New Study Shows Two Million Life-Years Lost and $21 Billion in Lost Earnings Annually Due to Smoking Associated Cancer Deaths

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ATLANTA, Aug. 10, 2022 — A new study led by researchers at the American Cancer Society (ACS) reports nearly 123,000 cancer deaths, or close to 30 percent of all cancer deaths, were from cigarette smoking in the United States in 2019, leading to more than two million Person-Years of Lost Life (PYLL) and nearly $21 billion in annual lost earnings. These losses were disproportionately higher in states with weaker tobacco control policies in the South and Midwest. The results were published today in the *International Journal of Cancer.*

“Our study provides further evidence that smoking continues to be a leading cause of cancer-related death and to have a huge impact on the economy across the U.S.,” said Dr. Farhad Islami, senior scientific director, cancer disparity research at the American Cancer Society and lead author of the study. “We must continue to help individuals to quit using tobacco, prevent anyone from starting, and work with elected officials at all levels of government for broad and equitable implementation of proven tobacco control interventions.”

For the study, the authors estimated the proportions and numbers of cigarette smoking-attributable cancer deaths and associated PYLL and lost earnings among individuals, aged 25-79 years, in 2019 in the U.S. nationally and by state. As smoking-attributable cancer deaths occur more commonly in individuals with lower socioeconomic status, they used education-specific data for each state to account for variations in employment status, wages, and smoking-attributable mortality by socioeconomic status. Cancers associated with cigarette smoking that were evaluated in this study included cancers of the oral cavity, pharynx, esophagus, stomach, colorectum, liver and intrahepatic bile duct, pancreas, larynx, lung and bronchus, cervix, kidney and renal pelvis, urinary bladder, and acute myeloid leukemia.

The study results showed death rates were highest in the 13 states with generally weaker tobacco control policies and higher cigarette smoking prevalence. These states include Alabama, Arkansas, Indiana, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Ohio, Oklahoma, South Carolina, Tennessee, and West Virginia. Also, the annual PYLL rate for these states was 46.8% higher than in other states and the District of Columbia (1,431 per 100,000 population compared to 975 per 100,000). In addition, the lost earnings rate for these states was 44% higher ($11.2 million per 100,000 population compared to $7.8 million per 100,000) than in other states and the District of Columbia.

The study also found that if PYLL and lost earning rates in Utah (the state with the lowest PYLL rate) had been achieved by all states, more than half of the estimated total PYLL and lost earnings in 2019 nationally would have been avoided. The proportion of avoidable PYLL and lost earnings by state exceeded 50% in 39 states and the District of Columbia for PYLL and in 30 states for lost earnings.

“Increasing the price of cigarettes through excise taxes is the single most effective policy for reducing smoking. In many states, state tobacco excise tax rate remains low, particularly in the states with the highest smoking rates,” said Dr. Ahmedin Jemal, senior vice president, surveillance & health equity science at the American Cancer Society, and senior author of the study. “Eliminating existing gaps in Medicaid and private insurance coverage of cessation services is an important intervention to reduce smoking-related cancers. This would also provide access to all types of counseling and all medications approved by the FDA without cost-sharing to the patient.”

“This report further demonstrates just how critical reducing tobacco use is to ending suffering and death from cancer,” said Lisa Lacasse, president of the American Cancer Society Cancer Action Network (ACS CAN), the advocacy affiliate of the American Cancer Society. “To end the scourge of tobacco on this country, reduce the health disparities it inflicts, and decrease tobacco-related diseases like cancer, we need local, state, and federal lawmakers to pass proven tobacco control policies, including regular and significant tobacco tax increases,

comprehensive statewide smoke-free laws, adequate funding for state tobacco prevention and cessation programs and ensure all Medicaid enrollees have access to comprehensive tobacco cessation services including all three types of counseling and all FDA-approved medications. We have the tools to get this done, we just need lawmakers to act."

Other ACS authors participating in the study include: Jingxuan Zhao, Dr. Daniel Wiese, Dr. Samuel Asare, Dr. Priti Bandi, Dr. Blake Thomson, Dr. Jason Zheng, Dr. Nigar Nargis, and Dr. Robin Yabroff.

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