Winter 2006

LUNG health

The magazine of the American Lung Association

AMERICAN LUNG ASSOCIATION®

Freedom From Smoking® program helps smokers quit—for life

Open Airways For Schools

Helping children learn about asthma and how to manage it

Hungry for Air

Discover how we're breathing better together

American Lung Association Asthma Clinical Research Centers provide rewards for patients, physicians

By Cindy Wright

When a handful of investigators laid the foundation for the American Lung Association's Asthma Clinical Research Centers (ACRC) network six years ago, they were tapping into a unique area and system of research that reaps almost immediate rewards for patients and their physicians.

"Without fail, our ACRC network investigators point to the impact our research can have on individuals' daily lives as the most rewarding aspect of our work," says Nicholas Anthonisen, MD, PhD, and Chair of the ACRC network Steering Committee. The ACRC network is the nation's largest non-profit network of clinical research centers dedicated to asthma treatment research. Clinical trials are the final "stage" of medical research, when researchers test and compare methods of treatment for asthma.

"Patients are the reason our investigators and their extraordinary staff at 20 research centers remain so committed to our work."

"Patients are the reason our investigators and their extraordinary staff at 20 research centers remain so committed to our work. We witness how our patients' quality of life can improve—sometimes dramatically—after participating in our research trials. This research can and does help people with asthma immediately," Dr. Anthonisen explains.

Researchers are focused on making a difference by answering major clinical questions by studying large groups of diverse patients all over the country. The network studies are managed by some of the world's best researchers, who are drawn to the seamless effort of leaders at 20 clinical centers and a Data Coordinating Center. Researchers cite both the scope of the ACRC network and the ability to impact lives as a unique opportunity.

"The ACRC network is unique in several ways," explains Norman H. Edelman, MD, Chief Medical Officer of the American Lung Association. "First, to the best of our knowledge, there is no other voluntary health agency that conducts its own clinical research. Second, it's designed to fill a critical gap in the need for information about asthma."

While the National Institutes of Health funds the majority of basic scientific research, pharmaceutical corporations support research designed to develop new medications, Dr. Edelman explains. The "critical gap" in asthma research is a body of issues related to the welfare of people with asthma and their physicians' treatment plans. "Patients' asthma management is the very essence of the ACRC and the bedrock of our investigators' drive to answer as many clinical questions as we can to benefit people with asthma," says Dr. Anthonisen. "We have a rare opportunity to focus on 'real-world' studies where improved patient care is the immediate goal."

The root of ACRC network researchers' excitement is the very essence of what makes the ACRC unique: an opportunity to focus on "real-world" studies where improved patient care is the immediate goal. For more information, visit www.lungusa.org/acrc. ■

American Lung Association

research

Featured researcher

Dawn L. DeMeo, MD, MPH

Brigham & Women's Hospital
Harvard Medical School
Boston

Research grant funded by the American Lung Association of Massachusetts and the Alpha-1 Foundation

Why are more women than men dying from COPD?

Genetic Investigation of Sex Differences in Chronic Obstructive Pulmonary Disease

The number of women who died in 2002 as a result of chronic obstructive pulmonary disease (COPD) was greater than the number of deaths among men. This ominous trend suggests that women may be more susceptible to the effects of cigarette smoking on the lungs than men are, but scientific data on the genetic basis of this phenomenon are lacking. Such information is essential to understanding how COPD develops, determining how best to treat it, and developing targeted educational efforts to help prevent it. These scientists are investigating genetic differences between men and women that may have a bearing on COPD, which, like most chronic diseases, involves multiple genes and the interaction of genetic susceptibility with environmental factors. Their findings may establish a biologic and genetic explanation for differences in COPD between women and men. With that knowledge, more aggressive and effective gender-specific public health messages about the risks of tobacco use and COPD in women may be designed, and better treatment may be offered.

PATIENT PROFILE

In her own words

Cathi Badlaucco's asthma had been out of control for years. Having been in and out of emergency rooms, Cathi couldn't go outside some days. No one could get the medications right—until she completed two trials at the ACRC at Long Island Jewish Medical Center.

"I learned so much about asthma and about clinical research. During the first [clinical] trial, I was really nervous about not knowing what I was taking. I learned about leukotrienes and how they work in your body, and how medications can control them. I thought I knew enough about my asthma, but I didn't. Going through the trials, I learned about stress-induced asthma. I learned about how the medicines work, and now I thank God I'm on it.

"I had never been in a study before and didn't know what to expect and if I'd feel like just another number. It was so well organized, and it was fun for me because the lead coordinator, Ramona [Ramdeo], and the nurses were friendly and extremely nice. They always made me feel comfortable and relaxed. It was a very personal, friendly atmosphere!

"Thank God for the American Lung Association! The combination of the drugs I'm taking now is like a miracle for me, the change is great. I had been using my Albuterol inhaler two or three times a day but then went three entire months without needing it. I love it, but I haven't started working out yet. I want to start cardio-kickboxing again this year. Last year, I had to stop because I felt like I was going to pass out in every class."