

Kathleen Fennig

LUNG CANCER



“Things in the lung cancer world have come a long way... Besides established lung cancer screening programs, we now have molecular testing, targeted therapies, and many more clinical trials.”

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I am a 68 year-old wife, mother, grandmother, and registered nurse. I am also a lung cancer survivor because I recognized my risk factors and requested a screening.

My personal relationship with lung cancer began six and a half years ago, before most institutions had established lung cancer navigators and screening programs. So, when I was diagnosed with lung cancer, it was typically found in one of three ways: by luck, by diagnosis after symptoms developed and often too late to save the life of the individual, or by the paranoia and perseverance of someone who felt they were at risk for developing the disease.

What I feel is unique about my experience is that despite all my medical knowledge, my advantages and connections over the 40-plus years working as a nurse at a large health care facility, I still found my lung cancer diagnosis and road to wellness a difficult process to navigate through.

My journey began indirectly as a lung cancer caregiver in July 2010. I had a dear, elderly, cousin who was diagnosed with metastatic lung cancer. He was never a smoker. I dislike differentiating based on smoking history, but it does make a difference in my story. Sadly, my dear Oscar died that November.

I became profoundly reflective. I thought about how Oscar fell victim to a disease that I largely associated with smoking and I began to think that, perhaps, I was at an even greater risk. In addition to 30-plus years of smoking, I now knew I also had a genetic predisposition.

I have always been an assertive individual. In December 2010, armed with my fears, I made the call to my primary care physician's office to request a screening chest CT.

Keep in mind, this was a couple years before the National Lung Screening Trials results were published and I was unaware of the 2004 recommendations from the U.S. Preventative Task Force regarding lung cancer screenings. The nurse asked me if I had any symptoms and I truthfully answered "no." She told me there was no way the doctor would order a chest

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Lung cancer is the leading cause of cancer deaths in the United States and will claim more lives this year than cancer of the breast, prostate, and colon combined. Lung cancers are generally divided into two major types, small cell lung cancer and non-small cell lung cancer. The type of cancer is based on how it looks under the microscope. Non-small cell lung cancer (NSCLC) includes the following types; squamous cell carcinoma, large cell carcinoma and adenocarcinoma. Small cell cancer (SCLC) tends to grow more quickly than non-small cell cancer. Because it grows more quickly, SCLC is often found when it has spread outside of the lung.

Symptoms of lung cancer can vary from person to person. Symptoms which should alert you to see your health care provider are:

- a cough that gets worse or does not go away
- more trouble breathing (shortness of breath) than usual
- coughing up blood
- chest pain
- hoarse voice
- frequent lung infections
- feeling tired all the time
- weight loss for no known reason
- swelling of your face or arms

Learn more: *ATS Patient Education Series. "Lung Cancer" New York, NY. www.thoracic.org/patients/patient-resources/resources/lung-cancer-intro.pdf*

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CT based on my fears. My request was denied and I was offered, instead, a chest X-ray. I accepted, even though I had heard that an X-ray was of little value in diagnosing early stage lung cancer.

Fortunately for me, the radiologist was a rock star and reported a potentially “suspicious area” in the upper lobe of my right lung and recommended an oblique. This time, however, I was not settling. I insisted on a chest CT.

The chest CT was performed January 2011, revealing two small nodules: 6mm in the middle right lobe and 8mm in the upper right lobe. I was assured not to worry, that everyone in Ohio has lung nodules and since they were too small to biopsy and I looked great, it was probably nothing. I was told I could be rescanned in three to six months. I chose the three-month route.

On April 18, 2011 a repeat CT showed that the 6mm nodule had stayed the same, but the upper 8mm nodule was now 10mm. A PET scan was ordered, and a hot spot showed up in the upper right lobe. I was sent to a pulmonologist who ordered a biopsy, and on June 2 the interventional radiologist performed the procedure indicating that I had non-small cell adenocarcinoma of the lung.

I kept the news to my family and a few close friends and co-workers. I was ashamed and did not want to be judged. I knew the first questions people would ask would be about my smoking history.

I read and re-read all the depressing statistics on the Internet. Sixteen percent: five-year survival. I felt defeated, and that was not typical for me. Before this, I had always been upbeat. But I never had to face such devastation. I had so many negative feelings...guilt, regret, remorse, and most of all, extreme sadness.

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I had a traditional thoracotomy, upper right lobectomy, and partial right middle lobectomy. Because of early detection, there was no lymph node involvement; only two primary tumors. One was well-differentiated and the other moderately differentiated. I was staged at 1A and told there was a 33 percent chance that it would return.

Here I am, over six years later and I consider myself to be the luckiest woman alive. I am older, wiser, and a whole lot stronger than I ever thought I would need to be.

Things in the lung cancer world have come a long way since I first set foot on this road. Besides established lung cancer screening programs, we now have molecular testing, targeted therapies, and many more clinical trials. Most large health care organizations have lung cancer navigators. My wish is to see more patients diagnosed at an earlier stage of lung cancer when the chances of cure and survival are greatest. And with the rise of lung cancer screening programs, I know there will be many more like me.

The best advice I can give is that you need to be your own health care advocate. Understand your risk factors, and take advantage of screening programs. Research is paving the way to brighter futures for lung cancer patients, but personal awareness is key.

Cancer changes everything. For me, I love a little harder, forgive a little easier, hug a little longer, and cherish moments more deeply.

Kathleen Fennig was a patient speaker at the ATS 2017 International Conference in Washington, D.C.