

'We're catching more': How a chance CT scan found an Austin man's lung cancer

Nicole Villalpando

Austin American-Statesman

In a typical year, Jack Featherston Jr. and his wife, Donna Pennington, would celebrate their wedding anniversary with a cruise, but in November 2020, for their 35th anniversary, a cruise was out of the question because of the COVID-19 pandemic.

Instead, they went to Bentonville, Ark., where there is a big mountain biking complex. Mountain biking is one of Featherston's passions.

"I took off on a ride and hit a jump the wrong way," he said. "I took a little tumble."

His shoulder hurt, but they finished the vacation and headed home.

Days later, his shoulder still painful, Featherston, 62, went to an orthopedic surgeon, who ordered a CT scan.

The scan officially diagnosed Featherston as having a broken shoulder, but it also showed something else: a little white dot on his lung.

It was labeled an "incidental finding," but Featherston was sent for a more extensive CT scan and set up with a pulmonologist.

At the time, the pulmonologist thought the 1-centimeter dot could be scar tissue or a nodule, but "most likely nothing," Featherston said. They would watch it and see.

Six months later, in March 2021, another scan showed the spot hadn't changed. Six months after that, in September, there was no change, but a year later, in September 2022, something was different. The little white dot was bigger and looked spiky and more solid.

Featherston had never smoked. He is one of the 10% to 20% of people diagnosed with lung cancer who have never smoked, according to the Centers for Disease Control and Prevention.

Lung cancer is the third-most common cancer in the United States, but it is the deadliest, according to the CDC.

Getting the diagnosis

Featherston had to be on top of his health to get his diagnosis. His pulmonologists kept retiring or switching to a more specialized practice. In fact, he had to call several times to get that scan in September 2022 because it hadn't been ordered by the previous pulmonologist.

After getting the scan ordered that September, Featherston and Pennington headed to meet with pulmonologist Dr. Rumi Khan for the first time. They were expecting everything to go as previous appointments had: See you in six months.

"He starts asking me all those questions," Featherston said. Did he ever smoke? Had he worked in a factory or around chemicals?

Featherston had worked at the IRS for 37 years. In those first 10 years, people could smoke in the office, and they did. His best guess is that the second-hand smoke at work, at restaurants or elsewhere might have caused his lung cancer, but he'll never really know.

A needle biopsy confirmed that he had lung cancer. A full body PET scan confirmed that the cancer was nowhere else in his body.

Dr. Rachel Medbery, a thoracic surgeon with Cardiothoracic and Vascular Surgeons, met with Featherston to discuss his options. Because his cancer was localized and stage 1, they could remove that lobe of the lung and not have to do any further treatment. The lungs have five lobes, three on the right and two on the left. Featherston could live a full life with only one lobe on the left and three on the right.

Not alone in diagnosis

Featherston's story of being diagnosed with early stage lung cancer without a smoking history and because of a scan on another part of the body is not uncommon, Medbery said. It's often found in heart CT scans, which weren't being done regularly 15 years ago, she said.

"Our technology is getting better," she said. "We're looking at things a lot more. We're catching more."

Robotic technology also means that cancers can be biopsied at a much smaller stage than previously, allowing for them to be removed more quickly, before they spread.

Featherston's was a best-case scenario.

"For my patient who is stage 1, you're very lucky we found it when we did," Medbery said. "There is a chance to be cured."

Lung cancer doesn't have symptoms until it's in the later stages (3 and 4), when it has already spread, Medbery said.

Symptoms include a cough, coughing up blood, pain if the tumor gets large enough, unexplained weight loss and fatigue. If the cancer has spread to other parts of the body, the symptoms are in line with cancers in those areas.

Once symptoms arrive, "it's too late," she said. Just removing a lobe wouldn't be a cure.

Medbery is also seeing more nonsmokers get a diagnosis. About 10% to 15% of her practice has been removing lung cancers in nonsmokers.

"It might be that these patients had exposure in secondhand smoke from their parents or their relatives," she said. "They had some sort of exposure."

She also points to pollution and other environmental toxins inhaled into the lungs by nonsmokers.

In Featherston's case, both his father and his father-in-law were smokers who died of lung cancer. He watched the agony of their treatments and their eventual deaths.

More hope with lung cancer

Those advanced cancers that are the more common stage for diagnosis do have new treatments that have been developed and improved outcomes, Medbery said.

"With the advent of immunotherapy, we're seeing advance-stage cancers respond to therapy," she said.

Immunotherapy is targeted therapy for the molecular makeup of that cancer. It is not the poison that chemotherapy or radiation is, meaning there are fewer side effects from treatments and increased effectiveness.

Getting screened for lung cancer

The American Cancer Society recommends a yearly low-dose CT scan for anyone age 50 to 80 who has smoked or quit in the past 15 years and who has a 20-pack/year smoking history (that's the number of packs smoked a day times the number of years).

The screenings are typically covered by insurance, but only about 5% of the people who should get these scans do so. A nonsmoker could request a low-dose CT scan, but it is unlikely that insurance would cover it.

For the nonsmoker, getting your regular checkup is important, Medbery said. Your primary care doctor will listen to your lungs at each visit to detect any abnormalities or changes.

"It's more about establishing a baseline," Medbery said. "As soon as something is different, they start to raise red flags."

She also recommends keeping up with other screenings such as mammograms and colonoscopies.

Going forward

Featherston is back to riding his bike. The shoulder healed quickly after some physical therapy.

He's getting used to his new lung capacity and has been told that within a year, he won't notice a difference.

He will need CT scans every three months, then six months, then yearly to make sure there are no new spots.

"I attribute this to God was looking out for me," he said. "I've ridden thousands of miles and never broken anything. Then the doctor happened to order a CT scan low enough to catch it. Things were lined up for me. God was in the middle of it."

When should I get screened for what?

Here are the regular screenings you should do at home:

Monthly skin checks for any mole or freckle that has changed.
Monthly breast exams or testicle checks.

Here are the screenings a doctor will do or order:

- Skin checks annually beginning in your 20s.
- Blood panels annually.
- Pap test to screen for cervical cancer every three years beginning at age 21 for women. From age 30 to age 65, a Pap test and a DNA HPV test every five years or a Pap test only every three years. Or a high-risk human papillomavirus (hrHPV) test only every five years starting at age 21. After 65, doctors weigh your risk factors to determine if continued testing is needed.
- Mammogram annually from age 50 to 70, unless a woman has a first-degree relative with cancer; then 10 years before the age that relative was diagnosed. For some cases, an annual MRI beginning at age 40.
- Clinical breast exam every three years in your 20s and 30s, annually beginning at 40.
- Men with a higher risk of prostate cancer should begin screenings at age 40 or 45. Prostate screenings annually for all men ages 50 to 80. Prostate screenings can include a blood test and a digital rectal exam.
- Colorectal screening beginning at age 45 (or earlier with an increased risk) using a guaiac-fecal occult blood test, a fecal immunochemical test or a stool DNA every three years; or a flexible sigmoidoscopy, a double-contrast barium enema or virtual colonoscopy every five years; or a colonoscopy every 10 years, until age 80.
- People ages 55 to 74 who have a history of smoking should have a yearly CT screening for lung cancer.