



## How can I get the best care if I have lung cancer?

Webcast

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### **Introduction**

#### **Andrew Schorr:**

Hello and thank you for joining us once again. I'm Andrew Schorr broadcasting live. Thank you so much to the Seattle Cancer Care Alliance for sponsoring these programs. We do them every two weeks connecting you with a renowned expert, inspiring patient, and bringing you significant medical information often that's hard to get anywhere else. And as you heard in the introduction, I connected with specialists in my condition, and here I am a 12-year leukemia survivor, and life is full, and I'm very grateful for connecting with the right folks to help me who were knowledgeable in what I was dealing with.

Now, sometimes with some conditions we think, well, they're pretty common. And we're going to talk about lung cancer tonight, and unfortunately lung cancer is all too common. And you say, well, the doctors are familiar with it, and what doctor number one or maybe doctor number two offer me, those are my options. And let's face it, lung cancer is a terrifying diagnosis. It's one of the most common cancers, and certainly if you're listening to this program maybe you've been diagnosed or someone in the family, and it is terrifying. And just listen to the statistics, but we're going to talk about statistics and how they may not apply to you in a second, but the statistics for instance for 2007 they were estimating that there would be about 115,000 men in the US diagnosed, 89,000 women, and the death rate would be very high. 90,000 men dying of lung cancer, 71,000 women. And of course you say, well, many of these people smoked and it was something that they would be concerned about over many years, and it's true. But there are many people who don't smoke, a minority, but certainly people who we don't know why they developed lung cancer, and it really can develop even at any age. And unfortunately it has not received the attention some of the other cancers have even though research goes on, progress is made even for people with more advanced conditions.

What we're going to do tonight is really give you a Patient Power pack, if you will. And that is we want to put you, your family, in the driver's seat and give you the steps for getting the best care when it comes to a lung cancer diagnosis. How do

you proceed? What tests might be desirable? What questions should you ask? Should you get a second opinion? What kind of doctor or doctors can help? How can they work together to give you the best care that you need and deserve? And that is what Patient Power is all about.

Now, I have some partners in all that. You're going to meet a leading lung cancer surgical oncologist in just a minute from the Seattle Cancer Care Alliance, but first we're going to go clear across the country, because the doctor and I both are in Seattle, we're going to go all the way over to Queens, New York. I grew up in Manhattan so Queens was just across the bridge. And I want you to meet someone who has been living now almost five years after a lung cancer diagnosis, and she is a very fiery patient advocate, 65-year-old Laurel Perton, who has been a nurse for so many years.

Laurel, you had surgery at a very top hospital in New York City, but you kind of shopped around, and you I think are an example of patient power. Why is it that the first doctor, with lung cancer being so common doesn't just remain your doctor? Why did you make changes?

### **Laurel's story**

#### **Laurel:**

Hi everyone. I made changes particularly because I wanted a doctor at a major teaching hospital that was connected with the National Cancer Institute that had research going on, in other words that it was cutting edge. And so the doctor that I chose had to meet that criteria. The thing that I really want people to be aware of is that when you are diagnosed with lung cancer you become terrified. Even though I was in the healthcare industry and had a certain amount of knowledge I still was very frightened and convinced that I was going to have an abbreviated life span, which I may still have, however not as short as the statistics say since I've already out lived the horrible statistics.

#### **Andrew Schorr:**

Right. And I think that's as I was mentioning is that each individual diagnosed with cancer is not a statistic and we'll talk about that. What can be the personalized approach for you? Now, in your case you'd been having x-rays. You had been a smoker for many years, and you were having active surveillance, and they spotted something on an x-ray and that turned out to be stage I adenocarcinoma. What surgery did you have, Laurel?

#### **Laurel:**

I had a left upper lobectomy. So the upper lobe of my left lung was removed.

#### **Andrew Schorr:**

And we should point out that now it's four and a half years later and you continue to work in your job. You're an active person.

**Laurel:**

No, I'm not working my job. I've gotten myself other jobs in the lung cancer community as a volunteer.

**Andrew Schorr:**

Okay. But you're an active person for sure.

**Laurel:**

Yes, I am.

**Andrew Schorr:**

Okay. Well, we're going to come back to you throughout the program because I know you're involved in support groups as you said a very active volunteer. So this is going to be a worldwide volunteer opportunity for you.

Let's meet an expert from the Seattle Cancer Care Alliance, and that is Douglas Wood. Dr. Wood is professor and chief of general thoracic surgery both at the Seattle Cancer Care Alliance and of course at the University of Washington, which is one of our leading medical institutions and schools of medicine in the country.

Dr. Wood, thank you so much for joining us. I know you and your team specialize in helping people with lung cancer. So what I want to do is get at, and maybe Laurel certainly started us off quite well, why is it so important to be a very involved patient, maybe family member as well and that that can make a difference in the kinds of care you receive and maybe even your chance for survival?

**Becoming an Involved Patient**

**Dr. Wood:**

Well, thank you for including me on the program. And I think your question is a good one, and having Laurel representing the good side of that is a perfect complement to your question which is that the involved patient, the patient that asks good questions, that is proactive in their care, that doesn't necessarily accept the first thing that any doctor tells them is the patient that's going to get the best treatment. And it doesn't require being aggressive usually or doesn't usually require being object noxious. It's just a matter of being informed, getting well educated and trying to make good choices for yourself. And I think that that is the best way that a patient can make sure they at least know all of their options and have the best chance of a good outcome even with a bad diagnosis like lung cancer.

**Andrew Schorr:**

Well, let's dig into this a little bit more deeply. And I am so delighted that you and the Seattle Cancer Care Alliance are so devoted to, if you will, healthcare and cancer patient consumerism, and I am a big believer in that. And also of course

we're doing this program on the internet, and the internet has played a role sometimes with less authoritative information but hopefully we bring people the best.

So I have a question. It used to be that you went to the doctor and a diagnosis is at arrived at, hopefully an active one, and the doctor said, okay, we're going to do this, and the patient stopped right there. And they really didn't know what was behind that recommendation, whether that was the limitation of the expertise of the physician, whether that was 40 years of wisdom from practicing medicine, whether that was a business reason. We just didn't know. Well, now we're trying to get beyond that.

When it comes to surgery for lung cancer let's first start and understand where fits surgery fits in typically in lung cancer because I know it's been a foundation of care. And then if you could take us through, how do we get the best surgeon and the best team? How do we seek that out and really know that that's being offered to us or even whether the surgical option is being offered when it should be?

### **Seeking Treatment**

#### **Dr. Wood:**

So let me take your first question which is the role of surgery in lung cancer. Lung cancer, like many if not most other of the common tumors, surgery is a mainstay or a primary part of the therapy. It's not universally true, but it's true for a majority of what we call solid tumors, and lung cancer is the most common cause of cancer death in the United States, as you had pointed out earlier. It's more common than a combination of breast, colon and prostate cancer combined, so it's truly staggering the impact that lung cancer has on patients that are faced with that diagnosis and how common it is in the United States and worldwide.

In terms of the treatment options, the most common are what people would know about, surgery, chemotherapy and radiation. And surgery is for the most part the only one of those therapies that has what we call curative intent, that means is treated with a likelihood or a realistic intent of achieving a cure or long-term survival. The other treatments, chemotherapy and radiation, often because they're used in more advanced cancer are generally considered aggressive therapies that may improve the prognosis but not usually lead into cure.

But surgery is not appropriate for everyone. Surgery is appropriate at relatively earlier stages of lung cancer where we can completely remove the cancer. It's not effective if it's an incomplete surgery or does not remove all of the cancer, and so lung cancer like other cancers is staged. And stages I and II lung cancer are those that are clearly appropriate for surgical therapy without question. Stage IV is almost never appropriate for surgery although there are some exceptions. And stage III is a complex area where there may be a role of surgery or a role of

surgery combined with chemotherapy and radiation. So it's I think first of all important for a patient to know where they sit in terms of stage of tumor to know whether surgery is even a consideration.

Your second question related to how do you get the best surgeon for yourself, and there are a lot of factors that relate to choosing a surgeon. One of the most common is convenience, geography, location, somebody that is at a place that you can easily get to, or that your doctor knows and has a reputation or is known by your doctor. So those are commonly how people see a surgeon or are referred to a surgeon, and that person may be the best person for them. But just because somebody is close geographically or just because the primary care doctor knows them in the same hospital doesn't necessarily mean that it's the best surgeon for someone.

I think a main principle is that patients should ask specifically whether their surgeon is a thoracic oncology surgeon and whether they specialize in thoracic surgery first of all and specifically in thoracic oncology because there can often be individuals that do thoracic surgery and may have thoracic surgery on their letterhead but actually do very little thoracic surgery and do not have specialty training in thoracic surgery, and there's not really a way for a patient to know that without specifically asking.

**Andrew Schorr:**

Okay. We're going to talk much more about that, and I really appreciate you from your perspective as head of the department to really help give people really worldwide advice. And before the program is over we'll have a little checklist of questions to ask as you were getting at there and also understand the urgency of making a decision of who is your healthcare team and really empowering people to understand that when you look at the team who is the center of attention, it's you, and that you get to ask questions and make decisions as to how you want to proceed. It's all coming your way as we continue our very important discussion of how can I get the best care if I have lung cancer. This is all Patient Power. I'm Andrew Schorr, and it's sponsored by the Seattle Cancer Care Alliance. We'll be right back.

**Andrew Schorr:**

Welcome back to our live webcast, Patient Power. You know, if you want to give us a call and ask a question or even share your lung cancer concern or story you can call us. Or send us a question or comment by e-mail. Here's the address, [patientpower@seattlecca.org](mailto:patientpower@seattlecca.org), [patientpower@seattlecca.org](mailto:patientpower@seattlecca.org).

Well, let's continue our discussion that we've titled, "How can I get the best care if I have lung cancer?" Now, helping me with this discussion is a very powerful patient who we were connected with through a wonderful organization back in the New York area but they do national programs, Cancer Care. And our patient guest is

Laurel Perton, who has been a nurse for decades. She was diagnosed with lung cancer at age 61. Fortunately it was stage I. She's 65 now, so she had her surgery and she has gotten back to a very active life.

Laurel, when someone is diagnosed, and I mentioned it and you mentioned it, someone is terrified, and the thought is maybe the first doctor you talk to is the one who can help and that it's urgent, urgent, urgent, and you really don't have time to talk to anyone else. Now, that isn't the way you operated. In your experience how urgent is it, and we'll talk to Dr. Wood as well, and how did you kind of pace yourself to make a smart decision even though anyone would feel fearful and have sort of a clock ticking?

**Laurel:**

Well, yes. I believe everybody who has a diagnosis of lung cancer becomes fearful, and what I really want to say in terms of getting the best treatment is to slow down. You don't need to have the surgery if you're a surgical candidate yesterday, even though that's what you would like. So if you slow down you can get to the resources that will help you make the best decisions for yourself, and there are many of them aside from seeing a physician, one physician, I'm a firm believer in getting second opinions. And I know many people don't have the advantages that I had, which were two, one that I was in the healthcare field and the other that I live in an area that has a great many hospitals that have excellent oncology facilities. But most of the larger hospitals have websites and will also respond to telephone calls with questions.

And of course there are other options. Going on a Cancer Care website, going on a National Cancer Institution website. You have to be careful about your websites because some of them can really frighten you very much and not give you such good information, but there are good ones out there and if you take the time to check them out you can make a better decision.

**Andrew Schorr:**

Right. And I think the point is you probably do have the time. Let's ask Dr. Wood. And I know everybody's story is different, but, Dr. Wood, how long may that cancer have been developing when it was finally discovered? And how urgent is it usually, and I know it varies, for someone to make a decision on a treatment plan, whether recommendation one is the way they want to go or they want to seek other opinions?

**Dr. Wood:**

Well, I think your point is a good one, and I think Laurel's advice is perfect and it's right on, that the need to initiate treatment including surgery is not nearly as urgent as often people think in their mind or psychologically. I think people are surprised whenever I talk to them that by the time their cancer has been detected and diagnosed they've probably had it for a year and sometimes longer. Cancers grow generally pretty methodically. They are not usually racing forward as fast as

people think, and so there is time to have appropriate consultation, appropriate evaluation and to make the best decisions. And in general I think that people ought to be prompt about their therapy, and you ought to require and demand efficiency in the workup and evaluation by the physicians. That should not waste time, which I think it often does. But I do not think that there is the need to rush to treatment and necessarily accept or move ahead with the first doctor that you see just because you feel that you're under pressure to get started right away.

**Andrew Schorr:**

All right. Well, let's understand what happens typically at the beginning. So there's something found on an x-ray or somebody has certain symptoms, a cough that won't go away or the other symptoms that you may want to describe. And then there's some imaging or other tests. What is typically done to understand for the whole team what are we dealing with here?

**Diagnosing Lung Cancer**

**Dr. Wood:**

Well, typically some lung cancers are detected because of symptoms that lead to a work up with a chest x-ray followed by a CT scan of the chest. And some are picked up because an x-ray gets done for something else. Somebody is going to have a knee surgery and they have a preoperative chest x-ray and it shows a spot that's then evaluated. So there can be some variation in how people get started. But typically a chest x-ray or a CT scan done for other reasons may reveal a spot that is suspicious for lung cancer.

A mainstay of the evaluation in imaging is the CT scan of the chest, which is a critical part of the evaluation and shows the anatomy well, it shows other findings of the chest, gives us at least an initial picture of potential sites of spread into other parts of the lung or lymph nodes. But it's not the only test. The other tests that are pretty routinely done in our current generation is a PET scan, which looks at tumors a different way. It actually looks at a radioactive sugar molecule that looks at how sugar is metabolized in cells in your body. And cancer cells tend to process these sugar molecules more rapidly so on a PET scan areas of cancer will light up or be hot, and it can help us further stage a cancer and make sure a cancer is not more advanced.

And one other routine test is a pulmonary function test which is a lung function test that sets a baseline of how much lung function or how much lung reserve someone has that is important for any of the treating physicians to decide is this patient a candidate for surgery, how will it impact them, how would radiation or even chemotherapy impact them with the current lung function that they have.

**Andrew Schorr:**

Now, in some cancers a very basic approach is a biopsy. How important is that in lung cancer?

**Dr. Wood:**

Well, a biopsy or a diagnosis is a diagnosis is always important. A biopsy and the timing of it I think there's some controversy about that. And I see often patients that are referred to me that have spent a lot of time and some risk in getting a biopsy that when I look at them I think that that biopsy really was not necessary, meaning that the clinical findings of a lung cancer were so powerful that a biopsy was unlikely to going to change the plan for treatment, particularly if surgery was the plan for treatment. When surgery is contemplated we can usually accomplish the biopsy as a step in the surgical procedure, which I think saves some time for the patient. It saves some risk of an additional procedure and avoids misinterpretation of a negative biopsy result. Often patients will think that a biopsy that does not show cancer cells means that they don't have cancer, and unfortunately it can just be what we call a sampling error that a biopsy has just failed to get into the area of cancer cells. So it's frequent that a biopsy is not necessary before moving ahead with decisions for surgical therapy, although it's always necessary before one has chemotherapy or radiation therapy.

**Andrew Schorr:**

Now, Laurel, you told me that there was some further investigation that was done during your surgery to gather more information to see what might be the best approach, right?

**Laurel:**

Yes. Well, I hadn't had a biopsy. According to the physicians the tumor was not easily accessible, and so what my surgeon did was prepare me for surgery and let me know that he was going to be biopsying lymph nodes in the mediastinum area and that if those were negative he would continue with the surgery. If they were not then he was going to wait on the surgery, and I would have had chemotherapy and/or radiation prior to the surgery. As it turned out I was extremely lucky both in having my cancer diagnosed at a really early stage and in having negative lymph nodes and no spread of the cancer, and so I went into surgery saying, oh, I hope I wake up in pain because that would have meant that the nodes were negative and the surgery completed.

**Andrew Schorr:**

Well, I hope you would be spared the pain no matter what. But, Doctor, just put that into medical perspective as far as what was happening there and how you do it at the Seattle Cancer Care Alliance. It sounds reasonable but maybe you can help us understand that for other patients beyond Laurel.

**Dr. Wood:**

I think that the way Laurel had that recommendation and that treatment is perfect, actually. It's very efficient, and it's a step-wise fashion that allows what we call surgical staging, that is a further determination of whether there's any spread of cancer into the lymph nodes as well as an ability to make decisions during the

procedure of how far the procedure goes. And it saves the patient a lot of steps. In her case I'm anticipating that she had even one other step, that is a bronchoscopy relating to that, and then the procedure that she's relating to called a mediastinoscopy which samples the lymph nodes with a minimally invasive approach prior to making the decision to go on to more extensive surgery, and probably during that surgery also had a biopsy of the mass to confirm that it was cancer before doing the bigger aspect of removal which was removing one whole lobe of the lung.

Sometimes in those procedures in some medical centers or settings get spread out over a separate step and often a week or two weeks between each step which is uncomfortable for the patient in terms of needing multiple procedures and inefficient in terms of getting things done and getting the important part which is the removal of the cancer finished promptly.

**Andrew Schorr:**

Wow. Well, I hope for our listeners and I know many people have this diagnosis weighing on them or for a loved one, these are very important points that Dr. Wood, the chief of thoracic surgery at the Seattle Cancer Care Alliance and University of Washington is sharing and Laurel is showing with her own personal experience. So note these points. We're going to come back to some of them. We're going to cover a lot more. We invite your questions or comments. Remember, you can call us. Or send an e-mail to [patientpower@seattlecca.org](mailto:patientpower@seattlecca.org). You're listening to Patient Power sponsored by the Seattle Cancer Care Alliance. We'll be back with much more right after this.

**Andrew Schorr:**

Welcome back to our live webcast. If you were listening there was that announcement from the Seattle Cancer Care Alliance which was describing how lung cancer doesn't care what your situation was. I know there are people who say, well, I was a smoker for many years and then this diagnosis happens, and, well, maybe I should have expected it. And maybe some people in that situation are a little less proactive because, I don't want to say this, but like are people judging them, well, you had it coming or the doctor who hopefully doesn't smoke will look at you cross-eyed.

Dr. Wood, should that be somebody's concern, or don't they no matter what your situation is, no matter how you lived your life deserve the best care?

**Stigma's Associated with Lung Cancer**

**Dr. Wood:**

Your point is excellent, and patients with lung cancer deserve to have the best care that they can get. You know, none of us can go backwards in our life. We've all made decisions that we might remake if we had a chance to think about it in a different light. And no one should feel that they deserve to have lung cancer.

Nobody deserves to have lung cancer. Yet it is I think is a stigma that some people worry about or carry, and I think it sometimes results in lung cancer patients being less assertive or less proactive in their care. So I think that's an important thing for people to not consider, and they deserve to be treated and to have a chance for cure of lung cancer like anyone else does that has breast cancer or colon cancer or other cancers that none of us want to have.

**Andrew Schorr:**

Well said. Laurel, do you want to chime in on that at all?

**Laurel:**

...add something in there because I do belong to a support group and I do speak to many people. There are people who feel guilty and are being blamed or blaming themselves. The reality is that only about 15 percent of smokers get lung cancer. That doesn't mean it's okay to smoke. Certainly I am now an advocate. One of the interesting and I think helpful things that has been coming out of research has to do with DNA and genotypes and the fact that it very well may be that there is a gene or group of genes that causes people to be more addicted to the nicotine therefore making it more difficult to stop smoking and making them more susceptible to getting lung cancer. I know that that is something that may help people not feel so guilty in terms of having gotten lung cancer.

And hopefully people's loved ones and physicians are not into the blame game. One of the things that I was always grateful for was that none of my children, at least to me, were into saying, oh, mom, we always told you to stop smoking. It really is a problem, though, in terms of getting money for research. I do believe it's a tremendous stigma.

**Andrew Schorr:**

That's true, and we may talk more about that.

We do have a caller. Norman is calling us. And, Norman, my understanding is that you're living with a lung cancer diagnosis now. Is that right?

**Caller:**

That's correct.

**Andrew Schorr:**

Where are you from, Norman?

**Caller:**

I'm from the same group that Laurel is from in New York.

**Laurel:**

Hi, Norman.

**Andrew Schorr:**

You know each other. Have you already had treatment, Norman?

**Listener questions****Caller:**

Yes. I've had chemotherapy. I've had like 20-odd treatments. I was diagnosed last July with adenocarcinoma stage III with a pleural effusion. And the oncologist. I go to Sloan-Kettering, and the oncologist said that the surgery was out of the question because of the pleural effusion, and he said that chemotherapy is the only other option. So I did like nine months of that. And I've had scans and PET scans, and the PET scans said that there was no more cancer anywhere in my body. And initially it hadn't spread anywhere else. It was only confined to the lower right lung, lobe of the lung of the right side, lower lobe, and now it's been a year already and I haven't had any chemo in the last four months, and I feel fine. And the last PET scan that I had showed that there was no malignancy.

**Andrew Schorr:**

Norman, that's great news and gives a lot of hope to people. Stay with us for a minute.

Dr. Wood, put this into perspective. You mentioned the stages, and Laurel's mentioned it, I've mentioned it, Norman mentioned it now, and we were talking about this stage III and whether there are complications and whether you're going to have surgery or not. When it's stage III what does that mean? And how do you determine whether surgery can play a role? And then after you tell us about that I want to understand where these drug therapies come in, too.

**Dr. Wood:**

Sure. Well, Norman has had a great outcome of what would be a stage III B cancer, that is a pleural effusion that has malignant cells within it, and people can have various responses to that. He's had a great response to chemotherapy, and it's great to have him call in and share that with us.

Stage III is a very diverse group of cancer. It can range from tumors that have some involvement of a nearby structure like the ribs, or it can be because of involvement of lymph nodes in the middle part of the chest. In Norman's case it's because of involvement of the lining of the lung with malignant cells, and sometimes it can be because of the tumor with structures like the windpipe or some of the blood vessels that are not traditionally considered removable by surgery.

And that's where treatment decisions end up being complex and why especially in stage III lung cancer it's important to see a multidisciplinary team of experts. It's important to see a team that includes a medical oncologist, a radiation oncologist, and a thoracic surgical oncologist. And particularly in these situations I think the

thoracic surgeon needs to be somebody who does a lot of lung cancer surgery including advanced types of lung cancer surgery. And certainly Norman has that and Laurel also in the centers where they chose to have their treatment. But that's important for patients to ask about and to make sure that their team consists of.

Because these decisions are complex decisions that are really best made as a team, and it's important that the team includes a thoracic surgeon that can help the medical oncologist and the radiation oncologist know if aggressive surgery may be feasible because generally they're not able to make that decision independently without an experienced surgeon working with them.

**Andrew Schorr:**

I have a question for you now on how all this works together. We do a lot of cancer programs, and some cancers there is radiation or maybe chemo that sometimes is used first in an effort to shrink the tumor to make the job easier. I don't want to say it's easy but make the consolidate it, if you will, for the surgeon. Does that come into play in lung cancer? And if so how do you decide whether those approaches come first and which one?

**Dr. Wood:**

Well, that is occasionally used in lung cancer but not, I'll say not commonly. So for stage I and stage II lung cancer generally it's not appropriate to do chemotherapy or radiation before surgery. Surgery is the first therapy and for stage I cancer the only therapy. For stage III A cancer that is commonly due to lymph nodes in the middle part of the chest, that is a type of cancer stage that we call locally advanced that is rarely cured by surgery alone, likewise is not cured by chemotherapy or radiation alone but with combinations of those therapies. The weak points of one therapy can often be offset by the strengths of the other therapies. That's the situation where we most commonly consider chemotherapy or chemotherapy combined with radiation before surgery. And there really aren't many other circumstances where it's considered for lung cancer.

**Andrew Schorr:**

Let me come back to Norman for just a second. Because Norman, I'm delighted that with a different modality you're doing well, and I think it gives a lot of hope for people. Well, Norman, has your doctor discussed with you that should it show up again you would need chemo or there might be even some other modality or maybe even a clinical trial that would come into play?

**Caller:**

Well, possibly. He said since I have no more liquid in there, it's all dried up. I had some after I had what do you call it the diagnosis, I had what do you call it a thoracic surgeon do a biopsy and a pleurodesis and a fluoroscopy and a bronchoscopy, and it was all contained in the liquid of the lower lobe. And like I said the last, actually I'm going for a CAT scan in the middle of September, next month, and he said we're just going to watch you now because on the last CAT

scan that I had in April it showed that there were only two nodules that were reduced to sub centimeter, and he said you're, my oncologist said that I'm one of the lucky ones, that the massive doses of the chemo, I mean I was very sick for several months, but now I feel that if I didn't know that I had the lung cancer I would say I was fine because everything that I did before.

**Andrew Schorr:**

Oh, that's great news. Norman, we want to cover a few more things as we go on.

We're going to take a short break. And, Dr. Wood, when we come back then I'd like you to give us a little window into what might follow surgery, whether when is it that's it, like with Laurel, or when there might be these other modalities that come in on the back end. And where we are with sort of more personalized treatment plans for people as we learn more about lung cancer to give them as I like to say the care they need and deserve. I want to thank Norman for calling in from New York. You're welcome to call us. We'll be back with more Patient Power discussing lung cancer right after this.

**Andrew Schorr:**

Andrew Schorr here on our live webcast. You can still give us a call, or pop us an e-mail, [patientpower@seattlecca.org](mailto:patientpower@seattlecca.org). I just want to mention, we do these shows every two weeks. On Tuesday night we're going to have a fascinating interview I know with Dr. Colleen Delaney. She's in a whole other area of cancer treatment. She's a pediatric hematologist/oncologist, and she's been helping pioneer using the approach of using stem cells from the umbilical cord of newborn babies to help not just children but also adults. So cord blood transplant, we'll discuss that in two weeks. And it's another example of how the Seattle Cancer Care Alliance is really leading the way along with other major centers that you've heard about today as well in really helping fight and hopefully cure all the cancers if we could. And I know so much is going on, and this is where we talk about it, on Patient Power.

Let's get back to our discussion about lung cancer. Now, Dr. Wood, we talked about surgery and we talked about occasionally where radiation and chemo might be done first. After surgery when do either of those modalities come into play? And I know there are even some more targeted therapies that are used now in more advanced lung cancer, and some people are living better and longer with advanced lung cancer. So help us understand how that happens maybe after surgery.

**Dr. Wood:**

Yes. So the first aspect is when is it appropriate to have another therapy after surgery. And for stage I lung cancer that's been removed completely with surgery generally there's no recommendation for either chemotherapy or radiation therapy.

For stage II lung cancer there's been information or research that has shown in the last few years that chemotherapy after surgery improves the chance for cure over

surgery by itself. And so patients that are able to have chemotherapy, not everyone is able to, but those that are able to we would counsel about their chemotherapy options after a complete surgery for a stage II cancer. Those patients however would not generally get radiation therapy.

Stage III A we talked about already in combining chemotherapy and surgery or radiotherapy and surgery, but those really usually the treatment is before surgery. The main indication for radiation after surgery is if the surgery has been incomplete. That is if the surgery in spite of our best efforts left behind cancer cells that by themselves are likely to recur and be a cause of failure of the surgery, those areas are a good target for radiation therapy to try to sterilize any residual cancer cells that are there.

**Andrew Schorr:**

Okay. And related to more targeted therapies that the medical oncologists are either testing or have now, what do we hear about those now as far as their role in lung cancer?

**Dr. Wood:**

Well, I think first of all we've heard from Norman who called in about the effectiveness of standard chemotherapy, and I think often people are very scared about having chemotherapy because of what they've heard about it or relatives in the past or friends in the past that have had it, but frankly chemotherapy for the majority of patients as we see them overall helps the patient to not only live longer but live a better quality of life. Like Norman called in and told us how good his quality of life is currently really a year after diagnosis.

But then unfortunately patients can have a recurrence of cancer or may not be able to get standard chemotherapy. In this case we have a whole new line of drugs, most of which can be taken in a pill form, that are less toxic than chemotherapy and can often hold a tumor at bay. They're not generally considered to cure a tumor or to make it go away but can often make a tumor shrink or stunt its growth for a prolonged period of time. And it's important for patients to ask questions about targeted therapies of their medical oncologist. In general standard chemotherapy is still the first treatment, but targeted therapies may be an alternative in some situations or may be used when chemotherapy is failing.

**Andrew Schorr:**

Okay. Thank you for that explanation. We have another caller, and they're listening all over the country, Dr. Wood.

And we have Diane. Diane, you're also calling in from New York City?

**Caller:**

Yes, I am, the New York area.

**Andrew Schorr:**

Okay. Well, I'm a New Yorker, so I love to hear your accent. Now, are you living with lung cancer yourself?

**Caller:**

Yes. I'm a three-year survivor. I was an early stage lung cancer, and I was fortunate enough to be able to have visually assisted thoracic surgery where they removed the upper left lobe. I was wondering if Dr. Wood would address that surgery and explain as to who would be a candidate and who would not be a candidate for this kind of surgery, which is much more simple, and recovery is wonderful. I was out of the hospital in three days. I was at Sloan Memorial and out of the hospital at three days and back to my life within the first week.

**Andrew Schorr:**

Right. I know we've done programs on it, and maybe you heard the little one-minute clip with Dr. Mike Mulligan, who is part of Dr. Wood's department, and he does a lot of that. So there are other programs, by the way, hour-long programs on the Patient Power website and Seattle CCA website that discuss that. But Dr. Wood, yeah, put it in perspective. How do you decide who is that approach right for?

**Dr. Wood:**

Well, it's a good question and I'm glad that it was brought up. Video-assisted thoracic surgery is a way of treating some lung cancers less invasively with smaller incisions with the hope that it results in a quicker recovery. I think that often people think that a more standard incision is worse than it is, however. I'll first say that video assisted thoracic surgery is especially good for smaller tumors and tumors that are not too close to the center core of the lung. They're not as well applied to either larger tumors or tumors that are close to central structures, but they are very nicely applied and well used for some of the other early stage tumors.

But in our experience there is not a major difference between time in the hospital or recovery with even major open thoracic surgery and the video-assisted thoracic surgery. So I saw five patients who are early after surgery today in my clinic and most of them have had open surgery, and they had all gone home on day three or day four and none were using pain pills. So I think oftentimes people think that the open surgery is horrific and the video-assisted is going to be much better, and it certainly can be for many people, but I think that even if open surgery is the best choice for an individual patient they can still expect good outcomes and a good and complete recovery.

**Andrew Schorr:**

Wow. Well, thank you for getting to that. And I want to mention again we have done a number of programs on lung cancer, and tonight's goal is really what I think we've accomplished pretty well, we're going to sum up, but really give people with this very scary diagnosis, and I would say any cancer diagnosis is scary and many

other illnesses too, but really to give you a tool kit for how to get the care that's right for you. Could be video-assisted thoracic surgery, might be open surgery, might not be surgery, might be chemo like Norman had, targeted therapies. But really how do you make sure that you clearly understand what really are the options for you and that's been validated by maybe more than one doctor for sure, and then there's a team that can help execute it for you to give you the best chance of cure and long-term survival to sure.

So, Dr. Wood, I'm going to get a final comment from you and then we'll go back to Laurel. And Diane, I appreciate you calling in. So, Dr. Wood, so here you had five patients today and you see newly diagnosed people presurgery too. Now, we have people like that listening all around the world really whether live or on demand, what were just three or four things that you'd like to recap so that they can be confident that they're getting a plan that they can feel as good as they can about as they proceed and try to fight and beat the lung cancer?

**Dr. Wood:**

I think it's important for patients to understand tumor stage. And some of that they can learn on the internet or from a book, but then I think it's reasonable for them to ask their doctors what do you think my tumor stage is. And then ask, how do you know, what test is telling you that and how confident are you that that's correct. Because there are some situations where something might need to be biopsied or another test or x-ray might need to be done to confirm it, particular when the doctors are saying it's an advanced stage because sometimes that is just wrong and the patient has an earlier stage that would be appropriate for surgical treatment.

I think another question is if you're told that you're not a candidate for surgery it's important to understand why. Is it because the tumor is an advanced stage that won't benefit from surgery, and if so are they really sure that that's the case and could you have a second opinion? Or is it because your doctors think that surgery is too high risk for you, which also I think automatically sets up a series of questions as how high is the risk and how high is the risk if I don't have surgery.

And then I think that making sure that there is the appropriate expertise taking care of you. Like the callers that have called in, they've sought experts at either a major cancer center or people that they know treat a lot of lung cancer, and then I think they have confidence that they have the full spectrum of options available to them and that it's a team that can take care of them whether they need surgery or chemotherapy or radiation or a clinical trial or a newer targeted therapy that you brought up.

**Andrew Schorr:**

Great advice. Well, I want to thank you, Dr. Douglas Wood, who is professor at the University of Washington and also chief of general thoracic surgery there and at the Seattle Cancer Care Alliance. That's wonderful information, Dr. Wood.

I want to get a point of view from Laurel Perton who has joined us from New York and now is almost a five-year cancer survivor. And as you corrected me, Laurel, you're not doing regular nursing anymore but you're really a very active lung cancer support group volunteer. What final thoughts would you like to leave people with?

**Laurel:**

Yes, I have some practical information, and, Dr. Wood, I agree with everything that you just said. As a patient I want to give some information that will help you get the best care that you can because the most important thing essentially is the communication and trust in your physicians. And one of the ways to go about getting the information that you need is to ask questions, and I certainly suggest that before you see your physician you write down your questions because having a diagnosis of lung cancer makes you very anxious.

And along that line, when you see your physician it's a good idea to bring someone, a loved one or friend with you because you may not be hearing accurately due to your anxiety. As a matter of fact, I know people who ask the physician if they can use a tape recorder, and most physicians are very happy because then they're not getting ten calls from the person's family to find out what in fact the doctor said. And then the patient can listen to the tape recorder and hear exactly what the doctor said at a calmer moment.

Another important thing is that your physician gets you the results of your test in a timely fashion and that whoever is doing your test gets you copies because you do need to keep all the copies of your test results. If you change doctors you have all that information at hand. It's a very important part of taking responsibility for your treatment. You have to be your own advocate.

Another important part in terms of treatment plan is that you understand what it is and repeat it back to the physician or to the team as they tell you what in fact is coming down the line. That way everybody is on the same page. So those are important things.

**Andrew Schorr:**

Those are great.

**Laurel:**

Taking the control and getting the answers that you need. I will tell you that I know someone who was an 18-year lung cancer survivor that if she didn't hear what she wanted to hear from the physician she would find someone who would

find another treatment for her. She would look for cutting edge people who were aware of all the clinical trials and could see whether there was one that was a match for whatever stage in her journey of cancer. And it worked. She was alive for 18 years after her diagnosis.

**Andrew Schorr:**

Well, we wish that for everyone. Laurel Perton, you have a bunch of grandchildren. I think you have some great-grandchildren, don't you?

**Laurel:**

No. No. I don't have great-grandchildren yet, but I do have nine grandchildren.

**Andrew Schorr:**

Okay. All the best with them. Great-grandchildren some day.

**Laurel:**

I hope so. I want to see them all.

**Andrew Schorr:**

Again, being a former New Yorker, thanks to you. Thanks to Norman who called in and Diane to reconnect me with my home back there. And thanks also to Dr. Douglas Wood at the Seattle Cancer Care Alliance.

I think this is a program people should listen to again, and certainly if you know someone living with the diagnosis of lung cancer and their family members, tell them. We'll have the replay probably available tomorrow, and then we add a transcript and so there's a lot to go on. Remember, in two weeks we're going to discuss another leading edge of medicine certainly for people with blood cancers, adults and children, cord blood transplant, and understand the research that's going on to add to the number of stem cells that are available to make even a few stem cells from a little baby, a newborn baby help be pooled so they can help adults.

This is what we do on Patient Power. You have to agree, knowledge can be the best medicine of all. I'm Andrew Schorr. Thanks to the Seattle Cancer Care Alliance for sponsoring this. Thanks to you for being with us. And we wish you and your family long life and the best of health. Good night.

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