WEBVTT

00:00:00.000 --> 00:00:01.148 My name is Linda.

00:00:01.148 --> 00:00:04.266 No EI am a professor of medicine in the

00:00:04.266 --> 00:00:06.912 section of pulmonary and critical care

00:00:06.912 --> 00:00:09.318 medicine at Yale School of Medicine.

00:00:09.320 --> 00:00:12.274 I come. Treat patients who have all

00:00:12.274 --> 00:00:15.135 sorts of pulmonary diseases because I

00:00:15.135 --> 00:00:18.159 am a pulmonary critical care physician,

00:00:18.160 --> 00:00:20.332 I became a pulmonologist because it's

00:00:20.332 --> 00:00:23.020 kind of like super internal medicine.

00:00:23.020 --> 00:00:25.450 You maintain the breadth of disease,

00:00:25.450 --> 00:00:28.110 but but the ability then to focus

00:00:28.110 --> 00:00:30.708 on a specific area of medicine,

00:00:30.710 --> 00:00:32.735 in this case, pulmonary medicine

00:00:32.735 --> 00:00:34.760 and intensive care unit medicine.

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00:00:34.760 --> 00:00:37.694 And I got interested in the

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00:00:37.694 --> 00:00:40.420 rasic oncology and lung cancer.

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00:00:40.420 --> 00:00:43.100 Maybe 20 years ago?

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00:00:43.100 --> 00:00:44.912 Pulmonologists participate in the

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00:00:44.912 --> 00:00:47.177 diagnostic part of that evaluation

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00:00:47.177 --> 00:00:49.067 because many patients are thought

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00:00:49.067 --> 00:00:50.439 to have lung cancer,

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00:00:50.440 --> 00:00:52.888 but end up having some other

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00:00:52.888 --> 00:00:56.938 pulmonary problem, and I find that.

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00:00:56.940 --> 00:00:59.826 Puzzle piece of it really interesting.

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00:00:59.830 --> 00:01:02.714 And I realized that's a very challenging

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00:01:02.714 --> 00:01:05.181 time for patients because of the

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00:01:05.181 --> 00:01:07.485 concern of something bad like cancer

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00:01:07.485 --> 00:01:10.003 or some other problem that really

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00:01:10.003 --> 00:01:12.434 could affect their life and longevity.

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00:01:12.434 --> 00:01:14.254 I'm the principal investigator on

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00:01:14.254 --> 00:01:16.560 the Yale Lung Cancer Biorepository,

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00:01:16.560 --> 00:01:19.346 which right now has over 1000 cases

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00:01:19.346 --> 00:01:22.267 of patients who have had lung cancer.

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00:01:22.270 --> 00:01:24.310 Predominantly early stage lung cancer,

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00:01:24.310 --> 00:01:26.350 and that is my interest.

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00:01:26.350 --> 00:01:28.906 The patients who are early stage

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00:01:28.906 --> 00:01:30.184 I direct the.

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00:01:30.190 --> 00:01:31.985 Lung cancer screening and nodule

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00:01:31.985 --> 00:01:34.431 program and the intent of that really

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00:01:34.431 --> 00:01:36.759 is to do early detection so that we

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00:01:36.825 --> 00:01:39.296 will screen for patients who have lung

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00:01:39.296 --> 00:01:41.374 cancer before they ever might suspect

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00:01:41.374 --> 00:01:43.402 they do before they have symptoms.

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00:01:43.410 --> 00:01:45.906 In a similar way too that women get

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00:01:45.906 --> 00:01:48.158 mammography to screen for breast cancer.

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00:01:48.160 --> 00:01:49.755 20 years ago people really

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00:01:49.755 --> 00:01:51.890 felt if they had lung cancer,

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00:01:51.890 --> 00:01:54.680 they were just going to die and in many

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00:01:54.680 --> 00:01:57.419 cases that unfortunately it was true that

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00:01:57.419 --> 00:02:00.368 the one year survival even was quite low.

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00:02:00.370 --> 00:02:02.260 And that has really changed,

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00:02:02.260 --> 00:02:04.864 and so in a similar way that

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00:02:04.864 --> 00:02:06.800 breast cancer now has many,

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00:02:06.800 --> 00:02:07.159 many,

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00:02:07.159 --> 00:02:09.313 many long term survivors who may

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00:02:09.313 --> 00:02:11.710 live with the disease very well,

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00:02:11.710 --> 00:02:14.202 even if it can't be cured those

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00:02:14.202 --> 00:02:16.619 days for lung cancer are here,

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00:02:16.620 --> 00:02:18.828 and we are really moving towards

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00:02:18.828 --> 00:02:21.136 that future where we can help

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00:02:21.136 --> 00:02:23.428 people live long and healthy lives,

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00:02:23.430 --> 00:02:25.560 even if they've had or have

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00:02:25.560 --> 00:02:27.590 a diagnosis of lung cancer.