

A Publication of the ACCP and The CHEST Foundation Task Force on Women & Girls, Tobacco & Lung Cancer

Focusing the Nation's Attention on Lung Cancer

In 2002, for the second year in a row, The CHEST Foundation partnered with Cancer Care, Inc. and the Oncology Nursing Society to raise awareness of lung cancer and support the It's Time To Focus On Lung Cancer campaign. This year, to continue raising awareness of lung cancer and offer support to patients and loved ones, campaign materials were translated into Spanish and a comprehensive clinical trials section was added to the Web site www.lungcancer.org. In addition, The CHEST Foundation's President, Diane Stover, MD, FCCP, helped the campaign create news by participating in a teleconference announcing a comparison of statewide lung cancer rates and tobacco settlement funds allocated to smoking control programs.

After analyzing a *New England Journal of Medicine (NEJM)* article (*N Engl J Med* 2002; 347:1080) about the allocation of the master tobacco settlement money, the campaign cross-tabulated states with their incidence of lung cancer and settlement spending and found that many states spending the least amount of money per person on tobacco control programs had the highest estimated cases of lung cancer.

The news was released to journalists via a teleconference during Lung Cancer Awareness Week, November 18-22. The conference featured presentations by Dr. Peter Bach, co-author of the *NEJM* article; Diane Blum, executive director of Cancer Care, Inc.; and Dr. Stover. In all, 12 members of the media, including the Associated Press, participated in the teleconference and since have written stories about the issue.

This year, The CHEST Foundation will again join forces with Oncology Nursing Society and Cancer Care, Inc., to raise awareness of lung cancer, encourage people to learn their risks, and seek an early diagnosis. It's Time To Focus on Lung Cancer will culminate during Lung Cancer Awareness Week, November 17-21, 2003, and focus on outreach to local communities through grassroots activities conducted by the Oncology Nursing Society. Celebrities, including "Law & Order" actress S. Epatha Merkerson, model Christy Turlington, and recording artist Richard Marx, will continue their commitment to help raise awareness of this deadly disease.

In 3 years, It's Time to Focus on Lung Cancer has touched an audience of more than 240 million through media placements, the Web site www.lungcancer.org, and community outreach activities conducted by the partners. The campaign has provided vital information about lung cancer to thousands of people seeking help and has made headlines with news about the disease.

For information, contact Madeline Marquis at 202-955-6222, mmm@spectrumscience.com.



VOICES FROM THE FIELD

Smoking in Pakistan
Taj Mohammad, MBBS

The South Asian country of Pakistan has a total population of more than 141 million people (1981 Census). Nearly 10% of the population lives in the North West Frontier Province, where the literacy rate for men is 25.9% and for women is 6.5%. Exact statistical information about smoking in Pakistan, especially among women, is not available. It is estimated that 20% of the adult population smokes, and the majority of the smokers are male. There are fewer female smokers due to several factors:

- Low literacy rate
- Restrictions of females to their homes and home-based work
- Cultural limitations
- Less pocket money
- Minimal awareness of smoking, from radio, television and newspapers, because of poverty and lack of media facilities

Women are typically more involved with smoking if they live in advanced cities, such as Islamabad and Karachi, or if they are from wealthy families, because these women have the pocket money to spend on cigarettes. Women living in hostels, or who have roommates and boyfriends, tend to smoke, as well. They have access to the media, and therefore, have contact with cigarette advertisements. Smoking is viewed as fashionable and stylish. And many women use cigarettes to reduce stress, tension, and worries. Smoking helps them relax. Pakistan has no official health policy restricting tobacco use among women, children, or youth.

We want to hear your voice.

Send your news to: Darchelle Garner at dgarner@chestnet.org

TaskForceTimes

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THE CHEST FOUNDATION
The Power To Help. Empowered To Heal.

2003 CHEST FOUNDATION AWARDS



As the philanthropic arm of the American College of Chest Physicians, The CHEST Foundation has conferred awards for clinical research and pro bono service since its creation in 1996. The awards program has grown and now incorporates partnering with other organizations to fund research in various areas of chest medicine.

In its second year, The CHEST Foundation and the Association of Subspecialty Professors are offering a 2-year award to fund valuable research in the area of geriatric medicine to a physician in his/her first 3 years of faculty appointment. The purpose of the Association of Subspecialty Professors (ASP), and The CHEST Foundation of the American College of Chest Physicians (ACCP) **Geriatric Development Research Award** is to provide the impetus required for long-term career development focused on integrating geriatrics into the subspecialties of internal medicine. Through a 2-year grant, an academic internist will develop and implement a basic, clinical, or health services research project focused on a geriatric aspect of chest medicine. The deadline for these applications was March 14, 2003.

New this year, the Pulmonary Fibrosis Foundation has partnered with The CHEST Foundation in offering two **Clinical Research Trainee Awards** in pulmonary fibrosis. Additional awards offered in clinical research include two in thrombosis supported by Aventis Pharmaceuticals, two in asthma

supported by GlaxoSmithKline, two in women's health supported by The CHEST Foundation, and one in critical care supported by Ortho Biotech. *The deadline for these applications is April 11, 2003.* The important area of research in lung cancer is recognized with an increased Clinical Research Trainee Award from The CHEST Foundation and the LUNGEvity Foundation, based in Chicago, Illinois. The goal of this award is, ultimately, to save the lives of people afflicted with lung cancer by funding innovative research designed to detect, treat, and cure lung cancer. *The deadline for the Clinical Research Trainee Award in Lung Cancer is April 30, 2003.* (Applicants for all Clinical Research Trainee Awards are required to be citizens of the United States or Canada or have a J-1 or H-1 visa. In addition, they must be working in a certified United States or Canada institution and enrolled in a subspecialty training program.)

The **Governors Community Service Awards** are granted to members who volunteer their time and expertise to nonprofit/nongovernmental organizations that improve the health of individuals and communities. Doctors are encouraged to submit their projects, which are reviewed by a committee of their peers. Twenty-two doctors will be awarded a total of \$140,000 to fund their volunteer projects, both international and domestic, and will be recognized at a special awards dinner during CHEST 2003 in Orlando,

Florida. These awards aim to encourage community service by acknowledging the countless hours and selfless contributions of ACCP members to benefit humanity. *The deadline for these applications is May 30, 2003.*

Another area of importance to The CHEST Foundation is end-of-life care. Each year, one doctor is awarded the **Roger C. Bone Advances in End-of-Life Care** for his/her outstanding work in the care of patients at the end of life. The late Roger C. Bone was a Past President of the ACCP who wrote about the ethical and humanistic issues surrounding end-of-life decisions and the importance of communication among physicians and their patients. This award recognizes leadership in the improvement of end-of-life care. *The deadline for submission of applications is April 30, 2003.*

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Making Women and Girls Tobacco Free

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The CHEST Foundation embarked on an endowment campaign designed to provide a significant base of funding in support of CHEST Foundation education and awards programming. The first **Distinguished Scholar in Critical Care Medicine** was established by Eli Lilly and Company to make a difference in the treatment and outcomes of patients requiring critical care. The first scholar was named in 2002 and will carry out research over a 3-year period to improve and disseminate new knowledge about critical care medicine and foster the creation of best practices in patient care. Two new Distinguished Scholars will be awarded in 2003: the Organon Sanofi-Synthelabo LLC **Distinguished Scholar in Thrombosis** and the GlaxoSmithKline **Distinguished Scholar in Respiratory Health Medicine**. *The deadline for these applications is May 30, 2003.*

All of the above applications are available on-line at www.ChestFoundation.org.

2003 Awards Due Dates

• Geriatric Development Research Award	March 14
• Clinical Research Trainee Awards	April 11
• Asthma	
• Pulmonary Fibrosis	
• Thrombosis	
• Women's Health	
• Clinical Research Trainee Award in Lung Cancer	April 30
• Roger C. Bone Advances in End-of-Life Care Award	April 30
• Governors Community Service Awards	May 30
• Distinguished Scholar Awards	May 30

“Evils of Tobacco” CD Translated Into Four More Languages!

“Evils of Tobacco,” the educational CD-ROM developed for the Indian subcontinent and unveiled at CHEST 2002 in San Diego, has been enthusiastically embraced by users. The CD has two parts: a 12-minute self-extracting documentary and a 180-slide PowerPoint speakers’ kit. It was recently translated into four Indian languages: Telugu, Hindi, Tamil, and Urdu. This CD is now useful to more than 500 million people. Ten additional Indian languages have been targeted for translation. Each language translation costs US\$2,000. Both ACCP members and nonmembers have come forward with donations for translation.

Please contact Kalpalatha K. Guntupalli, MD, FCCP (KKGatBCM@aol.com), or Darchelle Garner at The CHEST Foundation (dgarner@chestnet.org) for additional information or to support the continuing development of this CD.

Tobacco Cessation Tool Kit

The American College of Chest Physicians’ Tobacco Cessation Tool Kit is designed for physicians as a system to provide brief education and treatment for tobacco-using patients at each office visit. The goals include treating tobacco use as a chronic addictive medical condition and making tobacco use the fifth vital sign.

Use these ACCP tools and information to more consistently and effectively intervene with patients who smoke or chew tobacco:

1. Pharmacotherapy (includes a grid of prescribing information, side effects, and contraindications)
2. US Public Health Service Guidelines
3. Chart stickers (to ID current, former, and never users)
4. Assessment of Tobacco Risk Factors Questionnaire
5. Fagerstrom Test for Nicotine Dependence
6. Encounter checklist
7. Two patient education brochures developed by the ACCP to (1) motivate the user to want to quit and (2) provide a how-to guide to tobacco cessation
8. Quit contracts
9. List of national, state, and local referral sources
10. Rewards for success
11. Consultation reports
12. Additional patient education materials

The Tobacco Cessation Tool Kit also provides physicians with educational information on the biology of nicotine addiction, treating nicotine addiction as a chronic disease, multimodality treatment approaches, cost-benefits, motivating patients to quit, and relapse prevention. Each kit includes 20 copies of each tool, including the popular patient education guides “Thinking About Quitting Tobacco?” and “How To Quit Using Tobacco.”

The ACCP Tobacco Cessation Tool Kit was highly evaluated in a pilot test funded by Tobacco Settlement Funds through a grant from the Cook County (Illinois) Department of Public Health. Contact Sandra Zelman Lewis, PhD, at the ACCP (847-498-1400) for additional information.

The Tobacco Cessation Tool Kit and the two patient education guides may be ordered directly from the ACCP by calling 800-343-2227 or 1-847-498-1400.

Success With Cessation

Diane E. Stover, MD, FCCP

For many years now, I have been asking my patients, who have been successful in quitting smoking, what was the driving force or the reason they stopped smoking. Interestingly, at least half or more stop for reasons other than health. These reasons are diversified, some very unusual and others downright fascinating. Here are a few stories from patients who were successful in quitting.

- One gentleman told me he stopped smoking to spite tobacco companies because his favorite brand was Viceroy, and when they stopped making Viceroy cigarettes, he refused to smoke another brand.
- Another woman told me when she found herself smoking outside her home in the middle of a snowstorm (smoking was not permitted in the house because of the children) with a 103°F fever, she knew that nicotine addiction was taking charge of her life rather than she taking charge of it. After that night she never smoked again.
- A fastidious gentleman found himself craving for cigarettes in the middle of the night when he went rummaging through the garbage ready to smoke a butt that had dog hair and coffee grounds saturating it. He knew it was time for him to take charge and stop, which he did.
- Another elderly woman was invited to a friend’s to play with a Ouija board. She asked the Ouija board if she should stop smoking, it said “yes,” and she stopped.

Unfortunately, I also have many stories of failure.

- I have an elderly female patient who continues to smoke a pack a day despite oxygen saturation at rest and on room air of 72%, a hemoglobin of 20g/dL, and evidence of progressing cor pulmonale.
- I have a gentleman patient who smokes five packs of cigarettes a day. In order for him to do that, he is up most of the night smoking. He has singed nasal hairs and severe tobacco stains on all of his fingers. He has tried everything from nicotine replacement therapy to pharmacotherapy to acupuncture to hypnotism to biofeedback.
- I have a middle-aged female patient who was recently intubated because of an exacerbation underlying her COPD. On discharge from the hospital, she has gone back to smoking.

If you have any helpful suggestions for these patients, please share them with us. Let us hear some of your stories, either personal or patient-related, on success or failure associated with smoking cessation. You can send them to Darchelle Garner at The CHEST Foundation via e-mail (dgarner@Chestnet.org) or fax at 847-498-5460.

Africa’s Antismoking Efforts Grow

Major tobacco companies actively target the continent of Africa, in large part because of an overall lack of tobacco legislation in many African countries. In Namibia and Kenya, smoking rates among adults exceed 45% as compared to the 24% adult smoking rate in the United States. In the West African nation of Guinea, fully 52% of all adults smoke.

However, times are changing. Uganda, Kenya and Tanzania are enacting laws to restrict smoking in public places. In Uganda, a judge recently ordered the enforcement of these laws within 1 year. Furthermore, Ugandan activists are currently seeking to strengthen the severity of the warning labels on cigarette packs. Currently, the warning reads in capital letters: “Ministry of Health warning: Cigarette smoking can be harmful to your health.” Uganda’s cigarette sales, at approximately one billion cigarettes annually, have dipped in recent years. Competition from cheaper black market cigarettes has undercut big tobacco, and competing expenses have made cigarettes, which cost less than \$1 a pack, more of a luxury.

In another telling sign that the antismoking movement in Africa is advancing, lawsuits filed by individual smokers

are no longer anomalies. While British American Tobacco successfully challenged separate lawsuits filed by two smokers in Uganda in 2000, a Nairobi lawyer recently filed a suit against the company’s Kenyan subsidiary, accusing it of selling products that caused his client, an elderly farmer who suffers from vascular disease, to lose a leg.

Generally, however, the more economically disadvantaged a country is, the less likely that tobacco is controlled. South Africa, with sub-Saharan Africa’s strongest economy, leads the way when it comes to tobacco regulation. Uganda, which still relies heavily on foreign economic assistance, is far behind. Whereas adult smoking in South Africa, which is under 30%, is on the decline, up to 45% of all adults in Uganda smoke.

As for the health effects of smoking, officials with British American Tobacco suggest that tobacco is nowhere near as serious as the many other challenges facing Africa.

Adapted from Lacey, M. No-Smoking Signs Spread Slowly Across Africa. *New York Times*, February 2, 2003.