

# The future of NCI's smoking research agenda

Stan Glantz has joined a small chorus beseeching the National Institutes of Health in general and the NCI in particular to greatly expand its tobacco control research agenda.<sup>25 26</sup> As usual, Glantz does it provocatively and articulately and puts forth his own proposed agenda.

Glantz is correct in asserting that the NCI has not had a programmatic tobacco research programme since the Smoking and Tobacco Control Program developed by Joe Cullen culminated in the ASSIST programme. It is also hard to avoid the implications of the huge discrepancy Glantz noted between the impact of tobacco on cancer morbidity and mortality and the proportion of the NCI's budget devoted to tobacco control research. The NCI may well feel that, given the relatively large expenditures for the COMMIT<sup>27</sup> and ASSIST community and state-level trials, tobacco research has been taken care of and it is time to move on to other risk factors. I strongly agree with Glantz's argument that such a move would be greatly premature and unfortunate. There are major gaps in our knowledge about tobacco control that need to be addressed via research. Given the size of its budget and its prior history, the NCI should take the lead in developing a plan for tobacco research.

Glantz's particular "wrinkle" is to argue for large population studies that would take off from the accomplishments of ASSIST and capitalise on variation in state activities—which exist in part because some states are now engaged in tobacco control funded by dedicated tax monies—to learn about the relative effectiveness of population-level tobacco control interventions. Glantz has, in effect, drafted the essentials of a persuasive Request for Proposals (RFP) that the NCI might issue. It is an RFP that would

likely have an expensive price tag attached. Such research would be worth paying for, given the mortality and morbidity stakes that are involved.

Some of the elements in Glantz's RFP are consistent with research directions that I proposed<sup>26</sup> in a paper that was commissioned by the NCI. Both Glantz's recommendations and mine could and should be addressed through investigator-initiated proposals. I would urge investigators to take on portions of Glantz's agenda. Building upon the accomplishments of ASSIST, however, requires that ASSIST submit its methods and results for review by the science community. As Glantz notes, the CDC has important evaluation expertise to contribute, and state health divisions are getting into the act as they monitor the smoking control programmes supported by dedicated tax monies. But the NCI retains primary responsibility for advancing the *science* of population-based tobacco control. Glantz is correct in noting that innovative methodologies will be needed to tease out causation in population studies where experimental control may be quite limited. Let us hope that NCI's newly reorganised Division of Cancer Control and Population Science takes the latter part of its new name seriously.

EDWARD LICHTENS

Oregon Research Institute,  
1715 Franklin Boulevard,  
Eugene, Oregon 97403-1983, USA;  
email: ed@ori.org

25 Bauman KE. On the future of applied smoking research: is it up in smoke? *Am J Public Health* 1992;82:14-16.

26 Lichtenstein E. Behavioral research contributions and needs in cancer prevention and control: Tobacco use prevention and cessation. *Prev Med* 1997;26:S57-S63.

27 COMMIT Research Group. Community intervention trial for smoking cessation (COMMIT): I. Cohort results from a four-year community intervention. *Am J Public Health* 1995;85:183-92.

Downloaded by copyright