Q&A

DR. MARC WARSHAWSKY

November is Lung Cancer Awareness Month, prevention tips

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■ **Q: Lung cancer has traditionally been associated with smokers. Has that changed, and how prevalent is the disease among people who have never smoked?**

A: Warshawsky: Lung cancer used to be almost exclusively associated with smoking. In the past, about 90 percent of people diagnosed were smokers. Today, we're seeing a much different pattern, with approximately half of lung cancer patients having no history of smoking. Smoking still increases a person's risk about 15 times, so it remains the leading risk factor by far. But just because someone has never smoked does not mean they cannot develop lung cancer. It's important for people to understand that distinction.

■ **Q: Besides smoking, what are some other risk factors, and how can they affect nonsmokers?**

A: Warshawsky: Air pollution, particularly in heavily populated areas such as New York City, is one environmental factor. Radon exposure, which can occur in the basements of homes, is another. Asbestos exposure is also important, particularly for people who worked in naval shipyards or older buildings where the material was present. However, none of these risk factors comes close to the impact of smoking. The most important message is that people should not smoke, and those who do should make every effort to quit.

■ **Q: Who should be screened for lung cancer, and how does low-dose CT screening help?**

A: Warshawsky: Currently, screening is recommended for people at high risk because of their smoking history. The guidelines recommend annual low-dose CT scans for adults ages 50 to 80 who have at least a 20-pack-year smoking history and currently smoke or quit within the past 15 years. Unlike a regular chest X-ray, a low-dose CT scan can identify small cancers before symptoms develop. Lung cancer can grow and spread quickly, so annual screening is important. When we catch it early, we have a much better opportunity to cure it through surgery or other treatments.

■ **Q: What advances in lung cancer treatment have made the biggest difference for patients?**

A: Warshawsky: Immunotherapy has been an incredible breakthrough. Fifteen years ago, patients with stage 4 lung cancer had an average survival of about nine months. Today, with immunotherapy, that average can reach four years or more. These treatments help the body's immune system recognize and attack cancer cells. Targeted therapies have also improved treatment for patients with specific molecular changes. Radiation technology has become more precise, limiting damage to surrounding tissue, while robotic surgery allows for smaller incisions and faster recoveries.

■ **Q: What can people do to reduce their risk of developing lung cancer?**

A: Warshawsky: First and foremost, don't smoke. If you smoke, quit. Beyond that, maintaining a healthy lifestyle is important. Exercise regularly, maintain a healthy weight, eat well and limit alcohol consumption. We don't recommend particular supplements as a way to prevent cancer. There are things we cannot control, including genetics and certain environmental exposures, but we can make choices that improve our overall health.

■ **Q: What is your most important message during Lung Cancer Awareness Month?**

A: Warshawsky: We really want to emphasize screening. People with a significant smoking history should speak with their doctors about whether they qualify for annual low-dose CT scans. Early detection can save lives. At Episcopal Health Services, we offer comprehensive cancer care, including medical and radiation oncology, surgical oncology and on-site PET/CT imaging. Our goal is to provide individualized care and help patients understand their options.

To schedule an appointment at the EHS Cancer Center, visit ehs.org/cancer. Medical Oncology: (718) 869-7949; Radiation Oncology: (718) 869-7101; Surgical Oncology: (718) 347-3627.



Courtesy Episcopal Health Services
Dr. Marc Warshawsky, chief of Hematology and Oncology, Episcopal Health Services Cancer Center.

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