

Lung Cancer

Risk Factors for Lung Cancer

Risk factors for lung cancer include (in alphabetical order):

- Air pollution
- Asbestos, arsenic and radon exposure
- Environmental tobacco smoke
- Family history
- Occupational and industrial exposure to cancer causing agents (such as diesel exhaust, uranium, vinyl chloride)
- Over 65 years of age
- Personal history
- Radiation therapy to the chest
- Tobacco smoking

Lung Cancer and the BRFSS

Questions related to lung cancer are asked in both the Tobacco Use core section and in several optional modules of the BRFSS questionnaire. BRFSS survey questions regarding lung cancer include:

Tobacco Use

- *Have you smoked at least 100 cigarettes in your entire life?*
- *Do you now smoke cigarettes every day, some days, or not at all?*
- *During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?*

Secondhand Smoke Policy

- *Which statement best describes the rules about smoking inside your home?*
- *While working at your job, are you indoors most of the time?*
- *Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?*
- *Which of the following best describes your place of work's official smoking policy for work areas?*

Smoking Cessation

Taken From: <http://www.texasancer.info/statistics/riskfactors.html#whatsariskfactor>

- *About how long has it been since you last smoked cigarettes?*
- *In the past 12 months, how many times have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?*
- *In the past 12 months, on how many visits were you advised to quit smoking by a doctor, or other health provider?*
- *On how many visits did your doctor, nurse, or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion?*
- *On how many visits did your doctor or health provider recommend or discuss methods and strategies other than medication to assist you with quitting smoking?*

Other Tobacco Products

- *Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?*
- *Do you currently use chewing tobacco or snuff every day, some days, or not at all?*
- *Do you currently use any tobacco products other than cigarettes, such as cigars, pipes, bidis, kreteks, or any other tobacco product?*

Tobacco Indicators

- *How old were you the first time you smoked a cigarette, even one or two puffs?*
- *How old were you when you first started smoking cigarettes regularly?*
- *About how long has it been since you last smoked cigarettes regularly?*
- *In the past 12 months, have you seen a doctor, nurse or other health professional to get any kind of care for yourself?*
- *In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?*
- *Which statement best describes the rules about smoking inside your home?*
- *While working at your job, are you indoors most of the time?*
- *Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?*
- *Which of the following best describes your place of work's official smoking policy for work areas?*

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