easy and could be the best $20 investment any household can make—and that abatement steps be taken if levels exceed safe limits. In most houses, a venting system can be installed to draw the toxic gas away from the home for less than a few thousand dollars.

Other environmental pollutants that have been linked to lung cancer include second-hand smoke, particulate pollution, dust, and asbestos. Debate over the effect of second-hand smoke has smoldered for years, but now there are numerous epidemiological studies that all arrive at the same conclusion—second-hand smoke significantly increases the risk for lung cancer. Estimates put that risk up to three fold higher than normal and suggest that second-hand smoke accounts for approximately one-tenth to one-quarter of all lung cancers in those who never smoked.

Fewer studies have focused on the role of dust and pollution on lung cancer. It has also been difficult to separate the effects of smoking from those related to airborne particles, but recent studies focusing on cancers in people who never smoked have helped to confirm that exposure to dust—including metal, concrete, wood, cotton, textile fibers, fiberglass, and sand—can double the risk for lung cancer. The increased risk is associated with both occupational and pastime-related exposure. Pollution is also a culprit. As we all know from our weather forecasts, air quality can have a significant impact on our respiratory health, but not many people know that particulate matter in the air can also precipitate lung cancer. Recent studies show that the most damaging particles are those tiny, microscopic ones that are less than 2.5 micrometers across—smaller than some bacteria—the so-called PM2.5 particles. An average increase in exposure to PM2.5s of 10 micrograms per meter cubed can increase the risk of getting lung cancer by around 8%. To put this in perspective, in 1999-2000 the mean concentration of such pollutants in the air above 116 U.S. metropolitan areas was 14 micrograms per meter cubed. Smaller pollutants, such as chemical carcinogens, may also pose a significant threat because they can react with and damage DNA. As a recent study of over half a million people in Europe showed, people with a specific type of chemically-modified DNA molecules are nearly twice as likely to get lung cancer as those without such modifications.

After cigarette smoking and radon, genetics has emerged as the biggest risk factor. Just as specific mutations can dramatically increase a woman's risk for getting breast cancer, subtle genetic differences have also been linked to increased incidence of lung cancer among some families. The effect of genetic predisposition can piggyback on other risk factors, too. For example, having a parent, child, or sibling who smoked and had early-onset (younger than 50) lung cancer increases the chance of getting the disease by as much as 50 percent. If you have this family history, smoke, and are over age 60, your risk climbs even higher. Having two or more affected relatives can double the risk, by some estimates. This genetic predisposition also appears greater among African-Americans than among Caucasians.

Other genes that do not actually cause the disease but which impact the way the disease is treated have also been discovered. Mutations in two proteins, the epidermal growth factor receptor (EGFR) and cytochrome P450, have changed the way doctors think about treating lung cancer. Sitting on the cell surface, EGFR sends signals to the cell's nucleus that prompt it to divide. An inhibitor of this receptor (erlotinib or Tarceva) has proven very successful in treating about ten percent of lung cancer patients, because it turns out that these patients have a particular genetic variant of the receptor that allows the inhibitor to bind with particular affinity. Cytochrome P450s, on the other hand, are proteins that can chemically modify molecules. This can be good and bad—good because the enzyme helps to eliminate toxic molecules from the body, bad because in the process it can turn an otherwise innocuous chemical, say from cigarette smoke, into a carcinogen. Some genetic variants of different cytochrome P450s can also chemically modify chemotherapeutic agents. This means that doctors must try to tailor the dose of such therapies so that patients get the full benefit of the drug.

Unfortunately, research into lung cancer genetics lags behind that for breast and other cancers, so specific lung cancer genes have not yet been identified. But scientists are closing in and it is likely that specific genes will be identified within the next decade or so.

As research advances are made, there will come a time, hopefully, when genetic testing and early screening will help identify those at highest risk and provide them with early, successful treatment. In the meantime, what everyone should do to reduce their risk for developing lung cancer, is avoid cigarettes, test for radon, and, whenever possible, reduce exposure to airborne particles that could be carcinogenic.

Clinical Trials Information

Have you considered participating in a clinical trial? Are you participating already? Clinical trials are a prime mechanism for advancing lung cancer research, and patients in every stage of disease and at most performance levels are eligible.

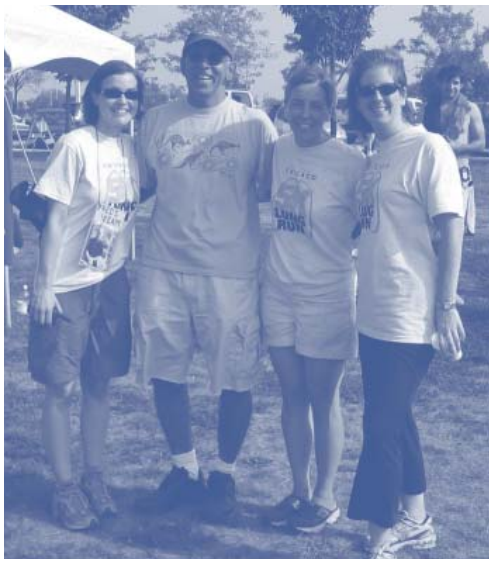
Of note, recently-diagnosed patients (within 120 days of diagnosis) at stages I-IIIB may enroll in a clinical trial seeking to determine why women are more likely to be diagnosed with certain types of lung cancer than men, to find out what other factors besides smoking put women at a higher risk of getting lung cancer at an earlier age, and to better understand what factors cause lung cancer in men and women who do not smoke. Patients must enroll prior to embarking on their treatment if they plan to receive radiation or chemotherapy. For additional information, please call 210-677-8808 (study reference number is S0424) or 1-888-823-5923.

Comprehensive information on clinical trials is available on our website at: www.NationalLungCancerPartnership.org. This service is made possible through the support of Telik, Inc. and Thomson Centerwatch.

Upcoming Events

Annual Meeting – June 2, 8am
Our Annual Meeting, Women & Lung Cancer: Genes and the Environment will be held on June 2 in conjunction with the American Society for Clinical Oncology (ASCO) annual meeting in **Atlanta, GA** at the Westin Peachtree Plaza. Our plenary session will include an address from **Dr. John Niederhuber, Deputy Director, National Cancer Institute**, and a panel discussion on estrogen in lung cancer. Breakout sessions on advocacy and research advancements in lung cancer will follow. Proceedings will be distributed after the meeting. For more information, contact us at info@NationalLungCancerPartnership.org.

Chicago Lung Run – September 9
Get your running shoes on for the second annual **Chicago** Lung Run 5K! The Lung Run will again be held at the North Avenue Beach to benefit lung cancer research. The first Lung Run, held on September 10, 2005, attracted over 900 runners and walkers, and raised over $40,000 for our Career Development Award! If your business is interested in sponsoring the run, or if you are interested in volunteering to help plan the race or work on the day of the race, please contact Mariah Moran at mariahmoran@hotmail.com.



Chicago Lung Run organizer Cate Huetter, lung cancer survivor Prem Chawla, and Lung Run organizers Lisa Jones and Mariah Moran.

Chicago International Symposium on Malignancies of the Chest and Head & Neck – October 28, 10:15am
National Lung Cancer Partnership will host a scientific session on women and lung cancer at this international conference at the Sheraton **Chicago** Hotel & Towers. Our last meeting at this venue, in 2004, was standing-room only! Look for more information on our website as the date nears.

5K Run in Philadelphia – Date TBD
We are thrilled to announce the first **Philadelphia** 5K Run and Walk to benefit lung cancer research and awareness. The run will be held in conjunction with the American Society for Therapeutic Radiation Oncology (ASTRO) Annual Meeting. The title sponsor for this event is OSI Pharmaceuticals. We are still actively recruiting volunteers to help plan the race and work at the race itself. If you're interested in helping out, please contact Kenda Schwarz, Director of Development & Outreach at Kenda@NationalLungCancerPartnership.org.

How can I help?

This is one of the most frequent questions that we receive from lung cancer survivors, their families and friends. Some individuals and groups have come up with creative ways to support our organization!

Our Special Thanks Go To:

Carolyn and Bing Olbum who celebrated their 50th wedding anniversary by having family and friends send contributions to our organization.

The Jennifer L. Bartlett-Perini Women's Lung Cancer Education Foundation was started to preserve Jennifer's philanthropic spirit. In September 2005, the Foundation held its first annual golf outing and gave the proceeds to us to help forward our mission.

At the Massachusetts Housing Finance Agency, they held a Holiday Charity Auction and sent the proceeds to us.

Shannon Schanze, Stacey Lelko, Amanda Goddard, Nicole Ciaccio, Cathy Vasto, Bernie Cunningham

We were honored that **Sue Diller, who was chosen as the 2005 Celebration of Life Inc,** Guest of Honor, donated her monetary award to our organization. Celebration for Life is a fund-raising organization for cancer-related research, education, and support. Sue, a cardio-vascular educator who has been in the medical field for 34 years, was chosen as the Guest of Honor for her courage and positive spirit and because she is an excellent role model for other cancer survivors.

Shannon Schanze and five of her running buddies, (pictured above) trained and ran the More Half-Marathon for women over 40 in New York City. The runners not only trained so that they could complete the event, but they also collected pledges from friends and co-workers to benefit our lung cancer research programs.

Support Research, Awareness, and Change

National Lung Cancer Partnership needs your help in reducing deaths due to lung cancer, and increasing awareness that this disease claims more of our mothers and fathers, sisters and brothers, daughters and sons than any other cancer.

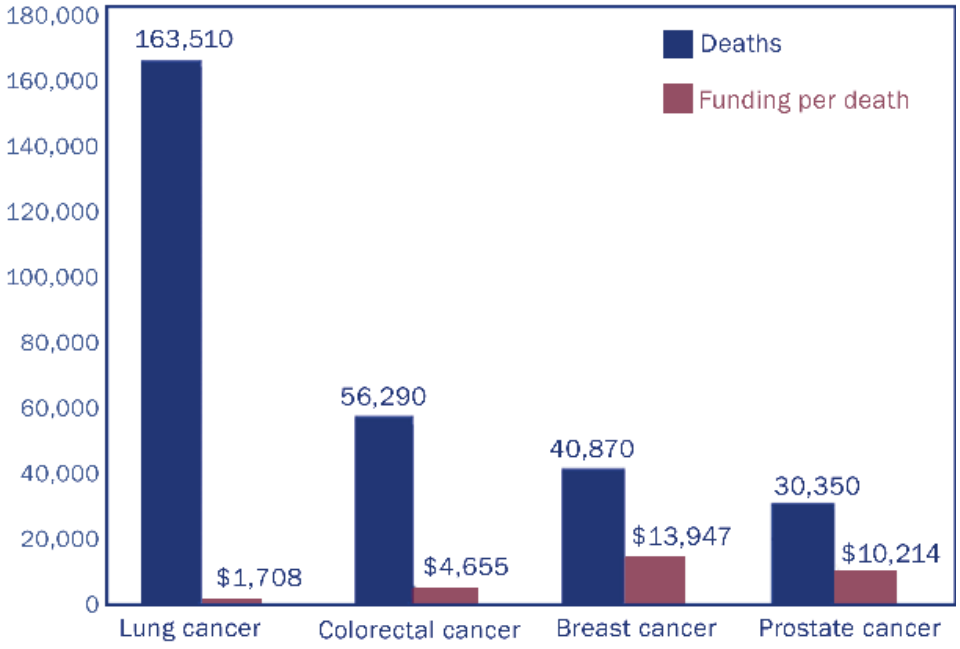
While we have made progress in increasing awareness that lung cancer is the top cancer killer of both women and men in this country, the results of a recent consumer survey commissioned by our organization prove that women do not realize the threat lung cancer poses to their lives.

Only 29 percent of women know that lung cancer kills more women annually than breast, ovarian and uterine cancers combined.

We at National Lung Cancer Partnership believe that to adequately fight this disease, we must fund research on how lung cancer develops and progresses, and look for better methods of treatment. Thus, we instigated lung cancer research awards to drive research forward at a more accelerated pace. We have also updated and expanded our website to include more information about lung cancer, who is at risk for and affected by this disease, and ways you can start public awareness and advocacy initiatives in your communities. While these programs are a starting point, there is more to be done. We need your help to sustain our mission and continue to deliver high-quality services to our constituents and the public. Your support will allow us to increase the number of research grants we can award, awareness-raising events we can sponsor, and educational outreach programs we can initiate. Please consider making an investment in National Lung Cancer Partnership. You have the power to help fight lung cancer!

Current lung cancer research funding is inadequate. We need your help to change this.

Comparison of Cancer Fatalities by Category and Funding



Deaths are estimates based on data from US Mortality Public Use Data Tapes 1969 to 2002, National Center for Health Statistics, Centers for Disease Control and Prevention, 2005. Dollars spent per death represent annual funding figures from the National Cancer Institute's 2005 spending divided by the number of deaths in the data cited above.

Donations can be made to National Lung Cancer Partnership by:

Mail: 222 N. Midvale Blvd., Suite 6
Madison, WI 53705
Phone: 608.233.7905
Fax: 608.233.7893
Email: info@NationalLungCancerPartnership.org
Online: www.NationalLungCancerPartnership.org

In the Press

Upon the announcement of actress Dana Reeve's death from lung cancer, members of the media called on our experts to discuss lung cancer in women.

Dr. Joan Schiller, President, and **Dr. Jill Siegfried**, Scientific Executive Committee member, were featured in **USA Today.**

Dr. Kathy Albain, Vice President, was featured on **CNN: Anderson Cooper 360** and in an **Associated Press** Web Video, which was nationally syndicated.

Dr. Jennifer Garst, Board of Directors member and Chair, Development & Outreach Committee, was quoted in **People magazine.**

Dr. Regina Vidaver, Executive Director, and **Dr. Jyoti Patel**, Scientific Executive Committee member, were quoted in **Newsweek.**

Dr. Vidaver and **Lori Monroe**, Patient Advocate and Development & Outreach Committee member, were quoted in both **PINK** magazine and **Diane: The Curves Magazine.**

Dr. Vidaver was also interviewed for **HealthDay News**, which is widely syndicated.

National Lung Cancer Partnership

WOMEN. RESEARCH. CHANGE.

Lung cancer affects women and men differently. National Lung Cancer Partnership is the only national lung cancer organization founded by physicians and researchers focused on understanding how and why.

Welcome to the National Lung Cancer Partnership!

National Lung Cancer Partnership
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