



Bristol-Myers Squibb Foundation Awards GRU Cancer Center Three-Year, \$1.74M Grant to Address Lung Cancer Among Neediest Communities in Central Savannah River Area

c-CARE lung cancer module seeks to improve cancer awareness, education, detection and access to care; interventions will be tested for potential expansion statewide

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NEW YORK--(BUSINESS WIRE)--The Bristol-Myers Squibb Foundation today announced a three-year, \$1.74 million grant to the GRU Cancer Center for a pilot program to reduce the burden of lung cancer among underserved populations in Georgia's Central Savannah River Area (CSRA) by focusing on prevention, early detection, education and helping people with suspected or diagnosed lung cancer access and navigate cancer care and community-based supportive services in the region. The project's interventions will be tested for potential use statewide.

The grant, which was made through the Foundation's *Bridging Cancer Care*™ initiative, will help the GRU Cancer Center launch the lung cancer module of its cancer-Community Awareness Access Research and Education initiative, or c-CARE, which seeks to more broadly address all cancers that are preventable or may be detected early enough to improve outcomes.

The GRU Cancer Center introduced the c-CARE initiative today during an event in Augusta, Georgia, that featured Samir N. Khleif, M.D., director of the GRU Cancer Center; John Damonti, president of the Bristol-Myers Squibb Foundation; Mayor Hardie Davis Jr.; and representatives from the public health community and faith-based institutions in the region.

Lung cancer is lethal. As the second-leading cause of death among U.S. adults behind heart disease, lung cancer kills more Americans each year than breast, prostate and colon cancers combined. One in two patients diagnosed with lung cancer will die within a year. After five years, only 16 in 100 patients will be alive. The later the diagnosis, the worse the prognosis.

"We know that early detection and treatment of lung cancer can lead to dramatically different outcomes," said Damonti. "Patients diagnosed at Stage 1 have a 57 percent chance of achieving five-year survival. That drops to 4 percent when patients have a late-stage diagnosis. So, early detection and diagnosis combined with education, new treatments and patient support are keys to increased survival."

The Foundation's *Bridging Cancer Care*™ initiative is focusing on five or six southeastern U.S. states with the highest incidence and mortality from lung cancer. The target states also have a number of disparity populations – poor, rural and minority – who are disproportionately affected by lung cancer.

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value of our c-CARE initiative and has agreed to partner with us to make our vision a reality," said Dr. Samir N. Khleif, Director of the GRU Cancer Center. "We are confident that together we are developing a new model for cancer awareness, access, education, and care capable of addressing issues of disparity, not only in our own community but in communities everywhere."

In Georgia, higher rates of smoking and other forms of tobacco use, plus secondhand smoke and industrial exposures, have translated into higher rates of lung cancer. Georgians are diagnosed with lung cancer 9% more often than all Americans and die of lung cancer 7% more often. More than 4,600 Georgians will die from lung cancer this year alone, the American Cancer Society estimates.

In CSRA counties, 500 new lung cancer cases are diagnosed each year and about 380 people die due to the disease, according to National Cancer Institute State Cancer Profile data. In Richmond County, for example, residents are diagnosed with lung cancer 13% more often than among all Georgians and 24% more than among all Americans. The lung cancer death rate in Richmond County exceeds the state by 18% and the nation by 26%.

The long-term goal of c-CARE is to improve cancer outcomes within minority and underserved communities through disease awareness and education; improved cancer prevention and early detection behaviors; navigation to care; and referral to community-based supportive resources. The initial target population for the lung cancer module is adult African American smokers and former smokers whose historical level of smoking combined with other potential lung cancer risk factors makes them eligible for low-dose CT screening (LDCT), a newly recommended tool for early detection of lung cancer. The project will make its educational interventions broadly available to anyone 21-80 years of age, irrespective of their race, ethnicity or tobacco use history, however.

c-CARE will collaborate with African American churches and community health clinics to reach people in need. People with experience as health care practitioners, nurses, pharmacists or trained paraprofessionals will be recruited as Community Health Workers (CHWs). The CHWs will help educate their respective communities about lung cancer prevention, guidelines for early detection and new treatment options. They also will help c-CARE participants secure tobacco cessation and lung cancer screening services. When lung cancer is suspected or diagnosed, GRU Cancer Center patient navigators will help participants access appropriate care in the community, including clinical trials.

About the Bristol-Myers Squibb Foundation

The mission of the Bristol-Myers Squibb Foundation is to help reduce health disparities by strengthening community-based health care worker capacity, integrating medical care and community-based supportive services, and mobilizing communities in the fight against disease. For more information about the Bristol-Myers Squibb Foundation, please visit www.bms.com/foundation or follow us on Twitter at <http://twitter.com/bmsnews>.

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