Episode Show Notes

Episode Title: SABR for Lung Cancer: What Every Patient Should Know About Stereotactic Radiation

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Episode Description

What if treating early-stage lung cancer could be as simple as lying still for 10 minutes—no surgery, no anesthesia, no hospital stay? In this episode, host James Hiter sits down with Dr. Drew Moghanaki, Chief of Thoracic Oncology at UCLA and a leading expert in stereotactic ablative radiation (SABR), to explore this game-changing treatment option.

Dr. Moghanaki explains how SABR—also known as SBRT—delivers highly precise, high-dose radiation in just one to five sessions, often with minimal to no side effects. He discusses why this treatment is transforming care for early-stage lung cancer patients, how it compares to surgery, and why every patient deserves to have a radiation oncologist weigh in on their treatment options.

Learn about the importance of comprehensive biomarker testing before any local therapy, how multidisciplinary teams make better treatment decisions, and why preserving lung tissue matters for long-term quality of life. Whether you're newly diagnosed with early-stage lung cancer, exploring treatment options, or simply want to understand the latest advances in radiation therapy, this conversation delivers hope through scientific progress.

Guests

James Hiter – Host, Endurance Runner, and Patient Advocate
Stage IV lung cancer survivor and LCFA Speakers Bureau member who continues to run marathons while living with lung cancer. James brings curiosity, determination, and a patient's perspective to conversations about treatment advances and survivorship. His personal experience with multiple lung surgeries gives him unique insight into the importance of

preserving lung tissue.
Connect: @jameshiter
LCFA Profile: https://lcfamerica.org/speaker-profile/james-hiter/

Dr. Drew Moghanaki – Chief of Thoracic Oncology, UCLA; Professor of Radiation Oncology
Dr. Drew Moghanaki is a board-certified radiation oncologist specializing in lung cancer treatment. He serves as Professor and Chief of Thoracic Oncology at UCLA, holds an endowed chair for lung cancer research, and co-leads a lung precision oncology program at the VA Greater Los Angeles Healthcare System. Dr. Moghanaki leads several nationwide VA studies, including the VALOR trial comparing surgery and SABR for early-stage lung cancer.
Connect: https://www.uclahealth.org/

Key Topics

- What SABR/SBRT is and how it differs from traditional radiation therapy
- How stereotactic radiation delivers treatment in one to five sessions versus 20-40 sessions
- Why "oncogene-driven" and biomarker testing matters before any local therapy
- The importance of having a radiation oncologist review your case
- How multidisciplinary teams (MDTs) improve treatment decisions
- SABR vs. surgery: current evidence and ongoing research
- The VALOR trial: VA's landmark study comparing surgery and SABR
- Why preserving lung tissue matters for long-term quality of life
- Common misconceptions about radiation therapy
- What the SABR treatment experience is actually like for patients
- The future of local therapies: surgery, SABR, and ablation
- Why lung cancer screening catches cancers when SABR is most effective

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Key Takeaways

SABR Is Five Treatments or Less – Unlike traditional radiation given over 20-40 sessions, SABR delivers highly precise, high-dose radiation in just one, three, or five treatments—sometimes in as little as 10 minutes of beam time.

Ask for a Radiation Oncologist Consult – Every lung cancer patient should have a radiation oncologist review their case, even if surgery seems like the obvious choice. Ask your doctor: "Did the radiation oncologist look at this?"

No Anesthesia, No Hospital Stay – SABR requires no anesthesia and feels similar to getting a CT scan. Most patients drive themselves home and continue normal activities.

Side Effects Are Often Minimal – Most SABR patients experience little to no side effects beyond mild fatigue. Some may have temporary changes in breathing weeks later, but serious complications are rare.

Get Biomarker Testing First – Comprehensive molecular testing should happen before any local therapy—surgery or radiation. This ensures you have the information needed for future treatment decisions.

Multidisciplinary Teams Make Better Decisions – The best outcomes happen when surgeons, radiation oncologists, and medical oncologists collaborate on treatment recommendations.

Preserving Lung Tissue Matters – With more patients surviving lung cancer and potentially developing second cancers, preserving healthy lung tissue keeps future treatment options open.

SABR Can Cure Cancer – Don't let anyone tell you radiation just "treats" cancer. SABR can eradicate early-stage lung cancers with cure rates comparable to surgery.

Screening Saves Lives – Catching lung cancer at stage one through screening means SABR or minimally invasive surgery can often cure it completely.

Powerful Quotes

"Radiation historically has actually been given over 20, 30, sometimes even 40 sessions. But SBRT is all about five or less." — Dr. Drew Moghanaki

"Most radiation oncology departments are in the basement. Unless you are referred there for some reason, there's probably no reason for you to know about it." — Dr. Drew Moghanaki

"A lot of people don't think that it can be cured. We can eradicate it with surgery, or we can eradicate it with stereotactic radiation." — Dr. Drew Moghanaki

"No one today with stereotactic radiation being so good for small early-stage tumors—no one should have a major complication after surgery, or God forbid, die as a fatal complication from surgery." — Dr. Drew Moghanaki

"I think a patient should be given an opportunity to learn about all options, even if one is clearly inferior. Let them decide. Otherwise, you're really violating a patient's autonomy." — Dr. Drew Moghanaki

"Nine out of ten of them would say it felt like getting a CAT scan—which has no feeling." — Dr. Drew Moghanaki on patient experience

"The more lung tissue you can leave behind, the better. I struggle along running as best I can." — James Hiter

"If your lungs were so damaged enough that lung cancer was able to grow, it's probably gonna happen again. So let's not take any more than we need to." — Dr. Drew Moghanaki

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Resources Mentioned

LCFA Resources

- LCFA Website: https://lcfamerica.org
- Living With Lung Cancer AMA Podcast: https://lcfamerica.org/living-with-lung-cancer/ask-me-anything/
- LCFA Speakers Bureau: https://lcfamerica.org/speakers-bureau/
- Biomarker Testing Information: https://lcfamerica.org/lung-cancer-info/diagnosing-lung-cancer/biomarker-testing/
- Treatment Options Overview: https://lcfamerica.org/lung-cancer-info/treatment/
- Lung Cancer Screening Information: https://lcfamerica.org/lung-cancer-info/screening/

Treatment Information

- UCLA Thoracic Oncology: https://www.uclahealth.org/
- VA Greater Los Angeles Healthcare System: https://www.va.gov/greater-los-angeles-health-care/
- VALOR Trial Information: Contact your local VA medical center

Patient Advocacy & Support

- LCFA Online Patient Communities: https://lcfamerica.org/resources/?topic%5B0%5D=community&topic%5B1%5D=online-community&topic%5B2%5D=patient-support
- Elevate Lung Cancer Care: https://elevatelungcancercare.com/

Action Steps

For Patients & Caregivers:

- **Ask about radiation oncology:** Request that a radiation oncologist review your case, even if surgery is recommended
- **Get comprehensive biomarker testing:** Ensure both tissue and liquid biopsy are performed before any local therapy
- **Seek a multidisciplinary opinion:** Look for cancer centers with tumor boards where multiple specialists review your case together
- **Ask these questions:**
    - What are all my treatment options?
    - Did a radiation oncologist review my case?
    - Is SABR/SBRT an option for my cancer?
    - What are the risks and benefits of each approach?
    - How much lung tissue would need to be removed with surgery?
- **Get screened:** If you're at high risk for lung cancer, early detection through screening makes SABR a viable option
- **Keep copies of all test results:** Including biomarker testing, pathology reports, and imaging

For Healthcare Professionals:

- Include radiation oncology in multidisciplinary tumor boards for all lung cancer cases
- Present all local therapy options to patients, including SABR
- Ensure comprehensive biomarker testing before any local therapy
- Discuss lung tissue preservation, especially for patients with multifocal disease
- Consider SABR for patients who may not tolerate surgery well
- Stay current on SABR outcomes data and ongoing trials like VALOR
- Refer appropriate patients for lung cancer screening

Glossary

SABR (Stereotactic Ablative Radiation): High-precision radiation therapy delivered in five or fewer treatments, designed to ablate (destroy) tumors.

SBRT (Stereotactic Body Radiation Therapy): Another name for SABR; stereotactic radiation for tumors outside the brain.

Lobectomy: Surgical removal of an entire lobe of the lung.

Segmentectomy: Surgical removal of a segment of a lung lobe, preserving more lung tissue than a lobectomy.

MDT (Multidisciplinary Team): A group of specialists from different disciplines who collaborate on treatment decisions.

Neoadjuvant Therapy: Treatment given before the primary treatment (usually surgery) to shrink tumors and improve outcomes.

NGS (Next-Generation Sequencing): Advanced genetic testing to identify biomarkers and driver mutations in cancer.

VALOR Trial: A VA-funded phase three randomized trial comparing surgery and SABR for early-stage lung cancer.

About the Podcast

Living With Lung Cancer: Ask Me Anything is LCFA's survivor-led podcast that strips away clinical jargon to reveal what living with lung cancer really looks like. Hosted by New York Times bestselling author Annabelle Gurwitch and endurance runner James Hiter, this podcast hands the microphone to those who know this disease best—lung cancer survivors and the experts who treat them.

No topic is off-limits. No question is too uncomfortable. No experience is too raw to share. Each episode features candid conversations about navigating healthcare, advocating for yourself, and finding hope through scientific advancement.

Raw conversations. Real survivors. No filters.

About LCFA

Lung Cancer Foundation of America improves lung cancer survivorship through funding transformative science, raising public awareness, and providing access to information, hope, and contemporary treatment options. Since 2007, LCFA has invested $4.4 million in lung cancer research, generating $43 million in follow-on funding.

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Topics: SABR, SBRT, Stereotactic Radiation, Radiation Therapy, Early-Stage Lung Cancer, Lung Cancer Treatment, Surgery vs Radiation, Biomarker Testing, Multidisciplinary Care, Lung Cancer Screening, Patient Advocacy

SEO Focus: SABR Lung Cancer, SBRT Lung Cancer Treatment, Stereotactic Radiation Therapy, Early-Stage Lung Cancer Treatment, Radiation vs Surgery Lung Cancer, Lung Cancer Treatment Options

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