

Prolonged statin use may lower risk of lung cancer death

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Lung cancer patients who used statins in the year prior to a lung cancer diagnosis or after a lung cancer diagnosis had a reduction in the risk of death from the disease. The study results were published in *Cancer Epidemiology*, *Biomarkers & Prevention*, a journal of the American Association for Cancer Research.

Recently there has been much interest in the potential for exploring new therapeutic uses for existing drugs, in part, because existing medications are relatively inexpensive and have known side effect profiles, according to Chris Cardwell, PhD, a senior lecturer in medical statistics at the Centre for Public Health at Queen's University Belfast in Northern Ireland. This study investigated whether Lung cancer patients who received statins had improved cancer outcomes.

Cardwell and colleagues used data from nearly 14,000 patients newly diagnosed with lung cancer between 1998 and 2009 from English cancer registry data. They gathered the patients' prescription records from the U.K. Clinical Practice Research Datalink and mortality data up to 2012 from the Office of National Statistics.

Among patients who survived at least six months after a diagnosis, those who used statins after a lung cancer diagnosis had a statistically nonsignificant 11 percent reduction in lung cancerspecific deaths. Among those who used at least 12 prescriptions of statins there was a statistically significant 19 percent reduction in lung cancerspecific deaths, and among those who used lipophilic statins such as simvastatin there was a 19 percent reduction in lung cancer-specific deaths as well.

Among all patients in the study, those who used statins in the year before a lung cancer diagnosis had a statistically significant 12 percent reduction in lung cancer-specific deaths.

Cardwell noted that the outcomes were not different between non-small cell lung cancer patients and small cell lung cancer patients in this study.

In an interview, Cardwell said, "Our study provides some evidence that lung cancer patients who used statins had a reduction in the risk of death from lung cancer. The magnitude of the association was relatively small and, as with all observational studies, there is the possibility of confounding—meaning that simvastatin [a type of statin] users may have differed from simvastatin nonusers in other ways that could have protected them from death from cancer, for which we could not correct. However, this finding is worthy of further investigation in observational studies. If replicated in further observational studies, this would provide evidence in favor of conducting a randomized, controlled trial of simvastatin in lung cancer patients. We hope to conduct a similar analysis in a large cohort of lung cancer patients from Northern Ireland."

Provided by American Association for Cancer Research



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