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VA Researchers Find High Risk Of Lung Cancer In Older Smokers
For Whom Annual Screening Is Not Recommended

Washington, D.C. – Physician researchers from Washington DC Veterans Affairs Medical Center published an original research paper in the current issue of the Journal of the American Medical Association (JAMA) Oncology, indicating that some current and former older smokers, for whom annual screening is not currently recommended, are at a very high risk of lung cancer.

“The findings of our study provide new information about the risk of lung cancer in subsets of smokers who are considered low risk or free of risk of lung cancer, and are not currently recommended for lung cancer screening,” said Charles Faselis, MD, Chief of Staff, Washington DC VA Medical Center and Professor of Medicine, George Washington University, and Uniformed Services University, Washington, DC.

Dr. Faselis, the lead author of the study, also notes, “Results of this research are important for Veterans because smoking is twice as common among Veterans as in the civilian population, which places them at a greater risk of lung cancer. Smoking is the single largest preventable cause of lung cancer, the leading cause of cancer death in the United States.”

“The 2021 U.S. Preventive Services Task Force (USPSTF) recommends annual screening for lung cancer with low-dose computed tomography (LDCT) for adults 50–80 years who have a 20 pack-year smoking history, and currently smoke or have quit within the past 15 years. Findings from our study have now identified additional groups of smokers who have a 10-fold higher-risk of lung cancer,” said J. Anthony Nations, MD, Deputy Chief of Staff, Washington DC VA Medical Center, a board-certified pulmonologist and Professor of Medicine at Uniformed Services University, Washington, DC.

Dr. Nations, the second author of the study, adds, “Low-dose CT scan is effective at detecting early lung cancer and lowering the risk of death, but it is often associated with false positive results, which can lead to complications from invasive diagnostic procedures. Considering that only a small proportion of smokers develop lung cancer, it is important that we develop advanced risk prediction models that can correctly identify these smokers so they can be selected for screening for early detection.”

“We had expected that these other smokers, for whom lung cancer screening is not recommended, would have a high risk of having lung cancer, but we were surprised to see a 10 times higher risk. To put the magnitude of a 10 times higher risk into perspective, it equates to 1000% higher risk. For example, as smoking is the leading cause of lung cancer, high blood pressure is a leading cause of heart failure. Patients with high blood pressure have about 50% higher risk for heart failure, which makes high blood pressure an important public health concern,” said Ali Ahmed, MD, MPH, Associate Chief of Staff for Health and Aging, Washington DC VA Medical Center, and Professor of Medicine at George Washington University and Georgetown University, Washington, DC.
Dr. Ahmed, the senior author of the study, notes “This remarkably high risk of lung cancer, taken together with many other harmful health effects of smoking, reiterates the importance of abstinence and early cessation.”

Dr. Faselis and colleagues studied 4,279 older adults in the Cardiovascular Health Study (CHS) who were free of cancer at baseline and had detailed data on their smoking history including cessation history for former smokers. The study participants were categorized into heavy and non-heavy smokers based on a smoking history of 20 pack-year cutoff. Former smokers were then categorized into two groups based on a 15-year smoking cessation cutoff. Occurrence of lung cancer was identified from hospital records during a median of 13 (maximum 23) years of follow-up. The CHS was a large prospective population-based study funded by the National Heart, Lung and Blood Institute of the National Institutes of Health.

Other co-authors in the study are Charity J. Morgan, PhD; Jared Antevil, MD; Sijian Zhang, MB, MS, MPH; Helen M. Sheriff, MD; Gregory D. Trachiotis, MD; Prakash Deedwania, MD; Qing Zeng-Trietler, PhD; and Daniel D. Taub, PhD, from the Washington DC VA Medical Center; Richard M. Allman, MD; Jeffrey M. Roseman, MD, PhD, MPH; and George Howard, DrPH from the University of Alabama at Birmingham, Birmingham, AL; Amiya A. Ahmed, MD, Yale University, New Haven, CT; and Gregg Fonarow, MD, University of California, Los Angeles, CA; Dr. Morgan is also affiliated with the University of Alabama at Birmingham, Birmingham, AL; Dr. Deedwania with University of California, San Francisco, CA; and Dr. Antevil with Uniformed Services University, Washington, DC.

To coordinate an interview with one of the researchers of the Washington DC VA Medical Center, please contact the Office of Public Affairs, 202-603-1585.

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