Inhale for Life

In November 2017, LUNGevity launched a new awareness campaign to change the common perception of a lung cancer diagnosis. The campaign, Inhale for Life, utilizes video and social media to reach those living with lung cancer with the message that, thanks to new treatment options, people today are living longer and better with the disease.

Inhale for Life uses breathing to represent the connection among all of us — lung cancer patients and non-patients alike.

The campaign was launched through social media to coincide with Lung Cancer Awareness Month, supported in part by grants from Genentech and AstraZeneca. In addition to a video intercutting people taking deep breaths with facts about the disease, eight lung cancer survivors were highlighted with their personal stories. To date, the video has been viewed by over 365,000 people on Facebook alone, with over a thousand signing up to learn more.

A ten-second version of the public service announcement appeared before holiday crowds on a digital billboard in Times Square, made possible through a grant from Bristol-Myers Squibb. It was also shown to crowds at the Daytona 500 NASCAR races in Florida.

Stay tuned for the next topic in the awareness campaign series — on biomarker testing for people diagnosed with lung cancer. Biomarker testing can reveal information on whether there are changes in the cancer cells that can be targeted with specific drugs. Plans are also underway to launch a third effort on the importance of clinical trials.

Watch the video. Learn the facts. Join the movement.

Enhancing Veteran Access to Clinical Trials

Of the approximately 18,000 veterans diagnosed with lung cancer each year, about 8,000 of them are treated within the Veterans Health Administration (VHA) system.

Given the dramatic improvement over the past decade in treatment options for lung cancer as well as the vital point of access to novel therapeutics that clinical trials provide, it is imperative to ensure that veterans have access to clinical trials as part of clinical care throughout their treatment. LUNGevity Foundation is working with the VHA to prioritize this access.

continued on page 8
THE IMPORTANCE OF BIOMARKER TESTING

LUNGevity’s Take Aim Initiative

Personalized medicine is more important than ever with the identification of new biomarkers, improved testing methods to detect known biomarkers, and the rapidly evolving landscape of lung cancer therapy.

LUNGevity is a strong advocate for personalized medicine and in 2015 created the Take Aim initiative to ensure that patients have access to biomarker testing to help guide their treatment decisions in a timely way. Biomarker testing is an important part of a lung cancer diagnosis as it may provide information about changes, or mutations, in cells that became cancer, and specific treatments may be available to target these changes. Despite the benefits, many patients are still not tested, and Take Aim’s goal is to ensure all patients are tested.

Since the initiative began, LUNGevity has made positive strides forward in breaking down barriers to patient access to biomarker testing.

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LUNGevity Foundation is firmly committed to making an immediate impact on increasing quality of life and survivorship of people with lung cancer by accelerating research into early detection and more effective treatments, as well as by providing community, support, and education for all those affected by the disease.

LUNGevity is doing to improve outcomes for people diagnosed with lung cancer, and I applaud all of the people who are demanding change.

Together we can create a world where no one dies of lung cancer.

To learn more about how you can get involved, visit www.LUNGevity.org

Andrea E. Ferris
LUNGeVITY FOUNDATION ANNOUNCES

Tom Galli, Michael Marquis, and Andre Owens Join LUNGeVity Foundation Board of Directors

LUNGevity is pleased to announce three recent additions to the Board of Directors. Tom Galli, Michael Marquis, and Andre Owens, working together with other global leaders on the Board, will lend their expertise and passion to further LUNGevity’s work of changing outcomes for people with lung cancer through research, education, support, and vital public policy work. Tom is a lung cancer survivor, while Michael and Andre have lost loved ones to lung cancer; they bring a strong personal motivation to increasing survivorship in lung cancer.

Tom Galli is a 14-year lung cancer survivor, a retired Lieutenant Colonel of the United States Army, and the founder of patent holder company Ingenium Cubed, L.L.C. Tom’s career in the United States Army and the corporate world spans 45 years and includes a diverse background in civil engineering; tank-automotive system design, development, and manufacturing; contracting; program management; and productivity and business process re-engineering consulting. Commissioned in the Army Corps of Engineers in 1972 after graduation from University of Dayton, Tom’s military career began with troops in a Combat Engineer Battalion, included managing and directing the Army’s Abrams Tank production contracts and plants and leading initial production manufacturing of the M-9 Armored Combat Earthmover. After Army retirement, Tom founded Ethell-Galli Consulting International, a civil works and management services consulting firm. He joined Raytheon-E Systems in 1997 where, as Director of Advanced Concepts, he focused on marrying emerging technology with customer needs, gaining a promotion to Six Sigma Director and Champion in 2000. Tom founded Ingenium Cubed L.L.C., a patent holding company. He holds three patents, is a published author, earned an MBA, and is a graduate of the Defense Systems Management College, the Defense Contract Audit Agency Institute, and the Armed Forces Staff College.

Michael Marquis was appointed President of Vogue International, a Johnson & Johnson Company, in 2016, and tasked with completing a seamless merger into J&J while plotting a path for Vogue’s growth. As a valued member of the North American Leadership Team at J&J, he works in partnership with the other consumer brands to contribute to the advancement of human health in conjunction with the Credo of Johnson & Johnson. In 2014, Michael took on the leadership of the portfolio of businesses including iconic brands LISTERINE® and BAND-AID®. By focusing on core priorities and establishing a culture of health and learning, he was able to grow market shares of key product lines and build a team of leaders for the future. Prior to that, Michael was responsible for the Global Oral Care Franchise at J&J, where he headed up global strategy, marketing, innovation, and business development into emerging markets. Michael graduated from Bucknell University with a bachelor’s degree in accounting.

Andre Owens is a partner in the Washington, DC, law office of WilmerHale. His legal practice focuses on securities trading and markets activities. He counsels broker-dealers, securities exchanges, investment advisers, and other clients on a variety of regulatory issues. In the past, Andre served as a member of the U.S. Securities and Exchange Commission’s Office of General Counsel. He also served as counsel to former SEC Commissioner Steven M. H. Wallman. Andre graduated from Providence College with a bachelor’s degree and holds a JD degree from Harvard Law School.

“We are excited and honored that Tom, Michael, and Andre have joined our board. They each bring specialized knowledge and perspectives that will support LUNGevity’s strategic growth in the coming years.”

ANDREA FERRIS
President and CEO, LUNGevity Foundation
Two spectacular galas, the 5th annual Celebration of Hope Gala in NYC in November 2017 and the 7th annual Musical Celebration of Hope Gala in Washington, DC, in April 2018, attracted leaders of business, philanthropy, and science to raise funds for LUNGevity research, education, and support programs; honor those individual and organizations whose commitment and efforts to improve outcomes for lung cancer patients are making a difference; and just plain have a good time celebrating all the progress being made through lung cancer research. Honorees at the 2017 NYC Gala included Merck (Hope Award for Corporate Leadership) and Amanda Kouri, a young lung cancer advocate and survivor as well as the face of the Inhale for Life campaign (Face of Hope Award). Honorees at the 2018 DC Gala included the U.S. Department of Veterans Affairs (Public Service Face of Hope Award), Foundation Medicine (Hope Award for Corporate Leadership), and Philip Bonomi, MD (Face of Hope Award).

The 8th National HOPE Summit brought together hundreds of lung cancer survivors, caregivers, and advocates, who spent several April 2018 days in Washington, DC, at educational sessions — for lung cancer survivors, caregivers, and advocates — and social gatherings. Attendees went home with new knowledge and skills along with lasting connections of friendship and support.
Many people with family histories of cancer are getting tested to identify their cancer risk and take action before it starts. For example, the actress Angelina Jolie, who inherited the BRCA1 gene and whose mother died of ovarian cancer, underwent two preventive surgeries to reduce her risk of breast and ovarian cancer, while patients with an increased risk of colon cancer often take a daily dose of aspirin to reduce their risk.

LUNGevity awardee Zeynep H. Gümüş, PhD, Assistant Professor of Genetic and Genomic Sciences at the Icahn School of Medicine at Mount Sinai and an expert in using computational technology to analyze the biology of cancer cells, wanted families with a history of lung cancer to be able to reduce their risk, too.

“I was inspired by the progress in other cancers,” says Dr. Gümüş, “and I wanted to help the families of lung cancer patients by developing tests that would tell them if they are at increased risk of lung cancer.”

Identifying patients who are at high risk for lung cancer would mean they could be screened more frequently and the cancer could be detected earlier. Finding lung cancer early, in stage I or II, significantly increases survival.

Researchers have already been looking for genetic variants that predispose someone to lung cancer. So far, they have been using computing power to search through common variants. They have found some variants that could possibly demonstrate a predisposition to lung cancer in approximately 2% of the lung cancer population.

“The previous work is not enough to use to develop a risk assessment test for lung cancer,” explains Dr. Gümüş. “We need to look for rare genetic variations. Each person normally has about 100-150 rare variants. We need to compare them and see if we can find one or more variants that predispose someone to getting lung cancer.”

At Mount Sinai, Dr. Gümüş has a lot of computational power at her fingertips. “Our high-performance computing clusters are world-class. We have the storage capacity and computational power to look for these rare genetic variants in hundreds of people in a reasonable amount of time.”

Dr. Gümüş first took advantage of this computational powerhouse to make major breakthroughs in identifying genetic variants that drive cancer progression. Then, in 2014, she was ready to do the same for variants that predispose individuals to non-small cell lung cancer, so she assembled a team of expert collaborators and applied for a research grant from LUNGevity Foundation.

The LUNGevity grant, along with the team’s expertise and the tremendous computing power at Mount Sinai, allowed Dr. Gümüş and her team to study the rare genetic variations in a population of Ashkenazi Jews. By focusing on the genetics of this group, which has less genetic diversity than the general population, the team was able to reduce background noise and find the rare variants they needed. Ultimately, Dr. Gümüş and her team identified a set of genes that indicates an increased risk of non-small cell lung cancer.

Dr. Gümüş expects that her collaborators will move forward with these findings to develop a unique biomarker signature test that tells patients if their family members are at increased risk of lung cancer. “Family members will simply give spit or blood to the lab for testing,” she says. “More work is needed, just to confirm that this test is worth people’s time. But based on our results, this panel of tests is very exciting.”

Encouraged by these results, Dr. Gümüş is applying for federal funding to continue her work. This time, she wants to look for genetic variations that predispose families to small cell lung cancer.

“Dr. Gümüş has a lot of experience in using computational technology to analyze the biology of cancer cells.”

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“This wouldn’t have been possible without the Early Detection Award from LUNGevity,” notes Dr. Gümüş. “Because of the award, I have learned so much about lung cancer detection and treatment. Plus, I am now part of an amazing network of lung cancer researchers that continues bringing hope and progress to lung cancer patients and their families.”
Highlights of AACC 2018
DRIVING INNOVATIVE CANCER SCIENCE TO PATIENT CARE
by Upal Basu Roy, PhD, Director of Translational Research and Director of Patient FoRCe

The title of this article, Driving Innovative Cancer Science to Patient Care, was the name of this year’s AACR April meeting in Chicago, and it was a fitting name—there were lots of exciting advances in targeted therapies, immunotherapy, and more that I am pleased to share with you here.

Progress in TARGETED THERAPIES is continuing in two areas:

Understanding how to overcome EGFR and ALK mutations: Currently, patients whose tumors have an EGFR or ALK mutation are treated with drugs called tyrosine kinase inhibitors (TKIs). Although these drugs work really well initially, the cancer inevitably comes back by developing resistance to them. When a patient progresses on a first- or second-generation EGFR TKI, they are typically prescribed a third-generation TKI called osimertinib (Tagrisso®). This drug works by blocking a mutation called T790M, which cancer cells develop to outsmart the initial EGFR TKI(s) used. However, cancer cells have now developed mechanisms to resist osimertinib as well. Work from LUNGevity SAB Board member Dr. John Heymach’s laboratory shows that EGFR-positive lung cancer cells develop resistance to osimertinib via additional mutations in the EGFR gene—such as C797S or L792H—or they may lose the T790M mutation that makes them sensitive to osimertinib. This research is setting the foundation for answering What’s next? for patients whose cancer comes back after osimertinib treatment.

Targeting mutations such as KRAS—previously considered untargetable—and other, rare mutations: Progress is being made in targeting genes such as KRAS, long considered “undruggable.” Scientists have already developed drugs that block G12C, a specific mutation in the KRAS gene, the most common mutation in lung cancer. These drugs have shown immense promise in preclinical studies, and we hope to see them move into clinical trials by the end of the year. In addition, scientists have started developing drugs for other types of KRAS mutations and testing these in preclinical studies.

We may soon have drugs that block the RET mutation, found in only 1%-2% of non-small cell lung cancer (NSCLC) patients. Data from a Phase 1 trial with a RET-blocking drug show that the drugs worked in 50% of the patients enrolled in the clinical trial. Although the trial included only a small number of patients, the data are promising and will lead to Phase 2/3 trials soon.

IMMUNOTHERAPY, specifically “rational immunotherapy combinations,” might have made the biggest splash at this year’s AACR. Scientists are learning how to combine and sequence immunotherapy drugs with other immunotherapies or with conventional treatments such as chemotherapy. Data from a Phase 3 combination trial using an immune checkpoint inhibitor called pembrolizumab (Keytruda®) in combination with chemotherapy (pemetrexed-platinum compound) showed that the combination was far superior to chemotherapy alone in the first-line setting for advanced-stage non-squamous NSCLC, a subset of NSCLC. The most interesting piece of the data was that this effect was seen independent of PD-L1 protein expression. PD-L1 is a biomarker often used to identify which patients may respond to immunotherapy. In addition, another trial studying a combination of two immune checkpoint inhibitors, ipilimumab (Yervoy®) and nivolumab (Opdivo®), showed that the combination was more effective than chemotherapy alone in the first-line setting for advanced-stage NSCLC patients. Additional data from this trial are awaited. Immunotherapy is also showing promise in early-stage lung NSCLC patients. LUNGevity Career Development Awardee Dr. Patrick Forde’s work showed that immunotherapy given to early-stage NSCLC patients before surgery (also known as neoadjuvant immunotherapy) may prevent the cancer from recurring after surgery. This trial has laid the groundwork for several neoadjuvant immunotherapy trials for early-stage NSCLC patients. Read more about Dr. Forde’s work on page 7.

Research in SMALL CELL LUNG CANCER (SCLC), which has not yet seen the progress in treatments that NSCLC has, has definitely taken off. The small-cell session chaired by LUNGevity awardee Dr. Julien Sage focused on the latest research on understanding how SCLC lung cancer cells become resistant to chemotherapy and whether combination treatment approaches for SCLC are effective. DLL3, a protein produced in excess by SCLC cells, continues to progress through clinical development, not just as a therapeutic target, but also as a possible imaging target for SCLC. LUNGevity’s Scientific Advisory Board
Early-stage cancer patients before surgery (also known as Dr. Forde’s study suggests that use of immunotherapy in T-cells were also found in blood samples of the patients. Filled with tumor-fighting immune cells called T-cells. These were tested, the research team found that the tumors were 12 months after their surgery. When tumors from these patients before their surgery, 16 of the patients remained cancer-free in the small clinical trial of 20 patients who received nivolumab (Opdivo®), given LUNGevity Career Development Award, demonstrated that an early-stage NSCLC patients. The study, supported by a 2014 Medicine suggests that checkpoint inhibitors may help in treating cancers. Scientists are refining CTC-based technologies to better identify early-stage NSCLC patients who will have a higher chance of recurrence after surgery. CTC-based technology is also being developed for SCLC to classify which late-stage SCLC patients will not respond to chemotherapy and so may need to be monitored more vigilantly.

Immune checkpoint inhibitors—a new class of immunotherapy drugs—have shown promise in advanced-stage non-small cell lung cancer (NSCLC). Cancer cells escape from the immune system by producing proteins that dampen the immune response. Immune checkpoint inhibitors restore the immune system’s ability to track and kill cancer cells. Currently, immune checkpoint inhibitors are used to treat advanced-stage NSCLC. Early-stage NSCLC patients (stages I, II, and IIIA) are typically treated with surgery. However, surgery is often not curative and the cancer comes back in about 50% of these patients.

A recent clinical trial led by Dr. Patrick Forde from the Kimmel Cancer Center at the Johns Hopkins University School of Medicine suggests that checkpoint inhibitors may help in treating early-stage NSCLC patients. The study, supported by a 2014 LUNGevity Career Development Award, demonstrated that an immune checkpoint inhibitor called nivolumab (Opdivo®), given before surgery in early-stage patients, may delay recurrence. In the small clinical trial of 20 patients who received nivolumab before their surgery, 16 of the patients remained cancer-free 12 months after their surgery. When tumors from these patients were tested, the research team found that the tumors were filled with tumor-fighting immune cells called T-cells. These T-cells were also found in blood samples of the patients.

Dr. Forde’s study suggests that use of immunotherapy in early-stage cancer patients before surgery (also known as neo-adjuvant immunotherapy) may help generate tumor-fighting T-cells that persist in the blood and fight any residual cancer cells. Several Phase 3 clinical trials with larger numbers of patients are currently underway.

This practice-changing research was published in the prestigious New England Journal of Medicine on April 16, 2018, and presented at a platform presentation at the annual American Association for Cancer Research meeting in Chicago in April.

In her opening plenary presentation, Dr. Margaret Foti, the Chief Executive Officer of the AACR, recognized the importance of PATIENT ADVOCACY GROUPS in increasing awareness about cancer, helping raise funds for research, and partnering with researchers to develop drugs and execute clinical trials. A perfect example is the work of the ROSIders, a group of passionate ROS1-positive lung cancer survivors and their caregivers, which was presented at a poster session. This group is building a global community to accelerate ROS1 research and turn ROS1+ cancer into a manageable chronic disease.

This AACR meeting was just one of the important annual meetings where lung cancer research is presented. Next up, in June, is the American Society of Clinical Oncology (ASCO) conference. News from that conference will be presented in the Fall 2018 newsletter.

Reference: Neo-adjuvant immunotherapy in early-stage non-small cell lung cancer: Computerized tomography (CT) scan of stage IIB patient before (A) and after (B) immunotherapy before undergoing surgery. Red arrow identifies the tumor before and after immunotherapy, before the patient underwent surgery.
Driving Reform in Clinical Trials

LUNGevity convened our third annual Scientific and Clinical Roundtable on Clinical Trials in the fall to continue to drive change in the way clinical trials are developed and conducted. The meeting, attended by Dr. Rick Pazdur, Director of the FDA’s Oncology Center of Excellence, and his team, furthered work on the three main work streams: expanding eligibility criteria in order for more patients to have access to trials; streamlining reports of adverse event reporting so less time is spent on paperwork and processing; and evaluating opportunities for a synthetic control arm, which would allow more patients in trials to have the new therapy rather than standard of care.

This was the first time that the EMA, the European counterpart of the FDA, participated. EMA’s participation and perspective at the meeting was groundbreaking and made evident that the reform LUNGevity is driving has gone global. The meeting also included stakeholders from industry, academia and government, and patient representatives.

Enhancing Veteran Access to Clinical Trials

continued from page 1

Through a two-fold initiative of 1) facilitating options for referring veterans out of the VA to participate in clinical trials at academic institutions and 2) supporting long-terms goals set by the VHA to create more trials within the VA system, we are hoping to make immediate and lasting change for veterans. LUNGevity is working with the VA Office of Research & Development (ORD) to accomplish these goals through one-on-one meetings with the administration and co-sponsorship of multi-stakeholder roundtables. The first roundtable was held on April 12, 2018, and included attendees from the VA ORD, clinicians, researchers, administrators, and industry partners to identify and start to address barriers to setting up clinical trials in the VHA. We are also working with veteran service organizations, advocacy partners, and members of Congress to accelerate this progress.

LUNGevity’s Scientific and Clinical Roundtables expanded in 2018 to include our first Scientific and Clinical Roundtable focused on Patient Reported Outcomes (PROs). This multi-stakeholder meeting included Theresa Mullin, FDA’s Center for Drug Evaluation and Research (CDER) Associate Director for Strategic Initiatives and head of the FDA’s Patient-Focused Drug Development (PFDD) initiative, along with her team, industry partners, payors, European health technology assessment agencies (UK NICE), clinicians, and patients. The goal of the meeting was to home in on what should be measured with PRO instruments (what is important to patients), how to measure PROs, and how to communicate the results of the surveys. Through the Scientific and Clinical Roundtables, LUNGevity is driving the process of engaging patients as true partners in clinical development. LUNGevity is proud to continue our commitment to patient centricity and to advocate for the continued incorporation of the patient perspective in all aspects of cancer care.

Get help navigating your lung cancer diagnosis

Charity Navigator, the nation’s most trusted charity evaluator, has awarded LUNGevity a second consecutive 4-star rating, earned only by charities with the highest levels of transparency, reliability, and fiscal responsibility. In fact, only 30% of the charities evaluated by Charity Navigator have received at least two consecutive 4-star evaluations. LUNGevity Foundation continues to be a conscientious steward of your contributions.

- Information about lung cancer and treatment options
- Personalized support and counseling
- Referrals to financial assistance resources for needs including pain medication, homecare, childcare, medical supplies, transportation for treatment, and copayment assistance

Call the toll-free Lung Cancer HELPLine at 844-360-LUNG (5864), 9:00 a.m.- 5:00 p.m. Eastern Time, Monday through Friday.

www.LUNGevity.org

Q: Hildy, what is your personal lung cancer story?
Hildy: Lung cancer can happen to anyone. It’s random — I figure if it happened to me, it could happen to anyone. I’m healthy, active, and a non-smoker. I was diagnosed in November 2006, completely by accident, when I slipped on my stairs with a new pair of shoes. After an MRI and mishap diagnoses and referrals, I was lucky to find the lung cancer at the earliest stage.

Q: Upstage Lung Cancer has a unique approach to raising awareness. What was your inspiration?
Hildy: I needed to get the word out that if you find lung cancer early, survival rates increase and lives are spared. I thought: I’ve never run an organization, but I’m a singer and I do know how to produce a wonderful concert. With the help of friends, one fellow lung cancer survivor, we created the only organization that exclusively uses music and the performing arts to raise awareness and funding for early-detection lung cancer research. This is the 10th anniversary of our founding!

Q: Upstage Lung Cancer has been partnering with LUNGevity to fund research since 2012. What makes it work?
Hildy: I knew so little when I was first introduced to LUNGevity. Through our partnership, we were able to benefit from LUNGevity’s outreach capabilities and invest in world-class research. I was most impressed and grateful that Upstage Lung Cancer was given the opportunity to choose to support research from among the projects LUNGevity had targeted for funding. Having a voice in supporting research that best reflects our mission has been the hallmark of a valuable partnership between a small and a large lung cancer patient advocate organization. Together, we’ve funded several exciting early detection studies, including the second year of the research of Dr. Lida Hariri of Massachusetts General Hospital. She is using a new optics technique to create tools to guide tissue biopsies for better sampling and a more accurate diagnosis.

Q: What impact do you hope Upstage Lung Cancer will have?
Hildy: Most people in the general population don’t want to talk or hear about lung cancer. It is still a disease with stigma. My hope is that the joy of music can be the pied piper leading people to listen and learn about the progress and hope that continue to grow for lung cancer patients. We have found that at the end of a concert, our audience has had a wonderful time and feels more aware of the current need for more research to save lives. As Gershwin said, “Who could ask for anything more?”

SAVE THE DATE!

October 23, 2018
Upstage Lung Cancer presents
Barbra, Bette & Bernadette:
Women Show-Stoppers
.................................
an evening of song, with Emmy-
Award-winning Emcee and
performed by the best of Boston’s
professional actors and musicians.
The show will mark 10 years of
funding early detection lung
cancer research and will benefit
LUNGevity Foundation.

Mosesian Center for the Arts
321 Arsenal Street • Suite 2
Watertown, MA 02472

www.LUNGevity.org
Thank you to survivors, volunteers, friends, and family for participating in Fall 2017 Breathe Deep and Team LUNGevity events. You make the lung cancer community stronger! Be sure to check out our 2018 events.

2017 Breathe Deep events pictured here
1) Naperville, IL
2) Baltimore, MD
3) Team LUNGevity-Chicago, IL
4) Amador, CA
5) Busse Woods, IL
6) Boca Raton, FL
7) Ft. Myers, FL
8) Nashville, TN
9) Phoenix, AZ
10) Liverpool, NY
11) Washington, DC
12) Philadelphia, PA
Today, the Chicago area is home to some of LUNGevity’s strongest supporters. The area hosts a variety of LUNGevity events, from Breathe Deep North Shore, now just finishing its seventh year, to the Chicago HOPE Summit. The Windy City and its neighboring towns come out in force to raise awareness and funds for lung cancer research.

“The North Shore lung cancer community continues to grow — at our Breathe Deep 5K fun run and walk on May 6, we had close to 900 participants,” reported Lisa Spathis, Breathe Deep North Shore event co-coordinator. “Donations are still coming in, and we hope to raise $220,000.”

On May 10, LUNGevity Foundation hosted LOL... to Beat Lung Cancer — an evening of laughter at The Second City’s UP Comedy Club Theatre. There was a pre-show reception and “Legendary Laughs”— a 90-minute revue featuring the best of The Second City.

“The evening was an opportunity for the Chicago community to join together to help change the outcomes for people with lung cancer,” said event chair and LUNGevity Board member Marc Swerdlow. “We knew that laughter would bring people together in an unexpected way while raising funds for research and support.”

Area residents can also take advantage of the upcoming regional HOPE Summit, a day of expert speakers, tips on living well with lung cancer, and opportunities to share with other survivors and caregivers. For more information about the Chicago HOPE Summit on October 6, 2018, visit www.lungevity.org/hopesummits.

Are you an endurance athlete? Raise money for LUNGevity while running the Bank of America Chicago Marathon and Chicago Half Marathon by joining Team LUNGevity. Learn more at www.lungevity.org/teamlungevity.

Andrea Ferris, President of LUNGevity, stressed, “We are grateful for the role that the greater Chicago community has played, and continues to play, in the organization’s growth and efforts to create a world where no one dies of lung cancer.”

“I am so proud to be a part of LUNGevity. From our grassroots beginning in the suburbs of Chicago to a national organization, we are exceeding the goals of the founders. Our continuing efforts, through research and support, give us hope—hope that our vision of a world where no one dies of lung cancer will be a reality.”

PATTI HELFAND
## JOIN US AT THESE FUN AND INSPIRING LUNGevity SPRING AND SUMMER EVENTS

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<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tr>
<td>June 2</td>
<td>Breathe Deep Michigan</td>
<td>Birmingham, MI</td>
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<td>Breathe Deep Move to the Groove Concert</td>
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<tr>
<td>June 2</td>
<td>Breathe Deep South Lyon</td>
<td>South Lyon, MI</td>
</tr>
<tr>
<td>June 10</td>
<td>Breathe Deep Toledo</td>
<td>Toledo, OH</td>
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<td>June 24</td>
<td>Breathe Deep NEPA</td>
<td>Kingston, PA</td>
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<tr>
<td>August 11</td>
<td>Breathe Deep Salt Lake City</td>
<td>Salt Lake City, UT</td>
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<td>August 18</td>
<td>Breathe Deep Seattle</td>
<td>Seattle, WA</td>
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<tr>
<td>August 26</td>
<td>Transamerica Chicago Triathlon (Team LUNGevity)</td>
<td>Chicago, IL</td>
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<tr>
<td>September 9</td>
<td>Breathe Deep DuPage</td>
<td>Naperville, IL</td>
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For additional information about events near you, visit www.LUNGevity.org/events