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www.reachmd.com
info@reachmd.com
(866) 423-7849

Recognizing High-Risk Profiles for NSCLC

Announcer:
You're listening to *Project Oncology* on ReachMD. On this episode, we'll hear from Dr. Jobelle Baldonado, who will be discussing patient profiles that should prompt a workup for non-small cell lung cancer. Dr. Baldonado is a thoracic surgeon at the H. Lee Moffitt Cancer Center and Research Institute in Tampa, Florida, where she also serves as an Assistant Professor and Director of the Robotic Program.

Here she is now.

Dr. Baldonado:
There are patient profiles or risk factors that should lower a clinician's threshold for workup. For instance, the smokers, right? This is the subgroup that's classic high risk. Any current or former smoker with more than 20 pack-years smoking history who are above 50 years old, even if asymptomatic, must get a workup or a screening. And at this point, sometimes, most often, secondhand exposure is underestimated, especially in women and never smokers. But this should be taken into account as well. So this is a high-risk patient profile.

The other high-risk patient profile would be the patients who have environmental exposures, like the patients with exposure to radon, asbestos, silica, or metals like nickel and chromium. Patients who have worked previously in the shipyard business, in construction, or in the mining business who have these risk factors and are presenting with a chronic or persistent cough should not be outright labeled as COPD, but should actually be worked up to rule out a non-small cell lung cancer.

So that's the next patient profile or risk factor. The next one would be the patients with chronic lung disease, and this includes patients with COPD, emphysema, maybe pulmonary fibrosis, and maybe interstitial lung disease or bronchiectasis. These patients usually have a baseline cough, and it makes any change in cough hard to recognize. But it's important to know that for these patients, the key is to recognize that change in that baseline cough rather than the presence of the cough itself. Right? So that's one of the other patient profiles.

Next, we have those patients who have had prior cancers, right? Patients with prior head and neck cancers or esophageal cancers, or prior lung cancers or breast cancers. These patients who present with a new persistent cough—it should be treated as a recurrence of or a second primary until proven otherwise. So you must investigate any cough in these patients with prior malignancies.

And then there's the patients with family history. These include first degree relatives with prior lung cancers or patients with prior known mutations like *EGFR* and *TP53*—patients with strong family history, even without smoking history. So these patients presenting with a cough with a family history should definitely be worked up for a non-small cell lung cancer.

And then finally, we have the never smokers. This would be the group where delays happen the most, because, obviously, they're never smokers. They don't have risk factors. But never smokers who have any persistent or progressive cough should get imaging, especially if you're presented with a patient who's an Asian female with a persistent dry cough, but without other signs. She may or may not have a pleuritic chest pain or discomfort. This could get treated usually for asthma or reflux disease, maybe, or post-viral cough multiple times before imaging. But this particular patient profile should get investigated for non-small cell lung cancer if they're presenting with persistent or progressive cough that would just not go away with these conservative measures.

Announcer:
That was Dr. Jobelle Baldonado talking about which patients to screen for non-small cell lung cancer. To access this and other episodes in our series, visit *Project Oncology* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!