UPDATES ON PROGRESS IN
OUR DRIVE TO END LUNG CANCER

LUNGEVITY

fresh air

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SPRING 2016

IN THIS ISSUE

LUNGEVITY'S MISSION

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 Launches Clinical Trial Ambassador Program

LUNGevity has created a new first-of-its-kind program to enhance clinical trial participation. The Clinical Trial Ambassador program matches potential first-time lung cancer clinical trial participants with veteran lung cancer trial patients. Patient-assisted research plays an integral role in achieving progress in survivorship and quality of life.

Continued on page 4

Successful LifeLine Program partnerships like this one between Matt Ellefson and Randall Broad were the inspiration for our Clinical Trial Ambassador Program.

New Sessions at DC HOPE Summit Empower People To Be Active Advocates

LUNGevity kicks off the 6th Annual National HOPE Summit with new sessions specifically designed for patient advocates. Advocates are patients, survivors, or caregivers who have a desire to use their voices and stories to advance lung cancer research and policy. The HOPE Summit advocates-only sessions will offer training on many ways to be a lung cancer advocate—including research advocacy, learning about policy, working with the media and public relations, using social media as an advocacy tool, collaborating with healthcare partners, and identifying opportunities to share one's personal story. Participants will end the day with a better understanding of how they can be strong advocates, as well as of the communication channels available to promote lung cancer awareness.

"This meeting is a unique opportunity for people who are interested in lung cancer advocacy to learn how to have a real impact and help change outcomes for those living with the disease," said Katie Brown, LUNGevity Vice President of Support and Survivorship Programs. "LUNGevity has invited experts in public relations, journalism, and patient advocacy to help participants pick up new skills."

The full three-day HOPE Summit survivorship conference will take place in Arlington, VA, on April 29-May 1, 2016, and the full day of advocacy-specific sessions will be held on April 29.

REFLECTIONS FROM
THE PRESIDENT'S DESK

May is LUNGevity's Lung Cancer Hope Month—when we focus on the progress being made in lung cancer research and how people are living with the disease. In this issue of Fresh Air, you'll see that there are many reasons to be hopeful.

Our upcoming survivorship conference, HOPE Summit, will have the largest number of survivor attendees to date. They'll gather in Washington, DC, to learn about the latest scientific progress and how to live better with lung cancer. We've also introduced a program on becoming stronger advocates for the lung cancer community.

Two members of our Scientific Advisory Board—David P. Carbone, MD, PhD, of Ohio State University and Charles M. Rudin, MD, PhD, of Memorial Sloan Kettering—discuss the rapidly advancing lung cancer landscape and the important contribution LUNGevity is making. We've also included exciting updates on past research grant awardees.

The new Clinical Trial Ambassador program, part of our initiative to help people access clinical trials, complements our patient education and Clinical Trial Finder. We match prospective clinical trial participants with lung cancer patients who have already been part of a trial to share experiences and answer questions.

Thank you for your continued support. You make it possible for us to offer these programs and to press forward with determination to create a world where no one dies of lung cancer.

Andrea Ferris

May Is Lung Cancer Hope Month

Five years ago, LUNGevity established May as Lung Cancer Hope Month to celebrate the incredible strides that the lung cancer community is making in research and survivorship. Each year we have more reasons to be hopeful—more treatments are being approved, more people are having their disease diagnosed early, the community of advocates is growing stronger, and many people are living longer and better with the disease. While November is Lung Cancer Awareness Month, May gives us another opportunity to raise our voices and let people know about the great advances that are being made and the impact they can have on future outcomes for lung cancer patients.

For the past few years, we've kicked off Lung Cancer HOPE Month with our annual national HOPE Summit in Washington, DC. This unique three-day conference provides valuable information for people living with the disease and their caregivers, and strengthens the lung cancer community through networking and sharing of personal stories while celebrating survivorship. We've grown our attendance with new participants each year, but there is nothing more hopeful to us than to see old friends return.

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LUNGevity Foundation is a 501(c)(3) nonprofit organization.

May Is Lung Cancer Hope Month

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You can help us spread the hope! There are so many ways to get involved this May.

- **JOIN** our #ThisIsHope social media campaign on Facebook, Twitter, and Instagram! Post a photo of yourself or your loved one, and tell us why you are hopeful for people living with lung cancer.
- **ADVOCATE** for people affected by lung cancer. Want to distribute LUNGevity materials in your area? Or share information and news about lung cancer in your community? Visit the LUNGevity website and download the Advocacy Toolkit to get yourself started!
- **ATTEND or VOLUNTEER** at an event near you! For an up-to-date listing of spring and summer events, please see the back cover of this newsletter.
- **CREATE** your own fundraising event in your community! You'll be supporting people affected by lung cancer while raising vital funds to help LUNGevity achieve its mission of improving outcomes for people living with lung cancer.
- **BECOME A MENTOR** to someone diagnosed with lung cancer. Are you a lung cancer survivor or caregiver? You can be matched with someone who will benefit from your experience. Learn more about becoming a LifeLine or Clinical Trial Ambassador volunteer by visiting the LUNGevity website.
- **SIGN UP** for our e-newsletter to receive monthly updates on what's new in early detection and treatment options and learn about support programs for people with lung cancer. Also, check out our Survivor and Expert blogs each month on our website.
- **DONATE** to LUNGevity's mission to improve outcomes for people living with lung cancer. Your donation today can help create a world where people live long and live better with lung cancer. You can make a one-time donation, a recurring monthly donation, or a gift in honor or in memory of someone.

LUNGevity Foundation Convenes Its First-ever Scientific and Clinical Research Roundtable

Clinical trials are a critical resource for the discovery of new tools to prevent, diagnose, and treat lung cancer in its various forms. Recent scientific and drug development advances have created both opportunities and complexities in lung cancer treatment and research. This has raised important questions: how to best optimize clinical trial design, patient selection, and regulatory requirements, especially given the rapidly evolving treatment landscape and emerging opportunities with new targeted agents, immunotherapies, and combination approaches. LUNGevity is committed to driving multi-sector collaboration to solve these important issues affecting lung cancer patients.

On February 5, 2016, LUNGevity Foundation hosted its first-ever Scientific and Clinical Research Roundtable, a day-long meeting in Arlington, VA, bringing together key stakeholders from across the lung cancer ecosystem to discuss challenges and opportunities in designing and executing clinical trials. The Roundtable provided a platform to build on discussions and activities launched during a July 2015 FDA meeting, with the objective of improving the lung cancer clinical trial landscape for patients, clinicians, drug developers, and regulators. The 64 attendees included leadership from the FDA, the NCI, and the pharmaceutical industry, as well as key patient advocates. Their dialogue was robust and led to a promising path forward.

Be a Champion of Hope!

For as little as $10 a month, you can help provide free support services and educational resources to patients and their families affected by a lung cancer diagnosis, as well as fund vital lung cancer research.

It's an easy way to donate. For about what you'll spend on coffee this week, you can help move LUNGevity one step closer to fulfilling its vision of **creating a world where no one dies of lung cancer.**

Sign up now by visiting www.LUNGevity.org/donate or calling 312-407-6100.

Clinical Trial Ambassador Program

Continued from page 1

The Clinical Trial Ambassador program aims to help patients who are considering participation in a clinical trial understand the process by learning from survivor mentors who can provide information from a patient's perspective. The new program is modeled after LUNGevity's successful LifeLine mentorship program, which matches a lung cancer patient or caregiver with a survivor mentor who offers encouragement, advice, experience, and hope through a one-on-one personal connection by email or telephone.

In recent years, the number of clinical trials for lung cancer treatments has grown exponentially, resulting in new drug approvals that increase the number of treatment options for patients. In 2015, the Food and Drug Administration (FDA) approved seven new treatments for lung cancer—more than it had in nearly 15 years. There are currently over 120 treatments in development for lung cancer. Participation in clinical trials for these treatments will give patients greater opportunities to take an active role in research.

"The therapies approved in the last five years would not exist without successful clinical trial research. LUNGevity is proud to play a role in supporting both the patient experience and vital scientific progress by pairing potential lung cancer trial participants with those who have already undergone the process," said Andrea Ferris, president and chairman of LUNGevity Foundation.

Support from donors makes it possible for LUNGevity to offer this service to lung cancer patients at no cost.

Learn more about the Clinical Trial Ambassador program at www.LUNGevity.org/clinical-trial-ambassador. LUNGevity invites lung cancer patients who would like to be matched with a mentor, or those who have experienced a clinical trial and are interested in serving as a mentor, to apply at www.LUNGevity.org or call 312-407-6116.

LUNGevity is excited to expand our relationship with Total Wine & More

The company, based in Bethesda, MD, is the largest U.S. independent retailer of fine wine. They have generously supplied the wine for LUNGevity's galas in Washington, DC. In May, Total Wine & More is hosting events in McLean, VA, and Atlanta, GA, to commemorate Lung Cancer Hope Month and the promise of LUNGevity's cutting-edge research and support programs.

Over the past two decades, Total Wine & More has proudly supported a number of local, regional, and national charitable organizations with more than $45 million in in-kind and monetary donations. Their corporate philanthropy program focuses on organizations that foster the humanities, health services, and education.

We are honored to be among their valued charity partners and are grateful for their ongoing support.

IN LUNG CANCER RESEARCH
advances

Dynamic Times in Lung Cancer Research

We spoke with Dr. David Carbone about the changes he's witnessed in the field of lung cancer research during his career and the new treatments that are giving hope to patients.

David P. Carbone, MD, PhD, *is President, International Association for the Study of Lung Cancer (IASLC), Director of Thoracic Oncology at The Ohio State University, and a member of the LUNGevity Scientific Advisory Board.*

What changes have you seen in the field of lung cancer as a medical oncologist and researcher?

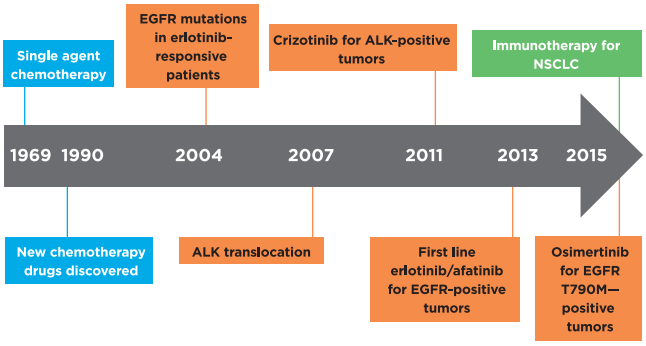
I've been working in lung cancer for 25 years, and the changes in that period of time have been dramatic. From 12 years ago to now, we've seen significant advances. Back then we were just learning about the major role of the EGFR mutations in lung cancer. Few places were testing for these EGFR molecular changes. We didn't know about the other types of mutations. We didn't know what to do when people's cancers became resistant to EGFR targeted drugs. We didn't know about ALK. At that time, genetic testing was infrequent and we had to get the word out that testing was important and that major clinical benefits were being seen with the targeted treatments then available.

Since then, we have made major strides in this area and new ones. Now 80% of tumors are tested for molecular changes, and the quality of testing is broader and better. Everyone should have their tumors tested. We've seen a huge improvement in testing in the last decade, although there is still room for improvement, and it is very clear that it is important to have as much information as possible when making a treatment decision. We also now have liquid biopsies as an option in some cases, even if they are not as sensitive as tissue analyses, and we are hoping to have more widespread application soon.

In that period, ALK fusions were defined. We now have multiple drugs in the clinic to treat ALK-positive lung cancer. We now understand the major mechanisms of resistance to treatment to EGFR and ALK inhibitors. We now have new drugs that are highly effective and less toxic than the first-generation therapies. These allow us to maintain people with driver mutant tumors on oral treatments for longer and longer periods of time. And it's very encouraging to see fewer side effects, so people feel well while their cancer is being effectively treated. Multiple additional targets have been identified—MEK, MET, BRAF, and others—and targeted treatments for them are being studied. As a field, we are working hard to get these new targets into routine testing and then develop treatments for them.

In the last year or two, an entire new category of lung cancer therapy has emerged—immunotherapy. I think that it will represent another major new treatment for this disease. Like the targeted therapies, immunotherapy is not suitable for everyone. We are just learning how to select patients. Three out of four patients don't respond to immunotherapy, just as currently about three out of four don't have targetable mutations. But there is an important subset of patients who are experiencing what we call a durable, or long-term, benefit.

Unfortunately, even in the United States today, we know that about 40% of people diagnosed with lung cancer don't get any treatment at all. One reason is late diagnosis of the disease. We really need to push to get CT screening for lung cancer used more widely, so the disease is found earlier. At the same time, we have to get primary care doctors and pulmonologists to recognize that we do have effective treatments and refer people for treatment. And we need community oncologists to encourage second opinions at academic medical centers to ensure that the latest approaches are used. *Continued on page 6*



This timeline highlights the progress in the science of lung cancer.

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What changes do you foresee in the next three or so years, and what will have the greatest impact?

We want to build on the scientific advances we've made in the last decade, for we still aren't curing most patients with advanced disease. The challenge will be to convert responses to treatment to actual cures. I am hopeful that the pace of progress and drug approvals, including in small cell lung cancer, will continue to increase.

A question we're asking now is whether *starting* newly diagnosed patients on immunotherapy, versus starting on chemotherapy (the currently approved approach), might improve outcomes. The thinking is that some people may have long periods of remission without being treated with chemotherapy at all. We have the same question about targeted therapies—whether it is best to start with the newer drugs or sequence them after the older ones. This need for the right sequencing of treatments is not just a technical question—these studies could change the landscape of cancer therapy. There is a chance that there are patients who won't have to take chemotherapy, at least for many years. Even with much better supportive care, chemotherapy often has many more side effects than these newer types of treatment.

We also are focused on learning potentially new ways of manipulating the immune system to allow people who don't respond to the new PD-L1 drugs to benefit from immunotherapy. And we need to understand better who will benefit from this class of treatment, in the way we know that for targeted therapies.

However, the challenge of disseminating the state-of-the-art information we do have is still big. In IASLC—the first letter in our name is "I" for international—a central mission is improving the lives of lung cancer patients across the world. We need to get current information out to the public and practicing oncologists, so they can properly and appropriately use those drugs and new approaches to manage their patients. The first step in getting medical practice to change and governments to appropriately support diagnosis and treatment of the disease is to educate physicians and health officials of the advances we have been discussing.

IASLC has members in 90 countries, with education programs across the world. Its publication, *Journal of Thoracic Oncology*, is published in multiple languages. We also have grant programs for people to visit the US and other medically advanced countries to learn how we practice. The goal is for those doctors to take that knowledge back home to help their patients and advocate to their health systems to change important local policies.

This is an exciting as well as a difficult time because lung cancer is in such a dynamic period of change. I work exclusively in thoracic oncology, and I feel like I have trouble keeping up. I can imagine the difficulties faced by community oncologists who have to manage whatever comes in the door. So we also need to move toward specialty care for lung cancer, especially for second opinions, before starting treatment.

New Hope in Small Cell Lung Cancer Treatment

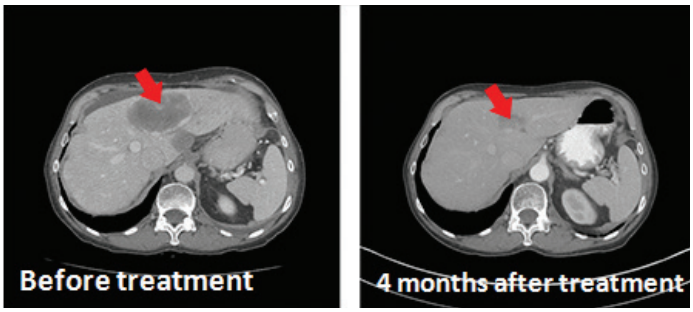
Small cell lung cancer, a highly aggressive type of lung cancer, accounts for about 10%-15% of lung cancer cases. There are few approved treatment options, with no targeted therapy and no approved immunotherapy approaches to date. Despite what are often initially very good responses to treatment, this cancer almost inevitably comes back. New understanding of the biology of small cell lung cancer is providing hope for major improvements in outcomes for patients.

Charles M. Rudin, MD, PhD, Chair of the LUNGevity Scientific Advisory Board and Chief of Thoracic Oncology at Memorial Sloan Kettering Cancer Center, discusses recent advances in the treatment of small cell lung cancer.

How has the understanding of small cell lung cancer changed over the past decade?

The last 10 years have been marked by a dramatic advance in our knowledge of small cell lung cancer. We now have better insight into different aspects of the biology of the disease. We are also beginning to understand how to target the disease more effectively. In the next few years, we will see some of the new targets play out. I am really excited about the potential for near-term progress.

For a long time, we did not know enough about the mutations that cause small cell lung cancer, and that was a big barrier. Also, the mutations that we knew of occurred in the RB gene or the TP53 gene. These are tumor suppressor genes that act like brakes to stop cancer cells from growing. Neither of these mutations can be easily targeted, as has been successfully done with specific inhibitors of EGFR and ALK in lung adenocarcinomas. But information about the broader range of alterations in small cell lung cancer is changing really fast. We are gaining key insights both from genomic studies and from proteomic research—in other words, from looking at the changes in the genes and also at some key protein changes that represent new targets of vulnerability in small cell lung cancer.



Treatment with a PARP inhibitor shrinks small cell lung cancer. The cancer is indicated by a red arrow. Image courtesy of Dr. Lauren Averett Byers

What are some of the new treatment approaches being considered for small cell lung cancer?

Last year, immune checkpoint inhibitors were approved for the treatment of non-small cell lung cancer. Now, we are beginning to see results from clinical trials with small cell patients with these immune checkpoint inhibitors. These clearly do have activity. We have also started to develop other immunotherapies that may be specifically interesting in small cell lung cancer, such as antibodies targeting a protein called CXCR4, as well as several others. This is a very hot area right now, as it is in so many other cancer types.

Another interesting group of drugs is PARP inhibitors. PARP is an important component of pathways that cancer cells use to repair DNA damage. PARP levels are remarkably high in small cell lung cancer. This may allow cancer cells to survive the damaging effects of chemotherapy and radiation. PARP inhibitors block this protective mechanism and may make the cancer cells more susceptible to standard therapies.

And now we are studying new pathways that are involved in the growth of cancer stem cells. These are cells that have the capacity to start new tumors in the body. The Notch signaling pathway controls many aspects of normal developmental biology. It turns out that certain proteins in the Notch pathway become active in small cell lung cancer. These proteins appear to be really important in the ability of this cancer to form new tumors and spread to different organs. As we begin to understand the Notch pathway better and how it is changed in small cell lung cancer, we can develop drugs targeting these cancer stem cells. Our hope is to develop drugs that have a more long-lasting effect than regular chemotherapy.

How are we using combination therapy for the treatment of small cell lung cancer?

The PARP inhibitors are being studied in clinical trials, either alone or in combination with standard or new chemotherapy drugs, like temozolomide. (The standard drugs include cisplatin and etoposide.) Many of us are excited to see the results of the initial trials of these drugs in small cell patients. In parallel with these initial clinical trials, new data from several labs are providing new insights into how these drugs really work. Not all PARP inhibitors are the same. These new insights are helping us design a second wave of clinical trials inhibiting this target in what we hope will be optimal ways.

Combination immunotherapy trials are being conducted as well. This is a really rapidly expanding area. Only small trials have been reported so far, but there appears to be anti-cancer activity with the immune checkpoint inhibitors targeting PD-1. Adding a second drug targeting, for example, another key immune target like CTLA-4 has advantages as well. It is too early to say how long these responses will last. But there is certainly a lot of excitement about this. At the same time, a host of other drugs are being combined with these drugs—including some older drugs being reborn as immune modulators!

How has LUNGevity impacted small cell research?

LUNGevity is impacting progress in small cell research in several ways. First, funding for young researchers is important in attracting the best minds that we have toward this incredibly complex yet underfunded disease. With LUNGevity's support, Career Development Awardee Dr. Lauren Averett Byers at MD Anderson Cancer Center has helped lead a major clinical trial with veliparib, a PARP inhibitor. LUNGevity is also funding research on the early detection of small cell lung cancer—an area that we do not know much about. Early Detection Awardee Dr. Ignacio Wistuba, also at MD Anderson Cancer Center, is working on a non-invasive biomarker-based test for small cell lung cancer. At the end of the day, we all want to improve the survival and quality of life of small cell patients. Efforts by organizations such as LUNGevity are helping move this agenda forward.

"I think it's a very exciting time to be in the field of small cell lung cancer research. Small cell has remained an unsolved mystery for a long time. Now we are gathering new clues that are translating into new targets. It's a time of hope for this disease."

CHARLES M. RUDIN, MD, PHD

Stories of Progress

The following stories feature just three of the exciting studies LUNGevity is funding to advance the science of lung cancer.

2012 AWARDEE
CAREER DEVELOPMENT

Christopher A. Maher, PhD

Washington University in St. Louis, St. Louis, MO

Predicting Cancer Free Outcome After Surgery in Stage I Non-Small Cell Lung Cancer Patients

Stage I lung adenocarcinoma patients are typically treated with surgery that is thought to be curative. However, in about a third of these patients, the cancer comes back.

Dr. Christopher Maher from Washington University in St. Louis is studying how lncRNAs can predict if the cancer will come back after surgery. LncRNAs, or long non-coding RNAs, are a special type of RNA that had not been well understood. Both normal and lung cancer cells make lncRNAs. Thanks to LUNGevity funding, Dr. Maher and his colleagues have discovered 111 unique lncRNAs in lung cancer cells of squamous cell lung cancer and adenocarcinoma patients. A subset of these is unique to patients who relapse after surgery.

Building on this exciting finding, they are now developing and testing a lncRNA "signature" that can predict whether a Stage I adenocarcinoma patient will relapse after surgery. The ultimate aim of this project is to ensure that patients who are at high risk of recurrence receive treatment at the right time, so that the cancer does not come back.

2013 AWARDEE
EARLY DETECTION

Ignacio I. Wistuba, MD

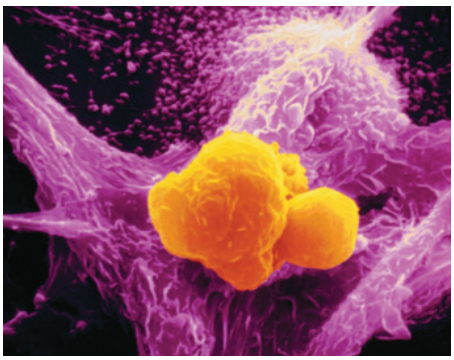
Humam Kadara, PhD

The University of Texas MD Anderson Cancer Center, Houston, TX

Developing a Non-Invasive Test for the Early Detection of Small Cell Lung Cancer

Small cell lung cancer (SCLC), seen in 10%-15% of all lung cancer patients, is a highly aggressive type of cancer, with most patients diagnosed with extensive-stage cancer. Drs. Ignacio Wistuba and Humam Kadara from the MD Anderson Cancer Center are developing a technology to detect SCLC at a stage when it is potentially treatable. With LUNGevity funding, this team is studying RNA molecules from cells in the noses of healthy people and in SCLC patients. Cells from the nose can be easily removed with painless scraping. The team has found that cells in SCLC patients make unique RNA molecules that are not found in cells of healthy people. Building on these findings, they are developing a non-invasive test to detect SCLC in high-risk populations, such as those with a history of smoking.

Drs. Wistuba and Kadara's research will also identify new proteins that can be targeted for the treatment of SCLC.



A specialized type of immune cell called macrophage (purple) eating a cancer cell (orange)

2014 AWARDEE
IMMUNOTHERAPY

Julien Sage, PhD

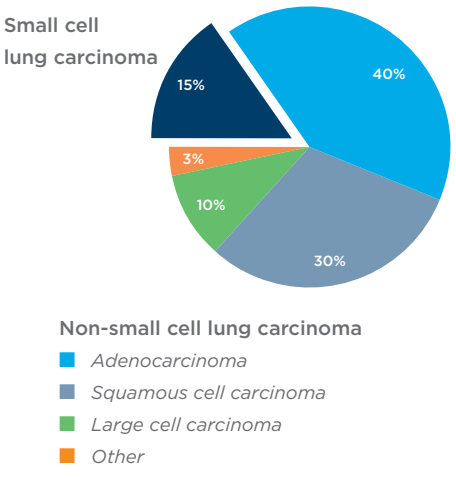
Irving Weissman, MD

Stanford University, Stanford, CA

Uncloaking Small Cell Lung Cancer Cells for Immunotherapy

Cancer cells are shrewd. They evade the immune system by wearing an "invisibility cloak"—producing proteins that stop immune cells from functioning. Dr. Julien Sage from Stanford University and his collaborator Dr. Irv Weissman have found that small cell lung cancer (SCLC) cells produce high levels of a protein called CD47 that coats the cancer cells. The CD47 protein helps SCLC cells hide from macrophages, specialized immune cells that normally "eat" cancer cells. With funding from LUNGevity, Dr. Sage is testing how blocking the CD47 protein would make SCLC cells more "visible" to the immune system. He has already found that mice bearing SCLC tumors live longer and are healthy when they are treated with drugs that block CD47. Dr. Sage's goal is to test this approach in human patients to advance immunotherapy treatment.

Types of Lung Cancer by Histology



Thank you to our incredible Breathe Deep volunteers and participants who made 2015 so successful.
Be sure to check out our 2016 events!


1

2015 Breathe Deep events pictured here

1) *Phoenix, AZ*
2) *Nashville, TN*
3) *Boston, MA*
4) *Washington, DC*
5) *South Jersey, NJ*
6) *Baltimore, MD*
7) *Busse Woods, IL*
8) *Atlanta, GA*
9) *Fayetteville, AR*
10) *Fort Collins, CO*
11) *Tucson, AZ*
12) *New York, NY*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Why We Give

An interview with Leo and Judy Zickler of the The Zickler Family Foundation

Q: How did you first become involved with LUNGevity?

Leo Zickler: When Judy was diagnosed with lung cancer in September 2014, we started searching for assistance and information about medical resources and the best course of treatment. We were referred to Andrea Ferris, president of LUNGevity. We were lucky to have a connection, and surprised to find our offices were just down the street.

Judy Zickler: I also participated in the first Breathe Deep DC walk in 2009. I walked with my daughter and her friend, whose husband is lung cancer survivor Jerry Sorkin, a LUNGevity board member and the event founder. That was five years before my own diagnosis.

Q: Why did you decide to make a gift to the Foundation?

Leo: Because of the help we received, we knew we wanted to give back to LUNGevity. After Judy's treatment, there were no pressing medical steps we needed to take. I turned my attention to the LUNGevity website. There were so many important messages there, and we wanted to make sure that others who are newly diagnosed could easily find the resources they need. Judy and I decided to make a gift to LUNGevity that would improve the visibility of the site and the accessibility of the information.

Q: What is your philosophy of giving?

Leo: We ask, what can we do that will help make a difference to an organization? With the money we have to give, what will have the greatest impact? I like to understand what stage the organization is in, and find the area where my gift will accelerate progress.

Judy: Leo and I donate because we are truly "grateful patients" and feel the need to give back to help others who share a similar experience.

Q: Judy, do you have a message for other lung cancer survivors?

Judy: Yes. You don't have to be defined by your disease. I don't see myself as just a patient or a survivor. I'm Judy, and I happened to have had lung cancer.

Why I Volunteer

We spoke with Jennifer Marsh, Event Coordinator for Breathe Deep San Diego, about her personal relationship with lung cancer and LUNGevity Foundation.

How did you first get involved with LUNGevity as a volunteer?

My mom was diagnosed with lung cancer in 2008. She underwent a series of treatments, but ultimately passed away just 10 months later. After taking some time to process everything, I decided to get involved in a local advocacy group. I was doing research online, but everything I found was focused on helping people after they had been diagnosed. While that's incredibly important, I wanted to find a group that focused on early detection as well as treating the disease. I found LUNGevity and reached out via social media to see if there was an event in San Diego. Almost immediately the staff responded with, "No...do you want to start one?"

Why did you choose to be part of this particular organization?

LUNGevity's focus on research to stop lung cancer goes to the heart of what I want—to live in a world where no one dies of the disease. I want to know that no other family has to endure what mine did.

How do you think the Breathe Deep events program impacts the San Diego community?

I think we bring awareness to the community that lung cancer impacts everyone.

What is the most rewarding thing you get out of being a coordinator?

The Breathe Deep San Diego event was started in honor of my mom. And I have met some amazing people who have become part of my extended family.

What is your vision for the event?

My vision is to create a lung cancer community. Not only are we raising money for a phenomenal cause, but we are also coming together to support each other.

What impact do you hope your fundraising efforts will make?

My greatest hope is that one day we find a cure.

LUNGEVITY & FRIENDS CELEBRATE PROGRESS

1) *DC Gala Chairs Dr. Paul Stern (left) and Earl Stafford's (right) tremendous efforts resulted in a memorable evening.* **2)** *We are grateful to Rosemary Marquardt (center) for her generous support of our NY and DC galas.* **3)** *DC Honorees Tom Monahan and Dr. Richard Pazdur accepted awards for their incredible commitment to making a difference for those living with lung cancer.* **4)** *Guests reveled late into the night in Washington, DC, enjoying post-dinner dancing and musical performances.* **5)** *DC Emcee Doug Kammerer once again led a wonderful program.* **6)** *Guests enjoyed exciting casino games and live music at the Fall Benefit in Chicago.* **7)** *LUNGevity co-founder Patti Helfand (second from left), pictured with her family, was honored with the Founders Award at the Fall Benefit.* **8)** *Newton Crenshaw accepted the LUNGevity Hope Award for Corporate Leadership on behalf of Lilly Oncology at the NY Gala.* **9)** *NY Co-Chairs Peter and Debbie Babej (top row, center) brought together leaders in business, civics, and philanthropy for a night of celebrating hope.* **10)** *NY Emcee David Ushery explained how LUNGevity works to address the unmet needs of lung cancer patients.* **11)** *NY Honoree and lung cancer survivor Richard Heimler shared his inspiring story when he accepted the LUNGevity Face of Hope Award.* **12)** *NY Co-Chair Alex Stern and Vernon E. Jordan.* **13)** *NY Co-Chair Rachel Stern (far right) together with LUNGevity's NY Young Professionals.*

LUNGEVITY

Find it. Treat it. Live.

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Chicago, IL 60604
312.407.6100

JOIN US AT THESE **LUNG**EVITY SPRING AND SUMMER EVENTS

May 7	Breathe Deep Kankakee	Kankakee, IL
May 7	Breathe Deep Newark	Newark, OH
May 14	Breathe Deep Greensburg	Latrobe, PA
May 15	Breathe Deep Virtual Walk	Location of your choice
June 4	Breathe Deep Michigan	Birmingham, MI
June 4	Breathe Deep NEPA	Kingston, PA
June 11	Breathe Deep Columbus	Columbus, OH
June 11	John Whiteside/Beatrice Green Lung Cancer Walk & Fun Run	Arlington Heights, IL
June 12	Breathe Deep Bay Area	San Jose, CA
June 18	Breathe Deep Cleveland	Cleveland, OH
June 18	Breathe Deep Des Moines	West Des Moines, IA
August 6	Breathe Deep Salt Lake City	Salt Lake City, UT
August 13	Breathe Deep Seattle	Seattle, WA
September 10	Breathe Deep Philadelphia	Philadelphia, PA
September 11	Breathe Deep DuPage	Naperville, IL
September 11	Breathe Deep Fort Collins	Fort Collins, CO
September 18	Breathe Deep Albany	Loudonville, NY
September 18	Breathe Deep CNY	Liverpool, NY

For additional information about events near you, visit www.LUNGevity.org/events