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## *Smoking Does Not Cause Lung Cancer*

*(According to WHO/CDC Data)\**

**By: James P. Siepmann, MD**

Yes, it is true, smoking does not cause lung cancer. It is only one of many risk factors for lung cancer. I initially was going to write an article on how the professional literature and publications misuse the language by saying "smoking causes lung cancer"<sup>1,2</sup>, but the more that I looked into how biased the literature, professional organizations, and the media are, I modified this article to one on trying to put the relationship between smoking and cancer into perspective. (No, I did not get paid off by the tobacco companies, or anything else like that.)

When the tobacco executives testified to Congress that they did not believe that smoking caused cancer, their answers were probably truthful and I agree with that statement. Now, if they were asked if smoking increases the risk of getting lung cancer, then their answer based upon current evidence should have been "yes." But even so, the risk of a smoker getting lung cancer is much less than anyone would suspect. Based upon what the media and anti-tobacco organizations say, one would think that if you smoke, you get lung cancer (a 100% correlation) or at least expect a 50+% occurrence before someone uses the word "cause."

Would you believe that the real number is < 10% (see Appendix A)? Yes, a US white male (USWM) cigarette smoker has an 8% lifetime chance of dying from lung cancer but the USWM nonsmoker also has a 1% chance of dying from lung cancer (see Appendix A). In fact, the data used is biased in the way that it was collected and the actual risk for a smoker is probably less. I personally would not smoke cigarettes and take that risk, nor recommend cigarette smoking to others, but the numbers were less than I had been led to believe. I only did the data on white males because they account for the largest number of lung cancers in the US, but a similar analysis can be done for other groups using the CDC data.

You don't see this type of information being reported, and we hear things like, "if you smoke you will die", but when we actually look at the data, **lung cancer accounts for only 2% of the annual deaths worldwide and only 3% in the US.\*\***

When we look at the data over a longer period, such as 50 years as we did here, the lifetime relative risk is only 8 (see Appendix A). That means that even using the biased data that is out there, a USWM smoker has only an 8x more risk of dying from lung cancer than a nonsmoker. It surprised me too because I had always heard numbers like 20-40 times more risk. Statistics that are understandable and make sense to the general public, what a concept!

The process of developing cancer is complex and multifactorial. It involves genetics, the immune system, cellular irritation, DNA alteration, dose and duration of exposure, and much more. Some of the known risk factors include genetics<sup>4,5,6</sup>, asbestos exposure<sup>7</sup>, sex<sup>8</sup>, HIV status<sup>9</sup>, vitamin deficiency<sup>10</sup>, diet<sup>11,12,13</sup>, pollution<sup>14</sup>, shipbuilding<sup>15</sup> and even just plain old being lazy.<sup>16</sup> When some of these factors are combined they can have a synergistic effect<sup>17</sup>, but none of these risk factors are directly and independently responsible for "causing" lung cancer!

Look in any dictionary and you will find something like, "anything producing an effect or result."<sup>18</sup> At what level of occurrence would you feel comfortable saying that X "causes" Y? For myself and most scientists, we would require Y to occur at least 50% of the time. Yet the media would have you believe that X causes Y when it actually occurs less than 10% of the time.

As ludicrous as that is, the medical and lay press is littered with such pabulum and gobbledygook. Even as web literate physician, it took me over 50 hours of internet time to find enough raw data to write this article. I went through thousands of abstracts and numerous articles, only to find two articles that even questioned the degree of correlation between smoking and lung cancer (British lung cancer rates do not correlating to smoking rates)<sup>19,20</sup> and another two articles which questioned the link between second hand smoke (passive smoking) and lung cancer.<sup>21,22</sup> Everywhere I looked, the information was hidden in terms like "odds ratio," "relative risk," or "annualized mortality rate." Most doctors probably could not accurately define and interpret them all these terms accurately, let alone someone outside the medical profession. The public relies on the media to interpret this morass of data, but instead they are given politically correct and biased views.

If they would say that smoking increases the **incidence** of lung cancer or that **smoking is a risk factor** in the development of lung cancer, then I would agree. The purpose of this article is to emphasize the need to use language appropriately in both the medical and scientific literature (the media, as a whole, may be a lost cause).

Everything in life has risk; just going to work each day has risk. Are we supposed to live our lives in bed, hiding under the blanket in case a tornado should come into our bedroom? We in science, have a duty to give the public accurate information and then let them decide for themselves what risk is appropriate. To do otherwise is a subtle imposition of our biases on the populace.

We must embrace Theoretics as a discipline that strives to bring objectivity and logic back into science. Every article/study has some bias in it, the goal is to minimize such biases and present the facts in a comprehensible and logical manner. Unfortunately, most scientists have never taken a course in logic, and I'm sure that English class was not their favorite. Theoretics is a field of science which focuses on the use

of logic and appropriate language in order to develop and communicate scientifically credible theories and ideas which will then have experimental implications. As someone whom I respect says, "Words mean things." Let us use language and logic appropriately in our research and in the way that we communicate information.

\* \* \* \* \*

Yes, smoking is bad for you, but so is fast-food hamburgers, driving, and so on. We must weigh the risk and benefits of the behavior both as a society and as an individual based on unbiased information. Be warned though, that a society that attempts to remove all risk terminates individual liberty and will ultimately perish. Let us be logical in our endeavors and true in our pursuit of knowledge. Instead of fearful waiting for lung cancer to get me (because the media and much of the medical literature has falsely told me that smoking causes lung cancer), I can enjoy my occasional cigar even more now...now that I know the whole story.

\* \* \* \* \*

### **The Untold Facts of Smoking (Yes, there is bias in science)**

or

### **"I feel like the Fox Network" (a bastion of truth in a sea of liberalism)**

1. USWM smokers have a lifetime relative risk of dying from lung cancer of only 8 (not the 20 or more that is based on an annual death rate and therefore virtually useless).
2. No study has ever shown that casual cigar smoker (<5 cigars/wk, not inhaled) has an increased incidence of lung cancer.
3. Lung cancer is not in even in the top 5 causes of death, it is only #9.\*\*
4. All cancers combined account for only 13% of all annual deaths and lung cancer only 2%.\*\*
5. Occasional cigarette use (<1 pk/wk) has never been shown to be a risk factor in lung cancer.
6. Certain types of pollution are more dangerous than second hand smoke.<sup>3</sup>
7. Second hand smoke has never been shown to be a causative factor in lung cancer.
8. A WHO study did not show that passive (second hand) smoke statistically increased the risk of getting lung cancer.
9. No study has shown that second hand smoke exposure during childhood increases their risk of getting lung cancer.
10. In one study they couldn't even cause lung cancer in mice after exposing them to cigarette smoke for a long time.<sup>23</sup>
11. If everyone in the world stopped smoking 50 years ago, the premature death rate would still be well over 80% of what it is today.<sup>1</sup> (But I thought that smoking was the major cause of preventable death...hmmm.)

*\*This article was revised after errors in the data and calculations were noticed by Charles Rotter, Curtis*

Cameron and Jesse V. Silverman. *This is the corrected version. A special thanks to both.*

\*\*WHO data of member countries

**Keywords:** lung cancer, mortality, tobacco, smoking, Theoretics, language, WHO, cigarette, cigar, logic.

## References (I back up my statements with facts, will those who respond do the same?)

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**Appendix A:**

US white male data<sup>3</sup>

Incidence of US white male lung cancer deaths for each age group/100,000						
	1950	1960	1970	1980	1990	
0-24	0.1	0.1	0.1	0.1	0.1	
25-34	1.2	1.6	1.4	0.09	0.9	
35-44	7.9	10.4	15.4	11.2	8	
45-54	39.1	53	67.6	74.3	57.9	
55-64	95.9	149.8	199.3	215	222.5	
65-74	119.4	225.1	344.8	418.4	438.2	
75-84	109.1	191.9	360.7	516.1	593.6	
85+	102.7	133.9	221.8	391.5	540.4	
# US white males (USWM) for each age group (in millions)						
	1950	1960	1970	1980	1990	Average #
0-24	27.8	35.1	40.3	39.8	37.6	36.12
25-34	10.4	9.9	10.8	16	18.1	13.04
35-44	9.5	10.6	9.9	11	15.8	11.36
45-54	7.8	9.1	10.2	9.8	10.6	9.5
55-64	6.2	6.9	8	9.2	8.8	7.82
65-74	3.7	4.7	4.9	6.1	7.1	5.3
75-84	1.4	1.9	2.2	2.6	3.4	2.3
85+	0.2	0.3	0.5	0.6	0.8	0.48
						Avg. total
						USWM pop.
total pop.(mil.)	67	78.5	86.8	95.1	102.2	<b>85.92</b>
# of lung cancers deaths for USWM			# lung cancers		# lung cancers	
	(incidence x population)			over 70 years	over 70yrs/avg	
age groups	1950	1960	1970	1980	1990	(avg. x 70)
0-24	27.8	35.1	40.3	39.8	37.6	2528
25-34	124.8	158.4	151.2	14.4	162.9	8564
35-44	750.5	1102.4	1524.6	1232	1264	82229
45-54	3049.8	4823	6895.2	7281.4	6137.4	394615
55-64	5945.8	10336.2	15944	19780	19580	1002204
65-74	4417.8	10579.7	16895	25522	31112	1239382
75-84	1527.4	3646.1	7935.4	13419	20182	653939
85+	205.4	401.7	1109	2349	4323.2	117436
						Tot.# lung cancers
						3500897.4
						70yr lung cancer incid. for USW
						0.04074601 (or 4% for USWM pop.)
						(# of lung cancers over 70yrs/ total avg.US male pop.
						which is 3500897 / 85920000 = 0.04)
Note: due to the limitations of the data,						
the 70 year info was found by extrapolating this number of 4% of a 70yr (lifetime) incidence						
the 50 year data.						
						of lung cancer in US males assuming 85% of lung cancers are
						in smokers and 40% of US male pop. are smokers (50yr avg)
						USWMSmoker lifetime chance lung cancer=
						0.086585277
						( = 0.04*85% / 40% )
						( 8% USWM smokers)
						For USWM nonsmoker lifetime
						0.01
						( "=0.04*15%/60% )
						(of 1% for USWM nonsmoker)
						Lifetime Relative Risk = 0.08/0.01 = 8

*For those of you who actually read the whole article...*

*As long as I'm being controversial by presenting both sides of the story, do I dare tell you that a woman is three times more likely to die from an abortion than from delivering a baby (WHO data).*

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