

# Smoking of tobacco is the cause of human lung cancer 

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#### Abstract

Objective: The aim of this study is to re-evaluate the relationship between smoking and lung cancer. Methods: In order to clarify the relationship between cigarette smoking and lung cancer, a review and meta-analysis of appropriate studies with a total sample size of $n=48393$ was conducted. The $p$-value was set to $p<0,05$. Results: It was not possible to reject the null-hypothesis $\mathrm{H}_{0}$ : without smoking no lung cancer. Furthermore, the null-hypothesis $\mathrm{H}_{0}$ : No causal relationship between smoking and lung cancer was rejected. Conclusions: Compared to the results from previous studies, the results of this study confirm previously published results. According the results of this study, without smoking no lung cancer. Smoking is the cause of lung cancer.


Keywords: Smoking, lung cancer, causal relationship

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## INTRODUCTION

Formerly, lung cancer (LC), was an obscure and uncommon disease. Hasse reported in the late 1840s about 22 ever-published cases of lung cancer ${ }^{1}$. Meanwhile, lung cancer is one of the deadliest and most prevalent human cancers. The incidence and mortality rates of lung cancer, the first among all cancer types ${ }^{2}$, are still high. About 2093876 new cases of lung cancer occurred globally in $2018{ }^{3}$. Furthermore, in the year 2018 about 1761007 people died from lung cancer. To date, lung cancer is the leading cause of cancer related death worldwide. Especially small-cell lung cancer (SCLC) is characterized by its rapid growth and high response rates to chemotherapy and radiotherapy. The
prognosis of SCLC depends more or less on the tumor stage. By time, the five-year survival rates of lung cancer patients remain low at $10 \%$ and have only slightly improved during the past decade ${ }^{4}$. A series of investigations and risk analyses indicated that factors such as smoking, air pollution, and occupational exposure (e.g. asbestos) are somehow related to lung cancer but the etiology of lung cancer is not yet clear. Especially smoking has been closely linked to lung cancer. The tobacco smoke includes about 7000 kinds of chemical substance. Carcinogens such as $\mathrm{N}^{\prime}$-nitrosonornicotine (NNN), benzo[a]pyrene, and (methylnitrosamino)-1-(3-pyridyl)-1-butanone (NNK) are rich in the stream of tobacco smoke. The relationship between the use of tobacco smoke and lung
cancer is discussed in literature since more than 80 years while the historical origins of the discovery that smoking is related to lung cancer are complex ${ }^{5}$. The first association was documented by a case-control study conducted in Germany in the 1930s by Müller ${ }^{6,7}$. Preliminary evidence has been provided that smoking cessation even after diagnosis of early stage lung cancer may improve the prognostic outcomes ${ }^{8}$.

## MATERIAL AND METHODS

## Search strategy

The articles that met inclusion criteria were identified by Google Scholar and by searching in PubMed. The reference
lists of review-articles were manually scanned to identify additional relevant studies.

## Study selection

To be eligible for inclusion, the papers published have the following inclusion criteria: (1) published in English language; (2) no data access barriers. The exclusion criteria were as follows: (1) sample size less than $n=1000$. The titles and abstracts of all the retrieved articles using the inclusion criteria were screened. Data extraction was performed on included articles

| 1. Identification of records | Size | Total |
| :--- | ---: | :--- |
| Records identified by searching in the databases |  |  |
| PubMed |  |  |
| Google Scholar |  |  |
| Web of Science | 7798 |  |
| Additional records identified from other sources | 0 |  |
| 2. Clean up of search | 0 |  |
| Records removed after verifying duplication | 2 | 7800 |
| Records excluded by title | 1 |  |
| Records excluded by the summary | 6989 |  |
| (Articles outside the inclusion criteria) | 523 | 287 |
| 3. Eligibility | 287 |  |
| Articles evaluated for eligibility |  |  |
| Articles excluded for various reasons | 241 |  |
| Sample size less than 1000 | 35 |  |
| Data access barriers |  |  |
| 4. Included | 11 |  |

Figure 1: Flow Diagram of the article selection process. Adopted from PRISMA ${ }^{9}, 102009$.

## Data analysis

The following $6,11,12,13,14,15,16,17,18,19,20$ data were recorded for analysis.

Table 1: Without smoking no lung cancer

| Study ID | Yеаг | N | Case_P | Case_T | Con_P | Con_T | Odds Ratio | QR lower | - $\mathrm{R}_{\text {upper }}$ | p(SINE) | X2 (SINE) | p Value (SINE) | k | 104 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Müller | 1938 | 172 | 83 | 86 | 30 | 86 | 51.64 | 15.03 | 177.45 | 0,98256 | 0.1046511628 | 0.7463 | 0.6491 | 0.1570 |
| Doll g Hill | 1952 | 2714 | 1350 | 1357 | 1289 | 1357 | 10.17 | 4,66 | 22.23 | 0,99742 | 0,0361090641 | 0.8493 | 0,1371 | 0.4724 |
| Lombard et. al | 1965 | 2080 | 1026 | 1040 | 928 | 1040 | 8.84 | 5.04 | 15,53 | 0.99327 | 0.1884115385 | 0,6642 | 0.1975 | 0.4394 |
| Wynder et. al | 1979 | 10231 | 659 | 684 | 5156 | 9547 | 22,45 | 15.03 | 33.54 | 0.99756 | 0,9137428901 | 0,3391 | 0.2135 | -0,3648 |
| Benhamou etal. | 1985 | 3132 | 1184 | 1217 | 1392 | 1815 | 13,48 | 9.40 | 19.33 | 0,88846 | 0,884823336 | 0,3442 | 0,3138 | 0.2110 |
| Harris et. al | 1993 | 5530 | 2829 | 2916 | 1997 | 2814 | 10.05 | 7.97 | 12,67 | 0.88427 | 2,5956790123 | 0.1072 | 0,3089 | 0.4000 |
| Pershagen et al | 1994 | 3983 | 1100 | 1136 | 2607 | 2847 | 2.81 | 1,97 | 4.02 | 0.99096 | 1.1408450704 | 0.2855 | 0.0935 | 0.2159 |
| Sobue et.al | 1994 | 2197 | 1022 | 1056 | 1013 | 1141 | 3.80 | 2,58 | 5.60 | 0,98452 | 1.0946969697 | 0.2954 | 0.1529 | 0.4069 |
| Jöckel et. al | 1998 | 2008 | 949 | 1004 | 768 | 1004 | 5.30 | 3.88 | 7.22 | 0.97261 | 3, 1129482072 | 0,0826 | 0.2561 | 0,3551 |
| Kreuzer et.al | 1998 | 3470 | 1687 | 1709 | 1358 | 1761 | 22,76 | 14.73 | 35.16 | 0.99366 | 0,2832065535 | 0.5946 | 0.3294 | 0.3700 |
| Boffetta et al. | 1998 | 12876 | 5504 | 5621 | 5505 | 7255 | 14.95 | 12,36 | 18.10 | 0.99091 | 2.4353317915 | 0.1186 | 0,3114 | 0.2916 |
|  | Total | 48393 | 17393 | 17826 | 22043 | 30567 |  |  |  | 0,9311 | 12,70 |  |  |  |
|  |  |  |  |  |  |  |  |  |  | Alpha $=$ | 0.05 |  |  |  |
|  |  |  |  |  |  |  |  |  | Degrees of freedom = |  | 11 |  |  |  |
|  |  |  |  |  |  |  |  |  | $\mathrm{X}^{2} \operatorname{CRITILCAL}($ SINE) $=$ |  | 19.68 |  |  |  |
|  |  |  |  |  |  |  |  |  | $\chi^{2}$ Calculated (SINE) $=12.70$ |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | $p$ value (SINE) = 0,31 |  |  |  |  |  |

Table 2: Smoking6,11,12,13,14,15,16,17,18,19, 20 is the cause of lung cancer.


## Statistical Analysis

All the statistics analyses were conducted by Microsoft $\circledR^{\circledR}$ Excel ${ }^{\circledR}$ for Mac ${ }^{\circledR}$ version 16.2 (181208) software (© 2018, Microsoft GmbH, Munich, Germany). A p < 0.05 was considered significant on statistical analyses.

## Definitions

## Definition. The $2 \times 2$ Table

Consider the case of Bernoulli trials (period of time) with probability $p\left(a_{t}\right)$ for success. Let $a_{t}=1$ if the $t-t h$ outcome is a success and 0 if it is a failure. Then $a=\left(a_{1}+a_{2}+\ldots+a_{n}\right)$ is the number of successes in $n$ trials (period of time) $t$. It is $p\left(a_{t}\right)=$ $p\left(A_{t} \cap B_{t}\right)$ the joint probability of $A_{t}$ and $B_{t}$ and

$$
\begin{equation*}
a \equiv\left(a_{1}+a_{2}+\cdots+a_{n}\right) \equiv \sum_{t=1}^{t=n} a_{t} \tag{1}
\end{equation*}
$$

Let $b_{t}=1$ if the $t-t h$ outcome is a success and 0 if it is a failure. Then $b=\left(b_{1}+b_{2}+\ldots+b_{n}\right)$ is the number of successes in $n$ Bernoulli trials (period of time) $t$. It is $p\left(b_{t}\right)=p\left(A_{t} \cap \underline{B}_{t}\right)$ the joint probability of ( $A_{t}$ and $\underline{B}_{t}$ ) and

$$
\begin{equation*}
b \equiv\left(b_{1}+b_{2}+\cdots+b_{n}\right) \equiv \sum_{t=1}^{t=n} b_{t} \tag{2}
\end{equation*}
$$

Let $c_{t}=1$ if the $t$-th outcome is a success and 0 if it is a failure. Then $\mathrm{c}=\left(\mathrm{c}_{1}+\mathrm{c}_{2}+\ldots+\mathrm{c}_{\mathrm{n}}\right)$ is the number of successes in $n$ Bernoulli trials (period of time) $t$. It is $p\left(c_{t}\right)=p\left(\underline{A}_{t} \cap B_{t}\right)$ the joint probability of ( $\underline{A}_{t}$ and $B_{t}$ ) and

$$
\begin{equation*}
c \equiv\left(c_{1}+c_{2}+\cdots+c_{n}\right) \equiv \sum_{t=1}^{t=n} c_{t} \tag{3}
\end{equation*}
$$

Let $\mathrm{d}_{\mathrm{t}}=1$ if the t -th outcome is a success and 0 if it is a failure. Then $d=\left(d_{1}+d_{2}+\ldots+d_{n}\right)$ is the number of successes in $n$ Bernoulli trials (period of time) $t$. It is $p\left(d_{t}\right)=p\left(\underline{A}_{t} \cap \underline{B}_{t}\right)$ the joint probability of ( $\underline{A}_{t}$ and $\underline{B}_{t}$ ) and

$$
\begin{equation*}
d \equiv\left(d_{1}+d_{2}+\cdots+d_{n}\right) \equiv \sum_{t=1}^{t=n} d_{t} \tag{4}
\end{equation*}
$$

Let A denote another binomial random variable with the probability $p\left(A_{t}\right)$. It is $A_{t}=\left(a_{t}+b_{t}\right)$ at the same Bernoulli trial (period of time) $t$ and

$$
\begin{equation*}
A \equiv\left(\left(a_{1}+b_{1}\right)+\left(a_{2}+b_{2}\right)+\cdots+\left(a_{n}+b_{n}\right)\right) \equiv \sum_{t=1}^{t=n} A_{t} \tag{5}
\end{equation*}
$$

Let $\underline{A}$ denote the complementary random variable of the binomial random variable $A$ with the probability $p\left(\underline{A}_{t}\right)$. It is $\underline{A}_{t}$ $=\left(c_{t}+d_{t}\right)$ at the same Bernoulli trial (period of time) $t$ and

$$
\begin{equation*}
\underline{A} \equiv\left(\left(c_{1}+d_{1}\right)+\left(c_{2}+d_{2}\right)+\cdots+\left(c_{n}+d_{n}\right)\right) \equiv \sum_{t=1}^{t=n} \underline{A}_{t} \tag{6}
\end{equation*}
$$

Let $B$ denote another binomial random variable with the probability $p\left(B_{t}\right)$. It is $B_{t}=\left(a_{t}+c_{t}\right)$ at the same Bernoulli trial (period of time) $t$ and

$$
\begin{equation*}
B \equiv\left(\left(a_{1}+c_{1}\right)+\left(a_{2}+c_{2}\right)+\cdots+\left(a_{n}+c_{n}\right)\right) \equiv \sum_{t=1}^{t=n} B_{t} \tag{7}
\end{equation*}
$$

Let $\underline{B}$ denote the complementary random variable of the binomial random variable $B$ with the probability $p\left(\underline{B}_{t}\right)$. It is $\underline{B}_{t}$ $=\left(c_{t}+d_{t}\right)$ at the same Bernoulli trial (period of time) $t$ and

$$
\begin{equation*}
\underline{B} \equiv\left(\left(b_{1}+d_{1}\right)+\left(b_{2}+d_{2}\right)+\cdots+\left(b_{n}+d_{n}\right)\right) \equiv \sum_{t=1}^{t=n} \underline{B}_{t} \tag{8}
\end{equation*}
$$

At each Bernoulli trial it is

$$
\begin{equation*}
n_{t} \equiv\left(a_{t}+b_{t}+c_{t}+d_{t}\right) \equiv A_{t}+\underline{A}_{t} \equiv B_{t}+\underline{B}_{t} \tag{9}
\end{equation*}
$$

and the sample size $n$ itself equal to

$$
\begin{equation*}
n \equiv \sum_{t=1}^{n}\left(a_{t}+b_{t}+c_{t}+d_{t}\right) \equiv \sum_{t=1}^{n} A_{t}+\underline{A}_{t} \equiv \sum_{t=1}^{n} B_{t}+\underline{B}_{t} \tag{10}
\end{equation*}
$$

The meaning of the abbreviations $a, b, c, d$, $n$ et cetera are explained by following 2 by 2 -table (Table 3 ).

Table 3. The sample space of a contingency table

|  |  | Conditioned B (Outcome) |  | Total |
| :---: | :---: | :---: | :---: | :---: |
|  |  | Yes $=+1$ | No $=+0$ |  |
| Condition A (risk factor) | Yes $=+1$ | a | b | A |
|  | No $=+0$ | c | d | A |
|  | Total | B | B | $n$ |

In this context, it is $p\left(A_{t}\right)=p\left(a_{t}\right)+p\left(b_{t}\right)$ or $p\left(A_{t}\right)=p\left(A_{t} \cap B_{t}\right)+$ $p\left(b_{t}\right)$ or $p\left(A_{t}\right)=p\left(A_{t} \cap B_{t}\right)+p\left(A_{t} \cap \underline{B}_{t}\right)$ while $p\left(A_{t}\right)$ is not identical with $p\left(a_{t}\right)$. Thus far, it is $p\left(B_{t}\right)=p\left(a_{t}\right)+p\left(c_{t}\right)$ or $p\left(B_{t}\right)$ $=p\left(A_{t} \cap B_{t}\right)+p\left(c_{t}\right)$ and equally $p\left(\underline{B}_{t}\right)=1-p\left(B_{t}\right)$ or $p\left(B_{t}\right)=$ $p\left(b_{t}\right)+p\left(d_{t}\right)$. Since the joint probability of $A_{t}$ and $B_{t}$ is denoted in general by $p\left(A_{t} \cap B_{t}\right)$, it is $p\left(A_{t} \cap B_{t}\right)=p\left(A_{t}\right)-p\left(b_{t}\right)$ or $p\left(A_{t} \cap B_{t}\right)=p\left(B_{t}\right)-p\left(c_{t}\right)$ or in other words $p\left(B_{t}\right)+p\left(b_{t}\right)-p\left(c_{t}\right)=$ $p\left(A_{t}\right)$. In general, it is $p\left(a_{t}\right)+p\left(c_{t}\right)+p\left(b_{t}\right)+p\left(d_{t}\right)$. The following table may show the relationship in more details.

Table 4. The probabitlities of a contingency table

Conditioned
B

|  |  | B |  |  |
| :---: | :---: | :---: | :---: | :--- |
|  | Yes $=+\mathbf{1}$ |  |  | No $=+\mathbf{0}$ |
| Total |  |  |  |  |
|  | Yes $=+1$ | $p\left(a_{t}\right)$ | $p\left(b_{t}\right)$ | $p\left(A_{t}\right)$ |
|  | No $=+0$ | $p\left(c_{t}\right)$ | $p\left(d_{t}\right)$ | $p\left(\underline{A}_{t}\right)$ |
|  | Total | $p\left(\mathrm{~B}_{t}\right)$ | $p\left(\underline{B}_{t}\right)$ | $\mathbf{1}$ |

Definition. Index of unfairness
The index of unfairness (IOU) is defined as

$$
I O U \equiv\left(\left(\frac{A+B}{n}\right)-1\right)
$$

## Definition. Independence

Let $A_{t}$ denote random variable at a Bernoulli trial (period of time) $t$. Let $\mathrm{B}_{\mathrm{t}}$ denote another random variable at the same Bernoulli trial (period of time) $t$. Let $p\left(A_{t}\right)$ denote the probability of $A_{t}$. Let $p\left(B_{t}\right)$ denote the probability of $B_{t}$. Let $p\left(A_{t} \cap B_{t}\right)$ denote the joint probability of $A_{t}$ and $B_{t}$. In the case of independence ${ }^{21,22}$ of $A_{t}$ and $B_{t}$ it is generally valid that

$$
\begin{equation*}
p\left(A_{t} \cap B_{t}\right) \equiv p\left(A_{t}\right) \times p\left(B_{t}\right) \tag{12}
\end{equation*}
$$

## Definition. Sufficient Condition (Conditio per Quam)

The mathematical formula of the sufficient condition relationship $23,24,25,26,27,28,29,30,31$ (conditio per quam) of a population is defined as

$$
\begin{aligned}
p\left(A_{t} \rightarrow B_{t}\right) & \equiv \frac{\left(a_{t}\right)+\left(c_{t}\right)+\left(d_{t}\right)}{N_{t}}=1 \\
& \equiv p\left(a_{t}\right)+p\left(c_{t}\right)+p\left(d_{t}\right) \\
& \equiv p\left(B_{t}\right)+p\left(d_{t}\right) \\
& \equiv p\left(a_{t}\right)+p\left(\underline{A}_{t}\right) \\
& \equiv \quad+1 .
\end{aligned}
$$

and is used to prove the hypothesis: if $\mathrm{At}_{\mathrm{t}}$ then $\mathrm{Bt}_{\mathrm{t}}$ or is taken to express that the occurrence of an event $A_{t}$ is a sufficient condition ${ }^{32,33}$ for existence or occurrence of an event $B_{t}$. The occurrence of an event $A_{t}$ is a sufficient condition for occurrence of the event $\mathrm{B}_{t}$ or $\mathrm{B}_{t}$ is a necessary condition for At. In other words, sufficient and necessary conditions are converse relations.

Definition. The $X^{2}$ Test of Goodness of Fit of a Sufficient Condition

A random sample of observations can come from a particular distribution (sufficient condition distribution) but must not. The $\mathrm{X}^{2}$ test of goodness-of-fit is an appropriate method for testing the null hypothesis that a random sample of observations comes from a specific distribution (i.e. the distribution of a sufficient condition) against the alternative hypothesis that the data have some other distribution. The
additive property of $\mathrm{X}^{2}$ distribution may sometimes be used as an additional test of significance. In this case, the continuity correction should be omitted from each $\mathrm{X}^{2}$ value Under conditions where the chi-square goodness of fit test cannot be used it is possible to use an approximate and conservative (one sided) confidence interval known as the rule of three. The $\mathrm{X}^{2}$ distribution is a particular type of a gamma distribution and widely applied in the field of mathematical statistics. The applicability of using the Pearson chi-squared statistic in cases where the cell frequencies of a $2 \times 2$ contingency table are not greater than five is widely discussed ${ }^{34}$ in literature and the use of Yate's ${ }^{35}$ continuity correction is proposed. However, studies provided evidence that incorporating Yate's continuity correction ${ }^{36}$ is not essential ${ }^{37}$. Still, using the continuity correction, the chi-square value of a conditio per quam relationship is derived 23, 24, 25, 26, 27, 28, 29, 30, 31 as

$$
\begin{equation*}
X^{2}((A \rightarrow B) \mid A) \equiv \frac{((b)-(1 / 2))^{2}}{A}+0=0 \tag{0}
\end{equation*}
$$

or alternatively as

$$
\begin{equation*}
X^{2}((A \rightarrow B) \mid \underline{B}) \equiv \frac{((b)-(1 / 2))^{2}}{\underline{B}}+0=0 \tag{14}
\end{equation*}
$$

## Definition. Necessary Condition (Conditio Sine Qua Non)

Among the many generally valid natural laws and principles under which nature or matter itself assures its own self-organization, a relationship between events denoted as a necessary $23,24,25,26,27,28,29,30,31$ condition (a conditio sine qua non) is one among the most important. A necessary (or an essential) event or condition $A_{t}$ for some event $B_{t}$ is a condition that must be satisfied in order to obtain $\mathrm{B}_{\mathrm{t}}$. In this
respect, to say that an event $A_{t}$ with its own probability $p\left(A_{t}\right)$ is at the same (period of) time $t$ a necessary condition for another event $B_{t}$ with its own probability $p\left(B_{t}\right)$ is equivalent to say that it is impossible to have $B_{t}$ without $A_{t}$. In other words, without $\mathrm{A}_{\mathrm{t}}$ no $\mathrm{B}_{\mathrm{t}}$ or the absence of $\mathrm{A}_{\mathrm{t}}$ guarantees the absence of $\mathrm{B}_{\mathrm{t}}$. The mathematical formula of the necessary condition relationship (conditio sine qua non) of a population is defined as

$$
\begin{array}{rlc}
p\left(A_{t} \leftarrow B_{t}\right) & \equiv & \frac{\left(a_{t}\right)+\left(b_{t}\right)+\left(d_{t}\right)}{N_{t}}=1 \\
& \equiv & p\left(a_{t}\right)+p\left(b_{t}\right)+p\left(d_{t}\right) \\
& \equiv & p\left(A_{t}\right)+p\left(d_{t}\right)  \tag{15}\\
& \equiv p\left(a_{t}\right)+p\left(\underline{B}_{t}\right)=p\left(a_{t}\right)+\left(1-p\left(B_{t}\right)\right) \\
& \equiv & +1 .
\end{array}
$$

## Definition. The $X^{2}$ Test of Goodness of Fit of a Necessary <br> Condition

Under conditions where the chi-square goodness of fit test cannot be used it is possible to use an approximate and
conservative (one sided) confidence interval known as the rule of three. Using the continuity correction, the chi-square value of a conditio sine qua non distribution $23,24,25,26,27,28,29$, 30,31 before changes to

$$
\begin{equation*}
X^{2}((A \leftarrow B) \mid B) \equiv \frac{((c)-(1 / 2))^{2}}{B}+0=0 \tag{16}
\end{equation*}
$$

Depending upon the study design, another method to calculate the chi-square value of a conditio sine qua non
distribution (while using the continuity correction) is defined as

$$
\begin{equation*}
X^{2}((A \leftarrow B) \mid \underline{A}) \equiv \frac{((c)-(1 / 2))^{2}}{\underline{A}}+0=0 \tag{17}
\end{equation*}
$$

## Definition. Exclusion ( $A_{t}$ Excludes $B_{t}$ and Vice Versa Relationship)

The mathematical formula of the exclusion relationship ( $A_{t}$ excludes $B_{t}$ and vice versa) of a population was defined $23,24,25,26,27,28$, $29,30,31$ as

$$
\begin{aligned}
p\left(A_{t} \mid B_{t}\right) & \equiv \\
& \equiv \quad \frac{\left(b_{t}\right)+\left(c_{t}\right)+\left(d_{t}\right)}{N_{t}}=1 \\
& \equiv p\left(b_{t}\right)+p\left(\underline{A}_{t}\right)+p\left(c_{t}\right)+p\left(d_{t}\right) \\
& \equiv p\left(c_{t}\right)+p\left(\underline{B}_{t}\right)+p\left(c_{t}\right)+\left(1-p\left(B_{t}\right)\right) \\
& \equiv
\end{aligned}
$$

and used to prove the hypothesis: At excludes $\mathrm{B}_{\mathrm{t}}$ and vice versa. Why should $A_{t}$ exclude $B_{t}$ and vice versa? Under which conditions can such a relationship be given?

The chi square value with degree of freedom $2-1=1$ of the exclusion relationship $23,24,25,26,27,28,29,30,31$ with a continuity correction can be calculated as

## Definition. The $X^{2}$ Test of Goodness of Fit of the Exclusion

## Relationship

$$
X^{2}((A \mid B) \mid A) \equiv \frac{((a)-(1 / 2))^{2}}{A}+0=0
$$

Depending upon the study design, another method to calculate the chi-square value of a conditio sine qua non distribution is defined as

$$
\begin{equation*}
X^{2}((A \mid B) \mid B) \equiv \frac{((a)-(1 / 2))^{2}}{B}+0=0 \tag{20}
\end{equation*}
$$

The chi square Goodness of Fit Test of the exclusion relationship examines how well observed data compare with the expected theoretical distribution of an exclusion relationship.

## Definition. The Mathematical Formula of the Causal

Relationship k
The mathematical formula of the causal relationship $\mathrm{k} 23,24,25$, $26,27,28,29,30,31$ is defined at every single event, at every single

$$
\begin{equation*}
k\left(A_{t}, B_{t}\right) \equiv \frac{p\left(A_{t} \cap B_{t}\right)-\left(p\left(A_{t}\right) \times p\left(B_{t}\right)\right)}{\sqrt[2]{p\left(A_{t}\right) \times\left(1-p\left(A_{t}\right)\right) \times p\left(B_{t}\right) \times\left(1-p\left(B_{t}\right)\right)}} \tag{21}
\end{equation*}
$$

where $A_{t}$ denotes the cause and $B_{t}$ denotes the effect. Under some certain circumstances, the chi-square distribution can be applied to determine the significance of causal relationship k. Pearson's concept of correlation is not identical with causation. Causation as such is not identical with correlation. This has been proved many times and is widely discussed in many publications.

Definition. The 95\% Confidence Interval of the Causal Relationship k

A confidence interval (CI) of the causal relationship $k$ calculated from the statistics of the observed data can help to estimate the true value of an unknown population parameter with a certain probability. Under some conditions, the 95\% interval for the causal relationship k is derived as

$$
\begin{equation*}
\left\{k\left(A_{t}, B_{t}\right)-\sqrt[2]{\frac{5}{N}} ; k\left(A_{t}, B_{t}\right)+\sqrt[2]{\frac{5}{N}}\right\} \tag{22}
\end{equation*}
$$

## Definition. The rule of three

Under some specified conditions (i. e. the dataset analyzed is large enough or $n$, the sample size, is $n \sim 30$ and more), a Chi-square ${ }^{38}$ goodness of fit test is able to provide evidence whether a sample distribution observed is identical with a theoretical distribution expected. Formally, the Chi-square goodness of fit test is defined as $\mathrm{X}^{2}=(($ sample distribution $)$ (theoretical distribution) $)^{2} /($ theoretical distribution) or something like $\mathrm{X}^{2}=((\text { observed })-(\text { expected }))^{2} /($ expected $)$. An approximate and conservative (one sided) confidence interval as discussed ${ }^{39,40,41,42}$ by and known as the rule of three can be of practical value if the Chi-square goodness of fit test cannot be applied. Under some circumstances, the rule of three derived as

$$
\begin{equation*}
p_{\text {Critical }}=1-\left(\frac{3}{n}\right) \tag{23}
\end{equation*}
$$

while $n$ is the sample size is one way to calculate the probability of events which occur with a probability near 1. Another and a very simple path to calculate the probability of an event can be performed by the following method.

## Definition. The unknown population proportion $\pi_{u p p e r}$

Tests of hypotheses concerning the sampling distribution of the sample proportion $\mathbf{p}$ (i. e. conditio sine qua non $p(S I N E)$, conditio per quam $p$ (IMP) et cetera) can be performed using the normal approximation. The calculation of the rejection region based on the sample proportion to construct a confidence interval for an unknown population proportion $\pi_{\text {upper }}$ can be performed under conditions of sampling without replacement (Sachs, 1992) by the formula

$$
\begin{equation*}
p_{\text {critical upper }}=\left(p-\frac{1}{2 \times n}\right)-\left(Z \times \sqrt[2]{\left(\frac{p \times(1-p)}{n}\right) \times\left(\frac{N-n}{N-1}\right)}\right) \tag{24}
\end{equation*}
$$

while the term ((N-n)/(N-1)) denotes the finite ${ }^{43}$ population correction.

## Definition. Odds Ratio

The odds ${ }^{44,45,46,47}$ ratio, abbreviated as $\operatorname{OR}(\mathrm{A}, \mathrm{B})$, is a very commonly used measure of association for $2 \times 2$ contingency tables and given by

$$
\begin{equation*}
O R(A, B) \equiv \frac{a / b}{c / d} \equiv \frac{a \times d}{c \times b} \tag{25}
\end{equation*}
$$

Although severely and justifiably criticized especially by Karl Pearson (1857-1925), the long-time and rarely challenged leader of statistical science and Heron ${ }^{48}$, Odds ratio is still
interval of the Odds ratio (OR) can be calculated according to Altman ${ }^{49}$. Given the severely limited character of odds ratio, the standard error of the log Odds ratio is calculated as regularly referred to. The standard error and $95 \%$ confidence

$$
\begin{equation*}
S E(\ln (\operatorname{OR}(A, B))) \equiv \sqrt[2]{\left(\frac{1}{a}\right)+\left(\frac{1}{b}\right)+\left(\frac{1}{c}\right)+\left(\frac{1}{d}\right)} \tag{26}
\end{equation*}
$$

where $\ln$ denotes the logarithmus naturalis. The 95\% confidence interval of the odds ratio is given by

$$
\begin{align*}
& 95 \% C I \equiv \exp (\ln (\operatorname{OR}(A, B))-(1.96 \times \operatorname{SE}(\ln (\operatorname{OR}(A, B))))) \\
& \text { to }  \tag{27}\\
& \quad \exp (\ln (O R(A, B))+(1.96 \times \operatorname{SE}(\ln (O R(A, B)))))
\end{align*}
$$

## Definition. The Chi-square goodness-of fit test

A Chi-Square goodness-of fit test is one of commonly used methods of statistical inference an originally proposed by Karl Pearson. Given some conditions (simple random sampling, categorical random variable, expected value of the number of sample observations is at least 5 et cetera), the chi-square goodness of fit test can be applied to determine
whether (sample distribution) data observed are consistent with (theoretical distribution) hypothesized data. The degrees of freedom (d.f.) of a chi-square goodness of fit test is equal to the number of levels $(\mathrm{k})$ of the categorical variable minus 1 . In general, the chi-square goodness of fit test is given by

$$
\begin{equation*}
x^{2} \equiv \sum_{t=1}^{k} \frac{\left(\left(x_{t}\right)-\left(n \times p\left(x_{t}\right)\right)\right)^{2}}{\left(n \times p\left(x_{t}\right)\right)} \tag{28}
\end{equation*}
$$

## Example.

Suppose, a coin is tossed 100 times with the results given in Table 3.
Table 5. A fair coin.

| Event | Observed $\left(\mathrm{xt}_{\mathrm{t}}\right)$ | Expected $\left(\mathrm{n} \times \mathrm{p}\left(\mathrm{xt}_{\mathrm{t}}\right)\right)$ | $\left(\left(\mathrm{x}_{\mathrm{t}}\right)-\left(\mathrm{n} \times \mathrm{p}\left(\mathrm{x}_{\mathrm{t}}\right)\right)\right)$ | $\left(\left((\mathrm{xt})-\left(\mathrm{n} \times \mathrm{p}\left(\mathrm{xt}_{\mathrm{t}}\right)\right)\right)^{2}\right) /(\mathrm{n} \times \mathrm{p}(\mathrm{xt}))$ |
| :--- | :---: | :---: | :---: | :---: |
| Heads | 40 | 50 | -10 | $(-10)^{2} / 50=2$ |
| Tails | 60 | 50 | +10 | $(+10)^{2} / 50=2$ |
| n | 100 | 100 |  | $\mathrm{x}^{2}=4$ |

In this context, the chi-square goodness of fit test ${ }^{50}$ requires to state a null hypothesis $\left(\mathrm{H}_{0}\right)$ and an alternative hypothesis $\left(H_{A}\right)$. In point of fact, it is $p=p$ (Heads) and $q=p$ (Tails) and ( $p$ $+q)=1$ or $(p($ Heads $)+p($ Tails $))=1$ or $p($ Tails $)=1-$ $p$ (Heads). In our present case ( $\alpha=0.05$ ), for a chi-square goodness of fit test of this example, the hypotheses take the following form.

$$
\begin{equation*}
X^{2} \equiv \sum_{t=1}^{k} \frac{\left(\left(x_{t}\right)-\left(n \times p\left(x_{t}\right)\right)\right)^{2}}{\left(n \times p\left(x_{t}\right)\right)}=\frac{(40-50)^{2}}{50}+\frac{(60-50)^{2}}{50}==\frac{100}{50}+\frac{100}{50}=2+2=4 \tag{29}
\end{equation*}
$$

with d. f. $=\mathrm{k}-1=2-1=1$. Unfortunately, the p -value of $\mathrm{X}^{2}=4$ is less than the significance level (0.05). We accept the alternative hypothesis and reject the null-hypothesis. The sample data do not provide support for the hypothesis that the coin tossed is fair. In general, it is not necessary that $p=q$, to be able use the chi square goodness-of fit test which is the mathematical the foundation of the chi square goodness of fit

Null hypothesis: The data are consistent with a specified distribution or $p($ Heads $)=0.5$

The null hypothesis claims equally that

$$
\mathbf{p}(\text { Heads })=\mathbf{1}-\mathbf{p}(\text { Tails })=0.5
$$

Alternative hypothesis: The data are not consistent with a specified distribution. The Null hypothesis is not true.

The value of the test statistics as calculated before is
test of the necessary condition, of a sufficient condition et cetera with d. f. $=\mathrm{k}-1=2-1=1$.

## Definition. The Chi Square Distribution

The following critical values of the chi square distribution as visualized by Table 4 are used in this publication.

Table 6. The critical values of the chi square distribution (degrees of freedom: 1)

|  | p-Value | One sided $\mathbf{X}^{\mathbf{2}}$ | Two sided $\mathbf{X}^{\mathbf{2}}$ |
| :--- | :--- | :--- | :--- |
|  | 0.1000000000 | 1.642374415 | 2.705543454 |
|  | $\mathbf{0 . 0 5 0 0 0 0 0 0 0 0}$ | $\mathbf{2 . 7 0 5 5 4 3 4 5 4}$ | $\mathbf{3 . 8 4 1 4 5 8 8 2 1}$ |
|  | 0.0400000000 | 3.06490172 | 4.217884588 |
| The chi square | 0.0300000000 | 3.537384596 | 4.709292247 |
| distribution | 0.0200000000 | 4.217884588 | 5.411894431 |
|  | 0.0100000000 | 5.411894431 | 6.634896601 |
|  | 0.0001000000 | 13.83108362 | 15.13670523 |
|  | 0.0000100000 | 18.18929348 | 19.51142096 |
|  | 0.0000001000 | 27.03311129 | 28.37398736 |
|  | 0.0000000010 | 35.97368894 | 37.32489311 |

## RESULTS

## Theorem. Without smoking no lung cancer

## Claims.

## Null hypothesis:

Smoking is a necessary condition (a conditio sine qua non) of lung cancer. In other words, the sample distribution of the study analyzed agrees with the hypothetical (theoretical) distribution of a necessary condition.

## Alternative Hypothesis:

Smoking is not a necessary condition (a conditio sine qua non) of lung cancer. In other words, the sample distribution of the study analyzed does not agree with the hypothetical (theoretical) distribution of a necessary condition.

The significance level (Alpha) below which the null hypothesis will be rejected is alpha $=0.05$.

## Proof.

The results of the data reviewed and re-analyzed by this article which investigated the relationship between smoking and lung cancer are viewed by the table (Table 1). Altogether, 11 studies with a sample size of $n=48393$ were meta-analyzed while the level of significance was alpha $=$ 0.05 . In toto, all studies re-analyzed provide significant evidence of a conditio sine qua non relationship ( $X^{2}$ Calculated $($ SINE $)=12.70$ and is less than $\mathrm{X}^{2}$ Critical (SINE) $=$
19.68) between a smoking and lung cancer. All studies analyzed were able to provide evidence of a significant, positive cause effect relationship. In other words, the null-hypothesis cannot be rejected, the data analyzed support the null-hypothesis: without smoking no lung cancer.

## Quod erat demonstrandum.

## Theorem. Smoking is the cause of lung cancer

## Claims.

## Null Hypothesis:

Smoking is not the cause of lung cancer. In other words. $\mathrm{k}=0$.

## Alternative Hypothesis:

Smoking is the cause of lung cancer. In other words. $\mathrm{k} \neq 0$. The significance level (Alpha) below which the null hypothesis will be rejected is alpha $=0.05$.

## Proof.

The results of the re-analyses of the data reviewed by this article (Table 2) which investigated the causal relationship between smoking and lung cancer are viewed by the table (Table 2). Altogether, 11 studies were meta-analyzed while the level of significance was alpha $=0.05$. In toto, 11 from 11 studies provided significant evidence of a causal relationship between a smoking and human lung cancer. In the same respect, smoking is a necessary (Table 1) condition of lung cancer. In other words, without smoking no lung cancer. Thus
far, the conclusion is inescapable: smoking of tobacco is the cause of human lung cancer $\left(\mathrm{k} \sim 0.32, \mathrm{X}^{2}\right.$ Calculated $(\mathrm{k})=$ 4837.90 and is greater than $X^{2}$ Critical $\left.(\mathrm{k})=19.68\right)$.

## Quod erat demonstrandum.

## DISCUSSION

Based on the results of this study, smoking is a necessary condition (a conditio sine qua non) of lung cancer. In other words, without smoking of tobacco no lung cancer (Table 1). In the same respect the cause-effect relationship k (Table 2) is highly significant. Firstly, without smoking of tobacco no lung cancer will not develop. Secondly. There is a highly significant cause effect relationship between smoking and lung cancer. Thus far, we are authorized to deduce that
smoking of tobacco is not only one cause of lung cancer but smoking of tobacco is the cause of human lung cancer. Still, the lung cancer risk as associated with secondhand smoking has not been addressed by this review in an appropriate way. The association between passive smoking and lung cancer has been investigated by several other studies. With regard to this problem, the results of several other studies clearly indicate that non-smokers exposed to Environmental Tobacco Smoke (ETS) are at increased risk ${ }^{51,52,53}$ of lung cancer. In particular, about 433 from 48393 patients (Table 7) have been treated as never smoker while in reality it cannot be excluded that these patients were exposed to passive smoking.

| Table 7. |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| The studies re-analysed |  |  |  |  |
|  |  | Lung cancer |  |  |
|  |  | YES | NO |  |
| Smoking | YES | 17393 | 22043 | 39436 |
|  | NO | 433 | 8524 | 8957 |
|  |  | 17826 | 30567 | 48393 |

The suspicion appears to be justified that through the years of smoking an active or passive smoker transfers his own lungs into a kind of a "hazardous waste landfill" for a wide variety of cancerogenic toxins with all the consequences which might follow by time. In order to further clarify the association between smoking and lung cancer any exposure to environmental tobacco smoke (ETS) should be considered by the studies performed.

## CONCLUSION

The list of studies which provided striking evidence on the relationship between smoking and lung cancer is long enough and justifies taking a short way around. A total ban on smoking is necessary. In any case, smoking is the cause of lung cancer.

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## REFERENCES

1. Hasse KE. An Anatomical Description of the Diseases of the Organs of Circulation and Respiration, London, Sydenham Society; 1846.
http://archive.org/details/ananatomicaldes02hassgoog. Accessed January 25, 2019.
2. Ferlay J, Colombet M, Soerjomataram I, et al. Estimating the global cancer incidence and mortality in 2018: GLOBOCAN sources and methods, Int J Cancer, December 2018. doi: https://doi.org/10.1002/ijc. 31937
3. Bray F, Ferlay J, Soerjomataram I, Siegel RL, Torre LA, Jemal A. Global cancer statistics 2018: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries, CA

Cancer J Clin, 2018; 68(6):394-424. doi:
https://doi.org/10.3322/caac. 21492
4. Sant M, Allemani C, Santaquilani M, Knijn A, Marchesi F, Capocaccia R. EUROCARE-4. Survival of cancer patients diagnosed in 1995-1999. Results and commentary, Eur J Cancer, 2009; 45(6):931-991. doi: https://doi.org/10.1016/j.ejca.2008.11.018
5. Thun MJ. Early landmark studies of smoking and lung cancer, Lancet Oncol, 2010; 11(12):1200. doi: https://doi.org/10.1016/S1470-2045(09)70401-2
6. Müller FH. Tabakmißbrauch und Lungencarcinom, Z Für Krebsforsch, 1940; 49(1):57-85. doi: https://doi.org/10.1007/BF01633114
7. Morabia A. Quality, originality, and significance of the 1939 "Tobacco consumption and lung carcinoma" article by Mueller, including translation of a section of the paper, Prev Med, 2012; 55(3):171-177. doi: https://doi.org/10.1016/j.ypmed.2012.05.008
8. Parsons A, Daley A, Begh R, Aveyard P. Influence of smoking cessation after diagnosis of early stage lung cancer on prognosis: systematic review of observational studies with meta-analysis, BMJ, 2010; 340 (jan21 1):b5569-b5569. doi: https://doi.org/10.1136/bmj.b5569
9. Moher D, Liberati A, Tetzlaff J, Altman DG. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA Statement, Open Med Peer-Rev Indep Open-Access J, 2009; 3(3):123-130.
10. Liberati A, Altman DG, Tetzlaff J, et al. The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: explanation and elaboration, PLoS Med, 2009; 6(7):1000100. doi: https://doi.org/10.1371/journal.pmed. 1000100
11. Doll R, Hill AB. Study of the Aetiology of Carcinoma of the Lung, Br Med J, 1952; 2(4797):1271-1286.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2022425/. Accessed January 22, 2019.
12. Lombard HL. An epidemiological study in lung cancer, Cancer, 1965; 18(10):1301-1309.
13. Wynder EL, Stellman SD. Impact of long-term filter cigarette usage on lung and larynx cancer risk: a case-control study, J Natl Cancer Inst, 1979; 62(3):471-477.
14. Benhamou S, Benhamou E, Tirmarche M, Flamant R. Lung cancer and use of cigarettes: a French case-control study, J Natl Cancer Inst, 1985; 74(6):1169-1175.
15. Harris RE, Zang EA, Anderson JI, Wynder EL. Race and Sex Differences in Lung Cancer Risk Associated with Cigarette Smoking, Int J Epidemiol, 1993; 22(4):592-599. doi: https://doi.org/10.1093/ije/22.4.592
16. Pershagen G, Akerblom G , Axelson O , et al. Residential radon exposure and lung cancer in Sweden, N Engl J Med, 1994; 330 (3):159-164. doi:
https://doi.org/10.1056/NEJM199401203300302
17. Sobue T, Suzuki T, Fujimoto I, et al. Case-control study for lung cancer and cigarette smoking in Osaka, Japan: comparison with the results from Western Europe, Jpn J Cancer Res Gann, 1994; 85(5):464-473.
18. Jöckel KH, Ahrens W, Jahn I, Pohlabeln H, Bolm-Audorff U. Occupational risk factors for lung cancer: a case-control study in West Germany, Int J Epidemiol, 1998; 27(4):549-560.
19. Kreuzer M, Kreienbrock L, Gerken M, et al. Risk factors for lung cancer in young adults, Am J Epidemiol, 1998; 147(11):1028-1037.
20. Boffetta P, Pershagen G, Jockel K-H, et al. Cigar and Pipe Smoking and Lung Cancer Risk: a Multicenter Study From Europe, JNCI J Natl Cancer Inst, 1999; 91(8):697-701. doi: https://doi.org/10.1093/jnci/91.8.697
21. Moivre A de [1667-1754]. The Doctrine of Chances or a Method of Calculating the Probability of Events in Play, London: printed by W. Pearson for the author; 1718. doi: https://doi.org/10.3931/e-rara-10420
22. Kolmogoroff A. Grundbegriffe Der

Wahrscheinlichkeitsrechnung, Berlin, Heidelberg: Springer Berlin Heidelberg; 1933. doi: https://doi.org/10.1007/978-3-642-49888-6
23. Barukčić I. Die Kausalität, 1. Aufl. Hamburg: Wiss.-Verl.; 1989.
24. Barukčić I. The Mathematical Formula of the Causal

Relationship k, Int J Appl Phys Math, 2016; 6(2):45-65. doi: https://doi.org/10.17706/ijapm.2016.6.2.45-65
25. Barukčić I. Theoriae Causalitatis Principia Mathematica, Norderstedt: Books on Demand; 2017.
26. Barukčić I. Helicobacter Pylori is the Cause of Gastric Cancer, Mod Health Sci, 2018; 1(1):43-50. doi: https://doi.org/10.30560/mhs.v1n1p43
27. Barukčić I. Human Papillomavirus-The Cause of Human Cervical Cancer, J Biosci Med, 2018d; 06(04):106-125. doi: https://doi.org/10.4236/jbm.2018.64009
28. Barukčić I. Human Cytomegalovirus is the Cause of Glioblastoma Multiforme, Mod Health Sci, 2018; 1(2):19. doi: https://doi.org/10.30560/mhs.v1n2p19
29. Barukčić I. The Equivalence of Time and Gravitational Field, Phys Procedia, 2011; 22:56-62. doi: https://doi.org/10.1016/j.phpro.2011.11.008
30. Barukčić I. Epstein-barr virus is the cause of multiple sclerosis, Int J Curr Med Pharm Res, 2018; 4 (9 (A)):3674-3682. doi: https://doi.org/10.24327/23956429.ijcmpr20180538
31. Barukčić K, Barukčić JP, Barukčić I. Epstein-Barr virus is the cause of rheumatoid arthritis, Romanian J Rheumatol, 2018; 27(4):148-163.
https://view.publitas.com/amph/rjr_2018_4_art-02/page/1. Accessed December 29, 2018.
32. Wertheimer R. Conditions, J Philos, 1968; 65:355-364. http://www.jstor.org/stable/2023797.
33. Gomes G. Are Necessary and Sufficient Conditions Converse Relations, Australas J Philos, 2009; 87:375-387. doi: https://doi.org/10.1080/00048400802587325
34. Fisher RA. On the Interpretation of $\chi 2$ from Contingency Tables, and the Calculation of P, J R Stat Soc, 1922; 85(1):87. doi: https://doi.org/10.2307/2340521
35. Yates F. Contingency Tables Involving Small Numbers and the $\chi$ 2 Test, J R Stat Soc Suppl, 1934; 1(2):217. doi: https://doi.org/10.2307/2983604
36. Grizzle JE. Continuity Correction in the $\chi 2$-Test for $2 \times 2$ Tables, Am Stat, 1967; 21(4):28. doi: https://doi.org/10.2307/2682103
37. Conover WJ. Some Reasons for Not Using the Yates Continuity Correction on $2 \times 2$ Contingency Tables, J Am Stat Assoc, 1974; 69(346):374-376. doi:
https://doi.org/10.1080/01621459.1974.10482957
38. Pearson K. X. On the criterion that a given system of deviations from the probable in the case of a correlated system of variables is such that it can be reasonably supposed to have arisen from random sampling, Lond Edinb Dublin Philos Mag J Sci, 1900; 50(302):157-175.
39. Rumke CL. Implications of the Statement: No Side Effects Were Observed, N Engl J Med, 1975; 292(7):372-373.
40. Louis TA. Confidence Intervals for a Binomial Parameter after Observing No Successes, Am Stat, 1981; 35(3):154-154.
41. Hanley JA. If Nothing Goes Wrong, Is Everything All Right?, JAMA, 1983; 249(13):1743.
42. Jovanovic BD, Levy PS. A Look at the Rule of Three, Am Stat, 1997; 51(2):137-139.
43. Isserlis L. On the Value of a Mean as Calculated from a Sample, J R Stat Soc, 1918; 81(1):75. doi: https://doi.org/10.2307/2340569
44. Fisher RA. The Logic of Inductive Inference, J R Stat Soc, 1935; 98(1):39. doi: https://doi.org/10.2307/2342435
45. Cornfield J. A method of estimating comparative rates from clinical data; applications to cancer of the lung, breast, and cervix, J Natl Cancer Inst, 1951; 11(6):1269-1275.
46. Edwards AWF. The Measure of Association in a $2 \times 2$ Table, J R Stat Soc Ser Gen, 1963; 126(1):109. doi: https://doi.org/10.2307/2982448
47. Mosteller F. Association and Estimation in Contingency Tables, J Am Stat Assoc, 1968; 63(321):1. doi: https://doi.org/10.2307/2283825
48. Pearson K, Heron D. On Theories of Association, Biometrika, 1913; 9(1-2):159-315. doi: https://doi.org/10.1093/biomet/9.1-2.159
49. Altman DG. Practical Statistics for Medical Research, Boca Raton, Fla: Chapman \& Hall/CRC; 1999.
50. Sachs L. Angewandte Statistik, Berlin, Heidelberg: Springer Berlin Heidelberg; 1992.
51. Taylor R, Cumming R, Woodward A, Black M. Passive smoking and lung cancer: a cumulative meta-analysis, Aust N Z J Public Health, 2001; 25(3):203-211.
52. Sheng L, Tu J-W, Tian J-H, Chen H-J, Pan C-L, Zhou R-Z. A meta-analysis of the relationship between environmental tobacco smoke and lung cancer risk of nonsmoker in China, Medicine (Baltimore), 2018; 97(28):e11389. doi: https://doi.org/10.1097/MD.0000000000011389
53. Kim A-S, Ko H-J, Kwon J-H, Lee J-M. Exposure to Secondhand Smoke and Risk of Cancer in Never Smokers: A Meta-Analysis of Epidemiologic Studies, Int J Environ Res Public Health, 2018; 15(9):1981. doi: https://doi.org/10.3390/ijerph15091981

