

NO MORE EXCUSES. NO MORE LUNG CANCER

Lung Cancer Alliance Issues Inaugural Report on Lung Cancer

On January 19, 2006, The Lung Cancer Alliance (LCA) issued the first **Report Card on Lung Cancer**, an assessment of progress being made in the battle against this lethal disease. The majority of grades received were failing.

The Report Card was distributed to media outlets, key members of federal agencies, and hand delivered to all 535 members of Congress.

The **Report Card on Lung Cancer** was designed to put public health leaders and the American public on notice that it is time to change the status of lung cancer as the U.S. number one cancer killer.

The **Report Card on Lung Cancer** will evaluate progress utilizing key benchmarks annually in the battle to eradicate this disease.

“Lung cancer is the leading cause of cancer death in men and women,” said Paul A. Bunn, Jr., MD, Professor of Medicine and Director of the University of the Colorado Cancer Center (UCCC); former President of the American Society of Clinical Oncology (ASCO); and a Member, Board of Directors, The Lung Cancer Alliance. “We have made insufficient progress in this dreaded disease in part due to a lack of resources. Hopefully, it will encourage our public health leaders to come together to develop an overall plan with a sense of urgency to increase lung cancer’s survivorship.”

The **Report Card on Lung Cancer** graded seven categories:

■ **Number of Deaths** – Lung cancer is the number one cancer killer, killing three times as many men as prostate

cancer, nearly twice as many women as breast cancer and more than twice as many men and women as colorectal cancer. The death rate is so high that an estimated 172,570 people were diagnosed in 2005 and approximately 163,510 died.

GRADE: F

- **Five-Year-Survival-Rate** – Only 15% of those diagnosed live longer than five years. There has been virtually no improvement since President Nixon and Congress declared “War on Cancer” in 1971. By comparison, breast cancer’s five-year-survival rate is now 88% and prostate cancer’s is 99%. **GRADE: F**
- **Number of Late-Stage Diagnoses** – Seventy percent of diagnoses are

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Update on NCI Programs

LCA has recently been asked to provide input on two National Cancer Institute (NCI) programs, the Translational Research Working Group (TRWG) and the Lung Cancer Integration and Implementation Team (I2).

Translational Research Working Group

Translational research is a relatively new field in biomedical research. It unites clinicians and physicians from different disciplines to study ways to translate basic research findings into

new tests and interventions that might help people living with, or at risk for, cancer. NCI has created a 60+ member Translational Research Working Group (TRWG) representing the diverse nature of the cancer research community. The group includes doctors, scientists, NCI staff, patient advocates, and pharmaceutical industry representatives. LCA president Laurie Fenton has been chosen as one of three patient advocates and will represent not only lung cancer patients but all cancer patients. Cancer patient

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LETTER FROM THE PRESIDENT



Our second year is off and running — with even greater opportunities to reverse lung cancer's current status. Building upon the foundation set last year by our Board, medical advisors, staff, volunteers, and advocates; we will take our "movement" to the next level and make lung cancer a national public health priority. Here is our game plan for year "two."

First, more public awareness is clearly necessary. Thus, we are working with the incredible Diane Rothschild, who conceptualized the LCA logo and devised 2005's first-ever national ad campaign. We'll launch our next series of provocative and edgy messages, continuing to tackle the stigma and misperceptions head-on. We will enhance last year's

"Together Facing Lung Cancer" tour with our "Strike out Cancer" tour. We'll visit even more cities and communities with our message of hope, awareness and how patients, survivors, and caregivers can take action to fight this disease. We will continue our search for lung cancer's national spokespeople and produce more public service announcements (PSAs) similar to our last — which was seen everywhere from New York City's Times Square Jumbotron to Southwest Airline's in-flight magazine "Spirit" — reaching over a million people by last count.

Second, we intend to engage the public health establishment more directly and thoroughly to advocate for increased funding for lung cancer research and early detection. Our public health policies must be better integrated, coordinated and properly funded to increase cancer survivorship. At the federal level, we will no longer tolerate inaction by Congress, and most specifically, the National Cancer Institute. We insist that lung cancer be addressed with an overall plan and the same sense of urgency that they provided all other major cancers.

LCA's recent appointment to represent patient advocates on an NCI Steering Committee reviewing its translational research portfolio, as well as inclusion in NCI's implementation discussions on its Lung Cancer Initiative or "I2," signals our progress in securing "seats at the table" where it matters (see pp. 1 & 3). Also, our initial discussions with Members of Congress last year are ripe to bear legislative fruit this year to better fund lung cancer research and early detection. Let's hope that when our second annual Report Card on Lung Cancer (p.1) is issued that improvements will have been achieved in these areas.

At the state level, LCA will form committees ensuring that no stone goes unturned locally. Just as we are monitoring federal activities, so too will advocates watch over state legislation, regulations, committee proceedings, panel discussions, public hearings and interaction with elected officials to ensure that the most lethal of all major cancers is no longer ignored or dismissed out of hand. We hope to have as many LCA state committees up and running before the year is out as possible.

Third, we will build upon these grassroots activities by reaching out to new partners and strategic alliances to give added support to our movement. The more helping hands and voices we can marshal the louder our calls for change will be. We intend these messages to be heard not just nationally but internationally as well.

Lastly, we hope to make this November's Lung Cancer Awareness Month even bigger and better than the last. And we look forward to collaborating on events and activities as the date draws near.

A large, elegant handwritten signature in blue ink that reads "Laurie Fenton".

Spirit & Breath

**Published by
Lung Cancer Alliance
888 16th St. NW, Suite 800
Washington, DC 20006**

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Lung Cancer Alliance is a not-for-profit 501(c)3 organization.
To receive a sample copy, contact LCA at (800) 298-2436, (202) 463-2080, or www.lungcanceralliance.org

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Update on NCI Programs

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advocates understand that successes in one cancer are often applicable to all cancers and that working collectively can benefit everyone in the long run. LCA will do everything possible to ensure that all patients' voices are heard and represented.

During 2006, the TRWG will assess the current translational research activities funded by NCI and make recommendations about how programs can be more effective and better integrated within the nation's cancer research enterprise. This will be accomplished through committee meetings, teleconferences, on-line surveys, and roundtable meetings. Much of the research performed at NCI is helpful to the lung cancer community and LCA wants to ensure there is not a reduction in research funding and that money is not wasted or used ineffectively. This is a pivotal opportunity for the best medical and scientific minds, with input from advocates and industry, to evaluate the process and guarantee that the program is running at high performance rather than half speed.

Two roundtables and several web-based comment periods will be used to solicit input from the research community and public. For more details about NCI's TRWG go to www.cancer.gov/trwg.

The Lung Cancer Integration and Implementation (I2) Team

Background

The Lung Cancer Integration and Implementation Team is a new National Cancer Institute (NCI) initiative in lung cancer research. The history of the NCI's Integration and Implementation (I2) Lung Cancer Team comes from earlier when a group of scientists, doctors and NCI staff met and issued a report recommending what NCI's lung cancer research priorities should be and listing resources that'd be needed to address these priorities. This report came out in 2001. They found much that could be improved relative to the nation's efforts in lung cancer research.

After one of those reports, called a Progress Review Group (PRG) report, the next step is figuring out how to address the research priorities and how to implement those strategies. Nothing, however, happened for over four years to create the overarching, coordinated effort the 2001 report recommended.

Then, it was 2005. As Spirit & Breath readers know, 2005 was an eventful year in lung cancer. There were public announcements of Peter Jennings' lung cancer diagnosis and death and of Dana Reeve's diagnosis, and the Lung Cancer Alliance opened its doors in Washington, DC. In response to these developments, we believe, the NCI released its strategy for implementing some elements of the PRG. The strategy is called the Lung Cancer Integration and Implementation (I2) Team. The I2's Business Plan* notes that "There is no single operational focus within NCI dedicated for lung cancer initiatives in prevention, diagnosis and therapy."

Currently leading the Lung Cancer I2 are Margaret Spitz, M.D., of M.D. Anderson and John Minna, M.D., of the University of Texas Southwestern. Dr. Spitz was also one of three co-chairs of the 2001 report.

Elements of the I2 strategy

The NCI intends to find a Lung Cancer I2 program director who is a "nationally recognized lung cancer . . . researcher." That person will report directly to the NCI Director. The Lung Cancer I2 team plans to work with two other I2 teams NCI has: one on Imaging and the other on Bioinformatics.

The Lung Cancer I2 plan is divided into three major strategies:

1. Tobacco control: they plan on looking at who really gets addicted to nicotine and how to be able to offer better treatments and prevention, including vaccines.
2. Early detection and treatment of early lung cancer: efforts to develop research resources in the area of early detection, such as tissue banks. This tissue would be used to look at things going on inside tumor cells and compare them with what researchers can see with existing methods of viewing

Cancer patient advocates understand that successes in one cancer are often applicable to all cancers and that working collectively can benefit everyone in the long run. LCA will do everything possible to ensure that all patients' voices are heard and represented.

treatments' effects.

3. New Drug Development and Imaging of Response to Therapy: introducing new targeted therapies.

In 2006, NCI plans to have 1-2 workshops, which would be the first step of asking researchers to submit proposals for funding in the areas outlined above.

Funding

The Lung Cancer I2 is funded at \$8.35 million per year in 2006. In 2007-2010, they also plan to allocate \$8.35 million per year. In Fiscal Year 2004, the NCI stated it spent \$276.5 on lung cancer research (figures for 2005 spending not posted). The 2006 Lung Cancer I2 budget represents only a 3% increase in lung cancer research funding over 2004.

LCA Perspective

LCA feels it is very critical to make sure that the stated goals of the Lung Cancer I2 to develop lung cancer specific research are in fact carried out. This includes, in particular, having a Program Director who reports directly to NCI Director. Sadly, as many know, initiatives can fall by the wayside. Therefore, we are going to hold the NCI to its promise to make lung cancer a priority. We've been demanding an overall plan with a sense of urgency be adopted by our public health leaders. The Lung Cancer I2 is a start and not all that we expect from the NCI response to lung cancer.

LCA will continue to monitor this effort. Stay tuned at www.lungcanceralliance.org.

For more information on the internet about the Lung Cancer I2 and its predecessor, the Lung Cancer Progress Review Group, please visit:

*<http://www.cancer.gov/aboutnci/Lung-Cancer-Integration-and-Implementation-Team-I2> and <http://planning.cancer.gov/pdfprereports/2001lung.pdf> ■

New Members on LCA Board of Directors

In the week before Thanksgiving 2005, the Lung Cancer Alliance announced its selection of two new board members who will serve three-year terms effective January 1, 2006. The new slate includes Diane Rothschild, Founding Partner, Della Femina Rothschild Jeary & Partners and designer of LCA's new logo and our 2005 print ad campaign; and Jane Reese-Coulborne, Partner, Advocate Partners, former LCA interim Executive Director, former Executive VP of the National Breast Cancer Coalition. Diane Rothschild recently received one of the highest honors in advertising. Please visit—<http://www.lungcanceralliance.org/news/halloffame.html>—for more information.

The Board also includes:

- Paul A. Bunn, Jr., MD, Professor of Medicine and Director of University of Colorado Cancer Center
- J. Steven Hart, President & CEO of Williams & Jensen
- James L. Mulshine, MD, Associate Provost for Research at the Rush University Medical School, Chicago, IL
- Cheryl Healtan, DrPH, President & CEO, American Legacy Foundation
- Priscilla Dewey Houghton, Lung Cancer Survivor and Arts Advocate
- Harvey I. Pass, MD, Professor and Chief for Division of Thoracic Surgery and Oncology at NYU School of Medicine and Comprehensive Cancer Center.

The new slate replaces Fred Levine, Attorney, New York, NY, and Beverly Ward, lung cancer survivor and Counsel for the Massachusetts Commission Against Discrimination. We at LCA are very thankful to Fred and Beverly for all their time, interest and commitment to the needs of lung cancer patients and those at risk for the disease. Board Members of LCA serve for terms of three years. ■

Lung Cancer Alliance Announces New Medical & Scientific Advisory Board Roster

On November 1, 2005, the Lung Cancer Alliance announced its newly revised Medical & Scientific Advisory Board roster. The 25 member roster is comprised of specialists representing a broad spectrum of medical and science disciplines related to lung cancer, including research, diagnosis, early detection, treatment and care. The roster includes doctors, scientists, nurses and an oncology social worker.

"We are so excited to put forth our new roster of experts," said Laurie Fenton, President of the Lung Cancer Alliance. "The Lung Cancer Alliance and the entire lung cancer community will benefit greatly from these specialists as we work to better understand the emerging trends and science surrounding the leading cancer killer."

The Medical and Scientific Advisory Board's responsibilities will include helping to analyze, critique, and edit Lung Cancer Alliance educational materials; develop position papers on topics related to various technical and scientific matters; represent the Lung Cancer Alliance at public forums; and provide strategic advice and counsel as requested by the Board.

Fenton continued, "As the only national organization dedicated exclusively to advocacy on behalf of lung cancer patients, survivors, caregivers, families, and those at risk for the disease, our efforts to elevate national awareness, better educate key decision makers as to the need for increased research dollars and form a nationwide grassroots movement could not be effectively carried out without the advice and guidance from these experts. We are so grateful to each one of them for their interest and commitment."

For the full list of Medical and Scientific Advisory Board members and affiliations, visit lungcanceralliance.org ■

Medical & Scientific Advisory Board

Rick Avila

Sheila Bates, CMSW

David M. Burns, MD

Barbara Campling, MD, FRCPC

Hak Choy, MD

David Christiani, MD, MS, MPH

Kenneth H. Cowan, MD, PhD

Claudia Ingrid Henschke, PhD, MD

Fred R. Hirsch, MD, PhD

Jimmie C. Holland, MD

David M. Jablons, MD

Bruce E. Johnson, MD

David H. Johnson, MD

Christopher S. Lathan, MD, MS, MPH

Stephanie J. London, MD, DrPH

M. Blair Marshall, MD

York E. Miller, MD

M. Patricia Rivera, MD

William N. Rom, MD, MPH

Michael Vincent Smith, MD

Karen J. Stanley, RN, MSN, AOCN, FAAN

Frank Sullivan, MD

Mark D. Thornquist, PhD

Andrew Turrisi, MD

Donna Wilson, RN, MSN, RRT

What is a LCA Advocate?

One of Lung Cancer Alliance's 2006 goals is to organize and increase the grassroots movement in the fight against lung cancer by creating an army of advocates. What exactly is a LCA advocate and how can you become a member of this movement?

Who is a LCA advocate? Anyone committed to changing the face of lung cancer. It may be a patient, survivor, caregiver, family member, or friend. In fact, it can be anyone who feels passionately about the important issues surrounding lung cancer, including increasing awareness of the disease, reducing the stigma surrounding lung cancer, decreasing the mortality rates and illness due to lung cancer, and pushing for increased lung cancer research to promote new treatments and speed early detection.

What does a LCA advocate do?

An LCA advocate creates increased public awareness and discussion by telling his or her story or the story of a friend or family member. Advocates also educate others with facts about lung cancer—facts that the general public may not know. These include the incidence of lung cancer in non-smokers and former smokers, the high number of late-stage diagnoses, and a general lack of federal commitment to funding and research for lung cancer.

How does an advocate tell his or her story?

An advocate speaks to the media through interviews, phone calls, email, and letters. An advocate gets involved in issues at the state and local government levels. Some issues, such as tracking and monitoring money from the master settlement between state attorneys general and the tobacco industry must be done at these levels. Advocates can represent LCA by

spreading the word about LCA's federal advocacy programs and communications, as well as actively participating on committees and coalitions. Some specific examples of how advocates participate include:

- giving clinicians, researchers, politicians, and others the advocate perspective on lung cancer
- obtaining state and local proclamations for Lung Cancer Awareness Month
- meeting with and writing to the home office congressional staff at the federal and state levels
- giving interviews to the media including television, radio, newspapers, and magazines
- holding rallies, walks, and runs to raise awareness and money
- collecting petition signatures
- participating in opportunities afforded by cancer research institutions and associations
- handing out literature and pins to promote lung cancer awareness

How can you become an advocate?

You can contact LCA at lungcanceralliance.org or 202-463-2080. LCA will connect you with other advocates in your area and inform you of ongoing national and regional issues and efforts. You will also be provided with materials, guidance, and training to help you in your endeavors.

When can you become a LCA advocate?

Today! You can begin changing the face of lung cancer immediately. The work of LCA advocates continues throughout the year, including November — Lung Cancer Awareness Month. So anytime is a good time to become an advocate. How about now? ■

Faces of Lung Cancer

This year, over 170,000 Americans will be diagnosed with the disease. Our Faces of Lung Cancer Campaign features the people behind those numbers. They are mothers and fathers, brothers and sisters, husbands and wives, neighbors and friends whose lives have been forever altered by lung cancer. The Lung Cancer Alliance welcomes your pictures as we present to the world the true faces of the disease. Through this campaign we hope to dispel the misperceptions and the long held stigmas associated with lung cancer.

Featured below is Richard Heimler, who wrote the following to accompany his photo:



"I was diagnosed with lung cancer in April 2004. I was a 44 year old male nonsmoker with no significant family

medical history. I was fortunate because my tumor was stage 1A and did not spread. But it was between two lobes so I had to have my entire right lung removed. I also have limited pulmonary function in my left lung because of thoracic scoliosis. My prognosis is good even though I only have 30% total lung capacity."

Richard was diagnosed with non-small cell lung cancer, adenocarcinoma, Stage Ia at age 44. He is from NYC and is now 45. He works in Development.

You can view more "Faces" and add your own and/or that

of a loved one or friend at <http://www.lungcanceralliance.org/facing/facesoflungcancer/>.

Lung Cancer Alliance gratefully acknowledges the **American Legacy Foundation** for underwriting the Faces of Lung Cancer Campaign. ■

This year, over 170,000 Americans will be diagnosed with the disease. Our Faces of Lung Cancer Campaign features the people behind those numbers. They are mothers and fathers, brothers and sisters, husbands and wives, neighbors and friends whose lives have been forever altered by lung cancer.

Upcoming

In the next issue, see news about the Crystal Ball in Boston, October 12, 2006, Copley Plaza, to benefit LCA. For more information, contact LCA at 202-463-2080.

Generosity

What is the impact a person can make on lung cancer? At the Lung Cancer Alliance, we answer “one person can make an enormous impact!” Every day we are deeply moved by the actions of many individuals. We would like to share with you some of 2005’s generous actions.

Grady Lenkin asked friends and family to honor the special occasion of his **bar mitzvah** by making donations to the Lung Cancer Alliance instead of giving him a gift. In the same way, Susan Wolk also chose to celebrate her **bat mitzvah**. What wonderful acts of generosity!

Jacklyn West wanted to do something during Lung Cancer Awareness Month (LCAM) in tribute to the memory of her sister, Janis Lynn Markie. Jacklyn arranged a **dinner for friends**, inviting the Lung Cancer Alliance to speak about our mission and issues facing the lung cancer community. Jacklyn then went on to raise further funds by asking for donations per mile for a run she did around a lake in Virginia. And, our hats really came off to Jacklyn when she secured a generous **donation from her employer**, the Washington Post!

Alicia Ryder held the first ever “Blue Skies Ball” in memory of her mother Helen Ryder in November. Many friends and family turned out to support the **Ball** at the Arthur Murray Dance Studio in Southampton, New York. Alicia worked tirelessly to create a special evening, by providing **dinner, an auction and even dance performances** by the owner of the dance studio with Alicia herself! Alicia’s hard work before the event produced a tremendous response from local businesses for the auction. Mary McMahon from Lung Cancer Alliance engaged in conversations throughout the event about lung cancer issues and the role the Lung Cancer Alliance plays in changing the face of lung cancer, pushing for early detection tools and realizing an increase in federal research funding.

We are encouraged as groups of survivors or family members and friends of those we have lost to this disease unite to harness their energies and together accomplish great feats. For example,

several members of the Faragalli family successfully raised funds through organizing and holding the 1st Annual **Lung Cancer Drive** in memory of Anthony G. Faragalli. On the anniversary of his death, November 5, they held the Drive and distributed handcrafted chocolates in the shape of the lung cancer awareness ribbon along with LCA literature and the new lung cancer pin.

We cheer the tremendous efforts of Judith and Bruce Levi and Nancy Frede who organized a fantastic **Sock Hop** fundraiser during LCAM. Judith gathered support from friends and the business community to bring about an evening that filled the dance floor at the Crowne Plaza Hartford, Connecticut. The event included a silent auction; remarks from Connecticut State Senator Mary Ann Hanley (who Judith is working with on LCAM legislation); and remarks from LCA. Several LCA volunteers also attended. Thanks also to Brucie IZard for her article about Judith and Nancy.



From left, Gina Sullivan, Sarah Temin, and Mary Beth Lombardi-Mack attend Sock Hop in Hartford, CT

We are struck by the creativity that those moved to act demonstrate. One contribution came from employees of Buckeye Packaging Co. who sent the proceeds of a **recycling drive**. A lung cancer survivor hosted a “Tea” as part of a women’s (Red Hat) group and donated the monies raised. Many organizations made generous contributions in honor of their employees. Among the many, one organization held a **charity outing** to honor one of their members currently battling lung cancer.

Lung Cancer Alliance is very excited by a new development: events that laid a firm foundation before have now become **annual fundraisers**. For exam-



A great example of creativity from the Faragalli family

ple, we gratefully received proceeds from the 2nd Annual VW Credit, Inc. George C. Nisbet Memorial Charity Golf Classic. Another recent example: Kelly Burke-Jennings and Stacy Emmanuel are full of excitement preparing for November 2006’s “Race For Breath.” We appreciate their enthusiasm as they work to line up **race** sponsors, gather lung cancer educational materials, obtain support from the community and business owners, and reach out to media. Kelly and Stacy also generously share their advice with other enthusiastic folks who want to put on successful fundraisers.

It all starts with one person acting after thinking, “I want to do something about lung cancer.” The single individuals and groups we’ve acknowledged are examples of those who’ve decided to support the Lung Cancer Alliance.

We are profoundly moved by the hundreds of you choosing to honor the memory of a loved by supporting our outreach to and support of lung cancer patients and caregivers and our efforts to change how public research dollars are directed. We were also touched by those who **celebrate a person diagnosed with lung cancer and make a contribution in his or her name**. As a result, thousands of dollars of absolutely critical funding support - approximately 1/3 of our overall funding - came to us from you in this way.

We thank each and every one of you. We simply *could not* provide the patient support programs without you. Thank you for demonstrating the power of the individual and sustaining our work as we strive to eradicate lung cancer! ■

Survivor Profile

By Lori Hope

One of my earliest memories is of my mother chiding me for being selfish. "Why can't you be more like your big brother?" she demanded. My six-year-old soul took that question — or rather, that statement — to heart, and from that day on I strove to think of others, vowing to put their needs before my own.

But I failed miserably; I was, after all a child, and the world revolved around me. By the time I reached my mid-20s, however, I began to "get it": I came to realize that doing for others made me feel happy. In that sense, altruism was in my self-interest.

After celebrating the big 4-0 and retiring from my intense life as a television documentary producer, I became even more enamored with giving, when an anonymous quotation on a little placard whispered to me from a glass shelf in a greeting card shop: "One of the deep secrets of life is that all that is really worth the doing is what we do for others." Those words sunk in as quickly as my mom's, and I had another "Aha!" moment. Mother Teresa became my idol — though I was still anything but a saint!

Blink and it's eight years later. I'm diagnosed with lung cancer. Once again, the world revolved around me.

"What?!? I quit smoking almost 20 years ago," I argued. "This wasn't supposed to happen!" Shock, dismay, terror, a near-overdose of negative thinking, and finally, post-treatment and recovery depression and confusion followed.

"What in the *hell* was that?!?" I asked myself. Then, "Why me?" Then, "Why not me?"

I've always been a meaning-making machine; I devoted my college years to the study of anthropology, philosophy, and literature. If I had to describe my philosophy (which I'd rather not), I'd say I believe we create our own meaning, our own reality. So once I had received a cancer diagnosis, I had to ascribe some meaning to it.

Finally it came to me, in the form of a publisher who approached me about writing a book. I decided to use cancer, just as it had used me. I used it to try to do something for others. I wrote *Help Me Live: 20 Things People with Cancer Want You to Know*, a book about what to say and do to help and avoid hurting people with cancer. I continue to write articles and essays about the subject in the hope of sparing others pain that people sometimes inadvertently and unintentionally cause when cancer renders their friends especially vulnerable and sensitive.

I also helped plan and develop a conference, Cancer in So Many Words — held September 2005, in Oakland, California — created and produced by cancer survivor Marcie Beyatte, for people who want to use writing to help them cope with or find meaning in their experience. We hope to hold another in 2007. I believe that cancer sucks and that using language to express thoughts and feelings is healing (that's why I used the word, "sucks" — it's crude and ugly, like cancer, and it feels good to get out the bile).

Using cancer has helped me survive these past three and a half years. Finding meaning, making meaning,

Profile

From Where I Stand



Lori Hope
Diagnosed with Stage I
Non-small cell
Lung Cancer
June 2002

helping other people, can keep us going, no matter what our bodies do. I encourage others to use cancer in whatever way feels right. That could mean volunteering for LCA or another organization; being a listener; taking in another cancer patient's pain; gifting someone with kindness and compassion. It could mean writing a story or a poem; painting, drawing, building or sharing something.

I didn't let cancer sink me, because somehow I was able to hang on to the float of hope and creativity. Doing for others, which was tantamount to doing for myself, helped me not only find but hold onto meaning. My mother would be proud. ■

Lori Hope is a lung cancer survivor, newspaper editor and author of *Help Me Live: 20 Things People with Cancer Want You to Know*. For more information, see www.lorihope.com.

A Budding Relationship: Lung Cancer Alliance and Flowerpetal.com

Your act of kindness can be multiplied. If you send flowers to reach out to a friend or a loved one, a percentage of your purchase will be contributed to the Lung Cancer Alliance if you choose to order via flowerpetal.com and its many FTD affiliated local florists. Please visit flowerpetal.com.

Lung Cancer Alliance Issues Inaugural Report on Lung Cancer

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late-stage. Late stage diagnosis is lethal diagnosis. **GRADE: F**

- **Newly-Addicted Youth Smokers** – About 2,000 new “daily” smokers under the age of 18 become addicted each day, more than 700,000 a year. **GRADE: F**
- **Number of New Treatment and Diagnostic Options in the last 30 Years** – Slight progress has been made only within the last few years. Significantly more work must be done. **GRADE: D**
- **Federally-Supported Early Detection Program** – The federal government does not support early screening for lung cancer, while it does for other major cancers with comparable public health service ratings. **GRADE: F**
- **Overall Federal Commitment** – Lacks overall plan and sense of urgency. Lung cancer is under-funded and under-researched. Only \$1,829 spent per lung cancer death, com-

pared to \$23,474 per estimated breast cancer death and \$14,369 per estimated prostate cancer death.

GRADE: F

“It is not a surprise that The Lung Cancer Alliance would give their Newly Addicted Youth Smokers category a failing grade,” said Cheryl G. Heaton, Dr. P.H., President and Chief Executive Officer of the American Legacy Foundation and a Member, Board of Directors, The Lung Cancer Alliance. “Now is the time to redouble youth smoking prevention efforts.”

The **Report Card on Lung Cancer** was also widely distributed among medical professionals and health care associations working to improve outcomes for lung cancer patients.

“Because we represent patients, caregivers and those at risk for this disease, it’s clear we have much work to do,” said Ms. Fenton. “We have rolled up our sleeves and look forward to working with all those committed to improving

these outcomes when the **Report Card on Lung Cancer** is released next year.”

To view the complete **Report Card on Lung Cancer** and its statistical sources, visit www.lungcanceralliance.org. ■



Our new logo pin (with **NO MORE** script) made of metal alloy is about one inch long and has a tie-tac fastener. Available for \$18 from lungcanceralliance.org and/or 800-298-2436. \$15.00 of this contribution is tax deductible.



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