

Spirit & Breath

Lung Cancer Alliance

October/November 2006

NO MORE EXCUSES. NO MORE LUNG CANCER

LCA Statement on Lung Cancer Screening

Introduction

As an organization whose mission is to advocate for those with and at risk for lung cancer, it is Lung Cancer Alliance's responsibility—our obligation—to take a position on the issue of lung cancer screening, to exert pressure on the public health policy establishment and to draw the public into this debate from which they have been effectively excluded.

Meanwhile, lung cancer continues to cause nearly one in three cancer deaths. With the boomer generation now entering their sixties, the number of deaths will continue to escalate. According to National Cancer Institute SEER figures, only 16% of lung cancer is being diagnosed at an early localized stage when treatment can be effective. As of Lung Cancer Awareness Month 2006, the only clinically viable method of the early detection of lung cancer in high-risk persons is LDCT.

For the past several years, Lung Cancer Alliance (LCA) has been monitoring the scientific debate over the use of low-dose CT (LDCT) for lung cancer screening. The debates over mammography and PSA (prostate specific antigen) screening have been informative. In reviewing their histories, it is evident that both were pushed to "resolution" by strong political pressure despite the objections of many in the public health community. To this date, some experts, citing various studies and randomized controlled trials, remain insistent that mammograms for women under fifty have no impact on mortality and indeed could contribute to mortality

in that age group. Others still maintain that mammograms and PSA tests give too many false positive results that lead to unnecessary and potentially harmful treatments and anxiety.

Moreover, the U.S. Preventive Services Task Force (which rates screening tests) has given PSA testing an "I" recommendation (insufficient evidence to recommend for or against). Lung cancer screening also has an "I" rating. While this rating is used to oppose CT screening for lung cancer, the same "I" rating is not brought up to question the efficacy of PSA testing. These inconsistencies remain unchallenged.
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Lung Cancer Alliance All-Stars

Today, in honor of my father Jack Buck, who died of lung cancer four years ago, I am partnering with Lung Cancer Alliance to become a "voice" against lung cancer," said Joe Buck, July 19, 2006.

Joe Buck, Emmy award winning announcer for Major League Baseball (MLB) and National Football League (NFL) football for FOX, made history 12 years ago as the youngest announcer to regularly call MLB television games. Joe is the son of Jack Buck, who himself was a sports broadcasting legend. Jack Buck, a WWII veteran, broadcasted football and baseball, beginning with the St. Louis Cardinals and was a long-time resident and prominent member of the community in St. Louis. Jack died in 2002 at age 77 of lung cancer.

Because of his family's experience, Joe is "lending my voice and my heart to



Joe Buck, first partner in national public awareness campaign, with Laurie Fenton

a cause that has for too long been ignored, stigmatized and misunderstood."

On the eve of the Major League Baseball All-Stars game in Pittsburgh in July, Joe along with LCA President, Laurie Fenton, announced our partnership.
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LETTER FROM THE PRESIDENT



Dear Friends,

We would like to share two major items with you on the occasion of this year's Lung Cancer Awareness month.

First, many of you have been asking about celebrity spokespeople for the Lung Cancer Alliance (LCA). In July we launched our first effort with top baseball announcer Joe Buck, son of the legendary Major League Baseball announcer Jack Buck, who died of lung cancer (see page 1). Next up this month is Cal Ripken Jr., famed short stop of the Baltimore Orioles whose dad also died of lung cancer. As pro football season gets underway you

will also see announcer and former Dallas Cowboy Quarterback, Troy Aikman speaking out for lung cancer early detection and research.

Also joining us in spreading the word is S. Epatha Merkerson, star of the long-running hit show "Law and Order," whose sister is a lung cancer survivor and who lost two of her best friends to the disease. Dr. Deborah Morosini, sister of Dana Reeve, will also speak out, especially on the issue of non-smokers being diagnosed with lung cancer. Having been personally touched by lung cancer, all of these celebrities bring a personal passion to their public appeal for earlier detection and more research.

Their voices will help LCA educate the public and prod the lagging medical and scientific community into doing more to end the discrimination against lung cancer patients, the under-funding of research in the disease and the unforgivable cover-up by our major cancer institutions, public and private, of early detection tools that are available now.

Which brings me to our second initiative: our stronger and more forceful public stance on screening among a high risk population.

A report on 50,000 scans collected over the past 13 years has been released that demonstrates that through early detection by low dose CT scans in a high risk population lung cancer's high mortality rate of 85% can be literally reversed.

We anticipate that some within the public health establishment and certain cancer organizations will continue to protest that the data is still not sufficient and that more studies are still needed. This is the intellectual fig leaf they have been using for decades to justify the under-funding of lung cancer projects and to hide their real position: health care dollars should not be "wasted" on smokers or former smokers.

LCA says: not any more. Enough. No more excuses. Screening now. More research now.

Please visit www.lungcanceralliance.org for more on this important issue. We thank you for your generous support which helps fund important initiatives for such as these. We hope to continue these efforts.

A large, elegant handwritten signature in black ink, which reads "Laurie Fenton". The signature is written in a cursive style with long, flowing lines.

Spirit & Breath

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LCA Says to Politicians: Show Us the Money!

Raise your hand if you think our elected leaders are doing enough to fight lung cancer.

You're not alone. You're one of thousands—make that tens of thousands—of people with a personal connection to lung cancer that feel the same way. How do we know? Over the past two years, we've spoken with people just like you, people sick of the stigma, sick of the unfairness of it all. People who want to change the way we treat this problem.

How bad is it? According to the Lung Cancer Alliance, state and federal governments spend billions (yes, billions) fighting breast, prostate and colon cancer each year, but precious little on America's number one cancer killer.

Raise your hand if you think that's fair.

But breast, prostate and colon cancer kill millions, they say. What about all the pink ribbons and fundraising events, the walks, bike rides and, stamps, the television commercials, the bumper stickers...

Don't get us wrong, these cancers are serious and deadly. But when you look at the facts, they pale in comparison. Lung cancer kills more than 165,000 people a year – more than

breast, prostate, colon, kidney, liver and melanoma cancers. Combined.

Five-year survival rates for most cancers have grown significantly in the last decades—to 88% for breast cancer and 99% for prostate cancer. But not for lung cancer. Only 15% of lung cancer patients celebrate the five-year anniversary of their diagnosis.

Raise your hand if you want to do something about it.

Why do breast, prostate and other cancers receive more attention than lung cancer? Because of their public actions and speech. That's what we've been starting in lung cancer.

Take Cynthia Upson of Richmond, Virginia. A lung cancer survivor, she made a few calls and within 48 hours has set up meetings with a key state Senator and former state Secretary of Health and Human Services.

Take Phyllis Goldstein of Albany, New York. She started making calls and before long, she'd organized a local advocacy network and convinced her newspaper to publish an article.

Take Jack and Peggy Hill of Pittsburgh, Pennsylvania. They lost their daughter to lung cancer in 2001 but have met with state Senators,

Representatives and other elected officials and Jack Hill testified before his state's Select Committee on Tobacco Settlement in Lung Cancer Alliance's national advocacy campaign.

Our goal is simple: Persuade state policymakers to designate at least 1% of tobacco funding for lung cancer awareness, prevention, detection and treatment. Each year state governments collect \$20 billion in tobacco taxes and through the Master Settlement Agreement (MSA) with tobacco companies.

One percent of that \$20 billion doesn't sound like a lot, but that's the point. Just 1% of tobacco funding would mean \$200 million a year for lung cancer. That's a far cry from where we are today.

Is your hand still raised? Then let us know. Right now, we're asking candidates for elected office to complete and return an educational survey about lung cancer. The survey seeks to educate candidates about the burden of lung cancer in their state and asks them to support designating 1% of tobacco funds for lung cancer.

We need you to call and write, educate politicians and convince them it's time to take action.

It's time. ■

LCA Initiatives for Lung Cancer Awareness Month 2006

Each year, Lung Cancer Alliance works with advocates across the country to obtain proclamations officially declaring November, Lung Cancer Awareness Month (LCAM). In 2005, LCA advocates worked throughout the late summer and fall to secure official declarations in 42 states and dozens of cities and towns from Ft. Lauderdale, FL to San Diego, CA. LCA also received a Presidential Message acknowledging the importance of raising awareness about lung cancer. Thank you to all who worked tirelessly to make this happen.

This year LCA hopes to have the Governors of all 50 states officially proclaim November Lung Cancer

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Georgia Governor Sonny Perdue signs LCAM Proclamation with members of LCA-Georgia at his side

Golf Fore Awareness—California

Early this year, David Robinow, learned that his brother had been diagnosed with lung cancer. His initial reaction was “bewilderment and resentment.” This changed after his sister-in-law, Alissa Robinow, became involved with LCA California. David, his wife, Wendy, and Alissa took the opportunity to organize an event as way “to make difference.”

David and his family organized the inaugural Golf Fore Awareness Tournament which took place on September 20, 2006 in Novato, CA, in the San Francisco Bay Area. The event included a golf tournament, dinner and a raffle for wonderful prizes. There were more than 50 golfers and almost 150 attending the dinner. In planning Golf Fore Awareness, David made the planning a group effort by getting his wife, sister, and others involved. They planned

to “give people the option to participate” even if they are not golfers. This is an excellent way to organize an event, as it “allows everybody to get involved.”

LCA member and lung cancer survivor, Lori Hope, was featured as the guest speaker. She spoke eloquently about her experience and the current state of the LCA and their activities. Everyone in the room was stunned by the lung cancer facts that were shared and all vowed to do more to help in this effort.

The event was an enormous success; all the guests were educated, well-fed and gave more than twice the money than organizers anticipated.

The purpose of Golf Fore Awareness is to raise funds for Lung Cancer Alliance and raise lung cancer awareness. David and his family know a lung cancer diagnosis “can happen to anyone” and are doing their part to shift resources to



Team Robinow: Norm, Wendy, Joey, Carole, Laurie Nussbaum, Alissa, and David.

“the lung cancer side of the ledger,” as David says.

The organizers produced materials to promote Golf Fore Awareness, which clearly explained how to participate. The event features its own logo along with LCA’s logo. They also produced golf shirts. This year’s event will be the first of future annual golf tournaments. ■

“Every Breath You Take”—Georgia

Tammy Willett is a lung cancer survivor and a member of LCA Georgia. She was diagnosed with Stage IIIB lung cancer in March of 2005. Although Tammy was always very active in her private circle, she had not been active in public life before. Lung cancer changed that. Raising awareness about lung cancer is now her mission.

She knows first-hand there is a lack for funds for lung cancer research and she has set about to change this. She also hopes the event will make more people aware of lung cancer statistics.

Tammy and other members of LCA Georgia have organized the “Every Breath You Take” Charity Golf Tournament and Fundraiser on Monday, October 23 in Alpharetta, Georgia. She is a member of Manor Golf Club, where it is taking place. Registration begins at 10:00 a.m.. Following the golf tournament, there will be a reception at 4:30 p.m. which will serve hors d’oeuvres, and include silent and live auctions, and awards. Tammy and her team secured many prizes. Everyone who plays gets a

custom club. The Manor Golf and Country club has made a generous donation on top of their sponsorship of the event. IBM has sponsored the cost of the printing for the golf tournament. Phoenix Corporation, a developer, is a sponsor, and has included information about lung cancer in promos and other

materials for realtors. Proceeds of “Every Breath You Take” will benefit Lung Cancer Alliance and Emory University.

LCA Georgia hopes to have 132 golfers attend and a total of 200 attend the reception and auction. For further information and to register, please contact lungcanceralliancegeorgia@yahoo.com. ■

Frankly Speaking About Lung Cancer

This year, as in the past, during Lung Cancer Awareness Month and beyond, LCA collaborates with The Wellness Community on the program: Frankly Speaking About Lung Cancer.

The Wellness Community, an international non-profit organization dedicated to providing education and resources to people affected by cancer—helping them learn vital skills that will enable them to regain control, reduce isolation and restore hope regardless of the stage of their disease, sponsors an educational series for lung cancer survivors and their families, Frankly Speaking About Lung Cancer. These two hour workshops feature oncology professionals who will offer the latest information about the most current lung cancer treatments, symptom/side effect management strategies and survivorship issues. For more information on these workshops and to find one near you, please contact Megan Taylor-Ford at the Wellness Community, 888-793-WELL, or visit their website, www.thewellnesscommunity.org ■

Advocacy

HR 739

In May, the U.S. Senate unanimously passed Senate Resolution 408 declaring lung cancer a national public health priority and calling on all federal health related federal agencies to work together to reduce lung cancer mortality by 50% within 10 years. Senator Chuck Hagel (R-NE) and Senator Hillary Clinton (D-NY) led that effort in the Senate and we thank them for their leadership.

A companion resolution House Resolution 739 was introduced in the House of Representatives by Congress Clay Shaw, a two-time lung cancer survivor.

TAKE ACTION: Please call, email or write your representative in the House and ask them to support this legislation and get it passed when Congress goes back for a brief “lame duck” session beginning November 13. To email your House Representative, visit www.house.gov/writerp.

A Salute To Veterans of Foreign Wars And Vietnam Veterans of America

Veterans organizations are now partnering with Lung Cancer Alliance in calling for CT scanning early detection pilot programs under the Department of Defense and the VA.

Our military personnel and veterans are at even higher risk for lung cancer than the civilian populations given their exposure to certain known carcinogens (Agent Orange; Gulf War battlefield emissions; asbestos on submarines) exacerbated by higher tobacco addiction rates thanks to the generosity of the military in distributing free and still subsidized cigarettes.

Earlier this year in testimony in the House of Representatives, Vietnam Veterans of America (VVA) President John Rowland stated:

“... a series of studies over the past 20 years has linked military service to higher smoking rates and smoking-related diseases and deaths. Because lung cancer is usually not diagnosed until late stage, making treatment costly and not very effective—the mortality rate for lung cancer is 85 percent--VVA urges Congress

to mandate that the VA institute an early detection and screening program for all veterans--and especially Vietnam veterans--at high risk for this lethal cancer.”

In August, at their 107th National Convention, the Veterans of Foreign Wars unanimously passed the following resolution for which we thank VFW Commander in Chief Gary Kurpius and VFW Executive Director Robert Wallace and all VFW members:

**Final Portion of Resolution No. 659
Submitted by Commander-in-Chief
To committee on VETERAN SERVICE RESOLUTIONS**

LUNG CANCER SCREENING AND RESEARCH

....BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we request the Secretary's of the Departments of Defense and Veterans Affairs to establish a lung cancer screening program for the purpose of early detection of lung cancer among military service members and veterans.

BE IT FURTHER RESOLVED, that we urge the Department of Defense to request and Congress to fund lung cancer research through the Congressionally Directed Medical Research Program.

The intent of this resolution is:

To request DOD and VA to establish a lung cancer screening program and urge DOD to request and Congress to fund lung cancer research.

APPROVED by the 107th National Convention of the Veterans of Foreign Wars of the United States.

Thank you, VFW and VVA, our military men and women deserve nothing less than the best!

TAKE ACTION: contact the Veterans of Foreign Wars (VFW) and the Vietnam Veterans of American (VVA) and thank them for their leadership and support on lung cancer early detection: www.vfw.org and www.vva.org ■

LCA Statement on Lung Cancer Screening

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lenged in the scientific community and the public arena.

Meanwhile lung cancer continues to cause nearly one in three cancer deaths and, with the baby boomers now entering their sixties, the number of deaths will continue to escalate. According to National Cancer Institute SEER figures, only 16% of lung cancer is being diagnosed at an early, localized stage when treatment can be effective. No surprise then that the 5 year survival rate for lung cancer is still only 15%, while cancers such as breast and prostate, with accepted (albeit still controversial) screening tests have 5 years survival rates of 85% and 99% respectively.

Meanwhile, for the past 13 years the International Early Lung Cancer Action Program (I-ELCAP) has accrued over 50,000 CT scans from 30,000 high risk people (smokers or former smokers over age 50 with a greater than 10 pack year history of smoking) in observational trials carried out in 40 sites in the U.S. and around the world. Because of their work in analyzing suspicious nodules and the protocol they developed for the management of early disease, the I-ELCAP program has produced 10 year survival rates of 85%.

Critics of the I-ELCAP program contend that those figures are “meaningless” since the study did not include a control

arm of people who were not given CT scans. They further contend that no additional work should be done on CT screening until completion of the National Lung Cancer Screening Trial (NLST) funded by the National Cancer Institute and the American Cancer Society.

LCA contends the “control arm” for the I-ELCAP trial was the unscreened population and that the NLST itself is a very poorly designed trial. The NLST, started in 2002, compares outdated chest x-rays to also outdated single and four slice CT scanners that have since been replaced by far more sensitive sixteen, thirty-two and sixty-four slice scanners
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The Many Faces of Lung Cancer – Leaving A Legacy of Hope

Lung Cancer Alliance relies on the generous support of men and women whose lives have been touched by this woefully neglected disease to continue its mission. Everyday there are stories of loss, but also of hope and inspiration.

Judi Kurchack chose to help Lung Cancer Alliance expand its programs. She lost her battle with this disease but because of her foresight, leaves behind an enduring legacy. Judi made a commitment beyond measure by remembering Lung Cancer Alliance in her estate plan.

Judi's decision to make such a significant gift is best captured in a letter we received from her life partner, Eric A. Landau:

Judi Kurchack was born on December 2nd, 1944 in Brooklyn, New York. After living most of her life on Long Island she moved with me upon retirement to Fountain Hills, Arizona. Nine months later in September 1999, she was diagnosed with non-small cell lung cancer and over the ensuing years endured two surgeries, multiple i.v. and oral chemotherapy regimens, and countless radiation oncology treatments. Through it all she persevered in life, maintaining her devotion to the well-being of her adult son Phillip who lived nearby, and working as hard as she could to decorate and enjoy our beautiful home and our life together in between the several hospitalizations and the many treatments and tests.

After her quarterly CT exams disclosed in August 2005 that her last regimen had been ineffective, her medical oncologist advised that there was no sense subjecting her to what by then would have been a fifth or sixth line therapy attempt. She succumbed on February 7, 2006.

Judi often commented about the dearth of publicity and fundraising to specifically fight lung cancer, especially in comparison to breast cancer (which had claimed her mother a dozen years ago). She recognized that more progress has been made against breast cancer than lung cancer, and knew that made

breast cancer (with its many success stories in recent years) and its numerous charities more attractive to donors.

Nevertheless, she and I believed it a poor excuse for the greater killer continuing to “play second fiddle” to breast and other forms of cancer in fundraising, research and in the public eye. This bequest is Judi’s gesture in support of lung cancer advocacy and research and is provided to Lung Cancer Alliance in recognition of your lonely and virtually unique role among the many other voices contending for attention in the fight against all forms of cancer.

Judi leaves a legacy that enables Lung Cancer Alliance to continue serving in that unique capacity. We are the only national non-profit dedicated solely

to patient support and advocacy for the lung cancer community. We are the voice for millions and our mission is clear: to lead the movement to reverse decades of stigma and neglect by empowering those at risk for the disease, elevating awareness and changing health policy. With Judi's help and those of others, we will finally gain the recognition and compassion that this lethal disease deserves for those it strikes, their families and friends.

For more information on making lasting gifts through one's will, retirement plan, insurance plan, property, stocks or bonds, and life income or other deferred gifts, please contact Emily Eyres at eebres@lungcanceralliance.org or 202-463-2080. ■

Connect With Others

What if you could connect with other lung cancer patients, survivors, caregivers, and family members all across the country (and the world)? What if you could read how others coped with the lung cancer experience and post your own questions at any hour of the day or night? What if you could give others strength and hope by sharing your journey with lung cancer in an online diary? You can—at the online LCA Survivors Community.

LCA created the Community through partnership with the successful message board of Survivors of Lung Cancer Awareness and Support (SLCAS) and ClinicalHealth (which generously donates the website and services at no cost to the community). LCA Survivors Community is a safe place for you to ask questions, seek support, and share experiences. As a member of the online community, you can participate in discussions and build a network of online friends. You can also post personal profiles and create a blog—a web log that is an online journal.

Presided over by SLCAS founders and lung cancer survivors David Grant and Estrea Dworkin Janoson, LCA Survivors Community retains the highly experienced moderators of SLCAS and gives you instant access to others who understand what you are going through. In the words of David Grant, “...we have...‘walked in your shoes.’ That is what is so nice about this group; we can openly express ourselves without any fears because others fully understand from where you are coming.”

Estrea Dworkin Janoson said, “I think the new site is fabulous and I am so glad we did this! So many new people!” A month post-launch, the Community was already averaging 9000 hits a day. Due to this enthusiasm, the Community needs additional moderators. If you are a lung cancer survivor and can devote one to two hours a day to the task, please contact Estrea at estrea@lungcancersurvivors.org for further details.

Membership is free and easy—see for yourself at <http://lungcancer.clinicahealth.com/>. The Community can also be accessed through the Lung Cancer Alliance website at www.lungcanceralliance.org. ■

LCA Statement on Lung Cancer Screening

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ners. It is unconscionable for any agency, public or private, to block lung cancer screening for high risk populations on the basis of that flawed study which will not be completed until 2009 or beyond. During that time, another one million people will die of lung cancer.

LCA Position

In order to ensure the most rapid and responsible dissemination of this potential benefit, screening for lung cancer in high risk populations, LCA recommends that the following people have a detailed discussion with their physician regarding the potential risks and benefits of undergoing a baseline CT scan.

- Any smoker or former smoker over age 50 with a greater than 10 pack year history of cigarette smoking. (A pack year is equal to one pack a day for one year);
- Any adult with significant exposure to cigarettes and a first degree relative (mother, father, sister, brother, son or daughter) who was diagnosed with lung cancer before age 50.

The following groups should also consider a discussion about screening with their doctors:

- Veterans who had active duty on submarines, in Vietnam or the Gulf War and had exposure to asbestos, nuclear propulsion, herbicides, battlefield emissions or other carcinogens;
- Past and present employees in munitions plants (who may already be eligible for free screening under the Department of Energy's Worker Health Protection Program);
- People exposed regularly to second-hand smoke (for example airline personnel, hospitality industry workers), or to radon or those working with asbestos or other known carcinogens.

LCA Will Continue to Advocate For:

- Congressional enactment of legislation on quality standards for credentialing of LDCT scanning centers and quality standards for scanning, sites, personnel, data collection and pool-

LCA Faces of Lung Cancer



Dusty Donaldson
51 years old
Diagnosed with
Stage 1B,
NSCLC-BAC

Lung Cancer Alliance proudly features the Faces of Lung Cancer on its website. LCA started this campaign to present the true face of the disease. A little over a year later, it has taken on a life of its own. More than 150 "Faces" fill four pages on the LCA website. These are examples of the people LCA fights for every day. Thank you to all who have shared the pictures and stories of themselves or a family member.

While scanning the photographs and reading the captions, some survivors and family members have found a neighbor, a new friend, a support system, a sense of community. Some have discovered in themselves a need to take action and raise awareness of lung cancer.

Dusty Donaldson submitted her picture to the Faces of Lung Cancer. Soon after, she became an LCA advocate in North Carolina. Dusty has spent the past few months working tirelessly on LCA's state campaign to ensure 1% of all state tobacco revenues are dedicated to lung cancer research and early detection. Thank you Dusty!

Help de-stigmatize lung cancer and show the public the beautiful, kind, loving, familiar Faces of Lung Cancer. To submit a picture, please visit our website, www.lungcanceralliance.org or contact Kay Cofrancesco, kcofrancesco@lungcanceralliance.org. 202-463-2080 ■

ing of data to permit the establishment of the most effective and economical approach to establishing a national lung screening program.

- Pilot screening and early disease management programs based on the I-ELCAP protocols within TRICARE, VA, and Medicare to transfer, train and refine best practices for optimal screening practice.
- Development of computer assisted diagnosis (CAD) software programs to make CT screening for lung cancer as efficient and cost-effective as CT screening of checked luggage which the Transportation Security Agency (TSA) developed expeditiously through a meaningful commitment of federal and private funding.
- Assistance of the National Institute of Science and Technology (NIST) in developing measuring tools to facilitate CAD and quality controls for CT screening standards.
- Orphan Drug-type incentive program to expedite the development of drugs for pre-cancerous lung conditions and for more effective early and late stage drugs and targeted therapies.
- Other measures to ensure co-development of CT screening as a combined imaging platform for tobacco-

induced heart disease as well as COPD/emphysema to maximize public health benefit while achieving cost efficiencies.

Where to Get a CT Scan

We recommend for those who choose to receive a scan that it be performed at a center experienced in the treatment of lung cancer such as those below (which we will update regularly on our website):

- all sites participating in the International Early Lung Cancer Action Program (I-ELCAP) which can be found at <http://www.ielcap.org/members.htm>
- sites recognized by the National Cancer Institute as Cancer Centers which can be found at: <http://www3.cancer.gov/cancer-centers/centerslist.html> and Centers hosting Specialized Centers of Excellence at the following: <http://spores.nci.nih.gov/current/lung/lung.html>
- and individual sites (which will also be updated regularly) such as: Rush University Medical Center, Chicago IL, Eppley Cancer Center, Omaha NE, NYU Comprehensive Cancer Center, NY, Ann Arundel Medical Center, Annapolis MD ■

Lung Cancer Alliance All-Stars

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ship. You can hear Joe's message, which has reached over 6 million people, at lungcanceralliance.org.

This announcement was the kick-off of LCA All-Stars national public awareness campaign. Over the next few months LCA will be expanding the All-Star Team. Next up, MLB Hall of Famer Cal Ripken from the Baltimore Orioles and NFL Hall of Famer Troy Aikman from the Dallas Cowboys.

Joe has said "We need to work as a team to beat this disease and detecting lung cancer early is crucial.... It has been done for other major cancers, with great success. Now it's lung cancer's turn. It has to be done. I am encouraging everyone touched by lung cancer, in the baseball community and beyond, to join me in this effort."

Stay tuned at lungcanceralliance.org as new members of the LCA All-Stars share their messages about detecting, preventing, and treating lung cancer earlier. ■

LCA Initiatives for Lung Cancer Awareness Month 2006

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Awareness Month. It is an extraordinary tool to gain attention for lung cancer and get elected officials to officially recognize the need for increased funding for early detection and research. At press time 13 states had Proclamations for November 2006 with advocates working in 16 additional states. A handful of states now have bills requiring the Governor to issue a Proclamation each year. Georgia, Connecticut, and Rhode Island are the three states to most recently pass bills. For Rhode Island advocate Darlene Mohan, whose efforts were instrumental in getting the bill passed this July, "...[this bill] is just a beginning...a beginning to help bring awareness to people about lung cancer in hopes that they will become more knowledgeable of the statistics, lack of funding and the need for early detection."

Lungcanceralliance.org features a petition online and in downloadable form. This petition calls on the President of the United States and Congress to make early detection, treatment and chemoprevention of lung cancer a national public health priority. At press time, we had more than 12,000 signatures. Our goal is to obtain 164,000. This will represent the number of people who will have died from lung cancer this year. Please help LCA meet our goal. Urge friends and family to support lung cancer and help to make it a public health priority.

To begin obtaining a Proclamation in your state or town or for more information about the petition drive, please contact Kay Cofrancesco, kcofrancesco@lungcanceralliance.org, 202-463-2080. ■

Keep track of the news on our website lungcanceralliance.org



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