

TSET Better Health Podcast Transcript

Episode 48: Bringing Lung Cancer Screening Access to More Oklahomans

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Summary: Lung cancer screenings save lives by detecting cancer early, but only 1.7 percent of eligible Oklahomans get screened. TSET and the OU Health Stephenson Cancer Center are partnering to bring screening to more people by launching a Mobile Lung Screening Unit bus this fall. Episode 48 provides insights from Dr. J. Matthew Reinersman, OU Health thoracic surgeon and Lung Cancer Screening Clinic director, and Terry Rousey, TSET associate director of statewide initiatives, on TSET's involvement with the bus and cancer prevention. More information on the mobile lung screening bus can be found at this OU Health Stephenson Cancer Center webpage: [Mobile Lung Cancer Screening \(ouhealth.com\)](https://ouhealth.com)

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[Theme music]

James Tyree: Hello everyone; welcome to Episode 48 of the TSET Better Health Podcast. This is your host James Tyree, associate director of Integrated Communications at TSET ...

Dylan Jasna: And I am Dylan Jasna, TSET associate director of campaigns and brands. I have enjoyed being part of this podcast over the past couple of years, but with so much happening now and coming up soon with TSET brands and they're campaigns, I am stepping aside. However, I am delighted to introduce you and all our listeners to the podcast's new co-host, Sarah Carson.

J. Tyree: Welcome aboard, Sarah!

Sarah Carson: Thank you James; thank you Dylan. I am happy to be here and excited to be part of this and future episodes. I am the campaign manager for TSET, which means promotion of the TSET agency. So I look forward to co-hosting a podcast about trends about health and wellness issues that affect Oklahomans.

J. Tyree: That includes today's topic of lung cancer screening. These tests are vital for detecting cancer early, when there is a greater chance of curing the disease and saving a patient's life.

S. Carson: But as we will hear today, the percentage of Americans, and Oklahomans in particular, who are eligible to get screened for lung cancer is quite low. For some people, the barrier is being able to travel to a facility that offers lung cancer screening. But that situation will soon improve with the launch of a mobile lung cancer screening bus.

J. Tyree: That's right, Sarah. The OU Health Stephenson Cancer Center, in partnership with TSET, will make lung cancer screening a bit more convenient and accessible for Oklahomans, especially those living in rural areas, by launching a lung cancer screening this fall that will travel the state. Our guests today will explain more about the new bus and the importance and eligibility of lung cancer screenings.

S. Carson: Later in the podcast, we will hear from a colleague who will speak on TSET's partnership with Stephenson Cancer Center on making this mobile unit possible, and on the agency's commitment to reducing cancer in our state. But first we will hear a recent conversation James had with a lung cancer expert at Stephenson.

M. Reinersman My name is Dr. Matthew Reinersman. I'm a thoracic surgeon at OU Health Stephenson Cancer Center. My specialty is in thoracic oncology surgery, so the vast majority of what I do is cancer surgery of the chest. We are the only institution in the state that specializes in only operating on thoracic malignancies and not doing any other kind of chest surgery such as heart surgery or transplant surgery.

J. Tyree: Among your duties and roles here, you direct the lung cancer screening clinics. So I wanted to ask you, how are patients referred there, and what are all the cancers and illnesses for which your clinic checks?

M. Reinersman So we really are only focused on screening for lung cancer in my clinic specifically. And the reason that we have to have a specific clinic because most patients are aware of cancer screening or their primary doctor says, "Oh, hey, you're reached this age, go get a mammogram or we're going to go... Have you gone to get a colonoscopy with the gastroenterologist?" But lung cancer is a very specific screening, so it requires the patients to meet with a provider and just go over some questions and make sure they meet the criteria because you have to have smoked for approximately 20 years and there's some age requirements.

Generally, the rules say you should be between 50 and 80, and other patients who might be a little high-risk can also qualify. But in general, the other key component of it is that we're encouraging patients to stop smoking.

So if they are still smoking, we want to try to get them to quit smoking because we know that has a huge benefit on their health as well. So we meet them, we go over all the criteria, make sure they meet it, and then they get what's called a low-dose CT scan. So it's a CAT scan of their chest. It takes probably less than five minutes. It's very, very quick, and it uses less radiation than a standard CAT scan than someone may get for another reason. So it has less risk of causing any issues later on. And the reason that it's important is that lung cancer doesn't really have any symptoms. So by the time someone has symptoms from lung cancer, often it's too late for us to be able to cure their cancer. Usually at that point it's spread to the point that we can't do surgery or we can't get rid of it entirely. So the idea is to catch it earlier so it's treatable and patients can continue to live and have a enjoyable life.

J. Tyree Okay. Because there are no real symptoms you can hang your hat on, so to speak, when it's early on. You mentioned the eligibility, right? A certain age and smoking and things along those lines. If you are in those requirements or in that criteria, do people... Are they recommended to have the scans every year or every couple years or something just to make sure that they're good because symptom-free if it's early?

M. Reinersman: Yes. The recommendation is to get it done once a year-

J. Tyree Okay

M. Reinersman: If there's no findings, but if someone has a nodule, we may need to watch it.

So, they may need to get another scan in six months, but if it looks like they're clean and don't have anything that's concerning, then we will recommend repeating it in one year. And we also, the scan is, does the lungs, but also catches other things in the chest. So part of your question you asked earlier, if there are any other things that we're screening for, it will pick up other incidental things, maybe something on a kidney or the liver, or look for other findings in the chest. So we do find things that people need to be aware that we might have to do something about or look into other than a lung cancer.

J. Tyree: Okay. So you have a wonderful screening place here and there are other places in the state, but why is a lung cancer screening bus that's about to roll on out of here? Why is that so significant for the state of Oklahoma and for the people here? And also, can you tell us a little bit about what services will be offered?

M. Reinersman: Great question. So as a state, we have one of the lowest rates of survival for lung cancer and one of the higher rates of lung cancer showing up. And to go along with that, we catch lung cancer very late in the state of Oklahoma, and very few patients actually undergo surgery, which is the No. 1 way that we can cure the lung cancer. So the goal is that we screen more patients, and we're also at the very bottom of lung cancer screening rates. We are, I think, 45th out of 50 states for rates of lung cancer screening of patients that are theoretically eligible. 1.7% of patients that could be getting a lung cancer screening exam do actually get a lung cancer screening exam.

The reason that we came up with the idea of the mobile lung cancer screening bus is that we can reach more patients and get the word out there and get it out to some of the more rural communities because, as a state, our state, we have two fairly large metropolitan centers and the rest of the state is fairly rural. So we need to try and take the care to those patients rather than to make them come to us. And initially, we're going to be focusing on just doing the low-dose CT scan to screen for lung cancer.

However, in the future, as this rolls out and we work with our partners in the community and with the Indian health organizations and the tribal systems, we're going to be potentially offering other health-type screenings, whether that's blood pressure doing head and neck oncology exams or doing mobile mammography, potentially

pairing our mobile mammography units with the van or doing larger health care fairs and that sort of thing. And events is definitely part of our plan to try and just get the education and screen as many patients as possible to try to decrease that risk in that stage of lung cancer so we get it earlier.

J. Tyree: Sounds like this will be pretty significant on down the road, as it develops and it gets more use and more functions. But what you said just a minute ago, 1.7% of eligible... I mean, that really stuck in my mind because I knew that our rates were rather low as a state of 1.7%. This is really crucial.

M. Reinersman: Yes, yes. It's very low now. I don't want to make it sound like we're too far behind other states because the national average is only like 4½ percent. And the states that are doing really, really well are somewhere close to 10%. So, we do it very poorly across the country in general. But yeah, we're ranked according to the American Lung Association data from last year, we were still 45th out of 50 states. So, we do have some work to do, and I think a really large part of it is going to be getting the vans out there to the patients, making it easy for them, making it really convenient. They can just show up and talk to a provider, make sure they're checked off, and they can get the scan. Because what people do need to know is this scan is both approved by Medicare, so anyone with Medicare, this is a fully paid screening exam. It's also recommended by the American... The National Health Screening Taskforce.

So it is mandatory to be covered by private health insurance as well as it is also covered through the state of Oklahoma with our Medicaid system. So patients shouldn't have to pay for this. It should be completely covered by their insurance and so they don't have to worry about that economic side of getting this done.

J. Tyree: That's even better news, improving access to this important healthcare and being able to afford it. That is fantastic. As far as you know, when will this mobile unit be ready to launch, and where can people learn more about using its services?

M. Reinersman: So the estimated time that we'll be ready to roll out the van and start doing events and start screening patients is going to be sometime in November of this year. So not that long from now. And anyone who's interested can always go to our website, Stephenson Cancer Center website, and follow that and follow along with our social media sites. We are definitely going to be having a lot of news there about events. We're really hoping to just make the public aware that this is going on and that we're going to be doing this because I think it'll be a really important addition to our cancer screening services for the state, and our partnership with TSET is really helping that tremendously, and I think it's going to bring a lot of notoriety to the state of Oklahoma. There's a few other states that do these vans, but I think we have a real unique population here that we can really use to bring awareness to lung cancer and bring awareness to our state.

J. Tyree: That is fantastic. Final question for you is, with this innovation coming to our state to help people, what personally excites you the most about it?

M. Reinersman The part that excites me the most is just trying to diagnose lung cancers at an earlier stage because I often do see patients that come to my office and come get referred to me and I'm not able to help them. They have cancer that I can't take out, and I want to do more surgery. But that's the real goal is that we're going to reduce that stage, meaning that we're going to find this cancer and it's going to be really small, and then we're going to be able to diagnose that and remove it and get it out of them and treat them. And they're going to go on and not have to worry about chemotherapy or any other treatments. They're just going to be able to have early-stage lung cancer, be treated, and be cured, and we can keep decreasing that rate of... Or basically improving our stage that we're diagnosed and improving our cure rate.

J. Tyree: That's fantastic. Doctor, thank you so much for your time. It's been a pleasure.

M. Reinersman: You're welcome. Thank you.

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S. Carson: That was good information. I'm looking forward to the mobile unit hitting the road and bringing access to lung cancer screenings to people who may not otherwise get them. Like you, James, I was stunned to hear how few people are getting these screenings, not just here but also across the country. But the new bus will change that when it launches later this fall.

J. Tyree: OU Health Stephenson Cancer Center has a webpage that explains more about the mobile unit, and the link is in the episode description.

S. Carson: The lung cancer screening bus is part of a \$1.7 million grant TSET awarded to Stephenson Cancer Center to increase these lifesaving screenings across the state. James had a conversation with a TSET staff member who works with statewide health initiatives and learned more about the how and why of TSET's involvement.

Terry Rousey: I'm Terry Rousey. I'm the Associate Director for Statewide Initiatives here at TSET.

J. Tyree: All right, very good. So of course, TSET is known by many for the Oklahoma Tobacco Helpline, and other efforts to lower tobacco use in Oklahoma. So, can you tell us how did the agency come to fund a mobile lung cancer screening bus and why are we involved with this?

T. Rousey: Yeah, great question, James. TSET has a really strong partnership with the Stephenson Cancer Center. TSET and Stephenson both have a long-term commitment to improving the health of Oklahomans. TSET's efforts to reduce tobacco use by providing free tobacco cessation and resources through the Oklahoma Tobacco Helpline, really align

nicely with Stephenson's efforts. And it ensures really this continuum of care across Oklahoma for Oklahomans who need it.

J. Tyree: Okay. And so that is why the involvement with the cancer bus?

T. Rousey: When SCC proposed the lung scan project, TSET was ready to get involved. There's no denying that there is a pressing need to reduce the burden of lung cancer in the United States, and especially in Oklahoma. Lung cancer causes almost 25% of all cancer deaths, making it the leading cause of cancer mortality by a really wide margin among both men and women in the US. In fact, more individuals die from lung cancer each year in the US than from the next three leading causes of cancer, which are colorectal cancer, breast cancer, and prostate cancer.

J. Tyree: Wow, I did not know that.

T. Rousey: Most lung cancers are diagnosed at a distant stage, by which time the disease has already spread through other regions of the body. So this is another reason why mortality rates for lung cancer are so high, both nationally and statewide. Oklahoma has a higher percentage of people diagnosed at a later stage diagnosis than anywhere else in the United States, which explains the high mortality rate in Oklahoma.

Here's what we know. Most lung cancer cases are caused by cigarette smoking. Oklahoma has such a heavy burden of lung cancer, and this is not a coincidence. It's estimated that 3,230 Oklahomans will be diagnosed with lung cancer in 2024 and 2,070 will die from lung cancer. Which means that more than five Oklahomans a day will die from lung cancer. We also know that local availability of screening services can improve the outcomes within high need populations and in rural areas of Oklahoma, in which high lung cancer rates occur. Where hospital closures may be reducing the availability of CT scanning equipment, rural populations are challenged with less access to healthcare and are less likely to have insurance. Although lung cancer screening is covered by private and public insurance programs, including Medicaid, as of 2020, less than 2% of eligible Oklahomans are up to date with lung cancer screenings. Putting the state in the bottom tier of states nationwide on the receipt of lung cancer screening.

J. Tyree: Okay.

T. Rousey: With the mobile lung cancer screening bus project, communities that face challenges in lung cancer screenings will have increased access to life-saving services.

J. Tyree: That's really good to know. So what can you tell us about the bus, including what patients can expect, who will staff it, and where in Oklahoma it could go?

T. Rousey: Well, I love this project. At its core, it's designed to meet individuals where they are, to increase their access to annual low-dose cancer screenings. Tobacco prevention and cessation programs will be offered to anybody who comes in for lung cancer screening

patients, through the Stephenson Cancer Center's partnership with Oklahoma Tobacco Helpline. It's free, I think I mentioned that. It's 24 hours, 24/7 services with customized plans helping individuals quit smoking by putting them in charge of their own journey and providing support in a variety of easily accessible ways. Online, web coaching, text messages, emails. I mean there's a number of different ways that people can access this service. A participant in the low dose in this lung cancer screening, a participant who is interested in participating in research trials, tobacco cessation research trials, can be referred to the Health Promotion Research Center Treatment Research Program. Let's see, what else will they be able to do here?

The Lung Cancer Screening project uses a model developed by the Breast Health Network in which an on-site clinical team will be able to issue orders and referrals needed for lung cancer screening. So if you show up, then there's somebody there that can immediately create this referral, that involves a clinical team that's there on site, but also your primary physician. So that individual is in the loop as well. So you get the results back, they're sent to the primary care provider when a patient has one. But the test itself will not be held up if the patient does not have a primary care professional.

So the other really interesting thing about this is that it's a mobile screening tool. So this bus will show up directly in communities. And the benefit of that, James, I think, is that it reduces some of the barriers that people talk about having, related to getting certain types of screenings or going to the physicians, which is transportation and other work-related issues. I think that by bringing this to the people where they are, that it lessens that burden. Stephenson Cancer Center will also work with patients to defray any of the travel costs and cost for transportation, should there be some reason to, if there's something that's found as a part of this screening. And then lastly, Stephenson Cancer Center Navigators will be employed or deployed, if you will, to help patients really figure out ways to defray costs, or if there's challenges to treatment. So it's really a patient shows up, they get the screening and then they get the follow-on care to make sure that they get the services that they need.

J. Tyree: All right. I had another question for you that you may have already hit on, but I'll still ask, and that is this. Of course, as you know, TSET is involved in a number of statewide initiatives to improve health and wellness. But included perhaps in what you said, what in particular excites you most about this particular project with the mobile lung cancer screening?

T. Rousey: It addresses a significant and real need in Oklahoma, that is as a result of tobacco use. And it is an opportunity, in my mind, to improve the quality of life of individuals through some simple screening. The simplicity of this project is the beauty of this project. It brings to people in need, a service that improves the quality of their life and potentially saves their life.

J. Tyree: That's wonderful, man. So in closing, briefly, what else would you like people to know about TSET's efforts to lower cancer rates in our state?

T. Rousey: Funding and supporting efforts like this Oklahoma lung scan will have a positive impact on the health of Oklahomans. Because the programs provide an essential means of increasing access to screening as well as needed diagnostic, follow up, tobacco treatment services, thereby reducing the lung cancer burden, enhancing health equity and addressing a significant health priority for the state. Lastly, just I'll throw this in here too, is this project will provide the first accredited mobile outreach service for lung cancer screening in the state of Oklahoma.

J. Tyree: That's pretty significant.

T. Rousey: It's a big deal.

J. Tyree: Well, Terry Rousey, thank you for your time and for your insights on this. It's a pretty exciting project and we're looking forward to this resource hitting the road in our state.

T. Rousey: Thank you, James.

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S. Carson: These efforts to detect and treat lung cancer will undoubtedly improve the health and longevity of Oklahomans, and I share in Terry's enthusiasm over these programs and TSET's partnerships with Stephenson Cancer Center. Protecting Oklahomans from cancer and cardiovascular diseases is a chief mission of TSET, and this is just one of many ways the agency is keeping that commitment.

J. Tyree: Agreed. We want to thank Dr. Matthew Reinersman and Terry Rousey for their time and insights. I also want to thank Dylan Jasna for his time with the podcast and to welcome you, Sarah, to this and future episodes!

S. Carson: And we thank you, our listeners, for joining us today. So have a terrific day and until next time, this is Sarah Carson ...

J. Tyree: And James Tyree wishing you peace ...

S. Carson: And better health!