

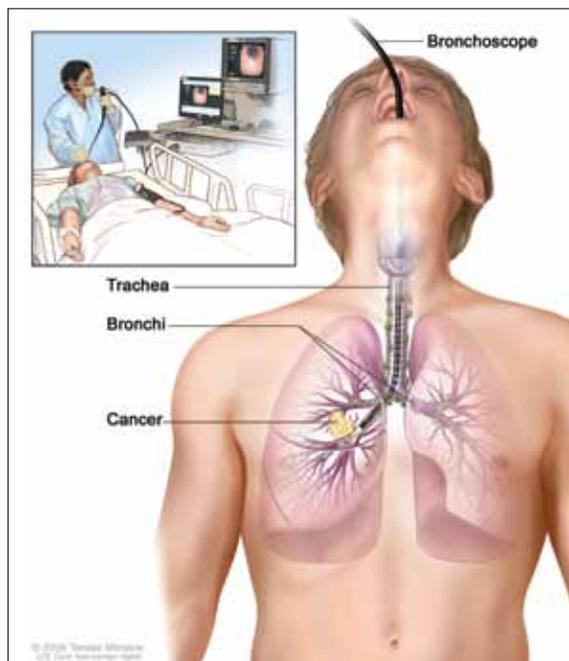
FREQUENTLY ASKED QUESTIONS

How would a doctor determine if I have lung cancer?²³

A doctor may screen for lung cancer based on your risk factor(s) (see *Understanding Lung Cancer*) and may detect it based on your symptoms and the screening. However, final confirmation of the disease should be confirmed with one of these tests: bronchoscopy, endobronchial ultrasound (EBUS), transthoracic needle aspiration (TTNA), thoracentesis, mediastinoscopy, thoracoscopy or thoracotomy.

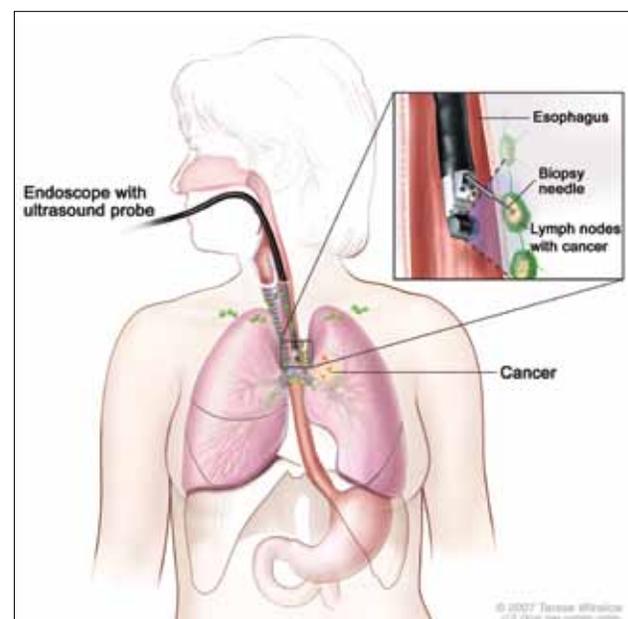
Bronchoscopy²⁴

Bronchoscopy allows the doctor to check your lungs and airways with the use of a tube passed through your mouth or nose. It allows for viewing of the lungs and airways to detect cancer and also allows for a biopsy needle to remove a piece of tissue for analysis if cancer is suspected. The test is typically performed by a thoracic or chest surgeon or a pulmonologist.



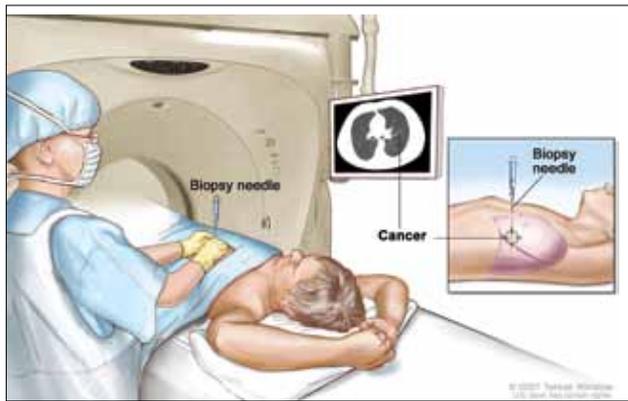
Endobronchial Ultrasound (EBUS)²⁵

Endobronchial Ultrasound (EBUS) is a minimally invasive biopsy method that enables sampling of tumors close to the airway and esophagus. In this procedure a specialized endoscope with an ultrasound probe is passed into the airway or esophagus. The operator will then locate the suspicious tumor using ultrasound and then take a sample using a thin needle passed through the endoscope. In some centers, this technology supplements and can occasionally replace mediastinoscopy.



Transthoracic Needle Aspiration⁵

Transthoracic Needle Aspiration (TTNA) is also referred to as Percutaneous Needle Aspiration or a Lung Needle Biopsy and is usually performed by a radiologist. A small incision is made to make way for the biopsy needle. This procedure is usually used if other techniques (such as bronchoscopy) will not allow for access to the site suspected of having cancer.



Thoracentesis²³

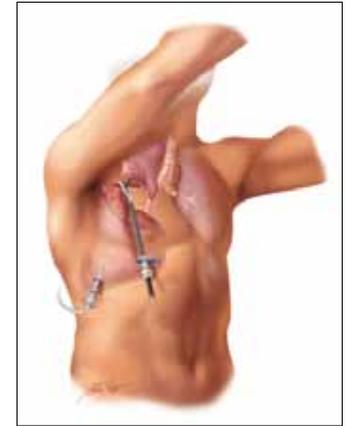
Thoracentesis uses a needle to remove fluid from between the chest lining and lungs. The fluid is then analyzed under a microscope by a pathologist.

Mediastinoscopy⁵

Mediastinoscopy uses a lighted instrument, called a mediastinoscope, inserted at the top of your breastbone to view the area of the chest cavity rich in lymphatic tissue to perform a biopsy.

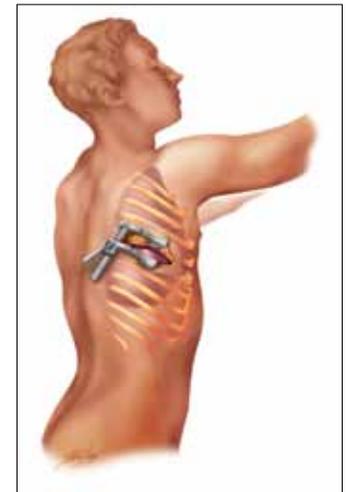
Thoracoscopy²⁵

Thoracoscopy uses a thin tube called a thoracoscope for viewing the organs. Also used to remove tissue for testing, the tube can be inserted through a small incision made between the ribs.



Thoracotomy²³

Thoracotomy is designed to achieve better access for diagnosis, but involves a large incision between the ribs and chest.



How does my doctor determine my prognosis (or survival rate)?

Once the diagnostic techniques discussed above are performed — including radiographic screening — a doctor can determine your prognosis.

It will vary based upon the type of lung cancer you have, the stage of the cancer and your general health.⁵

What are my lung cancer treatment options?

Lung cancer is divided into two categories: non-small cell lung cancer (NSCLC) and small cell lung cancer. Non-small cell lung cancer is divided by stages (see *Glossary*) and, depending on the stage and your unique situation, the treatment will vary.

Surgery is generally the preferred treatment for non-small cell lung cancer if the tumor can be removed, as is typical with stage I, stage II and select stage III patients, and the patient has no health problems preventing them from having surgery. This Stage III treatment is often combined with radiation or chemotherapy.¹⁴ Patients with advanced stages of NSCLC will usually undergo a combination of treatments which may include radiation, chemotherapy, surgery and/or alternative and experimental therapies.¹⁴ (see *Lung Cancer Treatments*)

Those with small cell lung cancer, on the other hand, usually benefit from chemotherapy but have unsatisfactory results with other treatments. Because of the unsatisfactory prognosis with small cell lung cancer, enrollment in clinical trials is strongly encouraged and should be discussed with your doctor.²⁶

If I am a candidate for surgical treatment, am I eligible for VATS?

Whether VATS is the appropriate procedure for you is highly dependent on your situation and should be decided between you and your oncologist and surgeon.

In many patients for whom surgery is an option, VATS may be the preferred treatment. VATS is generally used in non-small cell lung cancer (NSCLC) patients with stage I or II cancer and select stage III patients.

Why should I choose VATS?

VATS offers patients a number of advantages over traditional open approach:¹⁹

- less pain after the operation,
- a better immune system response*
- a better chance of breathing normally and
- a better quality of life.

Long-term survival rates for VATS may prove better than open thoracotomy in the treatment of early stage non-small cell lung cancer.^{20,21,22}

*VATS is associated with reduced cytokine production. Cytokines regulate the immune system and certain cytokines associated with the body's inflammatory response have been linked to a better lung cancer prognosis when they are at lower levels.²²

What does VATS treatment entail?

VATS allows surgeons to perform numerous procedures for lung cancer surgery using only two to four very small (2cm) incisions between the ribs. The procedure is accomplished with advanced instruments, including a thin tube containing a light source and camera (videoscope), which projects a live view inside the body onto a video monitor for clear visualization by the surgeon.

Using the videoscope and specialized equipment, the surgeon is able to perform procedures like wedge resections and lobectomies without making a large incision or spreading the rib cage. With these tools, operations as advanced as removing about one-half (a lobe) of the lung are possible.

How do I find a VATS surgeon?

You can locate a VATS surgeon by visiting the Lung Cancer Alliance Early Interventions Resource Center at <http://www.lungcanceralliance.org/eirc/>

How much does VATS cost? Does my insurance cover this treatment?

The overall cost of VATS is similar to other procedures.²⁷ VATS costs less than open procedures when you consider its shorter length of stay (LOS) in the hospital following the procedure. However, VATS can take as long to perform as open procedures and may take longer than other thoracoscopic procedures.²⁷

It is important to note that your cost and coverage will vary depending on the actual procedure being performed and your insurance coverage. Be sure to get the procedure cleared in advance with your insurance provider and discuss any cost concerns with your surgeon.

If I choose VATS, how long will I be in the hospital?

Traditional open thoracotomy has an average length of stay in the hospital of 6 to 7 days. For VATS, the average length of stay is 3 to 4 days.²⁸

What do I do after I leave the hospital?

Once you return home from your procedure it is important to ask for and follow discharge instructions closely. Continue to follow-up with your doctor about any pain or discomfort that you may feel. While hospital stay can be prolonged by minor problems or complications, when discharged, VATS patients notice greater levels of independence and faster return to their preoperative activity levels than thoracotomy patients. Ultimately, no matter which surgical approach you choose, it is important to be as active as possible.

Be sure to ask your doctor when you can resume normal activities. Returning to an active daily life after surgery is the ultimate goal.

GLOSSARY