Public Policy Steps up Role in Fight Against Cancer

In recent decades, public policy has taken center stage as a means for ensuring effective cancer control. While engaging decision makers from the local to the state level requires not only finesse but also tenacity, the ranks of effective public policy change-makers have risen to a level never before witnessed among advocates in the fight against cancer.

Those who have brought such necessary change to public policy circles demonstrated the dramatic potential of public policy actions across varying cultures during the Tuesday general plenary on the power of public policy. Panel members addressed how science and research can be used to influence decision makers, considered the role of advocacy coalitions, and provided information and advice on how to make change happen. “Public policy matters. The great gains we make from policy changes at the local, state, and national levels can be used to enact legislation, influence funding, and constrain opposition,” said session moderator Mike DuBie, a professor of public health policy at Curtin University of Technology, Perth, Australia.

Maria Muñoz, MD, has witnessed first-hand the power of instilling policy change. As minister of public health in Uruguay, she knows all too well about the cancer death rate statistics. Uruguay is ranked 12th in cancer mortality among men and seventh among women. “We have to act with education, prevention, and timely detection,” Dr. Muñoz said.

In Uruguay, that requires endorsement of a public health policy that rests on the principles of universality, continuity, and tools. It is the focus of expert line-up of guests who will share their insights on the global fight against tobacco use and serious disease. Through their understanding of the tobacco pandemic, they will explore solutions to this worldwide crisis. The session will be in Hall E. A free boxed lunch will be served afterward.

Dr. Gupta, CNN’s senior medical correspondent and Time columnist, will kick off the session by welcoming American Cancer Society CEO John Seffrin, PhD, and World Health Organization (WHO) Assistant Director General Catherine LeGales-Camus, PhD. Dr. Seffrin will examine trends in the tobacco burden and the industry’s practice of targeting low-resource, highly populated nations, while Dr. Gupta will provide a compelling overview of the tobacco pandemic.

WCTOH to Build the Capacity of Control Movement

The 13th World Conference on Tobacco OR Health program boasts an impressive array of presenters from around the globe who will share their experiences in the quest to reduce the suffering associated with tobacco use. Dileep G. Bal and Yusuf Saloojee, program co-chairs, brought together many of the world’s leading tobacco control advocates, researchers, members of both governmental and non-governmental organizations, nurses, doctors, and other experts to build a robust program.

Each day features a general plenary session. The Opening Session, from 2:00 to 4:00 p.m. Wednesday in Ballroom A-C, is “Achieving Global Economic Justice and a Tobacco-Free World.” It will feature discussions on the global burden of tobacco-related disease, on specific vulnerable populations, and on the idea that a lack of comprehensive tobacco control is an issue of social justice.

The Thursday general plenary, from 8:30 to 10:00 a.m. in Ballroom A-C, is “The World Health Organization Framework Convention on Tobacco Control: Past, Present, and Future,” which will review the achievements of the largest and first global conference on tobacco or health.
as annual spending of $100 billion on mar-
teting by the tobacco industry; competi-
tion from other health problems, such as
HIV/AIDS, diabetes, and malaria; stigmati-
ization from some in health care; and the
allure of tobacco as a cash crop in many
countries. However, he remains hopeful,
thanks to scientific breakthroughs, clean
door air legislation, and the Framework
Convention on Tobacco Control (FCTC).
In India, the realization of the country's
first comprehensive tobacco law came
about in 2003 thanks to the synergistic
actions of a multitude of instrumental
individuals, said Shoba John, program
director of PATH Canada. PATH Canada
is a nonprofit, non-government organiza-
tion with a goal to improve health, espe-
cially the health of women and children,
developing regions of the world.
"In many ways, these people are the
mirror images of several of us in this
room doing our own bit in the battle
against cancer. They remind me of how
excellence, expertise, and experience in
cancer control can be used to effect policy
changes," John said.
For Karen Antman, MD, dean of Boston
University School of Medicine, beyond the
need for government intervention, univer-
sities must step up to the plate.
"Universities have multidisciplinary
expertise, are relatively impartial, and are
more stable than governments, as they
evolve and governments come and go," she
said. "Faculty can provide cancer care, per-
form research, provide provider and com-
munity education, and collaborate globally."

US CDC Partners Summit to Begin Wednesday

The US Centers for Disease Control
(CDC) Partners Summit will be
Wednesday and Thursday at the
Renaissance Washington DC Hotel.
The theme of the summit is "Empowering
Partners for Effective
Integration: Charting A New
Generation of Cancer Control
Partnerships," and it features
two days of scientific presenta-
tions built on the World Cancer
Congress Public Health, Prevention,
and Education track.
The Partners Summit will showcase
partnerships and provide opportunities
for interactive discussions focusing on
the future needs for continuing to acti-
vate and strengthen collaboration
among cancer control initiatives.
Sessions will cover a broad range of US
cancer control programming.

Pop Quiz

**How many cancer deaths worldwide are caused by tobacco?**

A. 1 in 5
B. 1 in 10
C. 1 in 15

See answer page 7
the American Cancer Society brought 80 participants—or fellows—from low- and middle-income countries to a training program prior to the 13th World Conference on Tobacco OR Health.

“This is an opportunity for the fellows to learn from one another’s experiences. That is the richest part of this program, and we’re honored to have them here,” said Myra Wisotzky, program consultant and US Centers for Disease Control and Prevention assignee to the American Cancer Society.

According to Wisotzky, over the course of two and one-half days, participants established and enhanced partnerships with other tobacco control practitioners, strengthened their understanding of key elements of tobacco control, reinforced their commitment to tobacco control, enhanced their ability to participate in the WCTOH, and, ultimately, bring the knowledge and skills they learned home.

The fellows, selected from a pool of more than 400 applicants from 94 countries, come from all walks of life, including non-governmental organizations, advocacy groups, departments or ministries of health, professional organizations, law, universities, and colleges. Six participants shared their insights on the program and the challenges in their countries.

In Indonesia the prevalence of smoking is high—two out of three men smoke.

From 2001 to 2004, the prevalence of female smokers went from 1.3 percent to 4.5 percent of the population. While the country is the only one in Asia that has not signed the Framework Convention on Tobacco Control (FCTC), Widji Husnita Soerojo, MSc, chair of the Tobacco Control Working Group for Indonesian Public Health, Jakarta, remains optimistic.

“I would like to bring more pressure to the government, and attending this workshop is a huge opportunity not only for the public health association, but also for my own country to start working in that direction,” she said.

Bonde Mbonwe, MD, a researcher at the University of Botswana in Gaborone, applied to the program to network, but also to identify opportunities for research. Botswana ratified the FCTC, and Dr. Mbonwe hopes to develop better tracking of smoking prevalence rates, which are lacking in her country.

Argentina is the only country in the Mercosur—which also includes Brazil, Chile, Paraguay, Uruguay, and Venezuela—not to ratify FCTC. Yet, three provinces have passed smoking legislation and 90 percent of Argentinesans want country-wide tobacco laws.

Ernesto M. Sebrìe, MD, MPH, on loan from Argentina as a visiting postdoctoral fellow in the Division of General Internal Medicine at the University of California at San Francisco, hopes to gain the skills to build alliances, work with journalists, and connect with policymakers.

Citizens of Syria face hurdles if they want to quit smoking. While the country ratified the FCTC, pharmaceupogenic products to quit smoking are expensive, equaling three months salary for an average Syrian. The first smoking cessation program to be developed in the country opened in 2002.

“It’s important for me to benefit from the expertise of others and hear their success stories from all around the world. They have the same challenges and, together, we can sit down at the table to discuss issues,” said Taghrid Astar, MD, a researcher with the program.

In Thailand, which has ratified the FCTC, 20 percent of the population smokes. Thirty-seven percent of men smoke, and 2.1 percent of women smoke.

No that Dr. Hyland, an associate professor and assistant dean for international affairs and training at Mahidol University, Thailand, has been researching the effects of secondhand smoke for more than 15 years. She hopes to learn more about what people in other countries are doing to control tobacco use.

After Sudan ratified the FCTC, Maisara Abdelaaziz, president of the Sudanese Cancer Society, and his colleagues collaborated with the World Health Organization to pass anti-smoking tobacco laws in Sudan, which relies heavily upon tobacco as an agricultural product, he said.

“This is a very good opportunity for networking and learning about the activities of the other participants,” he said.

Taking a team of researchers into hundreds of smoke-filled buildings throughout the world to measure exposure to secondhand smoke is certainly not for the faint of heart. After all, in his report released last month on the health consequences of involuntary exposure to tobacco smoke, US Surgeon General Richard Carmona, MD, MPH, declared, “There is no safe level of secondhand smoke.”

Researchers endured hundreds of smoke locales, and the results of their efforts to ascertain smoke exposure were revealing.

According to Andrew Hyland, PhD, after collecting and assessing air quality data in 1,132 places in 22 countries over the last three years, tobacco control professionals found significantly dangerous levels of pollutants in restaurants, bars, transportation areas (including airports and train stations), and other venues, such as hotels, shopping malls, offices, and outdoor ambient air venues.

While Dr. Hyland was not surprised by the findings, he was taken aback by just how consistent the results were across varying countries. Where smoking was permitted, the level of particulate matter less than 2.5 microns in diameter (PM$_{2.5}$) was nine times greater than the level in places where smoking is prohibited.

“If you’re in a place that allows smoking, the levels of exposure are going to be very high—regardless of where you are in the world,” said Dr. Hyland, research scientist in the Division of Cancer Prevention and Population Sciences at the Roswell Park Cancer Institute, Buffalo, NY.

Scientists from Dr. Hyland’s organization, the International Agency for Research on Cancer, and the Division of Public Health Practice at Harvard School of Public Health conducted the study. The research was funded by grants from the Flight Attendant Medical Research Institute and the US National Cancer Institute. Dr. Hyland presented the findings during Wednesday’s session “Exposure to Secondhand Smoke and Its Surveillance.”

On average, the levels measured also were far greater than what the US Environmental Protection Agency (EPA) has concluded as harmful to human health. While the EPA does not regulate indoor air, it does regulate outdoor air. The EPA has defined levels of particulate matter of 250 or more as hazardous.

Given that threshold, it’s no wonder that the study’s findings of an average level of 321 PM$_{2.5}$ in places where smoking is permitted raises Dr. Hyland’s ire.

“At that level, anyone with compromised health should avoid going outside, and anyone else should avoid exerting themselves outside,” he said. “Some individual locations were as high as 2,000 or more. Those are extremely polluted environments.”

Researchers tested the establishments for a minimum of 30 minutes and recorded the number of people inside the venues and the number of burning cigarettes every 15 minutes.

For naysayers who claim ambient particle concentrations and cooking as culprits for skewing the study results, Dr. Hyland noted that the average PM$_{2.5}$ was about 30 in areas where smoking was not permitted.

“The numbers were 300 times higher in areas where smoking was permitted,” Dr. Hyland said. “The evidence demonstrates that secondhand smoke is not only a health hazard in the US, but it’s a health hazard in all regions of the world. The next step is for people in other parts of the world to recognize that secondhand smoke is an important health problem and to educate their constituents.”
Question of the day

‘Are you Attending Both Conferences While you Are in Washington?’

Miri Ziv
Israel

“I will attend both conferences. I am the director-general of the Israel Cancer Association, so we deal with all aspects of cancer control. The first conference deals with cancer research, detection, prevention, and treatment. The other conference deals with the most important goal of preventing cancer by avoiding tobacco and smoking.”

Duminda Gamage
Sri Lanka

“This is my first experience here, so I will attend both conferences because they are of interest to me. I have been working for more than 10 years at tobacco control activities in Sri Lanka. Last week, our parliament established a law to control tobacco — the FCTC — which is the great achievement of our activities.”

Takeo Sekihara
Japan

“I am only attending the Cancer Congress. I am a volunteer and a long-time cancer survivor. I have had six cancer surgeries, but I am still alive. I published a book about the experience, so cancer is very important to me. I also wanted to make a contribution to the people who are working against cancer. This conference is very helpful in thinking about the methods of the programs in Japan.”

Anne-Pierre Pickaert
France

“Tome for the French National Cancer Institute and my area of expertise is nutrition. There is another conference, a skin cancer conference, right after the World Cancer Congress that I will be attending. I would have liked to attend the tobacco conference, but I can’t do it. I had to make a choice.”

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Cynthia Diaz-Benietz
Mexico

“I work with cervical cancer. I would really like to attend the other conference, but I have to go back to work.”

Salome Meyer
South Africa

“I am attending the cancer conference because I have a scholarship for the first one, but not the second one. I would have liked to attend the second conference, but we do have a doctor on the organizing committee of the tobacco conference, so at least some of the expertise will come back to the country.”

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Nicotine Dependency a Legitimate, Treatable Disorder

After the fall of communism in Poland, health advocates sought to reverse the rate of deaths due to smoking, which totaled half of all premature deaths, through far-reaching tobacco legislation.

According to Witold Zatonski, MD, PhD, director of the Cancer Epidemiology and Prevention Division at the Cancer Centre and Institute of Oncology, Warsaw, Poland, under the tobacco law instituted in the 1990s, Poland aspired to improve the health of its citizens through programs to reduce smoking, large health warnings on cigarette packs, a ban on tobacco advertising, and smoke-free workplaces.

Thanks to this legislation and the efforts of physicians and health care professionals like Dr. Zatonski, cigarette smoking has dropped significantly. In the early 1990s, the prevalence had dropped to 36 percent and 25 percent, respectively. Life expectancy has risen more than three years for women and almost four years for men.

Life expectancy has risen more than three years for women and almost four years for men. By the late 1990s, the prevalence had dropped to 36 percent and 25 percent, respectively. Life expectancy has risen more than three years for women and almost four years for men.

According to Dr. Zatonski, health professionals must regard tobacco dependence as a legitimate and treatable clinical disorder. ‘Tobacco dependence syndrome is a disease that is included in the World Health Organization’s International Classification of Diseases, and its medicalization is very important for successful treatment. Successful treatment is conditioned upon using existing methods of diagnostic, evidence-based medicines, and behavioral support,’ said Dr. Zatonski, who was among the presenters at a session on the treatment of nicotine dependency Tuesday.

With 80 percent of Polish smokers now declaring that they want to stop smoking and with 50 percent of the country’s longtime smokers enduring tobacco-related diseases, such as chronic pulmonary disease, myocardial infarction, and lung cancer, the country is ripe for change.

Dr. Zatonski predicts that through concerted preventive diagnostic measures, physicians in Poland will help 60 percent to 80 percent of patients stop smoking. Robert West, PhD, of the department of epidemiology and public health at University College London, made the case for nicotine dependence as a treatable neuropsychological disorder.

He reviewed the evidence linking markers of nicotine dependence, markers of rational choice behavior, and success at stopping smoking. According to Dr. West, who also moderated the session, the primary manifestation of addiction to cigarettes — failure of attempts to stop smoking — is associated with markers of nicotine dependence and does not reflect choice mechanisms involving cost-benefit analyses undertaken by smokers.

A one percent increase in smokers being able to abstain for six months as a result of treatment is clinically significant and saves more inexpensively than most life-saving treatments available, he noted.

Louisa Degenhardt, PhD, Mpsych, of the University of New South Wales National Drug and Alcohol Research Centre, Sydney, examined the significance of co-occurring drug use and mental health problems in people who smoke cigarettes.

Increasing epidemiological evidence suggests that persons who are nicotine dependent are more likely than those who are not to meet criteria for a range of mental and drug use disorders, she said. This is consistent with clinical evidence to suggest that tobacco use is more prevalent among persons in treatment for anxiety disorders, depression, and schizophrenia and that persons with substance abuse problems are even more likely to smoke.

According to Dr. Degenhardt, increasing evidence suggests that antidepressant medication, in addition to cognitive behavioral therapy, may be an effective treatment approach for tobacco smokers with a history or current episode of depression.

While there is a great need for research to examine the implications of all forms of co-morbidity for long-term outcomes and for the development and evaluation of effective treatment approaches for persons with co-morbid substance abuse and mental disorders, in the meantime she recommends a combination of interventions for persons with co-morbid mental and substance abuse disorders.

INDEPENDENCE FOR ALL

Welcome to the 13th World Conference on Tobacco OR Health!

Quitting smoking is a big challenge—on average, smokers attempt to quit six to nine times before succeeding. But working together we can help them in many ways, such as:

- Encouraging smoke-free policies in public areas and workplaces
- Supporting strong health education campaigns that utilize best practices from around the world
- Providing support for smokers who want to quit, including access to proven smoking cessation treatment options

Minute by minute, day by day, working together, we will all rise to the ongoing challenge of Building Capacity for a Tobacco-Free World.

MAKING EACH DAY TOBACCO INDEPENDENCE DAY
The reality is more than 110 clinical studies involving tens of thousands of participants have demonstrated the safety of therapeutic nicotine. Moreover, there is extensive evidence that therapeutic nicotine can safely help even heavier and more dependent smokers quit. When used as directed, therapeutic nicotine helps relieve cravings and withdrawal symptoms, without exposing the smoker to the more than 4,000 chemicals and at least 69 known or suspected carcinogens in tobacco smoke.

Of all the existing myths, probably the most damaging is the belief that therapeutic nicotine causes cardiovascular disease and cancer. In a recent study, 65 percent of smokers answered incorrectly or did not know that therapeutic nicotine patches are less likely to cause a heart attack than smoking cigarettes. In fact, therapeutic nicotine significantly increases long-term smoking cessation rates, and the benefits of cessation far exceed the risk for patients with cardiovascular disease.

Therapeutic nicotine in patch, gum and lozenge form does not increase the risk of heart disease, cancer or other major health problems. While the risk of cancer from smoking is well established, there is no clinical evidence that therapeutic nicotine causes cancer. Furthermore, clinical trials have proven it is safe for people with other health conditions including: diabetes, peptic ulcer disease and chronic obstructive pulmonary disease. Persistent and incorrect beliefs about therapeutic nicotine are doing real harm by dissuading people from using an effective aid that could help them quit.

Hope for the Future

The World Health Organization predicts that tobacco-related illness will become the “most urgent health problem.” Yet it is one of the most preventable health problems. Our challenge is that 1.3 billion people worldwide continue to smoke and the numbers of smokers in the developing world continue to climb. Unless current smokers quit, tobacco-related deaths will rise dramatically over the next 50 years. Research shows that more than 180 million premature deaths could be avoided globally if adult consumption was cut in half by 2020 – an outcome that is only possible with the implementation of comprehensive tobacco control and cessation supplies.

See NICOTINE, page 8
Cuidado Paliativo: Una experiencia en Puerto Rico y Panamá

El martes 11 de Junio se presentó en el World Cancer Congress UICC 2006 por primera vez una sesión en español enfocada a la experiencia de ambos países tanto en adultos, como en niños y los aspectos nutricionales al final de la vida.

Myra McLaughlin de Panamá presentó el modelo de Atención Domiciliaria, de la Asociación Hospes. Pro ciudado paliativo. Que brinda atención gratuita por un equipo multidisciplinario a los pacientes y familias con cáncer que se enfrentan al final de la vida.

El equipo de atención presentado por la Dra. Cristina de García enfatizó sobre la connotación que tiene la nutrición en el paciente con enfermedad terminal y su impacto en la calidad de vida.

Posts Featured in Exhibit Hall

Nearly 1,200 posters related to tobacco and its impact on health and the economic and sociopolitical environment will be on display in the exhibit hall as a part of the World Conference on Tobacco OR Health. The posters will be displayed during regular exhibit hall hours, from 6 to 8 p.m., Wednesday and from 7:30 a.m. to 3:30 p.m. Thursday and Friday. Also, the authors of these abstracts will be with their posters during the lunch breaks, from noon to 1:30 p.m. Thursday and Friday, to answer questions from attendees.

Authors were encouraged to have their submissions focus on the conference theme, “Building Capacity for a Tobacco-Free World.” Themes of the posters will concentrate on the tracks of the conference: People, Policy, Practice, Producer, and Product.
International Awards Presented

The following people were honored Tuesday during the American Cancer Society’s International Achievement Awards program:

- Sandra Siddiqui, MD, received the ACS University Award. Dr. Siddiqui is the head of the Department of Preventive Oncology at Tata Memorial Hospital, India.

- Eduardo Bianca, MD, a cardiologist in Uruguay, received the International Tobacco Control Award.

- Carol El-Jabiari, Patient’s Friends Society, Jerusalem, and Atif Al-Rimarvi, Augusta Victoria Hospital, Jerusalem, and the ACS Great Lakes Division received International Partnership Program awards.

- Eduardo Bianca, MD, a cardiologist in Uruguay, received the International Tobacco Control Award.

Tobacco Declaration Committee Seeking Input

Conference delegates are encouraged to provide input to the World Conference on Tobacco OR Health (WCTOH) Declaration via submission drop boxes located in the registration area of the convention center.

Members of the Declaration Committee will review the submissions for their ability to measurably decrease the impact of tobacco use globally.

UIICC GLOBALink Cyber Center

A Cyber Center is located on the “L” Street Bridge outside Hall D, one flight up from Registration, to provide attendees with the opportunity to meet, network, and relax during the conferences. The Cyber Center will feature high-speed Internet access, including wireless Internet for laptops, online training sessions, and meet-the-experts sessions during lunch breaks. The GLOBALink Cyber Center is sponsored by Pfizer Inc.

WiFi Service Available at Registration Area

Complimentary WiFi service is available in the Registration area, the Ballroom Foyer, and the front lobby of the Washington Convention Center, and at the Renaissance Washington, D.C., Hotel to access the Internet via your laptop. The wireless service is sponsored by GlaxoSmithKline.

Conference Briefs

A searchable, online database for the programs at both the World Cancer Congress and the World Conference on Tobacco OR Health is now available at www.2006conferences.org

On the Web page, click on the button for either the Cancer Congress or WCTOH. On each conference site is a link for the database of the programs. In addition, photos and a blog highlighting activities at the conferences, written by Len Lichtenfeld, MD, deputy chief medical officer of the American Cancer Society, are also available online.

At the top left corner of the Web site are buttons for “Photos” and “Webcast & Blog” that will take users to the sites of the photos, Webcasts, and Dr. Lichtenfeld’s blog.

The Webcasts contain videos of each day’s general plenary session, which will be available no later than the following day. The videos will remain on the Web site indefinitely.

WCTOH

Continued from page 1

public health treaty and its potential for reducing tobacco’s deadly toll worldwide. The Friday general plenary, from 8:30 to 10:00 a.m. in Ballroom A-C, is “Evolution of the Tobacco Industry: Will the Game Ever Be Over?” It will address the challenge that the tobacco control movement has in determining its “end game” scenario for the tobacco industry.

The closing general plenary, from 1:00 to 3:00 p.m. Saturday in Ballroom A-C, is “Welcome to the First Tobacco Industry Academy Awards” a parody of a film awards show with categories for most outrageous tobacco industry marketing practices. The session will feature youth tobacco advocates from all over the world as presenters. In addition to the awards, the closing plenary features the final Conference Declaration and the announcement of the 14th WCTOH host city and country.

The Conference established five tracks to define its content, based on the communicable disease model of host, agent, vector, and environment.

People Track

The People Track will address the impact of tobacco on the world’s population, what can be done to increase awareness of the health effects of tobacco use, and what can be done at both the individual and the population levels to increase cessation.

Product Track

This track provides a comprehensive view of the panoply of tobacco products that exist worldwide — their composition and their addictiveness. The track also addresses the new generation of “reduced risk” products that pose policy and regulatory issues for the global tobacco movement.

Producer Track

This track reviews the latest information on the tobacco industry — advertising, marketing, corporate social responsibility, litigation, tobacco growing and manufacture, smuggling, and the industry’s influence in policymaking, the arts and entertainment, and even academia.

Policy Track

The Policy Track will spend a great deal of time addressing the WHO Framework Convention on Tobacco Control (FCTC). It will cover policies that reduce exposure to secondhand smoke; tobacco economics, including the health costs of tobacco, avenues toward cheaper access to tobacco such as organized smuggling and the Internet, and the role of tobacco tax increases; and regulatory issues related to the packaging and marketing of tobacco products.

Practice Track

The Practice Track incorporates the Conference theme, “Building Capacity for a Tobacco-Free World.” It provides intensive skills on the following topics: secondhand smoke messaging and policy development; the use of surveillance data for program planning; involving health care professionals in tobacco control; fundraising and sustaining tobacco control programs; media advocacy; and evaluating the implementation of the WHO/FCTC.

2006 INTERNATIONAL CANCER & TOBACCO CONTROL CONFERENCES

Lending a Hand

Two old hands were on deck during the World Cancer Congress, volunteering to help at the American Cancer Society booth in the exhibit hall. Charlie Leiss and his wife, Dee, worked at the booth for the duration of the Congress, answering questions and doing whatever was needed to help the staff. Charlie Leiss worked for the Society in a number of positions around the country before retiring as CEO of the Mid-Atlantic Division.

Bridging the Gap: Transforming Knowledge into Action

UIICC World Cancer Congress 2006

July 8-12, 2006