



VA Lung Cancer Screening: What Veterans Need to Know About Early Detection

Jim Pantelas (00:00):

This is in, out, in, out, and it's a piece of cake.

Dr. Drew Moghanaki (00:07):

You're telling me a three minute scan can save your life.

Jim Pantelas (00:11):

Yeah. We spend more time getting an oil change for our car. That means a hell of a lot less than our lives.

Diane Mulligan (00:19):

Lung cancer is a tough topic. It's a disease that affects patients, families, friends, coworkers, but first, it's a disease that affects people.

Mitch Jelniker (00:29):

Advances in lung cancer treatments over the last few years have made it possible to live with lung cancer for years after diagnosis.

Diane Mulligan (00:37):

The Hope with Answers Living with Lung Cancer Podcast brings you stories about people truly living with lung cancer, the researchers dedicated to finding new breakthrough treatments and others who are working to bring hope into the lung cancer experience.

Jim Pantelas (00:59):

Hi, I'm Jim Pantelas. I'm a 20 plus year lung cancer survivor, and I'm here today with my friend Dr. Drew Moghanaki.

Dr. Drew Moghanaki (01:10):

That's amazing. 20 years after Stage three B. I'm Drew Bognaki. I'm a professor in chief of thoracic oncology and the UCLA Department of Radiation Oncology. I'm also a staff physician at the VA healthcare system at Greater Los Angeles, where I co-direct our lung precision oncology program that focuses a lot of its energy on getting veterans screened. We're here today to talk about screening, aren't we? That's what I hear. Do you know how good screening works? Does it actually save

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Jim Pantelas (01:40):

Lives? It does. It does, and it works really, really well at the VA. The VA is currently screening more than 50% of their current eligible service population. They're finding lung cancer at early stages at over 50% of the time. So they're performing or outperforming the civilian services providers dramatically.

Dr. Drew Moghanaki (02:16):

Do you know why I'm excited that we're catching cancers earlier

Jim Pantelas (02:20):

Because they're treatable.

Dr. Drew Moghanaki (02:22):

Yeah. And while I know that veterans and anyone with lung cancer likes to be cured, those of us who are in the business of curing lung cancer like to cure people too.

Jim Pantelas (02:32):

And those of us that are in the process of dealing with lung cancer want more options. And you get a lot more options when you're diagnosed early.

Dr. Drew Moghanaki (02:44):

You sure do. And unfortunately, lung cancer is a silent killer. They can grow for months to years spreading throughout the body. There's no signs. There's no symptoms until it's too late. And we get a lot of patients showing up in the emergency room coughing up blood or their path paralyzed because the tumor went to their brain and paralyzed them, or it's in their back and it hurts so much that they just over the counter pain medicine isn't going to work. And have you ever met anyone who's presented, met with metastatic disease the first time they knew it? Me.

Jim Pantelas (03:25):

Wow. I was diagnosed at stage three B. And you weren't screened, were you? I was not screened 20 years ago. Screening wasn't an option. There was no screening. There was no screening. But I presented with exhaustion, what I thought was muscle pain and clubbing in my fingernails and toenails, that my fingernails and toenails got round in appearance instead of being elongated like they normally would. And what it really was the result of was the body works in really bizarre ways. When the lungs can't produce enough oxygen, they have to deny oxygen somewhere. What they ended up in my instance doing was denying oxygen to the bones. So I was having bone pain, not joint pain. I was exhausted, and the clubbing was a natural result of denial of oxygen.

Dr. Drew Moghanaki (04:39):

So you had a lot of advanced symptoms before you knew?

Jim Pantelas (04:42):

I did. I had about nine months of us trying to figure out what was going wrong.

Dr. Drew Moghanaki (04:47):

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Well, Jim, I think you're very lucky you didn't have stage four disease because unfortunately, it's incredibly rare to ever cure anyone with stage four disease. So you had stage three disease. So if you had been detected early, we know your treatment would've been pretty simple, a simple surgery or a simple stereotactic radiation. However, your treatment wasn't simple. You want to tell us what was required to cure your stage three lung cancer?

Jim Pantelas (05:16):

Well, I went into the operating room to have what was called a lobectomy because they thought that the lung cancer was confined to one tumor

Dr. Drew Moghanaki (05:28):

And there's five lobes in the lungs. And they took one of them out.

Jim Pantelas (05:32):

They took two of them out.

Dr. Drew Moghanaki (05:33):

Two out of five lobes, you only three lobes left to breathe with?

Jim Pantelas (05:36):

Correct.

Dr. Drew Moghanaki (05:36):

Then what happened?

Jim Pantelas (05:38):

And then they discovered that it had spread, which is why they ended up taking out two lobes, but it had also spread to all of the lymph nodes that they removed. So they didn't know the boundaries of how far it had spread.

Dr. Drew Moghanaki (05:54):

So the surgeon wasn't able to get it all,

Jim Pantelas (05:57):

Which

Dr. Drew Moghanaki (05:58):

We wish they can when they go in.

Jim Pantelas (05:59):

So we followed up with what's called adjuvant chemo and radiation. But we did the chemo and radiation in what was then a trial. Trial mode or

Dr. Drew Moghanaki (06:15):

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How old were you at that time?

Jim Pantelas (06:17):

I was 53.

Dr. Drew Moghanaki (06:19):

You were 53?

Jim Pantelas (06:20):

52. I'm sorry.

Dr. Drew Moghanaki (06:21):

52,

Jim Pantelas (06:22):

Yeah.

Dr. Drew Moghanaki (06:22):

And by today's standards, would you have been eligible for screening?

Jim Pantelas (06:25):

Yes.

Dr. Drew Moghanaki (06:27):

But because you weren't, it showed up at stage three. Poor thing. You got surgery and chemotherapy.

Jim Pantelas (06:34):

Yes,

Dr. Drew Moghanaki (06:35):

And radiation therapy. God bless you for getting through that and making it through, but my God, it didn't have to be so difficult. So what's it been like living 20 years with only half of your lungs?

Jim Pantelas (06:49):

Oddly enough, I am really grateful to be here. I'm grateful to be alive and grateful that 20 years ago I wasn't struck by a bus because I've spent the last 20 years saying goodbye. I've spent the last 20 years breathing and enjoying every breath

Dr. Drew Moghanaki (07:17):

You shared with me yesterday, or you shared with a lot of people yesterday. One of the things that gives you the greatest joy, you want to share that again? What gives you great joy in life?

Jim Pantelas (07:27):

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My daughters being alive, watching them grow. See, on the day that I was diagnosed 20 years ago, my wife was six and a half months pregnant with our first child. Wow. We now have three. So I would've never had children I would've never experienced. Or you could say watching them grow,

Dr. Drew Moghanaki (07:57):

That family wouldn't have existed.

Jim Pantelas (07:59):

Well, certainly the second two, and they're my joys. They're now 15, 17, and 19. So I consider myself both lucky and blessed.

Dr. Drew Moghanaki (08:13):

Why do you think you got lung cancer?

Jim Pantelas (08:17):

I think it's a combination of things. According to the Navy and the VA, I have asbestosis complicated by lung cancer and COPD. And

Dr. Drew Moghanaki (08:28):

Which branch were you in?

Jim Pantelas (08:30):

Navy.

Dr. Drew Moghanaki (08:30):

Navy. And what did you do in the Navy?

Jim Pantelas (08:32):

I was a computer technician and I worked on advanced or experimental computer systems.

Dr. Drew Moghanaki (08:41):

So you weren't the smart guys in the Navy?

Jim Pantelas (08:42):

No. No, I don't think so. But I was the youngest in the installation I was in, and we were pulling equipment in and out of that installation all the time because we were trying to make it. We were building the world's first seven terabyte open access platform to store intelligence data and to do that.

Dr. Drew Moghanaki (09:13):

Are you sure this is declassified?

Jim Pantelas (09:14):

It is. Now. I hope

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Dr. Drew Moghanaki (09:18):

It's important for everyone to know that what causes lung cancer doesn't cause it overnight is through years and decades of exposures. You're one of the most knowledgeable people I know who's explored, investigate to figure out what causes lung cancer in addition to cigarettes. We know that cigarettes damage the immune system of the lungs allowing these cancers to grow and spread. But tell me more about some of the other things you've discovered that may be causing lung cancer that we just haven't studied

Jim Pantelas (09:48):

Enough. Well, asbestos cigarette smoking, which I was exposed to both of those. I also lived in an area most of my life that had higher levels of radon than is normal.

Dr. Drew Moghanaki (10:06):

That's three.

Jim Pantelas (10:07):

For other vets. We've got a lot of toxic exposures. In my era, which is the Vietnam era, we had Agent Orange in Desert Storm and in the Iraqi Afghani Wars, we've had burn pits. We've had depleted uranium. And most of the bases that we built or used in Afghanistan were built on former Soviet bases. And the Soviets used a lot of asbestos. There are also exposures to, because US bases are often placed in areas that aren't urban, they're convenient outside of the base, the convenient places to build incinerators for the local governments, things like that. So our troops get exposed to a lot of potential toxins.

Dr. Drew Moghanaki (11:17):

So it comes down to airborne hazards, all sorts of stuff that you breathe in, whether at short distance, where you're drilling holes into some material that no one knows how dangerous it can be to fumes. I think of paint stripping materials that are often used in the Air Force. You've got all sorts of stuff being incinerated in burn pits, and that black smoke is being inhaled. You've got kids who may have never smoked a cigarette in their lives, but when they went to the military, when they were younger, decades ago, as I understand it doesn't happen anymore. But back in the days when they were hungry and they would look for their rations, a pack of cigarettes in there, and even in 1991, some of the kids being sent to Iraq were getting cigarettes. And one of 'em told me they didn't have what to do with it. We just light it up and stick it in the sand to keep the bugs away. So the military had contracts with tobacco companies and the tobacco was flowing to these kids. And a lot of these kids when they came back 18, 19, 20, were addicted for life and couldn't get away from

Jim Pantelas (12:26):

Smoking. Let me add to that just for a bit. I'm an ex-navy. In the Navy it was called the smoking lamp. And when the smoking lamp was lit, you got to take a break and have a cigarette. If you didn't smoke, you didn't get to take a break. Oh boy. In the army it was, if you got 'em, you can smoke 'em again. It was, you can light up and take a break or you can keep working. And there was that general attitude that you never got to light up if you weren't safe. Right. Nobody lights up in a war zone. Nobody lights up under fire. So if you're someplace that you're safe, you can relax, you can have a smoke.

Dr. Drew Moghanaki (13:21):

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I don't want to keep talking about cigarettes forever, but ultimately we're trying to reach an audience. We're trying to reach veterans who smoked. We're trying to reach veterans who smoked too much because if you smoked, we really hope they get their lungs screened. How many years did you smoke?

Jim Pantelas (13:38):

Oh, I had about a 40 pack year history.

Dr. Drew Moghanaki (13:41):

How many? So

Jim Pantelas (13:43):

That means that I smoked the equivalent of one pack a day for 40 years. In reality, I smoked about two packs a day for 20 years.

Dr. Drew Moghanaki (13:56):

How long ago did you smoke your last cigarette?

Jim Pantelas (14:00):

It's been a little over 25 years. But I still smoke in my dreams.

Dr. Drew Moghanaki (14:04):

That's what I was going to get at. You still are a smoker. You feel like one,

Jim Pantelas (14:10):

It becomes a part of your self image and you develop your self image when you're young. Right. And all of my heroes, when I was young, smoked, my dad smoked. Oh, it was cool. My uncle smoked. Dwight Eisenhower and John F. Kennedy smoked. Our heroes smoked.

Dr. Drew Moghanaki (14:36):

I'm very comfortable admitting to you. I tried to smoke to be cool. It made me cough too much. And it didn't make me feel addicted at all to the nicotine. It didn't do anything to me.

Jim Pantelas (14:46):

See, but

Dr. Drew Moghanaki (14:47):

It was the cool thing to do, wasn't it?

Jim Pantelas (14:48):

It was.

Dr. Drew Moghanaki (14:49):

Yeah,

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Jim Pantelas (14:49):

It was. But I would caution you on one thing, military vets have a lot of exposures to toxins that even without smoking should be deemed grounds for screening. If they show any kind of

Dr. Drew Moghanaki (15:15):

Symptoms to get the message out. If someone's watching this or either they smoke too much or they know someone who smoked too much, how do you get screened for lung cancer? Is it painful?

Jim Pantelas (15:26):

It's not. It's literally a test that you go in, you lay down on a bench, the bench draws you into the CAT scan. The CAT scan is a big donut, draws you in, pulls you out, draws you back in a second time, pulls you back out. The whole thing takes less than three

Dr. Drew Moghanaki (15:48):

Minutes. That sounds too good to be true.

Jim Pantelas (15:49):

You don't take your shoes off. You don't take your shirt off. If you're wearing a great big gold chain, they might ask you to take that off, but that's about it.

Dr. Drew Moghanaki (15:58):

You got to take your dog tags off.

Jim Pantelas (16:00):

Yeah, you should have to. They're

Dr. Drew Moghanaki (16:03):

Metal,

Jim Pantelas (16:05):

But it's not an MRI. A lot of people confuse it with an MRI, which is a longer duration.

Dr. Drew Moghanaki (16:12):

It's 30 minutes.

Jim Pantelas (16:13):

It's 30 minutes. You're inside the device for a long period of time. This is in, out, in, out, and it's a piece of cake.

Dr. Drew Moghanaki (16:25):

You're telling me a three minute scan can save your life.

Jim Pantelas (16:29):

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Yeah. We spend more time getting an oil change for our car. That means a hell of a lot less than our lives.

Dr. Drew Moghanaki (16:36):

So what the heck is wrong with people? Why aren't people like veterans who are being told by public awareness campaigns like this one that you should get your lung screened? Is it okay if I say you should get your damn lung screened?

Jim Pantelas (16:48):

You should.

Dr. Drew Moghanaki (16:48):

You think anyone would be offended if I said, if you smoke your damn lung screen,

Jim Pantelas (16:52):

Not a vet

Dr. Drew Moghanaki (16:52):

At your damn lung screen. I've been wanting to say this for a long time. Thank you for giving me permission to say it. What's wrong? Why are people not getting screened?

Jim Pantelas (17:02):

I think they're not hearing enough about it. They just don't know. One. They don't know. They don't know. They don't know that a diagnosis of lung cancer isn't a death sentence. Is lung cancer curable? Lung cancer is curable. Are you living proof of it? I'm alive. It's

Dr. Drew Moghanaki (17:20):

Stage three.

Jim Pantelas (17:22):

My daughters are here because lung cancer is survivable. It's not the death sentence that it once was. Lung cancer is completely different because we have more options because we have screening. Because if we catch it early and the key to screening isn't going in and getting a scan once it's starting at 50, going in and getting a scan once a year, three minutes once a year, three minutes

Dr. Drew Moghanaki (17:58):

Less than an oil change,

Jim Pantelas (18:00):

Less than an oil change. You get it so that at 54, 55, if they find a nodule, they can watch it. They can watch it. And maybe they say, oh, come back in six months. We want to watch this one more closely. Because a lot of people will have nodules. They just won't be growing and they won't be cancer.

Dr. Drew Moghanaki (18:24):

Jim, have you met people who don't want to get screened?

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Jim Pantelas (18:28):

Yes.

Dr. Drew Moghanaki (18:30):

Why don't they want to get screened?

Jim Pantelas (18:34):

Because they may feel like they've had multiple exposures. Maybe they smoked and were around pits. Maybe they smoked and were around depleted uranium and they're afraid that they'll get a diagnosis and there won't be options for them.

Dr. Drew Moghanaki (18:54):

So they think that they already have a death sentence. So what's the point of knowing,

Jim Pantelas (18:58):

Right.

Dr. Drew Moghanaki (18:59):

How do we convince them that that's not true and that all cancers start at stage one when they're curable, before they become incurable?

Jim Pantelas (19:09):

Well, I think you just said it all cancers start somewhere. Right? And lung cancers, most lung cancers are pretty slow growing. So if we can catch them at stage one, they're curable. If we can catch them at stage two or stage three, they're manageable. If we can catch them, if we catch them at stage four, we can still provide quality of life

Dr. Drew Moghanaki (19:40):

For

Jim Pantelas (19:40):

Some time. The changes in treatment options for lung cancer have changed so dramatically in the last 15 years.

Dr. Drew Moghanaki (19:53):

Are people worried about the costs of screening?

Jim Pantelas (19:57):

They may be. Should they? No, because there is no cost to screening.

Dr. Drew Moghanaki (20:03):

Screening is free.

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Jim Pantelas (20:04):

Screening is always covered. That's amazing.

Dr. Drew Moghanaki (20:08):

A free test,

Jim Pantelas (20:09):

Both on the civilian side and on the veteran side. It's a free test. And if they find it early, they can really take care of it. And it's not always surgery anymore. Now it can be this pinpoint radiation that's just phenomenal that you know more about than did you know it can be

Dr. Drew Moghanaki (20:30):

Delivered in one treatment now? Are you serious? A single session of radiation, 10 minutes, can keep the meter running. And you also don't have to take our free shoes. We can scan someone in three minutes. We can cure 'em in 10. Get on with the rest of your life. And if you're still smoking, please stop smoking.

Jim Pantelas (20:48):

Bring your buddy, bring your wife, bring your spouse. Get them scanned too. They may not qualify for getting scanned at va, but they will at the local hospital. Yeah. Have them get scanned too. This saves lives. And it's not just about vets, it's about all the people around our vets.

Dr. Drew Moghanaki (21:12):

Let's talk about access to VA healthcare. So there's about 20 million veterans in the US. Only about half of 'em have access to the va. I think your message is, if you're part of the VA healthcare system, you're set policy changed. Every VA hospital offers screening. All you have to do is ask. You'll get screened. What if you're not in the VA and you got to use the civilian healthcare system? Can they also get screened there?

Jim Pantelas (21:38):

Talk to your primary care physician, ask them to refer you to the local provider of screening. And screening is covered.

Dr. Drew Moghanaki (21:50):

Yeah. In va, we've created a culture where it's all hands on deck. We don't leave any veteran behind. All of our patients are veterans. We know lung screening saves lives and we're doing it. And almost think of breaking my heart that if a veteran, you don't have access to the VA healthcare system. You don't have access to this cultural environment, which is to not leave anyone behind. So maybe if there's a call to action here that if you're a veteran or someone who's a veteran outside the va, that we need to wrap our arms around this person and get them screened.

Jim Pantelas (22:28):

We don't leave anybody behind. We don't leave our friends behind. We don't leave our spouses and the people we love behind, if they smoke, if they qualify for screening, they don't have to come to the va. Just ask them. Beg them to get screened.

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Dr. Drew Moghanaki (22:49):

So lung cancer is curable. Why do you think people don't think it's curable? It reminds me of HIV. There are, I think, some people still today who might think HIV is incurable. But look at Magic Johnson. How is he still alive?

Jim Pantelas (23:05):

How am I still alive?

Dr. Drew Moghanaki (23:07):

How are you still alive?

Jim Pantelas (23:08):

Exactly.

Dr. Drew Moghanaki (23:09):

So do we think people aren't getting screened because they don't think it's curable?

Jim Pantelas (23:14):

I think a lot of people aren't getting screened because they've never met anybody that survived. And part of that is that it is an invisible disease. It doesn't have symptoms until it's way too late. So they've known people that got lung cancer and got diagnosed at stage four around for a long time.

Dr. Drew Moghanaki (23:46):

You should come to my clinic, my follow-up clinic,

Jim Pantelas (23:48):

Huh?

Dr. Drew Moghanaki (23:49):

Everyone's alive and they're doing great. They're living longer and better lives, and they're alive and they're breathing without oxygen.

Jim Pantelas (23:59):

I had a pulmonary function test not too long ago. I have 95% lung capacity. Wow. I'm missing two thirds of my right lung. There were three quarters actually. And I have 95% lung capacity. It's amazing how resilient your body can be.

Dr. Drew Moghanaki (24:24):

You can take out a lot of lung tissue and still do fine. So I don't know. Maybe some people are scared of surgery. If you pick the right patient, they'll get through surgery just fine.

Jim Pantelas (24:36):

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Well, and if you catch it early, you don't need surgery. You can do this with radiation. Correct. It went small enough.

Dr. Drew Moghanaki (24:42):

Yeah.

Jim Pantelas (24:44):

There are a lot of options that people have. We just need to give them the options by detecting it early.

Dr. Drew Moghanaki (24:52):

Get your lung screened,

Jim Pantelas (24:54):

Get it done today.

Dr. Drew Moghanaki (24:56):

If you know someone who you think can benefit from lung screening, please make the time to talk to them. It's so simple. We wouldn't be doing it if it wasn't helping. And lung cancer is curable. Let's catch it early and get to a point where someday no one dies of lung cancer.

Jim Pantelas (25:14):

And to learn more, visit LCFAmerica.org for all kinds of information. Thank you.