

January 2003 Press Release

New Guidelines Recommend Multidisciplinary Approach To Lung Cancer

First Evidence-Based Guidelines
Address Prevention, Diagnosis and Treatment

(Northbrook, IL, January 27, 2003) - The American College of Chest Physicians (ACCP) today released new comprehensive guidelines that recommend a coordinated team approach to the continuum of care for patients with lung cancer. Based on a structured literature review by the Center for Clinical Health Policy Research at Duke University, *Diagnosis and Management of Lung Cancer: ACCP Evidence-Based Guidelines* is the first set of evidence-based guidelines that address lung cancer from prevention to detection, diagnosis, staging, treatment, follow-up and palliative care. Published in the January edition of the ACCP's peer-reviewed journal CHEST and on-line at www.chestjournal.org, the guidelines incorporate the expertise of an international panel of 80 lung cancer experts.

"Both patients and physicians will benefit from this new tool," said W. Michael Alberts, MD, FCCP, of H. Lee Moffitt Cancer Center in Tampa, FL, and panel chair.

"The guidelines confirm that, despite the less than optimal survival rate of patients with lung cancer, there are many treatment options that can extend and increase the quality of a patient's life. This includes utilizing a more balanced approach to patient care which provides multidisciplinary expertise and treatment appropriate for the individual patient."

The multidisciplinary team approach reflects a growing trend in the medical field. The new guidelines are much anticipated by primary care physicians, pulmonologists, oncologists, and other healthcare providers who treat lung cancer, as well as patients, their families, and those at risk of developing lung cancer. The guidelines consist of 29 chapters, including the methodology for reviewing the scientific evidence, an assessment of the scope and quality of clinical practice guidelines in lung cancer, and the epidemiology of lung cancer. Chapters also address the topics of screening, initial evaluation, and end-of-life care.

"Lung cancer causes more deaths than the next three most common cancers combined," said ACCP President Udaya B. S. Prakash, MD, FCCP. "The guidelines are a culmination of an enormous effort by a large group of experts, committed to improving patient care. The clinical and educational impact on the health care providers to lung cancer patients will be significant."

Other patient and professional associations that collaborated with the ACCP on this initiative include the American Association for Bronchology; Association of Community Cancer Centers; American College of Surgeons Oncology Group; American College of Physicians; American Cancer Society; Alliance for Lung Cancer Advocacy, Support and Education; American Society for Clinical Oncology; American Society for Therapeutic

Radiology and Oncology; American Thoracic Society; Canadian Lung Association; National Comprehensive Cancer Network; Oncology Nurses Society; and Society of Thoracic Surgeons.

As the medical society that represents more than 15,000 members who provide clinical, respiratory, and cardiothoracic patient care in the U.S. and throughout the world, the ACCP is committed to reducing the incidence of lung cancer. As more than 90 percent of lung cancer cases are the result of tobacco use and exposure, the ACCP recently introduced the ACCP Tobacco Cessation Tool Kit, which helps physicians assist their tobacco-using patients with the cessation process.

The comprehensive kit incorporates information on identifying users and assessing their risks and level of addiction; provides pharmacotherapy information; and offers motivational advice, follow-up, and relapse prevention techniques.

The ACCP's philanthropic arm, The CHEST Foundation, demonstrates its commitment to lung health with sponsorship of the Task Force on Women & Girls, Tobacco, & Lung Cancer, to publicize lung cancer as a women's disease, help women stop smoking, and prevent girls from starting to smoke. The Task Force's Speaker's Kit serves as a valuable tool for national and community speakers to educate the public about the perils of smoking and the importance of tobacco prevention.

CHEST is a peer-reviewed journal published by the ACCP. It is available on-line each month at www.chestjournal.org. ACCP's mission is to promote the prevention and treatment of diseases of the chest through leadership, education, research, and communication.

Copies of Diagnosis and Management of Lung Cancer: ACCP Evidence-Based Guidelines may be ordered by contacting the ACCP at 800-343-ACCP (2227) or 847-498-1400 or by visiting the ACCP Web site at www.chestnet.org.

January 2003 Press Release

Lung Condition at Moderate
Altitude Underestimated
Study Warns Skiers, Winter Sports Enthusiasts

(NORTHBROOK, IL, January 14, 2003) - High-altitude pulmonary edema (HAPE), a potentially fatal lung condition, occurs more frequently at moderate altitude (below 8000 ft.) than past research indicates. A study published in the January issue of CHEST, the peer-reviewed journal of the American College of Chest Physicians, suggests that HAPE may regularly occur at moderate altitude, affecting young, healthy skiers.

The study, conducted by researchers at Moutiers Hospital and Nord Hospital, Marseilles University School of Medicine, both in France, reviewed patient charts from the emergency department at Moutiers Hospital. During a 9-year period (1992-2000), 11,420

patients were admitted to the emergency department. Of the admitted, 52 patients presented with HAPE, including 44 males and 8 females, with a mean age of 37 years. All patients were vacationers at ski resorts set at moderate altitude around Moutiers, France. Patients skied at altitudes between 4,590 ft and 7,870 ft (1,400 m and 2,400 m). Mean sleeping altitude was 4,270 ft (1,300 m).

"HAPE at moderate altitude is said to be rare. Our study is the first to describe such a large group of patients who acquired HAPE at moderate altitude, which shows this condition may be underestimated," said lead author Andre Louis Gabry, MD, of Moutiers Hospital, Emergency Department. "Patients in the study were relatively young skiers. One explanation for this is that young skiers seem more likely to start intense physical activity without prior training than older skiers."

HAPE is a condition marked by an increase in lung blood pressure followed by fluid buildup in the lungs. Patients in the study experienced symptoms around the second day of stay. Nearly all patients experienced cardiorespiratory symptoms, such as dyspnea (labored breathing) and moist rales (abnormal breathing sounds), during examination; all patients had fluid buildup in the lungs, with 43 patients having at least half of each lung filled. Upon examination, patients had no signs of infection, intoxication, preexisting health conditions or other types of edema. Although severe forms of HAPE can be fatal, all patients in the study were treated and fully recovered within 2-6 days.

"Patients with preexisting lung conditions, such as chronic bronchitis, may be more susceptible to developing pulmonary edema at moderate altitudes," said Lawrence Raymond, MD, ScM, FCCP, Director of Occupational and Environmental Medicine, Carolinas HealthCare System, who wrote an editorial accompanying the study.

"Paradoxically, many asthmatics do better at altitude. But the study results suggest that anyone, regardless of health or fitness level, who ascends to these altitudes and performs vigorous physical activity without proper acclimatization may be at risk for developing this condition."

"The findings in this study will send a message to pulmonologists and physicians around the world that the diagnosis of pulmonary edema at moderate altitude should not be overlooked," said Udaya B. S. Prakash, MD, FCCP, President of the American College of Chest Physicians.

CHEST is a peer-reviewed journal published by the ACCP. It is available online each month at www.chestjournal.org. ACCP represents more than 15,000 members who provide clinical, respiratory, and cardiothoracic patient care in the U.S. and throughout the world. ACCP's mission is to promote the prevention and treatment of diseases of the chest through leadership, education, research, and communication.

February 2003 Press Release

Older Adults Increase Internet Use to Research Health

Internet Users Overrate Quality of Medical Information

(NORTHBROOK, IL, February 11, 2003) - A growing number of older adults are relying on the Internet to obtain medical information, says a study published in the February issue of CHEST, the peer-reviewed journal of the American College of Chest Physicians (ACCP). The study found that patients with lung cancer are increasingly using the Internet as a major resource for information about their disease. The study also found that patients tend to overrate the quality of medical information they find on the Internet.

The study, conducted by researchers from the University of Iowa College of Medicine, examined patient access to the Internet, Internet use, and user rating of information quality. Over a three-month period, researchers surveyed patients with lung cancer, who were reporting to a Midwest multidisciplinary lung cancer clinic. Of the 139 respondents, with a mean age of 58.5 years, 16 percent reported using the Internet to learn more about their disease, making the Internet the most common nonphysician source of medical information in this study. Previous studies indicate that only 10 to 25 percent of the general patient population uses the Internet for health-related reasons, and that the Internet is the least utilized resource for obtaining health information.

"Previous surveys suggest age is a limiting factor for Internet use. Our survey results show no age barrier," said lead researcher Michael W. Peterson, MD, FCCP, currently Chief of Medicine at the University of California, San Francisco-Fresno. "Due to the nature and severity of their disease, patients with lung cancer tend to be older and more motivated to learn about their disease."

When asked to evaluate the quality of health information on the Internet, patients in the study rated Internet health information equivalent to information they received from their physicians. Past research indicates that most continuing medical education and patient information Internet sites fail to provide quality information for users, leading researchers to believe that patients have a misplaced faith in the quality of health information available on the Internet.

"Health information found on Internet is highly variable and very little meets minimum quality standards," said Dr. Peterson. "Even when information is accurate, medical Internet sites often are written at too high of a reading level for information to be effectively communicated to the patient."

Patients surveyed were identified as being users or nonusers of the Internet. The two groups significantly differed in education level and annual income, with both a higher education level and higher income associated with more Internet use. Internet users also were more likely to have a computer in the home and have Internet access. Survey results showed no difference between the two groups when compared by community size.

"It is important to recognize the increased access our patients have to the Internet and that medical information on the Internet is not always correct," said Udaya B. S. Prakash, MD, FCCP, President of the American College of Chest Physicians. "With thorough

patient education and continuous dialogue, we can ensure that our patients are receiving the most accurate information about their disease."

CHEST is a peer-reviewed journal published by the ACCP. It is available on line each month at www.chestjournal.org. ACCP represents more than 15,000 members who provide clinical, respiratory, and cardiothoracic patient care in the U.S. and throughout the world. ACCP's mission is to promote the prevention and treatment of diseases of the chest through leadership, education, research, and communication.

March 2003 Press Release

Cigarette Smoking May Inhibit Cough Reflex in Men

Desensitized Cough Receptors May Increase Tolerance of Tobacco Smoke

(NORTHBROOK, IL, March 11, 2003) - Men who smoke may have a less sensitive cough reflex than their nonsmoking counterparts, says a study published in the March issue of CHEST, the peer-reviewed journal of the American College of Chest Physicians (ACCP). The study found that young, healthy (asymptomatic) males who smoke have a cough reflex that is slower to react than nonsmoking males. A person's reflex to cough is a defensive action that prevents foreign material from entering the respiratory tract and helps to remove mucus from the airways.

"Little research has been conducted in the field of cough, and even less research has been done on cough reflex sensitivity in relation to tobacco smoke," said study author Peter V. Dicpinigaitis, MD, FCCP, Albert Einstein College of Medicine, Department of Medicine, Bronx, New York. "Diminished cough reflex inhibits an important defense mechanism which may make smokers more prone to respiratory tract infections and other medical conditions."

The study, conducted at Albert Einstein Hospital, Division of Montefiore Medical Center, measured cough reflex sensitivity in 20 healthy males, mean age 32.2, who currently smoked. Study participants underwent cough challenge testing, which included inhaling single breaths of the agent capsaicin, a standard cough inducer, at one-minute intervals until five or more coughs were induced. Test results were compared to those of a historical control group of 50 healthy, male nonsmokers who had previously undergone the identical cough challenge test. When compared, smokers needed more than four times the concentration of capsaicin than nonsmokers to induce five or more coughs.

"Long-term exposure to tobacco smoke may desensitize cough receptors in the airway, increasing the tolerance to tobacco smoke and other inhaled substances," said Dr. Dicpinigaitis. "We can speculate that as individuals become less exposed to tobacco smoke, their cough receptors become less inhibited, resulting in a more sensitive cough reflex. This may be the reason why former smokers briefly develop a cough after smoking cessation."

"Although difficult to prove, it also is likely that healthy smokers have a naturally blunted cough reflex," said Umesh G. Laloo, MBChB, MD, FCCP, Nelson R. Mandela School of Medicine, Department of Medicine, South Africa, and author of a corresponding editorial. "This may explain why some individuals tolerate the acute effects of smoking and become addicted to nicotine."

Subjects were selected for the study based on smoking status, defined as smoking at least five cigarettes daily for one year. Subjects had no history of asthma or chronic cough or recent symptoms of respiratory tract infection and were not receiving any medications known to affect cough reflex sensitivity. A gender-specific study was performed because past research indicates that cough reflex is significantly more sensitive in women.

"This study reinforces the need for smoking cessation. In addition to a weakened cough reflex, people who use tobacco can develop more serious medical disorders such as emphysema, COPD, and lung cancer," said Udaya B. S. Prakash, MD, FCCP, President of the American College of Chest Physicians. "The most effective preventive measure for these conditions is to stop smoking or never start."

CHEST is a peer-reviewed journal published by the ACCP. It is available on line each month at www.chestjournal.org. ACCP represents more than 15,000 members who provide clinical, respiratory, and cardiothoracic patient care in the U.S. and throughout the world. ACCP's mission is to promote the prevention and treatment of diseases of the chest through leadership, education, research, and communication.