

Celebrating 30 years of the MIDSPAN Studies



Cancer and smoking

David Hole

CANCER ATLAS HIGHLIGHTS PROBLEM of LUNG CANCER in GLASGOW & WEST OF SCOTLAND

EVENING TIMES, NOV 29, 1985, front page.

Glasgow: CANCER CAPITAL OF THE WORLD

GLASGOW is today highlighted as the world's worst city for lung cancer.

By JIM MORRISON
and HELEN LENOX

A shock report by the World Health Organisation warns that one in six men in the city will suffer from the deadly disease.

All other major European cities are a long way off the mark.

A report by the World Health Organisation says that one in six men in Glasgow will die of lung cancer.

The report says that all five major cities in the world are being hit by the disease.

The report also says that the disease is spreading to other parts of the world.

The report says that the disease is spreading to other parts of the world.

By JIM MORRISON
and HELEN LENOX

It is a long story. There are about 100,000 deaths a year from lung cancer in the world.

The lung cancer death rate in Glasgow is 100 per 100,000.

The lung cancer death rate in London is 50 per 100,000.

The lung cancer death rate in New York is 30 per 100,000.

The lung cancer death rate in Paris is 20 per 100,000.

The lung cancer death rate in Tokyo is 10 per 100,000.

The lung cancer death rate in Hong Kong is 5 per 100,000.

The lung cancer death rate in Singapore is 2 per 100,000.

The lung cancer death rate in Sydney is 1 per 100,000.

The lung cancer death rate in Melbourne is 1 per 100,000.

The lung cancer death rate in Auckland is 1 per 100,000.

The lung cancer death rate in Wellington is 1 per 100,000.

The lung cancer death rate in Christchurch is 1 per 100,000.

The lung cancer death rate in Dunedin is 1 per 100,000.

The lung cancer death rate in Invercargill is 1 per 100,000.

The lung cancer death rate in Nelson is 1 per 100,000.

The lung cancer death rate in Picton is 1 per 100,000.

INSIDE
CANCER
THE KILLER

Smoking
ourselves
to death

A time to
live, a
time to die

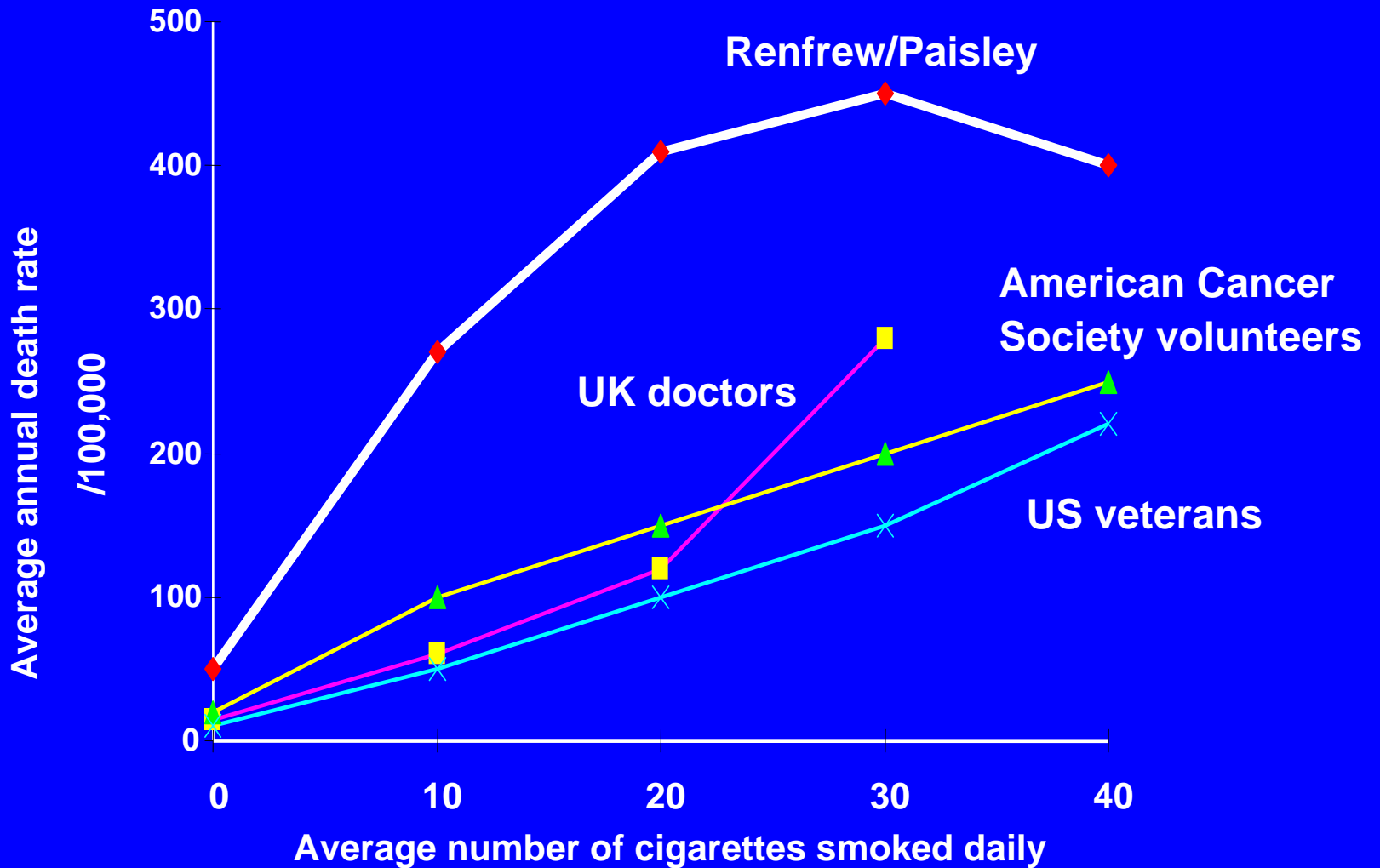
PAGES 2 AND 3

PAGES 12 AND 13

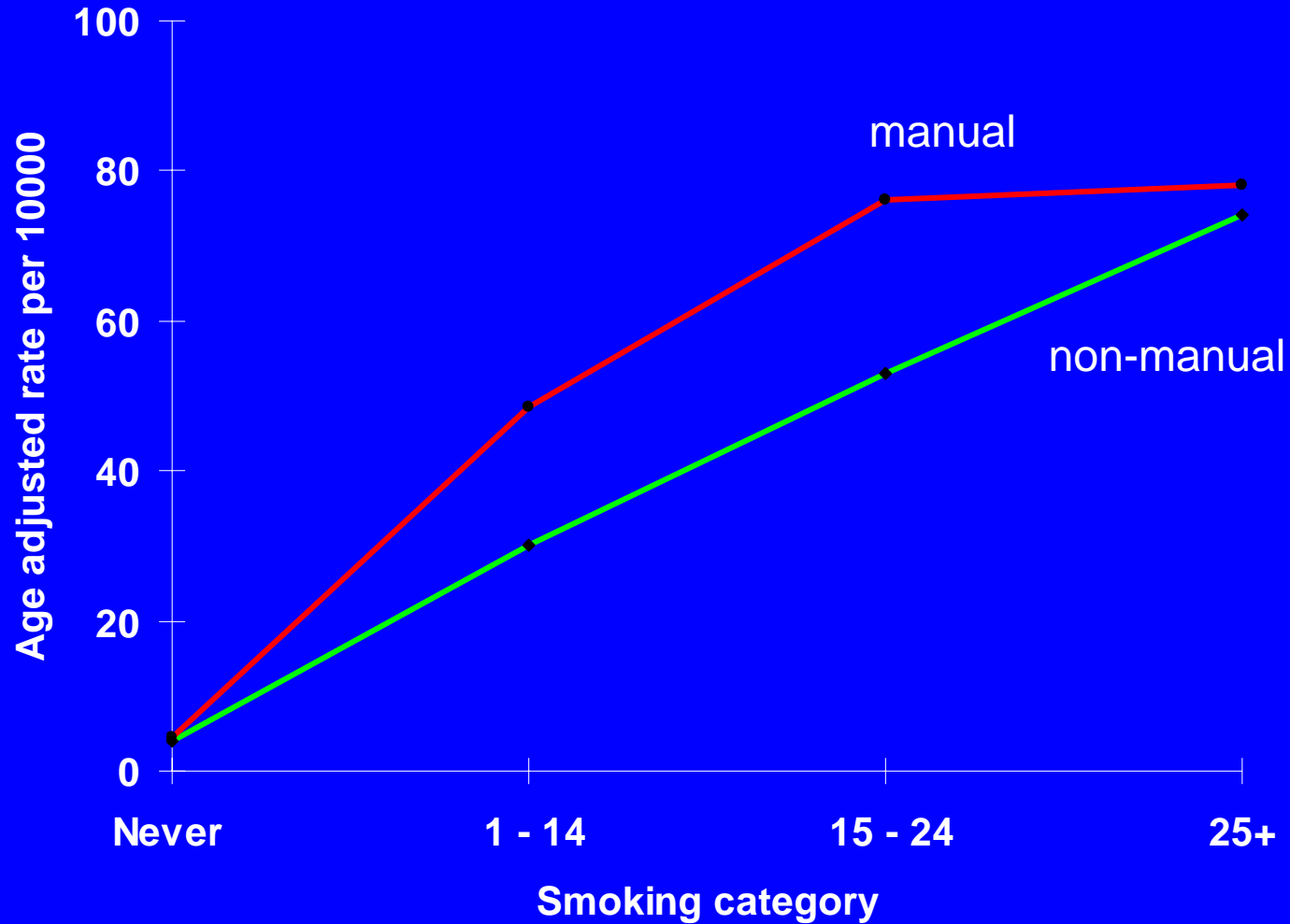
Glasgow is today highlighted as the world's worst city for lung cancer and Scotland as the world's worst country."

Evening Times, Nov 29, 1985. Front Page

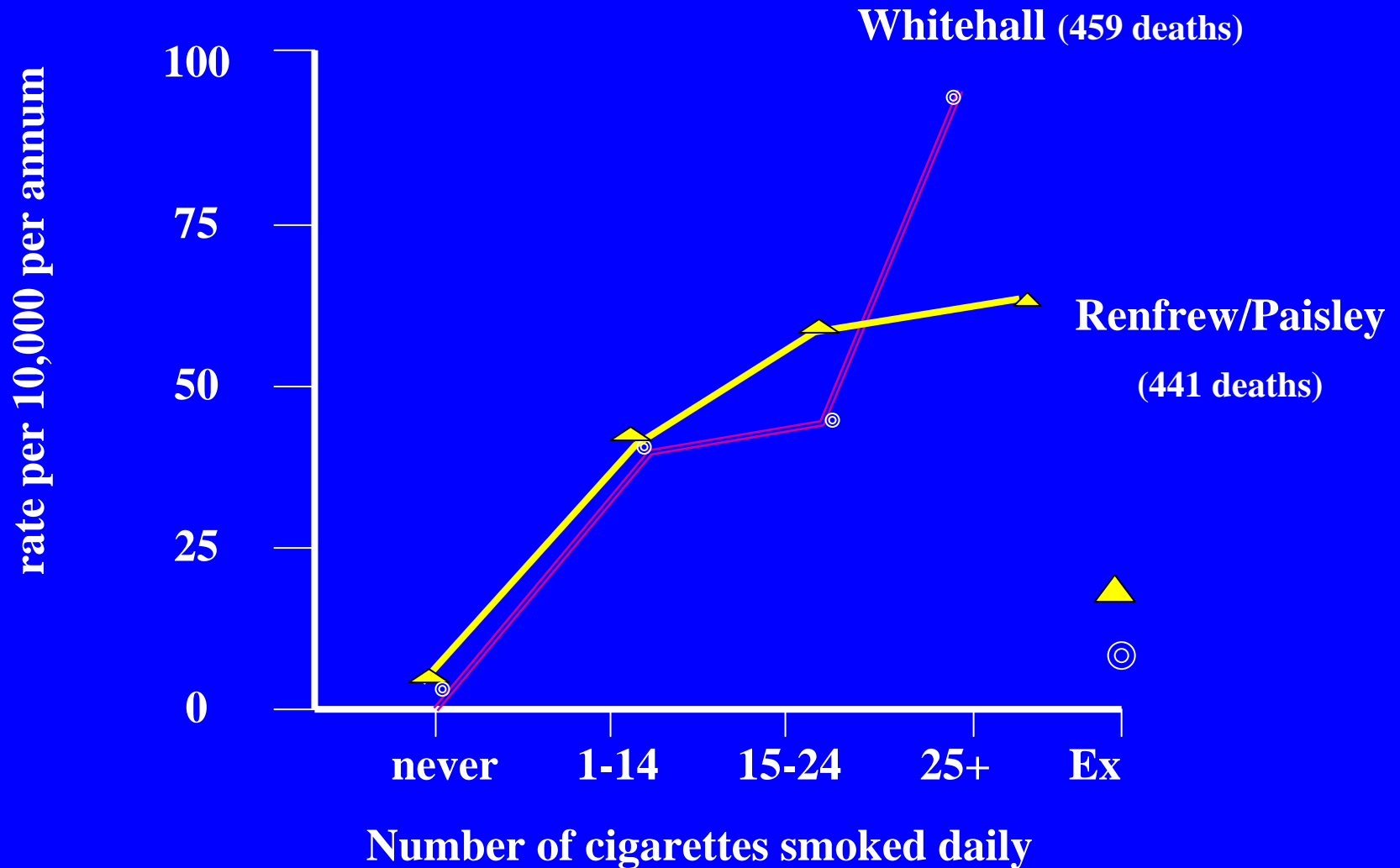
Comparison of Lung Cancer Mortality in Scotland (Renfrew/Paisley) with 3 major cohorts in US/UK



Lung Cancer Mortality Renfrew/Paisley



LUNG CANCER MORTALITY in RENFREW/PAISLEY & WHITEHALL CIVIL SERVANTS - MANUAL WORKERS



What are the characteristics of smokers who develop lung cancer?

Respiratory symptomatology

FEV1

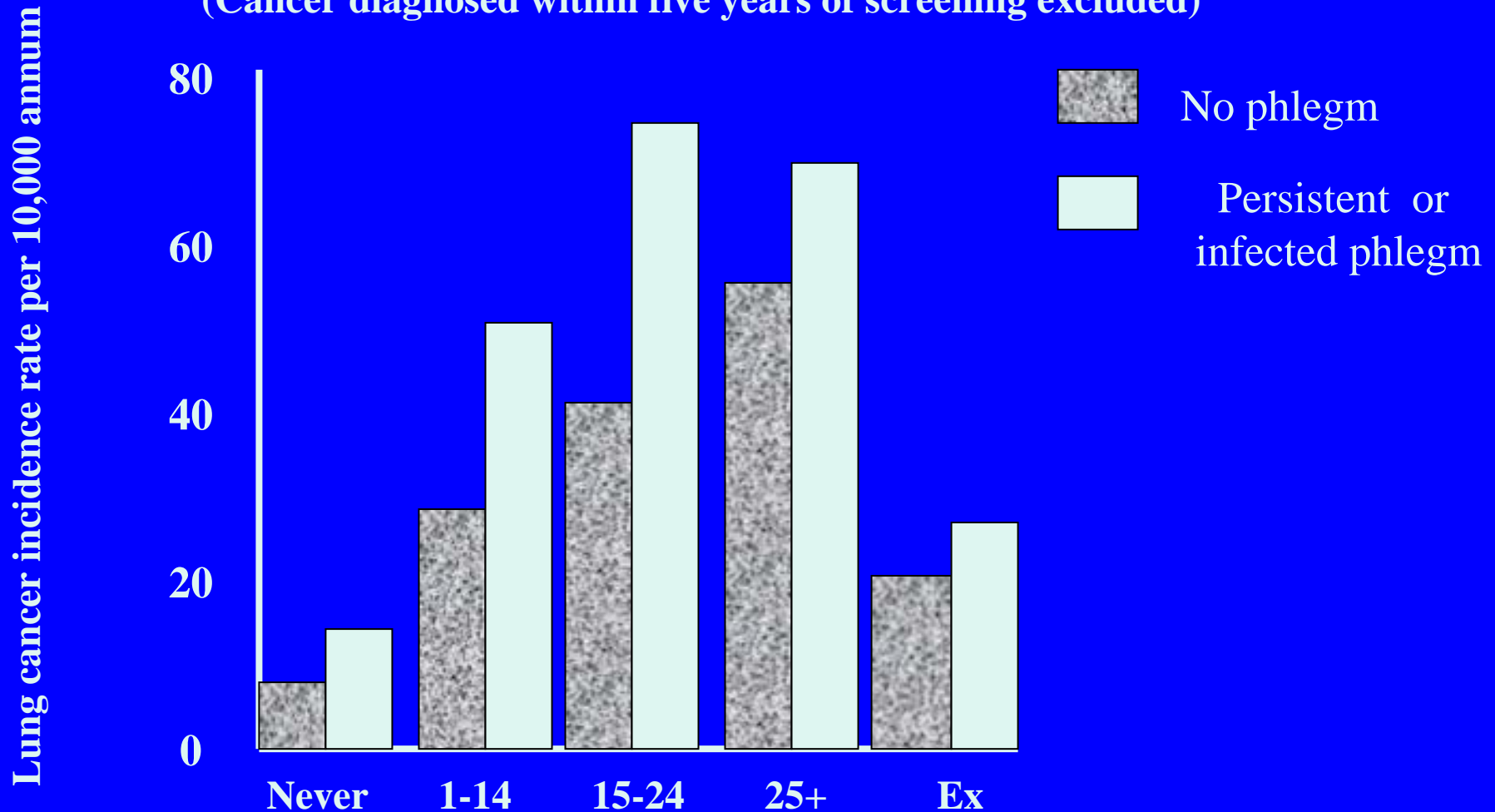
Tuberculin reactivity status

Air pollution

PRESENCE of RESPIRATORY SYSTEMS

Incidence of Lung Cancer in Males With and Without Respiratory Symptoms by Amount Smoked

(Cancer diagnosed within five years of screening excluded)

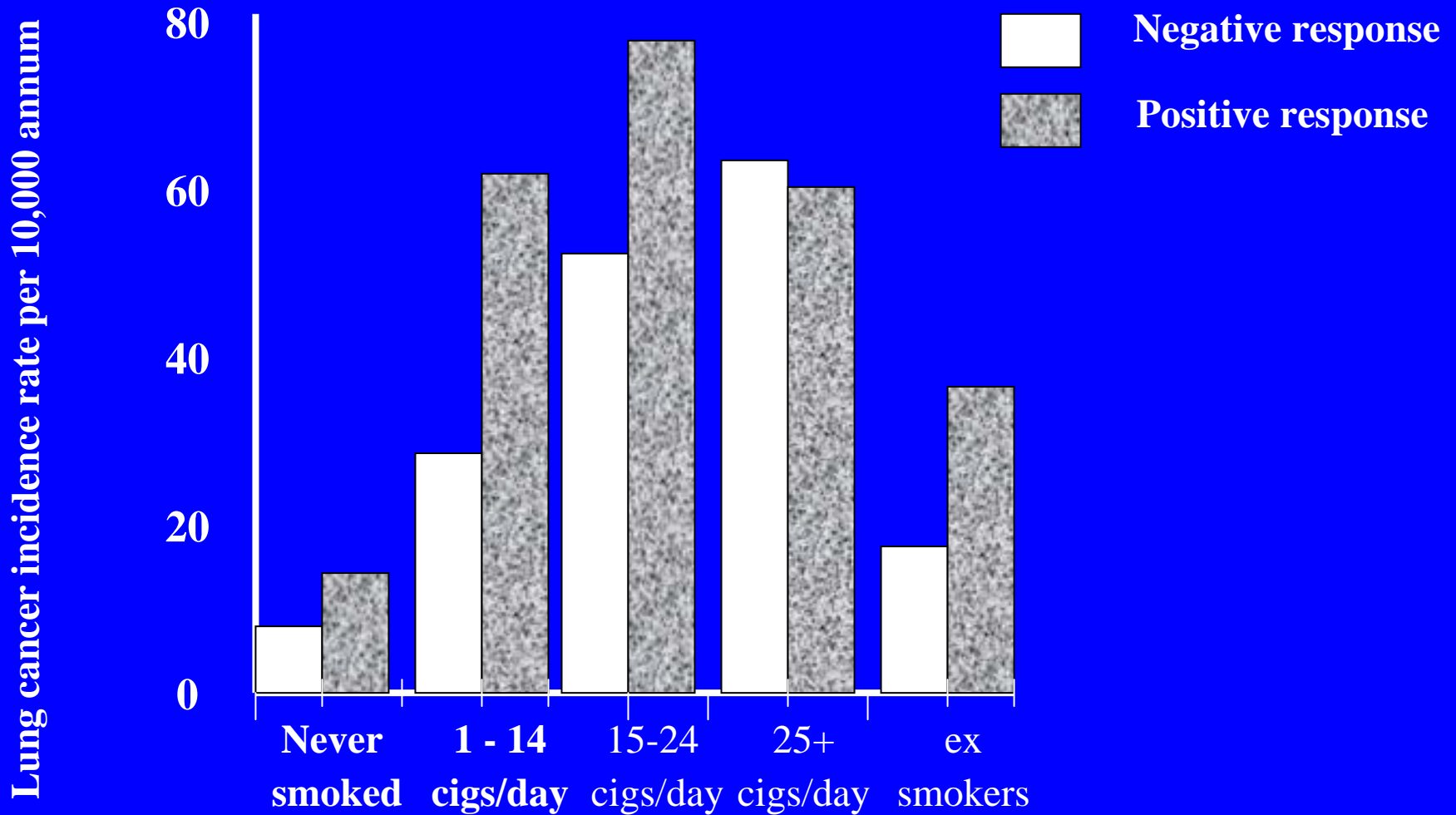


Overall estimate of risk = 1.5 ($p < 0.01$)

Similar differences are found for dyspnoea & hypersecretion

TUBERCULIN REACTIVITY

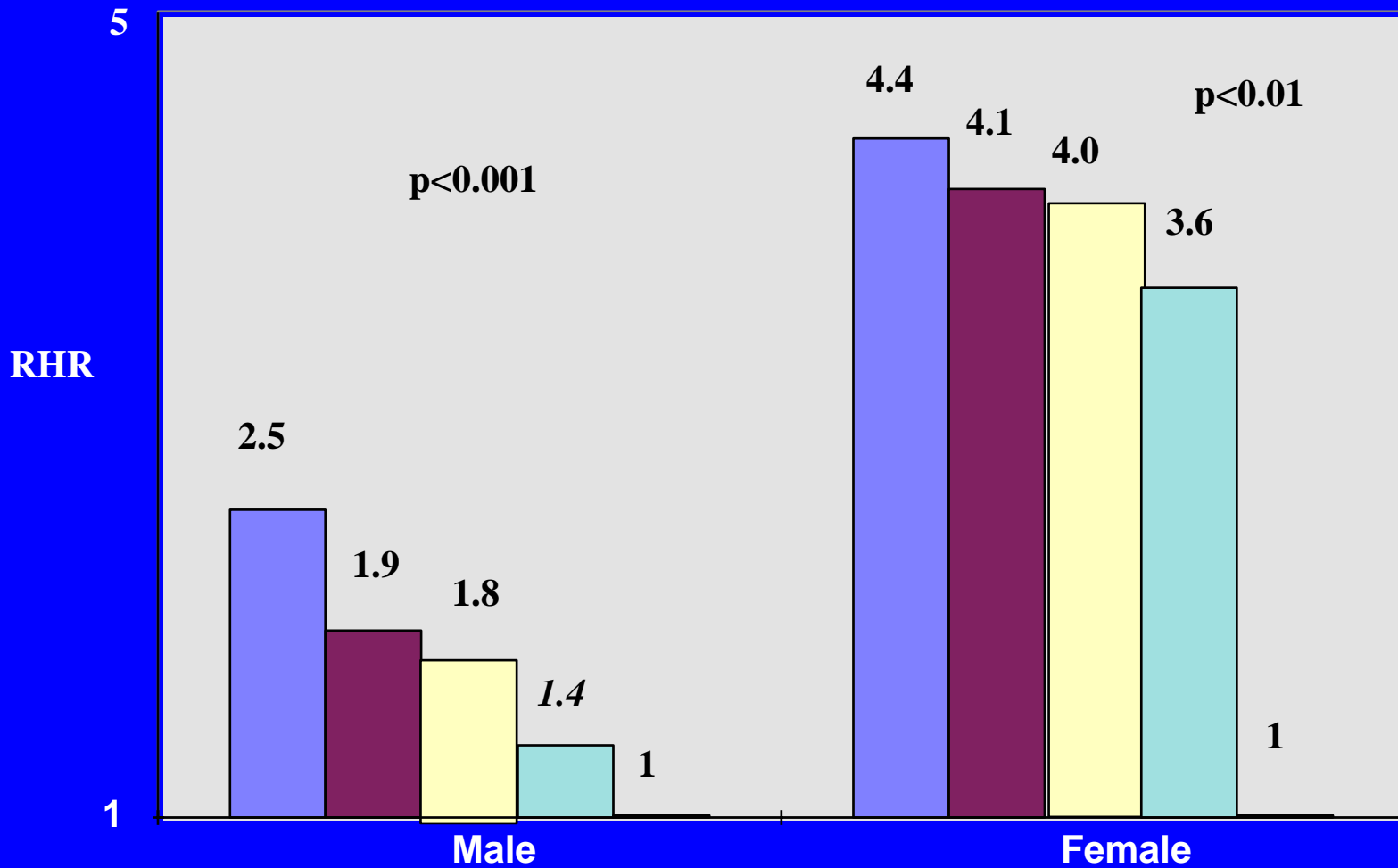
Lung Cancer Incidence in Males by the Test Response and Amount Smoked
(Cancer diagnosed within five years of screening excluded)



Overall estimate of risk = 1.9 (p<0.01)

LUNG CANCER and 'FEV1'

(after adjustment for number of cigarettes smoked)



Lung cancer cases occurring within 1st 5 years omitted

Atmospheric pollution

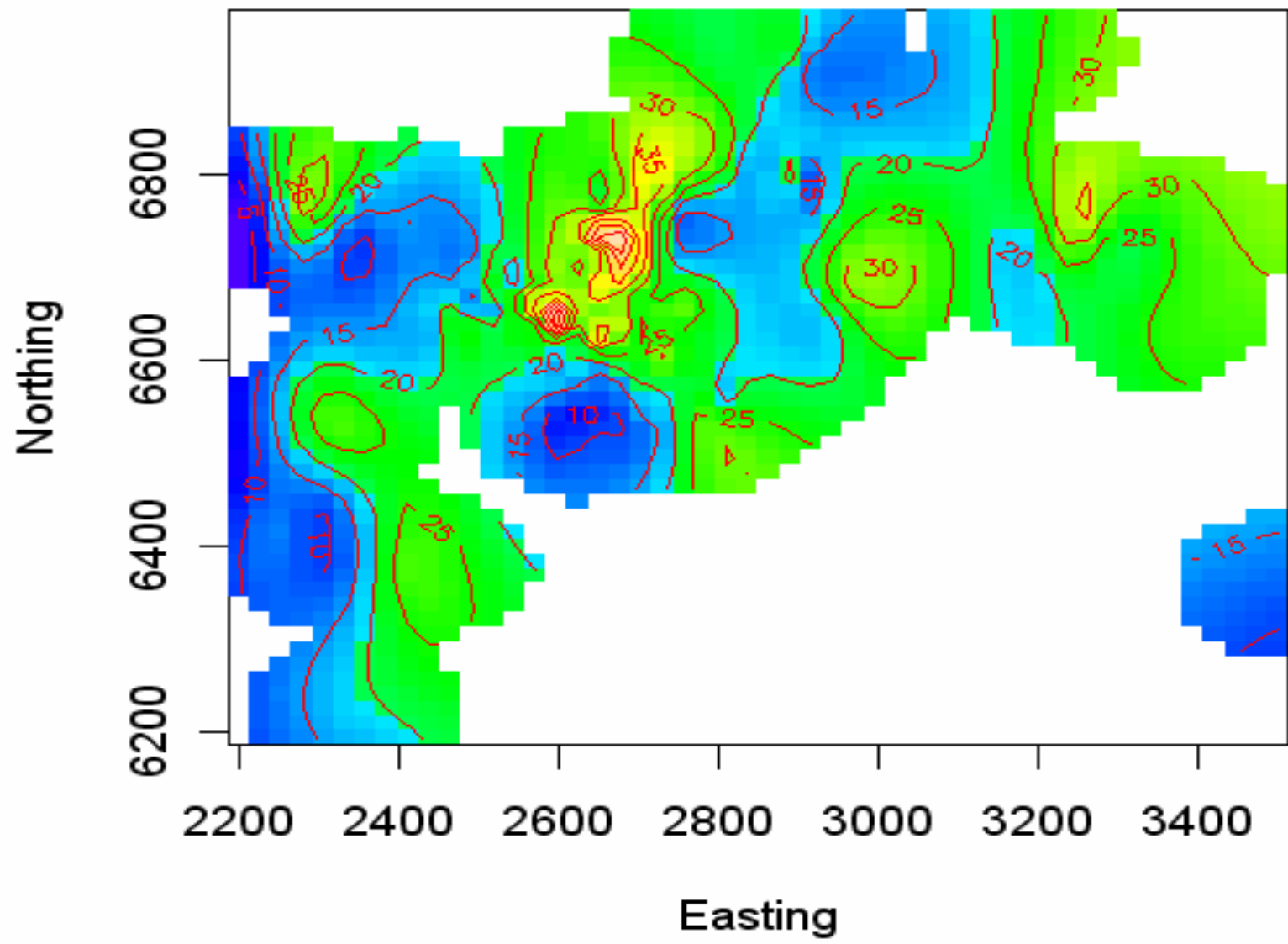
Glasgow, 1955



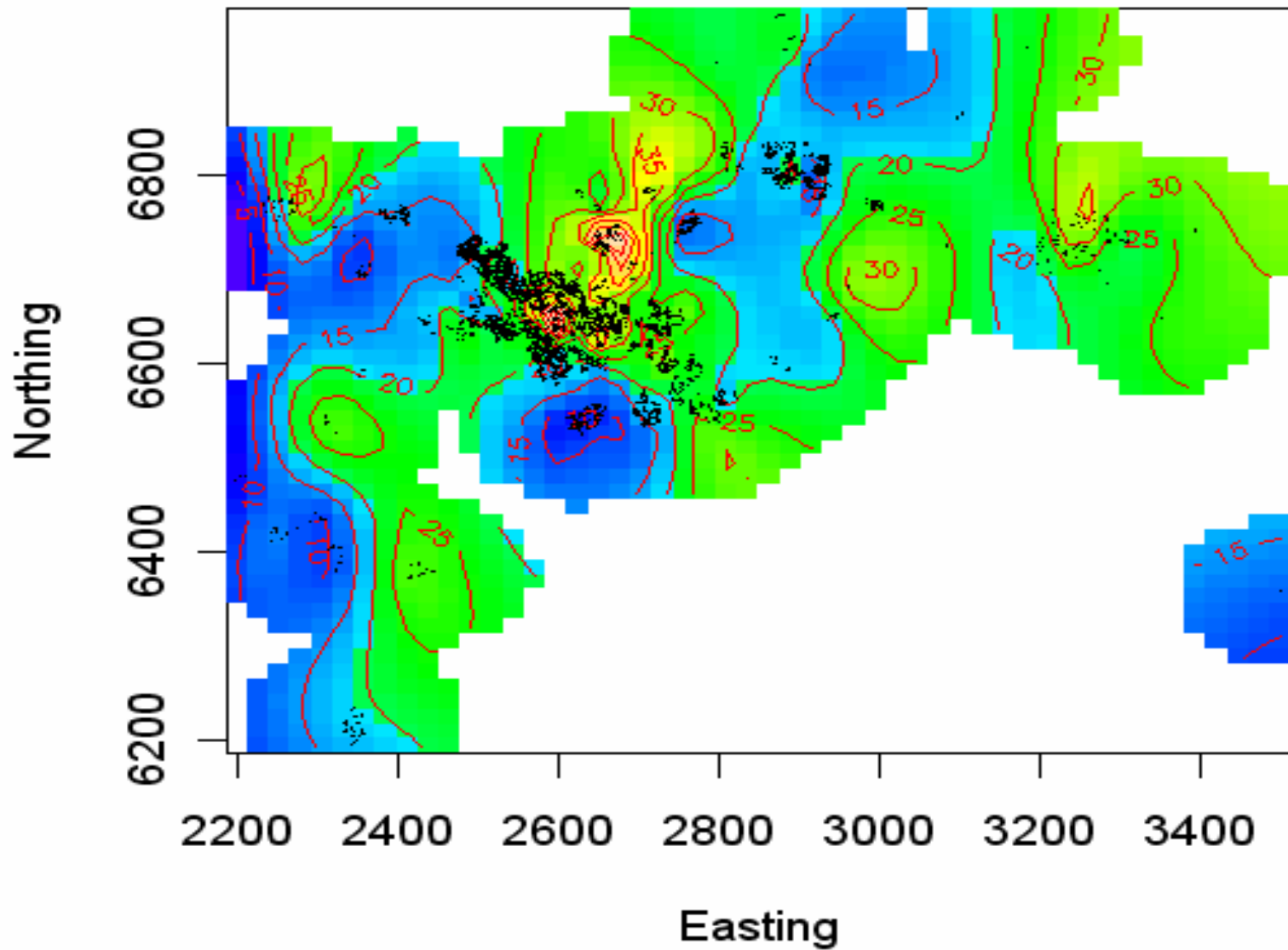
Exposure assignment from monitoring sites to individuals

- Based upon distance from house to nearest recording station(s)
- Subject's exposure estimated by *inverse distance squared weighting* of average black smoke of
 - all monitoring sites within 1km if ($r \leq 1km$)
 - the 2 nearest monitoring sites if ($r > 1km$)

Average Predicted BS for 1970-79



Average Predicted BS for 1970-79

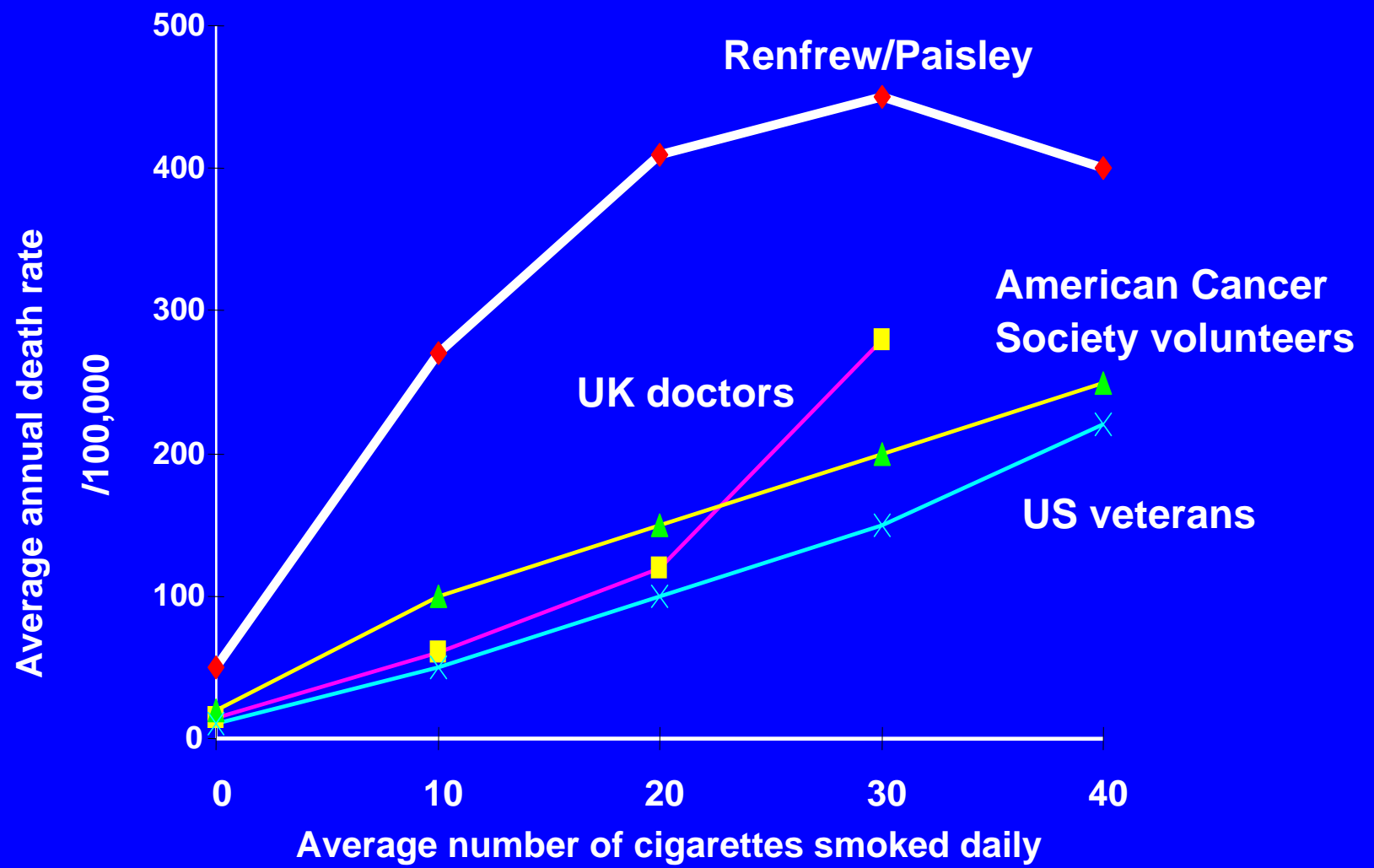


Lung cancer risk & black smoke exposure

| Follow-up till | Number of lung cancer deaths | | Adjusted hazard ratios per 10 $\mu\text{g}/\text{m}^3$ increase in black smoke | |
|----------------|------------------------------|-------------------------|--|-----------------------------|
| | within 2 kms of station | within 5 kms of station | within 2 kms of station | within 5 kms of station |
| 1989 | 432 | 709 | 1.20 (0.98,1.47) | 1.21* (1.01,1.45) |
| 1998 | 628 | 1047 | 1.20* (1.02,1.42) | 1.23* (1.06,1.42) |

After adjustment for other risk factors, particularly cigarette smoking,
increased risk = 20-23% per 10 $\mu\text{g}/\text{m}^3$,
 irrespective of length of follow-up & distance from monitoring station

Comparison of Lung Cancer Mortality in Scotland (Renfrew/Paisley) with 3 major cohorts in US/UK



Renfrew/Paisley Cohabitees' Study

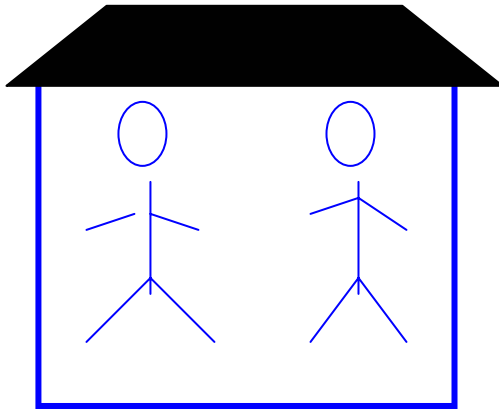
(subset of Renfrew/Paisley Survey)

| | |
|------------------------------|---|
| Subjects | Individuals living at same address |
| Number of respondents | 3962 men, 4042 women |
| Age groups | 45-64 years |
| Date screened | 1972 - 1976 |
| Recruitment | Special census, 80% response |
| Follow up | 2476 deaths (514 in life-long non-smokers) 949 incident cancers (186 in life-long non-smokers) |

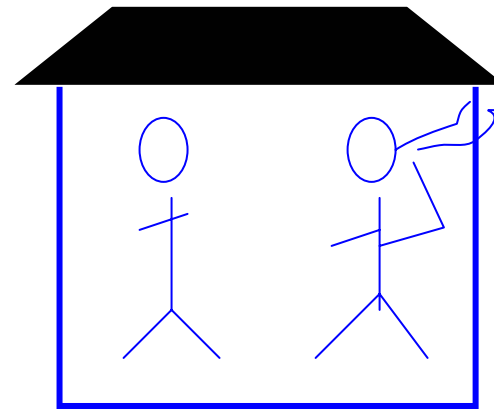
Each participant reported their own smoking habit

Passive Smoking - definitions

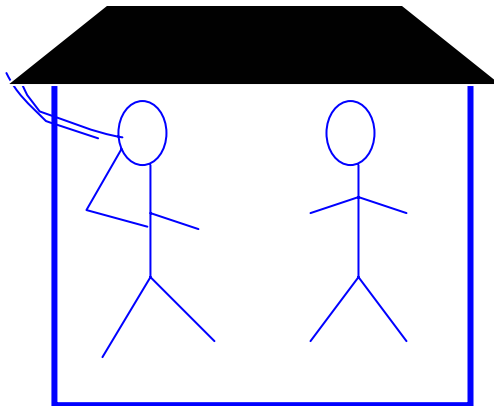
Control



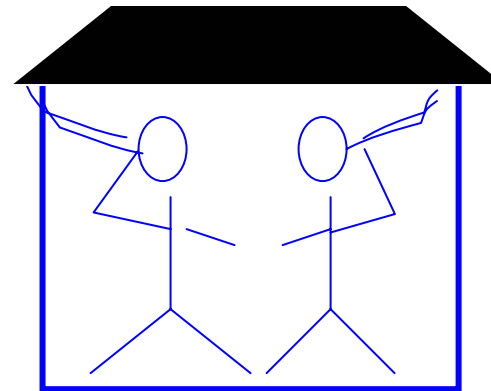
Passive smoker



Single smoker



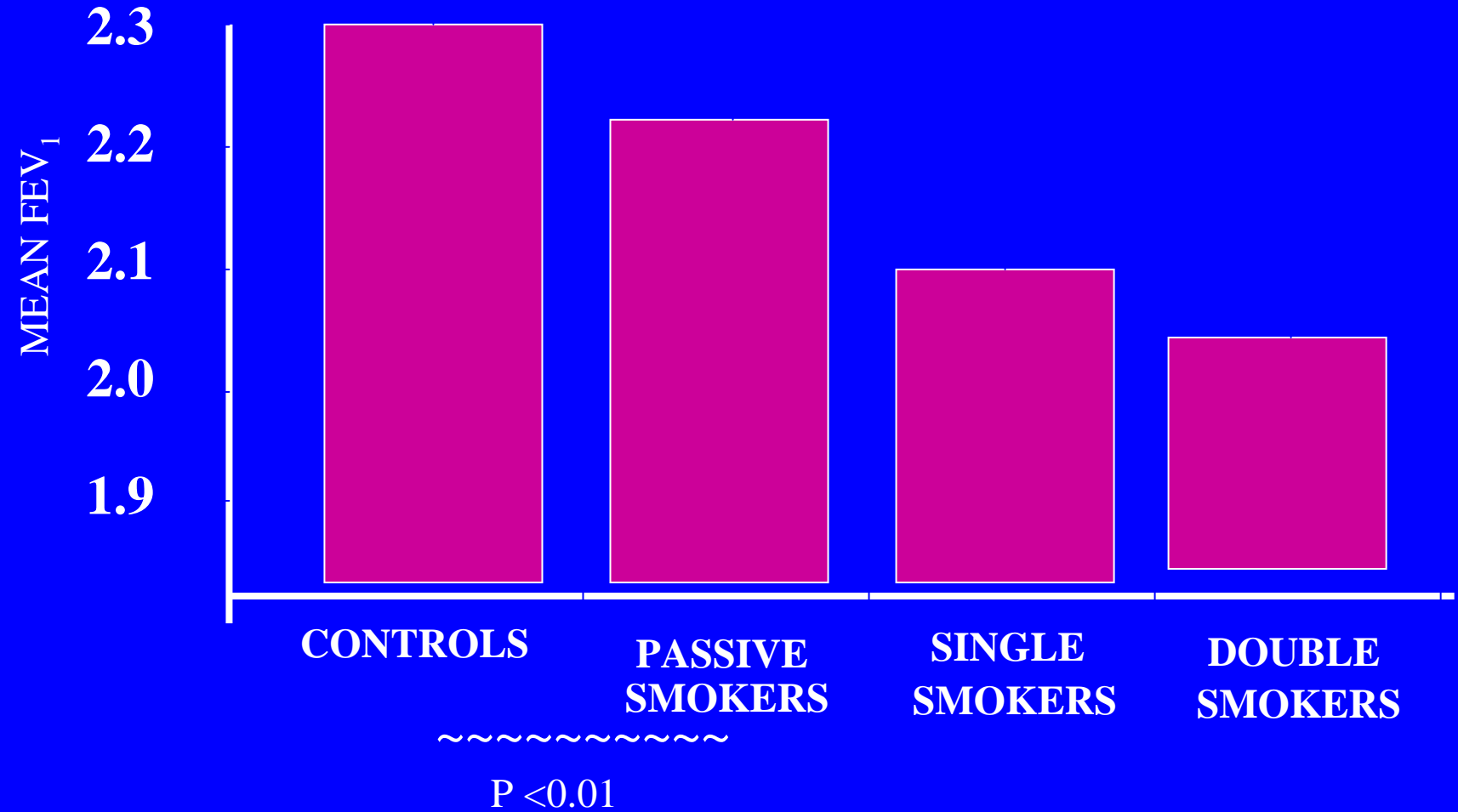
Double smoker



(BMJ 1989;299:423-7)

Mean FEV₁ Level by EXPOSURE CATEGORY

(adjusted for sex, age and height)



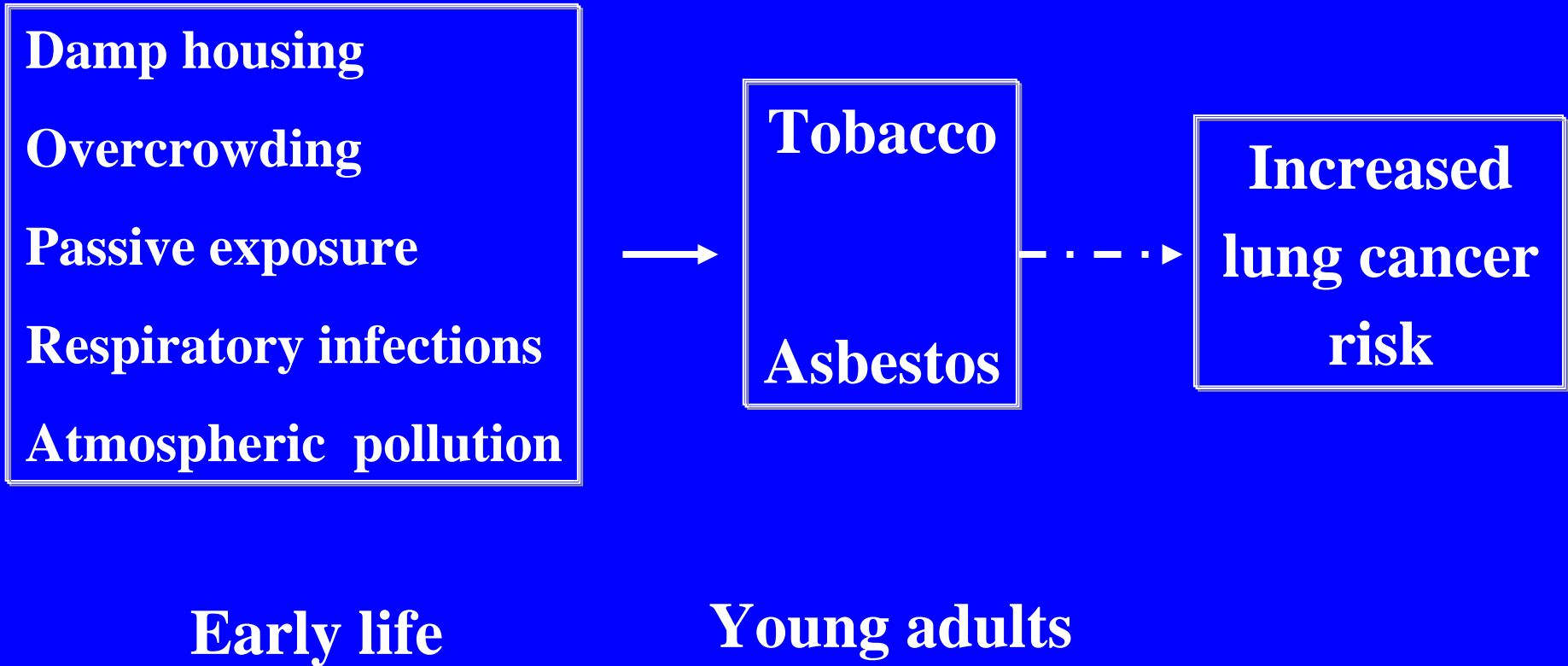
SYMPTOMATOLOGY in PASSIVE SMOKERS (Females)

| <u>Symptom</u> | <i>Controls</i> (N=439) | <i>Passive Smokers</i> | |
|-----------------|--------------------------------|---------------------------|----------------------------|
| | | <i>Low</i> (N=754) | <i>High</i> (N=541) |
| Infected spit | 2.1 | 2.4 | 3.1 |
| Persistent spit | 6.4 | 5.8 | 8.6 |
| Dyspnoea | 12.7 | 11.2 | 16.2 |
| Hypersecretion | 4.1 | 3.8 | 5.7 |
| Angina | 3.6 | 4.1 | 5.8 |
| Major ECG abn. | 0.4 | 1.1 | 0.5 |

**MORTALITY among PASSIVE SMOKERS in RELATION
to LEVEL of EXPOSURE
(Females)**

| <i>Symptom</i> | <i>Controls</i> (N=439) | <i>Passive Smokers</i> | |
|----------------------------|--------------------------------|---------------------------|----------------------------|
| | | <i>Low</i> (N=754) | <i>High</i> (N=541) |
| <u>Cause</u> | | | |
| All causes | 55.5 (31) | 61.6 (57) | 84.2 (51) |
| IHD | 5.6 (3) | 11.2 (12) | 25.8 (16) |
| Lung Cancer | 3.5 (1) | 2.8 (2) | 6.3 (3) |
| All smoking-related | 35.2 (16) | 32.1 (31) | 45.6 (28) |

Proposed smoking model



“Impact of passive smoking on associated causes of death in adults in Scotland”

**Report to the Scottish Executive in support of proposed legislation on banning smoking in enclosed work/public places
(November 2004)**

Numbers of deaths in Scotland per year attributable to 'active' and 'passive' smoking

| Cause of death | <i>Total</i> | <i>Attributable to active smoking</i> | <i>Attributable to passive smoking *</i> |
|--------------------------|---------------------|--|---|
| Lung cancer | 4,000 | 3,123 | 44 |
| Heart disease | 11,700 | 3,767 | 395 |
| Stroke | 6,750 | 1,540 | 335 |
| Respiratory disease | 6,500 | 2,700 | 91 |
| 4 causes combined | 28,950 | 11,130 | <u>865</u> |

** among lifelong non-smokers*

based on Renfrew/Paisley estimates of smoking prevalence & smoking risk

