



Media Contact: Sandy Van
Telephone: 1-800-880-2397
E-mail: sandy@prpacific.com

EXERCISE INSTRUCTOR BACK ON THE JOB FIVE DAYS AFTER MINIMALLY INVASIVE LUNG CANCER SURGERY

LOS ANGELES (July 12, 2006) – Diagnosed with a carcinoid tumor, Barbara Wolfe underwent surgery at Cedars-Sinai Medical Center to have the upper lobe of her right lung and the lymph nodes in her chest removed. But the 54-year-old exercise instructor lost little time before going back to work, thanks to the minimally invasive procedure performed by thoracic surgeon Robert McKenna Jr., M.D.

“I went home (from the hospital) the next day, and the fifth day I was back at the gym teaching my Power Pump class with 50 people,” says the Camarillo resident, referring to an aerobic workout that employs weights, bands and a step. A fitness instructor for nearly 25 years, she did not use the weights in that first workout. Even so, her boss, who was teaching another class nearby, quickly intervened to be sure she was really OK.

“He saw me flying over the steps and running around like a crazy girl, so he came out of his class and jumped into my class. He said, ‘If you don’t stop that right now, you are done’ – kind of kidding, but not kidding,” says Wolfe. “The whole club was worried about me: ‘She just had lung surgery and look what she’s doing.’”

In the same week, she also taught two Spin, or indoor cycling, classes.

McKenna, surgical director of Cedars-Sinai’s Center for Chest Diseases and chief of Thoracic Surgery and Trauma, is a pioneer in video-assisted thoracoscopic surgery (VATS). Since 1989, he has researched and written extensively about the procedures and technologies that make it possible to perform major chest operations through small incisions, reducing hospital stays, pain, recovery times and complication rates.

“Inside the chest, Barbara had the same operation that she would have had if she had undergone a traditional thoracotomy. Most surgeons make an incision that varies from four to 10 inches in length. Some cut major muscles of the chest wall, some spare them, but they all cut the muscles in between the ribs and spread the ribs open in order to get into the chest and see and do the operation,” McKenna says. “I use one incision that’s about four or five centimeters in length and two or three other half-inch incisions, put a TV camera lens in the chest, and do the same operation on the inside.”

Noting that all surgical procedures produce some degree of pain, McKenna says the advantages of VATS are clear. “This is a major operation. But the difference is you can feel bad, or you can feel really, really bad and have a big incision and take a lot of pain pills for a long time and have a much slower recovery.”

Although Wolfe was eager and able to get on with her life, her recuperation has not been without discomfort and a temporary feeling in her chest that “something was not right,” she recalls. “But I can say that with each week that passes, I’m starting to feel more normal.... And to be able to go back to work five days later was pretty amazing.”

(more)

Ninety percent of the lobectomies performed at Cedars-Sinai use the video-assisted, minimally invasive procedure, says McKenna, who is believed to have the largest experience in the world with the procedure and whose thoracic surgery practice may be the most active in the western United States. In contrast, VATS is currently used in only about five percent of the 40,000 lobectomies performed each year in the United States. The procedure can be technically challenging for surgeons who are not accustomed to performing videoscopic procedures and those who do not specialize in chest and lung surgery. Surgeons now come from around the world to receive training at Cedars-Sinai.

An article in the February 2006 issue of *The Annals of Thoracic Surgery*, authored by McKenna and his colleagues, is the largest published study of the VATS procedure, reporting on results of 1,100 operations performed at Cedars-Sinai between February 1992 and December 2004. "Our data show that it can be safe and our long-term follow-up shows that it results in standard cancer survival," he says. "Whether you get access through a big hole or a little hole doesn't matter. What matters is survival, and survival is the standard survival that you expect for patients after a lobectomy done for cancer."

Several weeks after her lung cancer surgery in February, Wolfe underwent surgery and a radioactive iodine treatment for thyroid cancer. Both cancers were detected after an enzyme level appeared to be slightly abnormal, based on lab work completed as part of a routine physical examination. Although her primary care physician thought there probably was nothing to worry about, Wolfe had recently lost weight – intentionally – dropping from a size 6 to a size 2.

"He knows that I'm a health fanatic and was very supportive of my insistence to do more testing without delays," recalls Wolfe. To rule out any serious conditions that might have contributed to the weight loss and abnormal lab result, the doctor ordered a full-body diagnostic scan, and the result showed suspicious areas in the lung and the thyroid that later would be diagnosed as unrelated cancers.

As it turned out, the abnormal lab value that led to the scan was not related to the cancers. "It was just remarkably fortuitous that this blood work caused us to do more testing, which then revealed the two cancers," Wolfe says.

Also fortuitous is the fact that both types of cancers typically respond very well to treatment. "The odds are very small that either one will come back," says McKenna.

Wolfe has been encouraged by the optimism expressed by her physicians and surgeons, and she passes their words along to those who are concerned about her. "When I got this cancer, I said to all of my classes – I teach in two gyms – kind of teary-eyed but laughing at the same time, 'You guys, I don't want you to feel sorry for me because I'm not a feel-sorry kind of person. And if you do, that's not going to help me. My doctors tell me I will be OK and live a long life, and that's good enough for me. My life will carry on.'"

Except for two years in Hawaii, Wolfe has always lived in Southern California. In fact, she was born at Cedars-Sinai but had not been back as a patient until now. She and her husband, Michael, who will celebrate their 35th wedding anniversary in August 2006 and have been together since they were 14, have four grown children and five grandchildren with another on the way.

###

The first of eight hospitals in California whose nurses have been honored with the prestigious Magnet designation, Cedars-Sinai Medical Center is one of the largest nonprofit academic medical centers in the Western United States. For 18 consecutive years, it has been named Los Angeles' most preferred hospital for all health needs in an independent survey of area residents. Cedars-Sinai is internationally renowned for its diagnostic and treatment capabilities and its broad spectrum of programs and services, as well as breakthroughs in biomedical research and superlative medical education. It ranks among the top 10 non-university hospitals in the nation for its research activities and is fully accredited by the Association for the Accreditation of Human

Research Protection Programs, Inc. (AAHRPP). Additional information is available at www.cedars-sinai.edu.

If you have received this news release in error and do not wish to receive future advisories, or if they should be directed to someone else in your organization, please call 1-800-396-1002. Alternatively, you may fax your updated information or your request for removal from our list to 808-697-1249 or e-mail sandy@prpacific.com.