Lung Cancer Screening & Nodule Management

Early detection and expert nodule surveillance prevent lung cancer deaths

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

Our Lung Cancer Screening Program involves a focused medical history, physical examination and a non-contrast helical Low Dose CT (LDCT). Our screening program diagnoses 70% of cancers at stage 0, I and II, compared to current trends that detect 70% of lung cancers in advanced stages.

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

Suspicious lung nodules are found in approximately 27% of the high-risk individuals who are screened for lung cancer detection 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

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, electromagnetic navigational bronchoscopy)
- Therapeutic bronchoscopy (rigid bronchoscopy, airway thermal treatment and airway stenting)
- Video-assisted thoracoscopic surgery (VATS)

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 targeted therapy, novel agents, and more.

Meet the Pulmonology Team

Augustine Andoh-Duku
Assistant Professor of Oncology

Helah Hassan, NP
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Michelle Sabia, MSN, RN, NP
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Refer a Patient

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

Roswell Park
COMPREHENSIVE CANCER CENTER

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