

## Nonsmoking lung cancer survivor encourages others to consider risk

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Carol Seibert had an upper respiratory infection she just couldn't seem to shake. The timing of her illness was awful, as she had just returned from a trip to Florida for her youngest son's surgery and was preparing for her eldest son's wedding in September.

Two rounds of medication in early August got her back to normal, but the symptoms returned after the wedding.

"At that point, my doctor thought I had been dealing with this way too long and recommended additional testing," says Seibert, 56, of Oxford, Ohio.

She was devastated when a chest X-ray revealed a 2-inch mass in the middle of her right lung. A lung biopsy and advanced imaging tests confirmed stage 1B non-small cell [lung cancer](#).

"My world changed with those test results. I thought: 'How is this possible?' I am a nonsmoker – I have never smoked. I don't drink. I don't have a family history of lung cancer. This shouldn't be happening," she says.

Seibert was, however, exposed to secondhand smoke during childhood and in her former workplace before it—and all public places—became smoke-free in 2006 with implementation of the Ohio Public Smoking Ban.

"My doctors told me that, based on the size of my tumor, it could have been there for years. I was shocked. I don't think I recognized the warning signs because I wasn't a smoker—lung cancer hadn't even crossed my mind as possibility," Seibert recalls.

The mother of three was referred to UC Health thoracic surgeon Valerie Williams, MD, to remove the lung mass. Williams and her colleagues Sandra Starnes, MD, and Julian Guitron, MD, are the only fellowship-trained thoracic surgeons in the Greater Cincinnati region to offer rib-sparing video-assisted lung cancer surgery.

Unlike traditional open lung cancer surgery, minimally invasive thoracoscopic lobectomy does not require rib spreading or a major chest incision. Instead, the tumor is removed through several small incisions in the chest cavity. Patients recover faster and with less pain than open surgery.

On Dec. 16, 2011, at UC Health University Hospital, Williams removed Seibert's right middle lung lobe and collected lymph node tissue to confirm the cancer was localized.

In February she began 12 weeks of chemotherapy with Nagla Karim, MD, at the UC Health Physicians Office in West Chester to eradicate any residual cancer cells that may have gone undetected. She celebrated completion of her last treatment April 24, 2012.

Now Seibert is back to her job in building services at Miami University, thankful to be on the road to recovery and enjoying time with her family.

"I've always been a very strong person and try to keep a positive attitude. I'm glad the worse is behind me. I thank God every day for answered prayers and continue prayers for strength and support," says Seibert.

"It was so really helpful to have the option of completing my care in West Chester closer to home," she adds. "My entire medical team was so caring and helpful. I feel fortunate that my lung cancer was diagnosed and treated at an early stage before it spread."

Seibert chose to donate the lung tumor tissue removed during her surgery to the UC Cancer Institute for lung cancer research.

Lung cancer is the No. 1 cause of cancer mortality in the United States among both men and women. The disease takes the lives of more women than breast cancer and colon cancer combined.

Provided by University of Cincinnati

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