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Title: Helping Smokers Quit While They're Ahead

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HELPING SMOKERS QUIT WHILE THEY'RE AHEAD



Psychologist Chris Kosten, program manager at the Tobacco Quitcenter of the Lung Cancer Institute at Somerset Medical Center, shows Marion Romanoski a carbon monoxide tester. A. F. MENEZES/STAFF PHOTOGRAPHER

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Lung Cancer Institute at Steeplechase center offers Tobacco Quit program, early screening

By MaryLynn Schiavi
Special to the Courier News

Some cigarette smokers wait until they have difficulty breathing or are presented with a bleak diagnosis before they decide to quit.

But others take action sooner, like 70-year-old Ann Johnston, who was motivated by the good news she received in April after undergoing a low dose CT lung scan at Somerset Medical Center.

The Bridgewater resident had smoked for 49 years and was sure the test would show that she was in trouble. Happily for her, that was not the case.

"I decided to quit while I was ahead," Johnston said. But after five decades of smoking, she knew that she faced a Herculean challenge.

In January 2012, SMC launched its new Lung Cancer Institute at Steeplechase Cancer Center, which offers two programs: the Lung Cancer Screening Program and the Tobacco Quitcenter.

Johnston is one of 146 patients who have been screened since the inception of the program.

With the help of Chris Kotsen, a psychologist and tobacco treatment specialist

with Tobacco Quitcenter, Johnston employed smoking-cessation techniques such as visualization and "self-talk," which helps to change the thinking pattern of someone with a nicotine addiction, according to Kotsen.

With the help of Chantix, a non-nicotine prescription drug that is said to block the nicotine receptors in the brain, and the coaching she received Johnston said goodbye to her addiction.

"I wasn't sure that I could do it. I used to say, sure I can quit. I quit every night when I go to bed. But now I'm so grateful that I don't have lung cancer or heart disease and I have actually quit. I can say I feel really good now," Johnston said.

For 62-year-old Marion Romanoski of Bridgewater, emphysema was her biggest fear. After 43 years of smoking, she heard about the low-dose CT scan for lung cancer and decided first to quit and then undergo the test.

With the coaching she received through the Tobacco Quitcenter and nicotine patches, she began her journey to wean herself from cigarettes in February, and by June she had successfully quit. Then she under-



A carbon monoxide tester is used by the Lung Cancer Institute to gauge how much of the deadly gas still is in smokers' lungs even hours after smoking a cigarette.

AUGUSTO F. MENEZES/STAFF PHOTOGRAPHER

See **SMOKING**, Page A9

SMOKING

Continued from Page A1

went a low-dose CT screen. The scan revealed a small nodule that is believed to be benign. But she will be screened every six months.

"When I had heard that quitting smoking was as difficult as trying to quit heroin, I knew that I was going to need some help if I wanted to quit," she said.

"Now I feel good and I am so happy to breathe in fresh air without tasting and smelling cigarette smoke," Romanoski said.

According to Kotsen, without coaching or assistance, the success rate is discouragingly low. "Three out of 100 people are able to successfully quit smoking without any assistance. With the assistance provided by the Quitcenter, our success rate has been 38 out of 100," he said.



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Low-dose CT scan

According to the Centers for Disease Control and Prevention, lung cancer is the No. 1 cause of cancer death in the United States.

A major National Cancer Institute study reported in the *New England Journal of Medicine* in 2011 revealed compelling evidence that CT screening for lung cancer could dramatically reverse lung cancer death rates, according to Katrina Losa, director of cancer services at SMC and a registered nurse. Losa oversees The Steeplechase Cancer Center as well as SMC's in-patient oncology unit.

"The study found that participants who received low-dose CT scans had a 20 percent lower risk of dying from lung cancer than participants who received standard chest X-rays," Losa said. "Based on this information, we wanted to make a commitment to the community and offer CT lung scans at a very affordable rate."

The screening is offered for \$99 to those in the high-risk category. Across the nation, the average cost of the test is between \$200 and \$250.

Losa said while there was some debate following the NCI study about the risks and benefits of low-dose CT screening, in July 2012, the American Association for Thoracic Surgery issued guidelines strongly recommending annual CT screening for high-risk pa-

Ann Johnston, 70, of Hillsborough talks about quitting smoking during an interview at the Lung Cancer Institute at Somerset Medical Center. AUGUSTO F. MENEZES/STAFF PHOTOGRAPHER

tients with long histories of heavy smoking.

To serve the needs of this patient population, SMC formed a multidisciplinary team that includes pulmonologists, surgeons, oncologists, radiologists, nurses and staff from the medical center's Tobacco Quit Center.

"We are not only diagnosing lung issues, but also cardiac disease," Losa said. "The screening revealed that a dozen patients had cardiac disease they didn't know they had. Thirty percent were diagnosed with some form of benign lung disease, and seven of the patients out of the 146 were diagnosed with stage two cancer."

Who is considered "high risk?"

Current or former smokers between 55 and 74 years old with 30 or more "pack years" (number of packs of cigarettes smoked per day multiplied by the number of years smoked) are considered high risk, according to Losa.

Also, in the high-risk category are current smokers or those who have quit within the past 15 years, anyone who has been exposed to radon, silica, cadmium, asbestos, arsenic, beryllium, chromium, diesel fumes or nickel or who has a family history of lung cancer or chronic obstructive pulmonary disease or pulmonary fibrosis.

Losa said living in Central Jersey also presents a

number of environmental factors, such as pollution and radon exposure, that can have a demonstrable impact on the onset of lung cancer.

No symptoms in early stage

According to Dr. Jean-Philippe Bocage, a thoracic surgeon and chair of the Lung Cancer Institute, the insidious aspect of lung cancer is that there are no symptoms in the early stages. By the time symptoms are present, it's too late.

"As opposed to a chest X-ray, a low-dose CT scan will allow you to see much more. It will allow you to see anything that changes and grows and has the potential to become cancer," Bocage said.

He said once a patient is coughing up blood, losing weight without trying and the tumor becomes large, one is less likely to achieve a successful outcome.

"A plain chest X-ray is good for detecting a collapsed lung or pneumonia, but an X-ray does not allow you to see a 2 millimeter nodule. The point is, you want to catch the growth as early as possible," he said.

Bocage said once a patient is diagnosed with late stage lung cancer, the only option is to control it, the chances of curing it are remote.

Unlike other forms of cancer such as lymphoma

that can be cured through radiation and chemotherapy, late-stage lung cancer generally spreads quickly to other organs, according to Bocage.

Bocage said the biggest risk of a CAT scan is getting a very small dose of radiation. But when that is weighed against missing a cancer, the benefit clearly outweighs the cost, according to Bocage.

New approach to surgery

New surgical techniques are making it easier to remove a cancerous tumor in the lungs.

Bocage said the old method of surgery required a 6- to 8-inch incision so that the surgeon could reach into the patient's chest. Generally the patient was not able to go back to work for three months.

"With video-assisted surgery, I can make four small incisions and the surgery is completed in 45 minutes," he said. "The patient is then able to go home the next day and get back to work in two weeks."

"For anyone who falls into the high-risk category, a low dose CT scan makes sense," Bocage said. "It could make all the difference between controlling lung cancer and actually curing it."





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Cancer groups provide statistics on lung cancer

Courtesy of the Somerset Medical Center Lung Cancer Institute at Steeplechase Cancer Center

Lung cancer (both small cell and non-small cell) is the second most common cancer in both men and women, not including skin cancer. In men, prostate cancer is more common, while in women, breast cancer is more common. Lung cancer accounts for about 14 percent of all new cancers, according to the American Cancer Society.

Lung cancer is by far the leading cause of cancer death among both men and women. Each year, more people die of lung cancer than of colon, breast and prostate cancers combined, according to the organization.

The American Cancer Society's most recent estimates for lung cancer in the United States are for 2012:

» About 226,160 new cases of lung cancer will be diagnosed (116,470 in men

and 109,690 in women).

» There will be an estimated 160,340 deaths from lung cancer (87,750 in men and 72,590 among women), accounting for about 28 percent of all cancer deaths.

» Lung cancer mainly occurs in older people. About two out of three people diagnosed with lung cancer are 65 or older; fewer than 2 percent of all cases are found in people younger than 45. The average age at the time of diag-

nosis is about 71.

» Overall, the chance that a man will develop lung cancer in his lifetime is about one in 13; for a woman, the risk is about one in 16. These numbers include both smokers and non-smokers, however, the risk for smokers is much higher.

The lung cancer five-year survival rate — 16.3 percent — is lower than many other leading cancer sites, such as the colon — 65.2 percent; breast — 90.0

percent; and prostate — 99.9 percent, according to the American Lung Association.

The five-year survival rate for lung cancer is 52.6 percent for cases detected when the disease still is localized within the lungs. However, only 15 percent of lung cancer cases are diagnosed at an early stage. For distant tumors — spread to other organs — the five-year survival rate is only 3.5 percent, according to the association.

Usually symptoms of lung cancer do not appear until the disease already is in an advanced, non-curable stage, according to the American Cancer Society. Despite the very serious prognosis of lung cancer, some people are cured. More than 350,000 people alive today have been diagnosed with lung cancer at some point.



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