

Lung Cancer: Is the Increasing Incidence Due to Radioactive Polonium in Cigarettes?*

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ABSTRACT: This paper presents clinical, experimental, and epidemiologic evidence to help explain the rapidly increasing incidence of primary lung cancer, with recently observed reversal in leading cell type from squamous cell to adenocarcinoma. It postulates that this may be due to changes in modern cigarettes, with or without filters, which allow inhalation of increased amounts of radioactive lead and polonium and decreased amounts of benzopyrene. This hypothesis is based upon measurements of increased concentrations of radioactive polonium in the lungs of cigarette smokers, in modern tobaccos grown since 1950, and in high-phosphate fertilizers used for tobacco farming in industrialized countries. Critical support for this thesis is based upon experimental animal studies in which lung cancers that resemble adenocarcinomas are induced with as little as 15 rads of radioactive polonium, equal to one fifth the dosage inhaled by cigarette smokers who average two packs a day during a 25-year period.

PARADOXICALLY, the incidence of lung cancer has greatly increased in the past two decades even though 15% of the population (30 million Americans) have quit smoking. In addition, 90% of American cigarettes now have filters that reduce concentrations of tars and nicotine in the smoke.^{1,2} Nevertheless, age-adjusted death rates show that twice as many American men died of lung cancer in 1980 than in 1960, and three times as many women.³

Because at least 85% of lung cancers are reported to occur in cigarette smokers, the major carcinogens must be within the cigarettes themselves.⁴ Furthermore, incidences of lung cancer are directly proportional to daily cigarette consumption.⁵

CRITERIA FOR MAJOR TOBACCO CARCINOGENS

Whatever the major tobacco carcinogens, they should prove to be inadequately filtered by cigarette filters and small doses should cause lung cancers in experimental animals. Greater concentrations of these chemicals should be found in the lungs of cigarette smokers than in nonsmokers, and there should be some reason for an increased concentration of these carcinogens in tobacco smoke.

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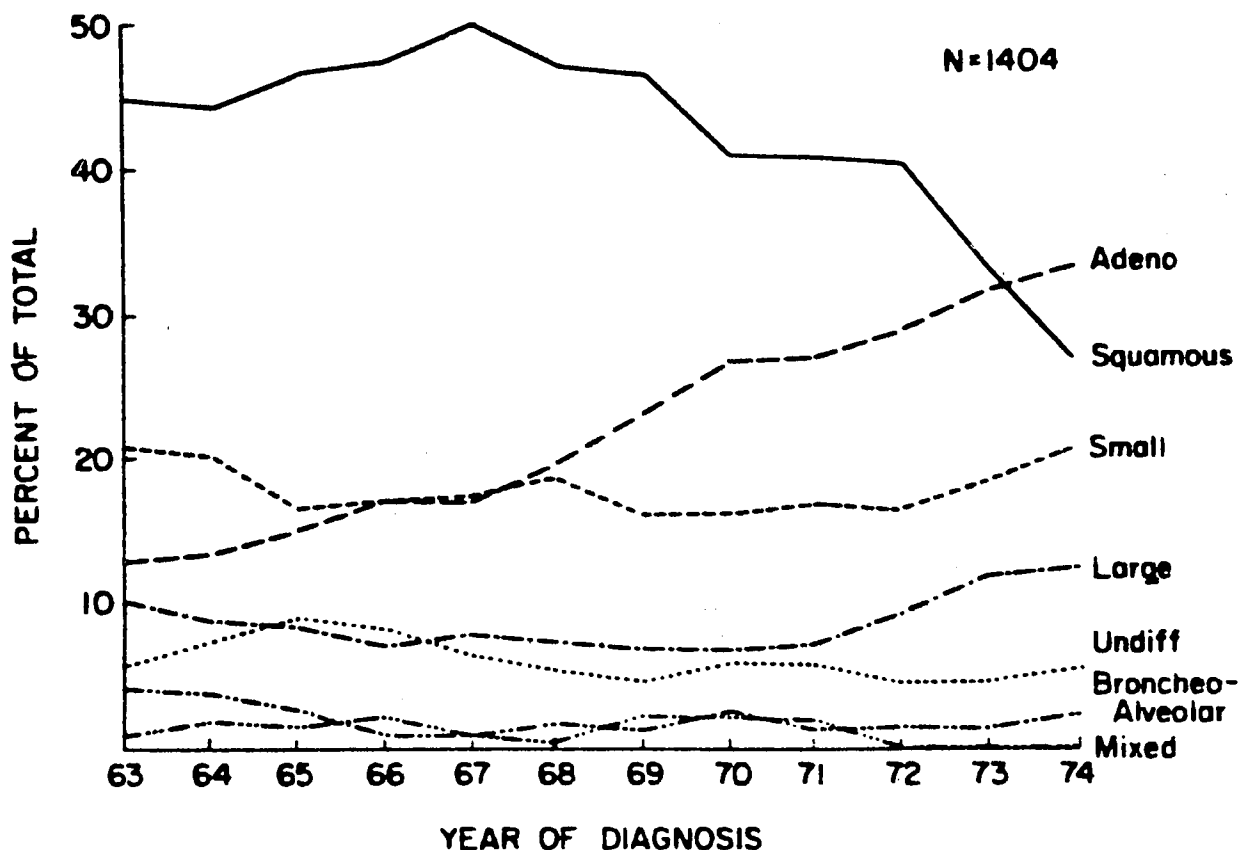
INDUCTION OF LUNG CANCERS IN ANIMALS

Of more than 100 carcinogens found in cigarette smoke, three types of substances have been shown to cause lung cancers by inhalation or tracheal instillation into experimental animals.¹ Since 1957, polyaromatic hydrocarbons such as benzopyrene have been shown to cause lung cancers in experimental animals.⁶ Benzopyrene caused squamous cell cancers of the lung when it was instilled into the respiratory tracts of hamsters and mice. However, benzopyrene's concentration in tobacco smoke has been greatly reduced in the last 20 years by changes in tobacco processing and use of filters.¹ Therefore, benzopyrene seems unlikely to be responsible for the continued increase in lung cancer, especially adenocarcinoma. Several nitrosamines found in trace amounts of tobacco smoke can also induce respiratory cancers in experimental animals, but with greater difficulty. Furthermore, since 80% of nitrosamines are eliminated by cigarette filters, these chemicals should be of decreased importance.¹

RADIOACTIVE POLONIUM

The only other carcinogen in tobacco smoke shown to cause lung cancers in experimental animals is radioactive polonium, which emits the most powerfully carcinogenic form of radiation known, alpha radiation.^{7,8} Of the three tobacco carcinogens, radioactive polonium is the least reduced by cigarette filters and is the only one shown to cause lung cancers in animals by actual inhalation (Table 1).^{9,10}

Radioactive polonium is completely volatilized



Increasing incidence of adenocarcinoma of lung. (From Valaitis et al.²⁴)

at the combustion temperature of cigarettes, and half is transferred directly into the mainstream smoke. Radioactive polonium produced lung cancers that had features of both adenocarcinoma and squamous cell carcinoma on instillation into the trachea of Syrian hamsters, but they more closely resembled adenocarcinoma. Furthermore, when transplanted into a host animal, these tumors became pure adenocarcinomas. Lung cancers could be induced in 97% of Syrian hamsters with radioactive polonium in doses so small that no inflammation occurred (Table 2).¹¹ Doses as low as 15 rads could induce lung cancer in 13% of the hamsters. This is equivalent to less than one fifth the amount of radioactive polonium inhaled by an individual smoking two packs of cigarettes per day over a 25-year period.¹² Lung cancer could be induced in 13% of rats inhaling 583 rads of this chemical. Unlike alpha radiation, thousands to tens of thousands of rads from beta- or gamma-emitting radioactive chemicals were required to induce lung cancers in experimental animals. Giving both radioactive polonium and benzopyrene at the same time produced twice the number of lung cancers that would have been expected from the additive effects of either carcinogen alone.¹³

RADIOACTIVE POLONIUM IN LUNGS OF SMOKERS

Radioactive polonium from cigarette smoke is concentrated in lungs of human smokers. Measurements of radioactive polonium made on lung specimens obtained at autopsy and at surgery revealed that the average concentration of radioactive polonium in peripheral lung tissue was more than four times as great in cigarette smokers as

TABLE 1. Polonium Content in American Cigarettes and Smoke

Whole Cigarette	²¹⁰ Po Content			Total Smoke	Total in Ash, Butt, and Smoke	Recovery*	²¹⁰ Po in Main-stream Smoke	Ratio of Main-stream to Total Smoke (%)
	Ash	Butt	Total					
<i>Brand A, nonfilter</i>								
0.43 (4)	0.031 (2)	0.13 (2)	0.19 (2)	0.35	81	0.10 (3)	52	
<i>Brand B, nonfilter</i>								
0.48 (5)	0.053 (2)	0.12 (2)	0.26 (2)	0.43	90	0.12 (2)	46	
<i>Brand C, filter</i>								
0.39 (4)	0.035 (2)	0.094 (2)	0.19 (2)	0.32	82	0.088 (2)	47	
<i>Brand D, filter</i>								
0.40 (4)	0.033 (2)	0.15 (2)	0.17 (2)	0.35	88	0.070 (3)	41	

*Ratio of total in ash, butt, and smoke to total in whole cigarette. From Radford and Hunt.⁹

TABLE 4. Polonium 210 Content of Various Cigarette Tobaccos

Origin of Sample	No. of Samples	²¹⁰ Po Activity (pc/kg)		
		Max.	Min.	Mean
United States	8	650	390	510
Central and South America	6	1,350	290	370
Rhodesia	3	700	600	650
Australia	2	669	610	640
India and Pakistan	2	570	250	410
Indonesia	1	—	—	230
Turkey and Greece	3	280	210	240

From Hill.²²

RADIOACTIVE POLONIUM AND LEAD IN TOBACCO PLANTS

How does radioactive polonium and its immediate precursor, radioactive lead, get into tobacco leaves, and why is it increasing? Studies have shown that most of these radioactive chemicals enter the tobacco plant from the soil during growth, with lesser amounts of radioactive polonium and lead entering the tobacco leaves directly from the atmosphere. The major reason for the increased amounts of radioactive polonium and lead in tobacco in recent decades is the increased use of artificial high-phosphate fertilizers in moderately industrialized countries. Made from apatite rock, which contains radium, polonium, and radioactive lead, they are ground up and dissolved in sulfuric acid. Their widespread use did not occur in this country until after the opening of the Tennessee Valley Authority in 1940,

which developed the fertilizer manufacturing plants.^{20,21}

Tobacco is a unique farm product in that its quality of flavor depends upon reduction of tobacco nitrogen. Therefore, large amounts of high-phosphate fertilizers are repeatedly applied to restricted amounts of land to use up the soil's nitrogen while stimulating greater tobacco growth. The concentration of these radioactive chemicals found in the soil and in the tobacco leaves increases with the amounts of high-phosphate fertilizer used.²¹

Since the highest lung cancer rates occur among smokers in the more highly industrialized countries, their use of high-phosphate fertilizers may be a major factor. Lesser developed countries use natural fertilizers and apply it to lands less densely cultivated. Tobacco samples from lesser developed countries such as India, Indonesia, and Turkey have been found to have about one third the radioactivity of tobacco from more developed countries (Table 4).²²

Measured radioactivity in tobacco has been found to be increased in this country. Studies showed radioactivity in tobacco samples from 1938 to be only one third to one sixth the amounts found in samples obtained in the 1950s and 1960s (Table 5).²¹

AIR POLLUTION

Although only relatively slight differences in lung cancer incidence have been shown between

TABLE 5. Natural Radioactivity in Tobaccos

Tobacco Type	Year Produced	Activity (pg)				
		(A) Measured ²²⁶ Ra (May 1964)	(B) Calc. ²¹⁰ Pb From ²²⁶ Ra (May 1964)	(C) Calc. ²¹⁰ Pb From ²¹⁰ Po (At Harvest)	(C/A) Pb/Ra	(D) Measured ²¹⁰ Po (May 1964)
<i>Air-cured</i>						
Maryland	1938	0.059 ± 0.038*	0.03	0.27	4.6	0.15 ± 0.01*
Pennsylvania cigar	1938	0.059 ± 0.006	0.03	0.32	5.4	0.17 ± 0.01
<i>Flue-cured</i>						
Georgia	1950	0.31 ± 0.002	0.11	0.46	1.5	0.41 ± 0.01
(Tifton only)	1950	0.37 ± 0.26	0.13	0.54	1.5	0.48 ± 0.01
	1963	0.15 ± 0.011	0.004	0.41	2.7	0.40 ± 0.02
Georgia (mixed)	1959	0.39 ± 0.002	0.06	0.27	0.7	0.30 ± 0.01
	1960	0.30 ± 0.016	0.03	0.25	0.8	0.25 ± 0.01
	1961	0.30 ± 0.008	0.02	0.42	1.4	0.40 ± 0.01
	1962	0.21 ± 0.018	0.01	0.36	1.7	0.35 ± 0.03
	1963	0.30 ± 0.018	0.008	0.42	1.4	0.42 ± 0.06
East North Carolina	1955	0.15 ± 0.002	0.04	0.28	1.9	0.25 ± 0.03
	1956	0.14 ± 0.000	0.03	0.38	2.7	0.33 ± 0.02
	1959	0.19 ± 0.001	0.03	0.37	1.9	0.35 ± 0.14
	1960	0.25 ± 0.007	0.03	0.41	1.6	0.39 ± 0.03
	1961	0.16 ± 0.007	0.01	0.51	3.2	0.48 ± 0.01
	1962	0.14 ± 0.013	0.008	0.45	3.2	0.43 ± 0.03
	1963	0.16 ± 0.011	0.004	0.31	1.9	0.30 ± 0.01

*Error terms are one standard deviation calculated from two measurements of each radium sample and at least three measurements of each ²¹⁰Po sample. From Tso et al.²¹

city and rural nonsmokers, significantly more lung cancer does occur in cigarette smokers who live in cities. These differences, however, are still relatively small when compared to the overwhelming influence of cigarette smoking itself.²³ City cigarette smokers are more likely to spend more time indoors in smoke-filled, crowded rooms. Martell¹⁸ has shown that radioactive polonium and lead particles adhere to other smoke particles and remain suspended in room air, to be breathed over and over by smoker and nonsmoker alike. He found the greater the smoke concentration, the longer and the denser the suspension in room air.

CHANGING TYPE OF PREDOMINANT LUNG CANCER

Contrary to what most textbooks have reported in the past, the most common type of primary lung cancer reported in a number of recent surveys is primary adenocarcinoma rather than squamous cell carcinoma.²⁴

A 1977 article from the Roswell Park Memorial Institute based on 1,600 cases indicated that their primary lung adenocarcinoma rate surpassed squamous cell cancer for the first time in 1974.²⁵ To determine whether changes in the interpretation of pathology slides could be a factor, they reevaluated their slides and found that this trend was not factitious. The Roswell Park group found that 95% of all their patients with lung cancer had smoked tobacco, as did 89% of those with adenocarcinoma, thereby refuting previous impressions that primary lung adenocarcinomas were frequently found in nonsmokers. They concluded that some type of alteration in tobacco carcinogens may be responsible (Figure).²⁵ Similarly, Melamed et al,²⁶ working at the Memorial Sloan-Kettering Cancer Center, were surprised to find that among 288 male smokers primary adenocarcinoma was the most frequent type of lung cancer detected by screening between 1974 and 1982. Conversely, Auerbach et al²⁷ found dramatic reductions in squamous metaplasia in smokers between the 1950s and 1970s.

Although small (oat) cell lung cancer was the most frequent type noted in earlier studies of uranium miners, a decrease in this type has been observed in recent years from 59% in 1960 to 22% in 1980, with a proportionate increase in adenocarcinoma.²⁸

Among survivors of an atomic bomb blast, women had a preponderance of pulmonary adenocarcinoma; men had a preponderance of squamous carcinoma. Both showed an increased incidence of small cell cancer.²⁹

CONCLUSIONS

In hamsters, benzopyrene induced mainly squamous cell carcinomas in proximal bronchi, and radioactive polonium produced mainly peripheral lung cancers that more closely resembled adenocarcinomas. This finding suggests a cause-and-effect relationship between benzopyrene and squamous cell carcinoma and between radioactive polonium and adenocarcinoma. Accordingly, the decreased proportion of human squamous cell lung cancer has occurred during a period of decreasing concentration of benzopyrene in modern filtered cigarette smoke. During the same period, an increased proportion of human lung adenocarcinomas has been observed in association with greatly increased concentrations of radioactive polonium and lead in tobacco.

Therefore, the continued escalation of lung cancer rates, especially of adenocarcinoma, among Americans may be related to the increased amounts of radioactive polonium and lead inhaled from modern cigarettes. These substances may also contribute to the increase in oat cell types, and are likely to interact and potentiate any amounts of other tobacco carcinogens, such as benzopyrene or nitrosamines. At the same time the decreased percentage of pulmonary squamous carcinomas may be due to decreased amounts of benzopyrene and other polyaromatic hydrocarbons in modern filtered cigarette smoke.

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