Publishing tobacco tar measurements on packets

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is appreciable only at 24 months. Most of the trials included patients with metastatic breast cancer or multiple myeloma, with more limited data on patients with prostate cancer. Although bisphosphonates presumably work in a similar way in patients with bone metastases from other sites, the benefits may not be apparent since their survival is much shorter. Many studies have concentrated on assessing events related to the skeleton rather than on pain itself, but most clinicians would regard reductions in fractures and need for radiotherapy as good surrogate markers of a reduction in pain. These data are confirmed in a specific overview. Pamidronate has been the bisphosphonate most widely used, but newer third generation bisphosphonates (zolodronate, ibandronate) have been the subject of more recent studies.

Back pain merits a particular mention. If the patient describes a notable increase in the severity of the pain and a new severe nerve root pain (often describing it as “shooting,” “sharp,” or “like pins and needles”) then an epidural component and a risk of spinal cord compression may be present. Traditionally, many patients are left until they develop neurological signs of paraplegia, by which time many will never walk again. The above symptoms in a patient with cancer are an indication for an urgent magnetic resonance scan again. The above symptoms in a patient with cancer are an indication for an urgent magnetic resonance scan. Pain can dominate the lives of patients and their families; we owe it to them to use all therapeutic options to control the pain. A clear management plan developed between patient, general practitioner, and oncologist will control the pain and often give patients the confidence to cope with their illness.

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documented swing from squamous carcinoma to adenocarcinoma of the lung. This swing can only be attributed to changes in the composition of cigarettes. The concentrations of nitrosamines produced by cigarettes vary greatly both within and between brands and are controlled by manufacturers. This particular group of carcinogens should, and can, be greatly reduced or eliminated as a matter of urgency.

Tar measurement and labelling has served the tobacco industry well. It has supported claims that cigarettes were light or ultralight and has seemingly, and falsely, reassured many smokers who might otherwise have quit the habit. If the measurements on the packet are misleading, is any measurement needed at all? Well, yes. Regulated upper limits need to be set for smoke carcinogens and toxins as they are for car exhausts. Some form of measurement is therefore needed for regulatory purposes, although not for labelling of packets, as no machine can mimic the variable habits of individual smokers.

Canada has shown the way. Manufacturers are required to submit reports on smoke emissions, under a testing system that eliminates filter ventilation by taping over the vents and raises puff volume from 35 ml to 55 ml at puff intervals of 30 seconds instead of 60 seconds. This system is adequate for comparing and assessing brands for specified substances and, by eradicating the effect of filter ventilation on the smoking machine measure, may encourage the abolition of such filter ventilation. However, the Canadian government has not yet taken action to set upper limits based on what is reported and continues to require listing on the pack.

It is now eight years since the US National Cancer Institute recognised the fallacies of the testing system, but we still have a paradoxical and unsatisfactory situation. Whereas the purpose for which the tobacco industry uses the measurements—underpinning descriptors such as light and mild—is under attack, the labelling of the packet with misleading figures for tar, nicotine, and carbon monoxide, is not. Descriptors such as light and mild have been banned in the European Union and are the subject of litigation in the United States, so we are likely to see the end of them in developed countries quite soon.

The machine measured figures for tar, nicotine, and carbon monoxide should be removed from the packet, and a realistic measure must be established for regulatory purposes (as Canada has done). The current health warnings deal qualitatively with the risks of smoking very well, and misleading figures on the packet can only do harm.

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7 Kozlowski LT, O'Connor RJ. Cigarette filter ventilation is a defective design because of misleading taste, bigger puffs, and blocked vents. Tob Control 2002;11(suppl 1):i148-50.

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