

WEBVTT Kind: captions Language: en

00:00:02.168 --> 00:00:04.629 - Lung cancer kills more patients

00:00:04.629 --> 00:00:09.009 than prostate cancer, breast cancer and colon cancer combined.

00:00:09.509 --> 00:00:11.636 Just in 2022,

00:00:11.636 --> 00:00:14.139 more than 130,000 people

00:00:14.139 --> 00:00:16.599 will lose their life to lung cancer.

00:00:17.809 --> 00:00:19.811 - When lung cancer is caught early

00:00:19.811 --> 00:00:22.522 it's much easier to treat in a curative way.

00:00:22.522 --> 00:00:25.442 So lung cancer can present silently when early,

00:00:25.442 --> 00:00:28.403 so patients don't have symptoms that would alarm us

00:00:28.403 --> 00:00:30.905 or alert us that lung cancer may be present.

00:00:30.947 --> 00:00:34.451 Which is why screening is very important in the high risk population.

00:00:34.534 --> 00:00:37.954 - The way we do that is with getting an annual low-dose CT scan

00:00:37.954 --> 00:00:41.499 and so people who smoked one pack per day for 20 years

00:00:41.499 --> 00:00:45.003 or a half pack a day for 40 years and over the age of 50

00:00:45.003 --> 00:00:47.172 should get an annual CT scan for screening.

00:00:51.176 --> 00:00:54.846 - So if a patient, for example, has an abnormal finding on their CAT scan,

00:00:54.846 --> 00:00:58.016 a patient may be referred to us to have a bronchoscopy done.

00:00:58.016 --> 00:01:02.395 Through a bronchoscopy, we're able to sample tissue in the lung

00:01:02.395 --> 00:01:04.606 and diagnosed abnormalities of the lung.

00:01:05.023 --> 00:01:08.234 - A bronchoscopy is a procedure that you get with general anesthesia.

00:01:08.234 --> 00:01:10.862 - It's a long, thin, flexible tube

00:01:11.321 --> 00:01:14.074 on one end of that has a camera

00:01:14.074 --> 00:01:18.286 and the other and is manually held by the operator.

00:01:24.459 --> 00:01:27.087 - So when we think about pursuing these nodules bronchoscopically,

00:01:27.128 --> 00:01:29.547 we have a new technology called robotic bronchoscopy.

00:01:29.881 --> 00:01:34.803 - You again have a flexible, thin, long tube with a camera on one end.

00:01:35.220 --> 00:01:38.681 However, the other end is attached to a robotic arm

00:01:38.681 --> 00:01:44.771 and then you, as an pulmonologist or as an operator, you operate that robotic arm.

00:01:45.480 --> 00:01:47.774 - The biggest airway that you have is your trachea.

00:01:47.774 --> 00:01:48.858 That's your main windpipe

00:01:48.858 --> 00:01:51.486 and as you branch to the lower parts of the lung,

00:01:51.486 --> 00:01:53.446 the airways get smaller and smaller

00:01:53.780 --> 00:01:56.574 and, traditionally with our regular bronchoscope,

00:01:56.574 --> 00:01:58.493 we can maybe only make it out to about

00:01:58.493 --> 00:02:01.579 20 to 30% of the airway that we can see

00:02:01.579 --> 00:02:03.915 just because the size starts to get too small.

00:02:04.207 --> 00:02:08.169 With robotic bronchoscopy, we can get up to 90 to 95% or more.

00:02:10.130 --> 00:02:12.340 It also provides a lot more stability

00:02:12.340 --> 00:02:14.592 and so when we're bypassing a nodule or lesion,

00:02:14.926 --> 00:02:16.553 we don't have to worry about our hands

00:02:16.553 --> 00:02:19.347 holding the correct in the exact position while we're bypassing,

00:02:19.347 --> 00:02:21.307 the robot can do that for us.

00:02:21.808 --> 00:02:25.728 - The yield of the biopsies that we do with robotic bronchoscopy

00:02:25.728 --> 00:02:28.439 is much greater than traditional bronchoscopy.

00:02:32.944 --> 00:02:35.697 When a biopsy is done of a lung nodule,

00:02:35.697 --> 00:02:40.326 we have no further information about the involvement of the lymph nodes,

00:02:40.535 --> 00:02:44.581 which ultimately is very important when we think about treatment options.

00:02:44.706 --> 00:02:46.457 Endobronchial Ultrasound or EBUS

00:02:46.457 --> 00:02:49.961 allows us to look at things that are not directly inside the airways.

00:02:50.003 --> 00:02:52.088 So, for example, the lymph nodes in the chest.

00:02:52.422 --> 00:02:56.301 - So just like our bronchoscope is a thin tube that goes down into the lung to get biopsies,

00:02:56.301 --> 00:02:58.720 the EBUS scope or endobronchial ultrasound scope

00:02:58.720 --> 00:03:00.471 has an ultrasound at the end of that bronchoscope

00:03:00.471 --> 00:03:04.767 and it allows us to see the lymph nodes that are outside the airway but right next to it

00:03:04.767 --> 00:03:08.438 and we can actually watch a needle go directly into the lymph node to get a biopsy sample of that.

00:03:09.397 --> 00:03:13.860 - The advantage of doing both the robotic bronchoscopy and the EBUS at the same time

00:03:13.860 --> 00:03:16.237 is we get the most amount of information

00:03:16.237 --> 00:03:19.782 in order to accurately diagnose and stage the lung cancer

00:03:20.033 --> 00:03:23.453 with a low risk and all done within one procedure.

00:03:27.081 --> 00:03:29.626 - You're going to come and you're going to get your cancer diagnosed

00:03:29.626 --> 00:03:31.753 and staged in one anesthesia setting

00:03:32.086 --> 00:03:34.172 and that allows us to get you to the specialists

00:03:34.172 --> 00:03:37.300 that's going to be able to treat your cancer much quicker

00:03:37.300 --> 00:03:41.054 and increase the chances that you're going to be cured of your disease.

00:03:41.054 --> 00:03:43.640 - The whole treatment plan can take under a month.

00:03:43.640 --> 00:03:46.726 In the grand scheme of things, that's lightning fast.

00:03:47.602 --> 00:03:49.437 - We are a very high volume center,

00:03:49.437 --> 00:03:53.441 so if you need a lung cancer treatment or a lung cancer surgery,

00:03:53.441 --> 00:03:57.278 you want to go to a place which has done this hundreds and thousands of times

00:03:57.278 --> 00:03:58.404 not ten times

00:03:58.404 --> 00:04:00.615 which is really important for patient outcomes.

00:04:00.907 --> 00:04:02.242 And on top of that,

00:04:02.242 --> 00:04:06.454 we are the only accredited cancer center in the state of Connecticut.

00:04:06.496 --> 00:04:09.165 You will also have access to all the latest

00:04:09.832 --> 00:04:14.128 research trials and clinical trials to take care of the lung cancer patients.

00:04:14.128 --> 00:04:18.341 You will get an access to the world-class thoracic oncology program,

00:04:18.341 --> 00:04:22.637 which has all the resources that you need to get an excellent care

00:04:22.637 --> 00:04:23.763 for your lung cancer.