Hope Continues.  
A Focus on Lung Cancer
A new day in the fight against lung cancer

Cancer is one of life’s most devastating diseases. It can come suddenly and linger for years—overwhelming and exhausting the lives of patients and their families.

Lung cancer, in particular, is one of the more deadly cancers. It continues to plague the health of Americans and particularly those who live in Kentucky where one in five people smoke.

Because lung cancer often goes undiscovered until it’s too late for patients to receive effective treatment, Owensboro Medical Health System has taken significant steps to educate the community about the dangers of smoking, reach out to those at the greatest risk for lung cancer and offer patients the most advanced treatment options.
Prevention: Stop smoking to stop cancer
Smoking dramatically increases a person’s risk factor for cancer, but particularly lung cancer because smoke is inhaled into the lungs. Smoking is a difficult habit to break; it can be more addictive than some drugs or even marijuana. Smoking also increases the risk for chronic obstructive lung disease, heart disease and stroke.

Because smoking is so damaging to health, OMHS has joined thousands of other hospitals in adopting smoke-free grounds. As a regional healthcare provider, the hospital feels a sense of responsibility to provide the cleanest possible air to protect its patients, visitors and employees. Owensboro Medical Health System has prohibited smoking at the hospital or at any other location in its 11-county service area since January 1, 2012.

In partnership with the Kentucky Cancer Program and the Green River District Health Department, Owensboro Medical Health System continues to offer a free smoking cessation course—the Cooper Clayton Start-To-Stop program. Smokers seeking help are also encouraged to call the Tobacco Quitline for Kentucky and Indiana or talk with their doctor.

Early Detection: A scan to spot cancer
Because lung cancer claims the lives of thousands each year, researchers have spent decades studying the most effective ways to detect and treat it. A recent breakthrough in discovering lung cancer early-on came about through the National Lung Screening Trial.

This study found a 20 percent reduction in death rates among smokers or former heavy smokers that received a low-dose CT scan to help find lung disease.

On July 1, 2012, we began offering low-dose CT scanning to screen smokers and former heavy smokers between the ages of 55 and 74. Starting with a phone conversation that takes only a few minutes, nurses guide callers through a short series of questions to see if they meet criteria for lung cancer screening. If a patient falls into the high-risk category, the nurse offers to schedule a CT scan for the patient.

FACT: Smoking increases a man’s risk for lung cancer 23 times and 13 times for women.

Pinpointing cancer through image-guided testing, advanced ultrasound
Just like the GPS on the dash of your car directs you to the destination of your choice, innovative imaging technology is helping lung specialists at Owensboro Medical Health System find cells in your body that may contain cancer. Electromagnetic navigation bronchoscopy, a new procedure to aid in lung cancer diagnosis, can help your doctor locate suspicious tissues and easily obtain a biopsy.

This relatively new technique allows doctors to sample tissue in outermost sections of the lungs, lymph nodes and the surrounding chest—areas that would have previously required a surgical biopsy. Electromagnetic navigation bronchoscopy doesn’t require any incisions. Its risks, side effects and complications are extremely low, and the test takes only a short time.

And that’s not all that’s new. We have also brought on endobronchial ultrasound, used to examine secluded lymph nodes that sit outside the esophagus. This test provides another uncomplicated way for doctors to obtain tissue biopsies.

Minimally invasive lung surgery has low risk with same results as open surgery
When it comes to detecting and beating cancer, earlier is better. Cancer patients diagnosed early-on, when cancer is still classified as Stage I, have a better chance of recovery. When the disease is found in its infancy, treatments are less invasive and more effective.

We provide the expertise of surgeons who specialize in minimally invasive surgeries for lung cancer treatment, utilizing advanced robotics with the da Vinci® Surgical System as well as video-assisted thoracic surgery. Both methods allow surgeons to remove cancerous sections of the lungs through small, button-size openings.

The benefits of minimally invasive surgery are far-reaching for patients. Hospital stays are shorter. Patients experience less pain, which means they require less medication. Other advantages include reduced blood loss during surgery and quicker healing time. Patients often return to their normal activities much sooner.
SBRT: When surgery isn’t an option

Some people with Stage I disease aren’t candidates for surgery, though, because they have weak lungs that make the operation extremely risky. Now, with progress in radiation therapy, patients who can’t undergo surgery are finding renewed hope through a treatment called stereotactic body radiation therapy (SBRT).

SBRT has the ability to eliminate tumors without surgery. And it’s an outpatient procedure, which means patients don’t have to be admitted to the hospital. Radiation doses are delivered in a single treatment or in a small number of doses—usually six or fewer—killing the cancer cells in the inoperable tumor.

Advanced, comprehensive treatment options

In conjunction with the Eastern Cooperative Oncology Group, Kentucky Clinical Trials Network, and Cancer Trials Support Unit – is a service of the National Cancer Institute – we provide patients local access to treatments through clinical trials available throughout the country and state. Professional working relationships include well-respected centers such as Nashville’s Vanderbilt-Ingram Cancer Center and the University of Louisville’s James Graham Brown Cancer Center.

CT Lung Screening
Tested positive for cancer - 2
(Stages IB and IIA)
Patients Who Know Firsthand
The Mitchell Memorial Cancer Center continues to pave the way for health improvements with those adjusting to life with cancer. Here are two stories that show how lives continue to thrive even after a cancer diagnosis.

Brenda Wallace
Robotic Surgery Patient
Cancer Survivor

Everyone gets a cough from time to time, but Brenda Wallace of Morganfield had one that just wouldn’t quit, along with ongoing bouts of bronchitis and pneumonia. After a couple of tests, her family doctor told her a CT scan showed a spot on her lung and that she needed to see a specialist.

With that news Wallace, a heavy smoker for some 40 years, made an immediate, drastic change: She put down her cigarettes for good and came to Owensboro to see Doug Adams, M.D., a heart and lung surgeon, who told Wallace that she had lung cancer.

Fortunately, catching the disease early through a CT scan made her a candidate for a minimally invasive surgery to remove the upper portion of her lung, before the cancer spread.

Adams advises smokers or former smokers between the ages of 55 and 74 to look into CT screening.

“Smoking places folks at risk for lung cancer,” Adams says. “When patients get a CT scan early-on it gives them a tremendous advantage.”

“I haven’t been sick since I’ve had surgery,” Wallace says. “No colds, no bronchitis – nothing – that is amazing to me. No matter what, I get a cold every year.

“I would encourage anyone to stop smoking,” she says. “But I wouldn’t say a whole lot. It’s something that a smoker has to decide on their own.”

Teresa Rea
SBRT Patient
Cancer Survivor

When Teresa Rea learned she had lung cancer she received some good news along with the bad: She was an ideal candidate for a groundbreaking treatment.

After a 15-year battle with emphysema, Rea’s lungs had become weak. Because she could breathe at only 23 percent of what is considered normal, surgery was not an option for her, even with Stage I lung cancer.

Instead, Rea received stereotactic body radiotherapy (SBRT)—an advanced outpatient treatment at the Mitchell Memorial Cancer Center.

Dr. Todd Scarbrough, Rea’s radiation oncologist, says SBRT provides a higher cure rate than conventional radiation treatment, is much quicker and has a lower risk of side effects.

With advancements in radiation treatment, physicians can fine tune radiation beams and deliver them with the utmost accuracy. In 80 to 90 percent of patients, this precision will keep cancer from spreading to other parts of the body, making the results comparable to surgically removing diseased portions of the lungs. “Some call it surgery without a scalpel,” Scarbrough says.

And side effects are few and far between—sometimes even nonexistent. Rea received her treatment in four doses over six days, which is typical, Scarbrough says.

“I didn’t know what to expect,” Rea recalls when preparing for her lung cancer treatment. “But I was all about trying something new.”

“It wasn’t too tiring; it was easy for me,” she says. “The staff at the cancer center made it so comfortable,” she says. “They always made sure that they had oxygen ready for me and played music for me during the treatment.”
Our Commitment to YOU
At the Mitchell Memorial Cancer Center we are committed to work together as a team; to provide excellent care with compassion and respect; to build trusting relationships with patients and their families; and to encourage hope, faith and healing while striving to maintain a life of quality for our patients.

Lung Cancer Screening
If you think lung cancer screening may be right for you call OMHS at 1-877-888-OMHS (6647). We’ll ask a few questions to see if you meet the criteria for low-dose CT screening.

Stop Smoking Today
Call the Tobacco Quitline for Kentucky and Indiana at 1-800-QUITNOW or register to attend the Cooper Clayton Start-to-Stop program, 270-688-0808.

Find a Doctor
To learn more about cancer services and this year’s clinical data at OMHS, click the cancer link at www.omhs.org.