



Photos by ELIZABETH LARA/Herald News

Instructor Keisha Woodford leads a group of second-graders at Paterson School 28 through a series of yoga positions.

Yoga: Benefits not just for grown-ups

Continued from C1

don't think the kids' skill level or the class' setting matters much. They said they believe that yoga can offer some of the same benefits for kids that it does for adults.

"It's just so they get to have a quiet time to meditate," said Michael Moro, the program supervisor, who came up with the idea of bringing yoga into the school after attending a workshop. For a lot of these kids, "there are lots of things going on at home and they don't get to reflect."

The Paterson YMCA runs the yoga program at School 28 in collaboration with New Jersey After 3, a nonprofit organization that promotes after-school activities. This is the first year they have offered the program at School 28. Most of the kids seem to like it, Moro said.

Khalsa said people are starting to realize that the practice has benefits for kids. "It helps children calm down and focus. Beyond that it's great for physical and mental coordination."

Three years ago, she said, it was common to have 20 people or fewer in one of her training classes in Virginia; now she usually has around 50 and sometimes up to 90.

Yoga classes have sprung up around Bergen and Passaic counties, too. In Wayne, some of the schools' after-care programs teach



Christopher Guillen, 7, demonstrates his flexibility during a yoga class that is part of the after-school program at School 28.

Yoga. Girl Scouts has a class. And in private studios, including Naturally Yoga in Glen Rock, yoga for kids is a regular part of the class offerings.

"I keep teaching them because the benefits are consistently fabulous," said Sheryl Edsall, the studio owner. She said she wants to

give them tools to use in daily living to control their feelings, relieve anxiety and not take things personally.

At School 28, teacher Keisha Woodford just wants the kids to know it's an alternative to video games and television. "So many things are misdirecting their ener-

ON THE WEB:

Naturally Yoga:
www.naturallyyoga.com

Shakta Kaur Khalsa's Web site:
www.childrensyoga.com

New Jersey After 3:
www.njafter3.org

gy." Even if they don't become fanatics, she said, "hopefully, they'll know it's there."

Woodford also teaches adult classes, but when she's with the kids, she said, she explains the poses differently. "I kind of just tell them what their body has to do. When I say lift your left leg or your left arm, a lot of times they move their right arm and right leg."

During the class, Woodford took them through a sequence of poses, telling the children that some may help their asthma or make them more flexible. "Oh, you guys are so good," she exclaimed at they twisted on the floor in a pose that stretches the back.

Nasir Davis, 7, said he liked the poses where they laid on the floor and poses where they twisted their bodies to one side and then the other. "It was relaxful."

Reach Betsy Querna at 973-569-7169 or querna@northjersey.com.

For smokers, a tough call

By SANDRA G. BOODMAN
The Washington Post

WASHINGTON — To screen or not to screen?

That is the question patients — most of them current or former smokers — are asking doctors following the publication of a large international study that found that spiral CT scans can detect lung cancer at its earliest and most curable stage.

The results, published last month in the *New England Journal of Medicine*, have fueled hope that the technology can lead to early treatment of the most common cause of cancer death, as mammography has done for breast cancer.

But the study involving more than 31,000 current and former smokers headed by researchers at Weill Medical College at Cornell University failed to answer a fundamental question: Does screening extend lives or merely find cancer earlier? Because the study did not use a control group, there is no way to tell whether the risks of screening, which include repeated radiation exposure and the possibility of aggressive follow-up treatment, outweigh the benefits of early detection, experts from the American Cancer Society and other groups say.

Therein lies the rub — and the reason doctors are sharply divided about testing people who don't have symptoms, even for a cancer that kills 85 percent of the 174,000 Americans found to have the disease annually within five years of diagnosis.

Interest in lung cancer screening is growing, experts agree. Some hospitals and radiology clinics offer tests that range from \$175 to \$800 and are rarely covered by insurance. About 60 percent of hospitals and clinics own CT scanners, which were developed in the 1990s and can detect tumors as small as a grain of rice.

"I think the answer is pretty clear: no," said Ned Patz, a professor of radiology, cancer biology and pharmacology at Duke University Medical Center, when asked about screening. "I'm not saying it won't work, just that there's no solid proof yet that it does."

That's what Patz told his 74-year-old father, a former smoker who has no symptoms but worries about the consequences of his 20-year pack-a-day habit. A more definitive answer, Patz said, must await the outcome of a National Cancer Institute study involving 53,000 current and former smokers. That study, launched in the mid-1990s, is comparing the death rates of patients who received spiral CT scans with those screened with chest X-rays. Results are expected by about 2010.

Radiologist Alex Kladakis says he thinks there's no need to wait. One of 22 physicians at Washington Radiology Associates, among the area's largest radiology practices, Kladakis said that the recent study shows "the proof is really there" and that people over 40 who have smoked the equivalent of a half-pack a day for 15 years should

A large international study found that spiral CT scans can detect lung cancer at its earliest and most curable stage. But doctors remain divided on testing patients who don't have symptoms.

consider being screened. Washington Radiology charges \$686 for the non-invasive test, which takes about 30 seconds; a physician's order is required.

To Kladakis, the most persuasive finding in the study, dubbed I-ELCAP (International Early Lung Cancer Action Project), is the survival data. Of the 412 people in the study found to have Stage 1 cancer who underwent surgery, 85 percent were alive five years later; the eight patients who declined treatment were dead. The average five-year survival rate for Stage 1 lung cancer is about 70 percent, according to federal statistics.

"It seems to me those eight are kind of a mini-control group," Kladakis said, adding that requests for lung screenings have increased since the study was published. "Lung cancer is a very, very bad disease," he said. And by the time a patient has symptoms, such as a persistent cough, it usually means the disease is advanced, Kladakis said,

citing the example of ABC anchorman Peter Jennings, who died of lung cancer last year.

Consumers currently don't have enough information to decide whether screening is a wise choice, said Arthur Levin, director of the New York-based Center for Medical Consumers. "One study is not sufficient. The problem is that in this country we let the marketplace decide this. And because lung cancer is such a major killer, there's going to be a lot of interest in moving this down the road" and many people who say they want the test but may not understand the pitfalls.

CT scans, which are routinely used to stage lung cancer once it has been diagnosed, often pick up nodules, clumps of potentially cancerous tissue, during screening. Their size matters: Smaller nodules are less likely to be malignant than larger ones, experts say. Thoracic experts estimate that as many as 60 percent of smokers and former smokers have lung nodules, Patz said, but people who never smoked also can have them.

Finding a nodule usually triggers a cascade of interventions, starting with a biopsy, which can cause infection, scarring and a collapsed lung. A cancer diagnosis typically results in surgery, often followed by chemotherapy or radiation or both. Doctors have no accurate way of determining which tumors are fast-growing and aggressive and which grow so slowly that patients are likely to die with and not of them, as with some types of prostate cancer.