

## Unanswered Questions from Lunch & Learn April 22, 2014

### Women Across the Lifespan- Stephanie Cohen

#### **1. How was there a “600% increase in lung cancer deaths among women”?**

Death rates from lung cancer among Caucasian women in the United States increased by 600% between 1950 and 2000 (US surgeon general report 2001).<sup>1</sup> The rate was 5 per 100000 in 1950 and 35 per 100000 in the year 2000. <sup>1</sup> In 1950 lung cancer accounted for only 3% of all female cancer deaths, while in 2000, lung cancer accounted for an estimated 25% of cancer deaths. Twenty seven thousand more women died of lung cancer than of breast cancer in 2000. <sup>1</sup> Understanding a descriptive model of the cigarette epidemic may help to explain why the 600% increase was observed in 2000.

For more information on this model consult: Lopez AD, Collishaw NE, and Piha T. (1994). A descriptive model of the cigarette epidemic in developed countries. *Tobacco Control* 3: 242-247.

#### **References:**

1. Office on Smoking and Health (US). *Women and Smoking: A Report of the Surgeon General*. Atlanta (GA): Centers for Disease Control and Prevention (US); 2001 Mar. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK44303/>

#### **2. What NRT drugs are OK for pregnant women take or use?**

Nicotine replacement therapy (NRT) is OK for pregnant women to use. It is important to encourage the woman to try behavioural interventions prior to trying NRT. If counselling is found ineffective, NRT should only be used after the 1<sup>st</sup> trimester (preferably early 2<sup>nd</sup> trimester) in combination with behavioral interventions. The CAN-ADAPTT guidelines also recommend the lowest effective (and intermittent) dose of NRT (gum, inhaler, lozenge, and mouth-spray) is used. Common practice includes using the patch for 16 hours vs. a regular 24 hours. Health care practitioners may opt to use NRT when the woman smokes more than 10 cpd.

#### **References:**

1. Dempsey DA, Benowitz NL. (2001). Risks and benefits of nicotine and other medications to aid smoking cessation in pregnancy. *Drug Safety*. 24:277–322.

**Additional Reading:**

1. Wisborg K, Henriksen TB, Jespersen LB, Secher NJ. (2000). Nicotine patches for pregnant smokers: a randomized controlled study. *Obstet Gynecol.* 96(6):967-971.
2. Pollack KI, Oncken CA, Lipkus IM, et al. (2007). Nicotine replacement and behavioral therapy for smoking cessation in pregnancy. *Am J Prev Med.* 33(4):297-305.
3. Oncken C, Dornelas E, Greene J, et al. (2008). Nicotine gum for pregnant smokers: a randomized controlled trial. *Obstet Gynecol.* 112(4):859-867.
4. Maritz GS. (2009). Are nicotine replacement therapy, varenicline or bupropion options for pregnant mothers to quit smoking? Effects on the respiratory system of the offspring. *Ther Adv Respir Dis.* 3(4):193-210.