## Precision Medicine Podcast, Season 4, Episode 53

# LUNGevity Leaders Discuss Their Commitment to Educating Lung Cancer Patients About the Importance of Biomarker Testing

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**Karan Cushman, Producer:**

Welcome to season four of the Precision Medicine Podcast, sponsored by Trapelo. This is the podcast where experts come to discuss the problems oncologists, reference labs, and payers face as precision medicine grows and consider solutions for advancing the quality of patient-centered cancer care. Be sure to subscribe at precisionmedicinepodcast.com to get the latest episodes delivered straight to your inbox.

**Jerome Madison, Host:**

Welcome to the Precision Medicine podcast. I'm Jerome Madison, and we'd like to welcome our listeners. Those of you who may have just joined us, the conversation or loyal listeners, welcome to season four, episode 53, and for the most part, welcome to a new year. It's been our goal for this podcast from the beginning to address the challenges associated with the scale and access to precision medicine by inviting key opinion leaders and experts from the various stakeholders across healthcare to discuss the challenges and, most importantly, potential solutions to accelerate patient access to precision medicine, which would be testing and targeted therapies. And, in a few episodes in the past, we've had the incredible privilege to talk to cancer patients and survivors and hear firsthand accounts of their experiences with diagnosis, treatment, and survivorship. And today we have the best of all worlds, Karan—we have Belinda King-Kallimanis, director of patient focused research from LUNGevity, and also Nichelle Stigger, LUNGevity board member and lung cancer survivor. Thank you both for being guests on the Precision Medicine podcast.

**Nichelle Stigger:**

Thank you for having me.

**Karan Cushman:**

Yes. Welcome, ladies.

**Bellinda King-Kallimanis:**

Thank you.

**Jerome Madison:**

Belinda, can you give us an overview of LUNGevity and the mission of the organization?

**Bellinda King-Kallimanis:**

Yeah, absolutely. So LUNGevity is a really fantastic organization that brings together research, education and support services for patients and caregivers in the lung cancer community. And we really strive to empower patients and caregivers to be active decision makers in their treatment process, and to have the resources that they need to do that. Because when you get a diagnosis of cancer, you sort of land in a world where you don't speak the language. So, we've got some really fantastic resources on the webpage to help people navigate that. But part of my role is the research piece, and we really are dedicated to funding research to link together research spending and... Because that link between research spending and improved survival is really clear, and with the patient-focused research that we do, we really strive to change the paradigm in lung cancer from assumptions being made about what patients and caregivers want, to creating evidence-based conclusions. And we do that by carrying out our IRB approved research studies.

**Karan Cushman:**

Wonderful. Nichelle, you were diagnosed with a rare form of lung cancer. Two questions for you. Can you share with us your experience in the healthcare system getting to your diagnosis, and then what did you learn during your treatment journey that you wish you would've known prior to starting your care?

**Nichelle Stigger:**

Yeah. This journey of lung cancer is long journey, and it really is never ending because you're constantly learning, "I could have done this in a different way." There were different opportunities. But I think for me, when I was diagnosed in latter of 2016, 2017, it was the barriers that I faced, which were ageism, and it was really hard for me to get my doctor, so my pulmonologist, to believe that what was inside my lung was cancerous. And so I waited. I had to wait for a long time. And I think, in the beginning, I thought that that doctor or that pulmonologist was my only choice, and how could she be wrong? And so I did, I listened to her, and I waited. And of course, hindsight is 20/20, six months later, like I already knew, it grew, the cancer. And it was a rare cancer, so it didn't show up on a PET scan that I had to fight for, literally, for an hour in her office.

But the PET scan, my cancer is so rare, it doesn't intake sugar. And so the mass is there, and their only indication was whether or not there would be growth. And it grew pretty fast. So yeah, I guess in terms of what I would've liked to have known, there's so many things. I mean, I think in the beginning, too, many people don't talk much about biomarkers. If your cancer is rare, if your cancer only follows this sort of path, they don't even mention it to you or offer it to you. I never heard of targeted treatment until I was a part of LUNGevity. So, yeah.

**Karan Cushman:**

Interesting and not good.

**Nichelle Stigger:**

Yeah. Definitely interesting. And I always say, had I not been who I was, who I am... I was fortunate and unfortunate to already be steeped within the healthcare system. My father, my paternal father, had a bleeding disorder called hemophilia, if people are familiar with, and he has severe A. But this was in the '80s, and so our system hadn't figured out a way to properly clean blood that they were getting for blood products to heal these people with hemophilia, and my dad contracted HIV-AIDS from contaminated blood. And so that was a huge system, you can probably remember the story of the late Ryan White and his story of how he wasn't allowed into school because he had HIV-AIDS, not by his own antibody, but he had it because of the health system's fault for not taking care of that blood. Yeah, so I was well versed already. And that was, I think, something I kept with me, which was important.

**Karan Cushman:**

So, just a follow-on question here in regards to how you mentioned that you didn't learn about biomarkers until you were with LUNGevity. So, could you highlight the resources that LUNGevity offers to newly diagnosed patients?

**Nichelle Stigger:**

Yeah. So, it is a really wonderful, cool, hip club to be a part of. But during those first few times that you go to those meetings, it is not the place to be. And so I would say that first meeting I went to, they have these wonderful lunch-and-learns, and you get to meet community, but also you get to meet community of researchers, and community of doctors, and community of oncologists, and the list goes on and on. But you have this first line of people who may have already used them, may have known someone closer to them that have used these people, and so it's really getting a great recommendation.

But I would say, for me, it was the community and being able to hear real patient stories. And I call these patients my friends, so to hear my friends' stories to say, "I have a cough," and to hear someone else say, "Yeah, I have a cough and it never goes away. And sometimes I cough so bad, you cough up a lung," and there's a joke there. But it's interesting, because you get to see yourself in another person's mirror, and you don't feel alone. And then gradually, this feeling of belonging happens and that place where you were like, "Why am I here?" Becomes, "Why am I not here and how often can I be in this space with these people?"

**Karan Cushman:**

That feeling of isolation goes away.

**Nichelle Stigger:**

Oh my goodness. And then after that, everything sort of falls into place. You get that pulmonologist; you get a second opinion. So I was at St. Joe's hospital, and after I went to LUNGevity, I was able to get a second opinion just to make sure that, at St. Joe's, which I was getting wonderful care at, but we just wanted to make sure that my plan was okay because my cancer was so rare. It a mucinous adenocarcinoma, which is basically not quite a mass, it's like a jelly. And it's not ever found in the lung and only 2% of people in the world, and that's what I've seen so far in our white papers, because there's only a few. They've renamed it and all of these different things, but yeah. So it's been tough to find other people who have a cancer like mine, and so you kind of stay on the outskirts. But it didn't feel like that with LUNGevity. It felt like no matter what, cancer is cancer, which is really reflective of the world in some ways.

**Karan Cushman:**

It's very true.

**Jerome Madison:**

Nichelle, I will tell you that I so honor you for just your spirit, the energy that you have, when you talk about your experience, the levity that you bring to the experience. I mean, it is so, so appreciated. I honor you for that. But I got to tell you, I'm sitting here getting kind of pissed off because Karan, we've heard this before! We've heard this before and talked about a patient goes in and they're young and the doctor looks at them and says, "No, it's not cancer. You're too young." We've heard that before, and it's kind of crazy. Belinda, you guys have Project Peer, where you're looking into just understanding the patient experience and their needs associated with treatment, diagnosis of lung cancer patients. Talk to us more about that.

**Bellinda King-Kallimanis:**

Yeah, absolutely. So we have this study that's been going for just about a year now, and we ask that people join us to tell us their experience, and it can be anybody's experience. The age range at the moment is between 24 and 79. There's no inclusion, exclusion criteria. It doesn't matter what type of diagnosis you have. Histology, biomarker, doesn't matter. You can participate in this study. And we also have caregivers as well. They're able to participate in the study, and we ask questions about their experiences with accessing care. And by that, I mean whether they got biomarker testing, what was offered to them? Were there any barriers that they experienced? So did they get their results quickly or did they have to wait a while? Or did they have to start another treatment while waiting for those results?

**Bellinda King-Kallimanis:**

But we also ask things about their financial impact of cancer treatment, so with specific issues like how their treatments impacted their medical bills. But also on a more personal note, how that cancer treatment has impacted their ability to pay their rent, buy food and clothes. And then we dive into the types of treatments that they've been receiving as well. So it's open for the foreseeable future at the moment, and there's a baseline or a first survey that people fill in that's pretty comprehensive, but after that, it's just monthly surveys sort of checking in to see if treatment has changed, and how you're functioning, and side effects are sort of progressing along as well.

**Jerome Madison:**

Little bit different structure for a study that that most would be familiar with. I mean, this is, you say, patient-focused research.

**Bellinda King-Kallimanis:**

Yeah, absolutely. We wanted to get away from that clinical trial setting, but also we collect data that you can map back to clinical trial populations. So things about how people, their performance, how they feel their performance is. Are they spending time in bed or able to move around more? So we can map that back to things that are collected in clinical trials. And we actually have a research collaborative agreement with the Oncology Center of Excellence and the FDA so that we'll be able to look at some clinical trial data from lung cancer studies and then look at our data. And while it's not a direct comparison, of course, but we will have some common questions we'll be able to look at and see how the populations are different. And so yeah, that's a study that we're doing.

**Jerome Madison:**

How do our listeners find more information about that?

**Bellinda King-Kallimanis:**

Yeah, so they can... Well, I can share the link, of course. It is on our webpage, but it's not on the front page, so I'll definitely share the link. And we really are looking for a diverse set of experiences, because what we find, and we can get into this as some of the other studies we've done, is that the folks that find themselves in the LUNGevity community tend to be pretty savvy and are able to advocate for themselves and speak up and feel comfortable. But we really do want to hear those people's stories that maybe they think that they don't matter, but they really do. It is so important that we have the ability to understand what's happening for them, because research, it overlooks a lot of people, unfortunately.

**Jerome Madison:**

Yeah. The Precision Medicine Podcast will continue right after this.

**Karan Cushman:**

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**Jerome Madison:**

On the theme of patient-focused research, as precision medicine has grown and evolved, one of the challenges has been how it's communicated with patients, and by that, I mean the terminology. I mean, you could call it molecular testing, genomic testing, gene sequencing, genetic testing. They're just seemingly overlapping terms even when we're talking about mutations, gene variants. There's so many different types that can fit under the umbrella of mutation. But fortunately, LUNGevity has done work in this particular area to close this knowledge and communication gap. Nikki Martin, who is the director of precision medicine initiatives at LUNGevity, was the lead author on a 2021 ASCO paper that examined how these multiple overlapping terms have affected the ability for healthcare providers to communicate and adopt the practice of precision medicine in the clinic.

**Jerome Madison:**

And I think it's important to point out, Belinda and Nichelle, that the conclusion of this paper was recommending intentional use of plain language and common umbrella terminology, so everyone can use the same words in order to facilitate a shared conversation and decision-making with their patients. And this doesn't just involve communication from doctor to patient, but it's also industry representatives who use these various terms to educate healthcare providers on their products and services. And what may be often overlooked is the education of mid-level providers, nurses, patient navigator support staff, who are often left to explain what genetic testing is, versus genomic testing, versus biomarker testing, to a patient. Can you talk to us about the work that you've done to educate nurses and patient navigators? What do you hear back from these mid-level and support staff, who in many cases must communicate what these tests are and how the information is going to be used?

**Bellinda King-Kallimanis:**

Yes. The struggle there is real with that, and Nikki has done a really great job of speaking to different stakeholders and has talked with patients about their experience and what terms they hear. And yeah, you're right, it ranges from biomarker testing to molecular testing and everything in between. From the project direct that you're referring to, the main call to action is really to create health-literate materials. And there is a need to explore opportunities for provider and patient organizations to create joint patient- and provider-facing educational tools. It can't really come from one or the other. It really needs to be a collaborative endeavor where you have nurse navigators, and oncologists and patients sitting at the table talking about how to make these sorts of materials that work for everybody. Because sometimes, if they come from the patient organizations, providers don't see value in them. And then if they come from the providers, it can be missing that health-literate piece. And so, I know Nikki has that as one of her next steps is to create more of those materials.

**Karan Cushman:**

So Nichelle, you are a part of the LUNGevity Health Equity Council with Dr. Karen Winkfield. She's a national expert in community engagement and does great work examining healthcare disparities, a topic that we try to cover a lot on the podcast. She's written and talked about the importance of ethnic diversity within the clinical staff that interacts with patients, of course, and the idea being to gain the trust of minority patients for whom biomarker testing for lung cancer lags very significantly behind other groups. Can you speak to the impact that this can make for cancer patients, and specifically project direct?

**Nichelle Stigger:**

Yeah. I think it's not rocket science. It's 2021, and I'd like to ask the hard questions, or the wonderings, if you will, as we say in the education world. Belinda knows that I'm very passionate, if you will, about understanding that it's simple. It's inclusion, and it's understanding the intersection of a human with this disease. And so how do we make sure that everyone is seen, so that the data that we're gathering can represent people who look like me? And I think we're in the beginning stages for us to really understand what that impact will be, but we know that we're missing, and that there's an impact from us missing. And when I mean us, I mean black women, black men, people of color. And we're not a monolith, so I can't speak to other people's stories, but I can speak to mine, and I can tell you that the doctor, or the pulmonologist that I saw, was not expecting me to understand the roadmap that she was explaining to me.

**Nichelle Stigger:**

She was not expecting me to be well versed in cancer, and she wasn't expecting me to advocate for myself. And so if you don't have a toolbox and strategies, and if you don't feel empowered for your own health to ask certain questions, you won't, and you won't get the care, because we're already up against barriers. As a person of color, I'm already up against a barrier. And on top of that, I now have lung cancer, which is also a barrier and carries stigma. And so it is so important for us to be seen. So, one of the things that we talk about in the education world is our students' need to see teachers who look like them. And why is that important? Well, because students have different backgrounds and students have different stories. And so they also need to be able to identify and feel as if they belong, and seeing someone who looks like you does that. That's that first little step. But also if we are having people in these studies, then we're able to treat them. Their voice is there. They become human, and we could save a lot of lives and a lot of hassle, really, I feel like a lot of suffering that some people didn't need to go through.

**Jerome Madison:**

Absolutely. Lung cancer treatment is becoming more personalized by the year and now includes targeted therapy options even in early stages of disease. Dr. Lewis Raez of the Memorial Cancer Institute in South Florida came on as a podcast guest and gave us an amazing update on the impact of precision medicine in lung cancer treatment. Podcast episode 41, just saying. But he talked about, at the beginning, when he started practicing medicine, that half of his lung cancer patients would ultimately succumb to their diagnosis. But now, due to increased testing, broad-based molecular profiles, they're able to identify patients with very rare mutations. And he talks about a patient that he has, that he's currently treating, that has an ALK mutation, and that's only 5% of those with non-small cell lung cancer. But because they found this particular mutation for a patient and was treated with an ALK inhibitor, this patient is seven, eight years out, still is not cured, still is living with their tumor, but they're thriving.

**Jerome Madison:**

And even the last couple of years, 2020, 2021, we've seen at least 17 new drug indications, all of which target a specific gene mutation. I checked with Janine Morales, who is the chief scientific officer of our title sponsor, Trapelo Health. She said just in 2021, she knows of at least eight NCCN guideline changes for the treatment of lung cancer. She, by the way, was our guest on episode 49. Just saying, go check it out. But I guess here's my question, Nichelle and Belinda. Despite these advances, there are numerous publications that point to the slow adoption, or some would say the lack of adoption, of biomarker testing for lung cancer patients. How can patient advocacy groups like LUNGevity help drive the adoption of biomarker testing?

**Bellinda King-Kallimanis:**

So, LUNGevity launched last month the No One Missed campaign, which aims to build that public awareness of biomarker testing, that it really should be part of every non-small lung cancer diagnosis and has information and tools to help people advocate to get biomarker testing. Now, as Nichelle said, she found LUNGevity. I'm not sure exactly when into her particular…from when she was diagnosed to when she found LUNGevity, but it can be some time between getting a diagnosis and finding a group, a foundation or advocacy group who can help you advocate for yourself to get these sorts of things. And it might be that that comes, unfortunately for some folks, a little bit too late in the process or later in the process. Maybe isn't too late, but it's difficult to get in in that very first moment when these things really are critical and need to happen when someone is just overwhelmed with that diagnosis.

**Bellinda King-Kallimanis:**

But we do try, and we are constantly trying to think of new ways to reach people, whether it be via social media and by building relationships with clinicians who treat lung cancer, but also community oncologists who, as you are saying, the NCCN guidelines have changed eight times. How do you keep up with that if you're treating lung cancer, breast cancer, prostate cancer? How does everyone do that and do it well? I mean, we completely understand how challenging it is, but trying to get…build relationships with those folks is really critical too, because they're the ones who can... This is a great resource where this information that's pretty easy to under... I think if you're, especially if you're a med onc or something, our information is really easy to understand.

**Bellinda King-Kallimanis:**
And we have worked though in the last 12 months to make the information more in plain language, because that was something that, it was not terrible, but it wasn't great either, but we have really worked. Some of my colleagues have done some amazing work trying to talk about this stuff on a one pager just to get the basics through. But if you are a medical professional, I think the information we have is also highly useful to you and relevant because it's up to date. My colleague, Dr. Upal Basu-Roy and his colleague Margie are always updating materials on the website and making sure it's as up to date as possible when the FDA sends out that release to say that there's been a new drug approval. They're on it, updating the website to make sure that it's there as soon as we can have it there.

**Bellinda King-Kallimanis:**

And the same with Project Peer. As soon as there's a new... Well, we don't do it every time there's one because we have to pay the IRB fees, but when we have a couple of updates to the drug list, we'll update our drug list on Peer, because we want people to be able to report what drug they're on. But it's hard. It's really, really hard to find people in that first moment when there's just so much there to work out, and what is this biomarker testing that you're talking about?

**Nichelle Stigger:**

Yeah. And I think that's not something that was brought to me in the office while I was being told, amongst everything else. And it does feel like after you have... And this is another thing I'd like people to think about. Most of my friends that I know are in later stages with their cancer, so maybe stage four. And I was stage two, I'm stage 2B. And it seems to me that the smaller stage you have, the less attention that you can get. You can be looked over. And I feel like I'm the face of early detection. So had I not, I think, stayed in the advocacy game, the idea of early detection wouldn't have occurred to me.

**Nichelle Stigger:**

I think I would've been like, "Okay, so I survived this, and this is great." But there's a lot of data. There's a lot of experience there for us to still talk about for people who have caught this early by chance. And so what does it do for your life then? And so then that helps us push early detection protocols which we're working on in LUNGevity right now. There's just so many things that go along with this as well.

**Jerome Madison:**

LUNGevity is also making an impact on policy. We very recently had Hannah Mamuszka and her partner Lena Chaihorsky on the podcast, and we talk about the passing of California state bill 535, which essentially prohibits insurers from requiring prior authorization for biomarker testing for cancer patients with stage three or four cancer. And I learned that LUNGevity provided the technical expertise on the terminology for the bill, which is really impressive. What other efforts is LUNGevity making to help shape policy? And maybe more specifically, how can we help lawmakers understand the problem and how they may be contributing to the friction in the healthcare delivery system?

**Bellinda King-Kallimanis:**

Yeah, so Kristen Santiago is our senior director of public policy, and she's the one who sort of led the effort to do these scorecards that looked at states on a number of different things and one of them was biomarker testing and what was being covered in the Medicaid population. And the reason that was used is because private payers often follow suit from what Medicaid and Medicare are up to. And yeah, those scorecards, I think, are really interesting to look at, a little depressing in some of the states to see what is covered and what is not covered. But we really see where we need to educate lawmakers, because there's so much complexity here. I mean, we've been talking about it for the last however long it's been with physicians struggling to keep up with the complexity. How could we expect our lawmakers to be up on the pulse of biomarker testing for all these types of cancers? But really making it clear to them that these sorts of issues of prior authorization lead to delays in treatment, and poorer outcomes for patients, and possibly higher costs. So, that's one of our ongoing efforts, and the scorecards are really a great resource if you are looking to go to your state and advocate, and we're happy to work with anybody who wants to pick another state and do some work there.

**Jerome Madison:**

Those scorecards are interesting. I don't have my notes in front of me, but I'll steal the punchline. Most of the country is failing.

**Nichelle Stigger:**

If I may speak to that, when I was first diagnosed, I was told I couldn't do a biomarker testing, and I got a second opinion after going and visiting the community, LUNGevity now that I'm a part of. And I followed up with the University of Chicago and they were able to give me the biomarker testing, and they were well versed and said, "You are going to get a bill. Do not pay this bill. This bill is going to be 8,000 to $10,000. Do not pay this bill. You will then send the bill to us," and they handled that portion. And so the fact that you have a doctor, an oncologist, not only talking about the care of your cancer in your body as a human, but also financially discussing what's going to come through as far as testing. And so it is very daunting, and it's one of the last things I think a cancer patient or someone on that journey ever needs to go through. It should just be about healing. And unfortunately in our systems, we're not, like you said, we're failing. We're not there. And so hopefully when we do this, I always call it the work, we get some real movement this time around.

**Jerome Madison:**

So powerful.

**Karan Cushman:**

I just want to commend you ladies, and the entire organization, on just really how well the LUNGevity presence and the work that you all have done on your website. I'm going to give a plug for you guys because as a brand and marketing person, I think that there is just so many resources there, whether you're a patient, whether you're just learning about screening, you're a caregiver. But the one piece that really stood out to me is I love the name of your newsletter, which is Fresh Air, and I think you've hit on so much of that tone that's needed in the field of oncology, and all of the different stakeholders that have to come into play in order for a patient to get not just the right testing, the right treatment and everything, and I mean, this is something

Jerome and I talk about on every single podcast, but it's just a breath of fresh air to see what you guys are doing for patients, and so I just wanted to commend you on all that work. It's a lot.

**Nichelle Stigger:**

I would also like to shout out Belinda and Dr. Upal Basu-Roy. As researchers, there is this natural thought that researchers don't have feelings or these really bad stereotypes, but these two people, and I've talked to them over the years, and we've become great friends, I feel, that really care about the work that they're doing and collecting this data, but making sure that this data represents the human and that it's humanized. And so there are constantly, while being experts, and looking at the numbers, and being experts, and mulling over the data, but they're also experts at humanizing the person and bringing that in together. And then again, that's my favorite word. I'll keep saying it, is understanding the intersectionalities of how all of this comes into play. And so this is the protocols, and the procedures, and their philosophy and the way they do things. Other people need to follow suit. So, big shout out to Belinda and Dr. Upal Basu-Roy.

**Bellinda King-Kallimanis:**

Thank you. And I think people like Nichelle make it so easy, because I will confess, I did my masters in statistics, and PhD also, in a specific branch of statistics, and thought I would never really speak to people. And now, actually, by having these relationships with patients and caregivers that are just so meaningful, I feel like they've completely switched how I think about the research that I want to be involved in and have them by my side doing this research together versus sitting in an office, looking of numbers on a screen and thinking about how those come together, versus what is really impactful for the community. So, I feel the same, Nichelle. I'm grateful to have you in my life.

**Nichelle Stigger:**

Every time you say that it makes me chuckle, because I'm like, "No way. No way." Oh, man. They're just a blessing, and the conversations that we have, I can't tell you guys. They're life changing. And yeah, we'll keep having those conversations and, and they're going to keep doing that hard work, I know.

**Bellinda King-Kallimanis:**

Yes.

**Jerome Madison:**

Absolutely. And we're thankful that you're having this conversation with us and our listeners here on the Precision Medicine podcast. By the way, I know we're giving shout outs. Let me give a shout out to all of our listeners and subscribers from Australia! Belinda is your fellow Aussie, even though you may not be able to tell from her accent.

**Bellinda King-Kallimanis:**

17 years away will soften it a little.

**Jerome Madison:**

Wonderful accent. And I will tell you, Nichelle, I'm not nervous very much, but my ninth-grade English teacher was a nightmare that still occurs. For those of you who don't know Nichelle is a language and literature teacher.

**Nichelle Stigger:**

That's right. That's what they're calling it these days. It's no longer just English. It's language and literature. Isn't that the same? That's what the kids say.

**Jerome Madison:**

Well, he was my nightmare, and trust me, my articulation was on the forefront of my mind, because I have an English teacher or a literature teacher here. I still remember Mr. Gray, my ninth-grade English teacher, who was still my nightmare. I can still hear him say, "You cannot use a pronoun before its antecedent, and they must agree," over and over again to me and making me rewrite stuff. And I still probably don't know what that means.

**Nichelle Stigger:**

I love it, though. It gives me goosebumps to hear that you know where the antecedent goes. I literally do. That is fabulous. In our class, we practiced a little bit of slang and a little bit of antecedent.

**Jerome Madison:**

Well, there was no slang in Mr. Gray's class at all. But I really applaud the work you're doing. Thank you so much for coming and sharing your stories here on the Precision Medicine podcast. Belinda King-Kallimanis and Nichelle Stigger, thank you very much.

**Nichelle Stigger:**

Thank you. Thank you guys so much.

**Bellinda King-Kallimanis:**

Thank you.

**Karan Cushman:**

Thanks ladies.

**Karan Cushman:**

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## About Our Guests

Dr. Bellinda King-Kallimanis

**Director of Patient-Focused Research**
**LUNGevity**

Dr. Bellinda King-Kallimanis has worked in patient-focused research for the past 17 years. Her background in statistics and measurement provides a solid foundation for working with patients and caregivers to design research studies that aim to connect the patient voice with healthcare professionals, regulators, policymakers, and developers of drugs to ensure that their voices are heard and incorporated into decisions.

Prior to joining LUNGevity as Director of Patient-Focused Research, she worked at the US Food and Drug Administration in the Oncology Center of Excellence on the Patient-Focused Drug Development team. There, Dr. King-Kallimanis worked on the development and launch of Project Patient Voice, a resource for patients and caregivers along with their healthcare providers to look at patient-reported symptom data collected from cancer clinical trials. She received her Bachelor of Social Science and her Master of Science in applied statistics from Swinburne University of Technology in Melbourne, Australia, and her PhD in psychometrics from the Academic Medical Center in Amsterdam, Netherlands.

**Nichelle Stigger**

**LUNGevity Board Member and Patient Advocate**

Nicelle's mission is to help other women of color survive the thrive during their cancer journey. To be seen, heard, and valued in the cancer community. Nichelle's experience as a patient and her passion as an advocate for women of color will allow organizations to understand the intersectionalities of healthcare.

Nichelle's lung cancer journey began in 2016 when she was diagnosed with a rare form of lung cancer found in only 1% of patients. After two surgeries, including removing her left lobe and lymph nodes, she has been cancer-free since 2017. She has made it her mission to education, engage and organize those in powerful positions to bring about change in the pursuit of equity for the lung cancer community.

She is an educator in Oak Park, Illinois. In addition to her passion for equality in cancer care, she advocated for bleeding disorders and equity and inclusion in education.

In April of 2020, Nichelle joined LUNGevity Foudation, the nation’s leading lung cancer-focused nonprofit organization Board of Directors. In March of 2021, she joined the LUNGevity Health Equity Council to ensure all communities at risk for lung cancer have the same opportunity to receive the safest outcomes and treatments.