

# Tailor Lung Cancer Screening Advice for Smokers

BY KATE JOHNSON  
Montreal Bureau

CHICAGO — Physicians can now use data to help them personalize a smoker's risk of developing lung cancer, and advise smokers about whether to undergo annual low-dose CT screening for the disease.

The International Early Lung Cancer Action Program (I-ELCAP) collected the diagnostic and prognostic data from the baseline CT screening and follow-up of almost 28,000 smokers, lead investigator Claudia I. Henschke, M.D., reported at the annual meeting of the Radiological Society of North America.

"Based on our data, we can now predict—by age, and by how much has been smoked or when a smoker has quit—what is the likelihood of [their] developing lung cancer," she said at a press briefing.

Whether to undertake the expense of lung CT screening (around \$300) is a patient's personal decision, one that should be reconsidered each year, based on the previous year's results, she said. There are now enough data to guide physicians on whether to recommend annual screening for an individual patient, she added.

The study findings suggest that the probability of an early lung cancer being detected with annual CT screening is about 80%—and with early diagnosis of early disease there is a 95% probability of a cure.

"Annual CT screening identifies a high percentage of stage I diagnoses of lung cancer, the most curable form of lung cancer," said Dr. Henschke, professor of radiology and division chief of chest imaging at New York Hospital–Cornell Medical Center in New York. "Our study found that deaths from stage I lung cancer were surprisingly low ... if treatment was pursued."

Without screening, there is a 5-10% chance of a cancer being cured (because it would usually be discovered at a late stage) compared to a 76-78% chance of a cure with screening and early treatment, she said.

The study found that a delay in treatment of more than 6 months resulted in increased tumor size and often a higher stage of disease. And if a cancer was detected after a 2-year gap in screening, it tended to be eight times larger than a cancer detected on annual screening, with more chance of lymph node metastasis, she said.

The I-ELCAP data will soon be widely available to help physicians personalize lung cancer risk and screening issues for a wide range of patient ages and smoking histories, Dr. Henschke said.

She gave the example of a 45-year-old with a smoking history of less than 30 pack-years. The data show that this smoker's risk of developing lung cancer is 0.2%, that there would be an 80% likelihood that

an early cancer could be detected with annual screening, and a 95% chance of a cure, she said.

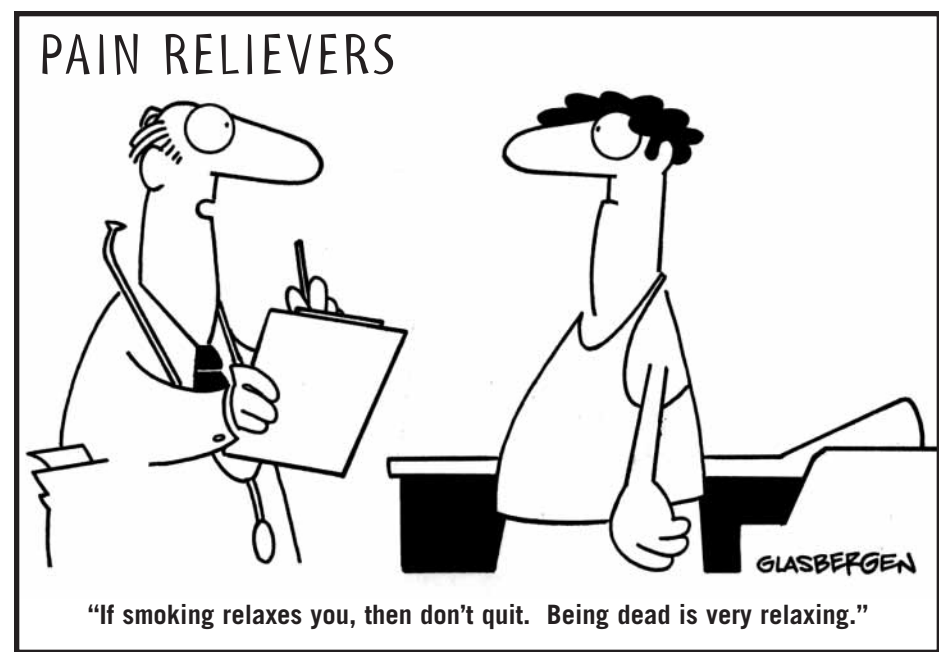
The study also found that age has as much of an impact on the likelihood of former and current smokers developing cancer as does the number of cigarettes smoked. It found that lung cancer develops in twice as many smokers aged 50-74 years (15 per 1,000), compared with smokers under age 50 (6 per 1,000).

In addition, regardless of a patient's age or smoking history, cancer risk does not

decline appreciably until 20 years after smoking cessation. "It starts decreasing slowly when they quit, and drops to half by 20 years," she said.

Although the U.S. Preventive Services Task Force does not recommend annual lung cancer screening, even for smokers, it has switched from a negative to a more neutral position on the subject, Dr. Henschke said.

Still, most insurance companies do not cover lung CT when it is done for screening purposes alone. ■



## More Patients Kick Alcohol Dependence When Smoking Cessation Is Delayed

BY DAMIAN McNAMARA  
Miami Bureau

SAN JUAN, P.R. — People in intensive alcohol treatment programs are more abstinent if smoking cessation efforts are delayed by 6 months, according to a study.

Smoking is common among people with alcohol dependence, with an estimated 60%-90% prevalence. And because smoking causes a lot of morbidity and mortality in such patients, it is a "compelling issue to work on in recovery," Anne Joseph, M.D., said at the annual meeting of the American Academy of Addiction Psychiatry.

Although the results of nonrandomized studies suggest that smoking cessation efforts during intensive alcohol treatment are better than doing nothing, these trials included small numbers of participants and demonstrated only a modest benefit to nicotine replacement in this population.

For a more definitive answer, Dr. Joseph and her colleagues performed a large, 18-month, randomized trial. They hypothesized that concurrent treatment would improve both smoking and alcohol abstinence outcomes (J. Stud. Alcohol 2004;65:681-91).

"Here comes the surprising, but unfortunate, news," said Dr. Joseph of

the department of medicine at the University of Minnesota, Minneapolis. Alcohol abstinence was better when the smoking intervention was delayed by 6 months, compared with addressing both concerns simultaneously.

There were significant differences in outcomes at 6, 12, and 18 months. At 6 months, 64% of the delayed intervention group achieved 30-day alcohol abstinence, compared with 51% of the concurrent group; at 12 months, success rates were 53% and 46%, and at 18 months the rates were 60% and 48%.

The researchers also assessed alcohol abstinence 6 months after initiation of the smoking intervention in each group. Fifty-six percent of the delayed group were abstinent from alcohol for 6 months, compared with 41% of the concurrent group. At 12 months, 6-month abstinence was 42% versus 33%, and at 18 months, the rates were 48% and 41%.

Why the delayed intervention group fared better is unknown. It may be that there is an interaction between smoking and alcohol interventions, confounded by a specific biologic or behavioral factor. It could also be that adding anything to alcohol treatment worsens outcome, said Dr. Joseph, also of Minneapolis Veterans Affairs Medical Center.

The investigators randomized 251 participants to concurrent alcohol and nicotine treatment and 248 to initial alcohol treatment followed by delayed smoking cessation treatment. The Timing of Alcohol and Smoking Cessation (TASC) trial included people from three residential, day, and outpatient rehabilitation programs in Minnesota offering 3-5 weeks of intensive intervention with aftercare.

The concurrent group completed the smoking intervention at 12 months and the delayed group completed it at 18 months. Participants were 21-75 years old, about two-thirds were male, and one-third had a high school education or less. They smoked at least five cigarettes per day, but most had significant nicotine dependence, indicated by an average score of 6 on the Fagerstrom Test for Nicotine Dependence. There were an average of three previous smoking quit attempts. About half reported alcohol abuse alone, the remainder had one, two, or three other substance abuse issues.

The smoking cessation intervention included behavioral treatment and nicotine replacement therapy (to avoid withdrawal effects). One hour of behavioral treatment at baseline was followed by three follow-up sessions either in person or via telephone. ■

## Perception of Mental Illness Stigma Varies With Age, Gender

BALTIMORE — When it comes to the perceived stigma associated with mental illness, age and gender differences exist, and this stigma continues to pose a significant barrier to care, reported Jo Anne Sirey, Ph.D., and Martha L. Bruce, Ph.D., of Cornell University, White Plains, N.Y.

They studied 125 older adults (aged 64 years and older) and 103 younger adults (aged 18-64 years) with DSM-IV major depressive disorder. Education levels and gender distributions were similar for both groups. Older adults were more likely than younger adults to believe that most people would accept that someone with mental illness was as intelligent (59% vs. 40%) and trustworthy (40% vs. 22%) as the average person, the researchers said in a poster presentation at the annual meeting of the American Association for Geriatric Psychiatry.

Also, a majority in each group perceived a high degree of discrimination and devaluation as a result of mental illness and believed this extended to the acceptance of individuals in various roles, such as teacher, job applicant, or suitor. Younger adults perceived an even higher level of stigma, compared with older adults, with young women reporting the highest levels of perceived stigma. Degree of perceived stigma was unrelated to depression severity.

"Individualized inquiry sensitive to age and gender stigma concerns can uncover potential barriers to care," they concluded.

—Deeanna Franklin