

Spirit & Breath

Lung Cancer Alliance

Spring 2005

NO MORE EXCUSES. NO MORE LUNG CANCER

Selected Research Updates

LCA representatives were invited to two scientific meetings in February 2005, that of the Lung Specialized Programs of Research Excellence (SPOREs) and a special American Association for Cancer Research (AACR) meeting—*Molecular Pathogenesis of Lung Cancer: Opportunities for Translation to the Clinic*. Here are some selections from material presented at these conferences:

Gene Therapy

Our normal cells have ways of protecting us from changes that can lead to cancer. The genes involved are called tumor suppressors. Cancer can turn these genes off. This is one of the most

common errors in lung cancer. And, as reported by Jack Roth, M.D., of the University of Texas at the Lung SPORE and AACR meetings, in some cancers, there may be an error in one single gene. When a tumor suppressor gene is turned off, cells grow out of control. To treat this, researchers wanted to make the cells follow their “self-destruct” instructions. These researchers see gene therapy as an alternative to EGFR tyrosine kinase inhibitors and spiral CT tests.

They called the gene they found FUS1. When there’s increased expression of FUS1, there was increased activation of gemcitabine (Gemzar) and cisplatin – the more FUS1 expression, the better two

chemotherapeutic agents worked in pre-clinical experiments “in vitro.”

The University of Texas team employed a novel strategy of packing the gene in a nanoparticle, a cutting edge technology. They planned to deliver the gene directly to tumor. This worked well in their animal model. Following these results, Roth et al. recently started a phase I clinical trial.

Other pathways

Some of the newest drugs to treat advanced stage lung cancer involve the EGFR (epithelial growth factor receptors) pathway. But, there are probably many other pathways involved in lung tumor cells and researchers are actively studying those. They include the Ras pathway, more active in smokers than

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Lung Cancer Awareness Month

November is Lung Cancer Awareness Month (LCAM). While November is months away, Lung Cancer Alliance already is hard at work on making November really count for lung cancer patients, survivors, families and caregivers. Our goal is to raise awareness of lung cancer and to set expectations for progress in eradicating the disease. This year we will launch our first Report Card on Lung Cancer. This report card will be developed in coordination with clinicians and researchers and will establish a baseline for multiple lung cancer indicators. For example, when we issue 2006’s report card, we hope to see movement toward more research dollars and better standards of care for patients. Advocates around the country are planning local LCAM events. Virginia advocates Kelly Burke Jennings and Stacy Emanuel will again hold the Race for Breath in Virginia Beach. Visit their raceforbreath.active.com site. Also in November, our eight-city Public Service Campaign tour will serve as a platform for statewide proclamations of Lung Cancer Awareness month. We have many other things in the works for November. Join us and keep track of it all on our Lung Cancer Awareness Month website: lcam.org. ■

New Help Finding Clinical Trials

Finding a clinical trial that’s right in each individual’s case can be challenging. That’s why Lung Cancer Alliance, in partnership with EmergingMed, presents a new Clinical Trials Matching Service. This service can find clinical trials that match your or your loved one’s diagnosis and treatment history. You can access our new Clinical Trials Matching Service from our website or by calling 800-698-0931. This toll-free number features Clinical Trial Matching Specialists to assist you. They can also connect you at your request to the doctors and nurses conducting the trials to which you have matched. ■

LETTER FROM THE PRESIDENT



As I began to write this, I watched with a heavy heart as Peter Jennings shared with us that he has lung cancer—a very public figure now facing a tremendous fight for his life. Indeed, far too many people in the United States fight for their lives because they have lung cancer. As the President of Lung Cancer Alliance, my mission is to lead the Alliance's progress toward eradicating lung cancer.

This is our tenth year as the only national nonprofit advocating on behalf of lung cancer patients, survivors, families, caregivers, and those at risk. Recently, we embarked upon a new strategic direction to make fighting lung cancer a priority to more people. A majority of the public does not know that lung cancer is the leading cause of cancer death for men and women. Unless our nation makes significant progress to better advance early detection, treatment and patient support, lung cancer will continue to kill. Lung Cancer Alliance says now is the time for “no more excuses—no more lung cancer.”

The Lung Cancer Alliance has launched several initiatives in 2005. To better communicate our mission, we simplified our name from the Alliance for Lung Cancer Advocacy, Support and Education (ALCASE) to Lung Cancer Alliance. We relocated from Washington State to Washington, DC. Our current location, one block from the White House, will help strengthen our national visibility and better position us to educate key decision makers. We want policy makers to understand that we are “serious about getting serious” in fighting lung cancer.

This year we also are increasing our focus on advocacy. We will launch a national public awareness campaign to change the face of lung cancer and reduce the stigma associated with the disease. We will educate federal and state policy leaders to direct more resources for lung cancer research. We will develop grassroots programs that bring volunteers and partners together to achieve coordinated campaigns for issues vital to lung cancer. We will ensure Lung Cancer Alliance has a “seat at the table” where it counts to ensure that policy decisions and resource allocations are made with lung cancer patients' interests in mind.

We have much work to do. But Lung Cancer Alliance is up to the challenge! We are committed to achieving a world where lung cancer is a disease of the past. I look forward to reporting our progress to you and to hearing from you as we make a difference for lung cancer this year.

A handwritten signature in blue ink that reads "Laurie Fenton". The signature is written in a cursive, flowing style.

Spirit & Breath

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Selected Research Updates

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EGFR, which seems to be involved in some nonsmokers' lung cancer. The VEGF (vascular endothelial growth factor) pathways are a target of the anti-angiogenesis drug Avastin (see page 5). Other pathways under investigation include Peroxisome Proliferator-Activated Receptor- γ (PPAR- γ), Nrf2 pathway, Cox (1 and 2) pathways and Estrogen receptor pathway. One intriguing presentation at the Lung SPORE involved the Wnt pathway, a tumor suppressor pathway first studied in fruit flies, a method that scientists have used to learn about human development.

Researchers at Dana Farber are looking at cyclin-dependent kinases as potential drug targets. Cyclin-dependent kinases (cdks) are involved in the cell cycle, that is, how the cell behaves during the normal cycle of its life, including division. Cdks are also involved in transcription, one of the steps from the cell's blueprints (DNA) to its product (protein). In all cancers, there are problems with cyclin-dependent kinases. Dana Farber started Phase I clinical trials in 2004 of a pan-cdk inhibitor called Flavopiridol in non-small cell lung cancer.

Lung Cancer in Women

Jill M. Siegfried, Primary Investigator of the University of Pittsburgh SPORE (Specialized Program of Research Excellence) has recently published and presented interesting work on the role of estrogen in non-small cell lung cancer in women. This research stems from concern about the fact that most non-smokers diagnosed with lung cancer are female. Siegfried and colleagues have conducted this work in pre-clinical cell lines and animal models. There's long been evidence that the estrogen pathway is involved in non-small cell lung cancer. There are two types of estrogen receptors, which are the places on the outsides of non-small cell lung cancer cells that can receive estrogen and then turn on processes inside the cells. These researchers found that anti-estrogen agents, such as fulvestrant (Faslodex), which the FDA approved for "the treatment of hormone receptor-positive metastatic breast cancer in postmenopausal women with disease progression following antiestrogen therapy,"¹ "may therefore have therapeutic benefit in non-small cell lung cancer."² In another paper, University of Pittsburgh

The University of Texas team employed a novel strategy of packing the gene in a nanoparticle, a cutting edge technology.

researchers reported on the interaction of estrogen and EGFR (Epithelial Growth Factor Receptors). Again in pre-clinical studies, they found that there was decreased activation of EGFR in presence of increased estrogen and increased EGRF expression in depletion of estrogen. The authors reported that their pre-clinical "studies provide evidence of a functional interaction between the estrogen receptor and EGFR pathways in non-small cell lung cancer."³

Dr. Siegfried also presented on another pathway more active in women than men. This pathway is called the gastrin-releasing peptide receptor (GRPR) pathway. According to Dr. Siegfried's abstract for the February AACR meeting, "GRPR is expressed at significantly higher levels in the airway epithelium of women compared to men and effects of this pathway could potentially contribute differentially to tumor growth in women."

Researchers Narrow Region in Hunt for Gene

Another report from both SPORE and AACR meetings concerned "evidence for a major genetic locus influencing lung cancer susceptibility." This research involved many institutions and the original pool included families referred by ALCASE. They have narrowed down part of one chromosome in which they think they will find a gene that makes carriers highly susceptible to cigarette smoke. While researchers do not currently know how frequently this not-as-yet identified gene may appear in the U.S. population, they estimate that it may have a similar frequency to the BRCA1 and 2 genes which may account for 5-10% of American women diagnosed with breast cancer annually.⁴ ■

Smoking Cessation Research

In response to survey responses from a subset of Spirit & Breath readers, we've summarized some recent research on smoking cessation.

In the February 2005 issue of the journal Tobacco Control, Weinstein et al. of Rutgers University reported results of a national telephone survey of over 6300 people, 1245 of them current smokers. Weinstein and colleagues wanted to test "whether smokers actually underestimate their own risks of experiencing tobacco related illness." The researchers designed this study to address inconsistencies in past research findings. They found that current smokers did underestimate this risk and "believed they have a lower risk of developing lung cancer than the average smoker." The study also showed that many of the smokers and

former smokers interviewed bought into myths, for example, that exercise can largely reverse the effects of smoking. The researchers conclude "smokers underestimate their risk of lung cancer both relative to other smokers and to non-smokers...Smoking cannot be interpreted as a choice made in the presence of full information about the potential harm."

The recent news about the diagnosis of Peter Jennings has reinforced the fact that former smokers, even those who quit decades ago, are still at increased risk for lung cancer compared to never smokers. More data, however, is available on men than women. Miller et al. reported in the 2005 Annals of Epidemiology on a prospective study of the impact of tobacco cessation in a

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1 <http://www.cancer.gov/clinicaltrials/developments/newly-approved-treatments/page13>.

2 Hershberger PA et al. Cancer Res. 2005 Feb 15;65(4):1598-605.

3 Stabile LP et al. Cancer Res. 2005 Feb 15;65(4):1459-70.

4 http://cis.nci.nih.gov/fact/3_62.htm.

Advocacy

They are supposed to look beyond public perceptions and look at the facts.

Moving the former ALCASE, now Lung Cancer Alliance, to Washington DC was a strategic decision to take the battle for lung cancer awareness and research to the front lines.

We are literally one block from the White House, another deliberate decision to underscore our determination to have a seat at the table when public health policy decisions are being made.

NO MORE EXCUSES. NO MORE LUNG CANCER.

Our new slogan has become our mantra as we pound the halls of Congress educating Members and their staffs about lung cancer. The Lung Cancer Alliance and those living with the disease know the facts – but most of our public policy leaders at both the state and federal level do not.

When Congress and President Nixon launched the War on Cancer in 1971, lung cancer's 5-year survival rate was 12%. Today it stands at 15%. We want Congress to start asking why.

Why is the mortality rate still so high? Why has lung cancer research been consistently underfunded even though lung cancer has consistently been the biggest cancer killer for decades?

We can list some of the “reasons:”

- The stigma of smoking
- The public perception that massive tobacco cessation funding will “take care of” lung cancer
- Not enough survivors to launch massive grass roots campaigns like other cancers
- Ever-increasing pressure from politically entrenched cancers for shrinking research dollars

But none of these “reasons” can excuse Congress and our public health agencies for not doing a better health policy job. They are supposed to look beyond public perceptions and look at the facts. Even if they ignore the personal tragedies involved in 164,000 deaths a year, many of which could have been avoided with safe and reliable early detection, our public health policy makers should have been

swayed by the enormous budget impact of lung cancer. The Centers for Disease Control puts that number at \$5 billion per year.

Here's some of what we have been doing to address these “reasons” since we moved to our permanent DC office this year.

Building upon Sheila Ross' work these past two years as the Lung Cancer Alliance's Washington Representative, we've been proposing specific action items with key leaders in Congress, the Administration and federal agencies. These items include:

- Directing more federal dollars for research on all stages of lung cancer
- Holding congressional hearings to elevate public debate and awareness
- Undertaking an expedited review of screening technology and immediate research into safe and cost effective treatment of early lung cancer and pre-cancerous conditions
- Starting a pilot lung cancer screening program within the Department of Defense and the VA
- Including lung cancer research funding in any decision of settlement of the Department of Justice's racketeering suit against Big Tobacco

We testified before the Food and Drug Administration (FDA) panel on the need to keep IRESSA on the market for lung cancer patients. We have worked with CDC to build a better website for lung cancer information. They had none at all until we forced the issue. We met with Department of Energy officials on their little-known but very successful lung cancer screening program for high-risk workers at military plants.

We are reaching out and creating new alliances with other organizations and joining other advocacy boards that can help us advance our goals. We are giving lung cancer patients and those at risk for the disease a presence as well as a voice in Washington, DC.

Call For Action

While Lung Cancer Alliance will continue to aggressively press for change on all fronts, we will not be able to succeed

without your help. Most Capitol Hill Offices tell us they don't hear about lung cancer from their constituents. You can change this today. Every voice counts.

Call, write, fax or e-mail your Congressman and Senator to say that lung cancer is the leading cancer killer and must no longer be ignored. Letters to Congress need not be long, but many letters make a difference. Have your friends and family members do the same. Here is a sample paragraph that can be crafted to fit your individual circumstance:

Dear Representative/Senator:

I am writing/calling to alert you that lung cancer is the nation's leading cause of cancer death for men and women and that it kills more people than breast, prostate, colon and pancreas cancers combined. Despite these astounding facts, lung cancer research receives far less funding, per death, than other cancers. While addiction to nicotine in tobacco products is the leading cause of lung cancer, over 50% of those diagnosed this year will have quit smoking years, some even decades ago, or never smoked at all. Unless efforts are undertaken now – lung cancer will continue to be the leading cancer killer for decades to come.

Please do all you can to increasing research funding for this disease – particularly for early screening technologies and treatments. Since the vast majority of lung cancer cases are diagnosed in later stages of the disease, the mortality is 85% within five years from diagnosis. Like breast and prostate cancers, if detected earlier, research shows that the 5-year survival rates could literally be reversed

Please help us save lives. No more excuses – no more lung cancer.

Sincerely,
[your name]

For more information on this and other advocacy alerts, please visit our website at lungcanceralliance.org. ■

TREATMENT UPDATE

Lung Cancer Alliance continually monitors the latest treatment news. There has been a lot of treatment news since Spirit & Breath's last issue. Selections follow.

November 18, 2004

FDA approves erlotinib (Tarceva) for non-small cell lung cancer. Tarceva, from Genentech, is a new EGFR tyrosine kinase inhibitor.

For more information: Visit our website and <http://www.cancer.gov/clinicaltrials/developments/newly-approved-treatments/page23>

December 17, 2004

ISEL trial: AstraZeneca completed a post-marketing (Phase IV) clinical trial of Iressa (gefitinib). The results did not meet AstraZeneca's stated endpoint, i.e. a statistically significant endpoint. Since that time, AstraZeneca is still producing and selling, but not marketing Iressa. The FDA convened a meeting of the Oncology Drug Advisory Committee on March 4 and Lung Cancer Alliance was present.

For more information: visit our website and <http://www.cancer.gov/clinicaltrials/developments/newly-approved-treatments/page19>

March 7, 2005

Xyotax (paclitaxel poliglumex), a taxane plus a new delivery mechanism made by Cell Therapeutics, failed to prolong survival in a Phase III clinical trial.

For more information: http://www.cticseattle.com/investors_news.htm

March 14, 2005

Avastin (bevacizumab), a monoclonal (manufactured) antibody which the FDA previously approved for metastatic colon cancer has shown results against non-small cell lung cancer. Bevacizumab is an anti-angiogenesis medication.

The National Cancer Institute (NCI) announced results of an early analysis of a randomized clinical trial of bevacizumab in combination with chemotherapy in people with non-squamous, non-small cell lung cancer who hadn't received other treatments. Researchers found that study participants who received a combination of Avastin with standard chemotherapy had a median survival of 2.3 months longer than those receiving chemotherapy only. The most serious side effect among the group receiving Avastin was fatal bleeding from the lungs. The NCI stated this adverse event occurred "infrequently." The drug's manufacturer, Genentech, Inc., in concert with the FDA is considering how to address this adverse event. Genentech is considering submitting an application to the FDA for Avastin plus chemotherapy for previously untreated people with non-small cell lung cancer.

March 28, 2005

Targretin (bexarotene), a retinoid manufactured by Ligand Pharmaceuticals, a drug the FDA previously approved for lymphoma, did not meet goals in two Phase III studies conducted by Ligand on non-small cell lung cancer (NSCLC). According to Ligand, "No statistically significant differences in primary or secondary endpoints in the intent to treat population were seen in either trial."

For more information: http://www.corporate-ir.net/ireye/ir_site.zhtml?ticker=LGNDE&script=410&layout=-Source&item_id=689144

Dress Down Days Raise Money for Lung Cancer Alliance!

When Cindi Ward's mother was diagnosed with lung cancer in March 2003 and passed away that December, Cindi saw first hand what lung cancer can do to a person. As she says, "to watch my mother go through that made it even harder." Cindi and her family wrote a tribute to her mother on the Lung Cancer Alliance website – her name was Ruth Cooman. Cindi found out about the Lung Cancer Alliance (then known as ALCASE) while her mother was receiving her chemotherapy. "I saw a brochure for the Phone Buddy Program." Cindi's experience as a Phone Buddy volunteer and her desire to make a difference for lung cancer patients, prompted her to organize a "Dress Down Day" at her employer,



Cindi Ward (in middle with dark shirt and glasses) and colleagues

St. Paul Travelers Insurance Company, in Rochester, New York. These Dress Down Days raise money for lung cancer awareness. As Cindi puts it, "My best experience was knowing that I had a hand in raising awareness in my co-workers about Lung Cancer Alliance and its efforts to conquer lung cancer." ■

Become a Lung Cancer Alliance Volunteer

If you've thought about giving to the Lung Cancer Alliance with your time, there are many ways to do it. The Lung Cancer Alliance welcomes volunteers—near and far—for a variety of activities.

- Consider becoming a Phone Buddy. This program matches lung cancer survivors or family members who have similar circumstances, such as disease type, treatment regimens, or caregiving situations. Once the match is made, participants can phone each other for support, encouragement, and above all, hope. Phone Buddy volunteers are particularly helpful to people facing new diagnoses.
- Assist with the Lung Cancer Hotline. If you live in the DC Metro area and can assist callers with information, referrals, and support, please let us know.
- Volunteer your time to raise money for lung cancer. The Lung Cancer Alliance is always looking for dedicated individuals who can donate their time and energy to host an event to benefit Lung Cancer Alliance.
- Celebrate Lung Cancer Awareness Month. Raise awareness about lung cancer by coordinating activities during November in your area. This year, the Lung Cancer Alliance wants each state to declare November Lung Cancer Awareness Month. If you're interested in making this happen where you live, call us.
- Put your skills to work for the Lung Cancer Alliance. If you have proficiency with data entry, writing and editing, and/or fundraising, give us a call. We'd like to hear from you.

To find out more about becoming a Lung Cancer Alliance volunteer, email us at volunteer@lungcanceralliance.org or call us at 202-463-2080, between 9 a.m. and 5 p.m. Eastern Time. Your help is invaluable. ■

Marathon Run Raises Money For Lung Cancer Alliance, Honors Loved One

In December 2004, Boulder, Colorado resident Wren Siegel ran the California International Marathon in Sacramento. This marathon is known to have the fastest course in the West, but for Wren, it was a way to raise money to help eradicate lung cancer. In Wren's case, she ran for her stepfather's lungs.

For Wren, lung cancer is personal. Two and a half years ago, her stepfather was diagnosed with lung cancer. With her stepfather two thousand miles away in New Jersey, Wren wanted to do something to help him feel her support.

She decided to run a marathon to raise

She ran for her stepfather's lungs

money for the Lung Cancer Alliance. Wren held a silent auction at a Denver

restaurant. The business generously worked closely with Wren to coordinate a personal event honoring her stepfather and raising money for the run. When parents at the school where Wren works heard she was putting together a silent auction to raise money for lung cancer, offers poured in. People donated services such as a professional family portrait and an hour-long flight in a private plane, among others.

With the marathon complete, Wren offers tips to others who think they might want to raise money for lung cancer by running a race. "Two words: get organized," says Wren. "Have a plan and be creative and resourceful. Be willing to put yourself out in your community and don't be shy about asking for money." Final words of advice, from Wren, "make sure you have the time to devote to this type of fundraising." ■

Survivor Profile

By Deborah Benton

I was 43 when I went to my doctor complaining of pleurisy pain that turned out to be unrelated to cancer. He sent me for a chest x-ray and the same day called to tell me there was “something” on my right lung. From that point on, my life took a series of twists and turns that led me down a cancer survivorship path. I was sent for a CT scan and biopsy and was diagnosed with lung cancer on my 44th birthday. Within 12 days, I had a second biopsy and a lobectomy of the top and half of the middle lobes of my right lung. I was home three days after my surgery (no follow-up treatment was recommended) and left to cope with the rest of my life.

I tried to return to my life before cancer, but found it was impossible. My whole world had been shaken to its core and I realized I never could or would return to the life I had led. I was tired of and bored with my job and wanted to quit but quickly learned that health insurance, long-term care insurance, and life insurance were something I could no longer obtain as an individual. It was an eye-opener. I quit my job anyway, prayed I’d find another before my 18 months of COBRA ran out and went to graduate school full-time. Last year I earned my degree in legal studies. Now I hope to advocate for survivors’ rights to adequate health care and insurance and to work for an approved lung cancer screening. (Maryland subsequently started a high-risk insurance pool for people like me, allowing me to have individual health insurance. It’s not great and I have a

When I was newly diagnosed, the long-term survival of others gave me hope. Now I pray that my survival can provide that hope for others in turn.

Profile

From Where I Stand



Deborah Benton, 4½ year lung cancer survivor
Diagnosed with stage 1B non-small cell – adenocarcinoma – lung cancer on July 27, 2000

high deductible, but it’s better than no insurance!)

By far, my biggest challenge has been conquering the fear of recurrence. Some days are almost worry free, others not. The fear is always there. Yet, I have survived for 4½ years – so why not 40? I will never be one of those people who is thankful for her cancer – I have lost too much. But surviving cancer has allowed me to take risks and make changes I probably never would have made otherwise. I have learned to appreciate the things I always took for granted – the beauty of spring, the smell of honeysuckle, the return of baseball each year – and to savor the things I never took for granted – my mother’s love, my animals, and my health. Most of all, I am very, very grateful to be alive and well. Hope is what sustains me. When I was newly diagnosed, the long-term survival of others gave me hope. Now I pray that my survival can provide that hope for others in turn. ■

NEWS

Keep track of the latest lung cancer news on our website lungcanceralliance.org.

Patient Advocate Foundation (PAF) Offers Co-Pay Relief

Even when people receiving lung cancer treatment have health insurance, out-of-pocket costs for medicines can be high. A new program of PAF helps patients with private health insurance or Medicare with co-payments for pharmaceutical treatments for lung cancer. The Co-Pay Relief program is completely free. You can enroll by calling (866) 512-3861 or visiting one of the Web sites (see below). Co-Pay Relief call counselors will help determine your eligibility and complete program applications. Co-Pay Relief covers lung cancer medicines, both those taken at home and chemotherapy received in the hospital or clinic. People who qualify can be covered for up to \$2,500 per year. For more information, visit: copays.org or patientadvocate.org

National Cancer Institute Wants to Know What You Think

NCI Listens and Learns is a pilot forum for National Cancer Institute (NCI) to ask members of the community for input and for members of the community to offer NCI their input. This pilot program is structured to facilitate dialogue between NCI and two distinct segments of the community: registered cancer advocacy organizations and members of the general public. The pilot forum is overseen by the NCI’s Director’s Consumer Liaison Group (DCLG). Visit ncilistens.cancer.gov to learn about the pilot forum and how it operates. Note: This pilot forum is not intended to answer specific questions about cancer. If you have a specific question about cancer, visit cancer.gov/help or call 1-800-4-CANCER to be connected with a trained NCI cancer information specialist. ■

Smoking Cessation Research continued from page 3

cohort of 49,000 Canadian women. The authors undertook this study because “only a few cohort studies have been conducted to determine the impact of smoking cessation on lung cancer risk among women.” Please note that the Canadian and U.S. populations are not identical and that this was a single study.

The Canadian study found that “women who quit before age 30 or who have quit for 20 years or more are not at a significantly higher risk of lung cancer mortality, compared with never smokers” but women quitting after 40 or less than 20 years had a “significantly higher death rate of lung cancer than never smokers.” In comparison with current smokers, former smokers “who quit before age 50 have...significantly lower risk (at least 74% lower)” of lung cancer mortality.” They also found that “smoking cessation has an independent risk-reducing effect on lung cancer mortality.” ■

Our New Look

Across Spirit & Breath, our website and other materials, you're seeing a new look this spring. To accompany our name and location changes, you'll see new colors, a new slogan, and our new logo. We're excited about these changes and encourage you to visit our updated website. Many Spirit & Breath readers contributed suggestions on the newsletter's content. This helpful feedback enabled us to maintain Spirit & Breath's tradition of communicating directly with survivors and caregivers as well as to newly emphasize areas of special importance to readers. ■



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