

**We Encourage the Entire Lung Cancer Community to Get Information, Get Support and Get Active.**

## Join Us

**National Headquarters:** We maintain our headquarters in Washington, DC to speak out on behalf of the lung cancer community, to meet with key policy makers, to build support with other national health advocacy organizations and to propose policy changes that bring more immediate and appropriate resources to reducing lung cancer mortality.

**State Chapters:** We continue to expand and provide the support and scaffolding for patients, loved ones, medical professionals and anyone interested to become strategic parts of the growing movement for change for lung cancer by building chapters throughout the country.

**Give A Scan:** We are maintaining a patient powered, publically available website that contains CT scans and other information from lung cancer patients. We encourage survivors and family to donate CT scans to this program. This combination of scans and data will help researchers perfect methods for screening and diagnosing lung cancers, measure the impact of existing drugs and identify pre-cancerous conditions.

**www.ScreenforLungCancer.org:** The first consumer based web site providing life-saving guidance for those asking, "Am I at risk? Should I be screened? Where do I go?" We have long advocated that detecting lung cancer early can save lives and are proud to partner with leading medical institutions offering lung screening as part of responsible, multi-disciplinary and comprehensive care following best published practices. We will continue its work to transition the science of CT screening into public health benefit in a safe, efficient and equitable way.

**Phone Buddy Program:** Our Phone Buddy Program provides peer-to-peer support for people with lung cancer and their caregivers by telephone. Phone Buddy volunteers lend support and share information and resources. For many, talking with someone who has been through a similar situation can really make a difference.

**For more information visit: [www.lungcanceralliance.org](http://www.lungcanceralliance.org) or call or write:**



**Lung Cancer Alliance**

888 16th Street NW, Suite 150  
Washington DC 20006  
202-463-2080  
800-298-2436



**LUNG  
CANCER  
ALLIANCE**

**800-298-2436**

**[www.lungcanceralliance.org](http://www.lungcanceralliance.org)**

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Lung Cancer Alliance's (LCA) programs are made possible by generous support from people like you. Please consider giving back so that others may continue to receive these free services.

LCA is a 501 (c) (3) non-profit organization.

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Issued by Lung Cancer Alliance

2011  
**REPORT  
CARD**  
on Lung Cancer

7th Edition

# 2011 REPORT CARD on Lung Cancer



Subject	Grade	Comments
Number of Deaths	<b>F</b>	<b>Unacceptable.</b> Lung cancer continues to be the leading cause of cancer death, taking more lives this year than the next four most lethal cancers (colon, breast, prostate and pancreatic) combined. On average 430 people a day die of lung cancer.
5-Year Survival Rate	<b>F</b>	<b>Tragic.</b> An estimated 221,000 people have been diagnosed with lung cancer in 2011. Most were diagnosed at such a late stage that they will die in less than a year. The 5-year survival rate for lung cancer is still only 15%, far behind the 5-year survival rates for breast (89%), prostate (99%) and colon cancer (65%). Significantly these cancers have widely accepted screening methods. These cancers also receive 5 to 20 times more research funding in dollars per death than lung cancer. Research funding should be appropriate to impact.
Early Detection	<b>B</b>	<b>Life Saving Breakthrough.</b> Scientifically validated and irrefutable evidence is in: Low Dose CT screening for those at high risk can reduce the number of people dying of lung cancer by tens of thousands year - which would be the biggest drop, not just in lung cancer, but in overall cancer mortality - ever. Early detection can now be integrated into responsible and comprehensive care linking smoking cessation help through to treatment research. Let's move swiftly to bring this life-saving benefit into our public health system safely, equitably and efficiently.
Diagnosis and Treatment	<b>C</b>	<b>Seeing Improvements.</b> Research into genetic markers of lung cancer, precancerous conditions, how cancer metastases and recurs, targeted treatments, and innovative ways to detect lung cancer continue. The approval of Xalkori in 2011 brings great hope to those with the ALK mutation. The number of lung cancer clinical trials has nearly doubled in the past few years. Yet bringing research into practice will require many years of work and a larger commitment of research funding and public-private partnerships. Imaging advances and the validation of screening can catalyze the field by providing the biological raw materials necessary for research and speed the delivery of biomedical breakthroughs to patients and those at risk. It is not imaging or biomedical research. It is both.
Smoking Stigma	<b>F</b>	<b>Remains High.</b> Although smoking has been implicated in other cancers, lung cancer remains the only cancer blamed on patients, whether they smoked or not. Public investment in research on the disease of lung cancer continues to be compromised by stigma and will continue to compromise effort to bring a more compassionate and comprehensive approach to addressing lung cancer. Two out of three new patients have never smoked or had already quit, often decades ago. No one deserves lung cancer – no one. We must do more to reverse this stigma and neglect.
Federal Response	<b>B-</b>	<b>Showing Continued Progress.</b> In the first session of the 112th Congress the Lung Cancer Mortality Reduction Act, legislation authorizing a comprehensive lung cancer program, was re-introduced in both the House of Representatives and the Senate with bipartisan support and a growing list of co-sponsors. The entire bill was also included as a priority item in the Health Equity and Accountability Act introduced and co-sponsored by all members of the Congressional Tri-Caucus. We are also working to secure an additional \$12 million in FY 2012 via the Department of Defense Appropriations legislation bringing total research funding via this pipeline to date to \$60 million.
National Network	<b>B</b>	<b>Landmark Development and Growing.</b> As of November 2011, over 50 major medical institutions, national public health organizations, veterans service organizations and social justice advocacy groups have joined together in public support our efforts to make lung cancer mortality reduction a priority that must be addressed with a multi-agency coordinated plan of action. Groups are signing up in support even faster than last year.

Sources: <http://seer.cancer.gov/statfacts/html/lungb.html>

## Our Commitment: Raise These Grades

Our mission is to reverse decades of stigma and neglect by empowering patients, elevating awareness and changing public health policy.

### Empowering Those Living With or At Risk

We will continue to bring together patients, families, caregivers and advocates into the national movement to end the stigma and underfunding of lung cancer. We have established 4000 contacts at community hospitals and cancer centers. In addition to our award winning website and information network, we provide a full portfolio of highly respected real time patient support services: Toll-free information line, Phone Buddy Program, on-line patient support group, educational materials, newsletters and electronic alerts, Clinical Trial Matching Service and updates on diagnostic and treatment options.

### Elevating Awareness

We will continue to lead efforts to educate the public, media and policy makers on the impact of lung cancer and eradicate the blame associated with the disease that has exacerbated the burden on patients and curtailed research funding. No one deserves lung cancer. Global awareness campaigns include: Shine A Light on Lung Cancer Vigil, a national campaign bringing hope, compassion, support and action for all those impacted and Team Lung Love, a sports endurance program to raise awareness and support for the disease.

### Changing Health Policy

We will continue our role of engaging and educating elected policy makers at the federal and state level on the public health impact of lung cancer and the urgent need for a more compassionate, coordinated and comprehensive research plan to address all aspects of the disease. Public health infrastructure must better link and manage prevention, earlier detection and treatment of lung cancer. We will continue to build coalition partnerships among women and men's health groups, military and veteran's service organizations, African-American, Hispanic, Asian-Pacific, and Native American public health associations, world renowned medical institutions and other organizations that share our mission and the desire to change the status quo – NOW.