

Małgorzata Kownacka
Medical Advice Programme

Hello and welcome to Małgorzata Kownacka's "Medical Guide". Last month the Association of Lung Cancer Survivors launched a national scale educational campaign entitled "Lung cancer. Early detection = longer life". November is a month dedicated to drawing attention to this disease which is why today in our program we will discuss the most malignant of tumors. I hope that we may come to some optimistic conclusions. I would like to welcome Ms. Janina on the air. Good evening.

Janina: Good evening.

MK: ... and Dr. Dariusz Kowalski from the Lung and Chest Tumor Clinic of the Oncology Center in Warsaw. Good evening to you, doctor.

Dr Dariusz Kowalski: Good evening.

MK: Statistics say that 20 000 people die of lung cancer each year in Poland, with women catching up to men in this grim race.

Dr Kowalski: Indeed, these are the numbers. However I think that we should put it differently: each year we have 22 to 23 thousand people falling ill, 18-20 thousand of whom will die. This is equivalent to the extermination of a small town! Each year so many people die due to this one disease. This is the unfortunate, sad truth.

MK: Several years ago, being diagnosed with lung cancer meant death within three, six, eight months. Has this changed?

Dr Kowalski: This is probably not entirely true, because everything depends on the time of diagnosis and the level of the disease's progression, as well as our treatments options. But yes, it is true that in recent years we have seen the rise of both new therapeutic options and new radiation techniques, as well as new drugs that enable us to not only extend the patient's life but also increase the percentage of cures. This means we can successfully treat more patients.

MK: Ms. Janina agreed to speak with us today on the radio because she found out about her illness in the right time. You are in treatment and your outcomes are positive. How did it start? How did you first find out that something is wrong inside your body?

Janina: I had no symptoms. I went to the first contact doctor for a prescription for standard laboratory tests and a chest x-ray.

MK: Routine checkup?

Janina: Yes, because I felt the need to do so, although I had no symptoms. When I went to pick up the x-ray results the doctor told me I would need to have another x-ray, because he had found something he did not like. It turned out that it was a lung tumor and still the same day I was given a prescription for diagnostic tests in the Warsaw clinic in Płocka street. I was of course very afraid and I tried to object and postpone the tests for a few days saying that I have to think things through. But the doctor was relentless and she said she would not let me bury my head in the sand. She ordered me to take these tests immediately and to come back to her with the results. We agreed I would keep for informed about my entire treatment process. So within a few days I went to the clinic to have all of the tests done, two of them were quite unpleasant, but I lived through. Unfortunately the diagnosis was confirmed, it was a lung tumor, and once all the documentation was complete the doctors sent me for treatment to the institute in Ursynów. My tumor was not operable, so I was directed to dr Kowalski. That was in September 2004, and I am still being treated by the same doctor. I do my best to be a disciplined patient and to cooperate with the doctor. I have had chemotherapy and radiotherapy - 35 irradiations.

MK: It is good that you mention the fact that this requires patience, but you are a good patient, you didn't bury your head in the sand.

Dr Kowalski: I'll also like to emphasize that Ms. Janina is not only a good patient, but continues to work. Our treatments has not only extended her survival but also improves her quality of life enabling her to keep her employment, which is very important.

MK: Ms. Janina has a very good complexion, I don't think she smoked a lot of cigarettes. How did she fall ill then?

Dr Kowalski: We know the reasons...

MK: Could you clarify ?

Dr Kowalski: First of all we must say that unfortunately 90% of people with diagnosed cancer are smokers or ex-smokers and this is beyond any doubt. There is a group of 5% to 10% people who had never smoked, and Ms. Janina belongs to the group.

MK: To the 5% group?

Dr Kowalski: Unfortunately she was a passive smoker. From her examination and interview I know that she spent many years in a room filled with cigarette smoke. It was not active smoking but passive smoking that caused her disease, and its impact was exactly the same.

MK: This is indeed a frightening story. So your intuition told you to see a doctor. What symptoms should cause concern in smokers, apart from the fact that they smoke in the first place?

Dr Kowalski: Unfortunately this disease is very insidious and usually diagnosed very late, because the smoker is used to coughing all the time. In 80% of patients the first symptom is the cough, the key factors being: the intensity of the cough, the type and any changes in intensity, or the appearance of blood. These are very alarming symptoms which indicate that the patient should immediately see their doctor. Here I would like to congratulate Ms. Janina on the vigilance of her first contact doctor. We indeed have a problem with delayed diagnosis, i.e. the time between the first symptoms and the moment when the patient is diagnosed with malignant tumor. In the case of non-small cell lung cancer, this time in Poland is three months. And three months is a very long time.

MK: This is too long, right?

Dr Kowalski: I believe that in some regions it is even longer.

MK: You didn't even cough ?

Janina: No, I had no symptoms whatsoever. It worked and I was feeling good, I would have never thought I was ill!

MK: Your tumor turned out to be inoperable and you are now undergoing radiation therapy. Please tell us whether it is a very disruptive procedure? I see you nodding but I wish our audience could see Ms. Janina, she looks the picture of health. How did you go through this? what would you say to people who are as scared as you were?

Janina: I was really very afraid. And I mean it! In the middle of the radiation therapy I started feeling very bad, because I developed an embolism. I was in the Szaserów hospital at the time for a few days. They patched me up and gave me a short break in the radiations. But as soon as I felt better, I called my doctor again and finish my therapy program. The chemo and the radiation therapy exhausted me, but later I felt much better in the computer examination showed that everything was okay. I was very happy, but it did not last because it turned out that my lymph nodes had become swollen, and the doctor had to restart my therapy. I got on a course of chemotherapy, different this time. I went to the hospital six times, then the doctor followed that with a pill treatment. I take one pill every day at the same time, two hours after a meal, and then I have to refrain from eating for one half hours. I am fully aware of my situation and I do my best to observe the treatment regimen. From the very beginning of this therapy, and I'm not exaggerating, I've been feeling better and better each day. Before that I was totally powerless, at one time I was unable to get up from the bed to go to the toilet. When I came to see the doctor I saw he was scared and he said "what is happening to you, what's wrong?". But we

pulled through and I am a very disciplined patient, so I listen to everything the doctor has to say. I do exactly as he says and I fully believe that everything will be okay, because I'm feeling better.

Kowalski: To be precise, this is not how things are done now. It used to be so that the patient did everything the doctor said without question. Ms. Janina is indeed a very disciplined patient, but we discuss everything, I inform her of everything, and we make all decisions together, I do not force anything in any authoritarian fashion.

MK: What can you as a doctor say to people who either don't have as much strength, optimism and this kind of ironclad consistence? How would you save them? As you said in the beginning, many people die because they are diagnosed too late, because they fail to undertake their treatment or because they are afraid of the diagnosis?

Dr Kowalski: First of all we have programs such as this, that reach people.

MK: So, education.

Dr Kowalski: Ms Janina is an excellent example. Today the truth is that there is a large group of patients whom we can no longer help. We have to say that if the disease progresses to an advanced phase, we run out of therapeutic options, and to these patients we can only offer our best supporting treatment that relieves pain, increases appetite and a general sense of well-being. However there is another group of patients that we can actually treat towards a cure, as is the case of Ms. Janina here. To such patients we can offer therapeutic options that radically increase their survival time.

MK: What kind of preventive action should we be taking? I am sure there are young people listening to this program, some of them smoke a lot.

Dr Kowalski: There is only one form of prevention - stop smoking or never start smoking. There is no other prevention.

MK: What should we say to people like Ms. Janina who is a victim of smokers, although a non-smoker herself?

Dr Kowalski: We should fight for an environment that is free of cigarette smoke. It is in the best interests of the non-smoker, who faces a greater risk and should take up the fight. They should speak up, ask smokers to put out their cigarettes or ask them to leave. Fortunately, an act banning smoking in public places is currently in preparation.

MK: Yes, this will be legally enforced.

Dr Kowalski: This is a very good development. This is the way it should be, we are slowly catching up with European legislation.

MK: You are still a young man but already with a degree of experience. Please tell us how treatment has changed compared to 10 years ago. Has there been a big change?

Dr Kowalski: Radical. Really. A lot has changed as far as lung cancer is concerned, and especially in the form that we are discussing today, i.e. the non-small cell lung cancer. I'm referring here to the early phases of the disease when surgery is still the basic treatment option. There used to be no option but surgery, now we know that in certain phases, radical surgery supported by supplemental chemotherapy increases the patient's chance of cure.

MK: Is this carried out "just in case", or should it be a routine form of treatment?

Supportive chemotherapy is currently the standard treatment procedure in patients whose disease has progressed to levels IIa do IIIa, according to the special international classification. We have also had progress in the treatment of phase III, where a few years ago success was measured as achieving five year survival in 3% of patients. This is very little.

MK: Indeed.

Dr Kowalski: Very little. Today we are capable of permanently curing approximately 30% of these patients.

MK: And this is the optimistic conclusion of our program. Thank you very much for joining me – Ms Janinia, the lung cancer survivor and dr Dariusz Kowalski from the Lung and Chest Tumor Clinic of the Oncology Center in Warsaw. And please remember that in lung cancer "Early detection equals longer life"