

Lung cancer is the leading cause of cancer deaths in both men and women. Each year, more people die from lung cancer than breast, colon and prostate cancer combined. Symptoms of lung cancer may be vague, and it may be present for a long time before being diagnosed. In most cases, the lung cancer has grown to an advanced stage before it is detected.

Early detection and prompt treatment are essential to achieve the best chance for long-term survival. Surgical treatment is the standard of care for early stage lung cancer and has the highest chance for cure. Additional treatments, including chemotherapy and radiation therapy, may be offered to patients based on specific individual circumstances.

The I-ELCAP study is the largest, long-term clinical trial ever conducted to determine the effectiveness of low-dose computed tomography (CT) scans for screening high-risk individuals for lung cancer.

John Muir Health is one of 42 sites worldwide conducting patient trials in collaboration with I-ELCAP, New York. The goal of this study is to determine if this disease can be detected earlier and, if so, whether early detection can improve cure rates.

Where can I get more information?

If you would like more information or to find out if you qualify for this study, contact the Clinical Research Center (925) 674-2660 or email clinicalresearch@johnmuirhealth.com.

Thoracic Program

The Thoracic Program is made up of a multidisciplinary team whose focus is providing care to patients at risk for or diagnosed with all stages of thoracic malignancies including lung cancer.

The program is overseen by a thoracic surgeon who serves as one of the program's Co-Medical Directors. A Thoracic Oncology Nurse Educator/Patient Navigator is available to assist patients and their families navigate their way through diagnosis and treatment, as well as to provide support.

Contact Information:

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International— Early Lung Cancer Action Program (I-ELCAP)

A Research Study for
Individuals at High Risk of
Developing Lung Cancer

Who is eligible to participate in this lung cancer early detection study?

Preliminary results demonstrate that patients with lung cancer, who were diagnosed in the earliest stage and treated with surgical treatment, experienced a ten-year survival of 92 percent. Individuals who are at high risk of developing lung cancer and meet the following criteria are eligible to participate:

- Individuals aged 40 to 80 with no symptoms. (Those with unexplained, persistent cough, cough producing blood or unexplained weight loss should see their physician for further evaluation).
- Former or current smokers with a minimum of 10 packs a year smoking history. (Equivalent to 1 pack a day for 10 years, ½ pack for 20 years or 2 packs a day for 5 years).
- Smokers or nonsmokers with workplace exposure to radon gas or asbestos.
- Individuals with a family history of lung cancer (primary relative, i.e. father, mother, sibling or child).
- Individuals able to undergo a surgical procedure (lung biopsy and/or resection) if an abnormality is found on any of the scans.

What is necessary to participate?

- Primary care physician — all individuals who participate are required to have a primary care physician who will receive the test results. A physician order for the screening CT scan is required.
- Consent form and questionnaire — participants in this study will sign a consent and complete a questionnaire about their general health, smoking and occupational history. The primary care physician will be notified of the decision to participate in this study. All results are shared with participants, their physicians and the research team.

- CT scan — individuals who participate in this study must agree to have an initial low dose CT scan. Individuals with a negative scan will be required to complete at least one additional CT scan in one year. Annual CT scans are encouraged in these patients as part of the ongoing screening process. Patients with a positive scan will receive additional diagnostic work-up as dictated by the I-ELCAP protocol.

How is low-dose CT used in early detection lung screening?

The I-ELCAP study utilizes low-dose CT scanning without the use of intravenous (IV) contrast to evaluate the lung tissue for suspicious masses. Patients receiving a CT scan do not need anesthesia or sedation, and there is no pre-test preparation. The entire process takes approximately ten minutes.

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The CT scans are interpreted by an experienced chest radiologist who looks for masses or nodules within the lungs and surrounding soft tissues.

If an abnormality is found on the initial scan, the patient will be counseled about additional testing that is required based on the I-ELCAP protocol. Patients requiring additional scans will be closely followed by their primary care physician, the research team at John Muir Health, and Weill Cornell Medical College in New York.

Is there a cost to participate in this research study?

Individuals enrolled in this program will be required to pay \$375 per scan. This fee is to be paid on the day of the CT scan. Insurance routinely pays for follow-up scans based on findings from the initial scan.

