



TIP SHEET Lung Cancer

What You Should Know

Lung cancer is the second most common cancer in both men and women BUT is the leading cause of cancer death. More people die from lung cancer than from all of the other major cancers combined.

Are You at Risk For Lung Cancer?

The following factors increase your risk:

Smoking. Cigarettes, cigars, pipes all cause cancer, even low tar or low nicotine types.

Chronic obstructive lung diseases (COPD), including emphysema or chronic bronchitis.

Family history of lung cancer in a first-degree relative.

Secondhand smoke exposure from smokers at home or work.

Environmental exposure to radon gas, air pollution and substances such as asbestos, arsenic, chromium, nickel, tar and soot.

A previous cancer of the lung, esophagus, head or neck.

Symptoms to Tell Your Doctor

Lung cancer typically grows subtly for years without causing symptoms. See your doctor for evaluation if you have:

- Chest discomfort or pain
- A persistent cough
- Trouble breathing or wheezing
- Blood in sputum
- Hoarseness
- Loss of appetite/ Unexplained weight loss
- Fatigue
- Swelling of face and/or neck veins

Should YOU be Screened?

If you're concerned about your lung cancer risk, call **1-877-ASK-RPCI** (1-877-275-7724) to talk to an information specialist who will ask you a few questions about:

- Your age. 55 or older?
- Prior cancers of the lung, esophagus, head or neck
- How much you have smoked in Pack/Years (more than 30?)
- Long-term exposure to asbestos

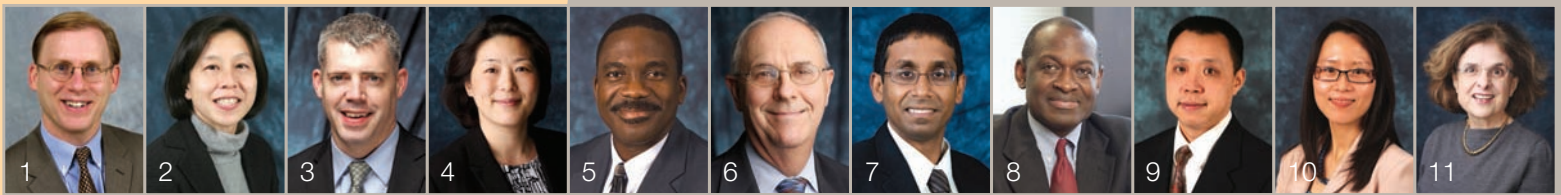
Almost **15%** of lung cancers are found in people who have never smoked.

- Whether you have emphysema, chronic obstructive pulmonary disease (COPD) or chronic bronchitis
- Any family history of lung cancer

QUIT SMOKING? YES, YOU CAN!

Call the **New York State Smokers' Quitline** at **1-866-NY-QUITS (1-866-697-8487)** or visit www.nysmokefree.com for information, support and cessation aids.

$$\rightarrow \text{number of packs you smoke a day} \times \text{number of years you smoked} = \text{Pack/Years}$$



How RPCI Can Help

The **Lung Cancer Screening Program** focuses on screening people at high risk for lung cancer. The program involves a detailed medical history, physical exam and one or both of two important tests:

- **Low-Dose Chest CT Scan (LDCT)** – a type of spiral CT scan that can detect early cancers too small to be seen with chest X-ray.
- **Bronchoscopy with Autofluorescence (AFB)** – a lighted tube (bronchoscope) provides a view into the lungs' central airways where a special blue light detects abnormal or suspicious tissue.



The rate of new lung cancer cases and deaths is highest among **AFRICAN-AMERICAN MEN.**

Why Roswell Park Cancer Institute?

Pulmonologists with advanced techniques and experience to monitor and biopsy suspicious lesions and diagnose lung cancers at their earliest, most treatable stages.

Thoracic surgeons with high volume expertise in video-assisted thoracic surgery (VATS), a minimally invasive surgery that results in a shorter hospital stay, less pain, faster recovery for patients and offers an option for previously inoperable lung cancer patients.

Access to the latest therapies. The newest treatments and drugs, available only through clinical research studies at RPCI, are important options for many patients. About 50% of RPCI patients are eligible for a clinical study. Whether or not you choose to participate is entirely your choice.

Treatment the RPCI Way

We believe every patient is unique, and we approach cancer treatment on an individual and personal basis, treating the whole person, not just the cancer. We offer the highest level of cancer care, including:

- **A multidisciplinary care approach** by a team that includes thoracic surgeons, medical and radiation oncologists, pulmonologists, prevention physicians, respiratory therapists, plus psychologists, social workers, dieticians and others who work collaboratively to provide comprehensive and integrated care—all under one roof.
- **Interventional pulmonary procedures** to diagnose early-stage lung cancer through navigational bronchoscopy and endobronchial ultrasound (EBUS).
- **Minimally invasive procedures** for diagnosis and treatment including interventional pulmonology, interventional radiology and video-assisted thoracic surgery (VATS), robot-assisted thoracic surgery and photodynamic therapy (PDT).
- **Targeted therapies** personalized to attack your cancer based on your tumor's individual genetic profile.
- **Specialized radiation techniques** including Stereotactic Body Radiation Therapy (SBRT) and brachytherapy (internal seeds).

1/2
of all lung cancers are found in people who have quit smoking. Past smokers could benefit from screening.

Meet the Doctors

(above from left to right)

Thoracic Surgery

- 1) Todd Demmy, MD
- 2) Elisabeth Dexter, MD, FACS
- 3) Mark Hennon, MD
- 4) Miriam Huang, MD
- 5) Chukwumere Nwogu, MD, PhD, FACS
- 6) Anthony Picone, MD, PhD, MBA
- 7) Saikrishna Yendamuri, MD, FACS

Medical Oncology

- 8) Alex Adjei, MD, PhD, FACP
- 9) Hongbin Chen, MD, PhD
- 10) Grace Dy, MD
- 11) Amy Early, MD, FACP
- 12) Yujie Zhao, MD, PhD

Radiation Oncology

- 13) Jorge Gomez, MD
- 14) Anurag Singh, MD

Diagnostic Radiology

- 15) Lalit Gurtoo, MD
- 16) Thomas Laudico, DO
- 17) Peter Loud, MD
- 18) Charles Roche, MD

Nuclear Medicine

- 19) Marinos Drakopoulos, MD
- 20) Zachary Grossman, MD, FACP
- 21) Dominick Lamonica, MD

Pathology

- 22) Paul Bogner, MD
- 23) Richard Cheney, MD
- 24) Saraswati Pokharel, MD, PhD
- 25) Lourdes Ylagan, MD

Pulmonology

- 26) Abdul Hamid Alraiyes, MD
- 27) Samjot S. Dhillon, MD
- 28) Kassem Harris, MD

Prevention

- 29) Martin Mahoney, MD, PhD

Research

- 30) Mary Reid, PhD