“Even though people know smoking is unhealthy, there isn’t much they encounter that tells them how big the risk is,” said Weinstein, a Professor in the Human Ecology Department at Rutgers and an Associate Member of the Arizona Cancer Center in Tucson. “It’s a continuing challenge, not only in smoking but in all sorts of health behaviors, to help people realize the size of the risk, not just that there is a risk.”

The National Cancer Institute has a tool created with Dr. Weinstein and ACS researchers Michael Thun, MD, MS, and Jane Henley, MS, that allows smokers to calculate their personal lung cancer risk. It is available online at http://cancercontrol.cancer.gov/tcrb/smokersrisk/.

Smokers were also more likely to believe certain myths that minimize the danger of smoking.

More than one half said exercise undoes most of the effects of smoking, and 28% said vitamins could do that, too. Nearly 36% said developing lung cancer depends on genes more than anything else.

“People don’t like to believe that their activities put them at risk,” Weinstein observed, “and they’re creative at finding reasons—at least convincing to themselves—that their risk isn’t as high as people say it is.”

Although inherited genes do play a role in some lung cancers, tobacco smoking is directly responsible for more than 87% of lung cancer cases, according to ACS statistics.

Studies of exercise and lung cancer have had mixed results, and so far no studies have proven that vitamins can reduce the risk of lung cancer. In fact, in one study, beta carotene supplements actually appeared to raise the risk of lung cancer in smokers.

The survey shows that many people are confused about the risks of smoking, Weinstein said, despite public campaigns to educate them about the dangers.
“One big issue is that even if we can get people to acknowledge that smoking is not healthy, we can’t assume that smokers agree that it’s unhealthy for them,” he said. “They find various reasons for thinking that the way they smoke, and the kind of cigarettes they smoke, and all kinds of other pseudofactors mean that it’s not as bad as for other smokers.”

Some of the survey results point to topics doctors could broach with smokers—the huge difference in lung cancer risk, for instance—to help clarify the dangers, Weinstein said.

“We need to try different ways of approaching them,” he said.

Dileep Bal, MD, Chief of the Cancer Control Branch of the California Department of Health Services and former president of the ACS, agreed.

“We do need to change how we talk to smokers,” he said.

But Bal emphasized that changing community views about smoking is likely to make a bigger impact. Restricting tobacco advertising and sales and curbing public smoking have been successful strategies in California, he noted.

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**ACS REPORT: HALF OF CANCER DEATHS COULD BE PREVENTED**

More than one half of all cancer deaths in the United States could be prevented if Americans adopted a healthier lifestyle and made better use of available screening tests for the disease, a report from the ACS states.

The information is contained in *Cancer Prevention and Early Detection Facts & Figures 2005* (CPED), a comprehensive report that focuses on the major modifiable risk factors for cancer. The report highlights trends in tobacco use, eating habits, exercise patterns, and weight gain among adults and children. It also discusses cancer screening and ways to help more people take advantage of these potentially lifesaving tests.

CPED is a useful resource for clinicians, public health professionals, health care administrators, and policy makers working to strengthen cancer prevention and early detection efforts at a national, state, or local level, said Elizabeth Ward, PhD, Director of Surveillance Research for the ACS and one of the authors of the report.

In some areas, the report shows that the United States has made progress in reducing the threat of cancer. For instance, tobacco use causes about 30% of all cancer deaths in the United States, according to the report. Real progress has been made in reducing smoking among adolescents and adults, with per-capita cigarette consumption lower than at any other point since the start of World War II. The declining prevalence of smoking has resulted from a number of tobacco control measures, including higher tobacco taxes, laws limiting smoking in public places, and antismoking advertising.

But the report warns that many of the state programs that helped lower smoking rates have been drastically scaled back because of budget problems, jeopardizing that progress. Indeed, the most recent report from the Centers for Disease Control and Prevention, released just days after the publication of CPED, indicated that smoking among middle and high school students remained stable between 2002 and 2004, rather than declining (*MMWR 2005;54:297–301*). The MMWR report further notes that the total investment in statewide tobacco prevention and control programs decreased 28% from 2002 to 2004.

The report also includes data on trends in tobacco use stratified by race, ethnicity, education level, and state of residence, as well as an update on progress by states, counties, and cities in adopting smoke-free legislation. Examples of successful legislation and programs are highlighted, and the economic impact of smoke-free legislation is reviewed.

CPED also highlights the increasingly serious problem of excessive weight gain among children and adults.