

*IARC Handbooks of Cancer Prevention*  
Reversal of Risk after Quitting Smoking, Volume 11 (2007)

Organ site	Concluding statements	Sufficient evidence	Limited evidence	Inadequate / no evidence
Lung	The risk of lung cancer is lower in former smokers than in current smokers	X		
	The difference in risk between former and current smokers becomes apparent within 5 to 9 years since quitting, and larger with increasing time since quitting	X		
	There is a persistent increased risk in former smokers compared to that in never smokers of the same age, even after a long duration of abstinence	X		
Larynx	The risk of laryngeal cancer is lower in former smokers than in current smokers	X		
	The risk steeply decreases with time since cessation, with a reduction of about 60% after 10–15 years cessation and even more after 20 years	X		
	The risk in former smokers does not return to that of never smokers even after a long duration of abstinence: it remains higher than that in never smokers for at least 20 years after quitting	X		
Oral cavity and pharynx	The risk of oral and pharyngeal cancer is lower in former smokers than in current smokers	X		
	The reduction in risk for former smokers compared with that for current smokers increases with increasing duration of abstinence	X		
	The risk of oral cancer for former smokers who have abstained for at least 20 years is not increased over that of never smokers	X		
Oesophagus, squamous cell	The risk of squamous cell carcinoma of the oesophagus cancer is lower in	X		

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carcinoma	former smokers than in current smokers.			
	The reduction in risk for former smokers compared with current smokers increases with increasing duration of abstinence	<b>X</b>		
	The relative risk of squamous cell carcinoma of the oesophagus does not return to that of never smokers even after a long duration of abstinence: it remains higher than that in never smokers for at least 20 years after quitting	<b>X</b>		
Oesophagus, adenocarcinoma	There is inadequate evidence to evaluate the risk of adenocarcinoma of the oesophagus after quitting smoking			<b>X</b>
	There is inadequate evidence on the time–risk relationship with reference to various levels of intensity and duration of smoking			<b>X</b>
	There is inadequate evidence on the absolute risk of oesophageal cancer after stopping smoking			<b>X</b>
Stomach	The risk of stomach cancer is lower in former smokers than in current smokers	<b>X</b>		
	The reduction in risk for former smokers compared with current smokers increases with increasing duration of abstinence	<b>X</b>		
	There is inadequate information to evaluate whether the risk for former smokers ever returns to that of never smokers			<b>X</b>
Liver	The risk of liver cancer may be lower in former smokers than in current smokers, but available data are inconsistent across geographical areas		<b>X</b>	
	There is inadequate information to assess whether a reduction in risk for former smokers compared with current smokers increases with increasing			<b>X</b>

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	duration of abstinence			
	There is inadequate information to evaluate whether the risk for former smokers ever returns to that of never smokers			<b>X</b>
Pancreas	The risk of pancreatic cancer is lower in former smokers than in current smokers	<b>X</b>		
	The reduction in risk for former smokers compared with current smokers increases with increasing duration of abstinence	<b>X</b>		
	The risk for former smokers who have abstained for at least 20 years appears to return to that of never smokers		<b>X</b>	
Bladder	The risk of bladder cancer is lower in former smokers than in current smokers	<b>X</b>		
	The reduction in risk for former smokers compared with current smokers increases with increasing duration of abstinence	<b>X</b>		
	The risk does not return to that of never smokers even after a long duration of abstinence: it remains higher than that in never smokers for at least 20 years after quitting	<b>X</b>		
Kidney	The risk of renal cell carcinoma is lower in former smokers than in current smokers	<b>X</b>		
	The reduction in risk for former smokers compared with current smokers appears to increase with increasing duration of abstinence, but available data are limited		<b>X</b>	
	There is inadequate information to evaluate whether the risk for former smokers ever returns to that of never smokers			<b>X</b>
Cervix	The risk of squamous cell carcinoma of the cervix is lower in former smokers	<b>X</b>		

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	than in current smokers			
	The benefits of quitting smoking in former smokers compared with current smokers seem to be fully achieved in the first 5 years of abstinence	<b>X</b>		
	The relative risk returns to that of never smokers within 5 years after quitting smoking	<b>X</b>		
Myeloid leukaemia	The risk of myeloid leukaemia may be lower in former smokers than in current smokers, but available data are inconsistent			<b>X</b>
	There is inadequate information to assess whether the possible reduction in risk for former smokers compared with current smokers increases with increasing duration of abstinence			<b>X</b>
	There is inadequate information to evaluate whether the risk for former smokers ever returns to that of never smokers			<b>X</b>
Nasopharynx	The risk of nasopharyngeal carcinoma may be lower in former smokers than in current smokers, but available data are limited		<b>X</b>	
	There is inadequate information to assess whether a reduction in risk for former smokers compared with current smokers increases with increasing duration of abstinence			<b>X</b>
	There is inadequate information to evaluate whether the risk for former smokers ever returns to that of never smokers			<b>X</b>
Nasal sinuses	There is inadequate information to determine the change in risk of sinonasal carcinoma in former smokers			<b>X</b>
	There is inadequate information to assess whether the possible reduction in risk for former smokers compared with			<b>X</b>

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	current smokers increases with increasing duration of abstinence			
	There is inadequate information to evaluate whether the risk for former smokers ever returns to that of never smokers			<b>X</b>