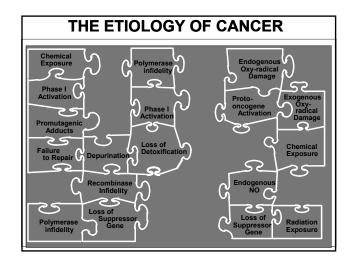
#### **Cancer Prevention**

Peter G. Shields, MD

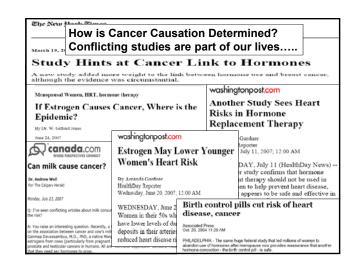
Deputy Director, Comprehensive Cancer Center
Professor, College of Medicine
James Cancer Hospital

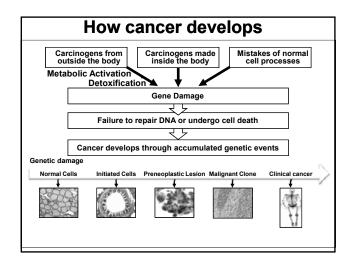
The Ohio State University Wexner Medical Center

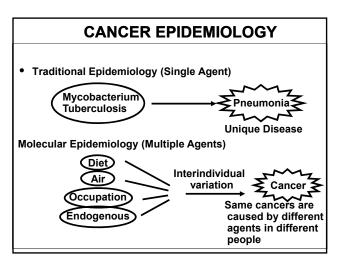


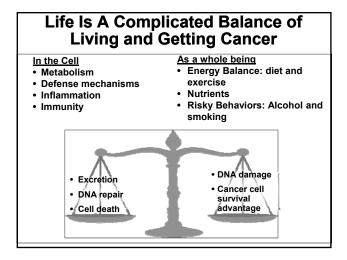
### Topics to be covered:

- Carcinogenesis and Cancer Risk Assessment in the Clinic
- Unprecedented Opportunities for Tobacco Control
- Smokeless Tobacco and Electronic Cigarettes
- Cancer Prevention in Cancer Survivors









## What are some ways we can assess cancer risk in the clinic?

- Medical History
  - Autoimmune diseases, medications, premalignant conditions, cirrhosis, Barrett's, transplants, radiation treatments, prior cancer history and treatments, HRT
- Family History and genetic testing in family members
- Social History: Diet, exercise, BMI, tobacco, alcohol, sunlight
- Occupation, e.g., asbestos, benzene, coal mine, diesel exhaust
- Infection: HPV, HIV, H Pylori, HBV, HCV, EBV
- But not blood tests for almost all patients

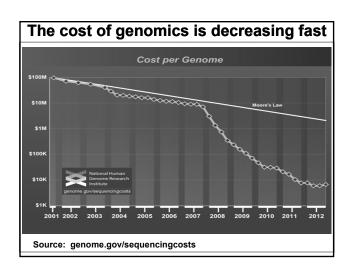
#### **Preventing Cancer Guidelines**

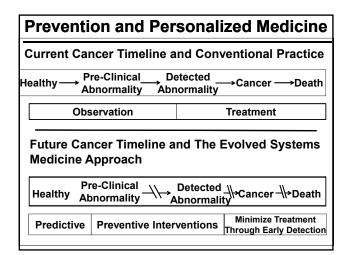
- · Do not smoke
- · Eat a variety of healthful foods
- Eat 9 or more vegetables and fruits per day
- Eat whole grains rather than refined grains
- Limit consumption of red meats
- Choose foods that maintain a healthful weight
- Be physically
- Limit alcohol consumption

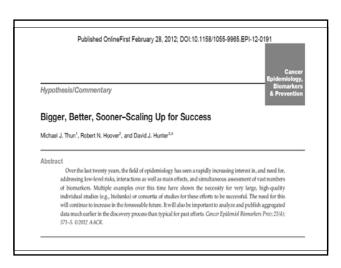
# What's Next For Cancer Risk Assessment

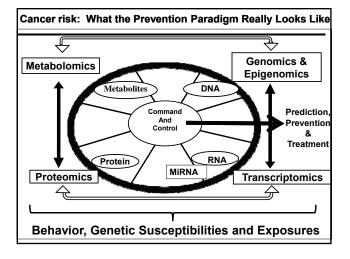
#### Cancer myths that are not true

- What someone does as a young adult has nothing to do with getting cancer
- Electrical devices, like cell phones and microwaves cause cancer
- Organic foods must reduce cancer risk
- Taking vitamins must reduce cancer risk
- Injuries, like broken bones and cuts, cause cancer
- Living in a polluted city is worse than smoking
- Cancer is more common today











## Nicotine is a Powerful Drug...

- Tobacco use is mostly driven by nicotine dependence
  - Dopamine pleasure, appetite
  - Norepinephrine arousal, appetite
  - Acetylcholine arousal, cognitive
  - Vasopressin memory
  - Serotonin mood modulation, appetite
  - Beta-Endorphin anxiety
- Can long term nicotine replacement therapy cause cancer?



# Family Smoking Prevention and Tobacco Control Act (2009)

- Restricts tobacco advertising and promotion
- · Further restricts illegal sales to minors
- · Bans all flavorings except menthol
- May establish performance standards
- · Evaluate of health claims about purported MRTP
- Requires disclosure about designs and contents, and research about the health effects of the products
- · Graphic warning labels for cigarettes and ST
- · Prohibits "light" descriptors
- Investigate the impact for reducing nicotine in cigarettes
- CANNOT BAN CIGARETTES OR NICOTINE

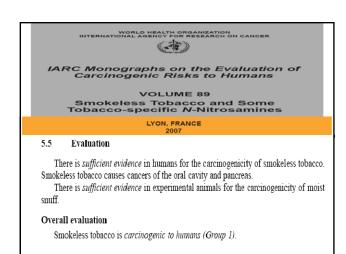


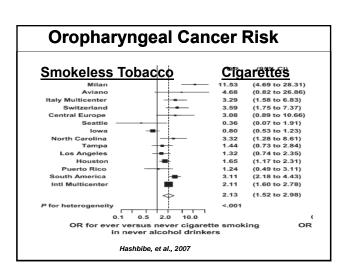
#### **Smokeless Tobacco Usage**

- About 7.6 million Americans use ST
  - 3.3% of adults (aged 18 years and older)
  - 6.5% of men
  - 0.4% of women
  - 7.0% of American Indian/Alaska Natives
  - 4.3% of whites
  - 1.3% of Hispanics
  - 0.7% of African Americans
  - 0.6% of Asian Americans
- Most commonly used by young adults up to the age of 25
- Young white males
   http://www.cdc.gov/tobacco/basic\_information/smokeless/

#### Official ST Recommendations in U.S.

- 1986 Surgeon General says that that ST is "is not a safe substitute for smoking cigarettes. It can cause cancer and a number of noncancerous conditions and can lead to nicotine addiction and dependence."
- 1991 National Cancer Institute recommends stopping use of all ST
- Developing consensus that ST is an alternative to smoking for smokers who cannot or will not quit???
  - Personal observations
  - Still, ST is not be safe for conventional products and may not be safe for Snus products



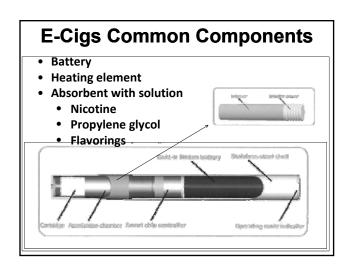


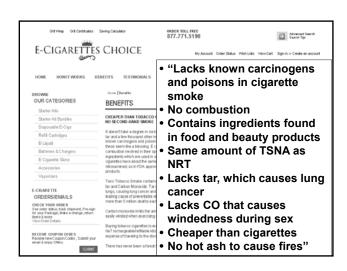
#### 



#### **Smokeless Tobacco Cessation**

- Utilize evidence-based treatment, counseling techniques and referral options for providers whose patients use smokeless tobacco
  - Target nicotine addiction
- Recommendations mimic smoking cessation guidelines
  - · Develop the intent and reasons to quit
  - Choose a quit date, but not today, and work towards it by cutting down, identifying cues, etc.
  - · Have a quit plan
    - NRT and Chantix not approved by FDA for ST because of insufficient research
  - · Have a plan for slips and slipping back to quit



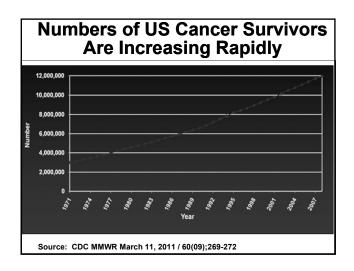


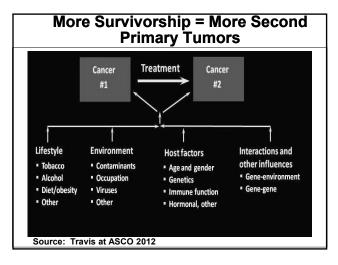
#### **Questions about E-Cigs**

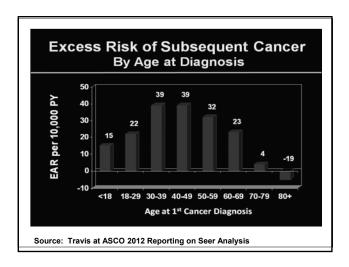
- Do they deliver nicotine?
- Enhancing, delaying or subverting smoking cessation
- Enticing former smokers to resume smoking
- Serving as a gateway for new smokers
- Exposure to harmful chemicals for the lung and cancer

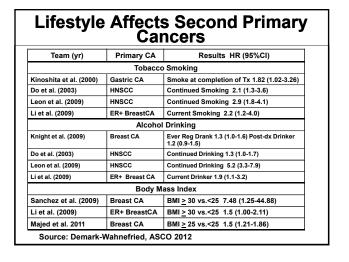


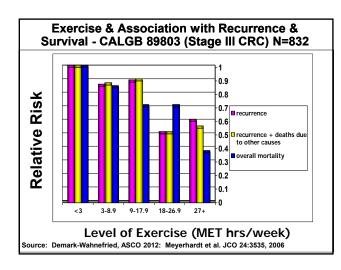
## **Cancer Survivorship**

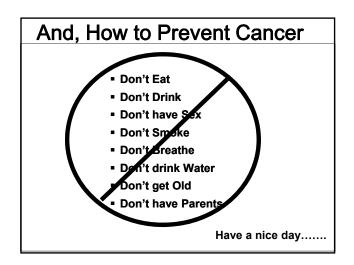












Seize the Teachable Moment: 2012 American Cancer Society (ACS) Nutrition & Physical Activity Guidelines for Cancer Survivors

#### Achieve and maintain a healthy weight

If overweight or obese, limit high calorie foods & beverages increase physical activity to promote weight loss

- Engage in regular physical activity

   Avoid inactivity; resume normal activities as soon as possible following dx Exercise >150 minutes/week
- Include strength training exercises at least 2 days/week

#### Achieve a dietary pattern that is high in vegetables, fruits and whole grains Follow ACS Guidelines on Nutrition & Physical Activity for Cancer Prevention

- Choose foods & beverages in amounts that achieve/maintain a healthy weight
   Limit processed and red meat

- Earl ≥ 2.5 cups of vegetables & fruits/day
   Choose whole grains instead of refined grain products
   If you drink ETOH, drink ≤1 drink/day for ♀ & 2 drinks/day for ♂

- Supplements
  Try to obtain nutrients through diet, first.
- Consider <u>only</u> if a nutrient deficiency is biochemically or clinically observed, or if intakes fall persistently below recommended levels as assessed by an RD.

CA CANCER J CLIN (2012) www.cacancerjounral.com