

PULMONARY FUNCTION TESTING

NORMAL AGE EFFECT -- LOSE 25-30 CC/YR. IN VITAL CAPACITY

ASBESTOS EXPOSURE CAUSES DOSE-RELATED ACCELERATED
LOSS, WITH DIMINISHED FVC, REDUCED FEV_1 , USUALLY
NORMAL RATIO FEV_1/FVC .

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LUNG CANCER

1900 LESS THAN 80 CASES IN WORLD LITERATURE.

1912 400 CASES REPORTED.

1914 - 1917 WORLD WAR 1 MEN BEGAN SMOKING IN LARGE NUMBERS.

1930 2,357 DEATHS FROM LUNG CANCER.

1943 9,205 DEATHS FROM LUNG CANCER.

1950 18,313 DEATHS FROM LUNG CANCER.

1950 - 1975 185% INCREASE IN LUNG CANCER IN MEN.
239% INCREASE IN LUNG CANCER IN WOMEN.
ALL OTHER CANCER FELL FROM 1950-75 TO 1940 LEVELS.

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LUNG CANCER

5 YEAR SURVIVAL IN LUNG CANCER PATIENTS HAS REMAINED 8-10%.

LUNG CANCER IS LEADING KILLER IN MEN NOW, AND WILL BE THE
LEADING KILLER IN WOMEN IN THE 1980's.

LUNG CANCER ACCOUNTS FOR 25% OF ALL CANCER DEATHS, 5% OF
ALL DEATHS.

IN THE PAST 5 YEARS MORE AMERICANS HAVE DIED OF LUNG CANCER
THAN WERE KILLED IN ALL THE WARS IN OUR NATION'S HISTORY.

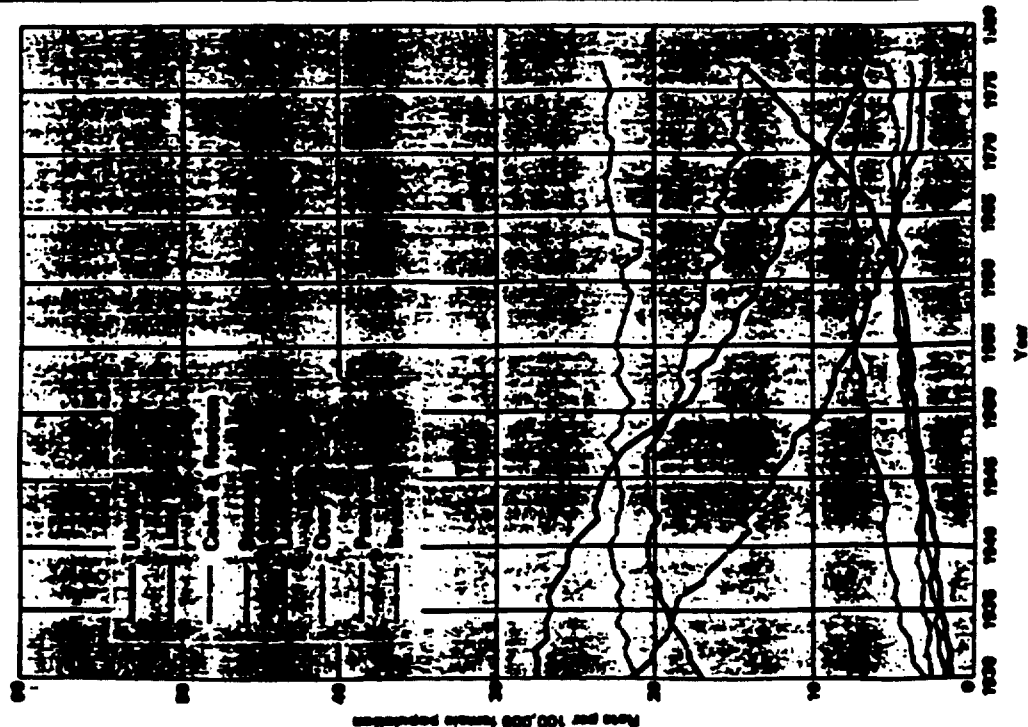
IN THE U.S.A. CIGARETTE SMOKING IS RESPONSIBLE FOR MORE THAN
80% OF LUNG CANCERS.

RISK INCREASES RAPIDLY AFTER AGE 45 IN SMOKERS, ESPECIALLY IN
THOSE WHO SMOKE MORE THAN 1 PACK PER DAY. IF A SMOKER
QUITS, HIS RISK RETURNS TO BACKGROUND LEVEL IN 15 YEARS.

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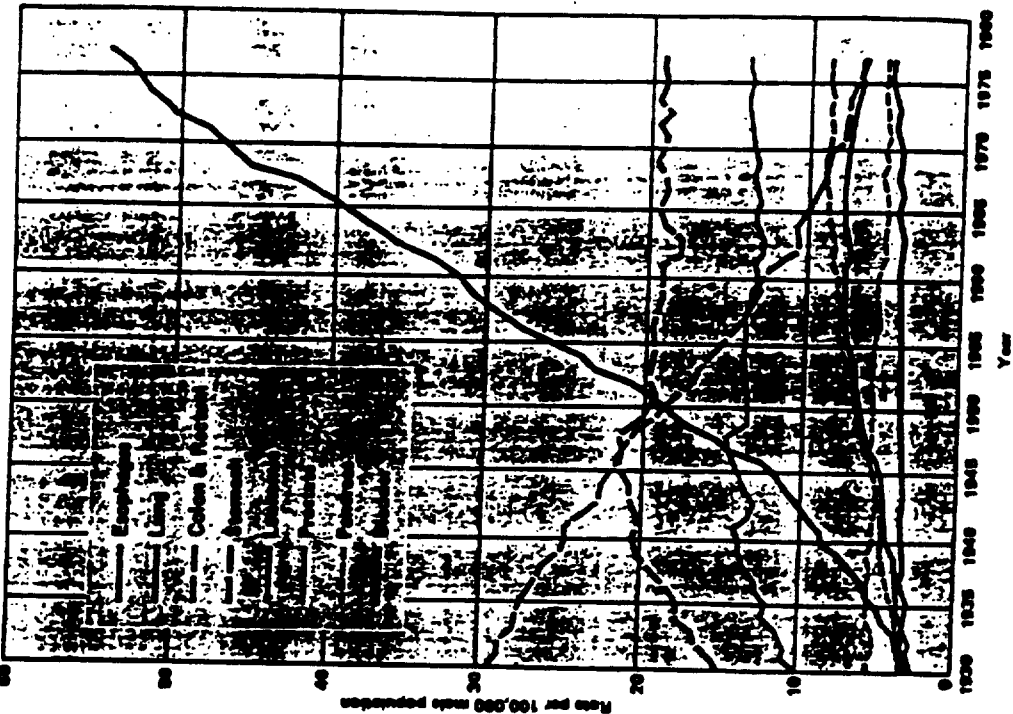
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AGE-ADJUSTED CANCER DEATH RATES* FOR SELECTED SITES FEMALES, UNITED STATES, 1930-1977



Sources of Data: U.S. National Center for Health Statistics and U.S. Bureau of the Census.
 *Standardized on the age distribution of the 1940 U.S. Census Population.

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