

LETTERS TO THE EDITOR

Article About Lung Cancer Did Not Discuss Nonsmokers With the Disease

I am writing regarding "Biology of Lung Cancer With Implications for New Therapies" in the March/April 2003 issue of the *Oncology Nursing Forum* (Vol. 30, pp. 273–280). Although I am grateful that Marie Aberle, MS, ACNP, AOCN®, and Sandra McLeskey, PhD, RN, are working on educating our colleagues in the new areas of research in lung cancer, I feel a disservice also was done in the beginning paragraph of the article.

Aberle and McLeskey stated, "... in fact, 90% of all lung cancer cases are thought to be smoking related, with very few nonsmokers developing lung cancer." I am amazed that you feel that approximately 17,190 people (six times the total number of people killed in the World Trade Center bombings) is "very few." These subtle comments perpetuate the negative stigma attached to lung cancer and the assumption that the patient smoked. It is time to focus on the catastrophic number of people developing lung cancer and the relatively small number of research dollars that are spent per lung cancer death, despite the fact that lung cancer is the number one cancer killer in the United States. In 2001, the National Cancer Institute estimated that it spent only \$1,311 per lung cancer death, compared to \$11,704 per breast cancer death, \$8,190 per prostate cancer death, and \$3,625 per colorectal cancer death.

We, as nurses, need to advocate for these patients. Yes, smoking cessation is impera-

tive if we are to decrease the incidence of lung cancer, but we also must stop assuming that every patient with lung cancer smoked and stop blaming those who did. (Don't forget, the tobacco industry had a big hand in strategically designing cigarettes to develop the maximal addictive capability.)

In future articles, I hope the authors will be a bit more sensitive to the 137,900 smokers (or previous smokers) and 17,000 nonsmokers dying from this disease every year.

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The Authors Respond

Indeed, we purposely used the phrase "very few" to emphasize the proven relationship between smoking and lung cancer, and we stand by our choice. However, Clary-Macy's point is well taken—about 17,000 people per year do develop lung cancer even though they may have never smoked. Keep in mind that among the nonsmokers are many patients who have had secondhand smoke exposure, which is also a risk factor for developing lung cancer. The addition of a statement clarifying that nonsmokers also can develop lung cancer to our article might have

cast additional light on the scope of the problem as you point out. Nevertheless, this figure is still a small number in comparison to those who develop lung cancer who have smoked or still do smoke. Moreover, we hope that the wording within our article may indeed influence the smoking readers to consider quitting.

The thrust of the article was the biology of lung cancer, not its epidemiology. We also pointed out that even if everyone were to stop smoking immediately, lung cancer cases caused by smoking would continue to occur because of the long latency in the development of lung cancer (and most cancers) after exposure to the carcinogen. Our article, therefore, supports your observation about the need for more research dollars devoted to lung cancer. Nurses and other healthcare professionals should advocate for this.

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