Veterans on the Front Lines: How Screening Saved One Life and Powers Tomorrow's Cures

Diane Mulligan (00:00):

Our nation's Veterans are on the front lines of a new fight advocating for lung cancer screening and powering the next wave of research using blood tests to screen for lung cancer.

Mitch Jelniker (00:13):

In this episode of Lung Cancer Foundation of America's Hope with answers podcast, air Force and Navy Veteran Donnita Butler shares how a simple scan saved her life Alongside Dr. Drew Moki, who reveals how today's screenings and clinical trials are shaping tomorrow's cures.

Dr. Drew Moghanaki (00:32):

Thousands of Veterans have participated in very high volume and are rolling their sleeves up to help us find a better cancer screening test. So just like when you go into your doctor's visit once a year and give blood to check on, I don't know your cholesterol, or do you have diabetes? You can have another test using the same drop of blood. That said, do you have cancer?

Diane Mulligan (00:56):

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 (01:06):

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 (01:14):

The hope with Answers Living with Lung Cancer Podcast brings you stories about people living 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. Thank you both for joining us. We really appreciate it. I'm going to start with you, Donnita. Can you share a little about your service background and how you first learned that you had lung cancer?

Donnita Butler (01:48):

Thank you for having me here. The way I was in the Air Force that was in the early seventies. I was a hydraulic mechanic on B-50 twos, and then after that I went to Florida State for a while, and then I went into the Navy. And in the Navy, I was a data processor. That's what they called it back then. And after the

Navy, I went civil service, and so I was able to combine my Air Force in my military years with my civil service years and retire with 38 years of service. The way I found out that I had lung cancer was every year when my Blue Cross Blue Shield benefits brochure would come out, I would review the beginning of the brochure of where it said what's new and what's gone away and what's new. And I saw in there that there was a low dose lung cancer screening ct, and I knew that I had had a smoking history and I saw that I qualified for that screening.

(02:50):

So I requested it. The first screening, nothing was found. It took me five years before I had another screening because COVID happened, and then grandbabies came along and five years slipped by real fast. When I had the second screening, I was called the same day and they had found a nodule and they said, get to a pulmonologist right away. It's urgent. Interesting thing is that when I was referred to a thoracic surgeon by my pulmonologist, and he looked at both scans and he went to the same location in the first scan, he was able to see it in the first scan, but hindsight is 2020. It was so small, it wasn't noticeable, it wasn't considered anything. But what he said to me at that time was that shows that it was a very slow-growing cancer. So that was how I found out that I had lung cancer.

Mitch Jelniker (03:49):

Dr. Moghanaki, when you hear Donda's story, can you kind of explain for our audience why our nation's Veterans as a group really face such a high risk of lung cancer compared to maybe the general population?

Dr. Drew Moghanaki (04:03):

Well, my understanding and everyone else's in the scientific community is continuing to evolve. I think that the common denominator of what's causing lung cancer really is toxic exposures to the lungs. So we know that cigarettes is one vehicle for toxics exposure. We know radon is as well, but there's so many other chemicals and other exposures that we inhale every single day that increases the damage to the immune system of the lungs that allows the little sprouts of tumors to gain life and grow. And our Veterans, we know often have worked around toxic environments. We have now multiple national initiatives that do much more than acknowledge this is real and it happened. But we have airborne hazards registries more commonly referred to as burn pit registries, where we are actively studying to better understand the mechanisms of why our soldiers and former soldiers and those who served on various bases either in the US or over in other nations do have more lung issues in general, including lung cancer. And it's just something that we, I'm glad that the VA has come to accept to address it on a national scale.

Diane Mulligan (05:30):

Absolutely. I mean, it's so important that we just look and see what we have and work with it from there. And Donnita, Dr. Moghanaki talked about burn pits. I know in previous conversations with you, we've talked about asbestos and of course Agent Orange is also among the exposures that are tied to military service. Looking back, were you aware that these might affect your health?

Donnita Butler (05:54):

Well, that's an interesting question. When I was in the Air Force in a hydraulic mechanic on B 50 twos, one of the things that we were responsible for were the bomber brakes. And the bomber brakes were lined in asbestos back then, and we would rebuild those brakes. So the brakes, we'd bring the brakes into the shop, and then they'd be drilling things out and asbestos fibers would be all through the air. And I

never thought anything of it. Now, I was in my early twenties and we're talking about in the early seventies. I don't think society was at the same level of understanding as we are now back then. So I didn't think anything of it then. And I didn't even think of it when I was first diagnosed with lung cancer. So when I was in the Navy, I was in an old World War II building next to the Pentagon, and it was filled with it, and there were the stanchions.

(06:50):

The pipes were wrapped in asbestos, and there was places where there was rips in the asbestos and it would be spilling out. And then they did some asbestos mitigation in some areas when they were trying to build a new computer room, and they hung up sheets of plastic and brought contractors in with breathing apparatus on for them that were on the other side of the plastic. But for those of us that were in the cubicles on the other side, we were just there. I just can't imagine that that sheet of plastic held back to a safe level, everything that needed to be held back. So there was asbestos exposure there too. And then I grew up in Maine. Maine is almost every county in Maine is in the red zone for radon. That's not my military, but that's just another risk factor that I had was a lot of radon exposure in my life.

Mitch Jelniker (07:45):

We all hear about air pollution, toxins, radon, asbestos, but we typically think, well, that's going to affect someone else. We maybe not think it's going to directly affect us. So Dr. Moghanaki, what would you wish more Veterans knew about these risks, but also the importance of screening?

Dr. Drew Moghanaki (08:05):

Look, we know lung screening saves lives, and especially in people who smoked a little bit more than they should have. The message is if you smoke, go get your lung screen because guess what? Lung cancer is curable. No one needs to die of lung cancer if you catch it early. And that's the most important message. I think a lot of people don't know that.

Diane Mulligan (08:24):

I have a question for both of you, because when you think about how the statistics show that only a small percentage of Veterans are being screened, those that are eligible are being screened. Why do you think that number's so low? And Dr. Moghanaki, I'm going to start with you. What do you think?

Dr. Drew Moghanaki (08:39):

Well, I definitely want to hear Donnita's thoughts on this because I have a different perspective. So we have to remember there's what about 20 million Veterans right now in the US and only half of 'em actually use the VA for their healthcare. Only half are eligible. It's not a national priority. No system has really owned it to say, let's get every one of our subscribers screened. I don't know a single insurance agency who said, we are insuring, let's say X million numbers of lives. Let's make sure anyone at risk in that population gets screened. I just don't know about that happening, but I have good news. The Veterans Health Administration in the last several years, actually through a lot of blood, sweat and tears, people in the trenches, a true grassroots campaign, built enough momentum and energy that we actually passed policy. All VA medical centers now chase down anyone over the age of 50 to document did you smoke?

(09:33):

How much did you, oh, you're eligible for screening. And we talked to these Veterans to go get their lung screened. And so the rates of lung screening inside the VA healthcare system are soaring. I mean, we're

screening hundreds and hundreds and hundreds of thousands of Veterans at risk trying to get to, we estimate about 1.2 to 1.5 million Veterans who currently use the VA for their healthcare are at risk. And I haven't seen the numbers actually in several months. I wouldn't be surprised if we're getting close to a million. So inside the VA it's happening because why? Because the VA decided to make it a priority, and it's actually not an option. There's no VA medical center that's allowed to run in this country unless it has a screening program that's actively identifying how much people smoked, confirming if they're eligible for screening and getting their lung screened.

Diane Mulligan (10:25):

I love that. That's so important to hear that it really is changing, but you had to really fight to get screened.

Donnita Butler (10:32):

Correct. I had to go and request my lung cancer screening because I knew that I was eligible because I had read my insurance brochure, but I got pushback inside the medical community when I asked for that. I don't understand why that is the case, but that was the case for me when I got my first screening, it came back, okay, and I went five years before I had another screening. What I find disappointing in that five years is that yes, COVID happened, and yes, I had grandchildren. And yes, it is my responsibility to take care of myself. And I didn't ask for another screening. It's supposed to be an annual exam, and I didn't ask. But what I find disappointing is that it wasn't. I had to go back to get my cholesterol medicine, and it was never suggested to me that maybe I should get another screening. I find that very disappointing. I don't know why I don't understand that. When they knew that I qualified, believe me, they say something about mammograms, and believe me, they say something about my dxi, and believe me, they say something about my pap smears, but they never say anything about my lung cancer screening.

Mitch Jelniker (11:48):

So there's a little bit of stigma out there that may still be, I

Donnita Butler (11:51):

Don't understand it. I don't understand why that is such a hard thing. If you can say, did you get your mammogram yet? Did you get your pap smear? It's time for your dexa. Why can't they say lung cancer screening?

Mitch Jelniker (12:04):

And you got to wonder if some people maybe are hesitant. Some Veterans maybe are hesitant about going to get screened because they don't understand that the VA or most major health insurance companies pay for screening. But they may also just think, oh, I don't want to go to the doctor. Dr. Moghanaki, would you talk for a moment about how easy, how simple and painless getting a low dose CT scan is?

Dr. Drew Moghanaki (12:32):

There's nothing simpler in the world. I mean, you literally walk into a room, they say hi, they lay you on a flat bed, they say, and it slides, ooh, like a scary rollercoaster. It just slides slowly forward into this donut and they say, hold your breath. And they say, you're done. You just leave. That's it. You put your clothes back on or whatever. You usually don't even have to take your clothes off. But I think the barrier to

getting to that simple, literally you're in and out of the room in three minutes, 180 seconds max. But there's two main barriers. There's the stigma that maybe the patient has, but there's also kind of a stigma the healthcare system has. We actually wrote about this. We wrote a position statement on behalf of the American Cancer Society's National Lung Cancer Roundtable. I was able to lead the writing group for this, and basically we were very authentic.

(13:29):

We said, look, even the healthcare system itself isn't diving all in to save the lives of Veterans or non-Veterans who may be at risk for lung cancer. Why aren't we doing this? My tribe who are a bunch of lung cancer screening enthusiasts, we feel like we're firefighters. We're running into burning homes, we're pulling people alive, pulling people out, get out before you die, basically saying, go get your lung screened. There's no alternative. Failure is not an option. You don't leave anyone in the field. You screen them. Lung cancer kills more people than any other cancer ignoring it is not an option. It should not be an option. So I feel like there's a stigma at both levels, and I think that the patient who may be reluctant is not going to probably overcome their doctor's ambivalence towards it. So all needs to really begin. We think on the round table stigma, it is literally called the stigma. Nihilism Committee believes that probably one of the most important steps that we can do is activate primary care physicians to care to love all of their patients, including those who smoke too much and tell 'em to go get their lung screen,

Diane Mulligan (14:37):

Which gives such hope. Dr. Moghanaki, I mean, that's outstanding. And I do think there is that hesitancy to even go to the doctor. I loved what you said about you don't leave your buddies behind. So for those vets who are out there and have done this Donnita, what advice would you give other Veterans who are nervous or hesitant?

Donnita Butler (14:58):

Well, I am very talkative when it comes about my lung cancer. I belong to a hiking group that has 32,000 women in it, and I'm constantly talking with them. I'm talking to cashiers everywhere I go. I say, I'm a lung cancer survivor. I wear shirts that say, and it just starts conversation. I am so fortunate to have been diagnosed at stage one A. I don't think there's a much better place to be diagnosed at other than not having it at all. And when I was first diagnosed, I don't know how come, but this calm came over me after my PET scan and my pulmonologist was like, yes, this is more than likely lung cancer. And I said, I literally said to him, I guess I need to kiss my butt goodbye. And he went, no, this isn't your grandfather's lung cancer. And you caught it early and there's so many treatments out there now.

(16:03):

He says, you have a wonderful chance at survival. So I did not have any symptoms. I was fortunate enough that my personality had me digging into things that I found out on my own that I was eligible for a lung cancer screening. And so because of that, I pushed and advocated for myself. I've met so many people that have been surviving 10, 20 years and living great quality of life. My quality of life did not change at all after my surgery. Yes, I had my recovery time, but I'm out there climbing mountains and I'm running around in my conversion van with my grandchildren going all over the place, camping in different places, and I'm 70 years old and I have a wonderful quality of life

Mitch Jelniker (16:47):

That provides a lot of hope. When you said, yeah, some people maybe they don't want to know, we have heard that. So doctor, yeah. How much difference does catching lung cancer early make in terms of survival or even treatment options?

Dr. Drew Moghanaki (17:03):

Yeah, so lung cancer is either spread or it hasn't. Once it's spread, it is a difficult cancer to treat. There's a lot of appointments, there's costs, there's time, there's drugs. You cannot cure a cancer that's spread by either cutting it out or zapping it with radiation. So the name of the game is early detection. If it's very small, lung cancer is curable if you catch it early. And then once you catch it early, what we do, we will continuously scan our patients for surveillance afterwards. And if another one pops up, we can cure that one too before it spreads. And if another one pops up, we can cure it too. Now, unfortunately, sometimes when we do diagnose someone with lung cancer, it looks like it hasn't spread. We treat only what's visible again, either with surgery or radiation, and then a year later there's more cancers like somewhere else in the body. In that situation, we caught it early but not early enough. And that's where a lot of biomarker blood tests are coming to see. Can we catch it even earlier before it even shows up on a scan?

Diane Mulligan (18:09):

So Dr. Moghanaki, I think that's so interesting what you talked about, and you referred to blood, and there's some research out there where Veterans are stepping up to donate blood for research studies. Can you explain to us why these blood donations are so valuable and what they're going to lead to? Where's this going? Where's this research going?

Dr. Drew Moghanaki (18:31):

Wow, I'm so glad you're bringing attention to this. We're undergoing an extraordinary revolution in early detection, which is we're moving away from just having to get a scan, like a mammogram or having to put a scope down your mouth to go down and look around your stomach or up the other side to look around your colon, that a single blood test would be able to detect the presence of cancer at its earliest stage. And we never knew when we were going to get to this day, but there's been some really good scientists that have discovered new ways of measuring things that are floating around in the blood. That's a signal that there's cancer in the body, but we're never going to move these blood tests into FDA approval and the insurance paying for them unless more and more people roll up their sleeves, give a couple of vials of blood to science.

(19:21):

Most of the companies that and scientists that are doing these studies are actually reimbursing Veterans for their times. We have Veterans who are actually agreeing for mobile phlebotomists. Those are people who draw blood to go to the Veteran's home and draw the blood in the living room, making it very simple for the Veterans who have to drive into the clinic or anything like that. And today, to my knowledge, thousands of Veterans have participated in very high volume and are rolling their sleeves up to help us find a better cancer screening test. So just like when you go into your doctor's visit once a year and give blood to check on, I don't know your cholesterol, or do you have diabetes? You can have another test using the same drop of blood that says, do you have cancer? And then no matter what the cancer is, you catch it early, you cure it, move on with the rest of your life.

Mitch Jelniker (20:11):

Donnita, when Dr. Moghanaki was talking about these fellow Veterans donating blood to these research studies, I saw you smiling and nodding your head. Do you know Veterans that are doing that?

Donnita Butler (20:20):

That's a wonderful thing because one of my growth experiences inside of coming into the cancer lung cancer community was the horrible realization that there are many people out there that are in their twenties and thirties that are diagnosed with stage three and stage four with no known risk factors. But what I've been wishing for is a liquid biopsy, which is what Dr. Moghanaki was talking about, is that something that could be perfected and become routine that could catch it in these young people and so that they don't have to be diagnosed at stage three and stage four and have a chance to have a chance to get to 70 years old and be climbing mountains and playing with their grandchildren. So yeah, that's why I am so excited about the thought of the liquid biopsies.

Mitch Jelniker (21:13):

Yeah, it is very, very encouraging. I want to ask you both about clinical trials and Donnita. I want to ask about your experience, but Dr. Moghanaki fess up here a bit. How are clinical trials today giving patients the promise of new treatments that maybe weren't available a few years ago, maybe even not even a few months ago?

Dr. Drew Moghanaki (21:34):

Well, medicine and our capabilities have gone forward not because of just random thoughts going on in the laboratory. We've actually evaluated promising ideas with human participation in research studies. And there's no doubt about this. Veterans enrolled in the VA have been one of the greatest contributors to some of the most important healthcare breakthroughs that we know and are using around the world for cardiovascular disease, for stroke and for cancer as well. We've been standing on the shoulders of other people who have enrolled in clinical trials. And one of the greatest choice that I experience when I go to a medical conference is when someone presents the results of a very important research study that is now going to change practice tomorrow. When I go back into the clinic, they universally thank the patients who participated and their families because it requires a little bit more time and participation.

(22:34):

But my God, I mean, if you can help another person and that person could be in the hundreds or thousands of other persons, I would always sign up if it was me. And then the sad truth is sometimes we really don't have any good options. So the clinical trial is really your best hope for getting access to tomorrow's treatment. It might be better than what we're getting today. It might not, again, if we knew we wouldn't be doing the study, but it gives at least an opportunity to make the world a better place while we're dealing with cancer, which is a horrible disease otherwise,

Diane Mulligan (23:05):

For so many people that their cancer has mutated and now whatever treatment they're on isn't working, enrolling in that next clinical trial could mean the difference between not doing well or adding years to their life. Donnita, what do you think? Have you ever been on a clinical trial? And if not, if something were to happen, would you consider it?

Donnita Butler (23:29):

Well, it's an interesting question for me because being diagnosed with stage one A, I wasn't even offered biomarker testing anyway while I was at the round table on the stage in a patient panel. I said that I had not been able to get my testing, and someone in the audience came up to me afterwards and connected me with this doctor at Johns Hopkins, and 10 days later, I was in his office getting my biomarker testing submitted, which is like, that's the power of the lung cancer community. I mean, that's just amazing, right? I was told no at my community cancer center, and then 10 days later, there I am at an NCI seeing

one of the top doctors in the country. I'm getting my biomarker testing done. Well, I was also told while I was at that round table that because I was within 12 weeks of resection that there was a phase two trial, and it was for people that were within 12 weeks of resection that were stage one A, and if I was EGFR that I would qualify for this trial that would hopefully prevent recurrence.

(24:35):

Well, I didn't know what my biomarker was. Well, when my results came back, I was KRAS-G 12 C, so I was not eligible for that trial. But what that armed me with was, well, at first I was like, oh, no, do I go back to my community cancer center? I mean, I challenged my doctor. I went beyond him and went and got my biomarker testing done, and I'm like, no, I need to go back. I need to let him know that yes, it wouldn't have changed my treatment if you went by standard of care, but it could have changed my treatment if I knew my biomarker and I had this trial eligible to me because I have a high rate of recurrence, and this could have maybe prevented a recurrence and maybe it would've been an option for me.

Mitch Jelniker (25:15):

As you say, the power of that whole community facing lung cancer and looking for answers, Dr. Moghanaki, give us your quick explanation of what a biomarker is exactly. And then what exciting biomarker driven advances are on the horizon you're seeing for lung cancer?

Dr. Drew Moghanaki (25:34):

Well, a biomarker is just a deeper look at the cancer. We've been looking at cancer biopsies under microscope for now a couple hundred years. You just kind of look at the same thing over and over, and we've gotten goodness thing, oh, it looks like a lung cancer. It looks like a breast cancer. And then when we take the lung cancers, we've been able to divide it into several different types, adenocarcinoma, squamous, carcinoma. And then within those carcinomas, we say, well, this one looks mild. This one looks moderate, this one looks like a bad actor, and that's it. We've been stuck with that for a long time. So we've always wanted to get a deeper look, what else is going on that cancer? And so there's been a genomic genomics revolution. So again, biomarker, just the biology marker of the cancer allows us to look more deeper into the cancer than just the good old microscope that many of us probably were introduced to when we were in high school.

Diane Mulligan (26:32):

I like that. I think that the understanding what that is and why it's so important and how it can truly change the way you're treated from taking pills to having chemo, you really don't know what that is when you first walk in until you really know your biomarker.

Mitch Jelniker (26:46):

Dr. Moghanaki, what tips do you have from Veterans who maybe are a little bashful or not used to advocating for themselves to ensure that they do get connected with the right doctors, the right specialists?

Dr. Drew Moghanaki (26:58):

Well, the first step is please find out if you're eligible for VA healthcare or other benefits. The government has made it easier than ever before. Could it be easier, even easier probably. But the largest appropriation since the GI Bill was passed in the last several years, it's called the PACT Act. Go online, just

do a search, find it, read about it, and I'm sure there's a button. You just click on it, type in your information, and guess what? You might already have been eligible you just didn't know. So that's step number one. Step number two, if you serve, if are on a base, based on what Anita has shared, we all know it. There's bad stuff on those bases. Go get checked. I mean, the NFL is doing it for all of its players right now based after all the fiasco with the traumatic brain injury stuff.

(27:50):

If you're a football player who retires from the NFL, you get health checks for the rest of your life. They've got really nice contracts with some of the best healthcare systems. They don't leave anyone behind. And the va, if you're eligible for healthcare, they'll take care of you and try to find out. I just feel really bad for the Veteran to serve just under the eligibility criteria. But with that said, still, if you're just a person living and you're over the age of 40, 50, 60, you got to start seeing the doctor. And I can speak on behalf of doctors. Doctors are actually really bad patients. We don't take care of our health either, and I'll just leave with this parting words. If you're aging, you're feeling older, you don't need to look, don't ever call yourself old. Old is like a terminal phrase. No, you're just older. Like an antique car. Imagine an old antique Ford or an antique Mercedes or whatever antique car you love. You got to be careful and delicate with those cars. But if you keep the muffler good, take care of the transmission, change all the oils, those cars age, and you know what, they become more and more valuable over time. So take care of your health. Focus on prevention, and no one needs to die earlier than they need to. Not at all.

Diane Mulligan (29:01):

And there's so much help that's out there, right? Like patient navigators, Veteran service officers, VA hotlines. There are opportunities where you can get help if you just feel lost in the system. Is that right, Dr?

Dr. Drew Moghanaki (29:14):

Yes, there really are. And then you just go to a local Veterans group, right? I mean, there's no fraternity or sorority bigger than Veteran groups in the country. And generally, whenever I go visit them, same problem. Only half 'em are actually using the VA for the healthcare. But you know what? They're all Veterans and I love the credo. Leave no one behind, and they'll be there for you if you need them.

Mitch Jelniker (29:35):

Alright. A quick question for you both before you have to leave. What gives you about the future of lung cancer care for Veterans in particular? Donnita, will you go first?

Donnita Butler (29:47):

Well, I don't know if I can say for Veterans in particular. I can say what gives me hope is the research and the liquid biopsy and the targeted therapies and the immunology, and I mean is just the more that I talk to different survivors and the more that I see what they've been through and how the lives that they're able to live, it just gives me tremendous hope because I was paralyzed by fear for a while when I first came to understand what my recurrence risk was. I didn't realize that that wasn't something that was really explained to me when I went through the surgery. It was something that I found out afterwards, and I kind of had this little lung cancer beast sitting on my shoulder, whispering my ear that I will be back, I'll be back. And I was paralyzed for a while. But being in the community, the hope that I see from people's personal experiences is very encouraging,

Mitch Jelniker (30:46):

I imagine. Dr. Moghanaki, how about you? What gives you hope?

Dr. Drew Moghanaki (30:49):

Well, my hope might be delusional because my hope is that the progress in the VA will become an example and a beacon of how to really drive down the mortality of lung cancer so that people can get lung cancer, but that's okay. Live their lives and reduce the number of people who die from lung cancer. My hope is that the progress in the VA will help all Veterans, and ultimately, all Americans take better care of their health, especially when it comes to lung cancer risk. In that the VA's contributions to developing biomarker tests, new blood tests with so many Veterans participating in studies will lead to a better future where we'll catch these things at the earliest stages of disease. And so I think it's delusional just because the VA itself, it might not be a priority to send this message out, but this is, I guess, what we're doing here. It's just to shed a little bit more light on what's happening so that we can just kind of move the entire pile forward and live better and healthier lives.

Diane Mulligan (31:56):

Well said, and thank you both so much for your perspectives. To our Veteran listeners, please know lung cancer screening is easy. It's available through the VA and it can save your life. So please talk to your doctor about being screened, and please call over to the VA or go online and find out what the qualifications are and what needs to happen because it really can save your life. So thank you both so much. We really appreciate it.

Mitch Jelniker (32:25):

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