Letter to the Editor


Letter

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The paper by Falk et al. (1) adds important information to current knowledge on the epidemiology of BAC. This is the second and (not the first, as stated by the authors) case-control study showing a positive association of BAC with intensity and duration of cigarette smoking (2). Falk et al. were not aware of the first case-control study published about 6 months before their paper was published, but 4 months after their paper had been received for publication. A discrepancy between the two reports has prompted us to write the present comment.

Unlike the earlier report, Falk et al. (1) did not find that risk of BAC declined with duration of smoking cessation. This internal inconsistency is not trivial, since it may lend support to the old belief, according to which BAC is not related to smoking (3). According to the authors, "Smoking cessation did not lower risk, since nearly one-half of the former smoking cases had quit for at least 10 years" (1). However, comparing the two reports suggests that this disturbing finding stems from inadequate control selection rather than from the distribution of years of smoking cessation in cases.

In both studies, controls were hospitalized patients with cancer and noncancer conditions. The relevant difference was that patients diagnosed with tobacco-related diseases were included in the control group of Falk et al. (1) but not in the other report's control group. We therefore reanalyzed our data using the same categories of years of smoking cessation as in the study by Falk et al. Table 1 shows that the distribution of years of smoking cessation is very similar in the two case series, especially if current smokers and smokers who had quit for 1 year or less are grouped together. In contrast, among controls, there are relatively more current smokers plus short-term quitters and fewer long-term quitters (≥10 years) in the study by Falk et al. Since controls with tobacco-related diseases are more likely to be current smokers or recent quitters, their presence in the control group of Falk et al. may explain the lack of inverse association between duration of smoking cessation and BAC.

References

Table 1

<table>
<thead>
<tr>
<th>Smoking status</th>
<th>Cases Falk et al. (1)</th>
<th>Controls Falk et al. (1)</th>
<th>Morabia and Wynder (2)</th>
<th>Morabia and Wynder (2)</th>
<th>Unconditional odds ratios</th>
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<tbody>
<tr>
<td></td>
<td>n %</td>
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<td>Current smoker</td>
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</tr>
<tr>
<td>1</td>
<td>6 28.57</td>
<td>36 41.38</td>
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<td>2</td>
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<td>≥10</td>
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<td>22 25.29</td>
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<td>Never smoked</td>
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<td>15 17.24</td>
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The abbreviation used is: BAC, bronchioloalveolar carcinoma.

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