

October 2003 Press Release

Smoking More Common Among Nursing Than Medical Students

New Study Shows Decline in Smoking Rate Among Medical School Students

(NORTHBROOK, IL, October 14, 2003) - Nursing students are more likely to smoke cigarettes and to be more severely nicotine-dependent than medical students, says a study published in the October issue of CHEST, the peer-reviewed journal of the American College of Chest Physicians (ACCP). The study found that four times as many nursing students smoke cigarettes than medical students, and nearly twice as many nursing students are former smokers. The study also found that the smoking rate among medical students has significantly decreased in the last decade and that medical students who do smoke are less nicotine dependent than their nursing counterparts.

"In the current climate of disease prevention and health promotion, smoking behaviors of future physicians and nurses have become increasingly important," said lead author Ashwin A. Patkar, MD, Department of Psychiatry and Human Behavior, Jefferson Medical College, Philadelphia, PA. "Physicians and nurses can significantly influence health-related behavior of patients. However, health-care professionals who smoke are at a particular disadvantage when attempting to impact their patients' smoking related diseases and are less likely to positively influence their behavior."

Researchers from Jefferson Medical College at Thomas Jefferson University in Philadelphia investigated the smoking habits of medical and nursing students enrolled at the university and examined whether smoking habits changed during the course of education for each group. Medical and nursing students completed anonymous surveys containing questions on graduating class year and demographics, and the Fagerstrom test for nicotine dependence (FTND). Surveys were completed by 397 medical students (212 women and 185 men) and 126 nursing students (105 women and 21 men). Survey results revealed that 13.5 percent of nursing students smoked cigarettes, as compared to 3.3 percent of medical students. In addition, 17.4 percent of nursing students and 9.8 percent of medical students considered themselves former smokers. Average smoking rates in the general population are estimated at more than 25 percent, while studies conducted in the 1990s indicated a 15-25 percent smoking rate in nursing students and a 2-10 percent smoking rate in medical students. Of the students who smoked, 89.7 percent of nursing students were women, as compared to 57.6 percent of medical students. Female smokers in both groups had a higher FTND score than male smokers and reported smoking more cigarettes per day, more often, and sooner after waking up in the morning.

"The decrease in the number of medical students smoking cigarettes is encouraging. It seems that the decision to begin training to be future doctors may make medical students more aware of the need to quit in order to appear as good role models to patients and the public," said Dr. Patkar. "Gender differences could partially explain the smoking variations between medical and nursing students, but nursing students may also be less

aware of their role and responsibilities to provide smoking cessation treatment than medical students."

When smoking habits were compared across class years, no differences were found in the number of smokers or former smokers, mean FTND scores, and immediate plans to quit. However, in medical students, the mean time since quitting was 1.6 years for the first-year medical class, 2.4 years for the second-year class, and 3.5 years for the third and fourth year classes, leading researchers to believe that former smokers may have quit within 12 months before entering medical school. No such differences were observed among former smokers in nursing school.

"As health-care providers, we have the responsibility to our patients to model a healthy lifestyle, including abstaining from tobacco use," said Udaya B. S. Prakash, MD, FCCP, President of the American College of Chest Physicians. "Medical and nursing schools can encourage this healthy lifestyle by offering tobacco cessation services for students and educational programs that will help prepare future medical professionals to counsel patients who smoke."

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 United States 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.

November 2003 Press Release

Tumor Size Predicts Survival In Patients With Lung Cancer

Study Shows Need for Further Substaging in Lung Cancer

(NORTHBROOK, IL, November 11, 2003) - Tumor size is an important predictor of survival in patients with early-stage lung cancer, says a study published in the November issue of CHEST, the peer-reviewed journal of the American College of Chest Physicians (ACCP). The study shows that patients with lung tumors less than 2 cm in size had a higher 5-year survival rate than patients with tumors 2 to 3 cm in size. The study also suggests that despite current lung cancer staging guidelines, which categorize lung tumors as being less than, equal to, or more than the baseline value of 3 cm, further substaging may be needed to accurately assess and treat the disease.

"Although previous studies have noted a distinct difference in survival between patients with nonmetastasized tumors less than 3 cm [stage IA] and tumors more than 3 cm in size [stage IB], little information is available on whether size remains an important determinant of survival in tumors less than 3 cm," said Jeffrey L. Port, MD, assistant professor of cardiothoracic surgery, Department of Cardiothoracic Surgery, Weill-Cornell Medical Center, New York, NY. "Our study indicates that within stage IA, a tumor size difference of even 1 cm can impact survival, leading us to believe that further substaging

of stage IA lung cancer is necessary to ensure patients in this stage are receiving the most effective treatment."

Researchers from Weill Medical College of Cornell University evaluated the relationship between tumor size and 5-year survival in patients with stage IA non-small cell lung cancer. Researchers reviewed the history of 244 patients who underwent surgical resection for lung tumors. Overall mortality/survival rates and mortality/survival rates specific to lung cancer were analyzed and compared to tumor size. The overall 5-year survival rate in patients was 71.1 percent, as compared to the overall 5-year disease-specific survival rate of 74.9 percent. In regards to tumor size, disease-specific survival was 81.4 percent for patients with tumors less than or equal to 2 cm and 63.4 percent for patients with tumors greater than 2 cm.

"Lung cancer is most curable when it is detected early. However, by the time most people are diagnosed with lung cancer, they have surpassed the curable stages of the disease," said Dr. Port. "Improved survival in patients with stage I lung cancer has rekindled interest in lung cancer screening for the purpose of detecting smaller and potentially more curable lesions. Our findings suggest that lung cancer screenings may be useful in discovering even the smallest of lesions that can, in turn, represent early-stage lung disease."

"Although further substaging of early-stage lung tumors may be necessary to accurately assess and treat patients with lung cancer, routine CT [computed tomography] screening for the detection of lung cancer is controversial," said Richard S. Irwin, MD, FCCP, President of the American College of Chest Physicians. "This study reinforces the need for further investigation into the benefits and outcomes associated with lung cancer screening."

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 United States 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.

November 17-21: Lung Cancer Awareness Week

In the United States, lung cancer causes more deaths in both men and women than the next three most common cancers combined (colon cancer, 48,100 deaths; breast cancer, 40,000 deaths; and prostate, 30,200 deaths).¹ It is projected that 171,900 individuals (91,800 men and 80,100 women) in the United States will receive a diagnosis of lung cancer in 2003 and 157,200 individuals will die of the disease during the year.²

Lung Cancer Awareness Week is supported by The CHEST Foundation, the philanthropic arm of the ACCP, whose mission is to improve lung health for patients and communities through education focused on public health issues. Together with leading cancer community organizations, such as Cancer Care, Inc. and the Oncology Nursing Society, The CHEST Foundation raises awareness about lung cancer, encouraging early

diagnosis and offering educational and emotional support to lung cancer patients and their loved ones.

In addition, 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. As more than 90 percent of lung cancer cases are the result of tobacco use and exposure, the Task Force's Speakers 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.

The American College of Chest Physicians is committed to reducing the incidence of lung cancer in the United States and throughout the world. In January 2003, the ACCP released *Diagnosis and Management of Lung Cancer: ACCP Evidence-Based Guidelines*, the first set of evidence-based lung cancer guidelines that address lung cancer from prevention to detection, diagnosis, staging, treatment, follow-up and palliative care. The ACCP also produces the 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.

1. Jemal A, Thomas A, Murray T, et al. Cancer statistics, 2002. *CA Cancer J Clin* 2002; 52:23-47

Jemal A, Thomas A, Murray T, et al. Cancer statistics, 2003. *CA Cancer J Clin* 2003; 53:5-26

December 2003 Press Release

American College of Chest Physicians Inducts New President

Richard S. Irwin of U Mass Memorial Leads
ACCP Patient-Focused Care Revolution

(Northbrook, IL, December 4, 2003) - Richard S. Irwin, MD, FCCP, was inducted as President of the American College of Chest Physicians (ACCP) at CHEST 2003, the College's 69th annual international scientific assembly, held October 25-30, in Orlando, FL. Dr. Irwin is Professor of Medicine, Professor of Nursing, and the Chief of Pulmonary, Allergy, and Critical Care Medicine at the University of Massachusetts Medical School and U Mass Memorial Medical Center in Worcester, MA.

As President, Dr. Irwin intends to build on the work of past ACCP Presidents and to encourage the ACCP to formally and actively embrace the concept of patient-focused care. The patient-focused care concept was introduced during Dr. Irwin's inaugural

address where hundreds of medical professionals recited the new ACCP Patient-Focused Care Pledge.

"Medical education and clinical practice have entered into a revolutionary period, the period of patient-focused care," said Dr. Irwin. "Patient-focused care is the care we want our families to receive all the time. And, as physicians and medical professionals, I believe this is the care we want all of our patients to receive."

The ACCP Patient-Focused Care Pledge is unique to medical societies and emphasizes the physician's responsibility to provide compassionate, sensitive, and interdisciplinary patient care whenever and wherever he or she practices medicine. The ACCP will use the Pledge as a guide in creating a series of interdisciplinary models that hospitals, health-care systems, education programs, and individual medical professionals can use to implement the patient-focused care concept into their practice areas.

As an active ACCP Fellow since 1979, Dr. Irwin's ACCP leadership roles have been substantial. He is the Editor in Chief of ACCP-SEEK and also is an Editorial Board member and Department Editor of CHEST, the official peer-reviewed journal of the ACCP. Dr. Irwin has chaired numerous ACCP committees, including the CHEST 2000 Scientific Program Committee, and has served on the ACCP Board of Regents, the Executive Committee of the ACCP Board of Regents, and the Board of Trustees of The CHEST Foundation, the philanthropic arm of the ACCP.

"The ACCP and I have shared and continue to share the same passions as my mentors, who also were ACCP members," said Dr. Irwin. "I have learned that all of my professional needs and the needs of my patients can be satisfied by the ACCP. This is the greatest strength of the ACCP, and with my goals regarding patient-focused care, I hope to build upon this strength."

Dr. Irwin received his medical degree from Tufts University School of Medicine in Boston. He completed his residency work at Tufts-New England Medical Center in Boston and completed a postdoctoral fellowship in pulmonary disease at Columbia-Presbyterian Medical Center in New York.

Dr. Irwin's major research interests include the pathogenesis, diagnosis, and treatment of cough; asthma management; risk factors of severe asthma; and gastrointestinal and respiratory system interactions. He has authored over 150 peer-reviewed articles, nearly 200 textbook chapters, and edited 28 books and monographs. He has been the recipient of numerous teaching awards and honors, including being selected by his peers to be listed in the Best Doctors in America and America's Top Doctors.

Dr. Irwin and his wife Diane live in Westborough, MA. Diane Irwin became chair of the Ambassadors Group at CHEST 2003. The Ambassadors Group comprises ACCP spouses and other interested individuals who serve as emissaries to help the ACCP and The CHEST Foundation improve patient care and lung health through education.

ACCP represents more than 15,700 members who provide clinical respiratory, critical care, 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. The CHEST Foundation is the philanthropic arm of the College whose mission is to provide resources to advance the prevention and treatment of diseases of the chest.

December 2003 Press Release

Specialty Medical Societies Offer Evidence-Based Conclusions on Inhaled Steroid Treatment for Asthma

ACCP, AAAAI, and ACAAI Conclude Benefits of ICS Treatment Outweigh Risks

(NORTHBROOK, IL, December 9, 2003) - Inhaled corticosteroid (ICS) therapy remains the gold standard of asthma treatment, according to findings from a systematic evidence review released today by the American College of Chest Physicians (ACCP), the American Academy of Allergy, Asthma, and Immunology (AAAAI), and the American College of Allergy, Asthma, and Immunology (ACAAI). Published in the December issue of CHEST, the peer-reviewed journal of the ACCP, the review offers evidence-based conclusions on several prominent risks associated with ICS therapy for the treatment of adult and pediatric asthma.

"ICS therapy has been the gold standard in asthma treatment for 20 years because of its proven effectiveness. However, since the inception of ICS therapy, physicians have been concerned about side effects, particularly in special populations, such as children, women, and the elderly," said lead author Frank T. Leone, MD, MS, FCCP, Thomas Jefferson University, Philadelphia, PA. "After a systematic and accurate review of the proven risks, we can say with confidence that the majority of evidence supports the conclusion that the clinical effectiveness of ICS therapy decidedly outweighs the proven risks."

An expert panel with representatives from the ACCP, the AAAAI, and the ACAAI identified critical questions that impact decisions regarding the use of ICS therapy in relation to the five adult and pediatric risk areas of bone mineral density (BMD), cataracts, glaucoma, growth retardation, and skin thinning. Panel members reviewed 108 asthma studies related to ICS therapy complications and summarized all relevant evidence for each risk area. A consensus statement was provided for each risk area along with a grade to reflect the quantity and quality of evidence supporting each conclusion. Overall, the panel concluded that the benefits associated with ICS use greatly exceed the risks. In regards to the effect of ICS therapy on BMD, the panel strongly supported the conclusion that ICS use is not associated with a reduction in BMD in children with asthma. The panel also supported the conclusion that ICS use is associated with skin thinning and easy bruising in adults and children, but that dose, duration of use, and patient gender are important variables affecting overall risk. In addition, the panel fully

supported the conclusion that ICS therapy is associated with a decrease in short-term growth rates in children, but that the overall effect is small and may not be sustained with long-term therapy. According to the panel, conclusions regarding the effect of ICS therapy on BMD in adults and the effect of ICS therapy on the development of cataracts and glaucoma were insubstantial because they were only supported by conflicting or insufficient data.

"With more than 15 million people in the United States living with asthma, adverse events related to asthma therapy can greatly impact public health," said Richard S. Irwin, MD, FCCP, President of the American College of Chest Physicians. "The joint effort between the ACCP, AAAAI, and ACAAI to provide physicians with conclusions on the risks of ICS use signifies the continuous support of evidence-based medicine by these medical societies and their commitment to patient-focused care."

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The AAAAI is the largest professional medical specialty organization in the United States representing allergists, asthma specialists, clinical immunologists, allied health professionals and others with a special interest in the research and treatment of allergic disease. Allergy/immunology specialists are pediatric or internal medicine physicians who have elected an additional two years of training to become specialized in the treatment of asthma, allergy and immunologic disease. Established in 1943, the Academy has nearly 6,000 members in the United States, Canada and 60 other countries. The Academy serves as an advocate to the public by providing educational information through its Web site at www.aaaai.org.

The American College of Allergy, Asthma and Immunology (ACAAI) is a professional medical organization, headquartered in Arlington Heights, Illinois, comprising 4,963 qualified allergists-immunologists and related health-care professionals. The ACAAI is dedicated to the clinical practice of allergy, asthma and immunology through education and research to promote the highest quality of patient care.