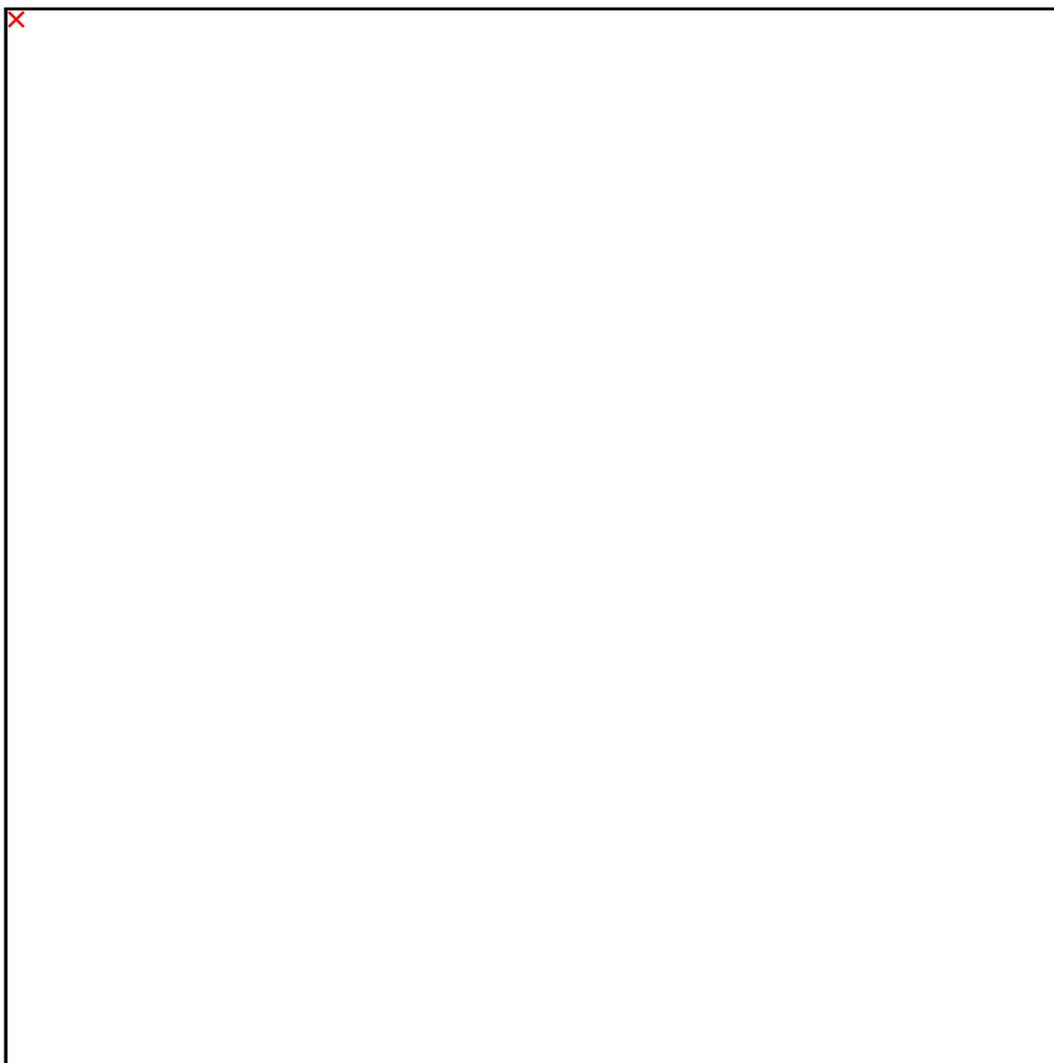


# A Happy Camper

## Patient Sandy Norian Illustrates the Value of Eisenhower's Lung Cancer Screening Program

By: Roxanne Jones



"I was always kind of old-school about health matters, figuring that if there wasn't a problem, just leave it alone," Norian says. "But that's total stupidity. I've gained some knowledge because of my experience."

"I've known too many people diagnosed with lung cancer when it's too late," says Palm Springs resident Sanford (Sandy) Norian. "I'm a very fortunate camper, thanks to the Eisenhower Lucy Curci Cancer Center study."

The study that Norian, 79, refers to is the International Early Lung Cancer Action Program (I-ELCAP), a collaborative group of lung cancer experts from around the world whose mission is to achieve early diagnosis, treatment and an ultimate cure of lung cancer.

As the only desert hospital to participate in I-ELCAP, Eisenhower Medical Center — through Eisenhower Lucy Curci Cancer Center — began offering low-dose CT scans to screen current and

former smokers over age 50 in 2003. Cigarette smoking is the number one risk factor for lung cancer and causes about 90 percent of lung cancers in the United States. More Americans die from lung cancer each year than any other type of cancer; the disease claims nearly 160,000 lives annually, both men and women.

“I smoked about a half a pack a day for nearly 40 years,” Norian relates, noting that he quit the habit about 25 years ago. “When my wife saw the ad for the study in the local paper, she convinced me to go in. I never would have done it otherwise.”

As part of the study, Norian had annual low-dose CT scans starting in 2003. The radiation in this type of screening scan is 80 percent less than what’s used during a regular diagnostic CT. “Around the sixth year, they noticed a spot on my lung,” Norian says. “So they referred me to a pulmonary doctor.”

Norian met with Eisenhower Pulmonologist and Critical Care Specialist Shahriyar Tavakoli, MD. “Mr. Norian had a small nodule in his lung which we followed with annual CT scans from 2007 until 2011, when we saw that it was increasing in size,” Dr. Tavakoli explains. “At that time, we performed a biopsy, which revealed that the spot was lung cancer.”

The good news, however, is that it was the earliest stage of the disease (Stage 1) when the cancer is located only in the lung and hasn’t spread to any lymph nodes.

“The earlier you find lung cancer, the better the outcome and the easier the treatment,” Dr. Tavakoli says. In fact, there is an 80 percent chance of five-year survival when lung cancer is detected and treated at Stage 0, versus a mere 15 percent five-year survival rate when it is detected at later stages.

The I-ELCAP study, however, is showing even more promising outcomes.

“In our study, we’re seeing ten-year survival rates near 90 percent if you detect lung cancer very early and treat it with surgery within one month of detection,” says Oncologist Davood Vafai, MD, who specializes in medical oncology and lung cancer and serves as the principal investigator of the I-ELCAP study at Eisenhower. This statistic is based on the worldwide screening of almost 63,000 patients since I-ELCAP started — the largest study of its kind.

“This is enormous,” he adds, referring to the tremendous value of early detection.

What’s more, the standard treatment for Stage 1 lung cancer is surgery alone, so patients can avoid chemotherapy and radiation therapy, Dr. Tavakoli points out.

Norian underwent surgery on December 10, 2010 to remove the upper lobe of his left lung, where the cancer was located. The surgery was performed by Eisenhower Cardiothoracic Surgeon Joseph Wilson, MD.

“For nearly all patients with Stage 1 lung cancer, we can remove the lung lobe minimally invasively with a scope,” Dr. Wilson explains. “This entails making small incisions between the ribs and using a fiber optic camera and small instruments to remove the lung lobe in a keyhole fashion. This technique makes recovery faster and is much better tolerated.

“Mr. Norian’s case was unusual, however, because he’d had two previous open-heart surgeries,” he continues. “Because of this, he had a lot of scarring around his chest, which required us to make an incision and spread his ribs to access the lung.”

In fact, Dr. Wilson had to remove one of Norian’s ribs to get at the tumor.

“Because he had to take out a rib and go around the scar tissue, my recovery was more difficult than anticipated,” Norian says. “The pain during the healing process was tough, and I was out for a good

three months before getting back to my normal activities.

“But it was definitely worth it,” he continues. “I wouldn’t want to go through it again but, given the results, I would.”

Those results have been very, very good.

“I go in every year for a follow-up CT scan and to see Dr. Vafai,” Norian says. “For three years now I’ve gotten a clean bill of health, and at every visit he simply says ‘come back in another year.’ Those are the best words I can hear.”

Today, Norian leads an active life. He’s semi-retired from a 48-year career in the insurance business, he volunteers at his local hospital, and he works out with a personal trainer three days a week. And he’s looking forward to turning 80 this June, a milestone he admits might not have been in the cards if his lung cancer hadn’t been detected early.

“Cancer can be in the body for many years before it’s detected, and too often it’s detected too late,” he says. “I didn’t have any symptoms, so I was extremely fortunate that my cancer was detected so early.”

He urges other men, especially current and former smokers, to get screened.

“I was always kind of old-school about health matters, figuring that if there wasn’t a problem, just leave it alone,” he says. “But that’s total stupidity. I’ve gained some knowledge because of my experience.

“There’s a billboard I see periodically in Cathedral City that says most men die of stubbornness,” he continues. “Boy, is that true...but it’s not right. We have to be aware of our own bodies and seek medical attention when we have symptoms, and do screening even when we don’t.

“In my opinion, preventive medicine is the most important thing,” Norian adds. “And if you have the opportunity to be part of a study like this as a volunteer, don’t hesitate to do it.”

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