

Stay Healthy

NEW HOPE for LUNG CANCER

There's good news when it comes to finding and treating this often-deadly disease.

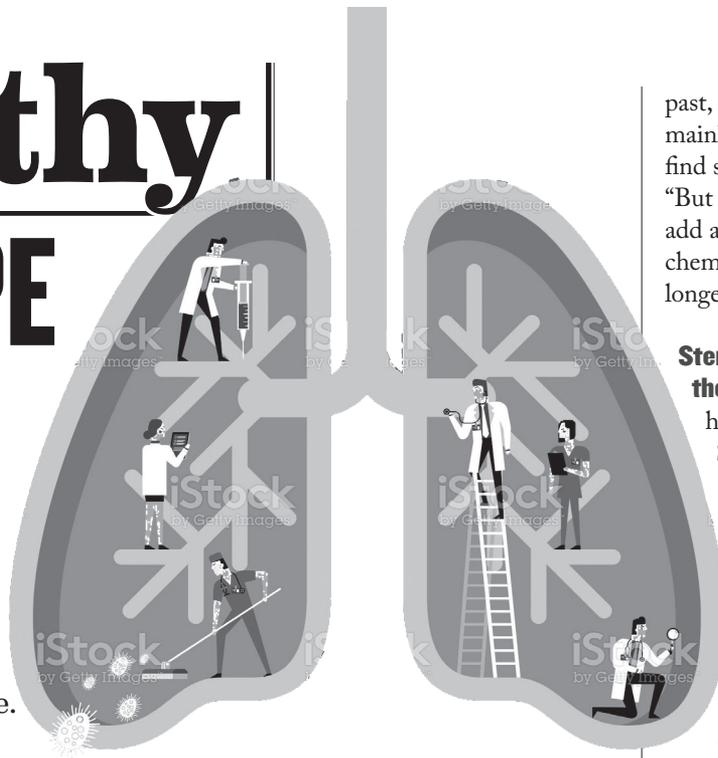
By Marygrace Taylor

Lung cancer is the leading cause of cancer death—and cases in never-smokers and women are on the rise. But there's reason to be optimistic: “In the past three to four years, there's been a huge jump in how long people are living with lung cancer. It's an extraordinary change,” says Cleveland Clinic lung cancer oncologist Nathan Pennell, M.D., Ph.D. Here are some of the tools and treatment options making a difference.



SCREENING

Low-dose CT scans More than 80 percent of lung cancers are diagnosed at a late stage, when they're much harder to treat. But for those deemed high risk, advanced screening tools like low-dose CT scans can lead to faster diagnoses and greater survival rates. “They catch cancers at earlier stages when they're more likely to be cured,” says Jacob Sands, M.D., a spokesperson for the American Lung Association. The American Cancer So-



ciety recommends yearly low-dose CT scans for adults age 55 to 74 who smoked heavily for many years.



DIAGNOSING

Advanced bronchoscopy Biopsies to diagnose lung cancer are often performed by bronchoscopy, where a lighted tube is used to examine abnormal parts of the lung. The traditional procedure is useful for looking at nodules near the lungs' outer edges, but it can't always reach those that are very small or located deep in the lungs. That's where advanced bronchoscopy comes in. It uses smaller, more powerful tools to create 3D maps of patients' lungs and help doctors access areas that traditional bronchoscopes can't reach.



TREATING

Immunotherapy It's one of the biggest buzzwords in cancer treatment today—and for good reason. “Immunotherapy helps the immune system better recognize and remove cancer cells without necessarily impacting normal cells,” says Sands. That can mean more effective treatment—and fewer side effects than chemotherapy. Currently, more than 1,000 clinical trials are studying how lung cancer patients can benefit from checkpoint inhibitors, immunotherapy drugs that block proteins that cancer cells use to stave off attacks from the immune system. In the

past, checkpoint inhibitors were mainly for patients who didn't find success with chemotherapy. “But we now know that if you add a checkpoint inhibitor to chemo, people live substantially longer,” Pennell says.

Stereotactic ablative radiotherapy

A special form of highly targeted radiation, SABR is often used to treat patients with early-stage lung cancer when surgery isn't an option. “Because the treatment is so precise, doctors can direct large doses of radiation to the tumor while minimizing the amount of radiation delivered to the noncancerous parts of the body,” says David Palma, M.D., Ph.D., a radiation oncologist with London Health Sciences Centre in Ontario,

Canada. In fact, a recent clinical trial found that SABR could double survival time without progression of disease for lung cancer patients who can't have surgery.

Targeted therapy Between 20 and 30 percent of patients are currently eligible for therapies that target mutations in lung cancer cells. “Targeted therapy specifically attacks cancer cells, more effectively treating the cancer for longer and with fewer side effects than chemo,” Sands says.

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