

PRINT-Pope Leo's lung cancer highlights importance of knowing your risk and getting screened

Pope Leo XIV's recent lung cancer diagnosis and surgery are drawing attention to the importance of early detection and the need for people at increased risk to talk with their doctors about screening.

Although the diagnosis has raised concerns about the pontiff's health, medical experts say there is an important takeaway for the public: Lung cancer does not always cause symptoms in its early stages but finding it before it spreads can significantly improve a person's chances of successful treatment.

Priya Andanamala, MD, a medical oncologist at the [OSF HealthCare Cancer Institute](#) in Peoria, Illinois, specializes in [lung cancer](#). She says the pontiff's case underscores why people at increased risk should not put off screening.

"As sad as the news is, I think it encourages all of our patients that are under a high risk category to get that screening because if we are able to identify these lesions at an early stage, we are able to cure most patients. We're able to cure them with surgery and chemotherapy, immunotherapy and targeted therapy," Dr. Andanamala stresses.

Pope Leo underwent a lobectomy, a procedure that removes one lobe of the lung. The lungs contain multiple lobes, with three in the right lung and two in the left. The surgery can help doctors determine the type of cancer, assess whether it has spread to nearby lymph nodes and identify characteristics that can guide further treatment.

Dr. Andanamala says the information gathered during surgery and subsequent pathology testing helps doctors determine whether additional treatment may be beneficial.

While the pontiff's complete pathology findings and cancer stage were not available at publication time, Dr. Andanamala emphasizes earlier-stage lung cancers can often be treated with the goal of curing the disease. The appropriate treatment and prognosis depend on factors including tumor size, lymph node involvement and the cancer's molecular characteristics.

A personalized approach to care

That molecular profiling allows for what she calls a more personalized approach to cancer care.

"Trying to determine what biomarkers the cancer has and understanding the molecular landscape, there are many different mutations that, thankfully, we have approved targeted therapy for that are highly effective. So, all of these can be found with comprehensive molecular profiling that we run on the surgical specimen."

That profile can also help determine if a patient is eligible for certain clinical trials.

Rachael Davis, MD, a physician at OSF HealthCare who specializes in lung conditions, says people should also understand that finding a lung nodule does not automatically mean they have cancer.

"In the Midwest, many people have lung nodules that are not cancer." Dr. Davis explains, "There's a fungus in our soil called histoplasmosis that predisposes people to lung nodules, so the rates of

benign, meaning non-cancerous or not malignant, lung nodules is much higher in the Midwest than in other parts of the country.”

Doctors evaluate nodules based on factors such as size, growth over time, appearance and location. Comparing current scans with older imaging can help determine whether a nodule is concerning and whether it requires monitoring, a biopsy or additional evaluation.

Know if you have risk factors

Smoking remains a major risk factor for lung cancer, but it is not the only one. Radon exposure, workplace exposure to certain chemicals and dusts, secondhand smoke, asbestos and family history can also contribute to risk.

Dr. Davis says people with a strong family history of lung cancer, particularly among relatives who never smoked, should discuss their circumstances with their primary care provider.

“Most cases of lung cancer are completely asymptomatic,” Dr. Davis stresses. “There are no symptoms early, and so if we wait until there's symptoms in a patient, we've waited too long.”

For people who meet established eligibility criteria, annual low-dose CT scans are the standard screening approach. At OSF, Dr. Andanamala says providers are also offering the First Look lung blood test at 49 locations as another way to help reach certain people at risk.

“It is currently not an alternative for a low-dose scan, but if this is something that is easier for patients to come in for, and if we're identifying something that is concerning, then typically we're following up with further testing.”

Illinois has considerable room to improve screening participation. According to the American Lung Association, only about 17% of eligible people in Illinois receive lung cancer screening compared with a national rate of approximately 20%.

Screening for early detection can improve treatment outcomes

Screening rates within OSF are higher.

“If the Pope's case teaches us anything, it's that we need to get screened for lung cancer. OSF is a national leader in lung cancer screening at 50% systemwide, but there's still 50% of our qualified patients who are not being screened,” says Ryan Luginbuhl, vice president of the oncology service line at OSF HealthCare.

To date, 275 people have undergone the First Look blood test at OSF, and 133 were referred for further evaluation through a CT scan. To date, 76 people referred, completed scans. Of those, six were referred for more testing, and of them, two are seeing oncologists. One has received a lung cancer diagnosis.

OSF is also one of the largest medical provider in the Midwest offering [robotic bronchoscopy](#). Dr. Davis says the minimally invasive procedure allows for less painful and more accurate lung biopsies.

“We're able to biopsy multiple lung nodules at the same time during the same procedure and reduce the need for the patient to come back for multiple procedures.”

This next-level approach is also allowing for use of fluorescent dye during surgery to locate and highlight nodules and spare valuable, non-cancerous lung tissue, improving outcomes and patients' lung capacity.

Pope Leo's diagnosis serves as a reminder that even people who appear healthy can develop lung cancer. The most important next step is to understand your risk, talk with a primary care provider and determine whether screening is appropriate.

Find out if you are a candidate for lung cancer screening with [this short assessment](#).

Learn more about the full range of services available at [OSF Cancer Institute](#).