NEW HOPE FOR LUNG-CANCER PATIENTS

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A lung cancer diagnosis often is followed by a somber conversation between doctor and patient.

The cancer is advanced, the tumor inoperable. You might live months if you're unfortunate, maybe longer if things go well. Just 15 percent of lung-cancer patients are alive five years after diagnosis.

Today, however, there is more promise, thanks in part to a shifting philosophy about the value of surgery in complex, advanced cases.

Some surgeons -- often questioned by skeptical peers -- have aggressively gone after cancer for years, even when it's in both lungs, has spread to other parts of the body or has been diagnosed in elderly patients.

"They'd say, 'Why are you doing that?' " said Dr. Dennis J. Tishko, a cardiothoracic surgeon at Mount Carmel East.

"I'd say, 'It works,' " said Tishko, who specializes in lung surgery. He argues that lung cancer has for too long been seen as a futile disease, in part because of the stigma associated with smoking.

Now news of successful, aggressive surgeries is starting to reach the mainstream. It's a shift Tishko and others say they hope will push up survival rates and improve patients' quality of life.

The American Cancer Society predicts that lung cancer will kill more than 160,400 Americans this year, including 7,130 from Ohio.

"Lung cancer has been the forgotten disease for so long," said Dr. Patrick Ross, director of thoracic surgery at the Arthur G. James Cancer Hospital.

"One of my patients came to me for a second opinion, having been told that he should get his affairs in order and go home and die. He's now seven years out and disease-free," Ross said.

Many patients tell stories of an initially grim prognosis.

At 38 years old, Donna Hawk was preparing for gynecologic surgery when an X-ray revealed lung cancer. Both lungs had tumors, and the cancer had spread to her lymph nodes.

"They said they wouldn't even consider surgery," said Hawk, who lives in Langsville, in Meigs County.

Eventually, she met with Tishko. After she had chemotherapy, he took out the smaller tumor in her left lung, and then removed the larger tumor and two-thirds of her right lung.

Today, two years later, she's healthy and optimistic.

The same goes for Jim Wilkinson, another of Tishko's patients. At 69, the retired crane operator will celebrate six years cancer-free at the end of this month.

When his illness was diagnosed, he had shed almost 40 pounds and had been coughing up blood for years. Cancer had invaded his lymph nodes and ribs.

"I figured it would be a matter of maybe a year or two, and maybe I wouldn't be around anymore," said Wilkinson, who lives in Centerburg in Knox County.

He's missing most of his right lung and parts of four ribs. He sometimes has trouble breathing and is susceptible to lung infections, but he is otherwise healthy.
Advances in surgery -- specifically those that allow a surgeon to operate through small incisions -- have helped fuel success, said Dr. Daniel R. Watson, a cardiothoracic surgeon at Riverside Methodist Hospital.

The smaller incision is less invasive, which means the patient heals faster and there's less chance of complications.

Another major step is more widespread use of chemotherapy and radiation in earlier-stage cancers, he said.

He and many of his peers changed their approach to lung cancer after last year's meeting of the American Society of Clinical Oncology.

There, researchers reported improved survival when chemotherapy is used in early-stage disease and when surgery is performed in patients whose cancer has spread to the lymph nodes.

Watson cautioned, however, that surgery, particularly in those with advanced disease, is not always a life extender.

"Even though it's not curative, the patient has a better existence," Watson said, explaining that surgery can make the lung function more efficiently.

Surgery always carries risks and should be carefully considered on a case-by-case basis, Tishko said. There remain cases, particularly in individuals with widespread disease, where it makes no sense.

The important thing is that all options be considered for each patient, Tishko said.

"Doctors tend to underestimate how aggressive patients want to be," he said. "We're not selling magic, but patients need to know what's available."