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## Practical Prevention & Early Detection of Non-Small Cell Lung Cancer

Announcer:

This is ReachMD, and you're listening to *Closing the Gaps in Non-Small Cell Lung Cancer*, sponsored by Lilly.

Dr. Caudle:

Did you know that lung cancer is the most common type of cancer worldwide? In fact, there were over 2.1 million new cases of lung cancer and 1.8 million deaths in 2018 alone. And after hearing those startling statistics, it's no wonder why the early detection of non-small cell lung cancer, which is the most common type of lung cancer, has become a priority. But how can we get better at keeping an eye out for this widespread disease?

Welcome to Closing the Gaps in Non-small Cell Lung Cancer on ReachMD. I am your host, Dr. Jennifer Caudle, and joining me is Dr. Erin Schenk, an Assistant Professor of Medical Oncology at the University of Colorado.

Dr. Schenk, welcome to the program.

Dr. Schenk:

Glad to be here.

Dr. Caudle:

So, to start us off, Dr. Schenk, we briefly just mentioned the prevalence of non-small cell lung cancer, or NSCLC, on a global scale, but now I'd like to bring it a little closer to home. Could you highlight some of the key statistics within the United States?

Dr. Schenk:

Certainly. So, lung cancer is the second-most common cancer diagnosed in the United States, but overwhelmingly, it is the leading cause of cancer deaths within the country. And actually, it's been on the top of that list for decades, since the 1950s. And what this means more specifically is that about 150,000 people each and every year die because of lung cancer, and that's more people per year than a combination of breast cancer, colon cancer, prostate cancer, and pancreatic cancer, so this is a huge burden in the United States. So, this means lung cancer is the cause of death for more people in the United States than breast cancer, colon cancer, prostate cancer, and pancreatic cancer combined. It's a huge burden in the United States.

Dr. Caudle:

Thank you for that information. Now that we have a much better idea of just how prevalent non-small cell lung cancer is, what risk factors should we be aware of? And are any of these risk factors within our patients' control?

Dr. Schenk:

There are a number of well-known risk factors for lung cancer, and I would be remiss to not state immediately and emphatically that lung cancer is often driven by smoking or smoking history. That is a large proportion of what we understand causes lung cancer. But I also would like to emphasize lung cancer happens in patients who are never smokers or quit smoking quite a long time ago. There are other risk factors, such as radon exposure, which is a gas that is naturally released from soil and rocks. There are also other risk factors such as secondhand smoke. And less commonly nowadays, but people who work with certain chemicals like asbestos can also have an increased risk for lung cancer. So those are the risk factors that are in patients' control: trying to quit smoking, trying to reduce your exposure to tobacco, making sure that, for example, where we encounter radon most commonly in our basements in our house, make sure those screenings are up-to-date.

There are some risk factors that are less in our control but are worthy to note, and that is air pollution. Living in areas with a high level

of pollution, smog, that can increase risk in all people of their risk for lung cancer regardless of if they smoke or not—and also, sometimes patients who have had different treatments in the past for other cancers. So, for example, if a person has had breast cancer in the past, and also required radiation, that can increase their risk of lung cancer.

Dr. Caudle:

Very helpful information. And keeping these risk factors in mind, are there any other tools or strategies that we can use to ensure that non-small cell lung cancer is detected earlier?

Dr. Schenk:

Absolutely, and I'd like to answer that second part of the question first. What can we do to find lung cancer earlier? And what underlies that drive is that the earlier or the smaller lung cancer is when detected the higher chance patients have to get to a cure. So, if we can detect it earlier, we have a much better opportunity of curing these patients of their lung cancer for good. And the major strategy that we now have is low-dose CT scan screening. There are now 2 large randomized trials that definitively demonstrate lung cancer screening is effective and lung cancer screening is lifesaving. These are great studies that really inform how we should look at our populations of patients we take care of, because in the past, people have tried screening methods such as chest x-ray, which is not effective, or sputum samples, which are not effective, and now we have an effective means of screening with low-dose CT scans.

Dr. Caudle:

So, earlier we touched upon how physicians can get patients with non-small lung cancer to treatment faster. But in your experience, Dr. Schenk, what are some common barriers that may really keep physicians from doing so? And do you have any recommendations on how we can overcome these barriers?

Dr. Schenk:

So, some of the barriers to implementing low-dose CT scan screening can sort of be systemic barriers that you encounter and also some patient barriers. So, for example, in order for Medicare and Medicaid to reimburse for the CT screening, you have to have a face-to-face encounter talking about the pros and cons of the lung cancer screening; and also, you need to refer them to a radiology center or have access to radiologists who are able to perform the necessary algorithms and readouts to say, "Does this patient have a nodule that's risky? or "Where on the risk scale does it land?" in order to get reimbursement. And with those systemic issues at play, sometimes it's a challenge to convince patients to go through screening for lung cancer. I think sometimes patients feel very guilty for smoking or having a smoking history, but that shouldn't prevent them from making positive changes going forward. That shouldn't keep them from potentially lifesaving interventions. I would encourage people trying to discuss lung cancer screening with smokers or former smokers to present it as an opportunity to do right for themselves and their health.

The scans themselves are quite effective. And what I mean by that is that the technology and sort of the algorithms for analyzing nodules or other things that might be found in CT scans have become quite sophisticated, so they are usually pretty good at detecting whether or not there is something that needs to be followed or whether or not there is something that needs to be biopsied or whether or not there is something that is benign or not a lung cancer.

Dr. Caudle:

And lastly, when it comes to prevention efforts, you've talked a little bit about this, but how can we really help our patients reduce their risk of non-small cell lung cancer?

Dr. Schenk:

The biggest impact for our patients' health really is quitting smoking if they are a smoker. That can have immediate effect, not only on their lung health, but also, in just a few years, their risk of lung cancer significantly decreases. Now, it never becomes what it is for never-smokers, but you can have a major impact in a few years on your risk of lung cancer, so that would be number one. And then number two, it would just be advocating for your patients and your patients' health to encourage them to consider low-dose CT scans but also try to eliminate some of the systemic barriers that might be in the way where you practice that could prevent patients from getting the scans that they need.

Dr. Caudle:

Well, it's really a great way to round out our discussion on the various factors that can impact our approach to treating patients with non-small cell lung cancer. I'd really like to thank Dr. Erin Schenk for joining me today.

Dr. Schenk, it was great having you on the program.

Dr. Schenk:

Thanks for having me.

Dr. Caudle:

I am your host, Dr. Jennifer Caudle, and thanks for listening.

Announcer:

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