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**Maryam Daneshvar**  
CDC Acting Reports Clearance Officer  
1600 Clifton Road, MS-D74  
Atlanta, GA 30333

**RE: OMB #0920-0612 – Revision, Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) Reporting System**

Dear Ms. Daneshvar:

Legacy is pleased to comment on the revision of the Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) Reporting System. Legacy applauds this important program and the work it has accomplished since 1993.

Legacy is dedicated to building a world where young people reject tobacco and anyone can quit. Located in Washington, D.C., Legacy develops programs that address the health effects of tobacco use, including **truth**®, an award-winning youth smoking prevention campaign, and **EX**®, an innovative tobacco cessation program. Legacy also conducts research exploring the causes, consequences and approaches to reducing tobacco use and operates a nationally-renowned program of outreach to priority populations who disproportionately bear the toll of tobacco. Legacy was created as a result of the 1998 Master Settlement Agreement (MSA) between the states and the tobacco industry. Pursuant to the terms of the MSA, Legacy cannot lobby or take positions on legislation.

Legacy is interested in the WISEWOMAN program because of the strong correlation between tobacco use – in particular smoking – and cardiovascular disease. About 20% of all deaths from cardiovascular disease are attributable to smoking.<sup>1</sup> Smoking increases the risk of ischemic stroke<sup>2</sup>, and ischemic heart disease is the second leading cause of smoking-attributable death.<sup>3</sup> Between 2000 and 2004, 49,358 women died from smoking-attributable cardiovascular diseases.<sup>4</sup> The fact that smoking cessation programs are offered for participants through WISEWOMAN is especially important. While quitting smoking may not erase your risk for these diseases, it can significantly



reduce that risk. Some studies have shown that after quitting, former smokers significantly reduce their risk of cardiovascular disease<sup>5</sup> and at least one study showed that some risk factors were reduced to almost that of what they would have been if they had not smoked at all.<sup>6</sup>

With this critical link between smoking and cardiovascular disease in mind, Legacy reviewed the WISEWOMAN revision proposal. In that review, we noticed that WISEWOMAN participants are only asked about current smoking. Legacy would like to suggest that the program collect more information about participants' smoking history. Collecting more information about participants' smoking history has the potential to help health researchers understand more about how smoking is associated with cardiovascular disease.

As such, Legacy recommends that the WISEWOMAN health screening and assessment extend the number and scope of questions on smoking behavior to gather a more full history of both current and past smoking habits. This is critical since the degree of smoking-related health damage may differ according to frequency and length of time an individual has smoked, and may not be fully eradicated after quitting.<sup>7</sup>

Towards this end, Legacy recommends incorporating additional questions that address age of onset of smoking, frequency of smoking, types of cigarettes smoked (e.g. regular, light, ultralight, menthol), time to first cigarette in the morning, past smoking habits and for those who have quit, time since quitting.

Legacy recommends that these questions be worded in similar ways to other national, standardized surveys or trials. We believe that by collecting this additional information, it would enhance our knowledge of how smoking impacts risk for cardiovascular disease, and could lead to better targeted interventions to help smokers quit.

We thank you for this opportunity to comment on the WISEWOMAN revision proposal and look forward to working with you on this and other programs and projects. If you have any questions, please contact Stephenie Foster, Vice President of Government Affairs at 202-454-5559 or [sfoster@legacyforhealth.org](mailto:sfoster@legacyforhealth.org).

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<sup>1</sup> CDC. Annual Smoking-Attributable Mortality, Years of Potential Life Lost and Economic Costs—United States, 2000-2004. *MMWR* 2008; 57(45): 1226-8.

<sup>2</sup> Shinton R, Beevers G. Meta-analysis of relation between cigarette smoking and stroke. *BMJ*. 1989;298:789-794.

<sup>3</sup> CDC. Annual Smoking-Attributable Mortality, Years of Potential Life Lost and Economic Costs—United States, 2000-2004. *MMWR* 2008; 57(45): 1226-8.

<sup>4</sup> *Ibid.*

<sup>5</sup> Julia A. Critchley, MSc, DPhil; Simon Capewell, MD, FRCPE. *JAMA*. 2003;290:86-97

<sup>6</sup> Bakhru A, Erlinger TP (2005) Smoking Cessation and Cardiovascular Disease Risk Factors: Results from the Third National Health and Nutrition Examination Survey. *PLoS Med* 2(6): e160. doi:10.1371/journal.pmed.0020160

<sup>7</sup> U.S. Department of Health and Human Services. *The Health Consequences of Smoking: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health, 2004.