European Network for Smoking and Tobacco Prevention
ENSP

Ending tobacco epidemic

an essential step for

beating cancer


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Childhood Cancer

Evidence suggest that exposure to smoking by family members during pregnancy or exposure to waterpipe and cigarette smoking during their neonatal period is a risk factor for developing cancer [1]. Evidence support a possible association between maternal smoking during pregnancy with childhood cancers overall [2], paediatric neuroblastoma [3], retinoblastoma, certain types of childhood brain tumours [4] and nervous system cancers [5]. Paternal smoking was related to a significantly elevated risk of childhood lymphoblastic leukemia during pregnancy [6].

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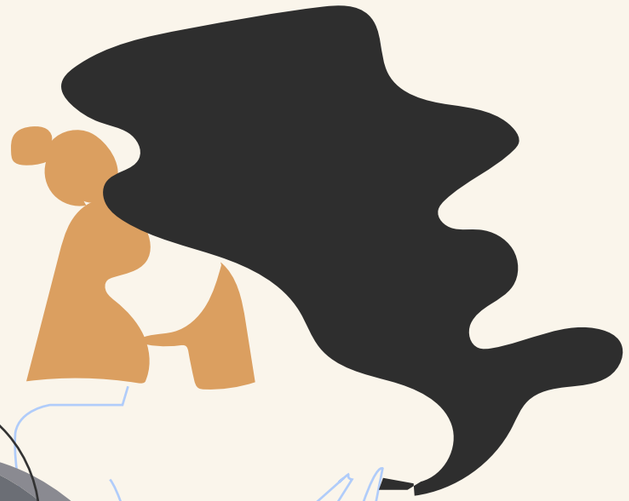
Cervical Cancer

Women who smoke are about twice as likely as non-smokers to get cervical cancer. Compounds deriving from tobacco have been found in the cervical mucus of women who smoke, and it is commonly believed that these substances damage the DNA of cervix cells and may contribute to the development of cervical cancer. Smoking also makes the immune system less effective in fighting HPV infections [(1)]. Finally, a recent metanalysis provides evidence that passive smoking is associated with an increased risk of cervical cancer [(2)].



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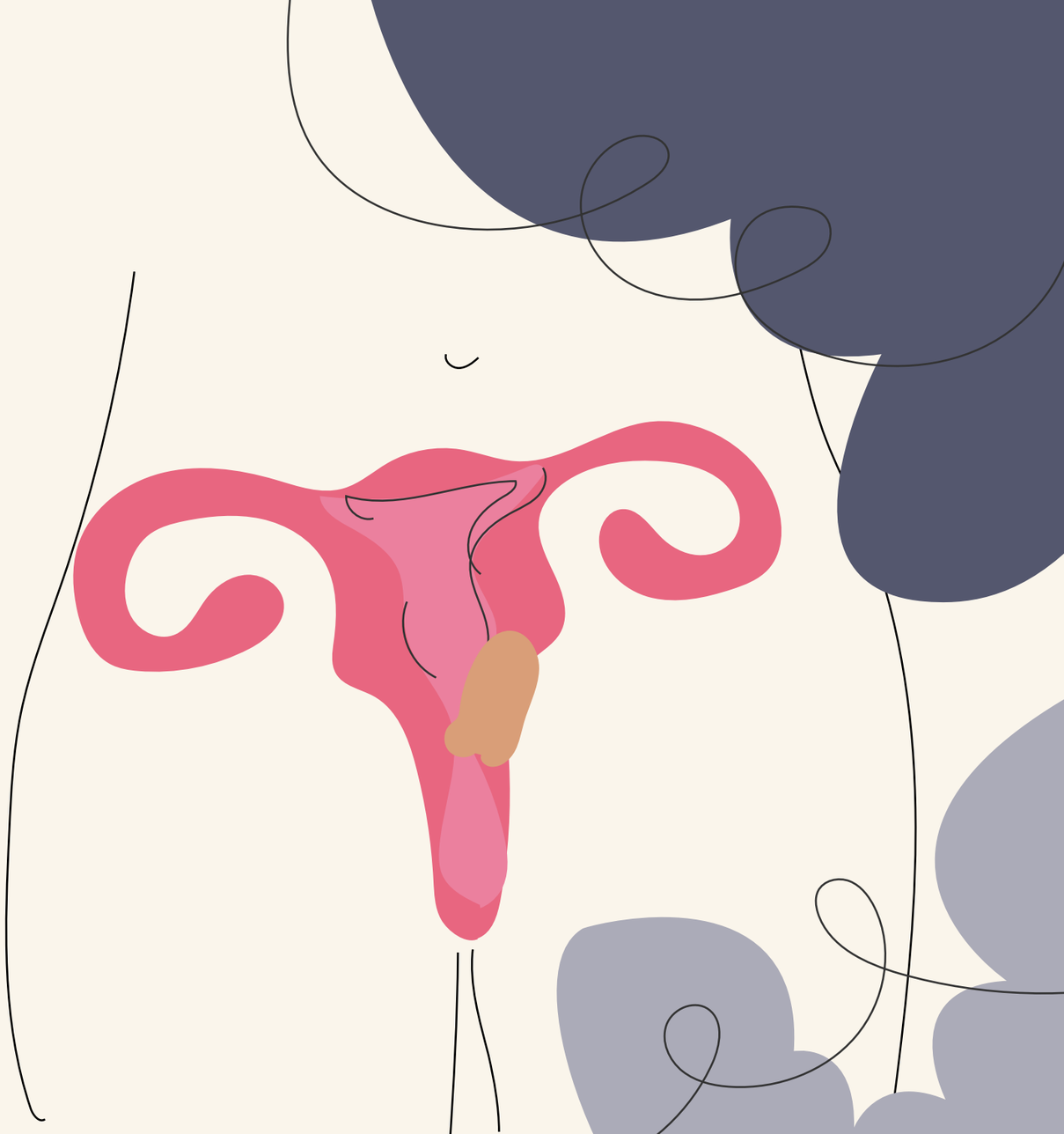
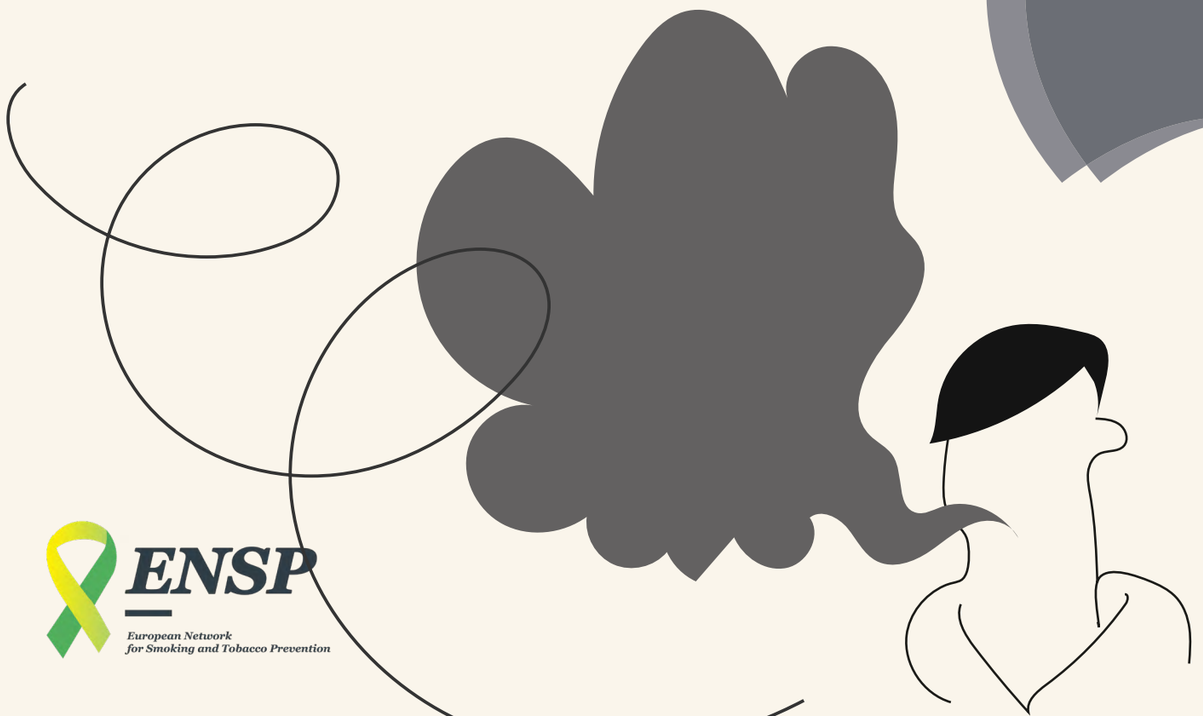


Gallbladder & Bile Duct Cancer

Smoking appears to increase the risk of developing all biliary tract cancers except gallbladder cancer. [1]



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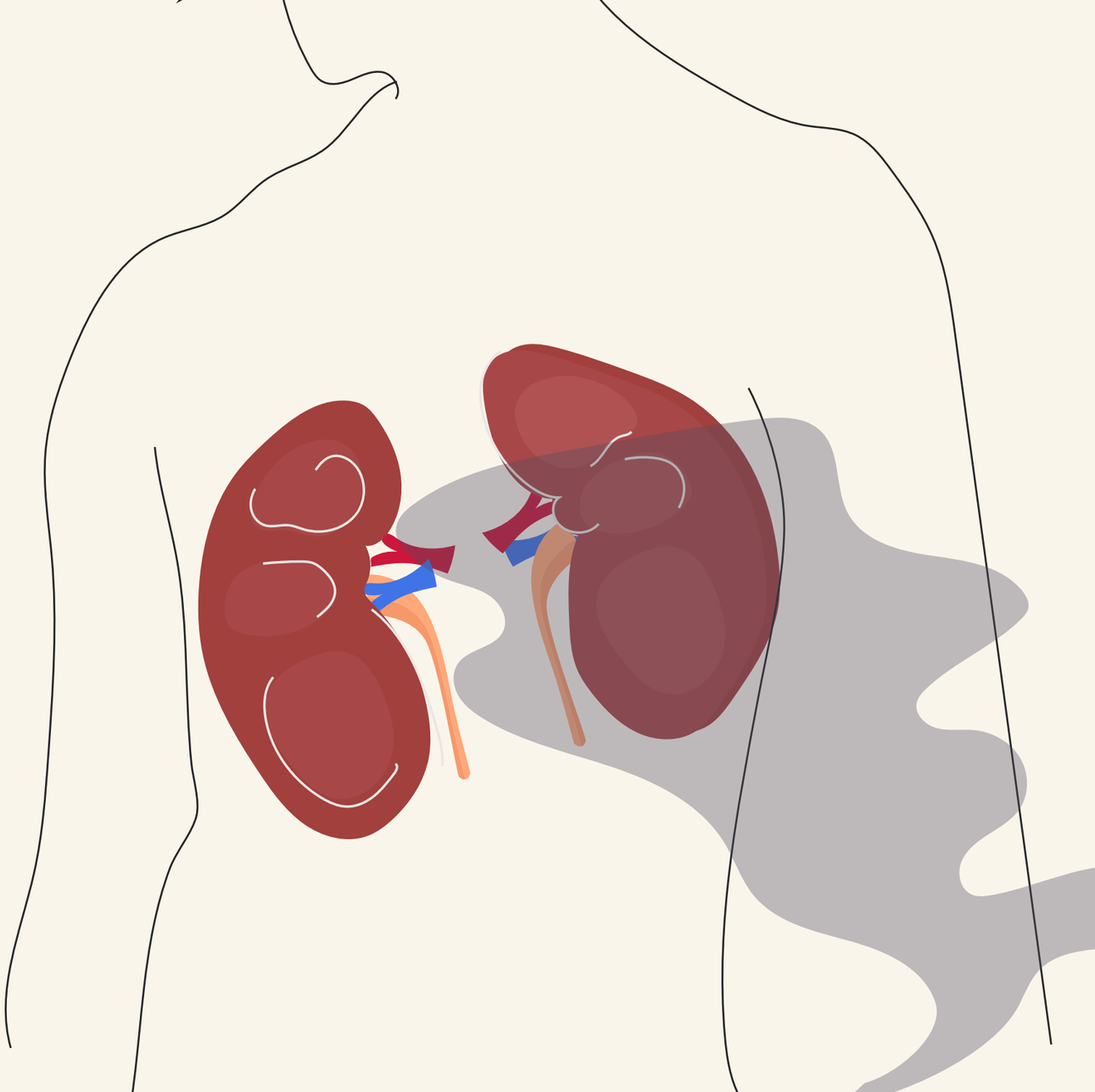
Kidney Cancer

Cigarette smoking is a well-established risk factor for renal cell carcinoma (RCC), the predominant kidney cancer type [1].

According to the US Surgeon General and the International Agency for Research on Cancer: “There is sufficient evidence from several cohort and case–control studies to support causality between tobacco smoking and development of RCC” [2].



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Colon Cancer

Current smokers had a significantly higher risk for colon cancer [1]. Smoking can also cause more aggressive polyps known as flat adenomas, and these can be present in both light and heavy smokers and an increased risk of dying from the disease. According to published data, people who have smoked are 23 percent more likely to die or have their cancer return within three years than non-smokers who had colon surgery. Also, people who smoked at the time of colon cancer diagnosis are 47 percent more likely to have a recurrence of colon cancer or to die from the disease [2].

Family history has a significant influence on whether you are at higher risk for colon cancer. However, there is enough evidence to support that smoking puts you at equal risk for developing colon cancer as having a first-degree relative with colon cancer [3].

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Esophagial cancer

Esophageal cancer (EC) consists of two primary pathological types: squamous cell carcinoma (ESCC) and adenocarcinoma, with the worldwide incidence of the first to be higher [1]. Several studies have shown that smoking is an important risk factor for the development of EC, especially ESCC [2-3]. The incidence of ESCC was 7 times higher than that of non-smokers in the study population [4].

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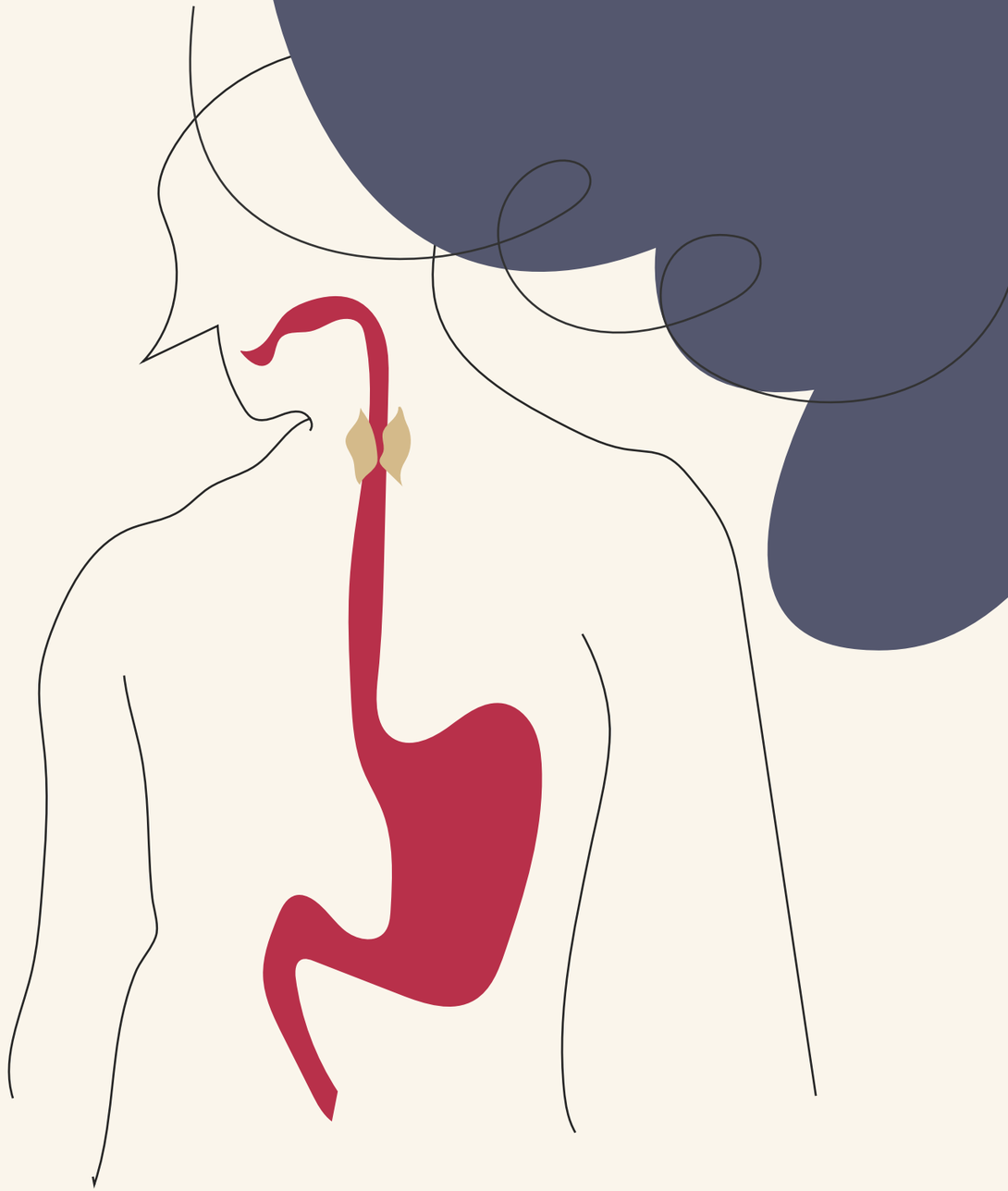

Testicular cancer

Testicular cancer is strongly associated with tobacco smoking [1].
The relationship of testicular cancer and smoking is plausible: cigarette smoke contains known carcinogens such as arsenic. Furthermore, smoking may modify sex hormones, which are implicated in the onset and/or progression of testicular cancer [2].

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Skin cancer

Sunlight is the principal environmental risk factor for skin cancer, but other carcinogens have also been implicated, including tobacco smoke [1].
Literature findings on the association of specific skin cancer types and smoking are conflicting. One metanalysis reported that ever smokers of both sexes had slightly increased risks of both basal cell carcinoma (BCC) and squamous cell carcinoma (SCC), compared with never smokers [2] while a second one concluded that smoking increases the risk of SCC only [3]. More recent findings showed that, current smokers had significantly lower risks of BCC but up to 2.3 times higher risk of SCC when compared with non-smokers [4].

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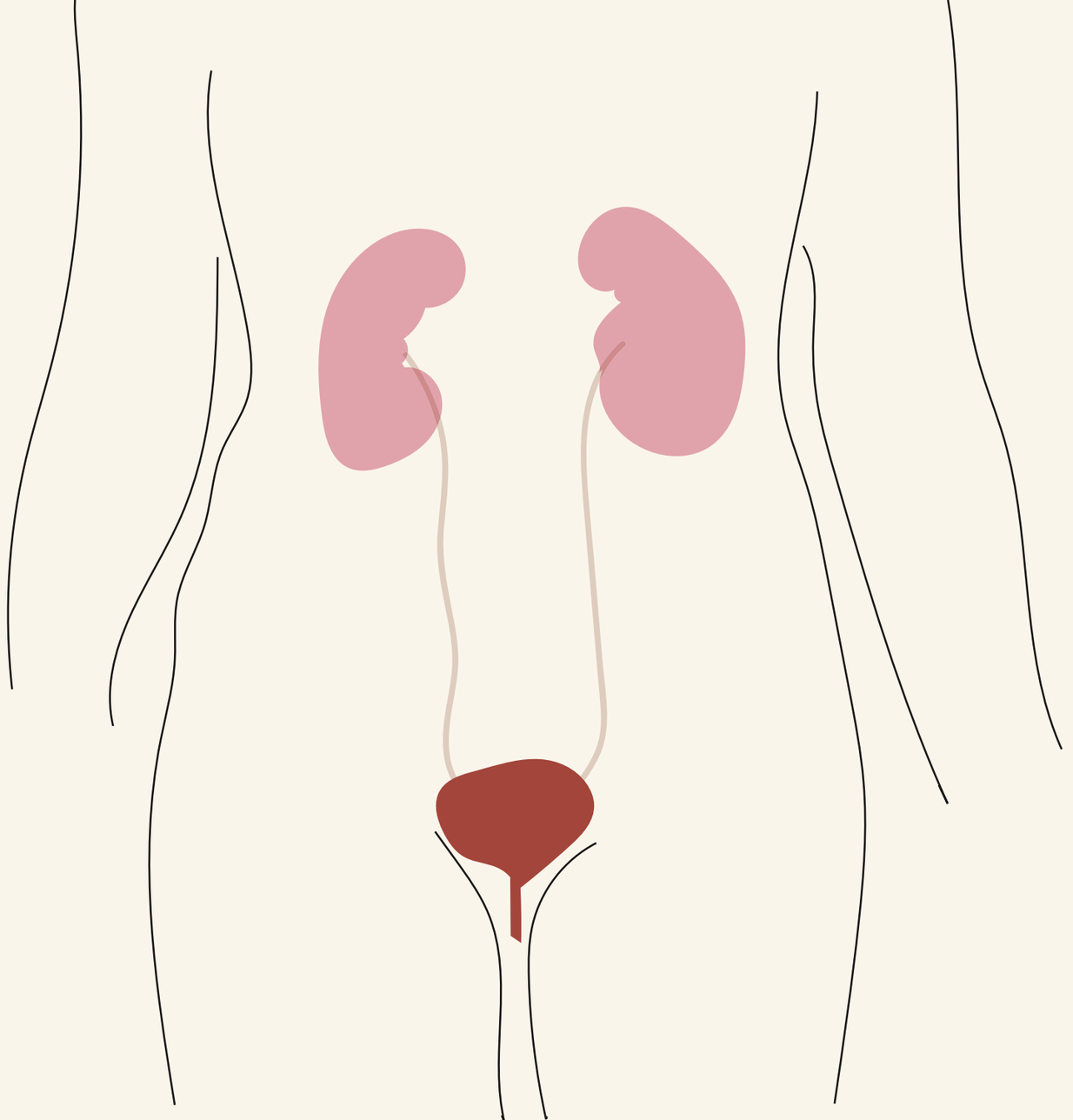
Bladder Cancer

The incidence of bladder cancer varies worldwide, with higher rates in Europe and North America [1,2]. The International Agency for Research on Cancer (IARC) has clearly identified the causal relationship of smoking with urinary tract cancer in both genders [3].

Several cohort studies in Europe and the USA have found that cigarette smoking is an important risk factor for bladder cancer [4,5] with nearly half of all bladder cancer patients to have a history of smoking [6].

Smoking cigarettes, cigars or pipes may increase the risk of bladder cancer by causing harmful chemicals to accumulate in the urine [7].



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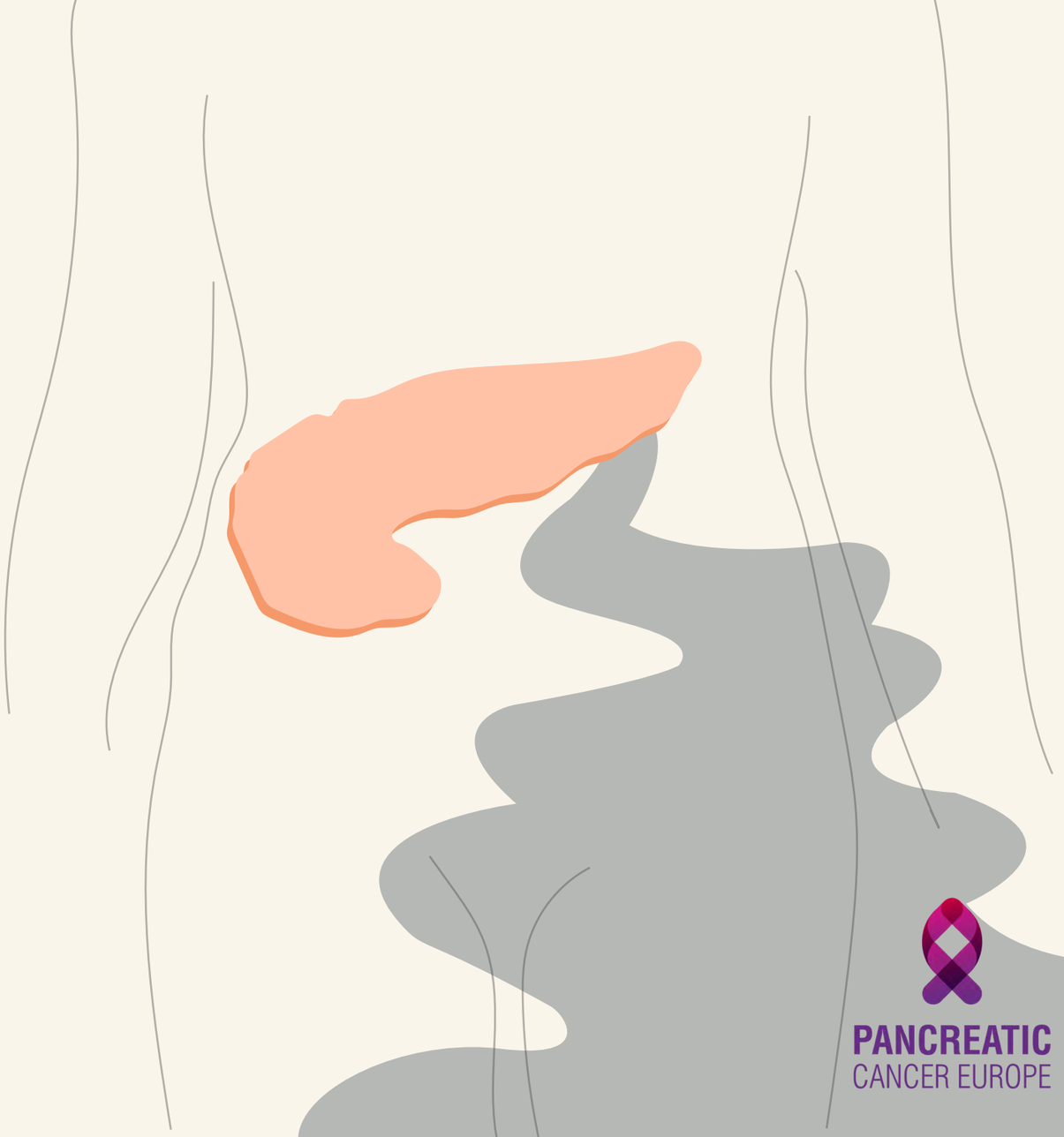
Pancreatic Cancer

Cigarette smoking is a consistent risk factor for pancreatic cancer, which may contribute to development of approximately 20% of pancreatic cancer cases [1]. In a pooled analysis of 12 prospective cohorts and one case-control study, cigarette smokers had an 80% increased risk of pancreatic cancer compared with non smokers, and the risk increased with smoking intensity, duration, and cumulative smoking dose [2].

Cigar smoking and the use of smokeless tobacco products also increase the risk. However, the risk of pancreatic cancer starts to drop once a person stops smoking [3].

Nevertheless, cigarette smoking is associated with a reduction in survival among patients with pancreatic cancer [4].



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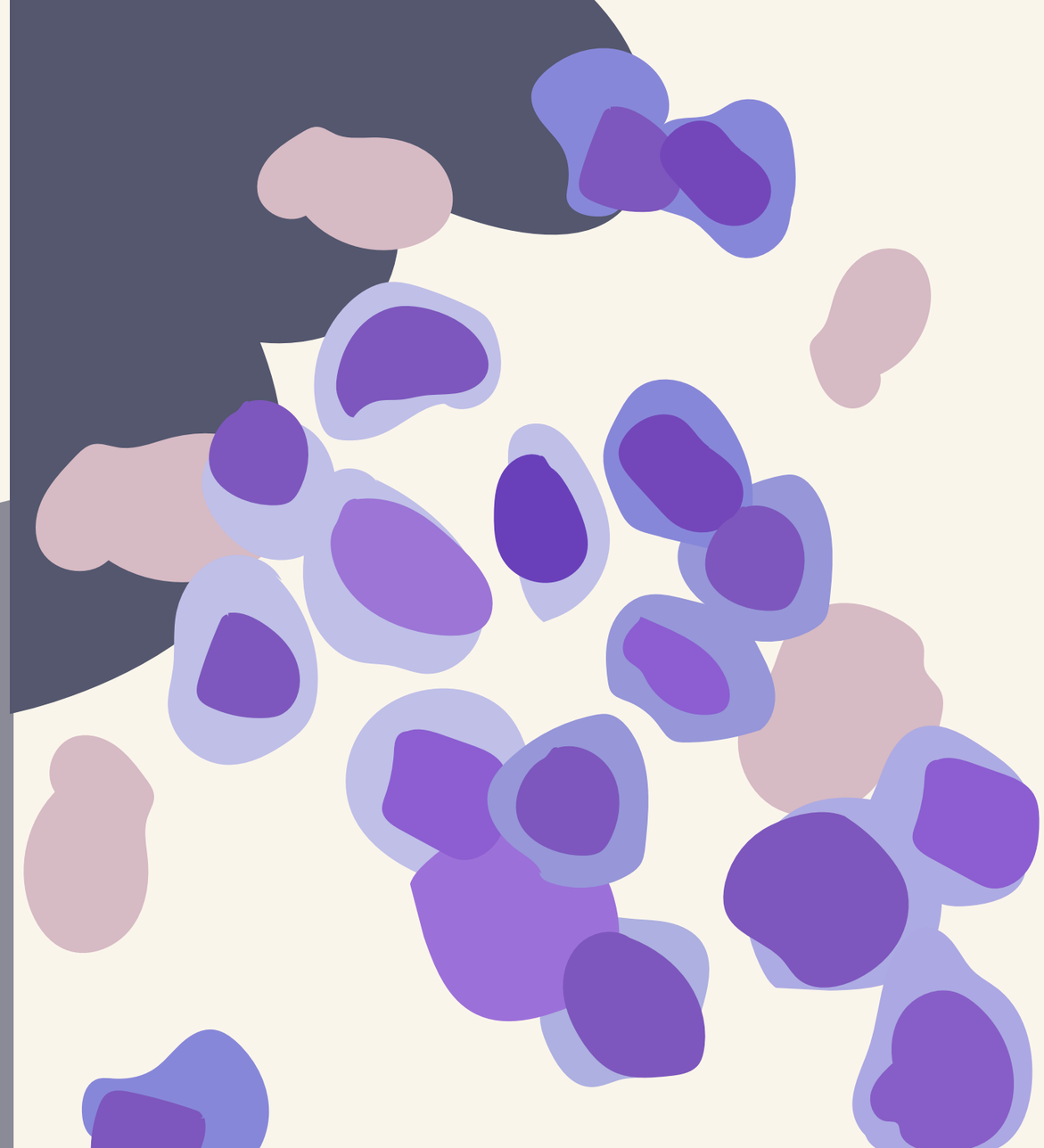
PANCREATIC CANCER EUROPE

Acute myeloid leukaemia

Scientific research has confirmed cigarette smoking to be associated with increased risk of developing myeloid leukaemia in adults [1-3].

Smoking may result in an imbalance in the haematopoietic system such as changes in the erythrocyte–leukocyte ratio and composition of mature leukocytes in peripheral blood [4]. Although, no detailed biological mechanism has been proposed, a causal link has made the association of the systemic effects of cigarette smoke and the presence of chemicals in cigarette smoke and leukaemia risk, evident [5].



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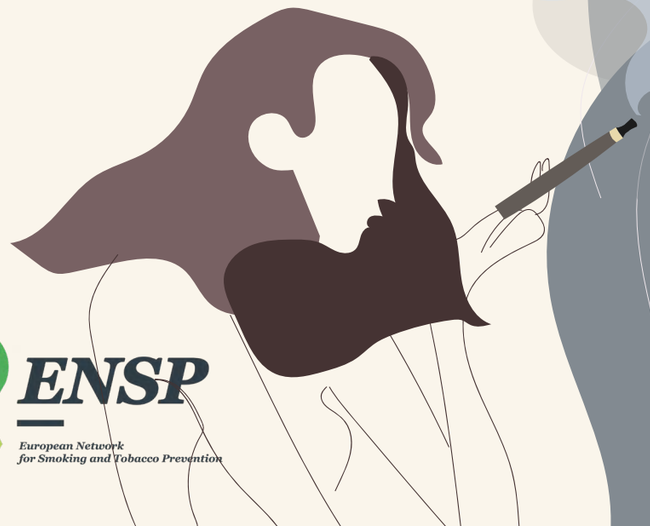
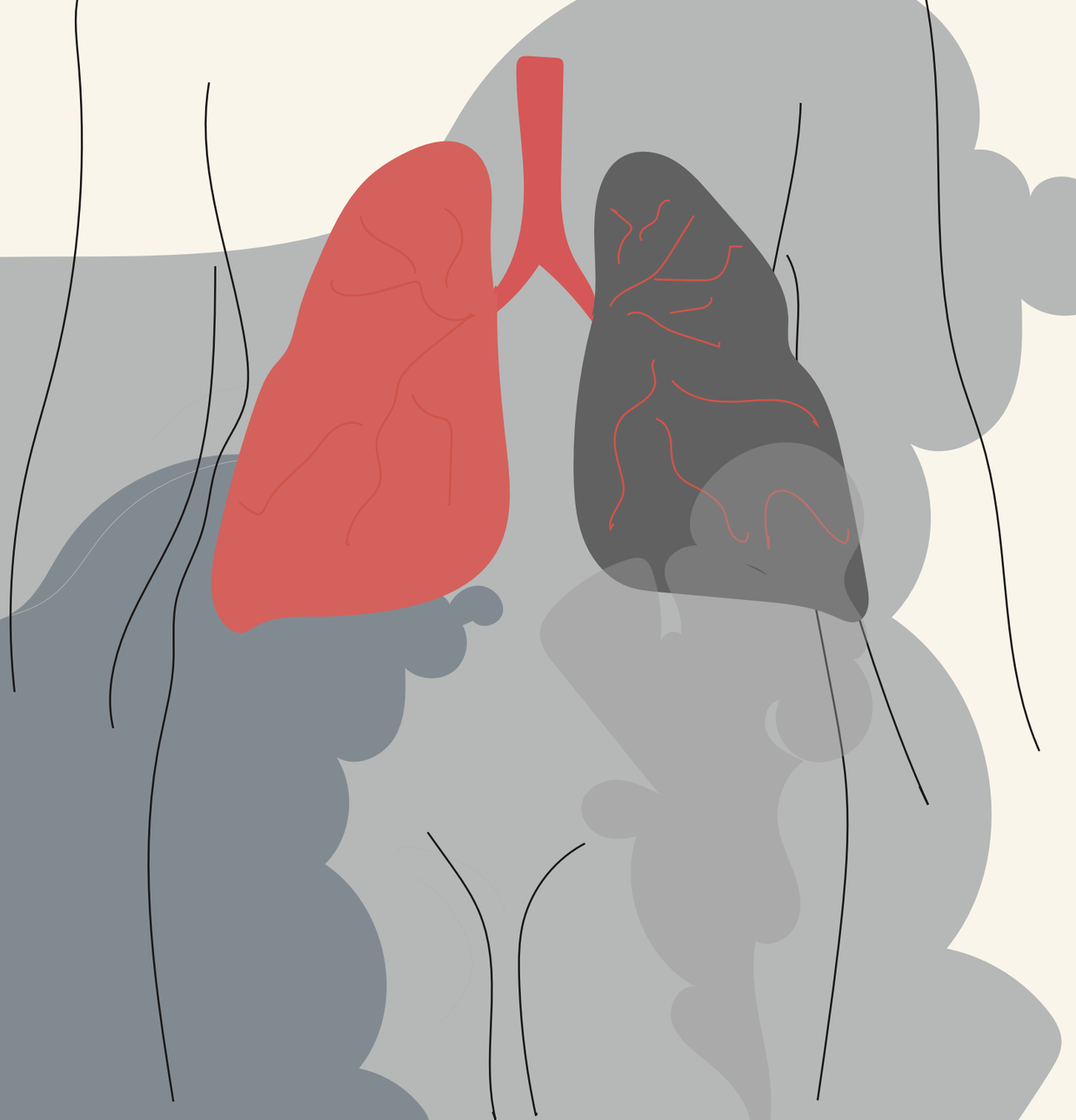
Lung Cancer

Lung cancer is the leading cause of cancer death worldwide with 1.7million global deaths attributed to cigarette smoking [1].
Tobacco use is the leading cause of lung cancer; 55% of lung cancer deaths in women and over 70% of lung cancer deaths in men are due to smoking [2].

A recent systematic review and metanalysis found that smoking yields similar risk of lung cancer in women compared to men. However, these data may underestimate the true risks of lung cancer among women, as the smoking epidemic has not yet reached full maturity in women [3].
Evidence suggest that within 10 years of quitting smoking, there is a 40–90% reduction in lung cancer risk, and the magnitude of risk reduction varies with the intensity of smoking, time since quitting and age at cessation [4-6].





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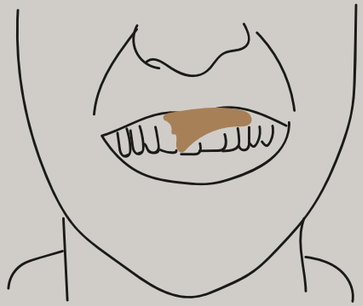
Head and neck cancer



Head and neck cancers include cancers of the oral cavity, pharynx, and larynx and are among the most common cancers worldwide [1,2].
In the IARC Monograph, the association between cigarette smoking and the incidence and mortality of head and neck cancers is well established. Previous research has suggested that cigar andpipe smoke may contain equivalent, or in some instances higher, doses of carcinogens such as benzo a pyrene compared with cigarette smoke supporting the association of cigar or pipe smoking and the risk of head and neck cancers [3].

A recent systematic review aiming to assess the association between the cigarettes and head and neck cancers outlined potential dangers associated with the use of the cigarettes and their role in head and neck cancers [4].

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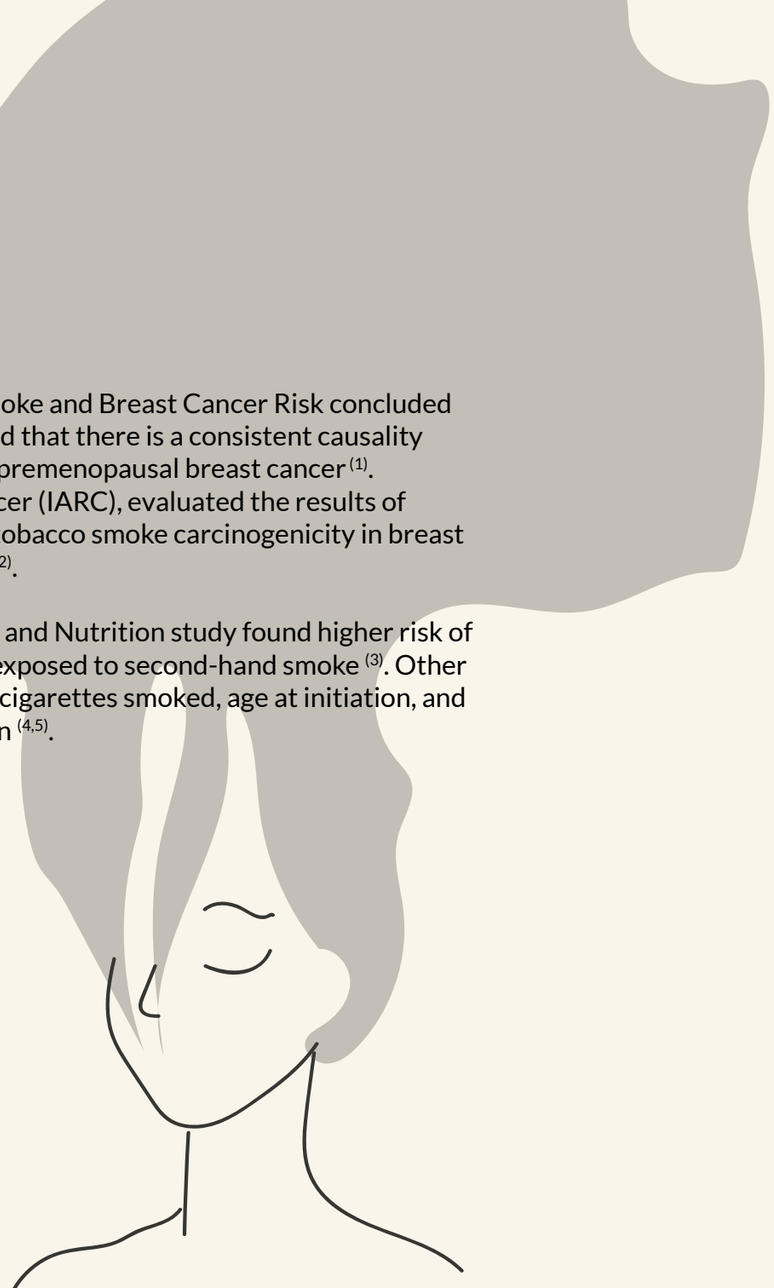
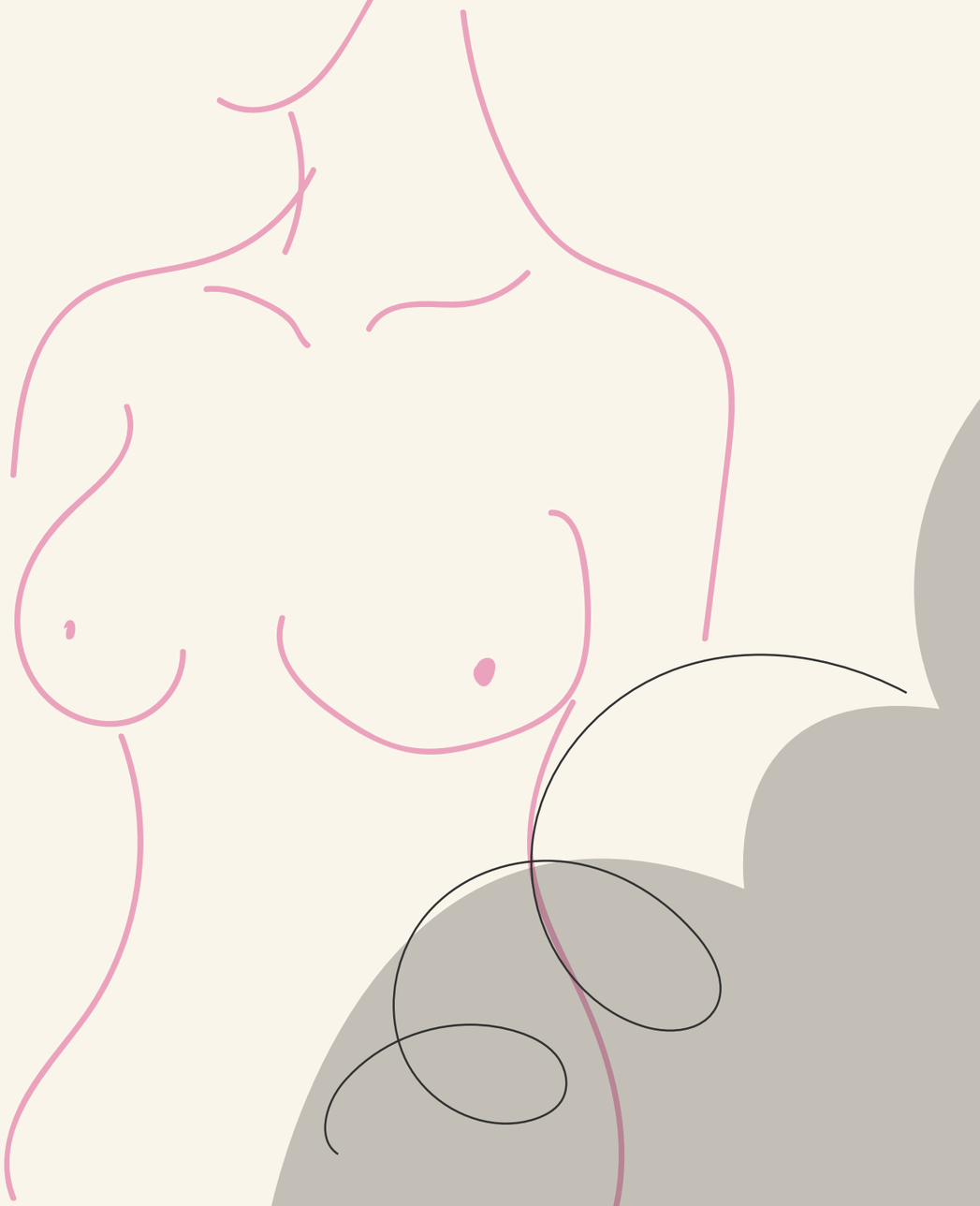
Breast Cancer

In 2009, the Canadian Expert Panel on Tobacco Smoke and Breast Cancer Risk concluded that smoking is associated with breast cancer and that there is a consistent causality between second-hand smoke exposure and premenopausal breast cancer [1].
The International Agency for Research on Cancer (IARC), evaluated the results of numerous studies and concluded that evidence for tobacco smoke carcinogenicity in breast cancer exists [2].

The European Prospective Investigation into Cancer and Nutrition study found higher risk of breast cancer for former/current smokers or those exposed to second-hand smoke [3]. Other risk factors are: the duration of smoking, number of cigarettes smoked, age at initiation, and years of cessation [4,5].





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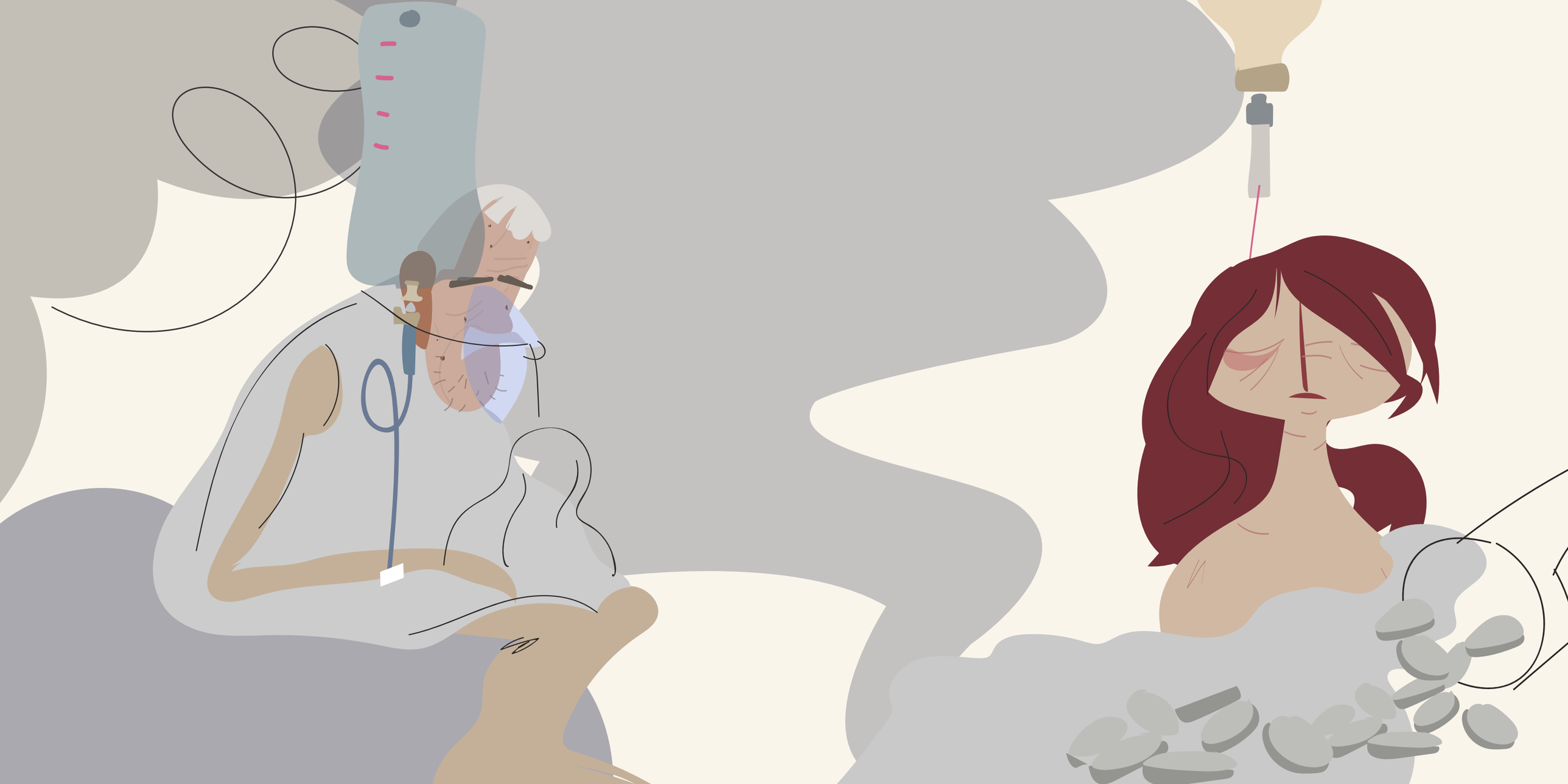

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Awareness Month

January

World Cancer Day
February 4th

February

March

World Health Day
April 7th

April

World No Tobacco Day
May 31st

May

June

July

August

September

October

November

National No Tobacco Day
Third Thursday in November

December

Original project idea: Cornel Radu-Loghin
Illustration and layout: Catinca Dumitrescu
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ISBN: 978-2- 930966-08-3
EAN: 9782930966083

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Tobacco related cancer awareness

Make every day a no tobacco day!
Make every day a cancer awareness day!

Endorsed by:

European Cancer Patient Coalition

PANCREATIC CANCER EUROPE

Stopping tobacco use can prevent and reverse many of the negative effects on health

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Co-funded by the Health Programme of the European Union