

September 5, 2008

Federal Trade Commission
Office of the Secretary
Room H-135 (Annex L)
600 Pennsylvania Ave, N.W.
Washington, D.C. 20580

Re: “Cigarette Test Method, [P944509]”

Dear Commissioners:

I am writing to commend the Federal Trade Commission (FTC) for its proposal to rescind its 1966 guidelines on the FTC Test Method of measuring tar and nicotine yields in cigarettes. This test method has not served its intended purpose of informing consumers about cigarette brands that confer less risk. Rather, the labels have proven to be misleading and have intentionally been used by the cigarette manufacturers to reassure consumers who are concerned about their health that they need not quit smoking. The machine-measured “tar” and nicotine labels also provide the basis for misleading descriptors such as “light”, “ultralight”, and “low tar”, all of which falsely imply that switching to a lower tar product is a reasonable alternative to quitting. Furthermore, naming the machine-measured approach “the FTC method” implies that the government endorses these labels.

Like most physicians, I too once believed that cigarette brands with lower machine measured levels of “tar” and nicotine would be less lethal than those with higher yield. This changed when I began to do research on the adverse health effects of tobacco for the American Cancer Society in the mid-1990s. I was astonished to find that lung cancer death rates had more than doubled among smokers during the time period after the great majority of smokers switched to or initiated use of putatively lower tar products [1, 2]. This increase in risk had also been observed in the 1989 U.S. Surgeon General’s Report [3], but had received little attention. What we were able to show was that, even for smokers who reported smoking a comparable number of cigarettes per day for a comparable number of years, those who smoked products with putatively lower “tar” levels had the same level of risk as those who smoked higher tar cigarettes.

Since that time, multiple studies have documented that biomarkers of nicotine and tobacco-specific carcinogens measured in the blood, saliva, or urine of smokers show little relationship to the machine measured “yield” of the product. There is also extensive evidence regarding the extent to which smokers compensate for changes in cigarette design to extract the levels of nicotine and “tar” to which they are accustomed, irrespective of the level of machine measured “yield”.

In 2004, I coauthored a study published in the British Medical Journal, that showed that the lung cancer death rate among smokers of “light” and “ultralight” cigarettes was as high or higher than that of smokers who consumed regular tar, filter-tip cigarettes [4]. We observed no reduction in the overall risk of fatal lung cancer resulting from changes in cigarette design that diluted the cigarette smoke and produced lower machine measured “tar” levels. Rather, there was simply a change in the type of lung cancer that smokers developed, with fewer squamous and small cell cancers of the large airways, and more adenocarcinomas in the peripheral parts of the lung which were now exposed due to deeper inhalation [5]

Finally, because the duration of smoking is far more potent than the number of cigarettes consumed daily in causing lung cancer, any factor that encourages smokers to delay cessation will greatly increase their risk of developing this terrible and deadly disease, and prolong their risk for the multitude of other adverse effects from smoking.

For all of these reasons, I again commend the FTC for proposing to rescind its test method guidelines.

Respectfully,

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Vice President
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1. Thun, M., et al., *Excess mortality among cigarette smokers: changes in a 20-year interval*. Am J Public Health, 1995. **85**: p. 1223-30.
2. Thun, M., et al., *Trends in tobacco smoking and mortality from cigarette use in Cancer Prevention Studies I (1959 through 1965) and II (1982 through 1988)*, in *National Cancer Institute. Changes in Cigarette-related Disease Risks and Their Implication for Prevention and Control. Smoking and Tobacco Control Monograph No. 8*, D. Shopland, et al., Editors. 1997, U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub No. 97-4213: Bethesda, MD. p. 305-382.
3. U.S. Department of Health and Human Services, *Reducing the Health Consequences of Smoking: 25 Years of Progress. A Report of the Surgeon General*. 1989, Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
4. Harris, J., et al., *Cigarette tar yields in relation to lung cancer mortality in the Cancer Prevention Study-II prospective cohort, 1982-8*. BMJ, 2004. **328**: p. 72-6.
5. Thun, M., et al., *Cigarette smoking and changes in the histopathology of lung cancer*. J Natl Cancer Inst, 1997. **89**: p. 1580-6.
6. National Cancer Institute, *Risks Associated with Smoking Cigarettes with Low Machine-Measured Yields of Tar and Nicotine*. Smoking and Tobacco Control Monograph No. 13. 2001, Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub. No. 02-5074.