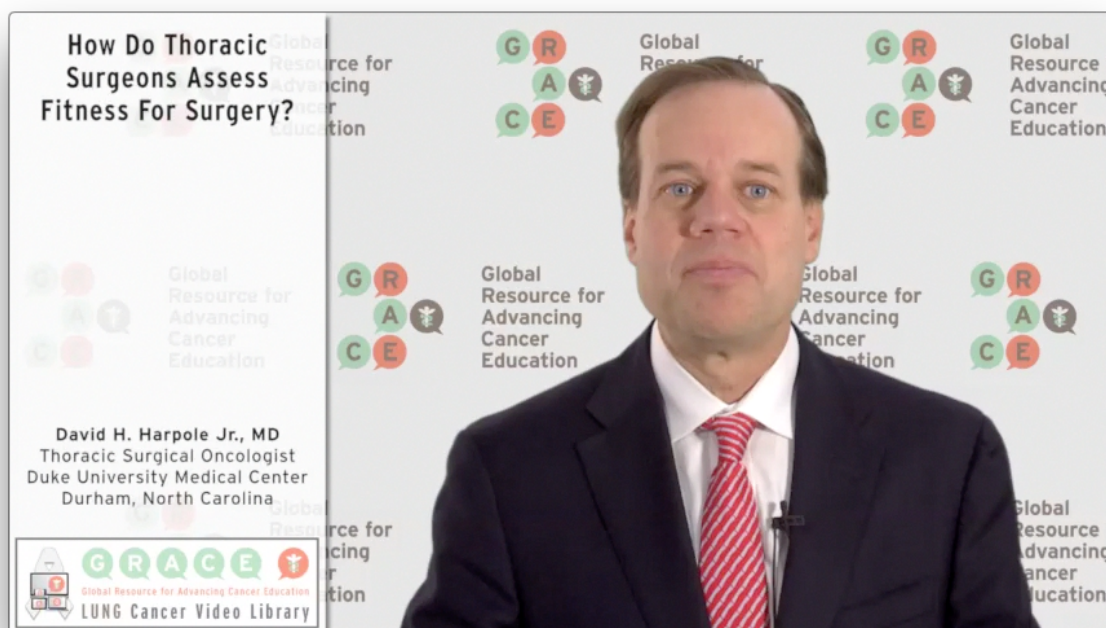




How Do Thoracic Surgeons Assess Fitness For Surgery?



TRANSCRIPT & FIGURES

One of the questions that we're often asked is, "how do thoracic surgeons assess patients' fitness for surgery?" Interestingly, the old technique that surgeons had before we had pulmonary function studies and so forth was just to get them and walk them up two or three flights of stairs and I still do that occasionally. If a patient's able to walk up two or three flights of stairs they're usually fit for a thoracic operation.

However all of our patients now will undergo pulmonary function testing to measure their lung capacity – a test called the diffusion capacity, which tests how well the lung exchanges gases. In other words, when you inhale air how well does your lung take up the oxygen from the air sacs into the blood vessels, and then how well does it release the carbon dioxide from the blood vessels back to the air sacs so you can exhale it out. That test is often the one that's most predictive of patient's outcome. Then if a patient has a history of any cardiac disease I will often discuss that with their cardiologist and if necessary, obtain some sort of stress testing and it's not unusual for us, many of our patients are smokers and many of them have concomitant heart and vascular disease. I would probably say 5% of the time, my patients will have a positive stress test and end up being evaluated by cardiology for interventions before surgery sometimes.

Then we look at the stage of the cancer and if it's an early stage cancer, we may not obtain any other tests besides routine blood chemistries and so forth. If it's a more central cancer then we might consider getting head scans and things. I reassure my patients and tell them the likelihood of the cancer having spread to the brain is very unlikely, but we still do it to be safe. Then once that's been obtained, we've gotten a PET scan to assess whether or not

the tumor has spread outside the chest. Then we can sit down and discuss what type of operation will be undertaken. For a simple resection or lobectomy that's usually it; if it's something that requires more then we may require other testings to measure the impact of the surgery on the patient. If one is taking the entire lung out, that's certainly a larger operation than taking part of a lung out and so I'll discuss that with a patient and the possible changes in their lifestyle that may occur with a pneumonectomy, which is the term for removing the whole lung, if that's required, so that they can fully understand and be fully informed about what they may undergo in the near future.

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