

Statements from the President's Cancer Panel

*President's Cancer Panel
Promoting Healthy Lifestyles to Reduce the Risk of Cancer
February 12, 2007*

On February 12, 2007, the President's Cancer Panel held the fourth and final meeting in its 2006-2007 series on *Promoting Healthy Lifestyles to Reduce the Risk of Cancer* in Jackson, Mississippi. This was the second meeting to address the effects of tobacco use and environmental tobacco smoke on cancer risk; a related meeting was held October 23, 2006 in Lexington, Kentucky. Other meetings in this series examined how obesity, physical activity, and nutrition affect cancer risk. An overview of this series, with meeting dates and locations, can be found at <http://pcp.cancer.gov>.

Smoking causes one-third of cancer deaths in the United States; improved tobacco prevention and cessation could save a vast majority of these lives. However, the challenge remains of how to encourage states to prioritize comprehensive tobacco control. Despite declines in U.S. smoking rates, the dangers of tobacco remain high and the problem is worsening in other parts of the world. The Panel heard that developing countries, such as China and India, are experiencing large increases in tobacco use. To address the global impact of tobacco, 144 countries have ratified the World Health Organization Framework Convention on Tobacco Control (FCTC); the policies of the FCTC are aimed at reducing tobacco-related deaths worldwide. The United States has not yet ratified the FCTC.

Tobacco control encompasses prevention, cessation and reduction in third party exposure; it was suggested that reduction in toxicant exposure be included as part of tobacco control. Increased efforts must be made to regulate nicotine and toxicants in tobacco products; experts repeatedly emphasized the importance of FDA regulation of tobacco. One speaker advocated for a phase-out of nicotine in smoked products, which would free individuals from the physical addiction to nicotine. Setting limits on and disclosing toxicant levels in tobacco products should be required in order to reduce disease and death among smokers who are unable to quit.

The effectiveness of warning labels against tobacco use was revisited. Evidence suggests that graphic labels depicting a broad range of associated health risks (e.g., impotence) can deter people from smoking. The last update of tobacco warning labels in the United States was in 1984. Certain subpopulations have a higher risk of smoking addiction. For example, 60-75% of patients in addiction and mental health treatment programs smoke cigarettes. Tobacco use has become epidemic among the 37 million Americans living in poverty. Smoking prevention and cessation policies need to specifically target these populations.

Participants emphasized the need to promote widespread access to evidence-based tobacco cessation; research supports the effectiveness of a number of cessation strategies and programs. While primary prevention is critical to long-term reductions in tobacco use, cessation provides short-term decreases in health care costs and reductions in morbidity and mortality. It was noted that insufficient research has been done among the 18-24 year old age group, which has the highest spontaneous quit rates. This age range is viewed as a transition period between quitting versus dependence on tobacco products. The phenomenon of continued smoking by cancer patients was also presented as an understudied area; one that is critically important to cancer treatment outcomes and survival. A call was made to incorporate smoking cessation programs in all oncology settings. The Panel heard once again about the overarching need for political will to address the problem of tobacco use in the United States and abroad—political leaders need to act to protect the public interest.

The Panel will summarize findings and recommendations from this series of meetings in its 2007 annual report to the President.

The President's Cancer Panel, an advisory group established by Congress to monitor the Nation's efforts to reduce the burden of cancer, reports directly to the President on delays or blockages in that effort. For more information, visit the Panel's web site at <http://deainfo.nci.nih.gov/ADVISORY/pcp/pcp.htm>, call 301-451-9399, or e-mail to pcp-r@mail.nih.gov.