

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/project-oncology/smarter-screening-for-non-small-cell-lung-cancer/49129/>

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Smarter Screening for Non-Small Cell Lung Cancer

Announcer:

This is *Project Oncology* on ReachMD. On this episode, we'll hear from Dr. Jobelle Baldonado, who will be discussing strategies to effectively screen for non-small cell lung cancer without over-testing. 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:

In terms of improving early detection, there are several practical steps that clinicians can take in order to avoid delays in diagnosis, while at the same time balancing over-testing concerns.

And improving early detection really does not mean scanning everyone indiscriminately. It's about being intentional with who, with when, and with how to evaluate a patient. We must focus on, number one, importantly, a change in baseline. If a patient has a baseline cough, it needs to be a change in that cough. It's becoming more persistent; it's becoming worse. There's now blood in that cough. So any change in the baseline must prompt investigation with scanning.

Next, we should make sure that we do short interval follow-up scans. If we do a trial of antibiotics or steroids, for instance, in a patient with some cough or some lung abnormalities on chest x-ray for a possibly infectious or inflammatory concern, we don't just forget about them. We must make sure we follow them with scans to ensure that this either improves with the antibiotics or the steroids, or if it's persistent or even worse after the empiric therapy, then we need to investigate with a CT scan after the chest x-ray, so that way we do not drop the ball on that patient.

It's also probably very useful to just build screening prompts into routine visits. If a patient comes to you for a general medical check and he's got risk factors, then just start the lung screening CT. And just to remind everybody, the US Preventive Services Task Force lung screening guideline is for patients without symptoms and patients who are between 50 to 80 years old with more than or equal to 20 pack-years of smoking history—either they currently smoke or quit within the past 15 years. These patients, even though they're asymptomatic, must get annual low-dose CT. So for these patients, we probably can build screening prompts into their routine visits for a physical check or a general medical check.

And also, for those patients who do not meet the criteria, then we need to do individualized screening beyond the Preventive Services Task Force guidelines. For instance, if they have risk factors like a family history or significant grade and exposure, then we could just do a screening CT for these patients.

These are some of the practical steps that I can think of in order to avoid delays in diagnosis while at the same time balancing over-testing concerns.

Announcer:

That was Dr. Jobelle Baldonado talking about how we can balance early detection of non-small cell lung cancer with over-testing considerations. 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!