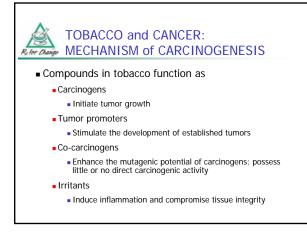


Image: Reference TOBACCO and CANCER: CANCERS CAUSED by TOBACCO • Lung • Bladder and kidney • Larynx • Cervix • Oral cavity and pharynx • Stomach • Esophagus • Bone marrow (acute myeloid leukemia) • Pancreas • Pancreas

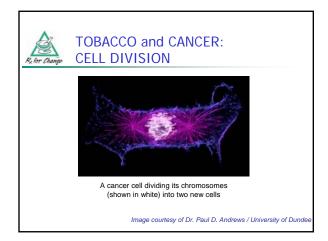
USDHHS. (2004). The Health Consequences of Smoking: A Report of the Surgeon General

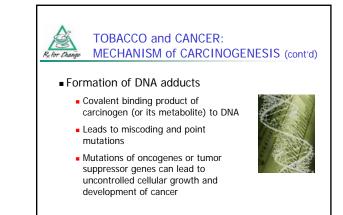


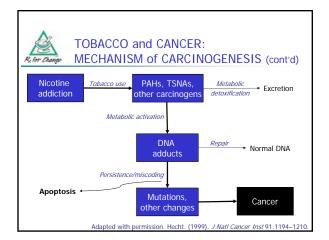
TOBACCO and CANCER: CARCINOGENS (cont'd)		
	Cancer site	Likely carcinogen(s)
	Lung	PAHs, nitrosamines, aldehydes, benzene, heavy metals
	Larynx	PAHs
	Oral cavity	Nitrosamines
	Esophagus	Nitrosamines
	Pancreas	Nitrosamines
	Cervix	PAHs, nitrosamines
	Bladder/kidney	Aromatic amines
	Bone marrow (AML)	Benzene
Adapted from Hecht. (2003). Nat Rev Cancer 3:733–744		

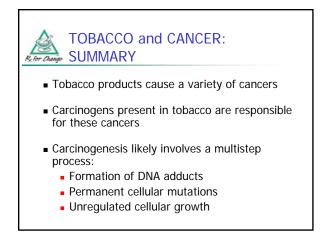


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- Coronary heart disease
 Angina pectoris, ischemic heart disease, myocardial infarction
- Cerebrovascular disease
 - Stroke, transient ischemic attacks
- Abdominal aortic aneurysm
- Peripheral arterial disease



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SMOKING and CARDIOVASCULAR DISEASE: POSTULATED MECHANISMS (cont'd)

- Adverse effects on cardiovascular function Increased oxygen demand
 - Decreased oxygen delivery

SMOKING and RESPIRATORY DISEASE Acute respiratory diseases Upper respiratory tract Rhinitis, laryngitis, pharyngitis, sinusitis Lower respiratory tract Bronchitis, pneumonia Chronic respiratory diseases

- Reduced lung function in infants
- · Respiratory symptoms in children & adults · Cough, phlegm, wheezing, dyspnea
- · Poor asthma control
- · Chronic obstructive pulmonary disease

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

- Characterized by airflow limitation (not fully reversible)
- Progressive airflow limitation associated with abnormal inflammatory response of the lungs to noxious particles or gases
- Characteristic symptoms (cough, sputum production, dyspnea)
- Prevalence increasing worldwide

The single most important risk factor for COPD is tobacco smoking.



- Release of inflammatory cells and mediators
- Imbalance between proteases and antiproteases
- Oxidative stress

R for Cha.

SMOKING and REPRODUCTIVE HEALTH

- Reduced fertility in women
- Pregnancy and pregnancy outcomes
 - Placenta previa
 - Placental abruption
 - Preterm premature rupture of membranes
 - Preterm delivery
 - · Low infant birth weight
- Infant mortality
 - Sudden infant death syndrome (SIDS)



Smoking causes

- Low bone density Postmenopausal women
- Hip fractures
 - Observed in women and men



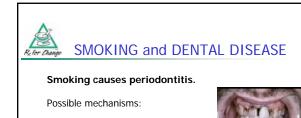
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SMOKING and OSTEOPOROSIS: POSTULATED MECHANISMS

- Direct toxic effect on osteoblasts
- Increased bone resorption
 - Smokers have decreased parathyroid, vitamin D levelsReduced calcium absorption
- Early menopause
- Decreased weight-bearing forces:
 - Lower body weight
 - Less physical activity
- Vascular insufficiency



- Alterations in oral microbial flora
- Compromised oral immune function
- Impaired tissue regeneration and repair

Image courtesy of Dr. Sol Silverman / University of California San Francisco



Smoking causes cataract.

Possible mechanisms:

- Oxidation and precipitation of lens proteins
- Tobacco smoke may alter plasma concentrations of nutrients/antioxidants essential for lens transparency



- Surgical wound complications
 - Delayed healing
 - Wound dehiscence
 - Infection
 - Scarring
- Respiratory complications
 Pneumonia
 - Respiratory failure





PATHOPHYSIOLOGY of TOBACCO-RELATED DISEASE: SUMMARY

- Tobacco use harms nearly every organ of the body and is associated with a variety of adverse health outcomes resulting in significant morbidity and mortality.
- Mechanisms for disease have not been definitively established, but constituents of tobacco and smoke disrupt many normal cellular processes.
- Tobacco cessation efforts are essential to arrest or prevent disease progression.

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