NEW PROCEDURE AT UMMC A BOON FOR LUNG CANCER DETECTION

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杰克逊，密西西比。更多肺癌患者可能由于一种新的诊断程序而受益，该程序在密西西比大学医学中心推出，该程序“映射”身体的气道，使用类似GPS的技术。

电磁导航支气管镜（ENB），在2月首次在UMMC推出，使用独特的导管，可以延伸到肺部以外，超过常规支气管镜的范围，根据Pierre de Delva博士，胸外科教授和助理教授。

在密西西比，这项技术将成为早期诊断和治疗肺癌的宝贵工具，肺癌是美国癌症相关死亡的主要原因，根据美国癌症协会报告。

“你可以挽救很多生命，”de Delva说。

该技术在低剂量的螺旋CT扫描等筛查过程中使用，这是即将被医疗保险和商业保险公司覆盖的程序，用于检测高风险肺癌患者的肺部。

大约20%的发现的肺部肿块是癌性或癌性的。"如果早期被诊断，治愈的机会更大，”de Delva说。

相比之下，更传统的支气管镜在它能去的地方和它能看的地方都有限制；越远的结节或肿块，就越接近肺部的中心，它就必须被检测。

这意味着在早期很难诊断出肺癌，直到现在，Joe Pressler，UMMC肺科医生和助理教授医学。

"新技术给我们一个精确的，循环的路线图，以到达我们以前无法到达的结节。"

它甚至使医生能够清除一些肺癌或疾病，症状出现之前。

早期检测至关重要：当肺癌仍局限在肺部时，五年生存率为53%左右，美国肺学会报告。而肿瘤已经扩散到其他器官，死亡率是3.5%。

但只有15%的患者在早期被诊断出来。

"一旦肿块太大，就来不及了，"Pressler说。"现在，我们不必等到太晚。"

即使对于晚期癌症患者，早期诊断也打开了更多治疗选择的门，如微创手术，de Delva说。

2月，杰克逊的威廉·莱（William Lay）成为UMMC进行新支气管镜检查的第三名患者。Pressler的病人Lay说，他以前的检查发现他的肺中有结节。
By using navigational bronchoscopy to diagnose the anomaly, the physicians eliminated the need for surgery in order to perform a biopsy.

“They’re doing this instead of having to go through my chest,” said Lay, 65. “I’m happy with that.”

In contrast, invasive surgery often means a hospital stay and a greater likelihood of complications, including a collapsed lung – a particular risk for patients with emphysema.

“With less invasive treatments, there’s more optimism,” de Delva said.

The ENB procedure, which requires anesthesia and takes anywhere from 30 minutes to one hour, follows the discovery of a lesion by a CT scan in a distant part of the lung. It requires building an electromagnetic field around the patient.

Similar to a car’s Global Positioning System, the ENB uses the patient’s CT image to create a three-dimensional, virtual route through the lungs, enabling physicians to take tissue samples earlier and more safely than the traditional bronchoscopy to determine if the culprit is infection, inflammation or cancer.

This system also allows physicians to mark an area for surgery or radiation treatment; they can then treat the tumor with more targeted doses of radiation which lowers the risk to neighboring, healthy tissue.

Medicare is in the final stages of approving coverage for CT screenings and de Delva and Pressler predict that private insurers will follow Medicare’s lead. Increasing access to CT screening and having the appropriate tools and expertise to interpret the results is expected to decrease the number of Mississippian who die from lung cancer each year.

"We can be more reassuring about the patient’s future,” Pressler said. “We’re giving them a much better chance.”

To schedule an appointment or for more information about an electromagnetic navigation bronchoscopy, lung cancer screening and the comprehensive lung cancer program at UMMC, call Leigh Ann Lamm at 601-984-5691.

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Please forward this message to colleagues who might be interested. If you wish to be removed from this list or know of a colleague to add, send an e-mail message to: jmazurak@umc.edu.

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