

New technology improves diagnoses, treatment of lung cancer

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staff writer

Even at the age of 78, Myrna Braverman “doesn’t have the time to be laid up for days.”

She teaches music lessons and plays the keyboard in her synagogue’s worship band.

When her doctors found a spot on her lung, she went through X-rays, a cat scan and a pet scan. Test after test slowed her down.

“They weren’t sure what was wrong,” Braverman said.

In late September, she underwent a new procedure done with a new medical device called the InReach System, at Olathe Medical Center.

The technology helps doctors detect and diagnose lung cancer. For Braverman, the use of technology gave doctors a better idea of what the atypical cells in her lungs were and what treatment she needed to follow.

“First you have this thing hanging over your head that you don’t know what it is,” Braverman said. “Now they have a better idea. I’m very fortunate in that I didn’t have to have surgery.”

The InReach system creates a virtual three dimensional roadmap of the patient’s lungs. It assists doctors as they use bronchoscopes and catheters to reach lesions they need to examine in a lung.

The technology informs doctors how to move through a person’s body without surgery. They use CT images and steering directions on monitors to reach lesions that 65 percent of traditional bronchoscopes fail to reach, according to the InReach Web site.

The InReach technology was developed by SuperDimension, which is a firm based in Minnesota. InReach is available in 33 states and five countries and able to reach about 8 million patients worldwide. OMC is the only healthcare system in the Kansas City area using the InReach technology.

Everett Murphy, a pulmonologist through the Olathe Health System has used the technology since it was installed this spring at OMC.

“The directional probe tells us where we are — whether to go right or go left,” Murphy said. “It directs us like a GPS to a nodule in the lung and makes it low risk for a patient.”

The technology also enables doctors to place dye markers on lung lesions to assist doctors in further surgeries, making those surgeries less invasive. It can also help in the placement of radiosurgical markers on lesions. The markers help radiation oncologists plan and treat with radiation more directly.

Out of the first 20 cases treated with the use of this technology at OMC, doctors saw an 80 to 90 percent success rate in diagnosis, Murphy said.

The technology is non-invasive and provides a low-risk way to look at a sensitive area — an alternative to surgery. The entire procedure takes about an hour and half, Murphy said.

“It’s been a terrific advantage for us,” Murphy said. “Before, we had to deal with spots through observation to see if they get larger. We can deal with the diagnosis now with care or control.”

Braverman was most thankful that she didn’t have to have surgery.

“It was bing bang,” Braverman said. “It was over before I knew it. I had the test. I lived through it. I’m still around.”

Lung cancer is the most common cancer-related death in men in United States, and the second most common form in women. About 160,500 deaths happened in the United States due to lung cancer in 2004, according to the American Lung Association.

“We are able to make a diagnosis and decision about the treatment to pursue much earlier,” said Dennis Lawler, a doctor at Olathe Medical Center, in written statement. “And, if you diagnose the disease before it spreads, you can substantially improve cure rates.”

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