Fun at Battery Park on June 23rd

Join the American Lung Association and Vermont Lung Center for the second annual LUNG FORCE Walk Burlington, presented by Green Mountain Electric Supply on Thursday, June 23rd at Battery Park from 5:00-7:30 PM. LUNG FORCE is the American Lung Association’s national campaign to raise awareness of lung cancer - the number one cancer killer of both men and women in the United States. On average one person dies from lung cancer every day in Vermont.

The LUNG FORCE Walk is like no other charity event. In addition to a 1.75 mile walk from Battery Park to the Burlington waterfront and back; there will be yoga with Sangha Studio, Zumba with Synergy Fitness, games for kids with Let's Grow Kids, SunCommon’s solar-powered bounce house, food trucks, exhibitors, and more. There will also be four mission tents led by the American Lung Association where you can learn more about lung health, take photos and share on social media, and more. Visit each of these tents, and you’ll be entered to win a special "Night Out in Burlington” gift basket at the end of the Walk which includes a one night stay at Hotel Vermont, dinner for two at Leunig’s, a Segway tour for two, and more!

FREE Ben and Jerry’s ice cream for all who attend!

Head over to http://action.lung.org/goto/VTLungCenter to register - then grab your friends, family, and colleagues and meet us at Battery Park on June 23rd for a beautiful summer evening you won’t forget!

Please contact Kristen at VTLungForce@LungNE.org or 802-876-6866 for more information. ... See you there, The Vermont Lung Center Team!

Welcome Kathy Meehan
Research Coordinator

Kathy joined the Vermont Lung Center in March of 2016 as a Research Coordinator. She comes to VLC from having worked 11 years for the University of Vermont Medical Center in the Pulmonary Clinic. Kathy grew up in Enosburg Falls and now lives in Winooski. She enjoys working with the research team and enjoys seeing some of her former pulmonary patients that are currently involved in research studies at the Vermont Lung Center.

When not at work, Kathy enjoys spending time with her husband and four children.
Lung Cancer Screening
Garth Garrison, M.D.

In 2016 there will be an estimated 224,000 new cases of lung cancer diagnosed in the United States and lung cancer will be responsible for over 162,000 deaths. Around 85% of lung cancer cases are associated with cigarette smoking. Although there has been a decline in the overall rate of lung cancer since its peak in the 1960s, lung cancer is still responsible for over 25% of all cancer related deaths. Currently, only about 17% of people diagnosed with lung cancer will be alive 5 years after diagnosis. One of the significant factors driving the poor prognosis in lung cancer is that most people are diagnosed when the cancer is in an advanced stage. As is the case with most cancers, when lung cancer is detected earlier, the prognosis is much better.

Catching lung cancer early is challenging. When in an earlier and more treatable stage, lung cancer often does not cause symptoms. Symptoms associated with lung cancer including chronic cough, weight loss, or even coughing up blood often do not arise until the cancer has progressed. Thus, to find early stage cancer, asymptomatic high-risk patients have to be screened. Screening of individuals without symptoms of cancer has become well-established practice in breast cancer, colorectal cancer, and cervical cancer among others. Until recently lung cancer screening had little evidence to suggest it was effective enough to increase the number of people surviving following a lung cancer diagnosis. From the 1960s to the 1980s, trials using chest x-rays with or without analysis of sputum were investigated but unsuccessful. These technologies did not allow for frequent detection of small cancers. With the development of the computed tomography (CT) scan in the 1970s, technology was available to more accurately identify and characterize small lesions within the lung. Further refinements allowed for increasing level of detail in shorter amounts of time and with decreasing amounts of radiation exposure.

Several studies including one large study called I-ELCAP (Early Lung Cancer Action Program) looked at the question of whether or not a low-dose CT scan (LDCT) of the chest, done on a regular basis, could detect lung cancer earlier. The I-ELCAP study, which began in 1993, did indeed show that for people without symptoms of cancer but who were at increased risk, annual screening with a LDCT led to a significant increase in the number of cancers diagnosed in the earliest stage (stage IA). 88% of those who were diagnosed in this early stage lived at least 10 years.

With I-ELCAP and other studies suggesting a possible benefit, a large US screening study sponsored by the National Cancer Institute was conducted from 2002-2009. The National Lung Screening Trial (NLST) screened 53,454 high-risk individuals with either annual chest x-ray or LDCT. Those enrolled in the study were 55-74 years of age with a 30 pack-year cigarette smoking history and who were actively smoking or had quit within the prior 15 years. The study was published in 2011 and indeed did show a 20% decrease in lung cancer related death with annual LDCT vs. chest x-ray. As with I-ELCAP, there was a notable change in the distribution of stages at the time of diagnosis with a higher proportion of patients diagnosed at earlier stages.

Be a Research Volunteer

The Vermont Lung Center is responsible for making sure you know what is expected of you in regards to the research study:

1. Once the study is explained to you, you will be asked to read and sign an “Informed Consent”. This form is designed to explain everything you need to know about the study.

2. Studies may be therapeutic (involving observation of lung function). However, The Vermont Lung Center can make no claims that your involvement in a research study will improve your condition.

3. Compensation may or may not be provided to you for your involvement in a study. Compensation provided, is meant to cover your time and expenses incurred—it does not constitute employment.

www.uvm.edu/medicine/vermontlung.org
Actively Recruiting for the Following Studies

**ASTHMA**

**APR (Asthma Patient Registry)**
Volunteers: Asthmatics ages 12+, What: A registry to identify patients especially specific subgroups (e.g. smokers, elderly, and demographics to contact for future studies, and develop future research studies

**NAC: Effects of BMI On Allergic Responses**
Volunteers: Asthmatics and Healthy Controls ages 18-65 yrs. / 2-3 visits / Compensation: Up to $200

**UVM MG: Airway Compliance In Relation to BMI In Asthma**
Volunteers: Asthmatics and Healthy Subjects 35-55 yrs. / Visits: 3-4 / Compensation: up to $300—$600

**IDIOPATHIC PULMONARY FIBROSIS (IPF) STUDIES**

**Fibrogen-067 (A Phase 2, Randomized, Double-Blind, Placebo-Controlled Study to Evaluate the Safety and Efficacy of FG-3019 in Subjects with IPF)**
Volunteers: Age 40-80 yrs. inclusive with IPF / Up to 38 visits over a 2 year period / Compensation: up to $3,800

**CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)**

**VHIP (The Effect of Pulmonary Rehabilitation on Ventilation Heterogeneity in Patients with COPD)**
Volunteers: Patients enrolled in the University of Vermont Medical Center Pulmonary Rehab program /2 Visits

**EMPROVE: A Prospective, Randomized, Controlled, Multicenter Clinical Study to Evaluate the Safety and Effectiveness of the IBV Valve System for the Single Lobe Treatment of Severe Emphysema**
Volunteers: Patients diagnosed with Severe Emphysema / for more information call Sara Ardren 802-656-7953

**CYSTIC FIBROSIS**

**Anthera: A Phase 3, Randomized, Open-Label, Assessor-Blind, Non-Interiority, Active-Comparator Study Evaluating the Efficacy and Safety of Liprotamase in Subjects with Cystic Fibrosis-Related Exocrine Pancreatic Insufficiency**
Volunteers: 18 yrs. and older with CF who are using pancreatic enzymes / 10 visits over 6 months / Compensation: up to $2,925

**Novartis: A prospective observational study in cystic fibrosis patients with chronic respiratory Pseudomonas aeruginosa infection treated with TOBI Podhaler (tobramycin inhalation powder) or other FDA approved inhaled antipseudomonal antibacterial drugs**
Volunteers: 6 yrs. and older with CF who are using inhaled antibiotics, 1 study visit during a routine clinic visit and the observation only for 5 yrs

**A Point Prevalence Study to Evaluate the Prevalence of Antibodies to Selected Porcine Viruses in Patients with Cystic Fibrosis Who Are Receiving Porcine-Derived Pancreatic Enzyme Replacement Therapy: A Harmonized Protocol Across Sponsors**
Volunteers: 2 +yrs. and older with CF who are using pancreatic enzymes and Volunteers 2 + yrs. / with a chronic illness and who are NOT using pancreatic enzymes / 1 study visit during a routine clinic visit for one blood draw / Compensation $25

**PULMONARY ARTERIAL HYPERTENSION**

**DLCO-PAH (Changes in the Diffusion Capacity for Carbon Monoxide (DLCO) in Response to Vasodilator Therapy in Patients with Pulmonary Arterial Hypertension)**
Volunteers: Patients with Pulmonary Arterial Hypertension / 3 Visits / Compensation: up to $150
The Vermont Lung Center
The University of Vermont
Medical Office Building, Suite 305
792 College Parkway
Colchester, Vermont 05446
Phone: 802-847-2193
Fax: 802-847-4187
www.uvm.edu/medicine/vermontlung.org

Walk With Us!
Together, we can make a difference in the fight against lung cancer in women.

Join us at the upcoming LUNG FORCE Walk...
Thursday evening, June 23, 2016 * Battery Park * Burlington

To Sign up to volunteer to walk go to:
http://action.lung.org/goto/VTLungCenter

Be sure to check out LUNG FORCE on Facebook and Twitter and join the conversation about fighting lung cancer in women.