



SOCIETY FOR RESEARCH  
ON NICOTINE & TOBACCO



July 1, 2016

Blue Ribbon Panel  
National Cancer Moonshot Initiative  
National Cancer Institute  
9609 Medical Center Drive  
Bethesda, MD 20892-9760

To Whom It May Concern:

The Society for Research on Nicotine and Tobacco and Truth Initiative welcome the opportunity to provide comment to the Blue Ribbon Panel on suggestions for addressing cancer research challenges.

We applaud your work for the National Cancer Moonshot Initiative and your efforts to put an end to the devastating death and disease cancer causes. Lives will be saved as a result of this action. While strides have been made, the need for bold ideas and action is clear. We were pleased that Vice President Biden specifically called attention to prevention and tobacco cessation at the Cancer Moonshot Summit this week, and were happy to see the topic of prevention addressed in the break out groups and by guest speakers. We strongly believe that the initiative must take an aggressive stance in support of cancer prevention and avoidance – particularly tobacco control. While accelerating research into treatment and therapy is important, there is no more affordable, well understood, and effective option for reducing the incidence of cancer and the suffering it causes than investment in tobacco control. We are writing to urge the Blue Ribbon Panel to place a strong emphasis on the place of tobacco control in curing cancer.

The relationship between smoking and cancer is well established. Since 1964 when the first Surgeon General's report on smoking concluded that cigarette smoking is a cause of lung cancer in men and a probable cause of lung cancer in women,<sup>1</sup> a long trail of studies and reports have come out showing how tobacco causes cancer in nearly every organ in the body. Today lung cancer is the leading cause of cancer death in the United States, for both men and women.<sup>2</sup> We now know that cigarette smoking is the leading cause of lung cancer and tobacco use causes 87% of deaths from lung cancer.<sup>3,4</sup> The American Cancer Society estimates that in 2015 alone, there were 221,200 new cases of lung cancer diagnosed in the U.S., and 158,040 deaths from lung cancer.<sup>5</sup> In fact, smokers have a greater risk for lung cancer today than they did in 1964, even though they smoke fewer cigarettes, probably due to changes in how cigarettes are made and what chemicals they contain.<sup>6</sup>

However, tobacco causes more cancer and more cancer death than just lung cancer. According to the U.S. Surgeon General, one-third of cancer deaths are caused by smoking – cancer deaths that are avoidable by dramatically reducing tobacco use.<sup>4</sup> Tobacco has firmly established links to at least 12 different kinds of cancer: mouth, pharynx, larynx, esophagus, lung/bronchus, stomach, pancreas, kidney, colon/rectum, uterus, bladder, cervix, and myeloid

leukemia.<sup>7</sup> We would see the rates of these cancers drop dramatically if the Cancer Moonshot Initiative made tobacco prevention an integral part of its mission. The best investment we can make in the health and well-being of the American people is to take the necessary steps to prevent cancer from occurring in the first place.

We already know that tobacco use prevention is effective in preventing cancer and preventing cancer costs a fraction of treating cancer. Tobacco prevention and cessation are saving more lives than any other intervention, and could save more. CDC estimates it spends \$393 per year of life saved through its tobacco public education campaign.<sup>8</sup> That compares to a cost of \$20,000-\$50,000 per quality adjusted life year for cancer treatment according to an analysis published in 2010.<sup>9</sup>

The cancer death rate reached its peak in the U.S. in 1991 – driven in great part by increases in lung cancer linked to tobacco use. According to the American Cancer Society, reductions in smoking along with other improvements in prevention, detection, and treatment have driven U.S. cancer death rates down 23% between 1991 and 2012. They estimate that translates to more than 1.7 million lives saved through cancer avoidance.

Researchers looking at the period between 1975 and 2000 estimate that tobacco education and other tobacco control policies and programs prevented an estimated 800,000 lung cancer deaths in just that span of 25 years.<sup>6</sup> Since the first U.S. Surgeon General's report on smoking and health in 1964, it is estimated that tobacco control efforts have led to at least 8 million fewer premature smoking-caused deaths.<sup>6</sup>

Due to the tobacco control community's coordinated and tireless work against a giant in the tobacco industry, cigarette use is down among youth and adults. Teen cigarette use is down to 7.0% overall,<sup>10</sup> and adult use is down to 15.1%.<sup>11</sup>

Despite these successes, there is still much work to be done in making tobacco use a thing of the past. The tobacco industry hasn't stopped and neither can we. The industry is continuously spending billions of dollars each year to market their products and bringing new and innovative products onto the market. But, youth tobacco use trends show increasing use of alternative tobacco products. The percentage of U.S. teens that used tobacco increased to 11.2% when taking into account the use of cigarillos.<sup>10</sup> The tobacco industry continues to invest greatly in advertising and promotion, spending an outstanding \$9.45 billion in 2013.<sup>12,13</sup> This amount only encompasses the amount spent on cigarettes and smokeless tobacco and does not include industry expenditures on advertising and promotion for cigars or electronic nicotine delivery systems. The marketing tactics of the electronic cigarette companies are eerily similar to those used by Big Tobacco in marketing their cigarettes, which have proven to work well at attracting youth and other vulnerable populations. In 2014, the top ten brands of e-cigarette companies spent \$115 million on advertising.<sup>14</sup> Many of the themes used in advertising for cigarettes are also now used to advertise e-cigarettes – including sex, independence, and rebellion.<sup>15</sup> The industry's spending must be countered by greater funding in tobacco control.

Tobacco use prevention and cessation support will advance the Cancer Moonshot by preventing avoidable cancers and cancer deaths. Support for tobacco prevention and cessation could prevent nearly half a million premature deaths every year, including 170,000 cancer deaths each year; prevent 5.6 million U.S. children alive today from premature death due to smoking; and save at least \$170 billion in health care expenditures each year.<sup>6,16</sup>


Earlier this year, the Tobacco Control Research Priorities Working Group of the National Cancer Institute Board of Scientific Advisors releases its report, "Tobacco Control Research Priorities for the Next Decade: Working Group Recommendations for 2016-2025." Within the report, the working group identified seven research priority areas with great potential to further the goal of eliminating tobacco use and its harms, particularly cancer harms:

1. Optimize intervention effectiveness by increasing the reach, demand, quality, dissemination, implementation, and sustainability of tobacco use treatment;
2. Reduce adolescent and young adult tobacco use;
3. Address disparities in tobacco use and its harms;
4. Understand the complexity of current tobacco products, patterns of use, and associated health-related outcomes;
5. Develop novel behavioral interventions for tobacco use;
6. Use a chronic disease approach to address smoking behavior across all its developmental phases, including studies of motivation and precessation, cessation and adherence, and relapse and recovery; and
7. Identify innovative local, state, federal, and private sector policy approaches and macro-environmental approaches that further reduce tobacco use.<sup>17</sup>

We urge you to prioritize these research priority areas in providing your valuable advice on the vision, proposed scientific goals, and implementation of the National Cancer Moonshot Initiative. The Moonshot Initiative cannot be successful in greatly reducing the rate of cancer deaths in the United States without putting a focus on tobacco control as well. Without prioritizing tobacco control policies and research, the Moonshot Initiative will miss out on the opportunity to reduce cancer in an effective and fiscally responsible way.

The National Cancer Moonshot Initiative is an important endeavor and we look forward to collaborating with the Blue Ribbon Panel as we work to finish tobacco once and for all and reduce cancer deaths in the US. If you have questions or need further information, please contact Dave Dobbins, COO at Truth Initiative, at [ddobbins@truthinitiative.org](mailto:ddobbins@truthinitiative.org), or 202-445-5555.

Sincerely,



Deborah J. Ossip, PhD.  
President  
Society for Research on Nicotine and Tobacco



M. David Dobbins  
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## References

1. US Public Health Service. Smoking and health. Report of the advisory committee to the Surgeon General. *DHEW publication (PHS)*. 1964;1103.
2. Centers for Disease Control and Prevention. Lung Cancer. 2016; <http://www.cdc.gov/cancer/lung/>. Accessed June 20, 2016.
3. Centers for Disease Control and Prevention. What Are the Risk Factors for Lung Cancer? 2015; [http://www.cdc.gov/cancer/lung/basic\\_info/risk\\_factors.htm](http://www.cdc.gov/cancer/lung/basic_info/risk_factors.htm). Accessed June 20, 2016.
4. U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. 2014; <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/fact-sheet.html>. Accessed June 20, 2016.
5. American Cancer Society. Cancer Facts & Figures 2015. Atlanta: American Cancer Society; 2015. <http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf>.
6. U.S. Department of Health and Human Services. *The health consequences of smoking – 50 years of progress: a report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health;2014.
7. American Cancer Society. Tobacco and Cancer. <http://www.cancer.org/cancer/cancercauses/tobaccocancer/index>. Accessed June 20, 2016.
8. Centers for Disease Control and Prevention. Tips From Former Smokers: Campaign Overview. 2016; <http://www.cdc.gov/tobacco/campaign/tips/about/campaign-overview.html>. Accessed June 20, 2016.
9. Greenberg D, Earle C, Fang CH, Eldar-Lissai A, Neumann PJ. When is cancer care cost-effective? A systematic overview of cost-utility analyses in oncology. *Journal of the National Cancer Institute*. 2010;102(2):82-88.
10. Johnston LD, O'Malley PM, Miech RA, Bachman JG, Schulenberg JE. *Monitoring the Future national survey results on drug use: 1975-2014. Overview, key findings on adolescent drug use*. Ann Arbor, MI: Institute for Social Research, The University of Michigan;2015.
11. National Center for Health Statistics. *Early Release of Selected Estimates Based on Data From the 2015 National Health Interview Survey*. 2016.
12. Federal Trade Commission. Federal Trade Commission Cigarette Report for 2013. Retrieved from <https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-cigarette-report-2013/2013cigaretterpt.pdf>. 2016.
13. Federal Trade Commission. Federal Trade Commission Smokeless Tobacco Report for 2013. Retrieved from <https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-smokeless-tobacco-report-2013/2013tobaccorpt.pdf>. 2016.
14. Truth Initiative. Vaporized: Youth and young adult exposure to e-cigarette marketing. 2015; <http://truthinitiative.org/sites/default/files/VAPORIZED%20-%202012%202%2015%20-%20FINAL.pdf>. Accessed December 9, 2015.
15. Singh T, Marynak K, Arrazola RA, Cox S, Rolle IV, King BA. Vital Signs: Exposure to Electronic Cigarette Advertising Among Middle School and High School Students - United States, 2014. *MMWR. Morbidity and mortality weekly report*. 2016;64(52):1403-1408.

16. Xu X, Bishop EE, Kennedy SM, Simpson SA, Pechacek TF. Annual healthcare spending attributable to cigarette smoking: an update. *American journal of preventive medicine*. 2015;48(3):326-333.
17. Tobacco Control Research Priorities Working Group of the NCI Board of Scientific Advisors. *Tobacco Control Research Priorities for the Next Decade: Working Group Recommendations for 2016-2025*. 2016.