

# Easy Smoking Cessation May Signal Lung Cancer

BY BETSY BATES

SAN FRANCISCO — An unusual pattern of sudden, effortless smoking cessation in long-term smokers may herald the onset of lung cancer in a small subgroup of patients, researchers reported at the World Conference on Lung Cancer.

It has been well documented that lung cancer patients often stop smoking shortly before their diagnosis, with the assumption that symptoms such as shortness of breath, coughing, or pain create a strong motivation for behavior change.

Now a pilot study suggests that, in certain lung cancer patients—even some with long-term smoking histories and significant levels of nicotine addiction—cessation occurs in the absence of symptoms or even a focused effort to quit.

“This has led us to speculate that in some cases, spontaneous smoking cessation may be a presenting feature of lung cancer, possibly caused by tumor secre-

“alarm bell” that compelled them to stop.

Among the 55 patients who quit smoking before being diagnosed with lung cancer, 49 (89%) were reportedly asymptomatic at the time.

Nearly a third (17 of 55) reported quitting “with no difficulty,” (0 on a scale of 0-7), even though they were moderately to severely addicted to nicotine based on the Fagerström Test for Nicotine Dependence scale.

“The way some of these patients stop smoking is really quite peculiar,” Dr. Campling said. A typical patient was “someone who had smoked a pack of cigarettes a day for 50 years and wakes up one day and forgets to light a cigarette ... [and then] realizes they don’t need it anymore.”

Dr. Campling and her associates hope their findings will be followed up with a long-term, prospective study of smokers

to identify any unusual patterns of smoking cessation that may precede a diagnosis of lung cancer. In the meantime, she suggested that clinicians pay attention to any highly unusual pattern of smoking cessation in a long-term, heavy smoker, just as they would a sudden loss of appetite.

Dr. Campling and her associates reported no financial disclosures with respect to their study. ■



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DR. CAMPLING

tion of a factor interfering with nicotine addiction,” said Dr. Barbara Campling, a medical oncologist with the University of Pennsylvania in Philadelphia.

In a study conducted at the Philadelphia VA Medical Center, 115 smokers and former smokers diagnosed with lung cancer were compared to 101 smokers and former smokers with prostate cancer or to 99 with myocardial infarction.


Former smokers with prostate cancer had quit smoking an average of 23 years before their diagnosis; for myocardial infarction, the average interim was 10 years. But smoking cessation was a more recent event for lung cancer patients, occurring, on average, just 2.7 years before diagnosis.

Further comparisons among former smokers revealed striking differences among the 3 groups.

“In the general population, you would expect that those who succeeded in quitting smoking would be those who smoked less and were less severely addicted, she said at the meeting sponsored by the International Association for the Study of Lung Cancer. “That is exactly what we found in patients with prostate cancer and myocardial infarction.”

In contrast, current and former smokers with lung cancer had similar levels of cumulative tobacco exposure and identical median scores on a scale measuring severity of addiction—scoring 7 on a scale of 0 (“Didn’t even think about it”) to 10 (“The hardest thing I’ve ever done”).

Surprisingly, many of these lung cancer patients reported they had quit smoking with ease and with no symptomatic



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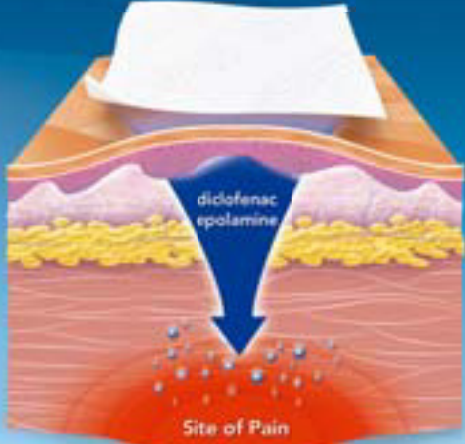
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**Important Safety Information**

**Cardiovascular (CV) risk**

- NSAIDs may cause an increased risk of serious CV thrombotic events, myocardial infarction, and stroke, which can be fatal. This risk may increase with duration of use. Patients with CV disease or risk factors for CV disease may be at greater risk
- FLECTOR® Patch is contraindicated for the treatment of perioperative pain in the setting of coronary artery bypass graft surgery

**Gastrointestinal (GI) risk**

- NSAIDs cause an increased risk of serious GI adverse events at any time during use and without warning symptoms including bleeding, ulceration, and perforation of the stomach or intestines, which can be fatal. Elderly patients are at greater risk of serious GI events

FLECTOR® Patch is contraindicated in patients with known hypersensitivity to diclofenac. FLECTOR® Patch should not be given to patients who have experienced asthma, urticaria, or allergic-type reactions after taking aspirin or other NSAIDs. Severe, rarely fatal, anaphylactic-like reactions to NSAIDs have been reported in such patients.

FLECTOR® Patch should not be applied to nonintact or damaged skin resulting from any etiology, eg, exudative dermatitis, eczema, infected lesion, burns, or wounds.

NSAIDs, including FLECTOR® Patch, can lead to new onset or worsening of hypertension, contributing to increased incidence of CV events. Fluid retention and edema have been observed in some patients taking NSAIDs. Use with caution in patients with hypertension, fluid retention, or heart failure.

A patient with symptoms and/or signs of liver dysfunction, or with a history of an abnormal liver test, should be monitored for a more severe hepatic reaction and therapy stopped. Anemia is sometimes seen in patients receiving NSAIDs, and platelet inhibition has been shown to prolong bleeding times.

Long-term administration of NSAIDs has resulted in renal papillary necrosis and other renal injury. Renal toxicity has also been seen in patients in whom renal prostaglandins have a compensatory role in maintaining renal perfusion. FLECTOR® Patch is not recommended in patients with advanced renal disease.

NSAIDs, including FLECTOR® Patch, can cause serious skin adverse events without warning such as exfoliative dermatitis, Stevens-Johnson Syndrome, and toxic epidermal necrolysis, which can be fatal. Patients should be informed about the signs and symptoms of serious skin manifestations, and use of the drug should be discontinued at the first appearance of skin rash or any other sign of hypersensitivity.

Overall, the most common adverse events associated with FLECTOR® Patch were skin reactions (pruritus, dermatitis, burning, etc) at the site of treatment, GI disorders (nausea, dysgeusia, dyspepsia, etc), and nervous system disorders (headache, paresthesia, somnolence, etc).


In late pregnancy, as with other NSAIDs, FLECTOR® Patch should be avoided because it may cause premature closure of the ductus arteriosus. FLECTOR® Patch is in Pregnancy Category C. Safety and effectiveness in pediatric patients have not been established.

**Please see Brief Summary of full Prescribing Information, including boxed warning, on the following page.**

**Healthcare Professional: Please provide a Medication Guide to each patient.**

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Reference: Flector Patch [package insert]. Piscataway, NJ: Alpharma Pharmaceuticals LLC; 2009.



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