From: "Stan Shatenstein" <shatensteins@sympatico.ca>
To: Undisclosed-Recipient:;
Date: 27.9.2012 13:37:17
Subject: STAN Bulletin: 36th Edition: 27-September-2012

Smoking & Tobacco Abstracts & News
STAN Bulletin
36th Edition
27-September-2012

Editor's note: A recent edition of the bulletin included news that Canada's smallest province, Prince Edward Island, had sued thirteen tobacco companies to recover health care costs. The Statement of Claim is now available upon request.

Stan Shatenstein

Noteworthy:

"Smoking regulations promoted by prominent doctors and China's Ministry of Health have a powerful enemy in the Chinese tobacco companies, which are controlled by the government at the local and national levels. “The tobacco companies are much stronger [than the health department] because they have the money,” says Tai Hing Lam, director of the School of Public Health at the University of Hong Kong. “That's why the progress has not been as good as we would like.” Lam and other experts say that China's COPD problem will not be curbed until the public makes demands for more-sweeping political changes from its government." [Hughes V. Public health: Where there's smoke, *Nature*]

In the News:

- Australia: WA: New 'trick' in cigarette names as companies try to counter plain packaging law
- Australia: Tasmania: Times: Opinion: Call to phase out sale of tobacco by 2020
- Australia: Quitting with e-cigarettes; Physicians cite dangers
- Bulgaria: Restaurants Claim to Suffer Huge Losses over Smoking Ban
- Canada/US/China: Philip Morris: Tobacco giant plans joint venture for plant flu vaccine
- Canada: SK: Regina Leader-Post: Editorial: Young smokers: not a pretty picture
- EU: European Commission will not propose to ban oriental tobacco as cigarette ingredient
- Malaysia: Malay Mail: Opinion: Make cigarettes unaffordable to youths
- NZ: Tobacco Hike Bill Progresses With Unanimous Support: Parliamentary Video
- Pakistan: WHO: FCTC: Tobacco firms violating laws, goevernment turning blind to eye to brazen violations
- UK: Scotland: Glasgow: Smokers ignore now-dead child's dying plea, send SHS wafting onto hospital ward
- UK: Scotland: Number of adult smokers drops as 118,000 made attempts to quit; PR; Survey
- UK: Bartenders provide nicotine fix in drinks without breaking the smoking ban
- UK: Quit chewing tobacco advice issued for South Asians; GPs urged to act: NHS: ST Cessation Guidance
- US: E-cigarettes gain in popularity as a way to quit smoking; VA: Hookah smoking gains popularity
- US: RJRT/Star Scientific: Court Filings Show End to Patent Infringement Suit over Carcinogen Reduction
- US: NY: Albany Times-Union: Opinion: State should invest in quitters [TCP Evaluation Report] [PLoS One: Farrelly]
- Viet Nam: WHO: TFI: Tougher tobacco laws needed

In this Edition:

- Addict Sci Clin Pract - Choo: US: Patient preferences for emergency department-initiated tobacco interventions
- Am J Sports Med - Kanneganti: Smoking Effect on Knee Ligament & Cartilage Surgery: Systematic Review
- Ann Int Med - Rigotti: US: CDC: Real People, Real Stories: New Mass Media Campaign to Help Smokers Quit
- AJPH - Brandon: US: Self-Help Booklets for Preventing Postpartum Smoking Relapse: RT
- BMJ - Gornall: UK: MHRA: Electronic cigarettes: medical device or consumer product?
- CEB&P - Matsuo: Japan: Time to first cigarette & upper aero-digestive tract cancer risk
- Cardiol Rev - Dunbar: Second-Hand Tobacco Smoke & Cardiovascular Disease Risk: Epidemiological Review
- Circ J - Sanada: Japan: Smoking Promotes Subclinical Atherosclerosis in Apparently Healthy Men

- Eur J Cancer Prev - Radoï: France: ICARE: Smoking, drinking & oral cavity cancer risk of by subsite
- Eur J Health Econ - Guerriero: Txt2stop: Mobile phone text messaging cessation support cost-effectiveness
- Exp Ther Med - Siegel: Smoking & hepatocellular carcinoma mortality
- Fertil Steril - ASRM: US: Smoking & infertility: Practice Committee opinion
- Front Physiol - Birru: Pathogenic mechanism of second hand smoke induced inflammation & COPD
- Front Psych - Fraser: Transcranial direct current stimulation & behavioral models of smoking addiction
- Glob J Health Sci - Maritz: Smoking Patterns, Adult Consequences & Long-term Offspring Health
- Health Soc Care Commun - Procter-Scherdtel: Canada: Changes/challenges: 3 university smoking restrictions, 1970-2010
- Int J Psych Med - Garrusi: Religion & smoking: recent literature review
- JACH - Cobb: US: Multiyear University Campus Survey of Waterpipe & Smoking: Special Issue: Tobacco
- JNCI - Xu: Smoking, nasopharyngeal carcinoma risk & Epstein-Barr virus activation
- J Natl Med Assoc - Caine: US: IN: Healthy Start: Prenatal education impact on breast feeding & cessation behavior
- Natl Med J India - Deepak: Karnataka: Smokeless tobacco use in tuberculosis: Need for cessation services
- Nature - Hughes: China: COPD: Public health: Where there's air pollution & smoking, problem bound to get worse
- Niger J Clin Pract - Ehizele: Nigeria: Dental patient tobacco use prevalence & health effects knowledge
- Resp Care - Mak: Hong Kong: Asthma symptoms & active & passive smoking in adolescents
- Resp Med - Donohue: US: MESA Lung Study: Cigarette smoking & CT-scan airway wall thickness

---

Abstracts:

Patient preferences for emergency department-initiated tobacco interventions: a multicenter cross-sectional study of current smokers

Addict Sci Clin Pract. 2012;7(1):4. Epub 2012 Mar 15.

Choo EK, Sullivan AF, Lovecchio F, Perret JN, Camargo CA Jr, Boudreaux ED.

Abstract

BACKGROUND:

The emergency department (ED) visit provides a great opportunity to initiate interventions for smoking cessation. However, little is known about ED patient preferences for receiving smoking cessation interventions or correlates of interest in tobacco counseling.

METHODS:

ED patients at 10 US medical centers were surveyed about preferences for hypothetical smoking cessation interventions and specific counseling styles. Multivariable linear regression determined correlates of receptivity to bedside counseling.

RESULTS:

Three hundred seventy-five patients were enrolled; 46% smoked at least one pack of cigarettes per day, and 11% had a smoking-related diagnosis. Most participants (75%) reported interest in at least one intervention. Medications were the most popular (e.g., nicotine replacement therapy, 54%), followed by linkages to hotlines or other outpatient counseling (33-42%), then counseling during the ED visit (33%). Counseling styles rated most favorably involved individualized feedback (54%), avoidance skill-building (53%), and emphasis on autonomy (53%). In univariable analysis, age ($r = 0.09$), gender (average Likert score = 2.75 for men, 2.42 for women), education (average Likert score = 2.92 for non-high school graduates, 2.44 for high school graduates), and presence of smoking-related symptoms ($r = 0.10$) were significant at the $p < 0.10$ level and thus were retained for the final model. In multivariable linear regression, male gender, lower education, and smoking-related symptoms were independent correlates of increased receptivity to ED-based smoking counseling.

CONCLUSIONS:

In this multicenter study, smokers reported receptivity to ED-initiated interventions. However, there was variability in individual preferences for intervention type and counseling styles. To be effective in reducing smoking among its patients, the ED should offer a range of tobacco intervention options.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3414814/
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3414814/pdf/1940-0640-7-4.pdf

Note: Open Access. Full text PDF freely available from link immediately above.

The Effect of Smoking on Ligament and Cartilage Surgery in the Knee: A Systematic Review

Am J Sports Med. 2012 Sep 12. [Epub ahead of print]

Kanneganti P, Harris JD, Brophy RH, Carey JL, Lattermann C, Flanigan DC.

Abstract

BACKGROUND:

The adverse effects of smoking on various health conditions such as cancer, diabetes, and cardiovascular disease have been well documented. Many orthopaedic conditions, such as fracture healing, wound repair, and bone mineral density, have been reported to be adversely affected by smoking. However, no known systematic reviews have investigated the effects of smoking on ligament and cartilage knee surgery.

PURPOSE:

We hypothesized that smoking would have a negative influence from both a basic science and clinical outcome perspective on these types of knee surgeries.

STUDY DESIGN:

Systematic review.

METHODS:

A systematic review of multiple medical databases was performed evaluating clinical and basic science studies to determine the effects of smoking on ligament and cartilage knee surgery.

RESULTS:

Fourteen studies were found for inclusion and analysis. Eight of these studies addressed the relationship between smoking and knee ligaments, and 6 investigated the relationship between smoking and articular cartilage. With the exception of 1, all of the basic science and clinical studies exploring the relationship between smoking and knee ligaments found a negative association of smoking, either molecularly, biomechanically, or clinically. One basic science and 3 clinical studies found a negative influence of smoking on articular cartilage of the knee. No studies were found that investigated the relationship of smoking and menisci.

CONCLUSION:

The current literature reveals a negative influence of smoking on the results of knee ligament surgery, both from a basic science and clinical perspective, implying that smoking cessation would benefit patients undergoing these procedures. The association between smoking and knee articular cartilage was less clear, although the literature still suggests an overall negative influence and highlights the need for further investigation.

http://ajs.sagepub.com/content/early/2012/09/12/0363546512458223.abstract

Related coverage:

Smokers fare worse after knee surgery - Reuters
http://uk.reuters.com/article/2012/09/26/us-smokers-knee-surgery-idUKBRE88P19N20120926

Self-Help Booklets for Preventing Postpartum Smoking Relapse: A Randomized Trial

Am J Public Health. Published online ahead of print September 20, 2012: e1-e7. doi:10.2105/AJPH.2012.300653

Thomas H. Brandon, Vani Nath Simmons, Cathy D. Meade, Gwendolyn P. Quinn, Elena N. Lopez Khoury, Steven K. Sutton, and Ji-Hyun Lee

Abstract
Objectives. We tested a series of self-help booklets designed to prevent postpartum smoking relapse.

Methods. We recruited 700 women in months 4 through 8 of pregnancy, who quit smoking for their pregnancy. We randomized the women to receive either (1) 10 *Forever Free for Baby and Me* (FFB) relapse prevention booklets, mailed until 8 months postpartum, or (2) 2 existing smoking cessation materials, as a usual care control (UCC). Assessments were completed at baseline and at 1, 8, and 12 months postpartum.

Results. We received baseline questionnaires from 504 women meeting inclusion criteria. We found a main effect for treatment at 8 months, with FFB yielding higher abstinence rates (69.6%) than UCC (58.5%). Treatment effect was moderated by annual household income and age. Among lower income women (< $30 000), treatment effects were found at 8 and 12 months postpartum, with respective abstinence rates of 72.2% and 72.1% for FFB and 53.6% and 50.5% for UCC. No effects were found for higher income women.

Conclusions. Self-help booklets appeared to be efficacious and offered a low-cost modality for providing relapse-prevention assistance to low-income pregnant and postpartum women.

http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2012.300653

Related PR:

Smoking Relapse Prevention a Healthy Step for New Mothers, Babies, Researchers Say
http://www.sciencedaily.com/releases/2012/09/120926104226.htm

---

Ideas and Opinions

Real People, Real Stories: A New Mass Media Campaign That Could Help Smokers Quit

***Ann Intern Med*. 25 September 2012**

Nancy A. Rigotti and Melanie Wakefield

Imagine seeing these advertisements on your television or computer: A 31-year-old man with bilateral below-knee amputations describes losing his legs and fingertips to Buerger disease. Three people with head and neck cancer diagnosed before 50 years of age talk about daily life with a stoma (“Don't face the shower head.” and “Be very careful with shaving.”) (Figure). The mother of a young boy with severe asthma advises in English or Spanish, “Don't be too shy to tell people not to smoke around your kids.” Three former smokers talk about how they quit and urge viewers, “Do whatever it takes, no matter how many times it takes. We did it. You can, too.”...
These are some of the real-life Americans featured in the Centers for Disease Control and Prevention’s (CDC’s) Tips From Former Smokers, a $54 million national mass media campaign for public education supported by the Affordable Care Act’s Prevention and Public Health Fund (1). The 12-week campaign, which began on 19 March 2012, was the first federally funded, nationwide mass media effort to encourage smokers to quit...

The Tips campaign’s relatively brief 3-month duration, presumably a consequence of resource limitations, will probably limit its effect. As evidence, the excess volume of quit line calls and Web site hits returned to baseline levels soon after paid advertising ended (2). Media campaigns have relatively short-term effects because they are countered by ongoing factors that encourage smoking, such as marketing by the tobacco industry and the addictiveness of nicotine (6). Longer campaigns can reach the population with repeated messages, which is especially important for smokers of lower socioeconomic status...

In summary, the CDC’s Tips campaign is bold in size, scope, and content. The $54 million investment of federal funds is unprecedented in U.S. tobacco control, although it pales in comparison to the $27 million spent *daily* by the tobacco industry to market its products (2, 16). The CDC deserves credit for grounding the design and implementation in the evidence base of health communication research and for supporting a comprehensive evaluation to determine whether it worked and why or why not. It is definitely a program to watch—and to recommend to your patients who smoke.

http://annals.org/article.aspx?articleid=1361858

Related coverage:

CDC Studying Anti-Smoking Ad Outcome
http://www.medpagetoday.com/PrimaryCare/Smoking/34937

Electronic cigarettes: medical device or consumer product?

BMJ 2012; 345 doi: 10.1136/bmj.e6417 (Published 25 September 2012)

Jonathan Gornall
As the UK considers regulating e-cigarettes as a medicinal product, Jonathan Gornall asks if this is good news for public health

Electronic cigarettes hit the headlines in July when a concerned member of the public travelling on a coach on the M6 toll motorway in the Midlands called police to say he had seen “smoke” issuing from a bag into which a fellow passenger had been pouring an unknown liquid.

Fearing this was a terror incident, armed police stopped the coach, evacuated the passengers, and closed the motorway before finally declaring the bag and its contents—an e-cigarette and associated paraphernalia—harmless.

It is taking the UK Medicines and Healthcare Products Regulatory Agency rather longer to come to the same conclusion—or, rather, to determine whether the devices should be treated as medicinal products, regulated accordingly, and subject to MHRA medicines marketing authorisation...

In America, where tobacco products cause over 400 000 premature deaths a year, the Food and Drug Administration has been obliged to take a different approach—and one that might encourage the UK industry’s resistance to the MHRA’s plans in the UK. Last year, after an initial attempt by the FDA to regulate e-cigarettes as medical devices was challenged by a manufacturer and met defeat in court, it announced that, in accordance with the decision by the US Court of Appeals, it was now planning to regulate them as a tobacco product.5

http://www.bmj.com/content/345/bmj.e6417

Also:

Does celebrity involvement in public health campaigns deliver long term benefit? Yes
http://www.bmj.com/content/345/bmj.e6364
Does celebrity involvement in public health campaigns deliver long term benefit? No
http://www.bmj.com/content/345/bmj.e6362

Time to first cigarette and upper aero-digestive tract cancer risk in Japan

Cancer Epidemiol Biomarkers Prev. 2012 Sep 12. [Epub ahead of print]

Matsuo K, Gallus S, Negri E, Kawakita D, Oze I, Hosono S, Ito H, Hatooka S, Hasegawa Y, Shinoda M, Tajima K, La Vecchia C, Tanaka H.

Abstract

Background. Cigarette smoking is the major cause for upper aerodigestive tract (UADT) cancers. The time to first cigarette (TTFC) of the day is a distinct indicator of nicotine dependence, but scanty information is available on its possible relation with UADT cancers (oral, oropharyngeal, hypopharyngeal, laryngeal, nasopharyngeal and esophageal cancers). Methods. This case-control study includes a total of 1,009 incident UADT cancer cases and 3,027 age- and sex-matched non-cancer controls admitted to the Aichi Cancer Center between 2001 and 2005. We estimated odds ratios (OR) and 95% confidence intervals (CI) for TTFC using logistic regression models after adjustment for several potential confounders. Results. TTFC was inversely related to the risk of UADT cancer, and this association was consistent across subtypes of head and neck cancer and esophageal cancer. For all UADT cancers considered among ever smokers and after accurate allowance for smoking quantity and duration, besides other relevant covariates, compared with TTFC > 60 min, the adjusted ORs were 1.40 (95% CI, 0.93-2.11) for 31-60 min, 1.76 (95% CI, 1.20-2.58) for 6-30 min and 2.43 (95% CI, 1.64-3.61) for within 5 min. No significant heterogeneity was found in strata of sex, age, alcohol consumption, fruit and vegetable intake, and occupation for overall and site-specific analysis. Conclusion. Nicotine dependence, as indicated by the TTFC, is associated with the increased risk of UADT cancers and is therefore an independent marker of exposure to smoking.

http://cebp.aacrjournals.org/content/early/2012/09/12/1055-9965.EPI-12-0662.abstract

Second-Hand Tobacco Smoke and Cardiovascular Disease Risk: An Epidemiological Review

Cardiol Rev. 2012 Sep 10. [Epub ahead of print]

Dunbar A, Gotsis W, Frishman W.

Abstract

In this review we have sought to examine the epidemiological, basic scientific, and public health data regarding the association between second hand smoke exposure and the development of coronary heart disease. Second hand smoke (SHS) increases the risk of coronary heart disease (CHD) by 25-30% according to multiple cohort, case-control, and meta-analytical studies. Physiologic and basic science research suggests that the mechanisms by which SHS affects the cardiovascular system are multiple and include increased thrombogenesis and low density lipoprotein oxidation, decreased exercise tolerance, dysfunctional flow-mediated vasodilatation, and activation of inflammatory pathways with concomitant oxidative damage and impaired vascular repair. As a result, chronic exposure promotes atherogenesis and the development of cardiovascular disease, increasing the risk of having an acute coronary syndrome. With the implementation of state-wide and nation-wide public smoke-free legislation across the United States and Europe respectively over the last 10-15 years, there has been a significant and reciprocal decline in the incidence of emergency admissions for acute coronary syndrome by an average 17% despite persistent attempts on the part of the tobacco industry to diminish the correlation between SHS exposure and CHD. These findings underscore the importance of the effects of smoking legislation on community health.

http://journals.lww.com/cardiologyinreview/Abstract/publishahead/Second Hand Tobacco Smoke and Cardiovascular.99956.aspx

Also:

A Systematic Literature Review of Risk Factors for Stroke in China
http://journals.lww.com/cardiologyinreview/Abstract/publishahead/A Systematic Literature Review of Risk Factors for.99951.aspx

---

Smoking Promotes Subclinical Atherosclerosis in Apparently Healthy Men

Circ J. 2012 Aug 29. [Epub ahead of print]

Sanada S, Nishida M, Ishii K, Moriyama T, Komuro I, Yamauchi-Takihara K.

Abstract

Background: Smoking is a major risk factor for cardiovascular disease. Also, inflammatory activation and metabolic disorder are the mediators of smoking-induced atherosclerotic progression. The aim of the present study was to investigate whether current smoking and smoking cessation alter inflammatory or metabolic status and affect subclinical atherosclerosis in apparently healthy men. Methods and Results: Classical risk factors and smoking habit were evaluated in 354 men who completed health examinations annually without any current medications. Carotid intima-media thickness (IMT) was followed for 27.1±4.5 months. At baseline, both maximum and mean IMT significantly changed during 2-year follow-up. They tended to increase along with progression of smoking habit, with significantly greater maximum IMT in current smokers compared with never smokers. Both maximum and mean IMT significantly changed during 2-year follow-up, and tended to increase with progression of smoking habit, with maximum IMT being greatest for current smokers. Past smokers tended to have greater IMT increase than never smokers. Among smoking habit and some atherosclerotic risk markers that showed significant correlation with maximum IMT increase, stepwise regression showed that smoking habit and serum low-density lipoprotein-cholesterol (LDL-C) level were the only independent predictors. Conclusions: Significant 2-year progression of subclinical atherosclerosis was associated with continuous smoking and LDL-C. This was only partly moderated in past smokers despite complete reversal of inflammatory activation, suggesting another crucial factor for inhibiting accelerated progression of subclinical atherosclerosis in men.

https://www.jstage.jst.go.jp/article/circj/advpub/0/advpub CJ-11-1506/ article
https://www.jstage.jst.go.jp/article/circj/advpub/0/advpub CJ-11-1506/ pdf

Note: Open Access. Full text PDF freely available from link immediately above.

Tobacco smoking, alcohol drinking and risk of oral cavity cancer by subsite: results of a French population-based case-control study, the ICARE study

Eur J Cancer Prev. 2012 Sep 12. [Epub ahead of print]

Radoï L, Paget-Bailly S, Cyr D, Papadopoulos A, Guida F, Schmaus A, Cénée S, Menvielle G, Carton M, Lapôtre-Ledoux B, Delafosse P, Stücker I, Luce D.

Abstract
The objective was to examine the role of tobacco smoking and alcohol drinking in the incidence of oral cavity cancer by subsite in France, a high-incidence area. We analysed detailed data on lifelong tobacco smoking and alcohol drinking from 772 oral cavity cancer cases and 3555 controls included in a population-based case-control study, the ICARE study. Tobacco smoking increased the risk of oral cavity cancer even for the smaller quantities and durations, whereas alcohol drinking increased this risk only in heavy drinkers who were also ever smokers. The combined effect of smoking and drinking was greater than multiplicative. The floor of the mouth was the subsite that was the most affected by the harmful effects of tobacco and alcohol, whereas the gums were less susceptible. The risk associated with tobacco and alcohol consumption did not differ between intraoral cavity and subsites usually included in the oropharynx (soft palate and base of the tongue). Population-attributable risks for oral cavity cancer were 78.6% for tobacco smoking, 7.3% for alcohol drinking and 80.7% for tobacco and/or alcohol consumption. These results indicate that regular oral check-ups should be targeted at smokers and heavy drinkers, and that prevention efforts should be focused on smoking cessation.

http://journals.lww.com/eurjcancerprev/pages/articleviewer.aspx?year=9000&issue=00000&article=99712&type=abstract

---

The cost-effectiveness of smoking cessation support delivered by mobile phone text messaging: Txt2stop

Eur J Health Econ. 2012 Sep 9. [Epub ahead of print]

Guerriero C, Cairns J, Roberts I, Rodgers A, Whittaker R, Free C.

Abstract

BACKGROUND:

The txt2stop trial has shown that mobile-phone-based smoking cessation support doubles biochemically validated quitting at 6 months. This study examines the cost-effectiveness of smoking cessation support delivered by mobile phone text messaging.

METHODS:

The lifetime incremental costs and benefits of adding text-based support to current practice are estimated from a UK NHS perspective using a Markov model. The cost-effectiveness was measured in terms of cost per quitter, cost per life year gained and cost per QALY gained. As in previous studies, smokers are assumed to face a higher risk of experiencing the following five diseases: lung cancer, stroke, myocardial infarction, chronic obstructive pulmonary disease, and coronary heart disease (i.e. the main fatal or disabling, but by no means the only, adverse effects of prolonged smoking). The treatment costs and health state values associated with these diseases were identified from the literature. The analysis was based on the age and gender distribution observed in the txt2stop trial. Effectiveness and cost parameters were varied in deterministic sensitivity analyses, and a probabilistic sensitivity analysis was also performed.

FINDINGS:

The cost of text-based support per 1,000 enrolled smokers is £16,120, which, given an estimated 58 additional quitters at 6 months, equates to £278 per quitter. However, when the future NHS costs saved (as a result of reduced smoking) are included, text-based support would be cost saving. It is estimated that 18 LYs are gained per 1,000 smokers (0.3 LYs per quitter) receiving text-based support, and 29 QALYs are gained (0.5 QALYs per quitter). The deterministic sensitivity analysis indicated that changes in individual model parameters did not alter the conclusion that this is a cost-effective intervention. Similarly, the probabilistic sensitivity analysis indicated a >90 % chance that the intervention will be cost saving.

INTERPRETATION:

This study shows that under a wide variety of conditions, personalised smoking cessation advice and support by mobile phone message is both beneficial for health and cost saving to a health system.

http://www.springerlink.com/content/20x266q63w8j03m6/
http://www.springerlink.com/content/20x266q63w8j03m6/fulltext.pdf

Note: Open Access. Full text PDF freely available from link immediately above.

Smoking and hepatocellular carcinoma mortality

Exp Ther Med. 2012 Jan;3(1):124-128. Epub 2011 Sep 19.

Siegel AB, Conner K, Wang S, Jacobson JS, Hershman DL, Hidalgo R, Verna EC, Halazun K, Brubaker W, Zaretsky J, Moniodis A, Delgado-Cruzata L, Dove L, Emond J, Kato T, Brown RS Jr, Neugut AI.

Abstract
The association between cigarette smoking and mortality from hepatocellular carcinoma (HCC) is ambiguous. We analyzed the association between smoking and mortality in HCC patients seen at our center. We collected data retrospectively on patients diagnosed with HCC between 2002 and 2009. We estimated the association of smoking history with demographic, clinical and treatment factors. We then modeled these factors as predictors of mortality. Among smokers, we analyzed the effects of pack-year history and cessation times on survival. Two hundred and twenty-three out of 444 patients with HCC had a history of smoking. Smokers were more likely to be younger at diagnosis, to have α fetoprotein (AFP) values less than the median, and to have had surgery (p=0.04) compared to non-smokers. In a Cox model, younger age, lower AFP and Child's Class were all independently predictive of survival, but smoking was not. Smokers with over 20 pack-years did not have worse survival than lighter smokers, and cessation times also did not affect survival after controlling for age. We found a significant interaction between smoking and drinking. In our data, smoking was not independently associated with HCC survival in a multivariable model. Smoking was associated with favorable prognostic features which likely outweighed any independent effect of smoking.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3438642/pdf/ETM-03-01-0124.pdf

Also:

Braf and erbB2 Mutations Correlate With Smoking Status in Lung Cancer Patients
http://www.spandidos-publications.com/serveFile/etm 3 5 771 PDF.pdf?type=article&article id=etm 3 5 771&item=PDF

Note: Open Access. Full text PDFs freely available from links immediately above.

Smoking and infertility: a committee opinion

Fertil Steril. 2012 Sep 5. [Epub ahead of print]

The Practice Committee of the American Society for Reproductive Medicine.

Abstract

Approximately 30% of women of reproductive age and 35% of men of reproductive age in the United States smoke cigarettes. Substantial harmful effects of cigarette smoke on fecundity and reproduction have become apparent but are not generally appreciated. This document replaces the 2008 ASRM Practice Committee document of the same name.

http://www.fertstert.org/article/S0015-0282%2812%2901954-1/abstract
http://www.sciencedirect.com/science/article/pii/S0015028212019541

Pathogenic mechanism of second hand smoke induced inflammation and COPD

Front Physiol. 2012;3:348. Epub 2012 Aug 28.

Birru RL, Di YP.

Abstract
Second hand smoke (SHS) introduces thousands of toxic chemicals into the lung, including carcinogens and oxidants, which cause direct airway epithelium tissue destruction. It can also illicit indirect damage through its effect on signaling pathways related to tissue cell repair and by the abnormal induction of inflammation into the lung. After repeated exposure to SHS, these symptoms can lead to the development of pulmonary inflammatory disorders, including chronic obstructive pulmonary disease (COPD). COPD is a severe pulmonary disease characterized by chronic inflammation and irreversible tissue destruction. There is no causal cure, as the mechanism behind the development and progression of the disease is still unknown. Recent discoveries implicate genetic predisposition associated with inflammatory response contributed to the development of COPD, linked to irregular innate and adaptive immunity, as well as a risk factor for cancer. The use of animal models for both cigarette smoke (CS) and SHS associated in vivo experiments has been crucial in elucidating the pathogenic mechanisms and genetic components involved in inflammation-related development of COPD.

http://www.frontiersin.org/Respiratory Physiology/10.3389/fphys.2012.00348/abstract

Also:

Effects of second hand smoke on airway secretion and mucociliary clearance
http://www.frontiersin.org/Respiratory Physiology/10.3389/fphys.2012.00342/abstract

Note: Open Access. Full text PDFs freely available from links immediately above.

Transcranial direct current stimulation and behavioral models of smoking addiction

Front Psychiatry. 2012;3:79. Epub 2012 Aug 31.

Fraser PE, Rosen AC.

Abstract
While few studies have applied transcranial direct current stimulation (tDCS) to smoking addiction, existing work suggests that the intervention holds promise for altering the complex system by which environmental cues interact with cravings to drive behavior. Imaging and repetitive transcranial magnetic stimulation studies suggest that increased dorsolateral prefrontal cortex (DLPFC) activation and integrity may be associated with increased resistance to smoking cues. Anodal tDCS of the DLPFC, believed to boost activation, reduces cravings in response to these cues. The finding that noninvasive stimulation modifies cue induced cravings has profound implications for understanding the processes underlying addiction and relapse. tDCS can also be applied to probe mechanisms underlying and supporting nicotine addiction, as was done in a pharmacologic study that applied nicotine, tDCS, and TMS paired associative stimulation to find that stopping nicotine after chronic use induces a reduction in plasticity, causing difficulty in breaking free from association between cues and cravings. This mini-review will place studies that apply tDCS to smokers in the context of research involving the neural substrates of nicotine addiction.

http://www.frontiersin.org/Neuropsychiatric Imaging and Stimulation/10.3389/fpsyt.2012.00079/abstract

Note: Open Access. Full text PDF freely available from link immediately above.

Tobacco Smoking: Patterns, Health Consequences for Adults, and the Long-term Health of the Offspring

Glob J Health Sci. 2012 May 30;4(4):62-75. doi: 10.5539/gjhs.v4n4p62.

Maritz GS, Mutemwa M.

Abstract

Tobacco use started several centuries ago and increased markedly after the invention of the cigarette making machine. Once people start smoking they find it difficult to quit the habit. This is due to the addictive effect of nicotine in tobacco smoke. Various epidemiologic and laboratory studies clearly showed that smoking is associated with various diseases such as heart diseases, asthma and emphysema and the associated increase in morbidity and mortality of smokers. Several studies implicate nicotine as the causative factor in tobacco smoke. Apart from nicotine, various carcinogens also

occur in tobacco smoke resulting in an increase in the incidence of cancer in smokers. While the smoking habit is decreasing in developed countries, tobacco use increases in the developing countries. Smoking prevalence is also highest in poor communities and amongst those with low education levels. It is important to note that, although ther is a decline in the number of smokers in the developed countries, there is a three to four decades lag between the peak in smoking prevalence and the subsequent peak in smoking related mortality. It has been shown that maternal smoking induces respiratory diseases in the offspring. There is also evidence that parental smoking may program the offspring to develop certain diseases later in life. Various studies showed that maternal nicotine exposure during pregnancy and lactation via tobacco smoke of nicotine replacement therapy (NRT), program the offspring to develop compromised lung structure later in life with the consequent compromised lung function. This implies that NRT is not an option to assist pregnant or lactating smokers to quit the habit. Even paternal smoking may have an adverse effect on the health of the offspring since it has been shown that 2nd and 3rd hand smoking have adverse health consequences for those exposed to it.

http://ccsenet.org/journal/index.php/gjhs/article/view/15997
http://ccsenet.org/journal/index.php/gjhs/article/view/15997/11939

Note: Open Access. Full text PDF freely available from link immediately above.

Smoking restrictions on campus: changes and challenges at three Canadian universities, 1970-2010

Health Soc Care Community. 2012 Sep 15. doi: 10.1111/j.1365-2524.2012.01094.x. [Epub ahead of print]

Procter-Scherdtel A, Collins D.

Abstract
This article examines the restriction of smoking on university campuses in the Canadian context. Indoor smoking on campus is now completely prohibited by law, and universities are increasingly moving to restrict, or prohibit, outdoor smoking on their grounds. The research focuses on three case studies to identify changes in spatial restrictions on campus smoking over the last four decades (1970-2010), and to determine the challenges involved in establishing bans in outdoor areas of campus. The three universities were selected for their different approaches to the issue of outdoor smoking. Data collection involved semi-structured interviews with 36 key informants, conducted from September 2010 to January 2011, supplemented by documentary information. Interview data were analysed thematically. Protection against environmental tobacco smoke (ETS) on campus proceeded incrementally, via policy-making at the provincial, municipal and institutional levels. Historically, institutional bans on indoor smoking were particularly significant, but their health benefits could be limited by the presence of private property on campus. Universities continue to initiate smoking restrictions today, with respect to outdoor bans. However, respondents reported myriad challenges in developing, implementing and maintaining such bans. Five principal concerns were articulated: the need for ongoing policy communication; management of community relations as smokers are displaced from campus; enforcement to ensure that the policy has practical effect; safety concerns; and difficulties relating to campus layout. Because challenges are diverse and contextual, effective protection against outdoor ETS on campus is likely to require an ongoing commitment on the part of administrators.

http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2524.2012.01094.x/abstract

---

Religion and smoking: a review of recent literature

Int J Psychiatry Med. 2012;43(3):279-92.

Garrusi B, Nakhaee N.

Abstract
Tobacco smoking and exposure to secondhand smoke are a major threat to human health worldwide. The effort to prevent tobacco use should be regarded as an important public health strategy. Given the significance of religion and spirituality in the daily life of more than 90% of the world's population, the relationship of religion and smoking should be seen as a critical research area. Religions are many and varied, but most value human well-being highly and so do not approve of tobacco use, even though they do not prohibit it entirely. In recent years, researchers have shown more interest in the subject of religion and health, including drug and tobacco use. Differences of focus and methodology notwithstanding, most studies have ascertained a deterrent role for religion as regards tobacco use, and several mechanisms have been proposed to explain the negative relationship between religion or spirituality and smoking. Many of the studies, however, suffer from shortcomings that need to be acknowledged and addressed, such as using nonstandard data-gathering tools,

lack of a unified definition of religion or spirituality, and paucity of research in non-Christian and developing countries. Finally, the cross-sectional nature of many of the studies makes the meaningful interpretation of findings difficult.

http://baywood.metapress.com/app/home/contribution.asp?referrer=parent&backto=issue,7,7;journal,2,170;linkingpublicationresults,1:300314,1

A Multiyear Survey of Waterpipe and Cigarette Smoking on a US University Campus

Journal of American College Health
Special Issue: Tobacco
Volume 60, Issue 7, 2012
Accepted author version posted online: **16 May 2012**
Version of record first published: **24 Sep 2012**

Caroline O. Cobb, Yousef Khader, Aashir Nasim & Thomas Eissenberg

Abstract

Objectives: To examine the prevalence and characteristics of dual users of cigarettes and waterpipes by comparing them with individuals who use either product exclusively. Participants: Cross-sections of undergraduate students at a public university recruited each spring semester from 2006 to 2011 (total N = 2,998). **Methods**: Participants completed an Internet survey that assessed demographics, tobacco use, perceptions, and norms concerning various tobacco products. Individuals who reported exclusive cigarette, exclusive waterpipe, and dual (waterpipe + cigarette) use were examined. **Results**: Across years, 22% reported exclusive cigarette, 6.1% exclusive waterpipe, and 9.3% dual cigarette and waterpipe use. Dual users differed in demographics and social influences from their exclusive counterparts. **Conclusions**: Findings suggest that dual waterpipe and cigarette use was more prevalent than exclusive waterpipe use, and dual users may differ from individuals who use either product alone. These results warrant the inclusion of waterpipe-specific content in state and national surveys as well as tobacco prevention and intervention efforts.

http://www.tandfonline.com/doi/abs/10.1080/07448481.2012.692416

Related coverage & PR:

Many unaware of hookah smoking dangers - Health
http://www.health24.com/news/Smoking/1-1250,76867.asp
Long-Term Study of Cigarette and Waterpipe Tobacco Smoking Shows Knowledge Gap in Perceived Health Risks
http://www.sciencedaily.com/releases/2012/09/120925114339.htm

Also:

Should College Campuses Become Tobacco Free Without an Enforcement Plan?
http://www.tandfonline.com/doi/full/10.1080/07448481.2012.716981
Measuring Compliance With Tobacco-Free Campus Policy
http://www.tandfonline.com/doi/full/10.1080/07448481.2012.670676
Changes in Smoking Prevalence, Attitudes, and Beliefs Over 4 Years Following a Campus-Wide Anti-tobacco Intervention
http://www.tandfonline.com/doi/full/10.1080/07448481.2012.681816
Assessment of College and University Campus Tobacco-Free Policies in North Carolina
http://www.tandfonline.com/doi/full/10.1080/07448481.2012.690464
Waterpipe Smoking Among Students in One US University: Predictors of an Intention to Quit
http://www.tandfonline.com/doi/full/10.1080/07448481.2012.718018
Using the Photovoice Method to Advocate for Change to a Campus Smoking Policy
http://www.tandfonline.com/doi/full/10.1080/07448481.2012.688781

An epidemiological and molecular study of the relationship between smoking, risk of nasopharyngeal carcinoma, and Epstein-Barr virus activation

J Natl Cancer Inst. 2012 Sep 19;104(18):1396-410. Epub 2012 Sep 12.

Xu FH, Xiong D, Xu YF, Cao SM, Xue WQ, Qin HD, Liu WS, Cao JY, Zhang Y, Feng QS, Chen LZ, Li MZ, Liu ZW, Liu Q, Hong MH, Shugart YY, Zeng YX, Zeng MS, Jia WH.

Abstract
Background Elevated levels of antibodies against antigens in the Epstein-Barr virus (EBV) lytic phase are important predictive markers for nasopharyngeal carcinoma (NPC) risk. Several lifestyle factors, including smoking, have also been associated with NPC risk. We hypothesized that some specific lifestyle factors induce transformation of EBV from the latent to the lytic stage and contribute to NPC occurrence. Methods We conducted a case-control study using data from male case patients (n = 1316) and control subjects (n = 1571) living in Guangdong Province, an area in China at high risk for NPC, to study potential NPC risk factors and EBV inducers. Two independent healthy male populations from a second high-risk area (n = 1657) and a low-risk area (n = 1961) were also included in the analysis of potential EBV inducers using logistic regression models. In vitro assays were performed to investigate the effect of cigarette smoke extract on EBV activation in two EBV-positive cell lines. All statistical tests were two-sided. Results Smoking was associated with an increased risk of NPC among the Guangdong participants with 20-40 and 40 or more pack-years vs never smokers (OR = 1.52, 95% CI = 1.22 to 1.88 and OR = 1.76, 95% CI = 1.34 to 2.32, respectively; P (trend) < .001). Smoking was the only factor linked to EBV seropositivity among the expanded control group and the independent low-risk population. In vitro experiments showed that cigarette smoke extract promoted EBV replication, induced the expression of the immediate-early transcriptional activators Zta and Rta, and increased transcriptional expression levels of BFRF3 and gp350 in the lytic phase. Conclusion Smoking is not only associated with NPC risk in individuals from China but is also associated with EBV seropositivity in healthy males and is involved in EBV activation.

http://jnci.oxfordjournals.org/content/104/18/1396.abstract

The impact of prenatal education on behavioral changes toward breast feeding and smoking cessation in a healthy start population

J Natl Med Assoc. 2012 May-Jun;104(5-6):258-64.

Caine VA, Smith M, Beasley Y, Brown HL.

Abstract

PURPOSE:

To evaluate the impact of prenatal education by case managers on 2 social determinants of health behaviors-breast feeding and smoking cessation-among participants enrolled in Indianapolis Healthy Start (IHS).

METHOD:

Birth and death data up to 1 year for IHS clients were collected from Marion County vital records for births 20 weeks or greater. Case managers provide education on the health benefits for mothers and infants on breast feeding and smoking cessation to all clients. Data were analyzed for differences between the IHS participants and other Marion County births.

RESULTS:

Most participants (63%) were non-Hispanic blacks aged less than 25 years (56%), without a high school diploma or general education development (53%), and enrolled in Medicaid (91%). Program participants were more likely to initiate breast feeding than nonparticipants (OR, 1.33; 95% CI, 1.10-1.61), and 22% continued to breast feed for 6 months. Hispanic women were more likely to breast feed for at least 6 months (OR, 4.71; 95% CI, 2.32-9.58). Women with advanced education were more likely to have quit smoking, as were women who were breast feeding at hospital discharge. After controlling for education, IHS clients tended to be less likely to continue to smoke during the third trimester (OR, 0.76, 95% CI, 0.49-1.16), as were those with a first pregnancy (OR, 0.32; 95% CI, 0.10, 0.98) and no other smokers in the home (OR, 0.25; 95% CI, 0.08, 0.74).

CONCLUSION:

Breast feeding and smoking cessation are modifiable risk factors that were impacted by behavioral interventions through case management education.

http://www.nmanet.org/index.php?option=com content&view=article&id=262&Itemid=389

Note: Open Access. Full text PDF freely available from link immediately above.

Smokeless tobacco use among patients with tuberculosis in Karnataka: The need for cessation services

Natl Med J India. 2012 May-Jun;25(3):142-5.

Deepak KG, Daivadanam M, Pradeepkumar AS, Mini GK, Thankappan KR, Nichter M.

Abstract

Background. India is home to the largest population of patients with tuberculosis and tobacco users in the world. Smokeless tobacco use exceeds smoking and is increasing. There is no study to date that reports smokeless tobacco use before and after the diagnosis and treatment of tuberculosis. We assessed smokeless tobacco use among former patients of tuberculosis in Karnataka, India. Methods. We conducted a community-based, crosssectional study among 202 men, who had been diagnosed and treated for tuberculosis (mean age 48 years), selected by multistage, random sampling. Using a semi-structured interview schedule, retrospective smoking and smokeless tobacco use were captured at eight time-points before and after the diagnosis and treatment of tuberculosis. Results. Most patients suspended tobacco use during treatment. A high 44% prevalence of smokeless tobacco use 6 months before diagnosis was reduced to just 8% during the intensive phase of treatment and climbed to 27% 6 months after treatment. The tobacco use relapse rate 6 months after completion of treatment was higher for smokeless tobacco use (52%, 95% CI 41%-62%) than for smoking (36%, 95% CI 26%-45%). We also found that many patients who were advised to quit smoking continued using smokeless tobacco after completion of treatment. Additionally, new smokeless tobacco use was documented. Of the 11 new exclusive smokeless tobacco users, 10 shifted from smoking to smokeless tobacco use as a form of harm reduction. Conclusion. Patients with tuberculosis are advised by their doctors, at the time of diagnosis, to quit smoking. Several patients shift from smoking to smokeless tobacco use, which needs to be addressed while providing tobacco cessation services.

http://www.nmji.in/archives/Volume-25/Issue-3/Original-Article-III.pdf

Note: Open Access. Full text PDF freely available from link immediately above.

Public health: Where there's smoke

Nature 489, S18–S20 (27 September 2012)
Published online: **26 September 2012**

Virginia Hughes

Air pollution and smoking have made COPD a major problem in China, now compounded by outdated diagnostics and treatments — and experts say it's bound to get worse.

A visitor to China may well notice the country's smog problem as the plane descends. Smog levels in large cities such as Beijing and Shanghai frequently dwarf those of other metropolitan centres. Then there's the cigarette smoke. China, the world's most populous country, claims about one-third of the world's smokers — at least 300 million people — who collectively puff 1.7 trillion cigarettes a year. In rural areas, cigarette smoke permeates buses, shops and even doctors' offices.

Beyond cigarette smoke and outdoor air pollution, hundreds of millions of Chinese people breathe unclean air while working in factories and on industrial-scale farms or while cooking at wood-burning stoves inside their homes...

Smoking regulations promoted by prominent doctors and China's Ministry of Health have a powerful enemy in the Chinese tobacco companies, which are controlled by the government at the local and national levels. “The tobacco companies are much stronger [than the health department] because they have the money,” says Tai Hing Lam, director of the School of Public Health at the University of Hong Kong. “That's why the progress has not been as good as we would like.” Lam and other experts say that China's COPD problem will not be curbed until the public makes demands for more-sweeping political changes from its government.

There is a precedent. It happened in the summer of 2008, when the Olympic Games were held in Beijing, and China shut

down dozens of nearby factories and ordered half of all private cars off the road. The Beijing government also passed smoking bans in schools, hospitals and government offices, and required non-smoking sections in hotels and restaurants. Air pollution dropped quickly.

But as soon as the festivities were over, business continued as usual, and many of the smoking bans were lifted.

All China needs is a wake-up call to realize the significant human and economic burden of COPD, according to Christiani. “Once China starts recognizing the problem as something that needs to be tackled, it can make some significant strides.” But for millions of older Chinese people, any hope of avoiding COPD risks has gone up in smoke.

http://www.nature.com/nature/journal/v489/n7417 supp/full/489S18a.html
http://www.nature.com/nature/journal/v489/n7417 supp/pdf/489S18a.pdf

Note: Open Access. Full text PDF freely available from link immediately above.

Prevalence of tobacco use among dental patients and their knowledge of its health effects

Niger J Clin Pract. 2012 Jul-Sep;15(3):270-5.

Ehizele AO, Azodo CC, Ojehanon PI, Akhionbare O, Umoh AO, Adeghe HA.

Abstract
Objectives: The objective of this study was to determine the prevalence of tobacco use in dental patients, to compare the knowledge of the effects of tobacco in tobacco users and nonuser, to determine their source of information, and to obtain their opinion on strategies that may be used to reduce or stop tobacco consumption. Materials and Methods: A descriptive cross-sectional survey of 400 patients attending the University of Benin Teaching Hospital dental clinic for treatment was carried out using a self-administered questionnaire. Results: The result revealed that the prevalence of tobacco use is 4.25% and that tobacco was consumed in the form of cigarette in 94% of cases. Only a small percentage of the respondents (0.3%) had a poor knowledge of both the tobacco effect on general and oral health. Although 26.5% claimed to have multiple source of information on the effect of tobacco on health but the media was the highest single source (23.5%). Banning of sales of tobacco products was suggested by 30.5% of the respondents, 19.8% suggested that doctor should educate patients on the health effect of tobacco, and 17.8% feel that to discourage tobacco use, multiple strategies should be used. Conclusion: There is a need for health workers to lay more emphasis on the rare complications of tobacco use. The use of multiple regulatory strategies should be employed to reduce the overall adverse health impact of tobacco and the media can play a great role.

http://www.njcponline.com/article.asp?issn=1119-3077;year=2012;volume=15;issue=3;spage=270;epage=275;aulast=Ehizele

Note: Open Access. Full text PDF freely available from link immediately above.

The associations of asthma symptoms with active and passive smoking in Hong Kong adolescents

Respir Care. 2012 Sep;57(9):1398-1404.

Kwok-Kei Mak, Roger Chun-Man Ho and Jeffrey R. Day

Abstract

BACKGROUND: Tobacco smoke has detrimental effects on the respiratory system. This study investigated the associations of active and passive smoking with asthma symptoms in Hong Kong adolescents. METHODS: A total of 6,494 Hong Kong secondary school students, with a mean [+ or -] SD age of 15.0 [+ or -] 1.21 years, participated in the Health Related Behavior General Survey in 2000-2001. They reported their demographic factors (sex, age, housing type, district of living), lifestyles (smoking, drinking, extracurricular sports, eating), and asthma symptoms (exercise-induced bronchospasm [EIB] and nocturnal cough) in the questionnaire. In addition, number of smoking parents (none/one/both) and presence of a smoking best friend (yes/no) were assessed. Logistic regression models were used to determine the odds ratios (OR) of frequently having the asthma symptoms for different smoking status of students, parents, and best friend, with adjustment for demographic factors and lifestyles. RESULTS: The prevalence of former, light, and heavy smokers was 17.5%, 7.7%, and 1.0%, respectively. Moreover, 35.1% of the participants had one and 3.8% had 2 parents who smoked. Heavy smokers were more likely to experience EIB with OR (95% CI) of 2.27 (1.30-3.97) and nocturnal cough with OR (95% CI) of 3.45 (1.52-7.81), as well as both symptoms with OR (95% CI) = 4.69 (1.88-11.73) when

compared to those who never smoked. The corresponding OR (95% CI) for having at least one smoking parent and a smoking best friend was 1.45 (1.17-1.81), 1.61 (1.06-2.42), and 2.43 (1.37-4.31), when compared with those without a parent or best friend who smoked. CONCLUSIONS: Adolescents who are heavy smokers and having parents and a best friend who smoke are more likely than others to have asthma symptoms. Both active and passive smoking are related to asthma symptoms in adolescents.

http://www.rcjournal.com/contents/09.12/contents.cfm

Related *Resp Care* Editorial & Editor's Commentary:
Asthma and tobacco: not to be shared with family and friends!
http://www.rcjournal.com/contents/09.12/editors commentary.pdf

---

Cigarette smoking and airway wall thickness on CT scan in a multi-ethnic cohort: The MESA Lung Study

Respir Med. 2012 Sep 10. pii: S0954-6111(12)00300-9. doi: 10.1016/j.rmed.2012.08.006. [Epub ahead of print]

Donohue KM, Hoffman EA, Baumhauer H, Guo J, Budoff M, Austin JH, Kalhan R, Kawut S, Tracy R, Graham Barr R.

Abstract

BACKGROUND:

Autopsy studies show that smoking contributes to airway wall hyperplasia and narrowing of the airway lumen. Studies of smoking and airway measures on computed tomography (CT) scan are limited to case-control studies of measures that combine airway lumen and wall thickness.

OBJECTIVES:

We hypothesized that cumulative cigarette smoking would be associated with increased airway wall thickness in a large, population-based cohort.

METHODS:

The Multi-Ethnic Study of Atherosclerosis enrolled participants age 45-84 years from the general population. Smoking history was assessed via standardized questionnaire items; current smoking was confirmed in half the cohort with cotinine. Airway lumen and wall thickness were measured in two dimensions in posterior basal segmental bronchi on cardiac-gated CT scans. Analyses were adjusted for age, gender, genetic ancestry, education, height, weight, asthma history, particulate matter, scanner type, and scanner current.

RESULTS:

Half of the 7898 participants had smoked and 14% were current smokers. Pack-years of smoking were associated with thicker airway walls (mean increase 0.002 mm per ten pack-years [95% CI: 0.00002, 0.004] p = 0.03). Current smoking was associated with narrower airway lumens (mean decrease -0.11 mm [95% CI: -0.2, -0.02] p = 0.02). There was no evidence that either association was modified by genetic ancestry, and findings persisted among participants without clinical disease.

CONCLUSIONS:

Long-term cigarette smoking was associated with subclinical increases in wall thickness of sub-segmental airways whereas current smoking was associated with narrower airway lumen diameters. Smoking may contribute to airway wall thickening prior to the development of overt chronic obstructive pulmonary disease.

http://www.resmedjournal.com/article/S0954-6111%2812%2900300-9/abstract
http://www.sciencedirect.com/science/article/pii/S0954611112003009

==========

Stan Shatenstein
Editor & Publisher, STAN Bulletin

Smoking & Tobacco Abstracts & News
5492-B Trans Island
Montreal, QC Canada H3W 3A8
shatensteins@sympatico.ca

==========

STAN Bulletin is supported by
voluntary reader contributions

==========