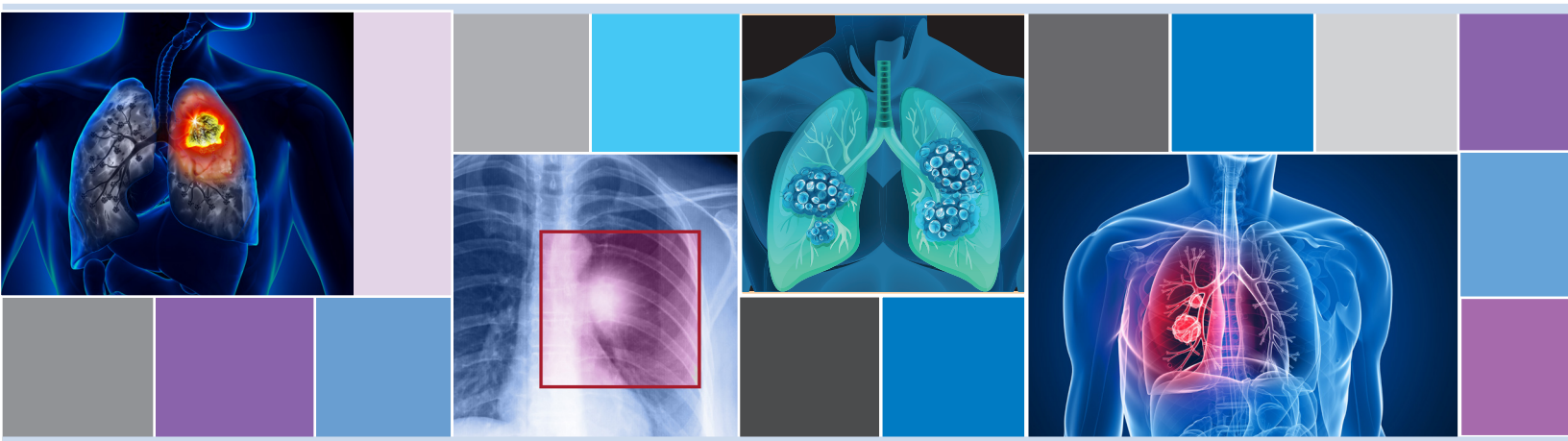


Lung Cancer Screening and Nodule Management

Early detection and expert nodule surveillance prevent lung cancer deaths



Early detection is changing the face of lung cancer, reducing mortality by diagnosing the majority of cancers at early — and highly treatable — stages.

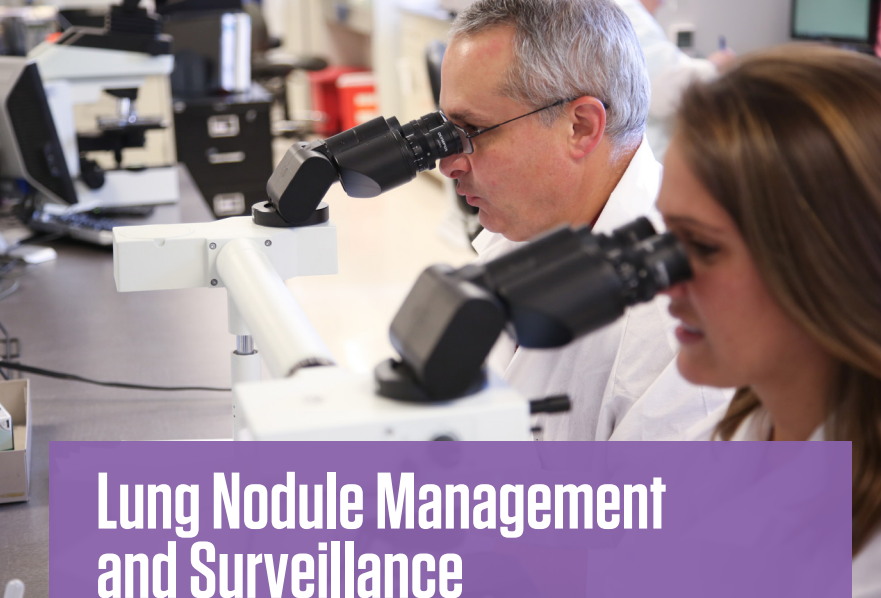
Of the cancers detected through our screening program, **70% are early stage cancers.**

Our **Lung Cancer Screening Program** involves a focused medical history, physical examination and a non-contrast helical Low Dose CT (LDCT).

Who should be screened for lung cancer?

- ✓ Patients with a **history of cancer** of the lung, esophagus, head or neck, or
- ✓ Patients with the following **three factors**:
 - aged 55 to 79
 - at least 30 pack/years of smoking
 - actively smoked within the last 15 years

Focusing screening on the higher risk patients will improve cancer detection rates and decrease false positives with a multidisciplinary team to manage significant nodules.



Lung Nodule Management and Surveillance

Suspicious lung nodules are found in approximately 27% of the high-risk individuals who are screened for lung cancer with LDCT. Of these, slightly less than 4% will have lung cancer.

The more risk factors a patient has, the more likely that the nodules are lung cancer.

Lung nodules require expert surveillance to monitor for increasing size and other features that indicate further action. Our data indicate this surveillance results in a mean of:

- 5 CT reports per patient
- 1,120 days (>3 years) of surveillance

Our Treatment Capabilities

In the event a malignancy is detected, your patient will have immediate access to multidisciplinary treatment planning encompassing the latest therapeutic approaches, including:

- **Minimally invasive thoracoscopic surgery.**
We are a high-volume center — more than 90% of lobectomies are performed with video-assisted thoracoscopic surgery (VATS).
- **On-site tumor molecular profiling** to personalize treatment to the cancer's genetic characteristics through OmniSeq Comprehensive.™
- **Stereotactic Body Radiation Therapy (SBRT)** to deliver high-dose radiotherapy in fewer sessions.
- **Robust clinical trials program** offering the latest advances in immunotherapy, targeted therapy and novel agents.

Let Roswell Park Manage Your Patients with Lung Nodules

Our multidisciplinary team — including experts in interventional pulmonology, diagnostic radiology, pulmonary pathology, nuclear medicine, smoking cessation and medical, surgical and radiation oncology — manages the surveillance to detect malignancies at the earliest stages, while avoiding unnecessary invasive intervention. We offer:

- **Low Dose CT** scans, according to NCCN guidelines as indicated by nodule characteristics
- **PET/CT**
- **Minimally invasive biopsy** (sampling techniques include bronchoalveolar lavage, brushings and biopsy)
- **Diagnostic bronchoscopy** (endobronchial ultrasound and robotic navigational bronchoscopy)
- **Therapeutic bronchoscopy** (rigid bronchoscopy, airway thermal treatment and airway stenting)
- **Video-assisted thoracoscopic surgery (VATS)**

Robotic Bronchoscopy Now Available



A new technology — the **Monarch™ Platform Robotic Bronchoscopy** — is a game-changer for detection and biopsy of very small, peripheral lung nodules without surgery. As lung cancer screening increases, the nodules detected are smaller and more difficult to reach. With robotic bronchoscopy, we can safely biopsy remote nodules minimally invasively. Roswell Park is the first and only center in New York State to have the Monarch robotic bronchoscopy.

Highest Risk Characteristics to Consider

- **50+ Pack Years exposure to cigarettes**
- **Current Smokers**
- **Smoked 1 ½ packs of cigarettes per day**
- **Former smokers quit <10 years**
- **Moderate-severe COPD (FEV1 < 70%)**
- **Positive family history of lung cancer**
- **Low BMI**
- **History of pneumonia**

When time and resources are limited, screening should be focused on the highest-risk patients, which will lead to more cancers detected and fewer false positives. Shifting diagnosis to earlier stages equates to more treatment options and better survival.”



—Mary Reid, MSPH, PhD
Director of Cancer Screening and Survivorship

Clinical information should be combined with Lung-Rads score to determine an appropriate follow-up schedule

Refer to the Roswell Park Lung Nodule Clinic

- Lung-Rads Score of **3 or more**.
- **Any** growing Nodule
- **New nodule** at follow-up CTs that is not a suspected infection
- **Solid Nodules** of >8 mm- 1.4 cm
- **Semi-Solid Nodules** > 1 cm or solid component > 5 mm
- **GGO Lesions** > 2 cm



Contact Us

Call us today to discuss a case or refer a patient: 716-845-RPMD or **716-845-7763**.

ROSWELL PARK CARE NETWORK

NORTHTOWNS

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Frederick Hong, MD
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Shalana O'Brien, MD

UROLOGY

Ahmed Aly Hussein Aly, MD
Prabhakara Somayaji, MD

BREAST SURGERY

Mariola Poss, MD, FACS
David Crooks, MD, FACS

Your patient may prefer to receive cancer care closer to home at one of Roswell Park's Care Network practices. RoswellPark.org/CareNetwork

LUNG CANCER SCREENING IS ALSO OFFERED AT THESE ROSWELL PARK CARE NETWORK LOCATIONS



SOUTHTOWNS

3041 Orchard Park Road | Orchard Park, NY 14127

Call: 716-674-3104



Golisano Medical Oncology Center:

Niagara Falls Memorial Medical Center (NFMMC) | 4th floor
621 10th Street | Niagara Falls, NY

Call: 716-298-4869



Elm & Carlton Streets | Buffalo, New York 14263

www.RoswellPark.org/rpmd

716-845-RPMD (716-845-7763)



National Cancer Institute-Designated Comprehensive Cancer Center | National Comprehensive Cancer Network Member
Blue Distinction® Center for Cancer Care | Blue Distinction® Center for Transplants | Blue Distinction® Center for Cellular Immunotherapy - CAR-T