Shira Boehler
He told me I had lung cancer and I just to this day felt like he was wrong and I kept saying, no, I have sweaty hair. I just ran six miles. I have no symptoms. I've never puffed a cigarette. This is crazy. You know, the EMR messed up. The scan is for the wrong person. This is malpractice. I just couldn't believe that it had happened to me, because to me I had always thought lung cancer was for people that smoked or were short of breath, not that lung cancer is for anyone with lungs, and I had thought that I was healthy and I took care of myself and that was a rare disease.

Ellen Kelsay
That's Shira Boehler, author of the *New York Times* best-selling book, *One Scan Saved My Life,* a memoir chronicling her unexpected cancer diagnosis, treatment journey, and transformation into an advocate for greater awareness and earlier detection.

I'm Ellen Kelsay, and this is a Business Group on Health podcast, conversations with experts on the most relevant health, well-being, and workforce issues facing employers today.

Lung cancer is a leading cause of cancer-related deaths worldwide. Yet many people are surprised to learn that up to 20% of lung cancers in the United States occur in people who have never smoked. In this episode, Shira shares her personal story from the scan that changed her life, to her mission to expand awareness and improve access to screening. Together we explore what her experience can teach us about the importance of early detection.

Shira, welcome to the podcast. We are so happy to have you join us.

Shira Boehler
Thank you. I'm excited to be here.

Ellen Kelsay
Well, you and I recently became fast friends and you were sharing your story with me and a book that you recently wrote, published just a couple months ago titled, *One Scan Saved My Life.* I'd like to start our conversation today by having you share your story. What led you to write that book?

Shira Boehler
You're right, Ellen. I did write the book and it hit New York Times bestseller at the end of April, which was really exciting for me. I've never thought being an author was on my checklist of items to accomplish in life, but I also never thought I would say that I am a lung cancer survivor and thriver and navigating that journey. What happened when I found out I had lung cancer and I was recovering in the hospital after removing half my right lung, I realized that I wasn't unique at all in my diagnosis. That lung cancer is killing more young healthy women than breast cancer and ovarian cancer and colon cancer combined. When I had that realization, I thought to myself things need to change, we need to check for lung cancer like we do breast cancer and colon cancer, and that maybe the best opportunity would be to start with a book and to have that anchor.

Ellen Kelsay
Your path to diagnosis was a bit of luck and chance. You did not have any symptoms. Share with us how you came to be diagnosed. What was that path like?

Shira Boehler
You're right. I had no symptoms and I actually still have no symptoms. My husband and I are in the healthcare industry. We have a healthcare investment firm. Whenever any new healthcare technology comes out, we always sign up to do it. When the full-body MRI became an option to

pay out-of-pocket, my husband signed us up very quickly. I actually battled him a lot on it. We were in New York and I wanted to see some friends and run around. I also am very claustrophobic, so getting into a machine for an hour sounded miserable. And I canceled the appointment and he rebooked it and I canceled it and he rebooked it and ultimately he won and I went and I got into the claustrophobic machine for an hour and walked out. When the report came, to be honest it pointed out some things I already knew, and it also pointed out as a minor finding that I had a 3.8 centimeter mass in my right lung. We kind of ignored it, because it was a minor finding. It stated to correlate to symptoms. It asked if I was a smoker, which I've never puffed a cigarette. So we ignored it. I shared the findings actually with my dad, who's a lung doctor, and he told me that MRIs are not the way we look at lungs. We usually use a CT machine. So he told me to follow up with a CT if I wanted. We brushed it under the rug and kept going, and enjoyed the rest of the trip in New York. About two months later I was at my doctor at Nashville and shared the findings on the MRI again with him. Again, I was showing him because I thought it was interesting to show him the app and how cool it was to see this full body diagnostic test. When I showed him the minor finding, he said what my father had said, which is MRIs are not how we look at the lungs and would I like a CT? So I said yes and followed up with the CT with him. The radiologists in Nashville at that point also said now it was a 4.2 centimeter mass in my right lung, but to correlate with symptoms, and since I had run six miles that morning, I had no symptoms, and to consider following up in a few months. That report when I shared with my father and I shared with my friend who is a lung radiologist in Nashville is what triggered them to be more alarmed and ultimately ordered another CT. I woke up on a Monday morning, did my six-mile loop with my girlfriend in Nashville, up and down the hills felt great, walked in and had another CT scan and walked into the pulmonologist and he told me I had lung cancer. I just to this day felt like he was wrong and I kept saying, no, I have sweaty hair. I just ran six miles. I have no symptoms. I've never puffed a cigarette. This is crazy. You know, the EMR messed up. The scan is for the wrong person. This is malpractice. I just couldn't believe that it had happened to me, because to me I had always thought lung cancer was for people that smoked or were short of breath, not that lung cancer is for anyone with lungs. I had thought that I was healthy and I took care of myself and that that was a rare disease. It wasn't until I said before I was recovering in the hospital that I realized how lucky I was that I caught it so early that it was not that rare.

Ellen Kelsay
I used the word fate when I think about you and you know the good fortune that you are in this industry and that you and your husband kind of avail yourselves of new and emerging technology and you went forward with the MRI and then also that your father is a professional in this field, that is his specialty of medicine, and that one of your very best friends in Nashville is also in this field. So many stars aligned for you to get this early diagnosis. You've mentioned already just a couple times in this conversation that you had no symptoms and that you've never puffed a cigarette in your life. I think that's probably one of the most common misconceptions about lung cancer. As you now have been on this journey, what would you like to share about that, about the stigma of lung cancer, but then also just how common it is among non-smokers.

Shira Boehler
It is crazy how common it is. Northwestern did a study in 2025 and they found that 70% of people they diagnosed in 2025 did not meet guidelines to have their lung CT, but had lung cancer. So which means that they were not over the age of 50 and had been smoking a pack a day for 20 years. They also found that 25% of their patients were like me. They'd never puffed a cigarette. I think that the misconception is astronomical. As a lung cancer survivor when I tell people I have lung cancer, the first question is, oh, I didn't realize you smoked. How long have you smoked? When did you stop smoking? That is the number one thing they say. I think that these smoking cessation campaigns that went on decades ago were so successful that people started thinking if you smoke, you have lung cancer, instead of thinking if you smoke your chances of getting lung

cancer increase. It's not a one-to-one ratio. In recent years, for whatever reason and they don't know why, they've seen a huge uptick in lung cancer in young healthy women that don't smoke. In Asia they did a study and found that women that didn't smoke were actually getting lung cancer at a faster rate than men who did smoke. They don't know why. They're trying to figure it out. They've hypothesized that it was cooking oils. To be honest Alan I don't cook, so that is not mine. They redid the study in New York City and they found, similar, that the Asian non-smoking women were getting lung cancer faster than the Asian smoking man. As we know in New York City, similar to me, they also don't cook, so they realized it wasn't cooking oils. Another interesting fact that I learned in this whole journey is that breast cancer survivors have a two-fold increase of lung cancer as a primary cancer within five years of diagnosis That to me really resonated. I am sure that so many people today have so many friends that are breast cancer survivors. I think we are so lucky that we've done such an amazing job diagnosing breast cancer earlier and able to beat it. And breast cancer seems to be becoming for some this chronic disease that one day they'll die with, not from, which is amazing. But the fact that we're not checking these women for lung cancer, even after their breast cancer diagnosis, seems unfair. Can you imagine like it would almost feel like lightning striking twice? So when I was recovering in the hospital after my lung was half removed on the right side and I started reading about this, because it was a shock, Ellen, when you're sitting there and they tell you you have lung cancer, but you've never puffed a cigarette and your father's a lung doctor and within a week they remove half your right lung and you're in the hospital for a few days, the only thing I knew to do was to read as much as I could to understand how did this happen to me. What is going on? So when I started realizing that this as I said wasn't that unique of a diagnosis, I tried to start figure out what's happening. I think what I realized in that whole process is that only testing people that are over the age of 50 that smoke a pack a day for 20 years, isn't right. The kids these days are vaping. There's just different ways that they're taking in nicotine. I just think it's a very antiquated way to look at things and we need to change that. We need to catch it earlier. I found that stage one lung cancer survivors like myself have over 90% chance of survival and stage four are less than 10% for the next five years.

Ellen Kelsay
What's a person to think when they hear this conversation and maybe they don't meet the screening guidelines, but they're hearing you speak and they're very concerned that maybe this too is something that they're going to have to contend with. What would you paint for them as kind of the current screening landscape and maybe how you're advocating for some adjustments there.

Shira Boehler
I tell everyone to go ask their doctor for a low-dose chest CT. That is my number one request for people to do. A low-dose chest CT needs to be ordered by a physician. It is less than three minutes of a procedure. You lay on your back. They roll you in and out of a machine, that is not a claustrophobic inducing machine, and you're done. You don't take your shirt off. You don't take your bra off. You don't take your underpants off. You don't put on a gown. You are in and out in three minutes. You can go with your girlfriend. You can go on your coffee break from work. The other thing I tell people is to tell the facility that conducts the low-dose CT that you do not have insurance. If you pay for this out of your own pocket, you can find places that are less than $200. If they try to bill your insurance, your insurance will deny it, unless you're over the age of 50 and smoke a pack a day for 20 years, and therefore you will pay much more than the $200. So one of the things I'm doing is all of the profits from my book that you mentioned called *One Scan Saved My Life,* go to the foundation I started. The fund I started is called Cancer Doesn't Care, and that fund is set up so that I can pay for people's screens, that $200 or less screen, for people that can't afford it. I don't think that cancer cares. It's attacking the rich and the poor and the Asian and the not and the man and the woman, that it shouldn't prohibit people from getting that scan. Cancerdoesntcare.com is my website. There's actually a section on there that you can print a page

out to take to your doctor to help explain to your doctor why you want the scan. I have come across a lot of physicians that don't want to order the scan for people. They think that you don't meet the guidelines and therefore do not need the scan. Even my own father, as a lung physician, when I first went through this process he kind of rolled his eyes and thought it was silly that I was doing these scans, because he knew that I didn't smoke, because the antiquated way of thinking about things of over 50 and smoking a pack a day is the way that my father in his 70s learned to practice medicine and found that that was the most common reason for lung cancer. Well, it's changed. It can be like we discussed, radon, there might be some sort of a family history. Asian women seem to be getting it. I would say veterans who've been around these burn pits have a higher likelihood. So we have to change the narrative. We have to re-educate the doctors, re-educate ourselves, re-educate the insurance companies and Medicare and Medicaid to change the guidelines. But I always tell my friends, please go get a low-dose chest CT. Print the page from Cancer Doesn't Care and then blame me. Tell them I'm your friend. Tell them you read my book, read the book, walk in and hand the book to the doctor to explain to them that this is very important, that this means a lot to you. The other thing I would say, Ellen, is when you do get these low-dose chest CTs, your lungs have little nodules just like your skin has freckles. So what's important is to get that baseline. We all go get skin checks from our dermatologist, right? We stand there naked, with the gown kind of on us, and they look and they say is this freckle normal, is this mole normal, has it changed in the past year. It's very important to have that baseline so that the next year you can say, yeah, that freckle was there last year or that mole and nothing's changed. That's the same with your lungs. You'll have little nodules. You want to see it change, just like mine grew from 3.8 to 4.2, big red flag. You can have a nodule because you had pneumonia and it's a scar tissue and it doesn't change over time. That's okay, but you need that baseline.

Ellen Kelsay
You've said so much there that I want to ask you about. You mentioned the organization that you founded, Cancer Doesn't Care, and info sheets that individuals can take to their physician. You're doing fundraising and using the proceeds from your book to fund for the low-dose CT scans, for people who maybe can't afford them themselves. But I also know you are doing a lot of work advocating for important reforms both kind of federally from a policy perspective, but then you're talking to a ton of industry stakeholders about things that they can do differently, whether it be insurance companies, employers and how they might want to cover certain screenings, may be more robustly than required by some of the guidelines. Anything else you want to share there about some of the general advocacy work you're doing, whether it be talking to stakeholders or from a policy perspective.

Shira Boehler
I think it's interesting when I think about my recovery and all the research I did I realized that there's like a top-down and a bottom-up. A lot of what we've talked about so far is a lot of the work I've done from the bottom up. The book I wrote, you know yelling at friends and on podcasts to go get a low-dose CT, working to help doctors understand that if you have lungs you can get lung cancer, it's not just reserved for smoking individuals. The top-down has been exactly what you just said. I've been speaking to different stakeholders. I've spent time with the Secretary of Health. I've spent time with his chief of staff. I've spent time with the administrator of CMS, Dr. Oz, and Abe Sutton at the Innovation Center there, to help them understand that this guideline of over 50 and smoking a pack a day for 20 years needs to change. We need to at the very least include what I sometimes consider the low-hanging fruit, whether it's a breast cancer survivor or a veteran or somebody with a family history. I, in an ideal world, would make it for women over the age of 40, just like we're doing mammograms. Or men over the age of 40. But I think we have to start somewhere. The other thing I've been doing is speaking with insurance companies like the Aetna CEO or the United Health CEO. They've done a lot of work looking at their claims data and

backdating it over the last couple decades and running analysis saying if we gave everyone over the age of 40 or these lower-hanging fruit, higher-risk patients, a low-dose CT starting at 40, for $200 every three to five years, what would that look like to the bottom line. What they've actually found is not only is it saving lives, because we're catching lung cancer in stage one, but it's also saving money. When I look at my own case, I was diagnosed based on that scan on a Monday, the following day I had a bronchoscopy. On Wednesday I found out from the bronchoscopy's lab information that it was an adenocarcinoma, a fast-growing, highly invasive cell type of a cancer. Thursday I met a surgeon. I ran through a bunch of pulmonary function testing, like in a breathing machine. On Friday they conducted a PET scan, so they did another scan with contrast and a nuclear medicine doctor read that. And on Monday, I had half my right lung removed. I'm on no medication. I follow up with a CT scan every few months. I get blood work done. But I am kind of done with the high dollar costly procedures. It was from a Monday to a Monday and now I'm no evidence of disease, cancer-free, and I go through, I call it an aggressive surveillance program. I get scanned and I get blood work. Scans and blood work are not expensive for insurance companies or employers or the patient. If my cancer was caught once I had a symptom, like a sore hip because the cancer had spread to my bones, or some blurred vision because the cancer had spread to my brain, I would be on chemo and radiation. I would be having a lot of therapy appointments. My children would be doing that. I would have to get nannies to help and find a new job that was more conducive to a flexible schedule. It is astronomical on a pricing perspective for the insurance companies and employers. When you look at both of the life-saving and financial saving, it just makes sense. But we need data and a lot of times to change the guidelines they want to see the data and we just don't have the data and it's hundreds of millions of dollars to conduct these double-blind studies. One of the things I've been working with and thinking about is how can we get people to start getting scanned? I can yell and scream from the bottom up to tell people to go get one, but that's one at a time. The other way that you and I have discussed is these self-insured employers, do they go to their insurance companies and say we want to include a low-dose CT, just like we do a mammogram or a colonoscopy. That helps people stay in their employer because they want that benefit. It helps people know where their baseline is for their low-dose chest CT and make sure that the lung nodules are followed and tracked.

Ellen Kelsay
We did talk about that because there is a precedent there of employers when it comes to breast cancer and covering more advanced screenings for breast imaging, whether it be ultrasound or MRI. So there is some precedent there for other types of cancer screening. I'm glad that you brought that forward as well. I love the top-down, bottom-up. It's all so important and impressive that you are investing so much time and energy and passion in doing all of that. It is so important. I did want to ask you about the prevalence of lung cancer relative to other cancer deaths. I think many people don't understand that lung cancer is the leading cause of cancer deaths worldwide. Can you expand more on that?

Shira Boehler
It is astronomically higher and I have found as a lung cancer survivor that it is very lonely. The fact that we don't screen for it and therefore don't catch it in stage one as often. The fact that we don't feel our lungs and your lungs compensate for each other. So half of my right lung was removed in October of this year. By mid-November, I was back to running. In December, I was skiing at 10,000 feet. It is not that my lungs regenerated and grew. The healthy part of my lung that was left in my body, just compensated and took in more air. I never had a symptom. I am still running and hiking at high altitude and doing okay. Because we don't feel it, we only catch lung cancer by chance - if it's a random scan like I did or somebody falls and breaks a rib and they do a scan and see it, or if they're over 50 and smoke a pack a day for 20 years, or it's spread. Lung cancer primarily spreads to your bones in your brain first. That's why I mentioned people will get a sore hip on a run and they'll be trying to figure out why their hip hurts, and eventually they realize

there's cancer in their hip and it spread from their lungs. We don't have the right medicine yet. The chemotherapy, the targeted therapies are not as developed. Being a lung cancer survivor is a lonely place to be and what I would say is, the N of who is getting lung cancer might be lower because we're not testing for it and we're not doing these low-dose chest CTs. But the prevalence in the death is so high. Like I said at the beginning that I realized was that lung cancer was killing more young healthy women than breast cancer and ovarian cancer and colon cancer combined. That's when I realized that I was the luckiest girl in the world that I had done that scan and caught my lung cancer so early and that I wasn't unique in my diagnosis. Those two pieces together were the reason I started on this mission and I wrote the book. I feel at the highest level that my hopes and dreams are that lung cancer and all cancers become a chronic illness that we die with, not from, and we have been successful at doing that for so many people. Let's say with HIV, I'm a child of the 80s and in the 90s and it was such a scary disease, and we have come up with a medication that allows people to live a normal life with it. And with breast cancer we're able to catch it early enough that a lot of patients, including my own mother, my mother's a breast cancer survivor of 25 years. She caught it. She went on the medicine. No evidence of disease for 25 years. She's beat it. She will one day pass and they'll say she was a breast cancer survivor, not that she passed from breast cancer, and that's a hope I have for all cancers. But lung cancer is the number one cancer killer. I often talk about lung cancer killing more than breast and ovarian and colon for young women combined, but if you look at all of these different metrics of cancer deaths, you can take any two or three of them and put them in the bucket, and lung cancer is still killing more than the others.

Ellen Kelsay
Shira, I'm so glad that you are healthy and thriving and on the other side of this and just so grateful for you sharing your story, the important work you are doing to shine a light on this often misunderstood form of cancer, and all the wonderful work you're doing to advocate and educate on behalf of yourself and future individuals who might be contending with this condition to hopefully catch it as early as possible and have the prognosis that you do. Thank you, again. Just so grateful for your passion and energy on this topic.

Shira Boehler
Thank you, Ellen. I really enjoyed speaking with you and I guess my final sendoff is to please go get your low-dose chest CT.

Ellen Kelsay
I've been speaking with Shira Boehler, author of *One Scan Saved My Life,* and Founder of Cancer Doesn't Care, an organization dedicated to expanding access to lung cancer screenings and advocating for broader, more inclusive lung cancer screening guidelines.

I'm Ellen Kelsey and this podcast is produced by Business Group on Health, in partnership with Connected Social Media. If you enjoyed this episode, please subscribe and leave a review.