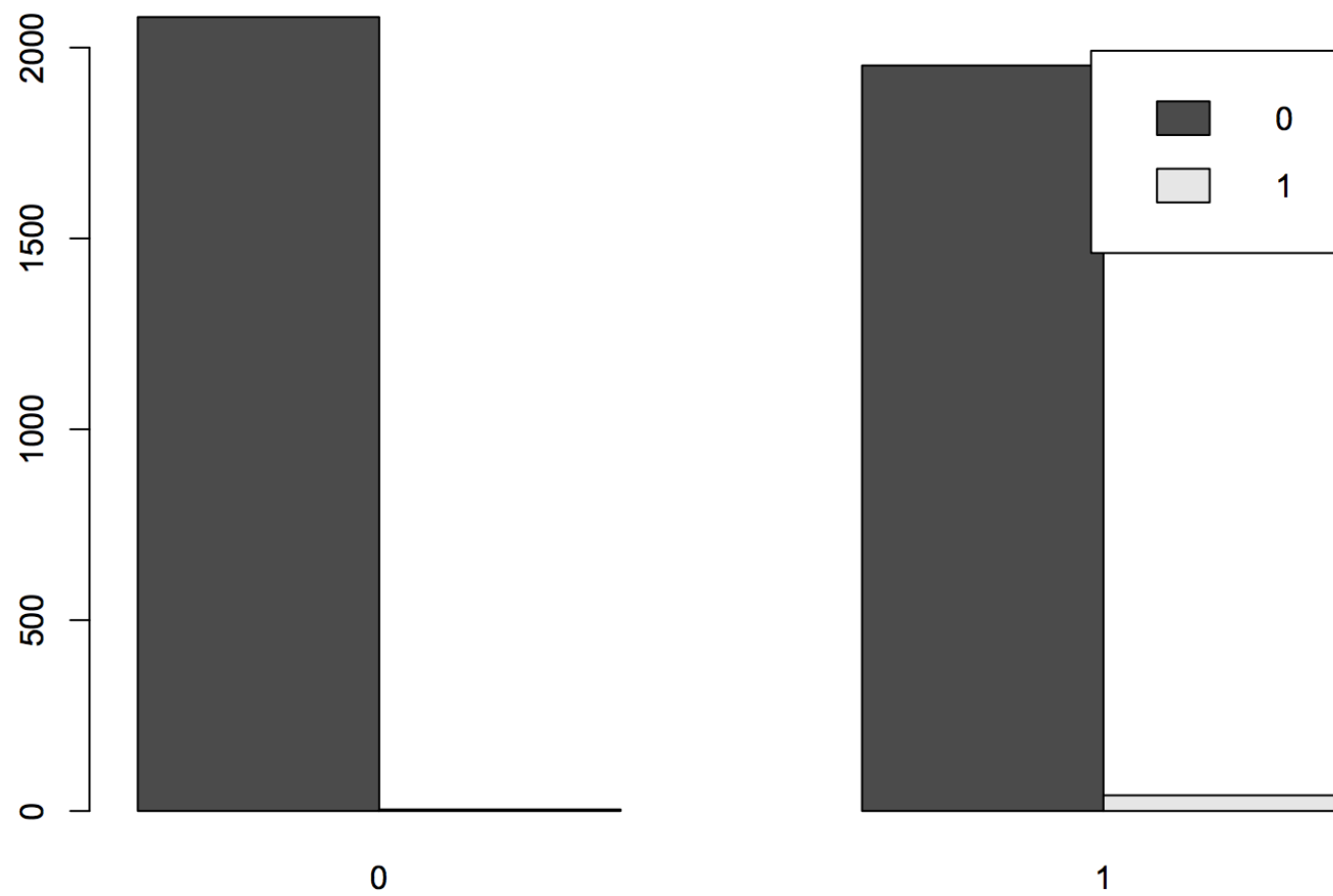
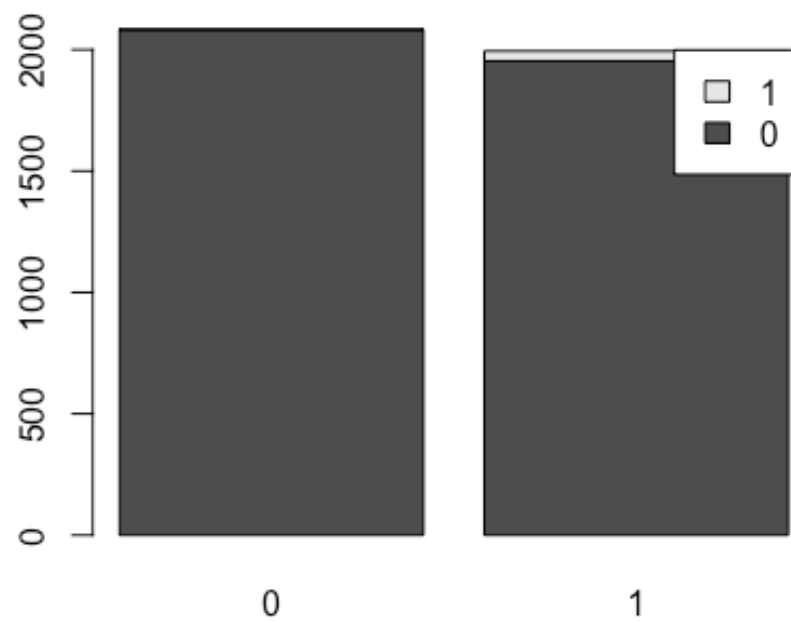


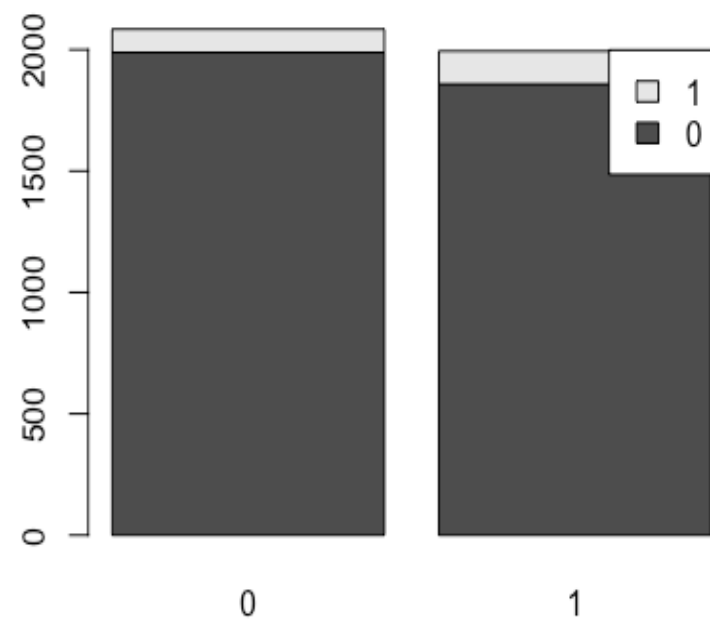
LC Status Smokers vs. Non-Smokers



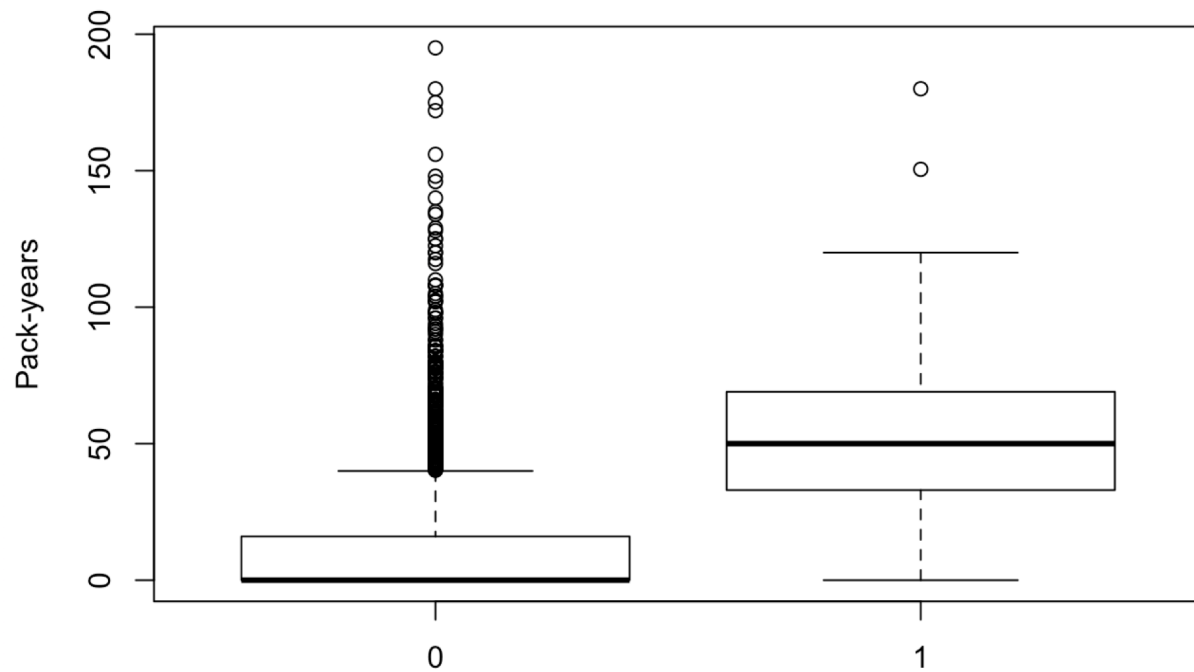
Lung Cancer by Smoking Status



CHD by Smoking Status



Presence of Lung Cancer by Pack-years



CHD, Stroke, and other cancers (oral, esophageal, stomach, kidney and bladder) by Pack-years

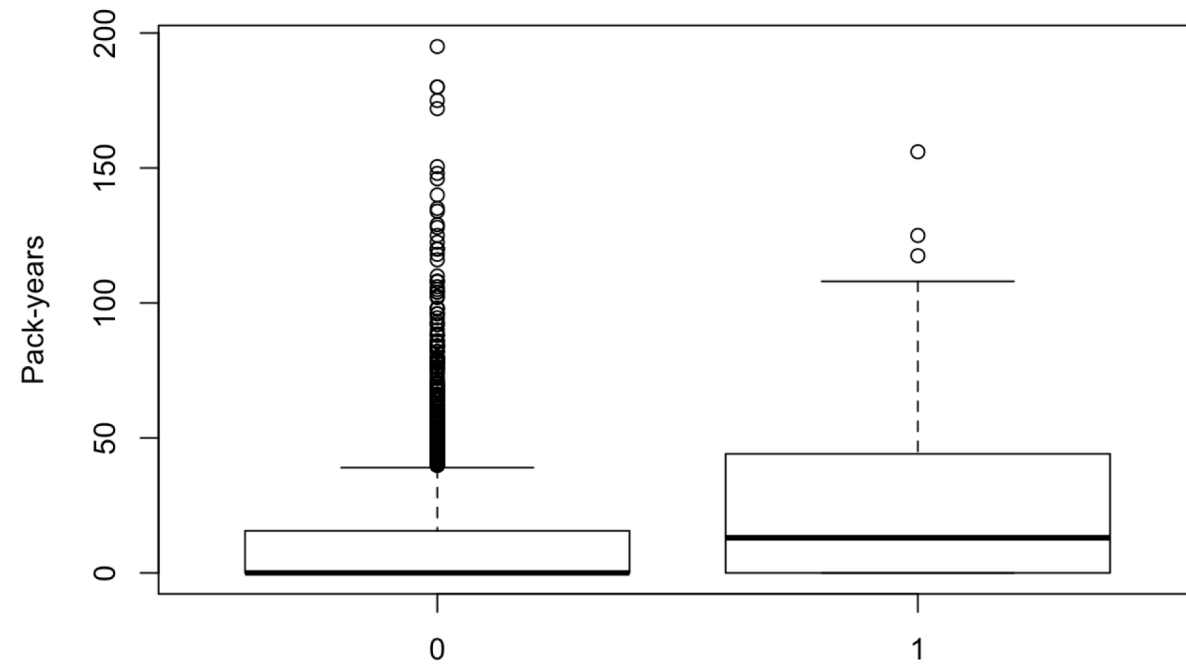
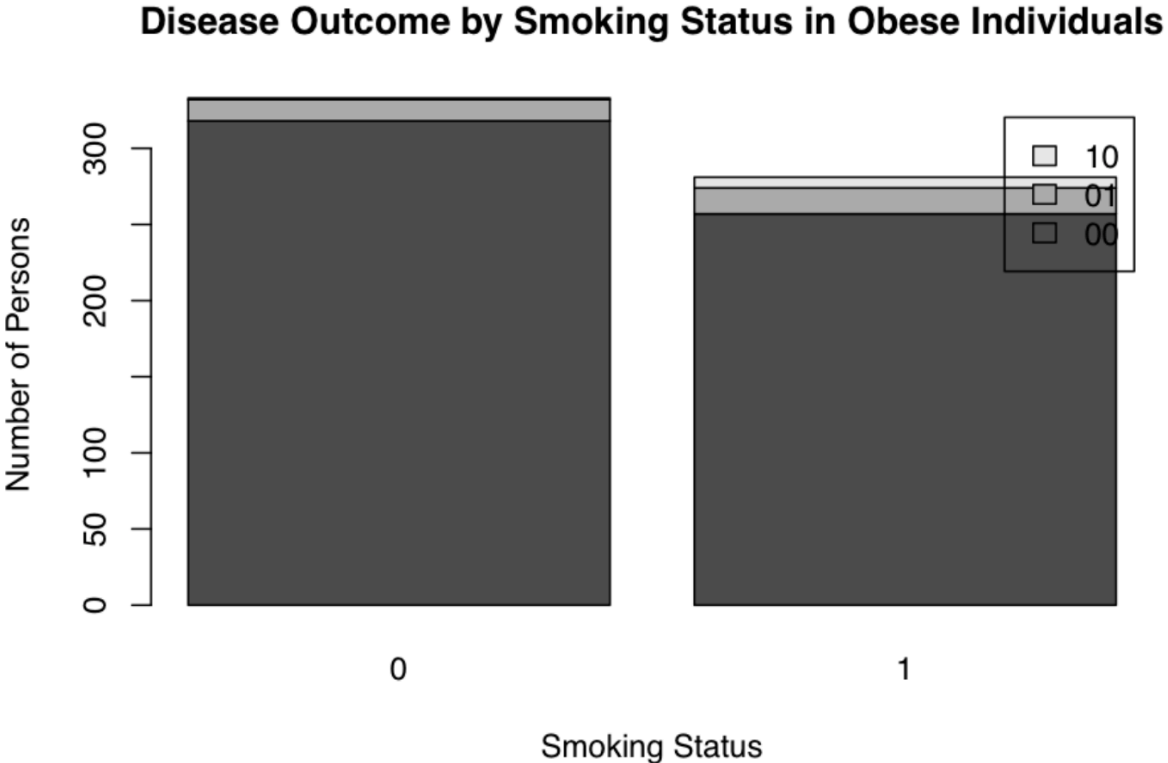


Table 2: Disease Outcome by Smoking Status in Obese Individuals

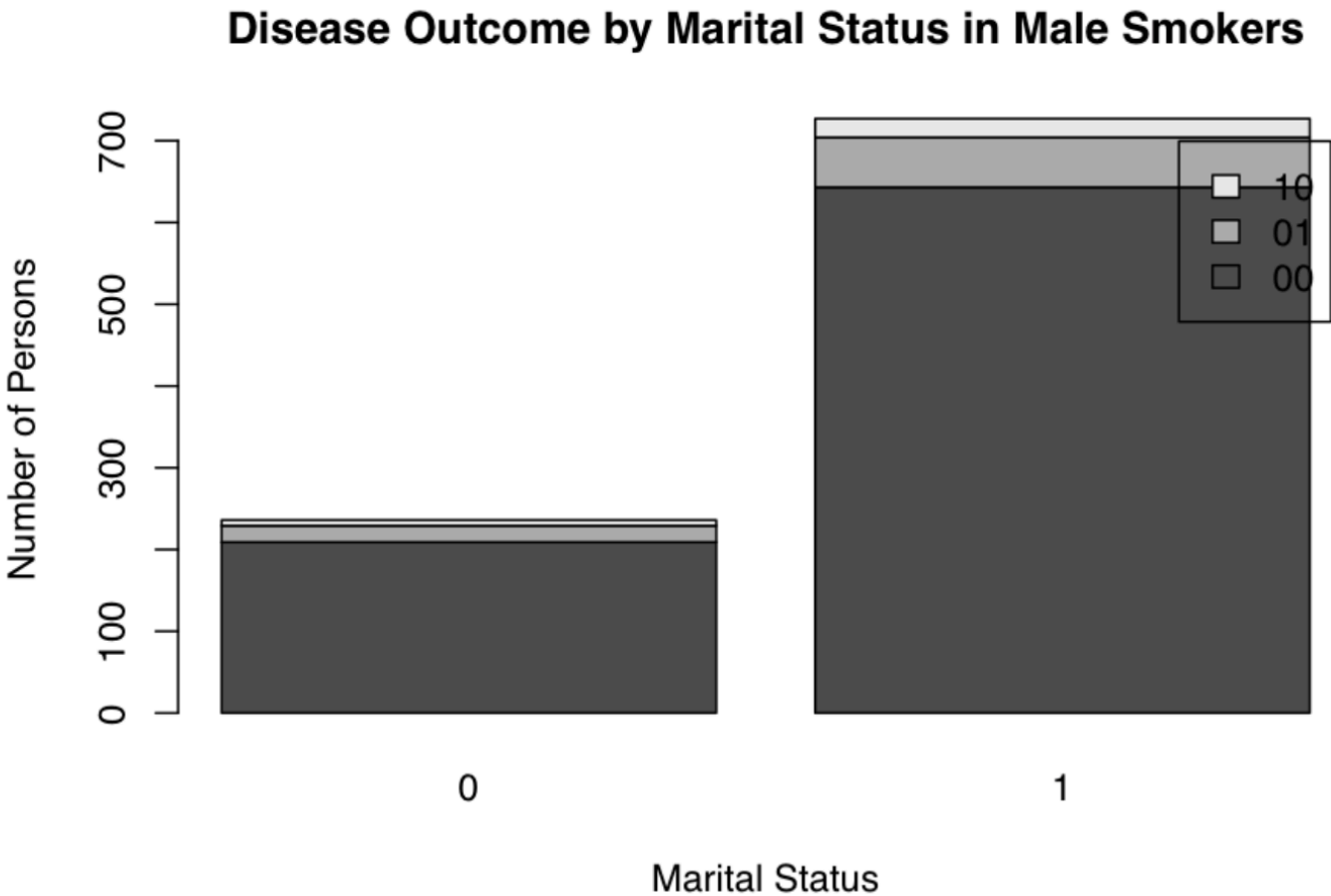
	0	1
00	318	257
01	14	17
10	1	7



we generated a boxplot displaying the relationship between smoking status and disease outcomes in obese individuals. We chose to isolate obesity as it is in itself a risk factor for many diseases, thus we wanted to see if smoking contributed to an increased risk of disease in individuals who were already in an at-risk population in regards to their weight. The most notable difference between the two groups is that the smoking group (1 on x-axis) has several cases of lung cancer ($n=7$, prevalence = 2.49%), denoted by “10” in the legend, whereas the non-smoking group (0 on x-axis) has only one (prevalence = 0.3%). Other disease outcomes such as stroke are still present in the non-smoking group ($n=14$, prevalence = 4.2%), but prevalence still falls below that in the smoking group ($n=17$, prevalence = 6.05%).

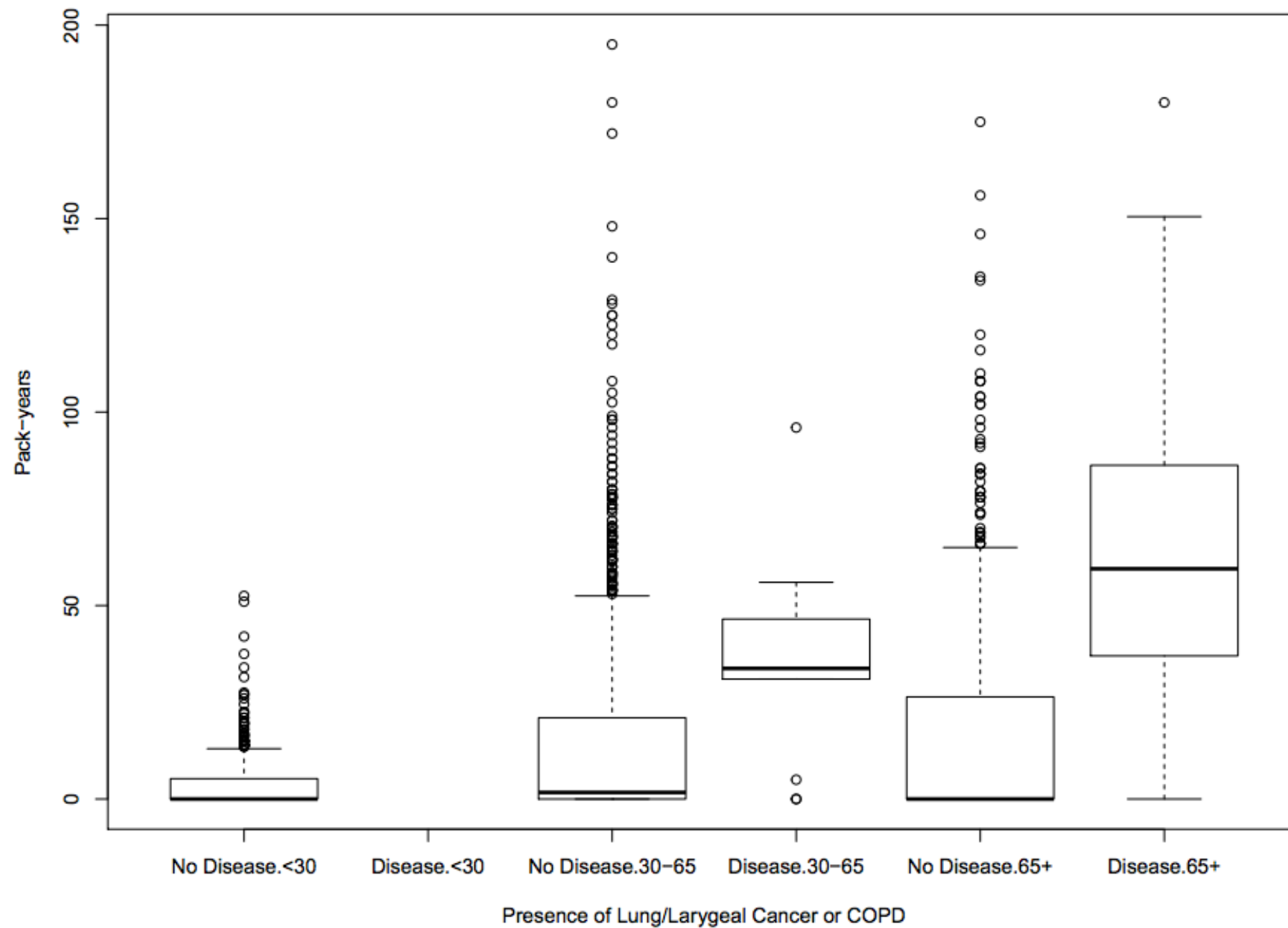
Table 4: Disease Outcome by Marital Status in Male Smokers

	0	1
00	209	643
01	20	61
10	7	23

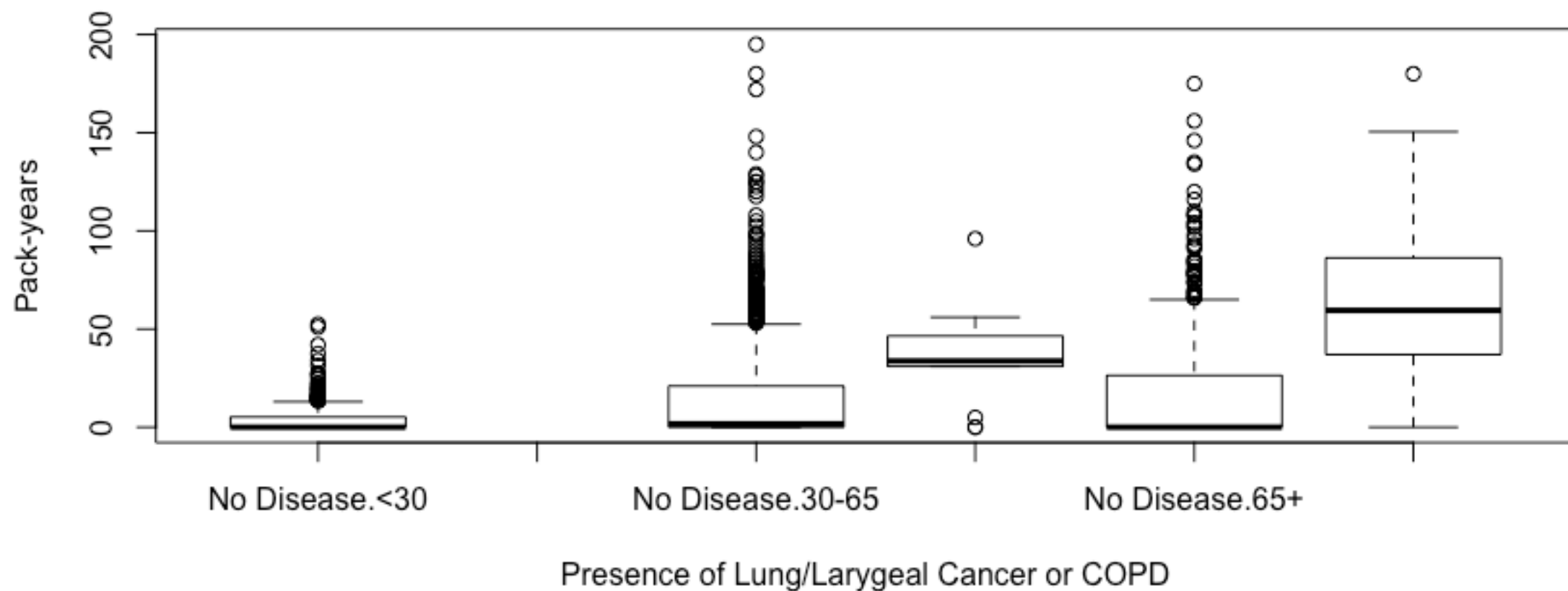


this section does not pertain directly to the assigned exercise, we were curious to see the result and felt that it would make for an interesting tidbit to share with the class. Some literature hypothesizes that being married has a protective effect on men’s health. Out of curiosity, we created a subset of male smokers then investigated disease outcomes based on marital status to determine if that effect is present in this sample. To simplify this, we sorted male smokers into two groups: “not married” (0) and “married” (1). With a prevalence of lung cancer, COPD, and laryngeal cancer of ~3.0% in unmarried male smokers and ~3.2% in married male smokers, there is no significant difference in this health outcome associated with marital status. Similarly, for the other selected diseases a prevalence of ~8.5% in unmarried male smokers and ~8.4% in married male smokers no effect is evident in these disease outcomes either.

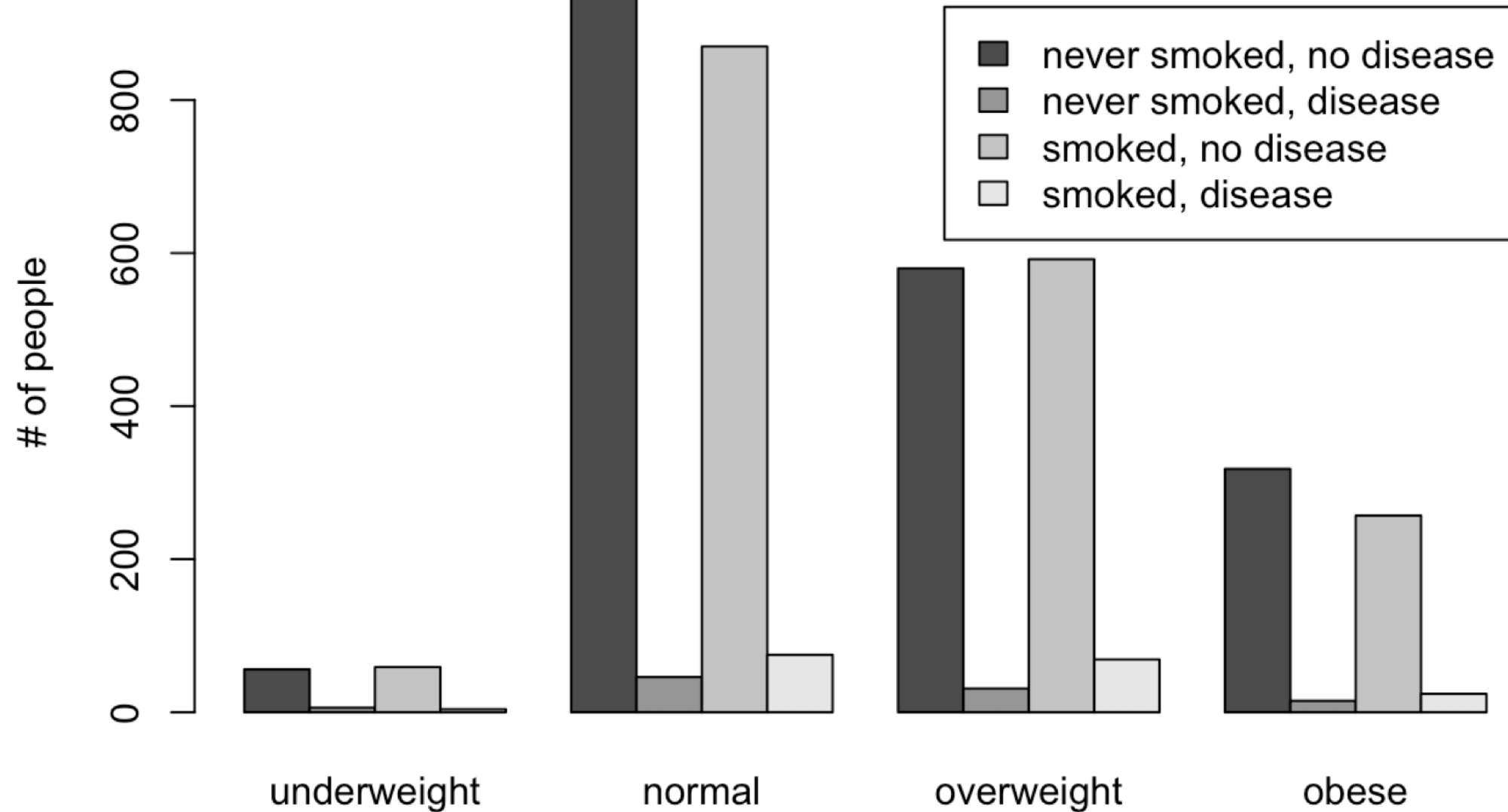
Pack-years by Age and Presence of Lung/Laryngeal Cancer or COPD



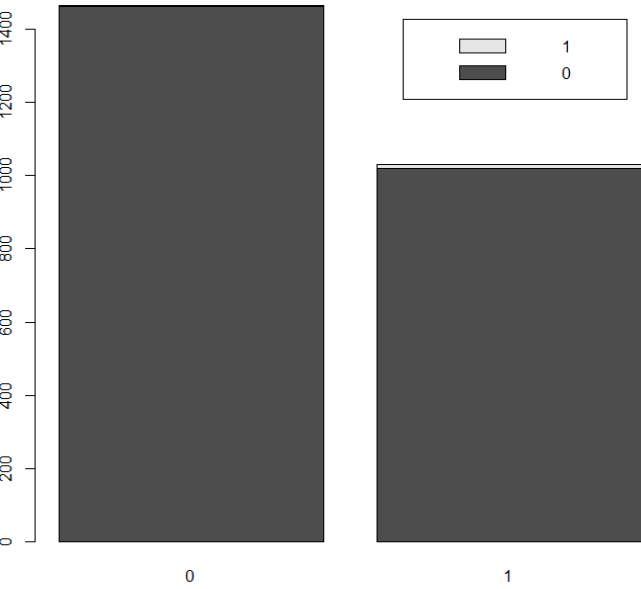
Pack-years by Age and Presence of Lung/Laryngeal Cancer or COPD



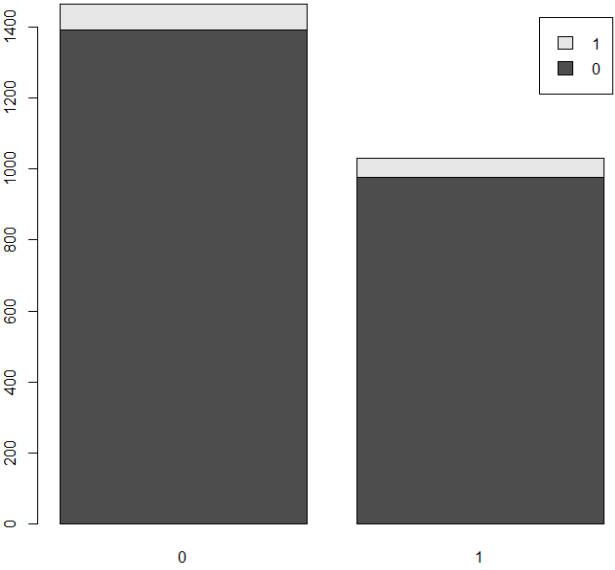
Smoking and Disease Status by BMI



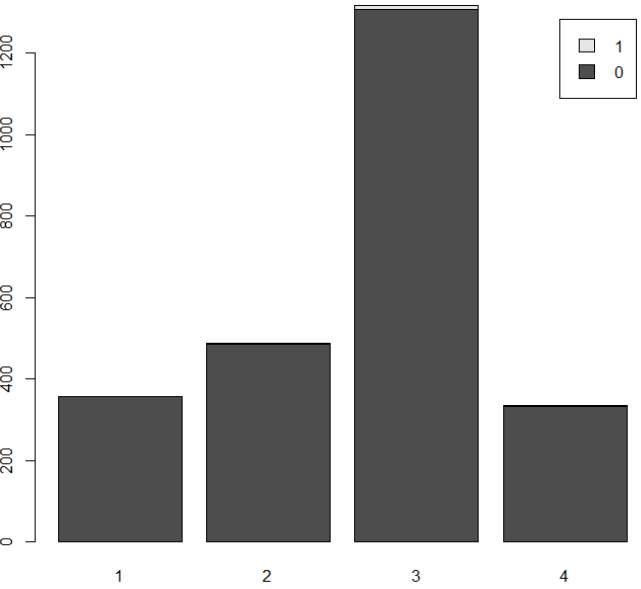
Lung Cancer, Laryngeal Cancer or COPD by Smoking Status for Women



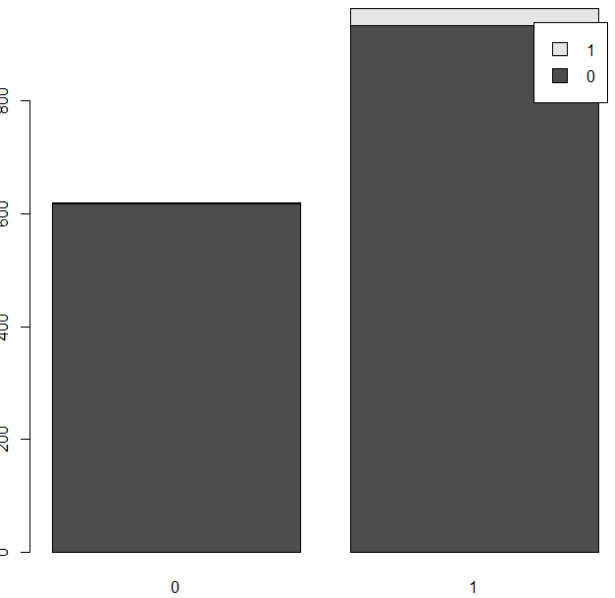
CHD, Stroke, and other cancers by Smoking Status for Women



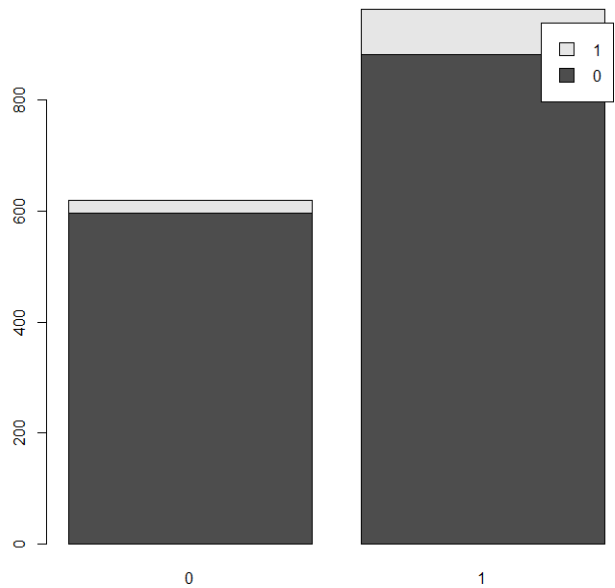
Lung Cancer, Laryngeal Cancer or COPD by Education Level for Women



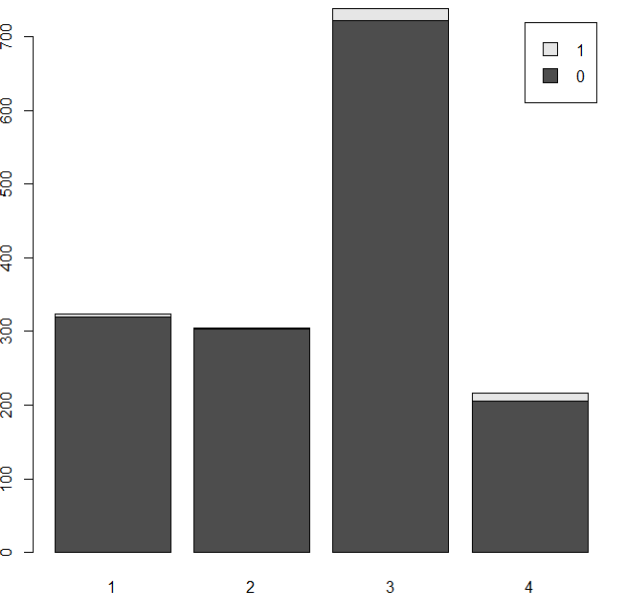
Lung Cancer, Laryngeal Cancer or COPD by Smoking Status for Men



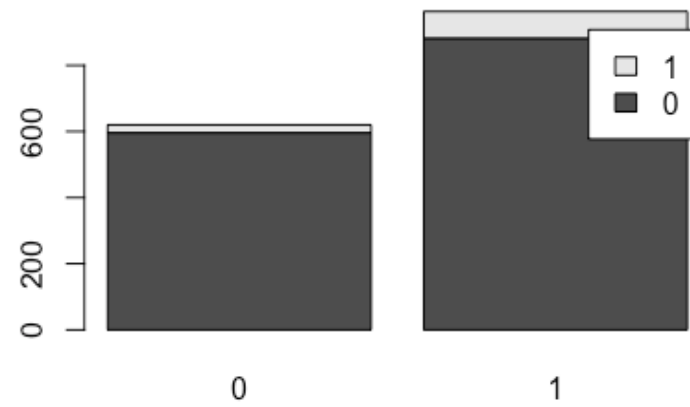
CHD, Stroke, and other cancers by Smoking Status for Men



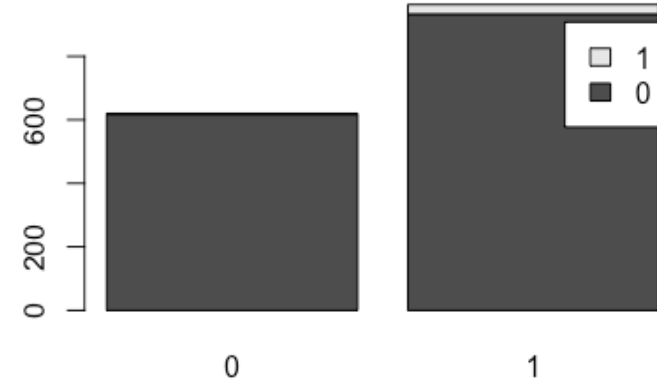
Lung Cancer, Laryngeal Cancer or COPD by Education Level for Men



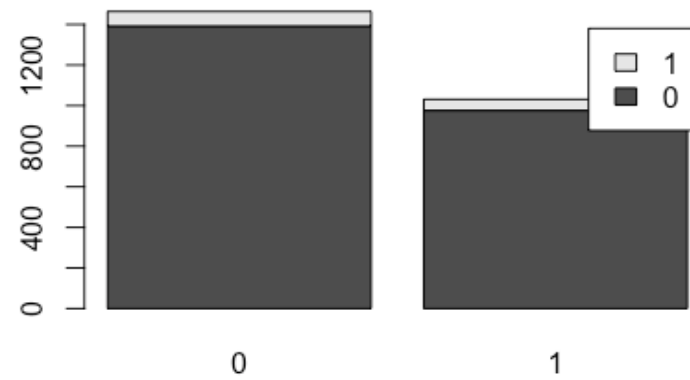
Incidences of CHD5, Stroke, and Other Cancers by smoking status



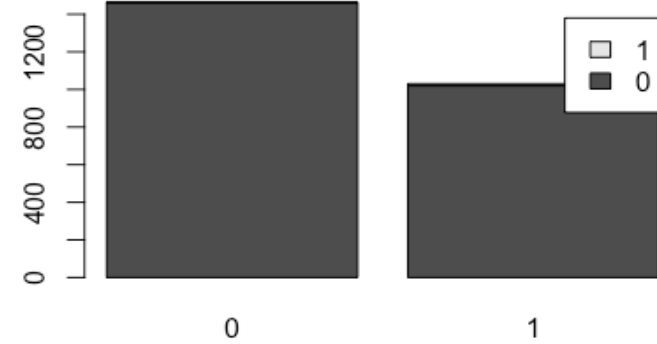
Incidences of Lung Cancer, Laryngeal Cancer, or C



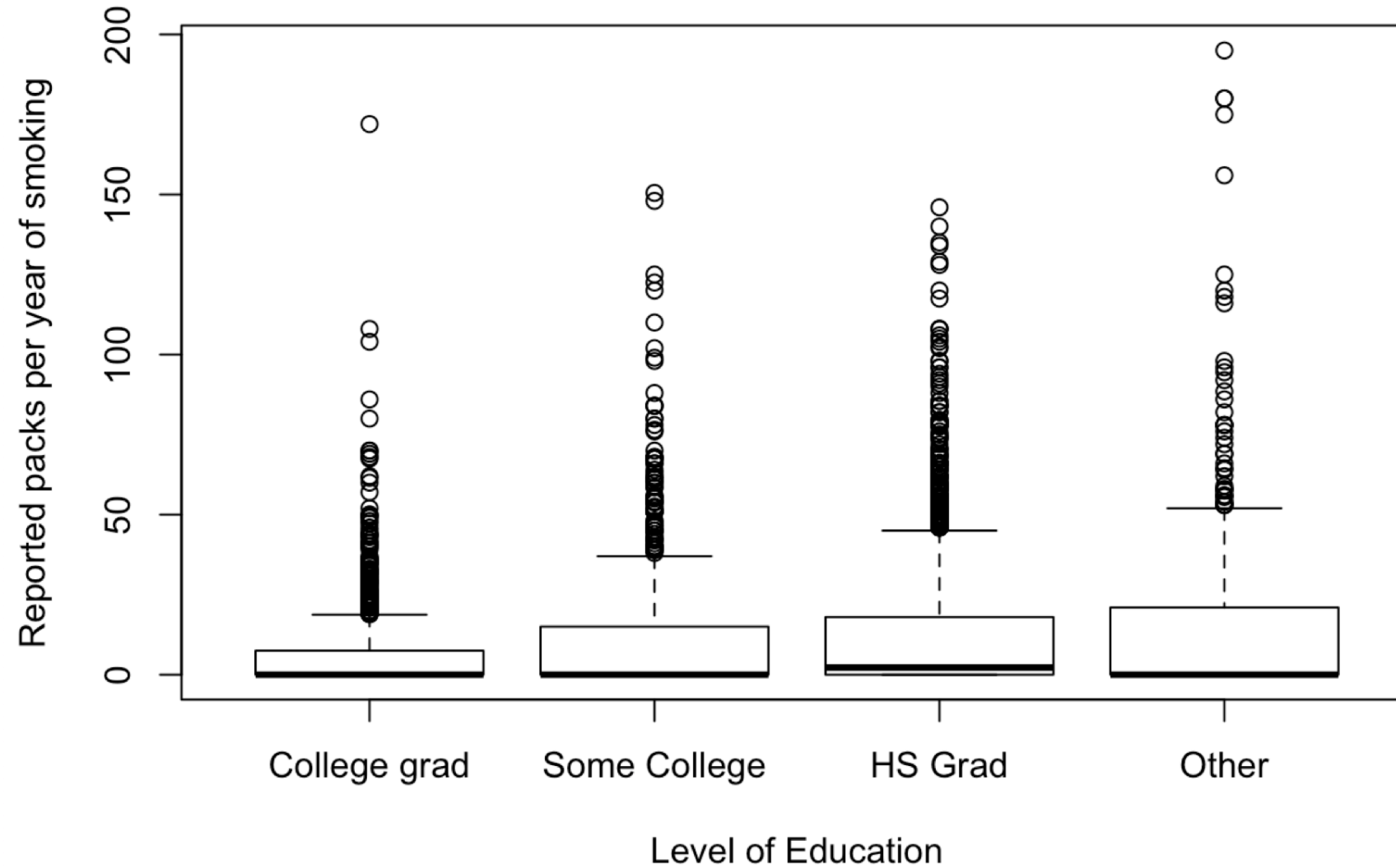
Incidences of CHD, Stroke, and Other Cancers



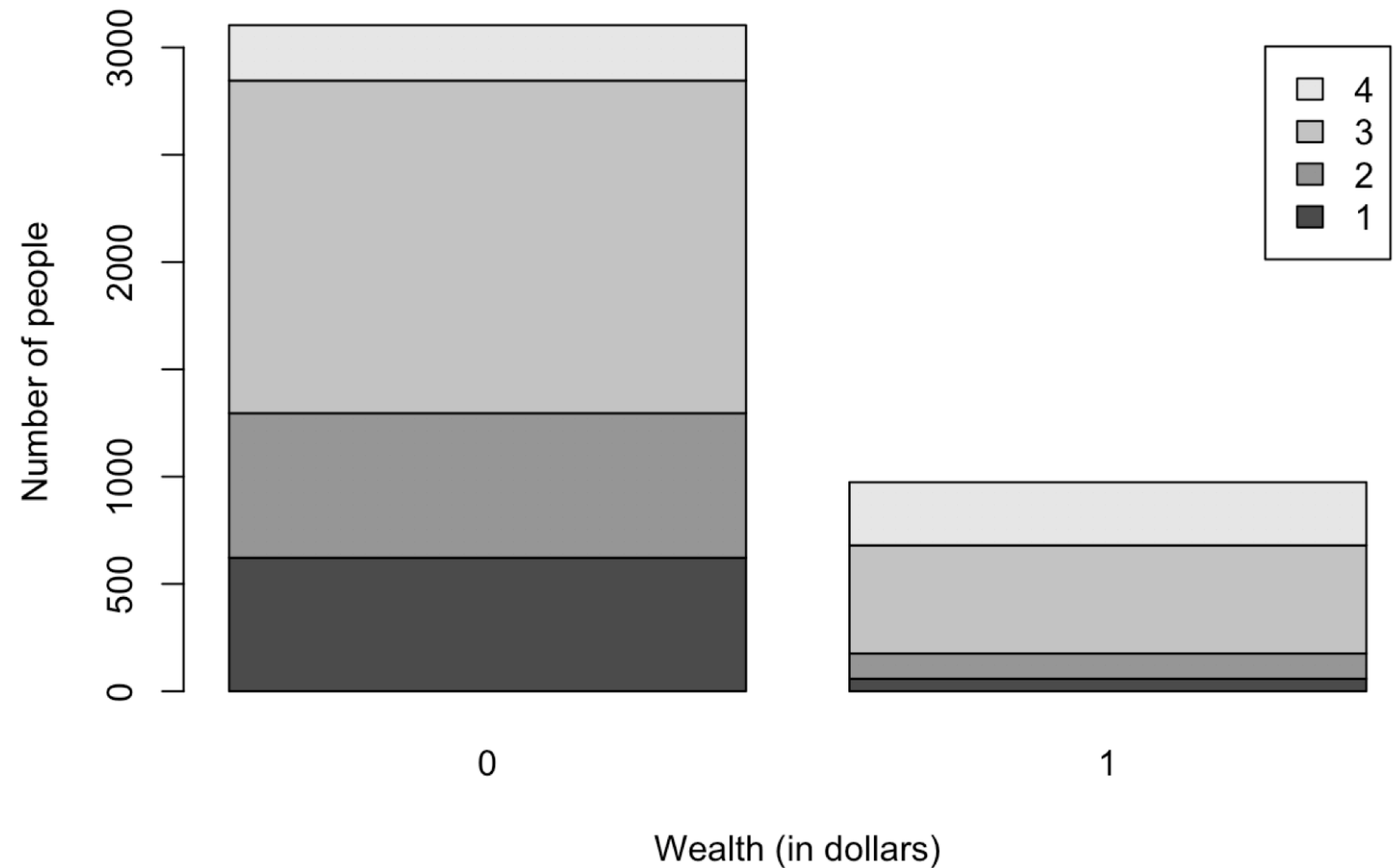
Incidences of Lung Cancer, Laryngeal Cancer, or C



Pack-years and Level of Education



Education level by wealth status



Backwards Selection Model Using NMES Data

