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## What if . . . the National Heart, Lung, and Blood Institute Considers Tobacco?

To the Editor:

In their nice editorial in the March issue of the *Journal*, Kiley and colleagues (1) list the strategic priorities and procedures of the National Heart, Lung, and Blood Institute (NHLBI) to streamline human health research up to 2025. From a historical perspective, we all recognize the significant achievements of the U.S. National Institutes of Health and the NHLBI, with decades of success, that have facilitated breakthroughs in promoting health and fighting disease by funding key research both internally and extramurally, including internationally.

However, we were surprised that the (magical) keyword “tobacco” was not mentioned at all within this short document, so anyone might wonder, what if . . . the NHLBI considers tobacco? Likely, beyond your pages, some readers in the sister, simultaneous publications in the *American Journal of Public Health*, *Blood*, *Circulation*, or the *Journal of the American College of Cardiology* might consider that tobacco affects patients in most (all?) respiratory and nonrespiratory conditions. We must keep reminding ourselves that tobacco is the first and foremost causal, avoidable risk factor for human disease. Perhaps it has been neglected too often in the past in many medical venues (2, 3). Therefore, the NHLBI should welcome initiatives on key tobacco-related translational issues as well as on the efficacy and the effectiveness of any smoking reduction and/or avoidance interventions, in addition to initiatives on any other risk factors to help define smoking issues at the population and individual levels. Well past the so-called cigarette century (4), tobacco is still causally linked to an increasing number of diseases (5). Although there have been some recent successes in the West, there are more smokers nowadays than ever before in human history, causing far too many premature deaths and disabilities (6). We strongly believe that research drives all health advocacy and that the final solution to the tobacco problem will be through legislation (7).

Rephrasing the introductory paragraphs of the editorial, “Imagine a world with no tobacco, and later, perhaps only one generation after, a no-tobacco-related-disease world.” Wouldn’t it be nice? We can set this objective within our lifetime, and certainly we will participate in this process (8). ■

**Author disclosures** are available with the text of this letter at [www.atsjournals.org](http://www.atsjournals.org).

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## Smoking Control Is a Priority to Promote Heart, Lung, Blood, and Sleep Health

To the Editor:

The editorial by Kiley and colleagues (1) explains the NHLBI’s strategic visioning process to identify the greatest unmet needs in heart, lung, blood, and sleep (HLBS) research.

We, members of the European Respiratory Society (ERS)’s Tobacco Control Committee, would like to congratulate the

NHLBI for all of their achievements in the prevention and treatment of HLBS disorders over the last decades and welcome this new strategy.

Taking into account the authors' invitation to all members of the scientific community to identify bold and compelling scientific questions that NHLBI needs to address to promote HLBS health in all individuals, we would like to propose the inclusion of an imperative issue that was not addressed in the editorial: the prevention and treatment of tobacco use.

We strongly believe that prevention and treatment of tobacco use is the most powerful strategy that can spearhead the initiative to enhance HLBS health. We have several reasons for this statement:

1. Cancer, stroke, heart disease, and chronic obstructive pulmonary disease (COPD) cause a quarter of all deaths before age 50, plus four-fifths of those at ages 50 to 69. The single most important external factor for these disorders is tobacco use, which still causes about a quarter of all cancer deaths in the European Union and a third of all cancer deaths in the United States (2).
2. Smoking is the main cause of COPD, and smoking cessation remains the most effective intervention both for preventing and for influencing the natural history of this disorder. In spite of that, around 40% of patients with COPD are still smokers (3).
3. The benchmark study by Doll and colleagues (4) indicated that smoking cessation is one of the key interventions to increase public health. This study confirmed that those smokers who stopped at about age 50 gained about six years of life expectancy; those who stopped at about age 40 gained about nine years; and those who stopped before middle age gained about 10 years and had a pattern of survival similar to that of men who had never smoked.
4. Several studies have shown that smoking cessation can prevent more cardiovascular mortality and morbidity than the control of other significant risk factors such as hypercholesterolemia or hypertension (5, 6).

For these reasons, ERS strongly demonstrates its commitment to tobacco control. We do this by advocating for smoke-free legislation and other policies that prevent the uptake of smoking and help smokers to quit. One of ERS's main priorities is to develop adequate strategies to reach these objectives (7, 8).

Again, we would like to congratulate the NHLBI for all its achievements in the prevention and treatment of HLBS disorders and extend an invitation to you to take affirmative action to control the global tobacco epidemic. ■

**Author disclosures** are available with the text of this letter at [www.atsjournals.org](http://www.atsjournals.org).

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## Reply

*From the Editorialists:*

We thank Drs. Soriano and Morera for supporting the National Heart, Lung, and Blood Institute's (NHLBI's) recent Strategic Visioning effort to collectively identify the greatest unmet needs in heart, lung, blood, and sleep research (1). They are correct in noting the central role tobacco plays in many diseases that fall within the mission of the NHLBI. We are also grateful to Dr. Jimenez-Ruiz and colleagues from the European Respiratory Society's Tobacco Control Committee for their thoughtful letter and key literature highlighting the importance of strategies for the effective prevention and treatment of tobacco use to foster and preserve human health.

The points made in these letters illustrate the kind of feedback we hope to receive from the research community on this and other topics as we move to shape future research priorities. The NHLBI will certainly consider mission-specific compelling questions and critical challenges identified through this process relating to tobacco and its adverse effects on heart, lung, blood, and sleep health.

The NHLBI's new Strategic Visioning forum (<http://nhlbistrategicvisioning.ideascale.com/>) provides the broad stakeholder community an opportunity to engage in real-time conversations around topics for the NHLBI to address over the next decade, including tobacco and many other important issues. We encourage our communities to actively participate in this novel process to shape our future research directions.

We believe that joint efforts by the NHLBI and the research, patient, and provider communities will bring optimal and sustained cardiopulmonary health within reach, with the potential to improve the lives of millions of individuals. ■

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