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Presented by



WELCOME TO THE GATHERING

On behalf of the End Lung Cancer Now (ELCN) initiative at the Indiana University Melvin and Bren Simon Comprehensive Cancer Center, we welcome you to the 3rd Annual End Lung Cancer Now Gathering. ELCN's vision is to end the suffering and death from lung cancer in the state of Indiana. The formula to do this is to reduce tobacco consumption, increase life-saving screening CTs, improve participation in clinical research, and reduce the stigma around the disease through advocacy.

It's a tall call to action that we realize we cannot do alone. We must build our **team** by identifying, coordinating, and accelerating the ongoing efforts of many informal groups and formal organizations already engaged in this work.

The ELCN Gathering serves as a meeting place for those who have been impacted by lung cancer and those who are passionate about helping us realize our vision. Last year's Gathering brought together nearly 120 advocates to learn and strategize together on how we can significantly improve the rate of lung cancer screenings. The event was a launching point to an incredibly productive year. Today's Gathering is all about the importance of advocacy and what we each can do to drive meaningful change. We have planned a thought-provoking and engaging morning that we hope will inspire you to start right now, where you are, with just what you have, to make a difference. We have a powerful lineup of keynote speakers and hope that you enjoy the learning and networking opportunities ahead.

Many thanks to those who have helped create this year's Gathering: the ELCN Advisory Board, the Gathering planning committee, IU Simon Comprehensive Cancer Center, IU School of Medicine, IU Health, our generous sponsors and partners, and our ELCN advocates.

We know that advocates are responsible for saving more lives from lung cancer than medical science and we know that, together, we can End Lung Cancer Now.



Nasser Hanna, MD Chair



MacKenzie Church
Executive Director



Elyse TurulaAdvocate Committee Chair

"Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it is the only thing that ever has." - Margaret Mead, (Anthropologist, 1901-1978)



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GIVE NOW



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GAME PLAN

1ST QUARTER - THE LINE OF SCRIMMAGE

Room: Auditorium

8:00 a.m. Opening Remarks & Partner Message

MacKenzie Church

Bob Whitehead, Lilly Oncology

8:05 a.m. End Lung Cancer Now - A Year in Review

MacKenzie Church

8:20 a.m. Current State of Lung Cancer

Nasser Hanna, MD

2nd QUARTER - KEY PLAYS & STRATEGIES

Room: Auditorium

8:30 a.m. Igniting Change - How to Start a Movement

Heidi & Pierre Onda

8:45 a.m. Finding Your Voice - Pathways to Effective Advocacy

Jerome Seid, MD, FACP

9:05 a.m. Making Your Voice Heard - Advocacy for the Lung Cancer Community

Brandon Leonard, MA

9:25 a.m. Patient Advocacy - The Value of Our Stories

Terri Ann DiJulio

9:45 a.m. Q&A Panel Discussion

10:15 a.m. Overview of Team Huddles

10:20 a.m. Break

3RD QUARTER - TEAM HUDDLES

Rooms: Various

10:30 a.m. Team: Healthcare Professional Advocacy / Coach: Dr. Jerome Seid (Auditorium)

Team: Community Advocacy / Coach: Brandon Leonard (Theodore Roosevelt)

Team: Patient Advocacy / Coaches: Terri Ann DiJulio, Heidi & Pierre Onda (Jesse Owens)

11:30 a.m. Break

12:00 p.m. Break / Lunch

4TH QUARTER - GAME PURPOSE

Room: Palmer Pierce Ballroom

12:30 p.m. Team Huddle Takeaways & Actions

12:40 p.m. Lung Cancer Survivor Story

12:50 p.m. Adjourn

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STARTING LINEUP

MacKenzie Church



MacKenzie Church is the thoracic oncology program manager at the IU Simon Comprehensive Cancer Center, supporting the medical oncology team in maximizing clinical research operations and collaborations. MacKenzie also serves as executive director of End Lung Cancer Now, leading the strategic implementation of the initiative's mission.

MacKenzie developed her passion for healthcare education initiatives during her time as program manager at the IU School of Medicine, Division of Continuing Medical Education. She received her bachelor's degree from IUPUI and is currently working towards her Master's in Public Health, with a concentration in Health Policy and Management.

Nasser Hanna, MD



Dr. Nasser Hanna received his MD from the University of Missouri School of Medicine in Columbia, Missouri. He followed an internship and residency in internal medicine at the University of Iowa in Iowa City with a fellowship in hematology-oncology at Indiana University School of Medicine. Dr. Hanna is the Tom and Julie Wood Family Foundation Professor of Lung Cancer Clinical Research and a professor of medicine at Indiana University School of Medicine. He is also a physician-scientist at IU Simon Comprehensive Cancer Center and the Chair of the End Lung Cancer Now initiative.

Dr. Hanna's research has focused on thoracic oncology, specifically the study and management of all forms of lung cancer. Dr. Hanna's work has been published in book chapters and in journals such as the New England Journal of Medicine, the Journal of Clinical Oncology, and the Journal of Thoracic Oncology.

Heidi & Pierre Onda



Heidi and Pierre are high school sweethearts since 1979 and married for 36 years. They are the co-founders of The White Ribbon Project, which aims to change the public perception of lung cancer with the message: "Anyone with lungs can get lung cancer and no one deserves it."

Heidi, a lifelong health enthusiast, health educator, and fitness trainer, with no smoking history, was diagnosed with Stage 3A inoperable lung cancer in October of 2018. Pierre is Heidi's caregiver and a recently retired primary care physician. Lung cancer rocked their world, and they are fighting back strong and encouraging the lung cancer community to unify, stand tall, and increase lung cancer awareness by becoming visible and vocal, humanizing this misunderstood disease.

Jerome Seid, MD, FACP



Dr. Jerome Seid is a hematologist/oncologist who is active in the Michigan Oncology Quality Consortium, an organization devoted to the improvement of hematology and oncology care throughout Michigan. From 2016 to 2018, he served as president of the Michigan Society of Hematology and Oncology, an organization devoted to advocacy and education for patients and providers and remains on the board of directors. He currently serves as a member of the American Society of Hematology Government Affairs Committee.

Seid's most recent efforts have been aimed at leveraging his many years of clinical experience and passion for advocacy to help pursue various legislative goals including oral chemotherapy insurance coverage parity and prior authorization reform. He has testified in the Michigan legislature several times in support of these measures.

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STARTING LINEUP

Brandon Leonard, MA



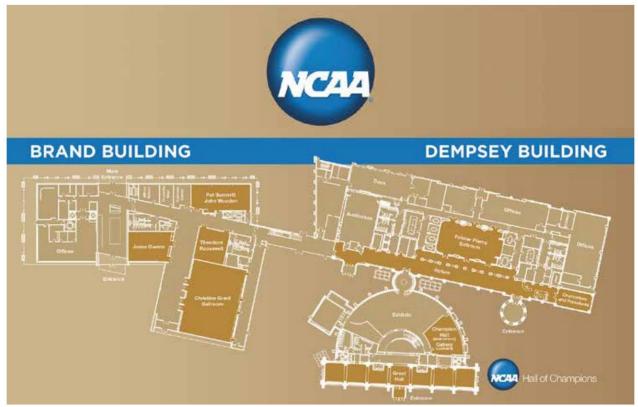
Brandon Leonard is senior director of government affairs at LUNGevity Foundation, where he leads the organization's legislative policy activities and co-manages the LUNGevity Advocacy Network. Prior to coming to LUNGevity, Brandon served as associate director of congressional relations at the American Association for Cancer Research (AACR), where he led the organization's outreach to Congress and managed projects including Hill Days, congressional briefings, and special reports.

Previously, Brandon served as vice president of strategic initiatives at Men's Health Network, leading policy and advocacy activities for the organization. He has also held positions with the Foundation for Sustainable Development and the Office of the Governor of Virginia. Brandon holds an MA in international development studies from George Washington University and a BA in foreign affairs and Spanish from the University of Virginia.

Terri Ann DiJulio



Terri Ann DiJulio is a three-time lung cancer survivor, stroke survivor, and a member of a multigenerational lung cancer family. DiJulio is a lung cancer patient advocate and activist who raises awareness as a writer and inspirational public speaker.



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IST QUARTER: THE LINE OF SCRIMMAGE

End Lung Cancer Now - A Year in Review

End the suffering and death from lung cancer in Indiana.

The Mission

Educate and empower patient advocates to:

- · Eliminate tobacco use in Indiana.
 - Tobacco causes 80-90% of lung cancer, and more than 1 million Hoosiers still smoke daily.
- Screen all eligible Hoosiers with low-dose CT scans.
 - We know that lung cancer screening scans significantly reduce mortality, but less than 10% of all eligible Hoosiers participate in a screening program.
- Increase participation in lung cancer research.
 - Advances in treatment only come from clinical trials but less than 5% of eligible patients currently participate.
- Support lung cancer survivors and their caregivers.
 - Awareness of lung cancer and its associated stigma contribute to ongoing challenges for patients. While support services exist, coordination of these services is often lacking.

Values

Accountability | Inclusivity | Integrity | Partnership | Passion | Promise to Patients

The Accomplishments

In addition to continuing to build and strengthen community partnerships, ELCN has accomplished the following since last year's Gathering:

- Secured nearly \$100,000 in corporate and individual gifts to support the initiative's work toward its mission.
- Secured nearly \$130,000 in sponsorship dollars to support the 3rd Annual ELCN Gathering.
- Recruited 300 new advocates to join us in the fight against lung cancer.
- Development and facilitation of the End Lung Cancer Now Lung Screening Taskforce.
- Launched IU's first-ever Lung Screening Review Board.
- Hosted the inaugural McHenry-Sherman Scholarly Lecture in Lung Cancer Research.

- Led the effort to secure a \$4.5M gift to support the development and operations of Indiana's first-ever mobile CT unit.
- Partnered with the thoracic oncology team at IU Simon Comprehensive Cancer Center to provide ELCN Survivor Care Kits and educational resources to nearly 200 patients.
- Launched a yearlong lung cancer awareness campaign and The ELCN Connection newsletter.
- Engaged with the community at events like the Indiana Black Expo and Indiana Latino Expo.

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Call to Action

BECOME AN ADVOCATE

We need YOU to join us in the fight to end the suffering and death from lung cancer in Indiana.

Advocacy looks different for everyone. We want you to feel inspired and empowered to start right now, where you are, with just what you have, to make a difference. Opportunities exist to align your interests with our vision.



If you are interested, we would like to hear about your story, journey, and passion. You can visit our website to learn more about our advocacy program and to find various advocacy resources.

GIVE NOW

ELCN is funded through philanthropy. It is only through the generous support of our donors and sponsors that we are able to continue our work towards achieving our mission. If you feel inspired to give to the organization, please visit the website below or scan the QR code.



BECOME A PARTNER

Community partnerships and collaborations provide the foundation for the work that we do. If you or your organization is interested in becoming an engaged partner, let us know! Together, we can End Lung Cancer Now.

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IST QUARTER: THE LINE OF SCRIMMAGE

Current State of Lung Cancer Nasser Hanna. MD

ADVOCACY INSPIRATION

I am an advocate for those with lung cancer because of the immense suffering I have witnessed from this dreaded disease over the last 25 years. I want to do everything I can to help End Lung Cancer Now.

ADVOCACY STRATEGIES

I believe we need a comprehensive strategy to make lung cancer a rare cause of suffering and death.

- We have to reduce tobacco consumption. I have previously worked with a variety of groups to advocate for smoke-free workplaces and increased taxation on cigarettes. I also helped develop an education program for kids, called HURU.
- We have to vastly increase lung cancer screening. I have been working with End Lung Cancer Now on a Screening CT
 taskforce to greatly scale our statewide efforts. We are also working on initiating a mobile CT program to reach Hoosiers in
 rural Indiana.
- We need to increase research. Over the last 25 years, I have worked on a variety of therapeutic research designed to improve cancer treatments.
- We need to advocate for and support patients to reduce stigma and guilt and to increase awareness about lung cancer. I have
 worked with the American Lung Association, the American Cancer Society, Cancer-Free Lungs, and End Lung Cancer Now
 to promote awareness about lung cancer.

OBSTACLES & LESSONS

- The biggest challenge is to remain focused on your goals. There are so many things that compete for your time, attention, and energy.
- · Taking on a major health issue such as lung cancer requires all the energy you have.
- Surround yourself with brilliant, passionate people who care deeply about the cause.
- Define the vision and mission and lean on advocates to realize the dream.

VICTORIES

- Our research efforts against lung cancer.
- The stunning reduction in tobacco consumption over the last 15 years.
- The increase in advocacy groups ready to further ignite these successes to greater heights.

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LUNG CANCER FACTS & FIGURES

- In 2023, it is expected there will be 40,270 cases of cancer diagnosed in Indiana, including 6,020 cases of lung cancer, 5,810 cases of breast cancer, 5,580 cases of prostate cancer, and 3,430 cases of colon cancer.
- Lung cancer remains the leading cause of cancer-related death in men and women in Indiana.
- More women in Indiana will die from lung cancer than from breast, ovarian, endometrial, and cervical cancer, combined.
- In 2023, it is expected there will be 13,660 deaths due to cancer in Indiana, including 3,250 from lung cancer, 1,170 from colon cancer, 1,170 from pancreatic cancer, 930 from breast cancer, and 760 from prostate cancer.
- Approximately 7% of eligible Hoosiers are undergoing lung cancer screening.
- Indiana's cigarette tax rate is \$0.995, compared with the U.S. average of \$1.91. This ranks Indiana 40th in the nation.

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Male			Fema	le	
Prostate	288.300	29%	Breast	297,790	31%
Lung & bronchus	117.550	12%	Lung & bronchus	120,790	13%
Colon & rectum	81,860	8%	Colon & rectum	71,160	8%
Urinary bladder	62,420	6%	Uterine corpus	66,200	7%
Melanoma of the skin	58.120	6%	Melanoma of the skin	39,490	4%
Kidney & renal pelvis	52.360	5%	Non-Hodgkin lymphoma	35.670	4%
Non-Hodgkin lymphoma	44.880	4%	Thyroid	31,180	3%
Oral cavity & pharnyx	39,290	4%	Pancreas	30,920	3%
Leukemia	35,670	4%	Kidney & renal pelvis	29,440	3%
Pancreas	33,130	3%	Leukemia	23,940	3%
All sites	1,010,310	370	All sites	948,000	
Male			Fema	le	
Lung & bronchus	67.160	21%	Lung & bronchus	59.910	21%
Prostate	34,700	11%	Breast	43.170	15%
Colon & rectum	28,470	9%	Colon & rectum	24.080	8%
Pancreas	26,620	8%	Pancreas	23.930	8%
Liver & intrahepatic bile duct	19.000	6%	Ovary	13.270	5%
Leukemia	13.900	4%	Uterine corpus	13.030	5%
Esophagus	12.920	4%	Liver & intrahepatic bile de	ict 10,380	4%
Urinary bladder	12,160	4%	Leukemia	9,810	3%
Non-Hodgkin lymphoma	11,780	4%	Non-Hodgkin Lymphoma	8,400	3%
Brain & other nervous system	11.020	3%	Brain & other nervous sys	em 7,970	3%
All sites	322,080		All sites	287,270	

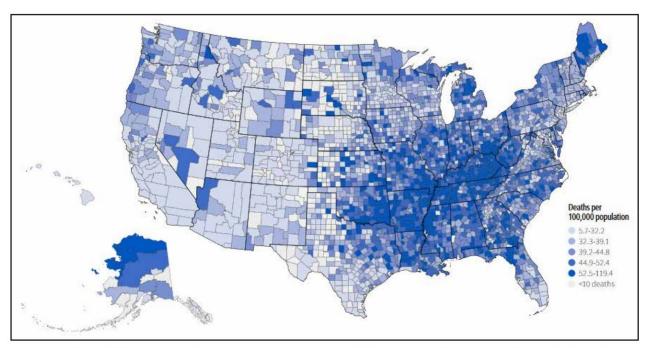
Contact information: Nasser Hanna, MD | Email: nhanna@iu.edu

do not include Puerto Rico or other US territories. Ranking is based on modeled projects and may differ from the most recent observed data.

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IST QUARTER: THE LINE OF SCRIMMAGE

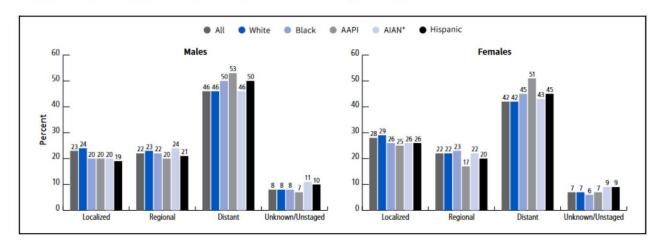
LUNG CANCER MORTALITY RATES* BY COUNTY, 2016-2020



^{*}Age adjusted to the 2000 US standard population.

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STAGE AT DIAGNOSIS BY SEX, RACE, AND ETHNICITY, US, 2015-2019



AAPI: Asian American and Pacific Islander Individuals; AIAN: American Indian and Alaska Native individuals. *Data for AIAN individuals are restricted to purchased/Referred Care Delivery Area counties. All racial groups are exclusive of individuals identifyling as Hispanic.

Source: North American Association of Central Cancer Registries, 2022.

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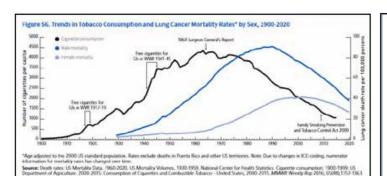


Figure S8. Trends in 2-year Relative Survival Rates for Lung Cancer by Sex and Subtype, US, 1975-2018 60 50 40 Percent 30 20 1993,1994 1981.1982 NSCLC: Non-small cell lung cancer, SCLC: Small cell lung cancer. Survival is based on patients diagnosed during 1975 through 2018, followed through 2019.

Source: Surveillance, Epidemiology, and End Results 8 Registries, 2022.

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2ND QUARTER: KEY PLAYS and STRATEGIES

Igniting Change - How to Start a Movement Heidi & Pierre Onda

ADVOCACY INSPIRATION

Being a health educator and fitness trainer, married to a primary care physician, both of us trained in prevention, we were blindsided by my diagnosis. If we didn't know anyone with lungs could let lung cancer, why should we expect the general population to know? This lack of awareness and education has hurt research funding, treatment options, and screening rates. This is unacceptable for the #1 cancer killer in the U.S. All of this can change for the better with hard work and encouraging others to tell their real stories. Using the breast cancer and HIV/AIDS communities as role models, we know stigmas can be broken by humanizing the diseases. We are real people whose cancer happened to originate in their lung(s). Does that mean something different than where other cancers originate from? It shouldn't, and together, as a team, we have the power to change this old narrative. When diagnosed five years ago, I was given a grim prognosis with only one treatment option. I want more treatment options for all dealing with lung cancer. Precious time with my growing family is my biggest WHY and is only possible by improving all aspects of the disease, from prevention and early detection to better treatments, research, and survivorship.

ADVOCACY STRATEGIES

- Clearly identify the problems we are trying to address with our advocacy and then develop specific goals to focus our efforts on.
- Using social media and other platforms (virtual meetings, speaking engagements, traditional media) to tell my story as a lung cancer survivor and encourage others to become more involved in lung cancer advocacy in a manner that is most comfortable for them. I try to provide a wide spectrum of activities people can engage in, from very simple and easy actions to more involved initiatives that take advantage of an advocate's area of expertise and availability.
- Developing collaborative relationships with other lung cancer advocacy organizations, cancer centers, clinicians, researchers, and industry partners and leveraging those relationships to advocate more broadly and effectively.
- Understanding our strengths and weaknesses as advocates and partnering with the appropriate subject matter experts when we identify gaps in our skillsets or fund of knowledge.





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OBSTACLES & LESSONS

- · Balancing the demands of our advocacy work with other aspects of our lives.
- · Managing the conflicts of interests and differences in opinion among parties involved in LC advocacy.
- Losing people we have met to lung cancer.

VICTORIES

- 1. Having so many survivors, caregivers, clinicians, researchers, and others affected by lung cancer request a white ribbon and then use them in a manner that contributes to promoting lung cancer awareness and other messages that many in the lung cancer community deem important: anyone with lungs can get lung cancer, no one deserves lung cancer, lung cancer treatments have greatly improved, there is a screening test for people who meet eligibility criteria, etc. We and others have made and distributed thousands of ribbons within the US and many internationally.
- 2. Being involved in mainstream news articles and television stories promoting lung cancer awareness.
- **3.** Participating in an effort along with other lung cancer advocacy organizations to increase Department of Defense funding for lung cancer research by an additional \$5 million.
- **4.** Planning, organizing, and participating in events that depend on collaboration among different lung cancer advocacy organizations.
- Having many cities and states approve of and signing proclamations supporting November as lung cancer awareness month.
- **6.** Securing a \$10,000 grant from the Masonic Cancer Alliance and Kansas University to help improve and promote lung cancer screening in the rural communities of Southeast Kansas.

Notes			

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2ND QUARTER: KEY PLAYS and STRATEGIES

Finding Your Voice - Pathways to Effective Advocacy Jerome Seid, MD, FACP

ADVOCACY INSPIRATION

I am an active advocate on many fronts - some having to do with office/practice issues, others having more to do with patient access to care. Lung cancer happens to be an area that is ripe for more visibility and advocacy - the opportunity presented itself!

ADVOCACY STRATEGIES

- There are several areas that are suited for efforts screening is especially attractive.
- Funding for lung cancer research is another area for efforts.

OBSTACLES & LESSONS

- The need to develop and cultivate relationships with lawmakers.
- Maintain realistic patience. Understand that there are competing interests from other well-meaning and positioned stakeholders helps keep me in check and not demoralized.
- · Small successes are still wins incremental success creates the foundation for the larger effort.

VICTORIES

- Drafting and introduction of a U.S. Senate bill designed to test a payment model for Medicare hospice beneficiaries who are transfusion dependent.
- Pushing the Michigan legislature to pass legislation to provide for oral chemotherapy coverage parity a personal and
 professional effort that dates back to 2009. I have been fortunate to have been asked to provide testimony in support of that
 legislation on several occasions and am anticipating a better outcome in the near future.

Contact information: Jerome Seid, MD, FACP | Email: jseid@greatlakescms.com

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2ND QUARTER: KEY PLAYS and STRATEGIES

Making Your Voice Heard: Advocacy for the Lung Cancer Community Brandon Leonard, MA

ADVOCACY INSPIRATION

I first became involved in cancer advocacy in high school after a good friend of mine was diagnosed with leukemia. My family and I participated in many of the American Cancer Society's Relay for Life events in my hometown. As a young adult, my world was forever changed when my father was diagnosed with bile duct cancer and passed away shortly thereafter. My dad was my hero, and it was devastating to lose him, particularly when he was so young. Since then, advocating for cancer research and care has been an important part of my career and my life.

Members of my extended family have been directly impacted by lung cancer, and I have met some incredibly inspiring lung cancer survivors during my time at LUNGevity and in my previous work. Hearing about their experiences and their perseverance in the face of extraordinary challenges motivates me to keep pushing on behalf of everyone who is impacted by lung cancer.

ADVOCACY STRATEGIES

- The most impactful thing for advocating for lung cancer with policymakers is sharing a personal story. Hearing from patients, survivors, caregivers, or loved ones affected by lung cancer humanizes the issue.
- Organizations like LUNGevity can empower individuals with tools and information to share their stories effectively.
- Providing statistics specific to the legislator's state or district is beneficial whenever possible.
- Sharing stories from lung cancer survivors in meetings, with their permission, underscores the importance of investing in early detection, treatment, and survivorship care.
- Compelling statistics can also be helpful. Highlight the significant burden of lung cancer and emphasize scientific discoveries improving the lives of those with lung cancer.

OBSTACLES & LESSONS

- The biggest challenge in advocacy is not seeing instant results.
- · It takes significant time to raise awareness, educate policymakers, and advance a solution that is ultimately implemented.
- It's important to be persistent and to adjust your messaging based on your audience.
- It's also very valuable to find partnerships with others to amplify your voice, and to think about advocacy efforts as building on each other so that the message gets through.

Contact information: Brandon Leonard, MA | Email: bleonard@lungevity.org

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VICTORIES

For most of my career, I have been involved in advocacy to increase federal investment in medical research.

I've advocated as an individual patient advocate, as a participant in many advocacy events, and as an organizer for Hill Days to bring advocates from around the country to Capitol Hill and talk with their legislators.

I am proud to be a part of this advocacy work and to provide an opportunity for others to participate. Congress has increased funding by nearly 60% over the last eight years for the National Institutes of Health, the world's largest funder of medical research. That's an incredible accomplishment for the entire community, including hundreds of organizations and thousands of individuals who have prioritized this funding.



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2ND QUARTER: KEY PLAYS and STRATEGIES

Patient Advocacy - The Value of Our Stories Terri Ann DiJulio

ADVOCACY INSPIRATION

I am a three-time lung cancer survivor and a member of a multi-generational lung cancer family. With my survivorship comes a profound responsibility to do something to both honor my family members' lives and to help other patients, caregivers, and the lung cancer community as a whole.

ADVOCACY STRATEGIES

I have come to realize that saying yes to everything is the most important strategy and can lead to some pretty extraordinary opportunities such as:

- · advocating for research funding on Capitol Hill
- · becoming a consumer reviewer for the lung cancer research program
- · raising funds for research and patient programs
- · speaking to the medical community
- sharing my story with you here at the End Lung Cancer Now Gathering

OBSTACLES & LESSONS

- The biggest challenge has been owning my entire story.
- Breaking through the discomfort of sharing one's story can be both inspiring and empowering to others.

VICTORIES

My biggest win has been finding my voice and its value – having my journey reach people and motivate them to action.

The Weight of Shame

To read more about Terri Ann's story and the role that shame and stigma have played, scan here.





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	Contact information: Terri Ann DiJulio Email: terri.ann.dijulio.com Web: TerriAnnDiJulio.com	

2ND QUARTER: KEY PLAYS and STRATEGIES

Q&A Panel Discussion Notes	

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Q&A Panel Discussion Notes

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3RD QUARTER: TEAM HUDDLES

Healthcare Professional Advocacy

COACH: Dr. Jerome Seid

LAY #2: Are there specific areas of advocacy you want to learn more about?	RAINING NOTES			
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LAY #3: Do you ev	er feel like an in	nposter? Why	or why no	ot?)		
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LAY #4: Does your rotected time for adv			n (for medi	cal trainees) p	rovide advocac	y instruction or
			-			
LAY #5: Is advocad	cy consistent wit	h the physicia	n role?			

3RD QUARTER: TEAM HUDDLES

Community Advocacy

COACH: Brandon Leonard

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.AY #2: What are sor	ne of the ways	in which y	ou have	already eng	gaged in a	dvocacy?	

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AY #3: What resources do you h	nave in your co	mmuni	ty to suppor	rt lung cance	er advocacy?	
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		-				
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		_				
		-				
		-				
AY #4: What additional tools w	ould be helpful	for you	to be most	effective in	your advocac	y?
		-				
		_				
	-	-				
		_				
_AY #5: What is one action item	that you'd like	to take	away from	oday's even	t?	
		-				
		-				
		_				

3RD QUARTER: TEAM HUDDLES

Patient Advocacy

COACH: Heidi & Pierre Onda, Terri Ann DiJulio

TRAINING NOTES

PLAY #1: What do you see as the perceived barrier	rs to g	getting involved?
PI AV #2: Mihat aan you da within your communit	h.,)	
PLAY #2: What can you do within your communit	ty:	
PLAY #3: Where do your interests lie?		

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PLAY #4: What	do you want to acco	mplish?			
			<u> </u>		
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			-		
DI AV 45. 147	. 31	2			
PLAY #5: Who c	an you partner with	1?			
			<u>c</u>		
			_		
			2		
			<u>v. </u>		
Other notes /ideas	s/information you d	on't want to fo	roet.		
Other notes/ ideas	y iiiioiiiiatioii you u	on t want to it	rget.		
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4TH QUARTER: GAME PURPOSE



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John Trimble is a dedicated and steadfast leader and has been a powerful force in the Indiana legal community for more than 40 years. John was diagnosed with advanced stage lung cancer in July 2021.

Since his diagnosis, John has become a lung cancer hero - fighting the stigma and raising awareness about lung cancer through sharing his story.

There are many Hoosiers, like John, who deserve the same level of support as generated by other organizations dedicated to ending other diseases. A mission of End Lung Cancer Now is to create that network of support for patients, survivors, and their loved ones so they know they aren't alone and that there is a community out there for them.

To watch John's full story and to learn how you can get involved with End Lung Cancer Now, visit

www.endlungcancernow.iu.edu.

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DIGITAL PLAYBOOK



https://cancer.iu.edu/community/elcn/events/20231103-annual_gathering.html

You can access a digital copy of this playbook, copies of the slides from today's presentations, and other advocacy resources by scanning the QR code above or visiting

www.endlungcancernow.iu.edu.





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