Opportunities to Advance Quantitative Imaging and Systematic Lung Cancer Screening Research With the Department of Veterans Affairs (VA)



Samuel M. Aguayo, MD Associate Chief Of Staff for Research Phoenix VA Health Care System

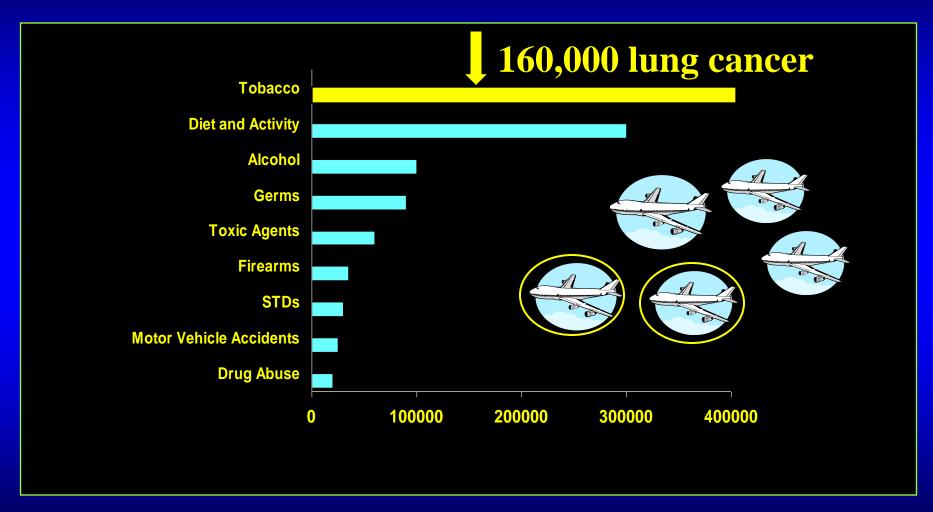
Objectives:

- Identify opportunities to improve lung cancer care for Veterans and to advance quantitative imaging research
- 2. Describe the burden of lung cancer and other tobaccorelated diseases among Veterans
- 3. Describe the VA's clinical organization and strengths
- 4. Recognize certain common perceptions that affect care of tobacco-related diseases and related research

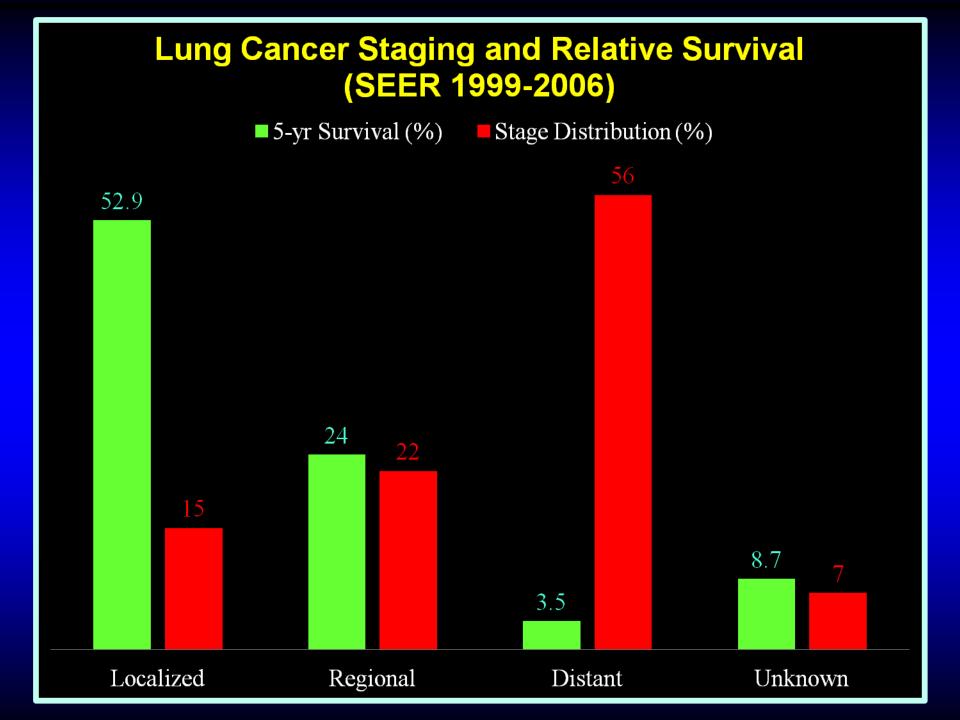
* No Conflicts Of Interests to disclose.

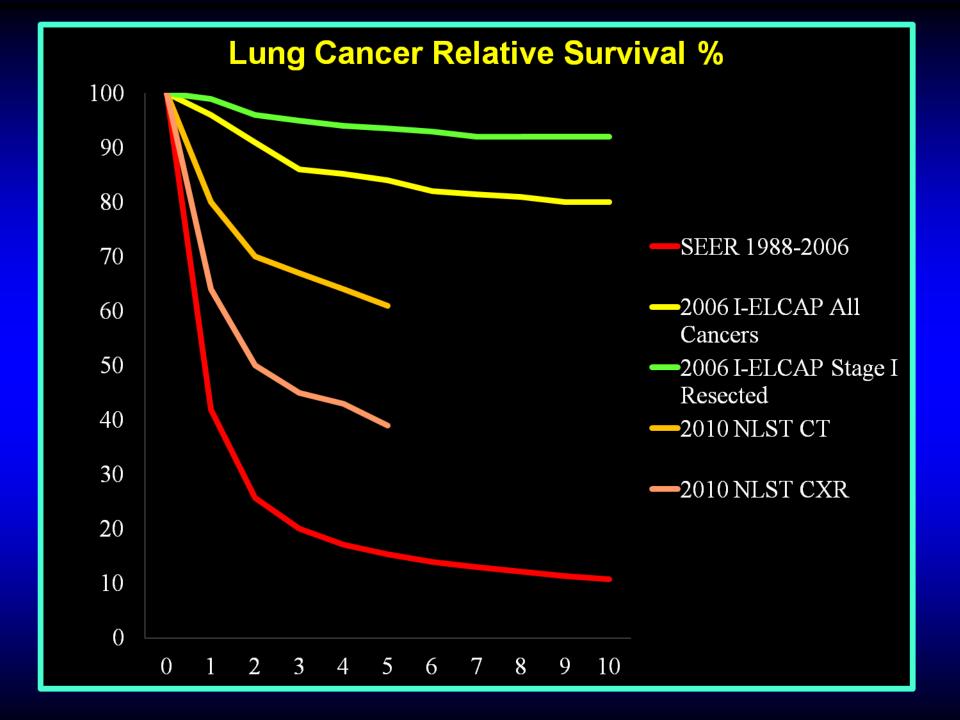
Tobacco is the Number One Killer!

(Estimated Number of Deaths Per Year Actually Caused By Preventable Lifestyle)



1990's Data from the Centers for Disease Control, Atlanta, GA





Based on NLST Data Alone, About 7 Million "High-Risk" Smokers May Need Lung Cancer Screening!

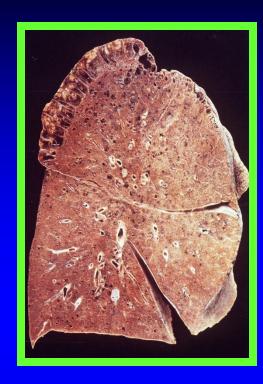
Cigarette **Smokers**

U.S.A. Population

"Susceptible"



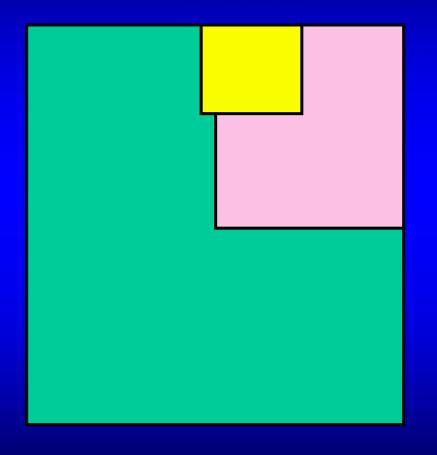




"Resistant"



COPD

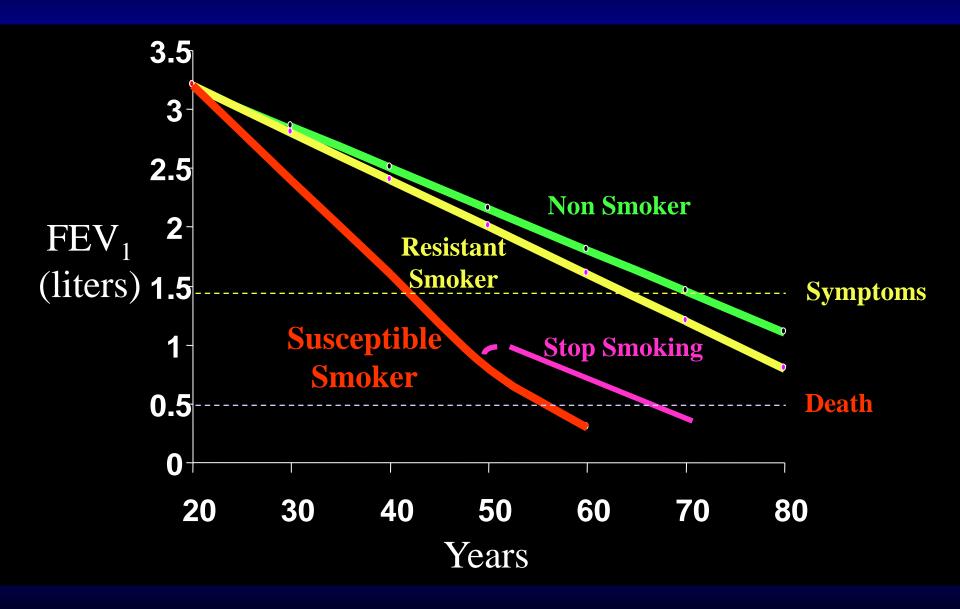


Cigarette Smokers

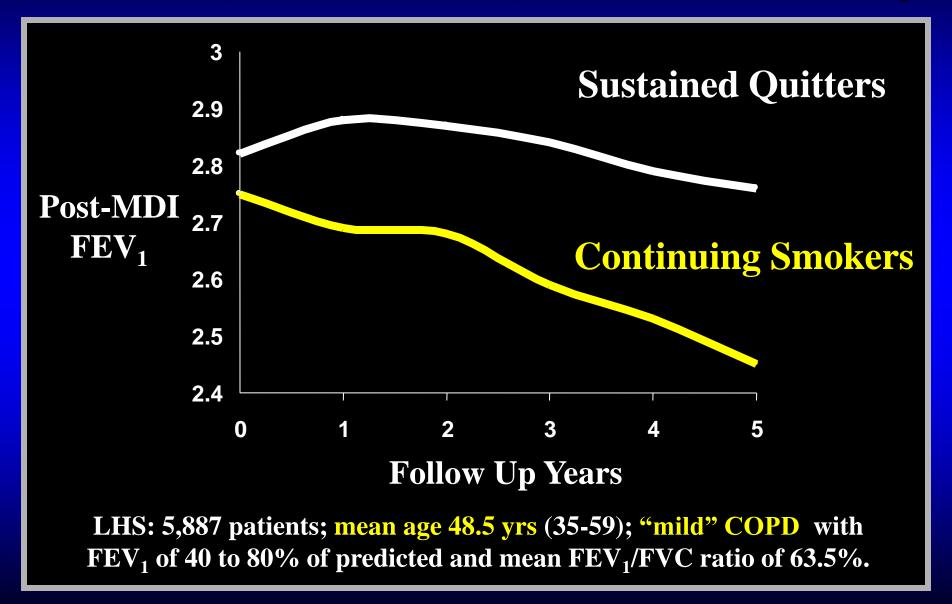
U.S.A.

Population

Pulmonary Function and Cigarette Smoking



The Lung Health Study: Decline in FEV₁

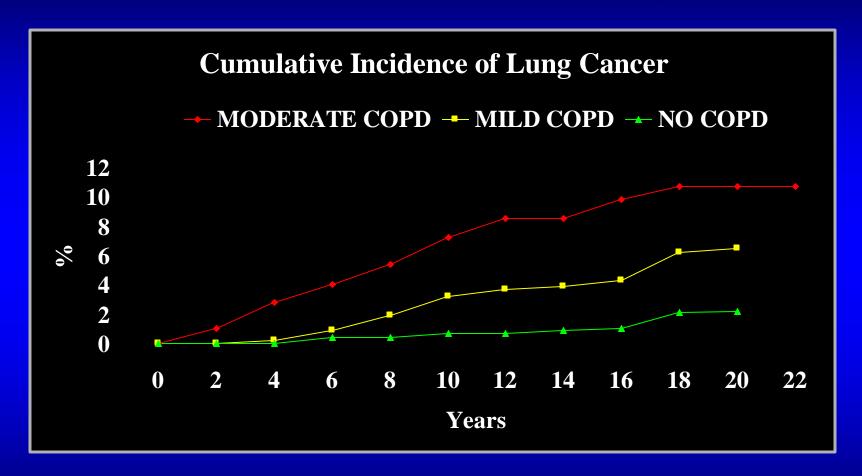


The Lung Health Study: Deaths Within Five Years

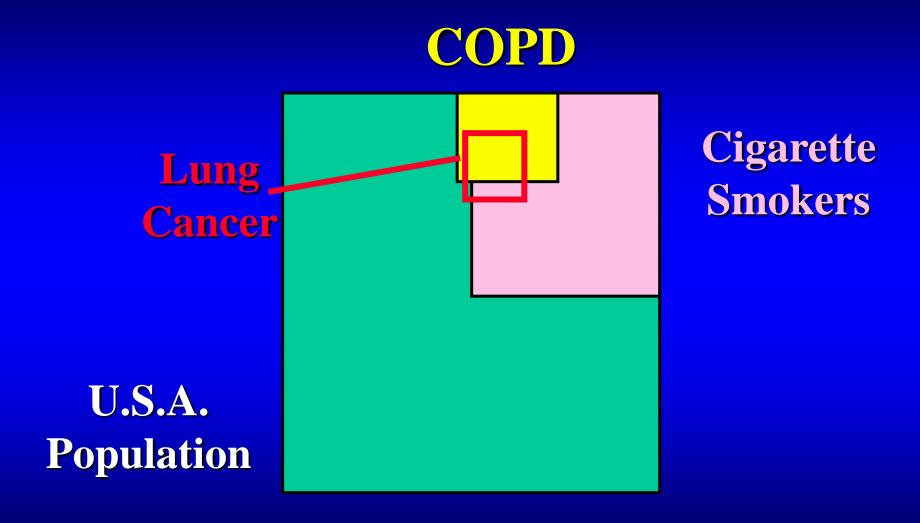
CAUSE	SIA	SIP	UC	Total
Lung Cancer	18	20	19	57
Cardiovascular	18	7	12	37
Other	18	17	20	55
Total	54	44	51	149

LHS: 5,887 patients; mean age 48.5 yrs (35-59); "mild" COPD with FEV_1 of 40 to 80% of predicted and mean FEV_1 /FVC ratio of 63.5%.

COPD = Increased Risk for Lung Cancer

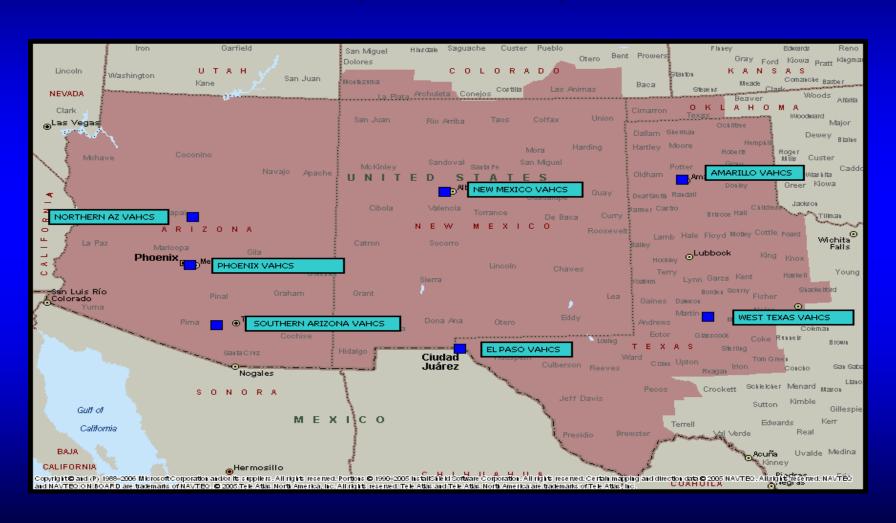


Lung function and incident lung cancer: Data from the First NHANES Follow-up. David M. Mannino, Samuel M. Aguayo, Thomas L. Petty, and Stephen C. Redd.



Patients, Health Care Organizations, Academia, Infrastructure, Funding, IRBs...

VA Southwest Health Care Network (VISN 18)



Demographics of Veteran Patients Attended During Last Year, According to VA Facility Within VISN 18

	Phoenix VAHCS	Tucson SAVAHCS	New Mexico VAHCS	El Paso VAHCS	Amarillo VAHCS	Prescott NAVAHCS	West Texas VAHCS
Number of Persons	70,512	47,131	46,441	24,603	23,495	23,401	16,093
% of Total VISN 18	28.0	18.7	18.4	9.8	9.3	9.3	6.4
Sex Distribution							
Women (%)	4,893 (6.9)	3,720 (7.9)	3,218 (6.9	2,157 (8.8)	1,188 (5.1)	1,174 (5.0)	885 (5.5)
Men (%)	65,619 (93.1)	43,411 (92.1)	43,228 (93.1)	22,446 (91.2)	22,307 (94.9)	22,227 (95.0)	15,208 (94.5)
Racial Distribution							
Black, not Hispanic	1,142	994	446	455	442	17	2,179
Hispanic, Black	115	56	33	26	43	2	23
Hispanic, White	802	2601	5505	1664	601	99	809
Non Hispanic White	10,609	14,788	6,353	1,300	6,099	2,974	2,949
Unknown/Undeclared	57,538	28,399	33,197	21,113	16,292	20,211	9,917
Age in years							
Mean	61.2	62.5	62.0	58.4	63.9	65.6	63.4
Standard deviation	16.0	15.5	14.8	16.3	16.0	13.5	15.8
Median	63.0	64.0	63.0	61.0	64.0	65.0	64.0

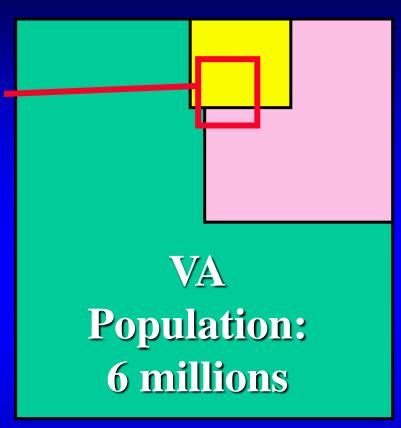
Phoenix VA Health Care System Service Area



•4 Counties (Maricopa, Gila, La Paz, and Navajo)

Veterans with COPD: ~400,000

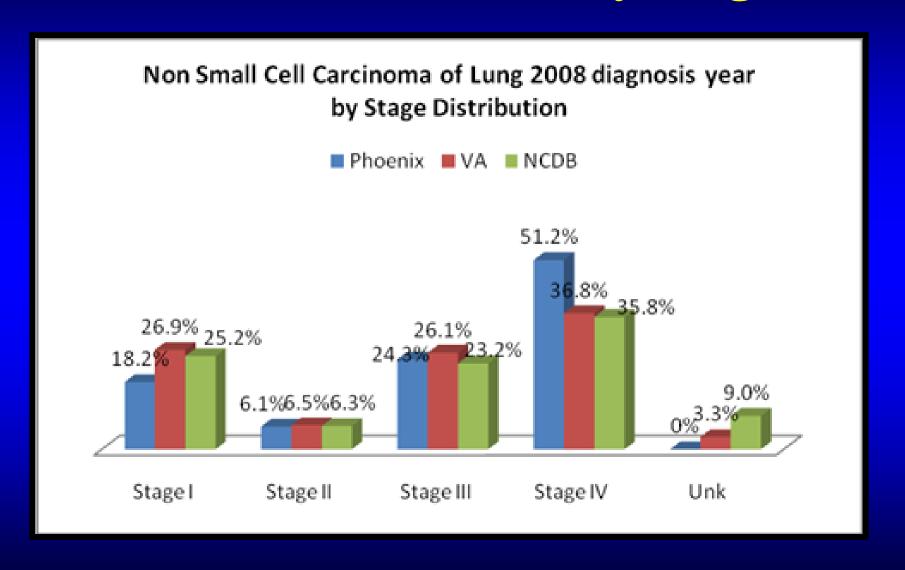
Veterans
Lung
Cancer:
>100,000



Veterans
Cigarette
Smokers:
~2 millions

One VA Electronic Medical Record!
One VA Vista Imaging Repository!
One VA Central IRB!

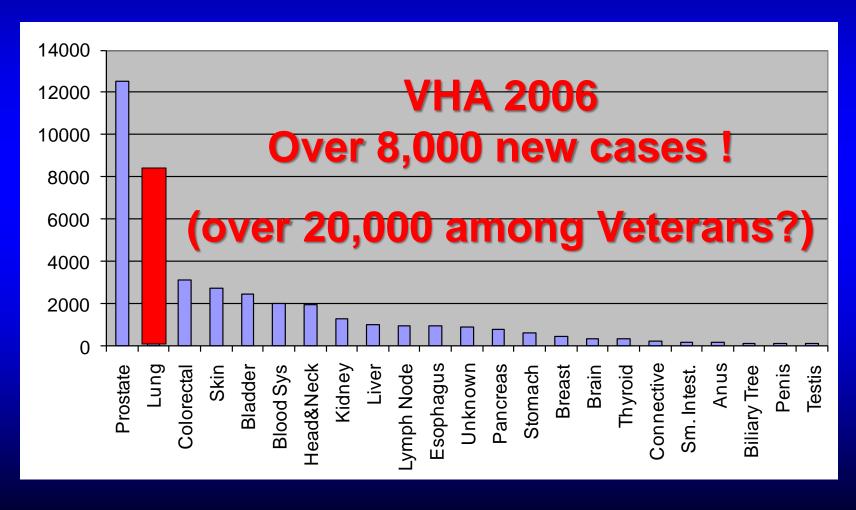
Phoenix VAHCS NSCLC by Stage 2008



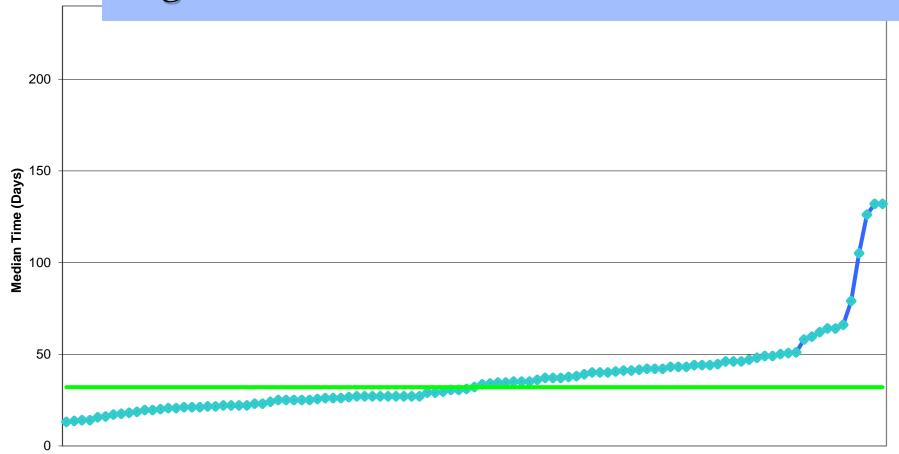


VA OQP Special Study: Quality of VA Lung Cancer Care January 14, 2010





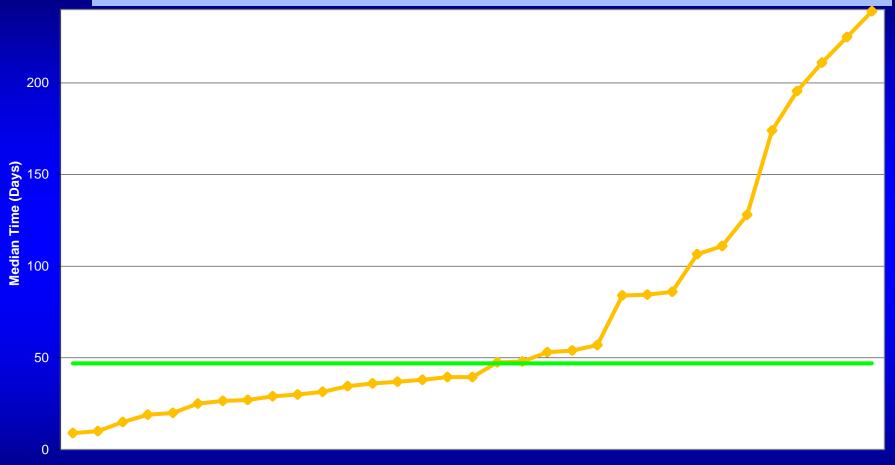
T1 - Time from initial suspicion of lung cancer to diagnosis



VAMCs with 5 or more eligible cases N=105



Time from initial suspicion of lung cancer to diagnosis: solitary nodule or mass <10 mm



VAMCs with 5 or more eligible cases N=33

Median Time National Median



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