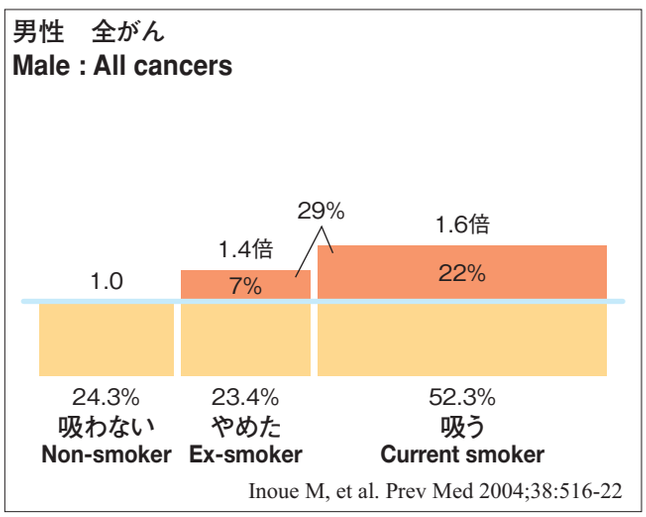
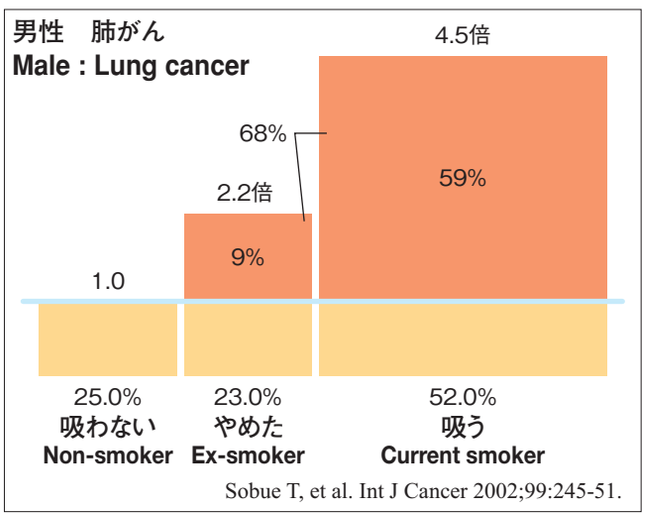
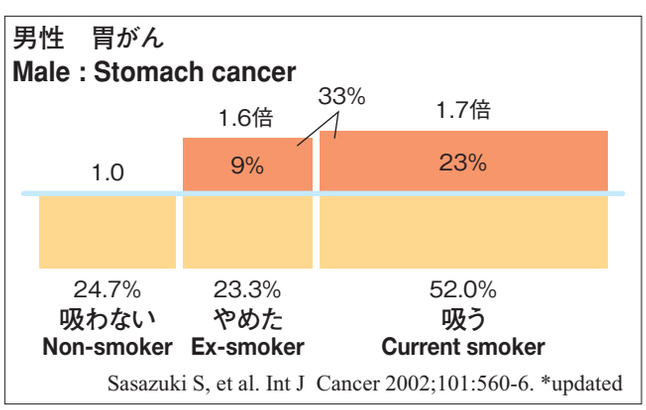
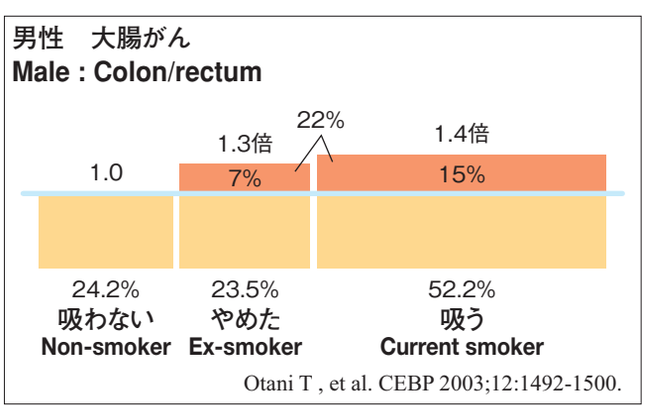
22 がんの部位別罹患におよぼす喫煙の寄与割合
Population Attributable Fraction (%) of Cancer Incidence Associated with Tobacco Smoking in Japan

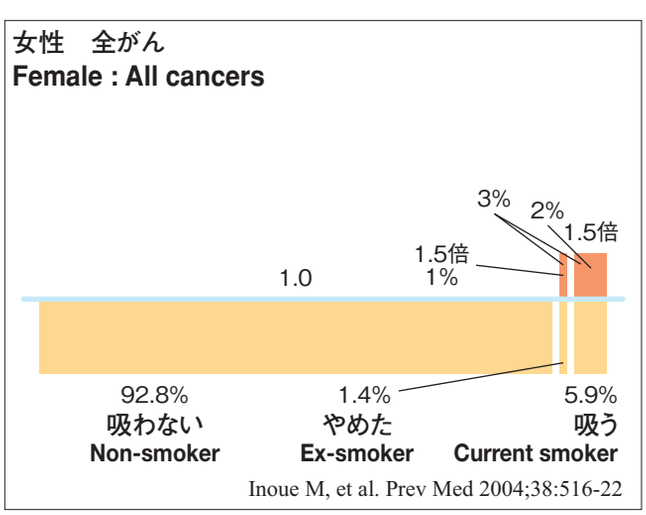
厚生労働省多目的コホート研究（1990～継続中）
Japan Public Health Center-based Prospective Study for Cancer and Cardiovascular Diseases (JPHC study, 1990-on going)

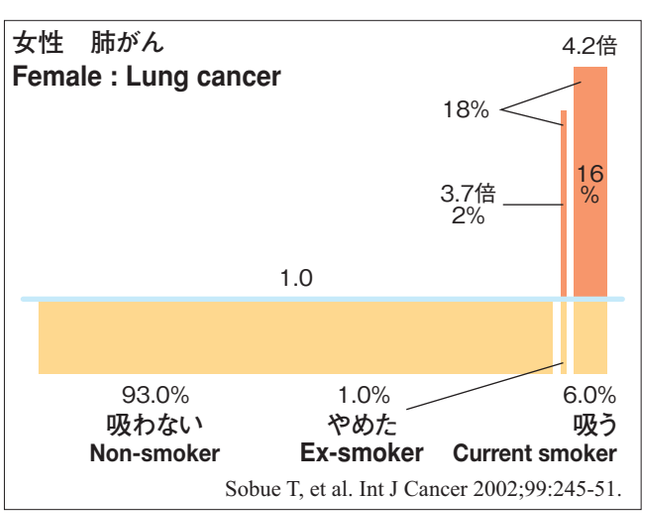












喫煙によるがん罹患の人口寄与割合とは、現在の喫煙者と禁煙者が、もしすべて非喫煙者に置き換わったとしたら、がんになる人がどの程度減るかを意味する。**男性の場合、**全がんの29%、肺がんの68%、胃がんの33%、大腸がんの22%が減ると推定される。男女間で相対リスクに大きな差はないが、喫煙者が**女性で少ないので、女性での寄与割合**は、全がんの３%、肺がんの18%と、**男性よりも小さい。**

Population attributable risk percent corresponds to the extent of reduction of cancer incidence, assuming all current smokers and ex-smokers are substituted to nonsmokers. For males, 29% of all sites, 68% of lung cancer, 33% of stomach cancer, 22% of colorectal cancer are estimated to be reduced. Compare with males, relative risks due to smoking are similar but proportions of current smokers and ex-smokers are substantially low in females. As a result, population attributable risk percent is low in females, such as 3% of all sites and 18% of lung cancer.

※表と出典は96～97ページ参照。See p.96-97 for tables and references.