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Radon, an odorless and invisible gas and a decay product of radium-226, has long been known to cause lung cancer. More than 100 years ago, miners of metal ores in Schneeberg, Germany, were found to develop intrathoracic malignancy. Early in the 20th century, high levels of radon were measured in the Schneeberg mines and in the nearby mines of Joachimsthal, where miners also developed lung cancer; radon was hypothesized to be the cause. About 20 epidemiological studies have shown increasing lung cancer risk with increasing exposure to radon progeny, exacerbated by cigarette smoking. Over the last 20 years, measurements of radon in indoor air have documented radon as a ubiquitous indoor air pollutant, reaching levels in some residences as high as those found in mines. Extrapolation of the risks observed in underground miners to the exposures received by the general population suggests that indoor radon should be considered a public health concern.

This issue’s cover features four scientists [Victor Archer, M.D., University of Utah (bottom right); Jay Lubin, Ph.D., National Cancer Institute (top right); Geno Saccomanno, M.D., Ph.D., St. Mary’s Hospital, Grand Junction, CO (bottom left); and Jonathan M. Samet, M.D., University of New Mexico (top left)] who have been investigating the tragic excess of radon-caused lung cancer in underground miners of uranium and other ores. Their careers span the period from the late 1940s and early 1950s, when underground uranium mining began in the Colorado Plateau, to the present, when uranium is no longer mined in the United States. Their research reflects a broad range of investigative approaches such as molecular and conventional epidemiological methods, statistical modeling, risk assessment, and investigative pathology.

Radon levels in the Colorado Plateau uranium mines as they opened were as high as those in the European mines (F. D. Lundin, Jr., J. K. Wagener, and V. E. Archer. Radon Daughter Exposure and Respiratory Cancer: Quantitative and Temporal Aspects. NIOSH-NIEHS Joint Monograph No. 1. Springfield, VA: National Technical Information Service, 1971). Concern for the miners’ health led to the implementation of field surveys by the Public Health Service. Subsequently, participants in the surveys were followed in the well-known epidemiological study of Colorado Plateau uranium miners, now continued by the National Institute for Occupational Safety and Health (R. W. Hornung and T. J. Meinhardt. Quantitative risk assessment of lung cancer in U.S. uranium miners. Health Phys., 52: 417-430, 1987). Dr. Archer, a Public Health Service physician, was one of the key investigators. By the early 1960s, a clear excess of lung cancer was documented in U.S. uranium miners, and this excess has been maintained as the cohort has aged.

In the mid-1950s, Dr. Saccomanno, then the only pathologist on the Western Slope of Colorado, developed pioneering methodologies for collecting sputum and preparing slides for cytological examination that are still a widely used standard. His meticulous observations of the temporal evolution of respiratory cells from normal to malignant cells indicated a multistage sequence.

New Mexico became the world’s largest uranium-producing area during the 1960s and 1970s. The New Mexico miners generally had much lower exposure to radon than the Colorado Plateau miners, but a 4-fold excess of lung cancer was documented in an epidemiological study directed by Dr. Samet. In New Mexico, studies have shown that uranium mining is a predominant cause of lung cancer in Navajo males, mostly never-smokers or very light smokers; that uranium miners develop silicosis and that silicosis is not predictive of lung cancer risk; and that there may be a unique pattern of genetic change in lung cancers in uranium miners.

Other underground miners throughout the world are exposed to radon. Dr. Lubin studied workers from the Yunnan Tin corporation in Yunnan Province in southern China, a population unique for its size (17,143 workers) and the number who began working underground as children. Insights into the temporal pattern of excess lung cancer risk from radon and into the potential utility of using skeletal 210Pb as a marker of exposure have already been gained from this population.

To date, the risks of the general population from indoor radon have been estimated by extrapolating exposure-response relationships observed in the miners to the general population. The 1988 Report of the Biological Effects of Ionizing Radiation (BEIR) IV Alpha Committee, of which Drs. Lubin and Samet were members, included a risk model based on the analysis of data from four studies of underground miners. More recently, Dr. Lubin, in collaboration with others worldwide, completed a pooled analysis of 11 longitudinal studies of miners that includes information on exposures of individual subjects to radon progeny. This new risk model for radon shows that lung cancer risk depends on age, time since exposure, and exposure rate.

Epidemiological investigations of lung cancer in the general population have reported mixed findings from a number of case-control studies, and more studies are now in progress throughout the world. In a 1990 paper, Drs. Lubin and Samet, along with Dr. Clarice Weinberg, considered the methodological limitations of such studies and cautioned that definitive findings should not be anticipated from individual studies. They called for pooling of the case-control studies. Workshops have now been held to facilitate future pooling, and Dr. Lubin and colleagues have pooled three of the now available studies in a forthcoming report.

Using the technique of quantitative risk assessment and a modification of the BEIR IV risk model, the U.S. Environmental Protection Agency estimates that approximately 14,000 lung cancer deaths are caused annually by radon and has called for nationwide testing of homes and schools, mitigation of radon levels that exceed the Agency’s guideline, and construction of radon-resistant housing. The risk estimates and the resulting recommendations have sparked controversy over the appropriateness of extrapolating risks from the miners to the general population. A more complete understanding of the mechanisms of carcinogenesis by radon may resolve some of the central uncertainties, such as the appropriateness of the linear no-threshold model for extrapolation of risks from higher to lower levels of exposure, the effect of rate of exposure, and the combined effect of smoking and radon. For the short term, however, the controversy will probably continue.

Dr. Samet is Professor of Medicine and Chief of the Pulmonary and Critical Care Division in the Department of Medicine at the University of New Mexico, and his research has focused on the epidemiology of occupational and environmental disease. He became interested in radon and lung cancer because of the industry’s prominence in New Mexico and the opportunity afforded by the many subjects who worked underground. He has also been investigating the health effects and risks of indoor air pollution and radon. He was a member of the BEIR IV Alpha Committee of the National Research Council (NRC), Chairperson of the NRC’s Radon Dose Panel convened in a follow-up of the BEIR IV Report, and is currently Chairperson of the BEIR VI Committee, the purpose of which is to reassess the risk of radon. He also serves on the Board of Radiation Effects Research for the NRC.

We are greatly indebted to Dr. Samet for information and photographs.

Sidney Weinhouse