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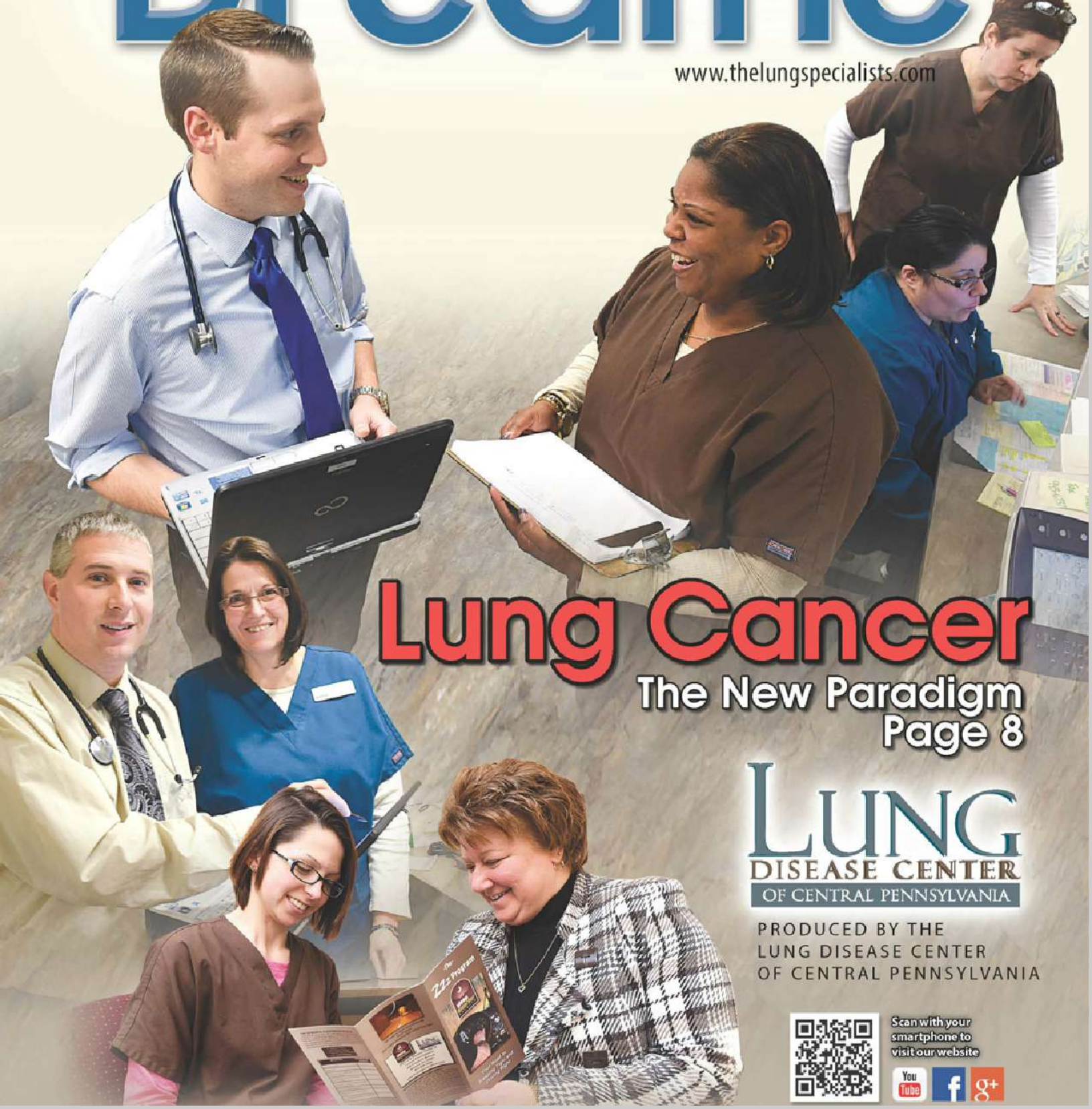

Lung Cancer

The New Paradigm

Page 8

LUNG DISEASE CENTER OF CENTRAL PENNSYLVANIA

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Welcome to Breathe

Welcome to the fifth edition of Breathe Magazine. I urge you to take a few minutes and read some of the interesting articles and take note of the many fine sponsors advertising in this edition.

The past year went by very quickly, mostly because we have been busy with day-to-day patient care and keeping up with the new advances in pulmonary medicine. Please take the time to read the section on early lung cancer detection and the articles on sleep and specialized procedures such as EBUS and Navigational Bronchoscopy. These are topics we have mentioned before but are taking on greater significance as the health care paradigm shifts from treating disease to early identification and prevention.

I would like to thank our office staff for their efforts this past year. The Lung Disease Center of Central Pa. is committed to providing the most current and up- to-date service to our patients and this begins with the first contact you have with our office staff when you call for an appointment or question. I am delighted when patients tell me they have had a good experience with our office or a particular member of our staff.

The weekly articles will continue in the Altoona Mirror and my new blog, Dr. Z's Rantz, is now available on our website at www.thelungspecialists.com. You can even respond with a comment if you like.

Lastly, thank you to those who have supported the Lung Disease Foundation of Central Pa. and our efforts to provide meaningful education and help to those with lung disease.

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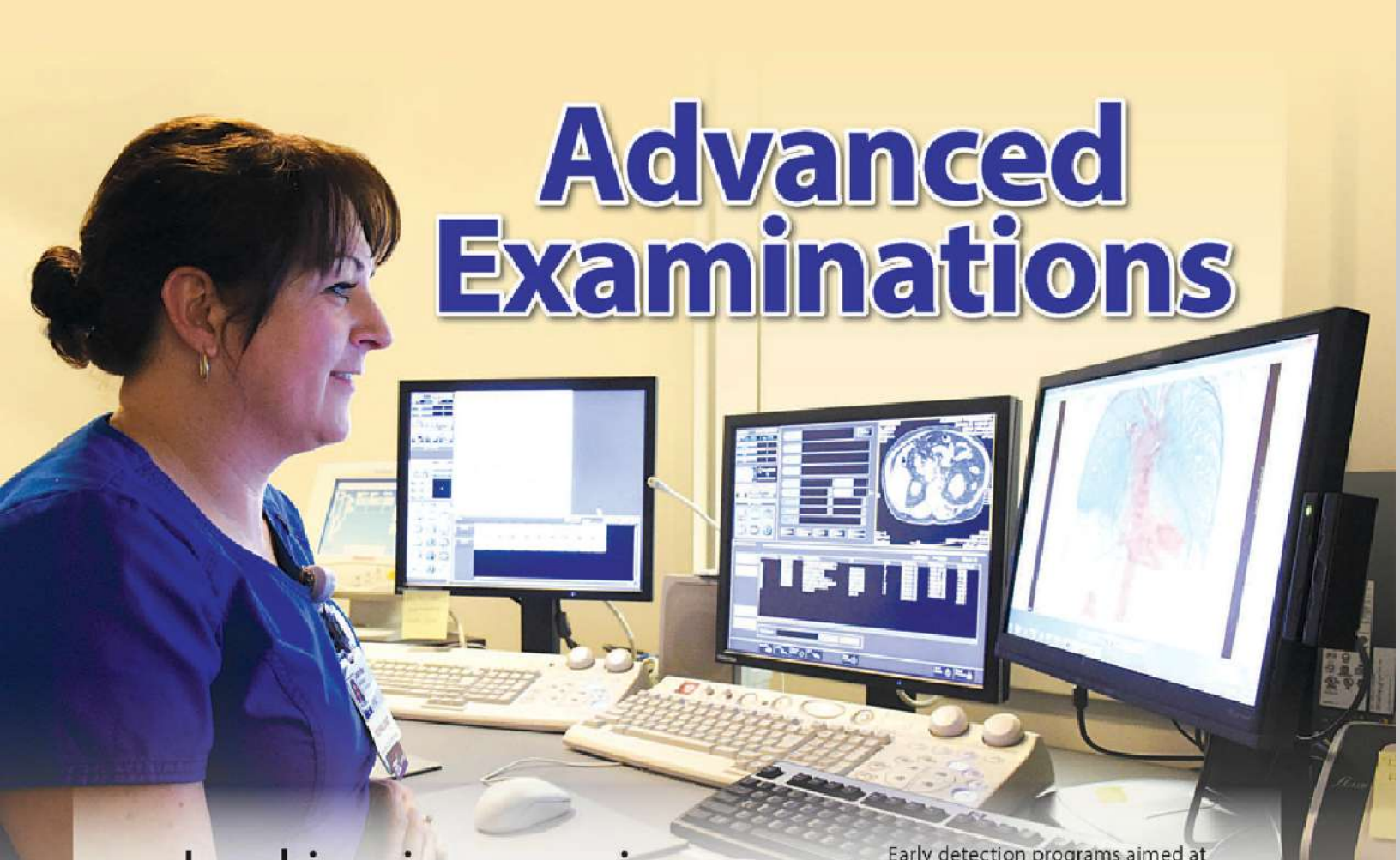

Looking in your airways

One of the most common procedures performed to examine the airways of pulmonary patients is fiberoptic bronchoscopy. The first fiberoptic bronchoscopy in our area was performed in 1977 by Dr. George M. Zlupko. This was a major advance in the way we viewed the interior of the airways, especially in patients suspected of having lung cancer. Today, the use of the fiberoptic bronchoscope is still commonplace, but changes in technology and a new paradigm involving the diagnosis and treatment of lung cancer has given pulmonary physicians new high tech tools to use. These tools have complicated names: Endobronchial Ultrasound (EBUS), Navigational Bronchoscopy (Nav-FOB) and Bronchial Thermoplasty (BT).

CT scans of the chest have become the state-of-the-art tool to look for abnormalities in the chest and lungs. Early detection programs aimed at screening high risk patients for lung cancer are more commonplace. These studies often reveal enlargement of lymph nodes located centrally at the root of the lungs. Current guidelines state that any lymph node enlargement in these anatomic areas needs to be evaluated. In the past, surgery was required to perform this task.

Endobronchial ultrasound (EBUS) is a procedure that utilizes a special type of fiberoptic bronchoscope equipped with a small ultrasound probe that allows the physician to "see" through

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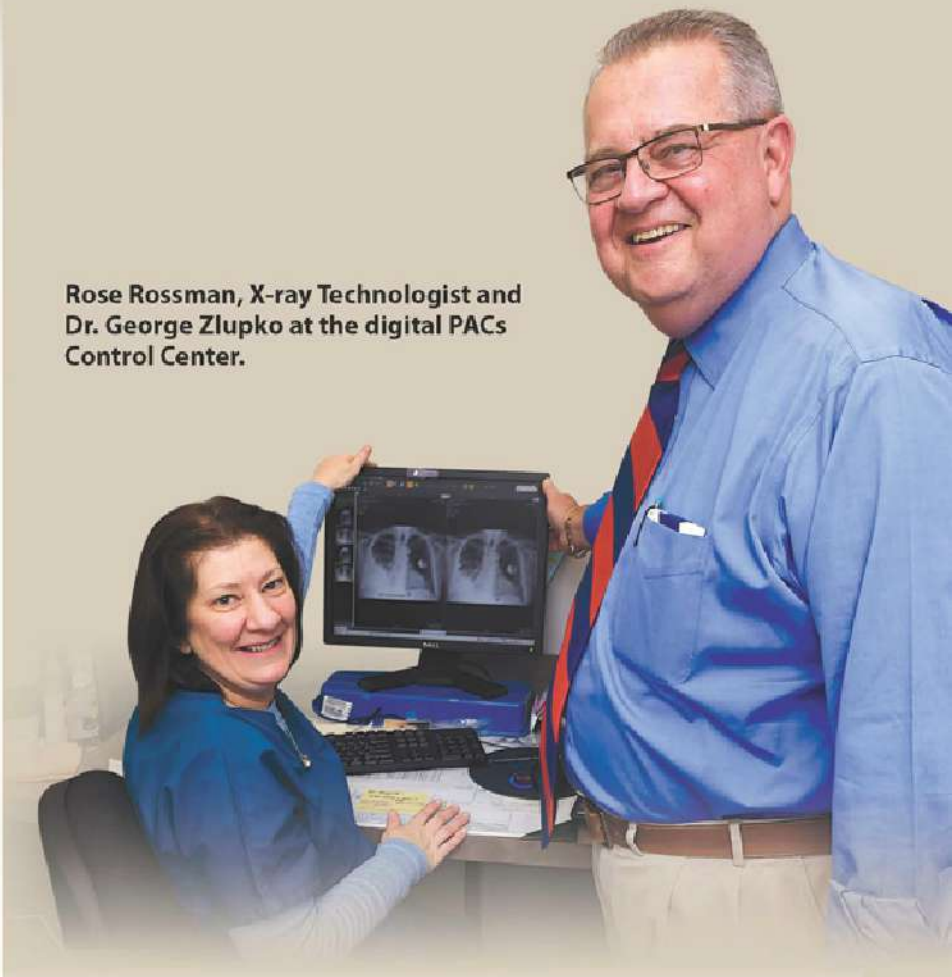
the bronchial walls and biopsy lymph nodes under this direct ultrasound vision. The results of these biopsies can be very important if the examination is being used to evaluate a patient for lung cancer or the staging of lung cancer. The EBUS procedure is done under anesthesia and takes about one hour. A pathology physician is present in the examining room during the procedure and examines the specimens to be sure adequate samples are obtained and at times can provide an immediate diagnosis. The patient goes home the same day. If a patient has a lung cancer, the evaluation should include a discussion of an EBUS procedure.

CT scans of the chest have become the state-of-the-art tool to look for abnormalities in the chest and lungs.

Navigational bronchoscopy (Nav-FOB) was developed to help pulmonary physicians biopsy lung masses that are beyond the view of the standard fiber-optic bronchoscope. The tracheabronchial tree branches like a real tree with each branch getting smaller and going off at various angles. The standard fiber-optic bronchoscope can only reach and see so far. Often times the mass to be biopsied is beyond the standard view. Nav-FOB uses a combination of a specially formatted CT scan of the chest which is then matched to a special computer program to produce a pathway that the physician can follow with a directable catheter following directions like the GPS system in your car. Biopsies can be taken and diagnoses made. The procedure is done under anesthesia and the patient goes home the same day.



Rose Rossman, X-ray Technologist and Dr. George Zlupko at the digital PACs Control Center.

Lastly, bronchial thermoplasty (BT) is a limited use therapeutic procedure which has been approved by the FDA for the treatment of asthmatic patients who have not responded well to conventional therapy. It uses radio frequency waves to heat the airways and destroy the muscles that contract during an asthmatic attack. This procedure has not been fully endorsed by many centers and the studies on its effectiveness are not consistent.

All of the above procedures are available through the Lung Disease Center of Central PA and the Altoona Lung Specialists.

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Why patients should prefer and use the sleep lab at the Lung Disease Center

ECONOMICS

Economics continue to play a big role in health care today. Co-pays and pre-authorizations are common place. Our Sleep Disorder Network staff often spends hours trying to convince insurance companies that they should approve payment for studies necessary to evaluate their client's problems. This process prevents patients from incurring out-of-pocket expenses for studies performed for which their insurance then denied payment. The Lung Disease Center does not charge a facility fee for any appointment or sleep study performed in the Sleep Disorder Network sleep lab. Patients who have their sleep studies performed in a hospital sleep lab are usually charged a facility fee along with the charge for the study. There are also often separate co-pays for their appointments and studies.

EQUIPMENT

Medical testing is sometimes uncomfortable. Many patients will avoid certain tests because they fear the test will be uncomfortable or painful. A sleep study is one of the most comfortable tests we have to offer in medicine. The sleep laboratory at the Lung Disease Center is as modern and up to date as it gets. The parking lot and the entrance to the Lung Disease Center are equipped with security cameras to help insure patient safety when arriving in the evening. The rooms are spacious and equipped with Wi-Fi, flat screen televisions, and queen-sized beds. The sleep lab technicians are highly skilled and trained to not only help patients obtain the most information from the sleep test but also to make the experience as pleasant as possible. There are private shower facilities for those who need to clean up before going to work the next morning and there are often some snacks to help get the morning started.

EXPERTISE

Modern equipment and expert technicians, however, are no substitute for skilled medical expertise. In order to become Board Certified in Sleep Medicine physicians need to have special training and demonstrate their knowledge by taking and passing a special board certification exam. Physicians board certified in Sleep Medicine must also retake a certifying exam every 10 years to demonstrate their continued knowledge in the field. The Lung Disease Center's Sleep Disorder Network has not one but two physicians board certified in sleep medicine. Dr. Kanouff and Dr. Lucas examine patients prior to the sleep study and then interpret the results. Patients are then informed of their results and the treatment necessary. Often patients will require a medical device such as a CPAP (Continuous Positive Airway Pressure) machine. Patients are tested in the sleep lab for comfort and instructed in the use of their device.

(Left) Dr. Timothy Lucas assisting a patient with a mask fitting. (Below) Dr. Alan Kanouff reviews sleep monitoring equipment with Polysomnographer, Christopher Leamer.

Recently, many insurance companies will only reimburse for a sleep study performed in the patient's home. Most sleep physicians feel these studies are not satisfactory or complete enough to fully evaluate a sleep problem and often urge the patient's insurance carrier to approve a full in-lab sleep study. When an in-lab study cannot be approved the Lung Disease Center can provide state-of-the-art home testing equipment. Patients are instructed on the use of the equipment and the information is reviewed by the sleep physicians and treatment advised.

Regardless of the testing technique all patients referred for evaluation to the Lung Disease Center's Sleep Disorder Network are fully evaluated by physicians knowledgeable in sleep disorders and board certified in Sleep Medicine.

LOSING WEIGHT and Sleep Apnea

Alan Kanouff, D.O., FCCP

Obstructive Sleep Apnea (OSA) has many causes, but the most common cause is obesity. It is estimated that up to 70% of patients with OSA are obese. Many patients will ask me whether losing weight will make a difference for their sleep apnea. I typically reply that as the body mass index increases so does the prevalence of sleep apnea; therefore, weight loss may not cure their sleep apnea, but should improve it. Losing weight may even improve OSA enough that the patient would no longer need to continue treatment.

David Burkett before and after.

One of my patients, David Burkett, took this message to heart. He came to see me in 2012 with symptoms of severe sleepiness, snoring, and witnessed apneas. His sleep study revealed severe sleep apnea wherein he stopped breathing more than 100 times per hour. He was set up on CPAP and saw a major improvement in his symptoms. Despite improving with treatment, David was not satisfied. His family was also concerned that the CPAP was treating the OSA, but was not fixing the underlying problem. He decided it was time to take control of his weight and he enrolled in Dr. Sorbera's weight loss program. With this plan and his dedication, David lost over 100 lbs. He then came back to see me a few months ago. We decided to repeat his sleep study due to the severe nature of his OSA. His repeat study revealed that the sleep apnea was essentially gone. He now stops breathing less than 5 times per hour, which is in the normal range. I congratulate David on taking control of his life!

Many patients tell me that they plan to lose weight and very few take charge and actually do it. I do recommend that patients with severe sleep apnea begin treatment while pursuing their weight loss goals. Studies suggest that our metabolism does not work correctly without sleep quality, which is gained with treatment. Many hormones are affected by changes in sleep quality, as well as patients being tired and lacking the energy to exercise, all of which make it more difficult to lose weight when struggling with sleep apnea. Most patients will see an increase in energy, a decrease in fatigue, and will notice improved sleep at night with treatment of their sleep apnea. There are also new FDA approved medications for weight loss which typically result in a 10% weight loss. Nutritional support is also available to patients who need help in this area. All of these tools can be coordinated through the Sleep Disorder Network in the Lung Disease Center.

LUNG CANCER

The New Paradigm

As a physician treating lung disease for almost 40 years I have seen treatment plans and ideas come and go. The way we thought about and treated asthma 30 years ago is certainly different from the way we look at this disease today. The same holds true for other diseases such as COPD and interstitial fibrosis. During this same period of time little had changed in the way in which we viewed lung cancer. Only recently has the focus changed with this disease both in terms of diagnosis and treatment.

Every year there are numerous ongoing campaigns to make us aware of breast cancer, colon cancer and prostate cancer. The real data tells us that deaths from lung cancer each year are greater in number than breast, colon or prostate cancer combined. The outlook for patients with lung cancer has remained relatively the same as it did twenty years ago. Some of the reasons we have seen less marketing efforts in regard to lung cancer include: lack of reasonable treatment outcomes, no effective screening

Dr. Michael Zlupko and Alan Kanouff reviewing patient charts with Medical Assistants, Michele Swander, Carolyn Hetrick, and Cassandra Niyri.

programs and the general assumption that this is a disease that people could have easily prevented if they would just stop smoking.

Of the top five cancers in America, all have had good screening programs for years. Breast cancer has mammography, which has provided reliable screening, and studies involving the genetics of this disease have provided improved understanding and treatment resulting in better long term outcomes. The early discovery of a colon cancer through the use of regular colonoscopy screening has improved survival for those with this serious disease. Prostate cancer can often be felt on rectal exam and the regular use of this technique, along with blood tests indicating the presence of disease, has resulted in many more men being diagnosed early and treated effectively. The use of PAP smears to detect cervical cancer is common place and part of a regular annual screening for many women. Contrast all of this with the understanding that only in the last several years has a generally accepted screening tool been available for lung cancer.

Armed with the results of this major study on early detection, the Lung Disease Center was the first in this area to offer CT scan screening for patients in the at-risk group.

Until recently, most patients had their lung cancers accidentally discovered on a chest-x-ray or when they developed symptoms such as chronic cough or if they coughed up blood. At the time of diagnosis, these patients had advanced disease and the overall survival was about one year or less from the time of diagnosis. The approach to lung cancer was generally to treat as able, but a cure was rare. The paradigm for lung cancer has changed dramatically with the results of a large study of over 50,000 patients, which showed that in patients aged 55 to 75 who have smoked for 30 pack years or more, an annual screening study using a low dose CT scan of the chest provides early diagnosis and could reduce mortality by 20%. Interestingly, a number of patients here at the Lung Disease Center of Central PA participated in this study and had their cancer diagnosed in time for curative treatment.

Armed with the results of this major study on early detection, the Lung Disease Center was the first in this area to offer CT scan screening for patients in the at-risk group. Initially, it was difficult to get medical insurance companies to pay for these studies even when they agreed to pay for the screening studies for the other above-mentioned cancers. Moreover, it is only recently that the local major health care institutions have endorsed this screening and started their own screening programs. The Lung Cancer Early Detection Program (EDP) at the Lung Disease Center of Central PA has enrolled more than 300 patients since its inception and continues to enroll patients at high risk.

Continued on Page 10

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Continued from Page 9

Early detection, important as it is, needs additional support to help patients identify their lung cancers early and get effective treatment. Keep in mind that CT scans of the chest only define a radiographic abnormality. It takes additional testing and evaluation to determine the best course of treatment. In order to discover the exact diagnosis of a CT scan abnormality we need to apply additional investigations such as PET scanning and almost always some type of biopsy technique.

PET scanning (Positron Emission Tomography) is a study much like a CT scan. The patient is given a radioactive sugar molecule, which will be taken up in any actively metabolizing tissue such as a tumor or infected area of the lung. A positive study may further our concern that we are dealing with a tumor. At this point in the evaluation several types of biopsy techniques may be able to be employed. Staging the tumor is an important consideration at this time. It is the staging of a tumor which will define the most appropriate treatment options and will help patients avoid needless surgeries. Often lung cancers are difficult to biopsy because of their location anatomically in the lung. The usual technique of examining the airways with a procedure called fiber-optic bronchoscopy may be inadequate because of these locations. Fortunately, an advance technique called Navigational Bronchoscopy is available. The Lung Disease Center was the first in our area to offer this type of examination in which the mass or tumor can be located in three dimensional space with a specialized CT scan and computer program and a catheter can be directed to the exact spot using technology similar to the GPS system in your car. When additional staging information is needed, a technique call Endobronchial Ultrasound (EBUS) can be used. This technique can actually "see" and biopsy lymph nodes in the chest for added diagnostic clarity and accuracy. Once again the Lung Disease Center was the first in our area to offer this advanced bronchoscopic technique.

The lung cancer paradigm has changed from a palliative care-like approach to one of early diagnosis, advanced techniques for diagnosis and staging and appropriate care solutions based on accurate findings. Screening with a CT scan of the chest is easy and painless. If you are at risk get involved in an active early detection program.

Medical Assistant, Samantha Patterson labels a patient specimen.

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COMMUNICATING IN THE MODERN ERA

You might wonder "How do I keep up with the latest news and up-to-date happenings of the Lung Disease Center of Central Pennsylvania?"

If this is one of the things keeping you awake at night, we can help you rest easy and avoid a visit to our Sleep Disorder Network. It is easy to keep track of what we are doing at the Lung Disease Center, Altoona Lung Specialists, the Sleep Disorder Network, and the Lung Disease Foundation by visiting our website at www.thelungspecialists.com and selecting the appropriate tab for the information that most interests you.

You can register with our Patient Portal to review information specific to your personal healthcare at Altoona Lung Specialists and the Sleep Disorder Network.

You can "Like" and follow us on Facebook at The Lung Disease Center where we keep our patients and followers educated with a variety information.

Dr. Zlupko, in addition to his weekly Ask the Expert column in the Altoona Mirror, now writes a Blog: Dr. Z's Rantz. Both the weekly column and the blog can be found archived on our website and updated regularly on our Facebook page.

While listening to the radio, you might hear one of our physicians offering information about our facilities, the services we offer and special events such as National Lung Cancer Awareness Month.

And don't forget to keep up-to-date annually with Breathe Magazine. This is our Fifth Edition of Breathe Magazine and if you are just tuning in, please see the prior editions which are archived on our website.

We love hearing from our patients and friends. We invite you to interact with us on our Facebook and Google+ pages, share your thoughts on Dr. Zlupko's blog and visit us at the annual Health-O-Rama

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LUNG DISEASE FOUNDATION OF CENTRAL PENNSYLVANIA

— 2015 UPDATE —

(Top) Fundraising Committee. (Right) Beacon of Light on Lung Cancer Walk.

Pictured above with Dr. George Zlupko are Connie Miller and Kelly L. Blake, both of Select Specialty Hospital who sponsor the walk each year along with Barbara Gerrity who was recognized for raising the most donations and Trina Funcheon who was recognized for completing the most laps.

The Lung Disease Foundation of Central Pennsylvania and its fundraising committee were very busy during 2015.

We held our second successful Yard Sale on Saturday, May 23rd. Attendees enjoyed the bargains they were able to find from items donated by our physicians, staff, and patients. (Photo)

Friday, August 21st found the Lung Disease Foundation holding its 3rd Annual Beacon of Light on Lung Cancer Walk at Health-O-Rama held at the Logan Valley Mall. Walkers participated in the event and raised $1,775 for the Lung Disease Foundation of Central Pennsylvania.

Pictured above with Dr. George Zlupko are Connie Miller and Kelly L. Blake, both of Select Specialty Hospital who sponsor the walk each year, along with Barbara Gerrity who was recognized for raising the most donations and Trina Funcheon who was recognized for completing the most laps.

On October 20th the Foundation, along with other local non-profit organizations, participated in Friends Helping Friends at Boscov's in the Logan Towne Centre in Altoona, Pennsylvania and were able to raise funds for the Foundation.

November of each year is marked by Lung Cancer Awareness Month wherein a full-page educational poster is inserted in the Altoona Mirror. We also marked Lung Cancer Awareness Month with a fundraiser held at Applebee's Restaurant in the Logan Valley Mall wherein attendees were encouraged to "Dine to Donate" and a percentage of their check was donated by Applebee's to the Lung Disease Foundation.

We want to once again sincerely thank our fundraising committee and all of those who continue to support the Lung Disease Foundation of Central Pennsylvania!

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George M. Zlupko, M.D., FCCP, Chairman of the Board

Sherri L. Stayer, Executive Director

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Timothy A. Lucas, M.D., FCCP

Dr. Timothy Lucas joined Altoona Lung Specialists in 2000. He received a Bachelor of Science Degree in Biology from the University of Pittsburgh. Dr. Lucas attended medical school, performed his internship, residency, and fellowship training, all at The Pennsylvania State University College of Medicine in Hershey, Pennsylvania.

Dr. Lucas is certified by the American Board of Internal Medicine in Internal Medicine, Pulmonary Disease, and Critical Care Medicine, as well as the American Board of Sleep Medicine. He enjoys the distinction of being a Fellow of the American College of Chest Physicians.

Dr. Lucas has privileges at UPMC Altoona and is the Medical Director of the Sleep Disorder Network in the Lung Disease Center of Central Pennsylvania

Alan J. Kanouff, D.O., FCCP

Dr. Kanouff received his education at the Pennsylvania State University spending his first two years in Altoona before finishing up at University Park. He completed his medical education at the Philadelphia College of Osteopathic Medicine. He performed his residency at Conemaugh Valley Memorial Hospital in Johnstown, Pennsylvania, and underwent his pulmonary training at Allegheny General Hospital in Pittsburgh, Pennsylvania. He joined the Lung Disease Center of Central Pennsylvania in 2009.

Dr. Kanouff is certified by the American Board of Internal Medicine in Sleep Medicine and Pulmonary Diseases. He is also certified in Critical Care Medicine and Internal Medicine, and is licensed by the State of Pennsylvania as a Doctor of Osteopathy. Dr. Kanouff has the distinction of being a Fellow of the American College of Chest Physicians.

George M. Zlupko, M.D., FCCP

Dr. George M. Zlupko is the senior partner and founder of Altoona Lung Specialists. He is the Director of the Lung Disease Center of Central Pennsylvania, which he founded, along with one of his partners, Dr. Timothy Lucas. He also founded the Lung Disease Foundation of Central PA.

Many of the current advanced procedures used locally in pulmonary medicine had their beginnings more than thirty years ago when Dr. Zlupko arrived in Altoona to add knowledge, direction, and expertise to the critical care unit and respiratory care department of the, then, Altoona Hospital. He brought with him the techniques of fiber optic bronchoscopy, followed by navigational bronchoscopy, and the new technique of Endobronchial Ultrasound most recently introduced by his son, Dr. Michael Zlupko.

Dr. Zlupko's mission has been to provide high quality pulmonary medicine services which would rival tertiary care facilities, close to home for more convenient patient care.

Michael C. Zlupko, M.D.

Dr. Michael C. Zlupko joined the Altoona Lung Specialists July 1, 2013. He graduated summa cum laude with a Bachelor of Arts in Biology from Franklin and Marshall College in Lancaster, PA. Dr. Zlupko received his medical degree from the University of Pennsylvania School of Medicine in Philadelphia, PA. He performed his internal medicine residency at the University of Virginia in Charlottesville, VA and completed his pulmonary and critical care training at the Cleveland Clinic Foundation in Cleveland, OH.

Dr. Michael C. Zlupko is Board Certified by the American Board of Internal Medicine in Internal Medicine, Pulmonary Disease, and Critical Care Medicine. He is licensed to practice medicine by the State of Pennsylvania with privileges at UMPC Altoona, Tyrone Hospital, HealthSouth Rehabilitation Hospital of Altoona, and the James E. VanZandt Veteran's Memorial Hospital.

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Staff

Pictured kneeling: Justyna Bittlebrun, Medical Secretary; Sherri Stayer, Practice Manager; Haley Fleming, Medical Secretary; Michele Swander, X-Ray Technologist. Seated: Rose Rossman, X-Ray Technologist; Samantha Patterson, Medical Assistant; Cassandra Nyiri, Medical Assistant; Cindy Snyder, Receptionist. Standing: Tricia Barr, Medical Secretary; Lisa Lawson, Medical Secretary; Tiffany Lee, Receptionist; Carolyn Hetrick, Medical Assistant; Alan Kanouff, D.O.; Tamara Boggs, Receptionist; Timothy Lucas, M.D.; George Zlupko, M.D.; Jenice Mock, Registered Polysomnographer; Michael Zlupko, M.D.; Shirley Miller, Clinical Supervisor/Medical Assistant; Sonia Shuler, Medical Secretary.

The physicians and staff of the Lung Disease Center are dedicated to the patients we serve by focusing on providing them with a positive customer service experience during every visit. Each member of the staff is highly trained in the Medical Field, including Receptionists, Medical Assistants, Medical Secretaries, X-Ray Technicians, and Polysomnographers. We pride ourselves on answering every call that comes into our facility and greeting every patient who visits our facility with a smile on our face.

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