

Statements from the President's Cancer Panel

*President's Cancer Panel
Promoting Healthy Lifestyles to Reduce the Risk of Cancer
October 23, 2006*

The President's Cancer Panel held a 1-day meeting in Lexington, Kentucky on October 23, 2006 to address *Promoting Healthy Lifestyles to Reduce the Risk of Cancer*. This was the second in the Panel's 2006-2007 series of meetings focusing on ways to reduce cancer incidence and mortality through promotion of healthy lifestyles. Panelists presented testimony on effects of tobacco use and environmental (secondhand) tobacco smoke. As part of this meeting series, the Panel is also examining obesity, physical activity, and nutrition as they relate to cancer risk. An overview of this series, with meeting dates and locations, can be found at <http://pcp.cancer.gov>.

Tobacco use is the single leading preventable cause of death in the United States. Since the publication in 1964 of the first Surgeon General's Report on the health consequences of smoking, approximately 14 million Americans have died prematurely due to tobacco use; more than 440,000 continue to die each year. Smoking accounts for some 30 percent of cancer deaths. Data now also confirm that there is no risk-free level of exposure to secondhand smoke, which contributes to cancer and other diseases. Despite these startling figures, significant tobacco use (primarily smoking) persists; it is estimated that 21 percent of U.S. adults smoke. While there has been a decline in smoking prevalence in most age groups, the rate of decline has stalled among adolescents. Socially disadvantaged populations (generally those with less financial resources and education) have higher smoking rates, further increasing health disparities in such groups.

Effective, evidence-based interventions already exist to prevent initiation of smoking and promote quitting the use of tobacco products. State tobacco-control programs have provided evidence of the value of a comprehensive approach (educational, clinical, regulatory, economic, and community-based strategies) to reduce tobacco use; however, such programs are severely underfunded. One presenter suggested that if state tobacco control programs were funded even at minimum Centers for Disease Control and Prevention recommended levels, youth smoking rates could be between 3 and 13 percent lower than present rates. Sadly, of the more than \$21 billion that states received in 2005 from tobacco excise taxes and tobacco settlement payments, less than 3 percent was reinvested in tobacco control. Reasons identified by speakers for the nation's continued tobacco dependence (in spite of proven risks) included: an industry that invests more than \$15 billion per year promoting tobacco products; introduction of new products (e.g., smokefree tobacco); the extremely addictive properties of nicotine; influence of media on youth, particularly smoking images in popular movies; industry promotions lowering the cost of cigarettes; misperceptions about effectiveness of tobacco treatment (cessation) programs; and lack of health care system support in preventing and treating the problem.

On a positive note, the Panel heard there has been an increase in the number of states with smokefree air laws that eliminate smoking in workplaces, restaurants, and in many cases, bars. By 2007, 21 states will have indoor smoking bans in place. Mayors from Lexington and Georgetown, Kentucky spoke about local efforts to pass smokefree legislation—a notable achievement for jurisdictions in the heart of “tobacco country.” It is critical, the Panel heard, to continue to close gaps and make progress in this area to protect public health.

Given that risks of tobacco use are undisputed and methods to address these risks are proven, speakers asked what more can be done to rid this country of tobacco-related disease. This challenge was presented as a moral obligation, and one that also extends to developing nations—we should not export the problem of tobacco use. If we are to reduce the burden of cancer by promoting healthy lifestyles, the greatest impact can be achieved by reducing and eventually eliminating the use of tobacco products. 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.