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Should Ex-Smokers Worry?

People Who Have Quit Account For an Increasing Percentage Of Victims of Lung Cancer

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A few days ago, a friend told me she used to smoke. This was news to me. During the 15 years I've known her, she has been a health-conscious mother of two. The smoking occurred during her teens and 20s, she told me. Now it had her worried. "Peter Jennings," she said.

Kicking the habit is supposed to free nicotine addicts from worry. But the former smoker often continues sharing the primary fear of the current one: lung cancer. That worry deepened this month when Mr. Jennings, anchor of ABC's "World News Tonight," informed viewers he had lung cancer. The part that was especially scary for former smokers was when he said that, except for a brief relapse in 2001, he had quit smoking 20 years ago.

An alarming-sounding trend may add to this jolt: Former smokers are rising as a percentage of lung-cancer victims, and current smokers are declining, according to the American Cancer Society. This has led some clinicians to wonder if the risks for former smokers are understated. Many ex-smokers like my friend find themselves wondering, "Should I be screened for lung cancer?"

Certainly no amount of smoking has been shown to be risk-free. But research long has demonstrated that quitting smoking significantly reduces the risk of cardiovascular disease, lung cancer and emphysema -- the biggest health problems associated with smoking. The rising proportion of nonsmokers among lung-cancer victims merely reflects the growth in the legions of Americans who have freed themselves from a powerful addiction.

With significant declines in the smoking rate -- for example, 25% of men in this country smoke today, compared with 57% 50 years ago -- there are now more former smokers than current ones, says Michael Thun, who heads epidemiological research for the American Cancer Society in Atlanta. In all, former and current smokers will account for about 87% of the anticipated 163,500 deaths this year from lung cancer, which kills more Americans than any other kind of cancer, according to the cancer society.
New research is suggesting that those who quit early enough have little reason to worry. A 50-year study of cigarette-addicted British doctors published last summer in the British Medical Journal found that on average smokers lived 10 fewer years than nonsmokers. The study also found that those who quit smoking at age 30 or younger had roughly the same life expectancy as people who never smoked.

Whether former smokers can do anything other than worry is a matter of medical debate. Tests such as X-rays and CT scans can detect lung cancer, but the American Cancer Society, among other medical organizations, doesn't recommend using such tests to screen people who have no symptoms. Insurance won't pay for lung-cancer screening in people without symptoms (which can include persistent cough and spitting up blood). The main reason is that, while screens can detect small, early cancers, it isn't always clear that such tiny tumors would ever grow into something dangerous. So the thinking goes that screening could lead to unnecessary cancer treatment, which itself can be fatal.

Some physicians believe the science already supports screening. Twelve years of using spiral CT scans to detect early-stage lung cancer have convinced Claudia Henschke, professor of radiology at Cornell University's Weill Medical College in New York, that early detection and treatment can reduce lung-cancer deaths as much as 70%. She recommends a spiral CT scan, which costs about $300, for former smokers -- but not for every former smoker.

Having scanned more than 28,000 people, Dr. Henschke says she and her colleagues believe they have identified the threshold that makes screening worthwhile in people under age 60: 10 "pack years." That's the equivalent of a pack a day for 10 years -- 3,650 packs, or 72,000 cigarettes -- smoked over any period of time. Generally, people under age 60 who have smoked less than that don't need to be scanned, Dr. Henschke says. Older people have higher cancer rates in general, so other factors are at play.

Because her studies haven't included a control group, the medical establishment remains unconvinced that early screening saves lives. Dr. Henschke and her colleagues may be finding and treating lung cancers that "patients would have died with, not from," says Barnett Kramer, associate director of disease prevention at the National Institutes of Health.

It will likely be years before a couple of government-run studies that feature control groups determine whether screening in asymptomatic people saves lives.

Worry about lung cancer is in one sense misguided, because the primary cause of death from smoking is cardiovascular disease. But cardiovascular disease affects a broad swath of people, while lung cancer is overwhelmingly a smoker's problem.

Dread about lung cancer may be especially great not only because it kills 85% of its victims -- painfully -- but also because it can feel like a judgment. Patients who smoked must deal with the knowledge that they probably brought it on themselves.
"Yes, I was a smoker," said Mr. Jennings, 66, in his message to ABC viewers. Acknowledging that his abstinence from cigarettes underwent a brief interruption following the terrorist attacks of 2001, Mr. Jennings said, "I was weak."

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