



## Lung Cancer Prevention and Early Detection

AM 570 KVI

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### **Introduction**

#### **Andrew Schorr:**

Coming up live on AM570 KVI is an hour that could save your life or the life of someone you know as we discuss the early detection and prevention of lung cancer, by far our biggest cancer killer. This is important for smokers, former smokers, and people who never smoked to know the signs. It is all coming up with a leading expert and a woman whose life with lung cancer is hanging in the balance right now. All on Patient Power on AM570 KVI.

Thank you for being with us once again on Patient Power. Andrew Schorr here as we are dedicated to giving you important medical information for you and your family to make a difference. The biggest difference we could make is to save someone's life. When we think about today's topic it can be lifesaving, the information we are going to give you today. You are going to get it from two perspectives. Obviously the perspective of a leading physician who is who is devoted to it with his whole team, in this case from the Seattle Cancer Care Alliance. We'll talk about that and a new clinic they have there in just a minute. Also from the perspective of someone living with the diagnosis who wants you to avoid it if at all possible.

We are talking about lung cancer. I want to put things in perspective for you. We've talked a lot about breast cancer, colon cancer, prostate cancer, and leukemia that I have, and ovarian cancer. It's a long list, and they all sound like terrible diagnoses, and you don't want to have them, and if you do, you want to hope like I do that you can go on with your life.

Well the most prevalent cancer diagnosis is lung cancer. Now, yes, it happens to people who smoke or used to smoke, but it also happens to people like Dana Reeve who never smoked, yes that was Superman Christopher Reeve's wife. It happens to people like that. I can happen to people who are exposed to second-hand smoke. Maybe you worked in a restaurant for a long time or a bar. Did that increase your likelihood of getting lung cancer? Maybe so. Well, the good news is that now there is more emphasis throughout medicine on prevention and early detection, and in lung cancer that's the name of the game. If they can spot it early they

can do something about it, but unfortunately most of the time there are often no signs, or signs that weren't recognized by you or maybe even your doctor, so people come in later, and 85 to 90 percent of the time the people with that advanced stage lung cancer die within five years. Not a very happy story. We are trying to change that today with Patient Power

### **Cecilia's Experience with Lung Cancer**

I want you to meet Cecilia Izzo who lives in Seattle. She is a former nurse, 54 years old. She has a wonderful husband, two teenaged daughters. They love the Pacific Northwest. Cecilia is going to tell you the story of how back in 2003 she had been hiking with her husband out here in the Pacific Northwest because they love it, backpacking. She goes back to Boston, Wellesley, Massachusetts, where she lived, had some shoulder pain; that was probably from backpacking, right? But she gets pneumonia, goes to the doctor, has a chest x-ray, which you often would if pneumonia was suspected, treated for the pneumonia, goes on with her life, didn't have an immediate follow-up x-ray to see how things were doing, and guess what? On that original x-ray, and they saw it seven months later when they remembered to call her back, was a tumor mass in her lungs. It ended up that the bad actor in all this that may be related certainly to the pneumonia, was lung cancer.

Had Cecilia been a smoker years ago like a lot of teenage girls? Yes she had. Had she worked in a restaurant for many years as she was going to college and becoming a nurse and all that? Were there smokers? Yes that was true. So, Cecilia you ended up having a lung removed when they finally noted the cancer. Your left lung, is that right?

**Cecilia:**

No, my right lung.

**Andrew Schorr:**

Your right lung had been removed, and then you start chemo. You go through that for many months, and then you move out with your husband to the Pacific Northwest that you loved.

**Cecilia:**

Right.

**Andrew Schorr:**

You resume your career as a nurse and go on with one lung and do the best you can for other people who have illness. Then because you'd had the lung removed, things anatomically were moving around, and you ended up needing surgery again.

**Cecilia:**

Right, to move my heart and lung back over where it belonged.

**Andrew Schorr:**

Because your airway had collapsed?

**Cecilia:**

Yes, everything was moving to the right side where my lung had been removed, so my airway collapsed one day.

**Andrew Schorr:**

So today as you are with us, you have one lung, and then what happened last fall?

**Cecilia:**

In October I had a follow-up exam just a routine chest x-ray, no a CAT scan, this was my CAT scan. They saw what appeared to be a blood vessel, but it had grown since 2005. Further test showed that I had a new nodule which more than likely was malignant. They removed it January 2nd.

**Andrew Schorr:**

Just a couple of weeks ago, three weeks ago.

**Cecilia:**

Yes, three weeks ago. I put it off. I was diagnosed in October, but I put it off for the holidays. They removed it January 2nd, and it is malignant. They don't know if it is a new primary or metastatic, but the rest of my body looks pretty good. So I'm waiting to hear about whether or not I'm a candidate for a new drug.

**Andrew Schorr:**

What do you want to say to people, and I want to tell just one other part of your story. People with advanced lung cancer often don't live very long, as we know. Yet for the people who are facing this, and the people who hopefully can live longer with lung cancer and effective treatments, and I know it may be a new drug that you have. For them and their families they need support. When you came out here to Seattle and looked around for support groups you couldn't find any.

**Cecilia:**

There were none.

**Andrew Schorr:**

So you formed one.

**Cecilia:**

Yes, with the help of Cancer Lifeline. I called a number of organizations, cancer-related organizations, and they didn't feel they needed or saw the need for a lung cancer support group. So finally in May of 2005 we got our first group going, and it is still going strong.

**Andrew Schorr:**

Ladies and gentlemen listening, Cecilia, with the support of her family and other organizations, now I know the American Lung Association, and we thank them for connecting you with us for this program, and a lot of groups have come together, medical centers, and you are doing this and providing support for families. Our goal is to support people living with lung cancer, but it is also to prevent it and catch it early. So that brings me to the story of the dedication of the Seattle Cancer Care Alliance. That's the University of Washington, certainly Children's Hospital is involved and the SCCA as well, and Fred Hutchinson Cancer Research Center.

The name of the game is prevention if we can, and early detection, so with us is Dr. Jason Chien. He is the Director of a brand new Lung Cancer Early Detection and Prevention Clinic. Have I told the story right, Dr. Chien, as far as what your dedication is at the SCCA, and that if we can catch it early you can do something about it and ideally of course prevent it. We are going to talk about that too.

**Dr. Chien:**

Yes, that is absolutely true. Prevention is definitely the name of the game here in lung cancer.

**Andrew Schorr:**

Okay. We can try to prevent those cancer deaths, and also with early detection have people say, 'Yes, I've been treated for lung cancer, but I'm going on with my life.' Cecilia has been doing that for a number of years. Hopefully she can, and people can do that for a long, long time.

We are going to take a break. We're going to tell you how you can use this new clinic. Every Friday meet with Dr. Chien, his whole team devoted to this early detection and prevention. Certainly if you are a smoker or a former smoker you want to pay attention to this. If you have been exposed to a lot of second hand smoke, maybe some chemicals that could put you at risk as well, we want to talk about that. As I said, it could be life saving. It's all coming up live on AM570 KVI and Patient Power. We'll be right back.

Welcome back live as we continue Patient Power. Andrew Schorr here week after week bringing you important health information with leading experts for

you and your family. For this program by the way I want to thank our regular sponsors, the University of Washington Medical Center, the Seattle Cancer Care Alliance, Swedish Medical Center, Harborview Medical Center. Thank you so much for supporting us because it is the only program of its kind anywhere, and it originates right here from Seattle for the world. We'll talk later on about the other programs we have on the Internet, and how you can have people listen at other times to the replays or read the transcripts.

We are visiting with Cecilia Izzo who is living with a diagnosis of lung cancer. She has had one lung removed, and she is waiting to hear if she begins chemo again and with what. She is going to have a lot to say as we continue about you not smoking. If you've smoked get checked and be monitored carefully, and if you have been exposed to a lot of chemicals, certain chemicals, or cigarette smoke from others, how you can be monitored too.

### **Early Detection and Prevention of Lung Cancer**

#### **Andrew Schorr:**

Now there is a new multidisciplinary clinic that just opened at the Seattle Cancer Care Alliance. Certainly the goal is to have former smokers or current smokers checked. Are there pre-cancerous lung nodules or other conditions, certainly emphysema, COPD or chronic bronchitis? You can be helped with that. Let's meet a leading pulmonologist who is Director of that clinic, Dr. Jason Chien as we met him just a minute ago. Dr. Chien what's the goal of this clinic and what can you do for people there?

#### **Dr. Chien:**

The goal of this clinic is to provide health care that is targeted towards people who are at risk for lung cancer. To do this we focus on early detection and prevention. Although this is focused on prevention of lung cancer and early detection of lung cancer, we also know that the people at risk for lung cancer are at risk for many other diseases purely because most of them are either current or former smokers.

What we have done is develop a very comprehensive and multidisciplinary clinic where we evaluate each patient for not only their lung cancer risks but also other diseases. So as you have mentioned COPD or emphysema, which are very commonly a problem among smokers, but also other issues such as oral cancers and other cancers that are associated with tobacco. There are actually a lot more cancers than most people think. We also look at their lifestyle. We evaluate or help them assess their ability to quit smoking if they are smokers. Then we've developed a smoke-free life program at the Seattle Cancer Care Alliance where if they are current smokers they will have a person-to-person evaluation with not only a health educator who helps them to think about quitting smoking and help them along with quitting

smoking but also another physician who is a dedicated specialist to managing the comorbid issues associated with cessation and also the new medications that are out there to maximize their opportunity to quit smoking.

**Andrew Schorr:**

Well that's a great thing. People need to pay attention to this because we do not, do not want to get to a position where lung cancer is found late. Now Cecilia, you are a nurse. You smoked years ago and quit.

**Cecilia:**

Yes, as a teenager.

**Andrew Schorr:**

Were you aware that many, many years later another shoe could drop? Were you aware of that?

**Cecilia:**

I had no idea. It was completely off my radar. I thought breast cancer could be a possibility because women are diagnosed with it frequently. I had nothing else in my mind that might happen to me medically or physically because I was so healthy. It's a joke in my family, I was always the 'granola one', and I've had my Masters in exercise physiology, so fitness was so important. So it was never even a consideration.

**Andrew Schorr:**

Now you have a bunch of siblings. Are they current smokers?

**Cecilia:**

Yes, all five of them are current smokers, as well as my mother who is on oxygen with COPD and emphysema, yes.

**Andrew Schorr:**

Cecilia, when you talk to your siblings and they know what you are dealing with, do you want to just shake them? What do you want to do?

**Cecilia:**

I do, I do. I just want to say to them, 'Give me your lung. Give me one lung if you want, and keep smoking because I could use the lung'. I'm not smoking, and at this point too when I see people on the street just, you know, taking this deep breath in I just think, 'If they only knew'.

**Andrew Schorr:**

Now Cecilia you and your husband Jeff and your family, you are doers. You came out here, you started a support group as you've been going through lung cancer assessments and then more treatment. We have legislation now

that was passed where you can't smoke a lot of places, and you've played a role in that.

**Cecilia:**

I did. Well actually my husband and my daughters also helped to gather signatures. We were all over Seattle gathering signatures, and we actually went down to Olympia to deliver the signatures with the Initiative 901 group two years ago I think. What I did was I started gathering signatures so that I could actually talk about lung cancer because it seemed that nobody was really interested in hearing about lung cancer. So as I got signatures I would put my two cents in to people, and I got a lot of response actually. A lot of it was positive.

**Andrew Schorr:**

Now I want people to understand that, and I want you to talk about it too and Dr. Chien as well. There has been a lot of publicity about breast cancer, and that's great. Women get checked and get mammograms, and early detection is the name of the game there too. We are trying to do better with ovarian cancer, and we've had Doctor Barbara Goff on talking about certain symptoms, maybe earlier signs of that, but there is no stigma attached to that. But here, you know, those of us who don't smoke, or have never smoked say, and I hate to say it, but there are people who say, 'Well they've got it coming. I'm not surprised.' That's sick of course. What would you say to people about the reality of lung cancer? So here are people who, whether they smoke and find it very difficult (to quit); it's our most addictive drug, I think, Dr. Chien. I was reading, Blake our producer put together some information for me, and it has been sort of engineered to be our most addictive drug.

**Dr. Chien:**

Absolutely.

**Andrew Schorr:**

That's a pretty terrible thing. So people find it very difficult to quit, but many people did. My mother-in-law quit as a wedding present to us 22 years ago, but is she followed as closely as she should be because just like with you Cecilia there is that, as I said, that other shoe that could drop. What do you want to say to the public about just this awareness of lung cancer, and putting aside what sowed the seeds for it, smoking or not?

**Cecilia:**

Exactly. First of all the most common question when somebody hears you have lung cancer is, 'Did you smoke?' always. I've started to say to people, 'When you meet someone with cervical cancer you don't ask them if they had a sexually transmitted disease, or if they did which one did you have?' You

don't ask someone how they contracted AIDS. You have a disease, you have a disease, let's just deal with it. The other thing I would tell them about just symptoms, because there are no symptoms, you really need to listen to your body because the symptoms I had were so obscure. I had a workup on every part of my body which was unbelievable. I had a pretty large mass in my right lung, and it still went undetected until I had a follow-up chest x-ray. I mean I had every part of my body probed. We couldn't figure out what was going on, and it had to be the mass.

**Andrew Schorr:**

So Dr. Chien lets just talk about this medically. Somebody who is a smoker, former smoker, or maybe has been exposed to a lot of smoke or chemicals in their life, and they get pneumonia or they have shoulder pain. Not acute like 'go to the emergency room because you are having a heart attack', but they are having ongoing pain and things like that. What do they need to say to the health care professionals? You might see them and say, 'You know I'm a smoker, a former smoker, or I used to work with asbestos, or I was around all these chemicals. Could we check further?' What should they be saying?

**Dr. Chien:**

I think the things that you mentioned are actually all the things that they should be saying. Lung cancer, as common as it is, is not frequently seen by physicians that are on the front line in terms of the ones who manage patients through an emergency room for pneumonia or even through primary care facilities. So what you really need to do is bring up these red flags: I have pneumonia, but I am not your run of the mill patient. I was a smoker, or I am a smoker. I used to work in the asbestos industry. I have a family history of lung cancer.

These red flags will allow the physician to take other things into account when they interpret your x-rays and that sort of thing. Now having said that, the physician also has a big responsibility here. They need to be educated about exactly who is at risk for lung cancer. It's not just the active smokers. It's former smokers who are actually the majority of the population at risk now.

**Andrew Schorr:**

We are going to talk more about that. We are going to take another break. We invite your calls, and we are going to help you with news you can use because we have a lot of people out there at risk. Let's face it. This is our biggest cancer killer by far. Take breast cancer, prostate cancer, colon cancer and put it all together, and those are very serious diagnoses of course. More people die of lung cancer. So we want this to be on your radar too. It's all our goal of helping save your life. It's coming up as we continue Patient Power right after this.

Thank you for joining us. We're talking about lung cancer, early detection and prevention. I want to get right to it. I want to underscore a point. The point is certainly people who smoke are at risk, but former smokers are at risk. Maybe you smoked as a teenager, maybe you smoked in your 20s, and maybe you only smoked when you went out drinking with friends. Whatever it may be, you are at risk. You need to have in your own thoughts about how you stay healthy is how do you get followed and checked to see if there is something that has been developing in your lungs that can be detected early when we can do something about it because it will be lifesaving. Again with us is Dr. Jason Chien who is the Director of the new Lung Cancer Early Detection and Prevention Clinic at the Seattle Cancer Care Alliance. He is a pulmonologist with his team totally devoted to that early detection and prevention.

### **Risk for Lung Cancer**

#### **Andrew Schorr:**

For former smokers, Dr. Chien, what do you want to tell them? There are a lot out there listening. They are going to tell their friends, neighbors and relatives. Give us some guidance.

#### **Dr. Chien:**

I'm just going to start briefly with current smokers. First of all current smokers, the best thing you can do for your life is quitting smoking. We all know that tobacco smoke is the number one risk factor for developing lung cancer. In fact in all the studies this is the best established relationship between an environmental variable and cancer.

If you are a current smoker your risk is about 20 to 40-fold higher than nonsmokers. Now having said that, there is something very unique about lung cancer, at least with cancers that are due to environmental variables, and that is your risk for lung cancer is fixed at the time that you quit smoking. Now this is not a very well known fact among the general public. Most people think that if they quit smoking they are no longer at risk for lung cancer, but that's in fact not true. That's because of the way the majority of studies out there have been done.

Most of the studies that have been done look at the risk of former smokers relative to current smokers. So that clearly decreases dramatically. Your lung cancer risk decreases relative to current smokers by half within the first decade or two decades; however, if you look at the absolute risk, that does not change at all.

There was a great study done in 1993 where they followed 'quit cohorts' at different ages when they quit. It became pretty apparent that at first your risk for lung cancer for the remainder of your life after you quit is directly dose-dependent, depending upon how much you smoked in the past, but it is also dependent; it doesn't change after you quit smoking. In fact it actually goes up when you hit about 65 to 70 years of age.

**Andrew Schorr:**

So I have a couple of questions. You're a scientist, so I want to decipher this for everybody, and that is, is lung cancer just slow to develop?

**Dr. Chien:**

Yes. It is very slow to develop.

**Andrew Schorr:**

So, therefore, what your clinic is devoted to in raising awareness in people generally is you've got to be vigilant and be checked. So what are the early signs? Are there any clues at all? Cecilia had pneumonia. If seven months earlier something could have been done then, that would have been to the good for sure, but even earlier what are early signs? Could it be a persistent cough? What would it be?

**Dr. Chien:**

The classic symptoms that we think about are things like persistent cough, maybe some weight loss, a little bit of fever that's unusual. Things that are more unusual are coughing up of sputum that has some blood streaks in it. Pneumonia is another possibility. Then there are some telltale signs of lung cancer. For instance if you have very severe shoulder pain that is out of the ordinary and chronic, that's very unusual. If you have some swelling in your face, that might be due to obstruction of the blood vessels within your chest. That is very unusual. Bone pain for instance would suggest a distant metastasis of the cancer. Unfortunately a lot of these symptoms come on late in lung cancer. The lungs are deep seated organs in our bodies, and there is a lot of surface area in the lungs. If you look at the alveoli and spread them out flat, the surface area is about the size of a tennis court. Little things happen all the time in there that can mimic the symptoms that are suggestive of lung cancer.

**Listener Questions**

**Andrew Schorr:**

In a minute we are going to talk about the way somebody can be checked to see what is going on or how somebody who is a smoker, former smoker, or has been exposed to a lot of this, they can be checked with their doctor to see what is going on, or when it is right to come to your clinic and the



workups you do there. Let's take a call. This is from a caller in Tacoma. Welcome to Patient Power.

**Caller:**

Yes, hi there. I just wanted to bring out a couple of quick issues here. One is, I heard this on the news a couple two or three days ago that there is some kind of new drug that is supposed to fight cancer or almost practically eliminate it. I'm not too sure what the name of it was, but it was brought out on the news. Then if people are interested in alternative medicine I encourage them to look into that avenue.

**Andrew Schorr:**

All right, let's see what the doctor has to say.

**Caller:**

And if I could get the doctor to put in a telephone number because I'd like to talk to him about an issue that happened with a friend of mine who passed away some time ago.

**Andrew Schorr:**

Thank you. Thanks for listening. First of all let's give the number for your clinic. Do you have that handy? This is the Lung Cancer Early Detection and Prevention Clinic at the Seattle Cancer Care Alliance. If they want to get together at that clinic and see you and your team every other Friday now, how do they do that?

**Dr. Chien:**

I'm a little bit ashamed to say that I don't have the clinic phone number completely committed to memory yet but if you do a Google search on Seattle Cancer Care Alliance, and when you get there look up Lung Cancer Early Detection and Prevention Clinic you will come straight to our website.

**Andrew Schorr:**

At [www.seattlecca.org](http://www.seattlecca.org) that's the Seattle Cancer Care Alliance you can just go there, and then just give them a call. That's the Seattle Cancer Care Alliance's new Lung Cancer Early Detection and Prevention Clinic.

Now the caller brought up some things I want to talk about. In lung cancer is there any new breakthrough drug that you know of?

**Dr. Chien:**

I believe he is referring to Tarceva.

**Andrew Schorr:**

Which is being considered for Cecilia.

**Dr. Chien:**

Exactly, and that drug is a breakthrough, but it is a breakthrough for only some people out there. So it is well known now that this drug works particularly well on people with a special mutation. It has to do with the target of this drug, and this mutation is detected in the lung cancer tissue itself. So what they found is that people with this mutation do extremely well and are responsive to this drug.

**Andrew Schorr:**

In alternative medicine is there anything you know of that can support people with lung cancer and make a difference as far as the course of that cancer goes?

**Dr. Chien:**

Not that I know of at this time.

**Andrew Schorr:**

Okay. As you are devoted to patients you would tell them about it if you knew about it. There is no deep dark secret. Cecilia is there any alternative treatment you know that has been helping you fight your lung cancer?

**Cecilia:**

No. My alternative treatments would be exercise and good food and things like that, but no there is no other.

**Andrew Schorr:**

Here is the phone number for the intake line at the Seattle Cancer Care Alliance Lung Cancer Early Detection and Prevention Clinic, (206) 288-7222. Give a call every Friday. Dr. Chien and others evaluate people who are smokers, former smokers or if you feel that you are at risk.

We are going to talk more about how, whether you go there or just with your primary care doctor, if these things come up you can be evaluated and the tools that are available now to see what's going on. Today's show is about lung cancer early detection and prevention. For smokers, former smokers, people who have been exposed to that or some chemicals or some substances like asbestos, we want to get you to remain healthy and have a long life. We're going to take a break.

Thank you for being with us on Patient Power. I just want to mention I do webcasts throughout the week. It's all available to you on [www.patinetpower.info](http://www.patinetpower.info) and during this week I am very pleased, it was kind of kicked off by our program a couple of months ago with Mike Berens from the Seattle Times and the series they did, the investigative series on medical

fraud. We are doing three more programs on medical fraud this week. The first one is going to be on health insurance fraud. You see those ads on TV, medical insurance for you, you can't get it anywhere else, call this number. Well guess what? Some of those companies, some of them are quite legitimate, some of them are total frauds. We are going to have the head of all the insurance commissioners from the country, he is actually the State Insurance Commissioner of the State of Wisconsin, on tomorrow.

Also we are going to have on the husband of a woman in Brooklyn, New York, where she thought she had insurance like that that would protect her, and it didn't. We are going to talk about that side of it. Patient Power as you can see is the only program in the world that does this day after day. Also see our programs not only on [www.patientpower.info](http://www.patientpower.info) but also on the new Microsoft HealthVault search engine, [www.health.live.com](http://www.health.live.com) and thanks to Microsoft for showcasing what we do.

Back to lung cancer. So Cecilia you were in a family of smokers, your brothers, I can't believe it, and your mother still smoke. I hope they are listening. But you had been exposed to it at work. You had been exposed to it at home. If there had been an early detection and prevention clinic like we now have at the Seattle Cancer Care Alliance would have gone?

**Cecilia:**

Absolutely. Had I known what I know now that the heavy exposure to second hand smoke with my parents, and I waited tables for a number of years to put myself through college, had I known that could really affect a person's ability to come down with lung cancer at some point I would have gone in for screening, absolutely, because often when it is symptomatic and you start having the symptoms that Dr. Chien talked about you are in advanced stages. Even the pneumonia I had put me in an advanced stage of stage IV.

**Screening for Lung Cancer**

**Andrew Schorr:**

Dr. Chien then okay. So it can be advanced when you are coughing up blood, recurrent pneumonia, severe pain in the shoulder; so we don't want to get there. So if I walked in, if I had been exposed to smoke, had been a smoker years ago or maybe the other risk factors. Maybe in runs in my family. I go to your clinic on a Friday at the Seattle Cancer Care Alliance. What are you going to do to try to see if I am at risk? Has it been pre-cancerous nodules in my lungs? How do we find all that out to do something about it?

**Dr. Chien:**

We first start with a very comprehensive questionnaire that is focused on respiratory symptoms, and this is something that we mail to the patient that they can do at home. Once they mail it back to us what it does is provide us with an enormous amount of information in a very detailed way that looks specifically at their lung cancer risk but also their respiratory diseases risks.

The next step, however, that is on most people's minds is the issue of screening. I'll be honest with you here, it is a very controversial topic in the medical community right now, lung cancer screening. As many people out there are probably aware of, a very big study came out in the "New England Journal" about using the spiral CTs, low-dose CT scans, for early detection. There has been a lot of controversy about that study because it wasn't conducted in the standard screening fashion. Meaning...

**Andrew Schorr:**

Let me see if I can understand. In other words can a spiral CT scan spot early stages of lung cancer, pre-cancerous that maybe wouldn't show up in an x-ray?

**Dr. Chien:**

The answer to that is an absolute yes. There is no doubt that a CT can pick up small lesions in your lungs.

**Andrew Schorr:**

Okay, when you could do something about it.

**Dr. Chien:**

Correct.

**Andrew Schorr:**

So the questions are who should have it and who will pay for it.

**Dr. Chien:**

Correct, and what are the potential outcomes? What are the harms of potentially doing this to everyone who is at risk?

**Andrew Schorr:**

Right. So if someone was a former smoker, and they have walked into your clinic and said, 'I want a spiral CT', and there was a debate about insurance, how much would it cost?

**Dr. Chien:**

The current market price for any CT is somewhere around \$1,200 to \$1,400, but you could for instance get a spiral CT at some operations down to as low as \$300.

**Andrew Schorr:**

Okay, let's say you made that as an investment in yourself. Then the question is, 'Well, we think there is something there.' Then what do you do about it? Should you have some sort of surgery, and would that do more harm than good?

**Dr. Chien:**

Right. So there is a very complicated algorithm that we have to follow after we find something concerning on the CT scan. It has to do with size of these lesions, the characteristic of these lesions, where they are located, etc., etc., but, the bottom line is that, at least what the studies have found, is that if you do a CT scan you are more than likely find something abnormal. The next challenge or question that is posed is, 'What do we want to do to further characterize that abnormality?' That could involve something as simple as doing another CT scan to maybe something a little bit more high tech, like a PET scan, but it could involve something as invasive as a CT-guided needle biopsy, all the way to surgery to removing that abnormality just to get a sample of it to figure out exactly what it is. There are risks associated with each of these procedures.

**Andrew Schorr:**

So the bottom line question is, I don't want to scare people, but we have smokers, former smokers, people maybe with family history, and people who have been exposed to second hand smoke. So, Cecilia says, 'Well yes I'd like to go to a clinic like you have now had I been able to years ago, but I want to understand. Are you confident that you can help because there is all this, as you said, controversy in medicine about what to do?'

**Dr. Chien:**

Yes we are definitely confident that we can help one way or another. If you are a current smoker we can help by helping you quit. If you are a former smoker what we do is we educate you about your risks and the symptoms that you should be looking for. We invite you, and ask you, to participate in the healthcare system on a regular basis so that when these things do come up they do get picked up. We will discuss whether a low dose CT or a spiral CT is appropriate in this situation, but to be honest this is made on an individual basis at this point because there are no recommendations out there for who should be screened and who should not. So what we are doing is taking a very personalized approach to this where we evaluate each patient individually.

**Andrew Schorr:**

I want to just put one thing in perspective before we take another break. It takes a while for new guidelines to come out, but Dr. Chien you are at one of the leading cancer institutions in the world, Fred Hutchinson and the Seattle Cancer Care Alliance, UW, and so you guys talk. You say, 'Well we may have to wait a year or two or three for the guidelines to percolate and be debated, but here's how we approach it. I tell you, I'm going to put my money on them. So the guidelines may change over time, and you can imagine all the debates they have, but I think they've got really smart doctors here. So I want you to take advantage of that as they move things forward on early detection and prevention. The phone number at the new Lung Cancer Early Detection and Prevention Clinic at the Seattle Cancer Care Alliance is this: (206) 288-7222.

Why is that important? If you are a smoker, a former smoker or maybe even exposed to it a lot like Cecilia was, she got kind of a triple whammy, right? You smoked, you're a former smoker, your whole family smoked, your mother, they still do, and please I hope they are listening if we can get them to stop, Cecilia. Then have a dialog with smart professionals like pulmonologist Dr. Jason Chien and his team so that your risk is lowered. We are going to take a break.

Welcome back to Patient Power live as we are discussing lung cancer early detection and prevention. Why should you care? Because it is our biggest cancer killer, and you may well be at risk because you are a former smoker years and years ago smoked as a teenager. You are still at risk if you are a current smoker or you are around smokers or even some chemicals.

Cecilia Izzo has lost a lung to lung cancer. She never expected this would happen when she had pneumonia. She was shocked to find out that led to a lung cancer diagnosis. Cecilia, what do you want to say to people out there so that they can lower their risk or have lung cancer detected earlier to save their lives?

**Cecilia:**

Anytime I meet a former smoker I will tell them that I think it's really important to have a baseline chest x-ray just because it's not something that is required by the medical establishment, not yet. We are sent to get colonoscopies when we are 50, we have our mammograms, but nobody looks at our lungs anymore. I think if you have a baseline, if down the line you do get bronchitis or pneumonia, they can look at the one that you had done a few years ago, and say, 'Oh, there are some changes here, or this looks okay' because once again it can happen to anybody. I was the most unlikely person that most people thought it would happen to. I never had bronchitis,

never had asthma, and never had allergies. So I would just encourage people to just talk to their doctors, and just stand firm on their ground of what they feel.

**Andrew Schorr:**

Absolutely. We are going to have to work through this with the insurance industry about people getting baseline x-rays. We have had to fight for colonoscopies. Women get Pap smears and other exams now, and certainly mammograms and follow-ups there, but yet lung cancer we have a lot of work to do. I want to congratulate you Dr. Chien and the folks at the Seattle Cancer Care Alliance for really making prevention and early detection a priority. Also I know you are doing a lot of work in medical education helping the health care providers look out for this and the best interest of their patients. So all the best. I want to give the phone number again (206) 288-7222. That's the Lung Cancer Early Detection and Prevention Clinic at the Seattle Cancer Care Alliance.

As always I'm just bowled over at the great medicine we have in the Seattle area at Fred Hutchinson where you are there too, and the University of Washington, Harborview, Swedish, a number of our medical centers that support this program. Hopefully we've saved some lives today. Cecilia, thank you for coming in and, I wish you all the best and your two teenage daughters. They don't smoke, right? Make sure they never, ever smoke.

**Cecilia:**

I don't think they will ever smoke.

**Andrew Schorr:**

And I want to thank you for the work that you and your family have done to get legislation passed here, working together and hear the very real, human story so that smoking is limited in public places here and in restaurants, and people who work in restaurants and bars don't have to be exposed to it. Well, we'll make lots of changes. We'll do follow-up programs. Thank you so much for being with us. Remember we have our whole series on medical fraud this week starting at 10:00 AM Pacific on [www.patientpower.info](http://www.patientpower.info). Let's get those criminals out of purporting to provide health care services. We want to stop that.

Thank you so much for being with us. Remember knowledge can be the best medicine of all. I'm Andrew Schorr. Have a great day. We'll see you on the Internet and next week on AM570 KVI.

*Please remember the opinions expressed on Patient Power are not necessarily the views of Seattle Cancer Care Alliance, its medical staff or Patient Power. Our discussions are not a substitute for seeking medical advice or care from your own doctor. That's how you'll get care that's most appropriate for you.*