

[Lung Cancer: Overview]

- “Lung cancer is the leading cause of cancer death in both men and women, and accounted for approximately 27% of all cancer deaths in Illinois from 1999-2003. Alarming, 87% of lung cancer deaths could be prevented by eliminating tobacco abuse.”

(American Cancer Society Illinois Cancer Facts & Figures, 2006)

[Lung Cancer: Incidence]

- New lung cancer diagnosis, Illinois 2006
 - Male 5,030
 - Female 4,050
- Estimated Deaths from lung cancer, Illinois
 - Male 3,990
 - Female 3,090
- More deaths from lung cancer than prostate, breast and colorectal cancers combined

(American Cancer Society Illinois Cancer Facts & Figures, 2006)

[Lung Cancer: Women]

- Account for 12% of all new cases
- More deaths from lung cancer than breast, ovarian, and uterine cancers combined.
- Women are more susceptible to tobacco effects. 1.5 times more likely to develop lung cancer than men with similar smoking patterns.

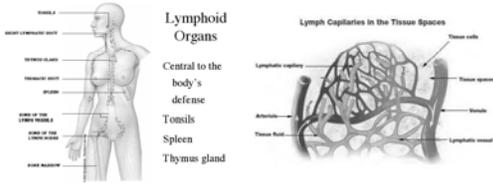
Jemal A, Thomas A, Murray T, Thun M. (2002). American Cancer Society Facts & Figures (2004).

[Lung Cancer: What is it?]

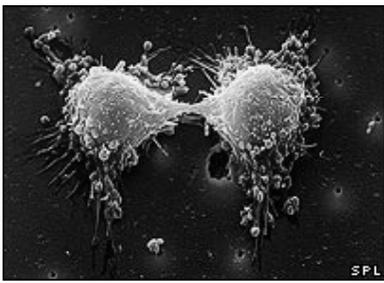
- Cell mutation causes uncontrollable growth and replication
- These rapidly growing cells begin to invade adjacent tissues
- Microscopic cells travel through the lymph system to other areas of lung and body. (Metastatic Disease)

(Site-Specific Cancer Series: Lung Cancer, 2004)

[Lymphatic System]



[]



[Lung Cancer: Causes]



- Smoking
 - Leading cause of lung cancer
 - 87% of lung cancers related to smoking
 - Risk is related to the amount of exposure

[Lung Cancer: Causes]

- Radiation Exposure
- Environmental/ Occupational Exposures
 - Asbestos
 - Radon
 - Passive Smoke



[Lung Cancer: Symptoms]

- Cough
- Dyspnea
- Hemoptysis
- Recurrent infections
- Chest pain



[Lung Cancer: Symptoms]

- Symptoms related to distant metastases
 - Pain
 - Organ-related
- General Symptoms
 - Weight loss
 - Fatigue

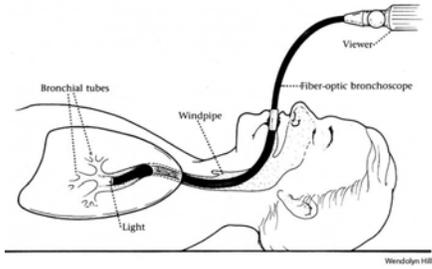
[Lung Cancer: Screening]

- No proven effective screening tool to date
- Numerous studies in progress to determine most effective screening for lung cancer
 - Chest X-ray
 - CT scan
 - Sputum analysis

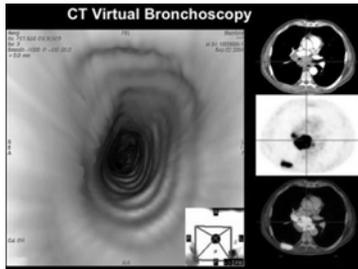
[Lung Cancer: Diagnosis]

- Chest X-ray
- Bronchoscopy
- CT Scans
- Needle Biopsy
- PET/CT Scans
- Surgical Biopsy

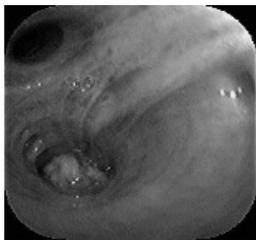
[Bronchoscopy]



[Bronchoscopy]



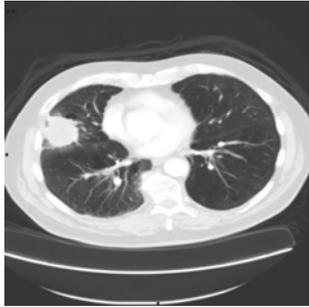
[Bronchoscopy]



[PET/CT Scans]

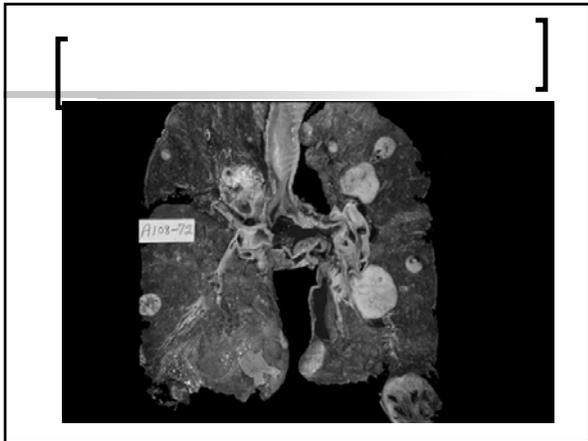


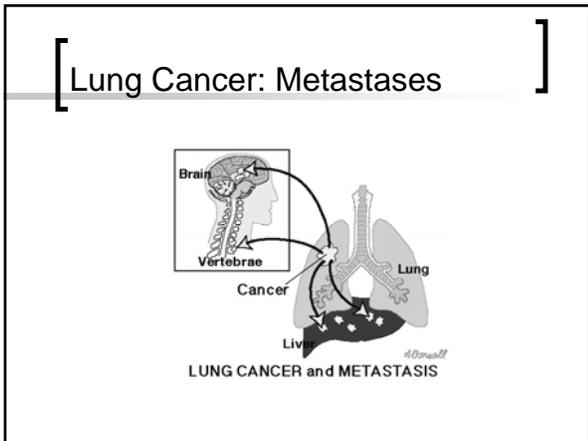
[Biopsy]



[Lung Cancer: Metastatic Sites]

- Lymph Nodes
- Brain
- Bones
- Liver
- Lung/Pleura
- Adrenal Gland





[Lung Cancer: Types]

Non Small Cell Lung Cancer
(NSCLC)

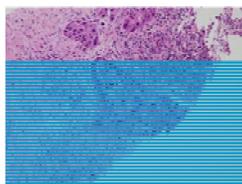
Small Cell Lung Cancer
(SCLC)

[Non Small Cell Lung Cancer]

- 80% of all lung cancers are NSCLC
- Survival is improved when found at an early stage
- Three distinct types of NSCLC
- Treatments are the same

[NSCLC: Types]

- Adenocarcinoma
- Squamous Cell Carcinoma
- Large Cell Carcinoma



[NSCLC: TNM Staging]

- Stages are 1-4; with 4 being the worst
- Stage is determined by looking at 3 separate components
 - T= Tumor size
 - N= Lymph node involvement
 - M= Absence or presence of metastases

NSCLC: Treatment

Stage	Description	Treatment Options
Stage I	Single Tumor	Surgery
Stage II	Spread to the lymph nodes of the lung	Surgery
Stage IIIa	Spread to lymph nodes in the tracheal area, chest wall or diaphragm	Chemotherapy followed by radiation or surgery
Stage IIIb	Spread to lymph nodes of opposite lung or in the neck	Combination of chemotherapy and radiation
Stage IV	Tumor had spread beyond the chest	Chemotherapy and/or palliative care

NSCLC: Survival

Stage	5-year Survival
I	60-80%
II	40-50%
IIIa	25-30%
IIIb	5-10%
IV	<1%

Surgery

[Surgery]

- Surgery is done if there is an increased life expectancy after the procedure
- Surgery is not for metastatic lung cancer
- The earlier a cancer is caught the more likely that surgery will be curative



[Advances in Surgery]

- More procedures done using minimally invasive techniques
- Clinical trials are looking at diagnostic protocols
- Surgeons are looking at new techniques to decrease local recurrence rates

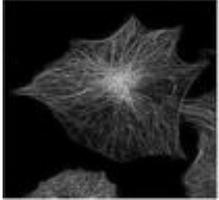
<http://www.cancer.gov/nlst>

[Small Cell Lung Cancer (SCLC)]

- Most aggressive type of lung cancer
- Responds to chemotherapy and radiation
- Recurrence rates are high

[SCLC: Types]

- Oat Cell
- Intermediate
- Combined



[SCLC: Staging]

- Limited
 - Tumor is in one lung, the mediastinum, and lymph nodes that can be radiated using a single radiation port.
- Extensive
 - Tumor has spread beyond one lung, the mediastinum and local lymph nodes.

[SCLC: Treatment]

- Limited Disease
 - Chemotherapy
 - Concomitant Radiation
 - Prophylactic Cranial Radiation
- Extensive Disease
 - Chemotherapy
 - Palliative Radiation

[SCLC: Chemotherapy]



[SCLC: Chemotherapy]

- A combination of chemotherapeutic agents is used
- Goal: improve disease-free interval and length of survival
- Research is ongoing
 - New agents
 - Vaccines
 - Radiation protocols

[SCLC: Survival]

- Limited Disease:
 - Median survival 18-20 months
 - 5-year survival 10%
- Extensive Disease:
 - Median survival 10-12 months
 - 5-year survival 1-2%

[Radiation]

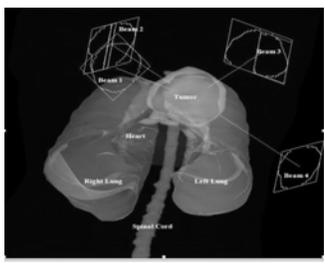


Figure 1. 3D visualization of radiation treatment planning. Multiple fields of radiation are planned to treat a lung tumor. The use of multiple beams (beams 1-5) allows normal tissues such as the heart, spinal cord and normal lung to be spared from high radiation doses.

[Radiation: Intensity-Modulated]

- “Intensity-modulated radiation therapy (IMRT) is an advanced mode of high-precision radiotherapy that utilizes computer-controlled x-ray accelerators to deliver precise radiation doses to a malignant tumor or specific areas within the tumor.”

<http://www.radiologyinfo.org/en/info.cfm?pg=imrt>

[Lung Cancer: The Future]



[Advances]

- Public awareness of the link between smoking and lung cancer has increased
- Therapy has moved away from one size fits all
- People with lung cancer are living longer

[The End]



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Targeting Interventions to Populations with Tobacco-use Disparities

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Why? Smoking and lung cancer

- Definition of populations with tobacco-related disparities:
 - “Differences in patterns, prevention, and treatment of tobacco use;
 - differences in the risk, incidence, morbidity, mortality, and burden of tobacco-related illness that exist among specific population groups...;
 - and related differences in capacity and infrastructure, access to resources, and environmental tobacco smoke exposure.”

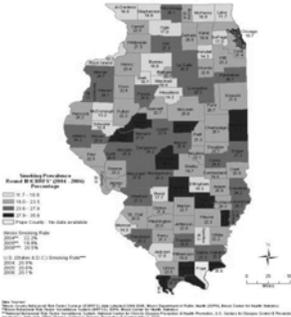
(Source: CDC. Best Practices for Comprehensive Tobacco Control Programs – 2007. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, October 2007.)

Where are populations with tobacco use disparities?

- Everywhere!



Illinois Department of Public Health Percent Smokers by County Illinois County Behavioral Risk Factor Surveys Round III (2004 - 2006)



Who? Populations with tobacco use disparities in Illinois

- Males
- Age:
 - 18 to 24 year olds
 - 25 to 34 year olds
 - 35 to 44 year olds
- Lower educational attainment:
 - Some high school no degree
 - GED
- Lower income
- Homosexuals and bisexuals
- Pregnant women with no or late access to prenatal care
- Middle East immigrants
- Native Hawaiian/Pacific Islanders
- People residing in rural areas



Data available to identify populations with tobacco use disparities

- County Behavioral Risk Factor System
 - <http://app.idph.state.il.us/brfss/>
 - Smoking rates by demographic characteristics
- Adult Tobacco Survey
 - www.idph.state.il.us/TobaccoWebSite/ILATS2007.pdf
- IPLAN Data System
 - <http://app.idph.state.il.us/>
 - Income, educational attainment, rurality, Medicaid
- U.S. Census
 - www.census.gov
- Local data sources



Recommendations

- CDC Best Practices recommends that a comprehensive tobacco control program include **identifying and eliminating tobacco-related disparities among population groups** by:
 - Preventing smoking initiation
 - Reducing exposure to secondhand smoke
 - Assisting smokers to quit smoking



Available at: www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices/

Approaches: Reducing exposure to secondhand smoke

- Smoke-free Illinois Act [PA 95-0017]
 - Information available at:
 - www.smoke-free.illinois.gov



Approaches: Cessation

- Local cessation programs
- Illinois Tobacco Quitline:





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PLAN TO QUIT...



QUIT TO WIN!!!

Purpose



The Illinois Tobacco Quitline is here

for one reason . . .

to help people quit tobacco.

Why Should Tobacco Dependence be Treated?

- Tobacco causes premature death of almost half a million Americans each year
- 1/3 of all tobacco users in this country will die prematurely from tobacco dependence losing an average of 14 years
- 70% of smokers see a physician each year
- 70% of smokers want to quit

The Cost of Tobacco Dependence in Illinois

- Nearly 17,000 deaths each year are attributable to tobacco use
- \$6.7 billion in added health care costs/year and lost productivity



Addictions...

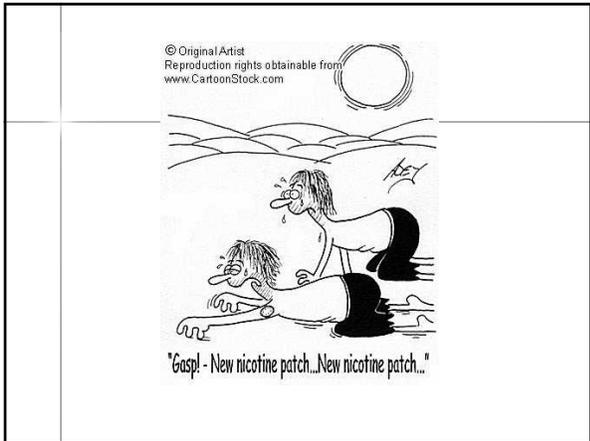
- Stopping smoking is difficult because, in order to quit, a person needs to:
 - Overcome addiction to nicotine
 - Physical Addiction
 - Change the habits of lighting up and inhaling smoke
 - Psychological Addiction

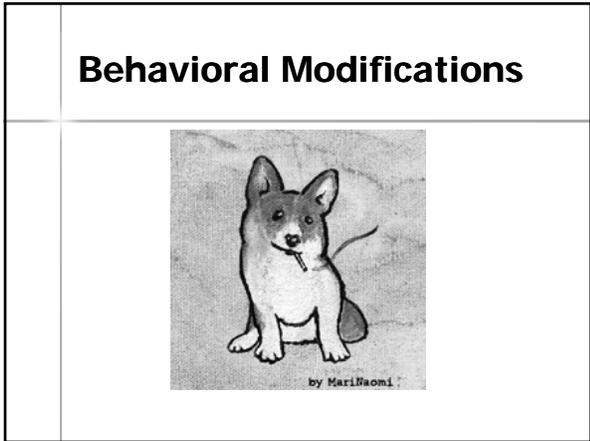


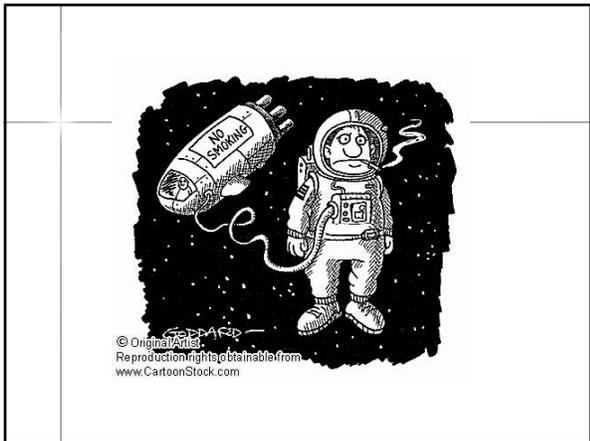
Many Methods of Quitting

- "Cold Turkey"
- "Cutting Back"
- Hypnosis
- Laser Therapy/Auricular Therapy
- Acupuncture
- Nicotine Replacement
 - 
 - 
 - 
 - 
- Prescription Medications

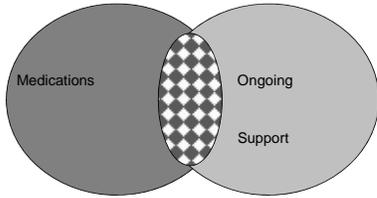








Effective Strategies



1-866-QUIT-YES



Resources



- Cessation Guide and Information mailed
- Cessation Program is tailored to the callers needs
- One-on-one counseling in Spanish
- Interpretation services for more than 150+ languages
- Telecommunication Line for the Deaf 1-800-501-1068
- Line capacity to handle hundreds of calls per day

	Qualified, Experienced Staff
<ul style="list-style-type: none"> ■ Registered Nurses ■ Registered Respiratory Therapists ■ Certified Tobacco Cessation Counselors ■ Medical Advisory Board 	

	Hours of Operation
<p>Open Extended Business Hours 7 a.m. to 9 p.m. Monday through Friday</p> <p>Calls received outside of these times are taken by voice mail – responded to the next working day</p>	

	Services
<ul style="list-style-type: none"> ■ Dual Function <ul style="list-style-type: none"> – <i>Stand Alone</i> Counseling Cessation Program <ul style="list-style-type: none"> ■ one-on-one over the phone – <i>Alongside</i> or in <i>Follow Up</i> to other cessation efforts ■ Reactive Services: Client phones → Counselor weekly ■ Proactive Services: Counselor phones → Client, at scheduled intervals ■ Unlimited Services 	

How does it work?

- Clients are educated in the newest techniques
- *Individualized* quitting plans are developed and may include:
 - Behavioral Modification Techniques
 - Nicotine Replacement Products
 - Medication Therapy



All the tools are there...



Packets

Tobacco Cessation Information Packet is provided:

- nicotine replacement
- prescription medication
- behavior modification
- the recovery process
- withdrawal symptoms
- tips for cravings, coping, stress management



Benefits	
	Quitline staff offer encouragement and support throughout the quitting process
Quitlines can increase success by up to 56%	

5 Steps to Helping People Quit – The 5 A's	
<ul style="list-style-type: none"> ■ ASK about tobacco use. ■ ADVISE to quit. ■ ASSESS willingness to make a quit attempt. ■ ASSIST in quit attempt. ■ ARRANGE for follow-up 	

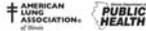
Free Promotional Tools	
<i>...promote through company intranet, use print materials in break rooms, offer enrollment forms through company nurse or during routine health screenings...</i>	
<ul style="list-style-type: none"> ■ Coasters Tear Off Style Pads ■ Brochures (English & Spanish) ■ Window Clings ■ Posters ■ Magnets ■ Enrollment Forms ■ Power Point Presentation ■ Print Ads 	

The Illinois Tobacco Quitline



ILLINOIS TOBACCO QUITLINE SERVICES: The Quitline staff offers encouragement and support throughout the quitting process and can help you:

- Develop a clear plan for quitting
- Select the best strategies for you
- Determine the proper dosage of nicotine products
- Work on healthy behaviors to help prevent relapse



Use of QUITLINE services can improve success rates up to 50%!

Telecommunication Line for the Deaf: 1-800-501-1068

The Quitline's knowledgeable staff is waiting to serve you

Break the Habit



Babs Frederking, RN
Health Educator/Tobacco Coordinator
Washington County Health Dept.
618-327-3644
wchd191@yahoo.com



Break the Habit

- WHAT IS BREAK THE HABIT?????
- In the beginning there was IDPH Office of Health Promotion Division of Chronic Disease Prevention & Control – whew!
- Then there was Tobacco Settlement Funds
- Then there was Illinois Tobacco Free Communities Grants
- And then there was Break the Habit!

Break the Habit

- Washington County Health Department was the first to pilot the Break the Habit Program in 2001-2002.
- The following year 2 other counties jumped on board
- Break the Habit offered state wide for FY 2006 ITFC grantees.
- Counties that now offer break the habit have grown tremendously!

Break the Habit

- **HOW THE PROGRAM WORKS**
- Individuals are referred
- Individuals are then screened for funding. If approved, agreement is signed
- Now it's on to the ITQ – Illinois Tobacco Quitline
- ITQ makes contact with health department via e-mail

Break the Habit

- HD makes contact with participant for further instructions
- HD notifies pharmacy of new participant
- Educational material is given to participant
- Participants are followed up at 3, 6, & 12 months.
- In a nutshell

Break the Habit

- **SUCCESS RATES**
- This will be brief!!
- From FY 04 to date, 20 – 25% of our participants were tobacco free at the 1 year follow up contact.
- ITQ calls for Washington County FY 04

Break the Habit

- **WRAP IT UP!**
 - Flexible program
 - What helps make the program work
 - Thank you so much for your time. Please feel free to contact me.
- HAVE A WONDERFUL DAY!!!*



Improving Life, One Breath at a Time

MISSION: A WORLD FREE OF LUNG DISEASE

RADON: ARE YOU AT RISK?

Angela Tin, M.S.

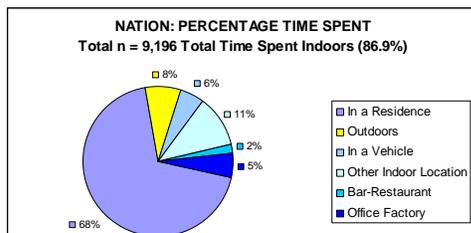
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RADON: ARE YOU AT RISK?

- ❖ Where do we spend most of our time?
- ❖ What is radon?
- ❖ How do we measure exposure?
- ❖ What is the level of concern?
- ❖ How and why does it come into my home?
- ❖ How does radon affect the lungs?
- ❖ How and where can I sample for radon?
- ❖ What if there is radon in my home?
- ❖ What can local health departments do?

National Human Activity Pattern Survey: Time Spent Indoors



Source: Ott, Klepeis, and Switzer, *Journal of the Air & Waste Management Association*, 2003

What is Radon?



3.8 days

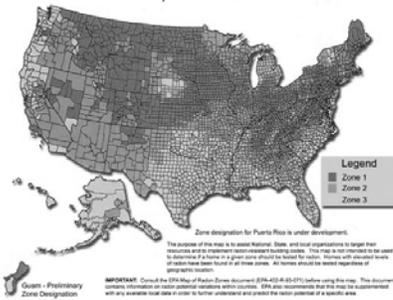
1,600 years

4.5 billion years

- ✓ Naturally occurring
- ✓ Tasteless
- ✓ Odorless
- ✓ Colorless
- ✓ Radioactive decay of uranium in rock soil and water

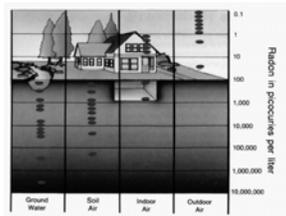
U.S. Radon Potential

EPA Map of Radon Zones



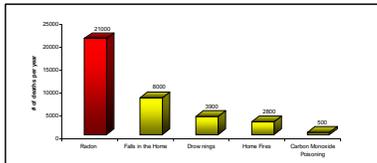
Radon Facts

- All homes have some levels of radon
- High levels in every county / every state
- Influenced by nature outside the home
- Controlled by man once inside the home
- Primary exposure through inhalation
- Secondary exposure through water supply



How Do We Measure Exposure?

- Radioactive alpha radiation on lung tissue
- Class A human carcinogen
- Greatest source of radiation to public
- Historical miner studies
- More likely to die from radon - accidents, drowning, or fires



What is the Level of Concern?

- EPA estimates 21,000 (or 12%) lung cancer deaths per year attributable to radon
- Average indoor radon concentration 1.3 pCi/L
- EPA action level is 4.0 pCi/L
- USEPA estimates that ¼ of all radon related lung cancers can be averted by lowering radon levels below the 4.0 pCi/L
- More than 40,000 homes in Illinois have been tested in the last two years
- Over 40% of homes above EPA action level

How is Radon Influenced by Cigarette Smoke?

- Radon binds - dust particles or cigarette smoke
- Indoor smoke increases the amount of dust in a room as much as 600 times
- Health effects - multiplied with cigarette smoke
- Leading cause of cancer in non-smokers



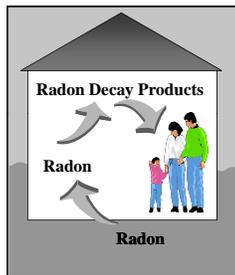
How Does Radon Enter the Home?

- Natural source
 - Soil and rock
 - Ground water supply
- Man made
 - Utilities and plumbing
 - Foundation cracks
 - Building material



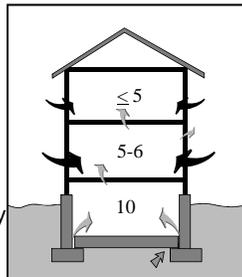
How Does Radon Affect the Lungs?

- Radon decays into radioactive particles known as radon decay products.
- These particles are easily inhaled and deposited in the lungs where they can damage sensitive lung tissue.



How is Radon Distributed?

- Radon enters from beneath foundation and travels upward.
 - Diluted with outdoor air infiltrating building
- If radon is less than 4 pCi/L in lower level, upper floors are probably less than 4 pCi/L.



How Can I Sample For Radon?

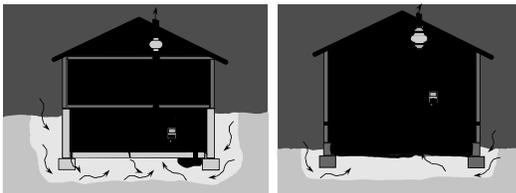
- Most homes/apts should be tested
- At least once every two years
- Foundation footprint
- Illinois – free residential test kits
- Closed house conditions
- Seasonal effects
- Short term - activated charcoal
- Long term - more sensitive
- Water sampling (well)



What if Radon Is Above the EPA Action Levels?

- Licensing - Illinois Emergency Management Agency
- Licensed measurement professional
- Licensed mitigation professional
- Mitigation standards and requirements
- Equipment /installation costs \$1000 - \$1500
- On-going operating cost of fan
- Side benefit of moisture and odor removal

What is Radon Mitigation?



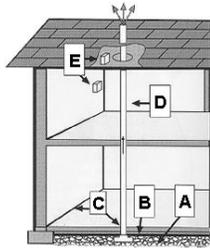
Sub slab (sub-membrane) depressurization is a means of removing radon beneath the foundation and venting the gas away from the building. One or more suction pipes are placed through the ground or soil and a fan is attached to facilitate the ventilation process.

New Homes Built With Radon Control Systems

Radon Resistant New Construction

- This involves techniques that reduce radon entry as well as make radon removal easier and less costly. These methods vary with different foundations and site requirements, but basic elements are:

- A. Gas Permeable Layer
- B. Plastic Sheeting
- C. Sealing and Caulking
- D. Vent Pipe
- E. Junction Box



Legislation, Rules, and Regulations

- Radon Industry Licensing Act (420 ILCS 44)
- Radon Awareness Act (420 ILCS 46) (1/1/08)
 - Residential testing disclosure
- Proposed Radon Resistant New Construction Requirements



What can Local Health Departments Do In Their Communities to Impact Radon?

- Raise awareness regarding health effects
- Provide education - additive effects of tobacco
- Include radon as an element of tobacco programs
- Several LHD's are currently providing test-kits through grant from Illinois EMA
- Participate in radon forums – expanding to awareness of medical community

Radon Websites and Resources

- Mike Murphy - USEPA
www.epa.gov/radon
- Pat Daniels – II Emergency Management Agency
www.radon.illinois.gov
- ALA online requests for test kits
www.lung.il.org/environment/radon.cfm
- May 9, 2009 Medical Forum in Schaumburg, IL

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Radon Induced Lung Cancer Survivor

- Diagnosis
- Treatment
- Prognosis
- Life Afterwards



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Resources

www.lungil.org/tobacco/clinics.cfm - Cessation clinics in Illinois
www.quityes.org Illinois Tobacco Quitline Website
www.lungusa.org American Lung Association Website
www.lungcanceralliance.org Lung Cancer Alliance
www.cancer.org American Cancer Society
www.cancer.gov National Cancer Institute
www.thewellnesscommunity.org The Wellness Community
www.pprx.org Partnership for Prescription Assistance
www.chestnet.org American College of Chest Physicians
 Additional resources and the links above are all posted on the IPHI website at www.iphionline.org.

Feedback

- Thank you for participating!
- Your feedback is VERY important. Please complete the online evaluation survey: http://www.surveymonkey.com/s.aspx?sm=TWNrE_2bSAthC4XFcObOUjzw_3d_3d
- If you registered for a group, please ask them to complete the evaluation also.
- We will use this information to plan future sessions and continually improve.

Question and Answer Session

- Please join us now for a LIVE Q & A Session with the presenters:
 - Dial 1(877) 411-9748
 - Enter the access code: 3467868#
 - Mute your phone (*6 to mute or un-mute).
- If you have a question that is not addressed on the conference call, please email the question to Laurie Call at LLC1185@msn.com.



THANK YOU