Prof. Jacek Jassem: we should be more aggressive about tobacco control in fighting against lung cancer

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The 14th Central European Lung Cancer Conference (CELCC) was held from 29 November until 2 December 2014, in Vienna, Austria (1). Professor Jassem gave a speech on the tobacco control policy in Poland in the Chinese-Central European Symposium which aroused tremendous attention from the attendees and the Chinese speakers. Here *Annals of Translational Medicine* has the honor to interview Prof. Jacek Jassem in terms of some of his viewpoints and researches.

Jacek Jassem (*Figure 1*), MD, PhD, is Professor of Clinical Oncology and Radiotherapy and Head of the Department of Oncology and Radiotherapy, Medical University of Gdansk, Poland. His main scientific interests are lung cancer, breast cancer, combined modality treatment with chemotherapy and radiation as well as the molecular oncology. He is an author of over 500 full articles, books and book chapters in this field. He is the past-Chairman of the EORTC Breast Cancer Group, and the EORTC Executive Committee, the Chairman of the Central and East European Oncology Group, the past Chairman of the ASCO International Affairs Committee and a member of ECCO Educational Committee. He is a member of the European Academy of Cancer Sciences and Polish Academy of Art and Sciences.

Figure 1 Professor Jacek Jassem.

ATM: Just now you have talked about the tobacco control in Poland, which again brings to the attention of the public the smoking problem. What would be your take-home message?

Prof. Jassem: China is the biggest country in the world, and the most rapidly developing economy. We will not solve the problem of global rapid growth of smoking without China. I presented the example of Poland who faced numerous difficulties similar to those you have now in China. In the early 1990s, after the change of the political system, Poland and other Central-European countries became a strategic target of the tobacco industry. Besides, Polish tobacco industry has been largely privatized and became almost totally owned by the big international companies (2). The cigarettes were relatively cheap due to a concession of the government with the international tobacco industry on not raising the price for some time. So, we are aware of these challenges. What we did at that time was a bottom-up initiative of the society, doctors and other volunteers who publicized the coming danger and who initiated activities to stop these epidemics. We organized in Poland several symposiums and meetings and invited people from other countries to share with us with their experience. We managed to convince our authorities and the parliament on the need of new anti-tobacco law, and it was finally introduced in 1995. It was then a very modern legislation, and contained for example the largest in Europe health warnings on cigarette packs. This was a good example for Europe of how to deal with the tobacco problem. I have to underline immensely instrumental role of non-governmental institutions. My main message is: do not wait on the decision of your authorities; try to do something yourself through medical societies and other public organizations. First, try to convince your

authorities. Second, try to educate the society and take action. I am quite surprised to learn that some people in China are not convinced that smoking is harmful. The first thing we have to do is to pass to the society a message: "You are killing yourself by smoking". If you convince people, they will say: "Ok, now we know it is harmful, so please help us". Then you have to introduce effective legislations, such as total ban on smoking in public places and increase of taxes.

Raising the awareness is one of the main challenges of public education. My suggestions are to get the information in magazines for women and for young people; contacting mainstream media people and providing them with some attractive materials. It is touching and it is what people want to learn, because health is the most important thing in your life. So, if you are interested in well-prepared educational materials, you can present them in the media and this will be welcomed by the society. Another challenge is to do a big educational program in schools. You have to prepare good programs and distribute them in schools because now children start smoking even at the age of 10 or 12. There are various forms of education that you can try to introduce in your country, start doing it as soon as possible.

ATM: Would you like to share some data that tells effect of smoking control in lung cancer?

Prof. Jassem: In Europe, it is estimated that 90% of lung cancer are tobacco related. In other words, 90% of people who develop lung cancer are the current or former smokers, and 10% are non-smokers. Among these 10%, half is passive smokers, which means they are victims of "second-hand" smoke because their families or colleagues smoke. In Europe the relation between smoking and lung cancer is obvious to everybody and most European countries introduced very strong anti-tobacco legislation, which is effective. Of course you cannot expect immediate effect of anti-tobacco measures if you consider lung cancer—it will take years. But for heart attacks, the effects could be seen even after a couple of months. In Poland the number of heart attacks dropped considerably within a few months after the new law had been introduced. Further, if you are a smoker and you go to the restaurant, you have to leave it to take your cigarette, once or twice during the dinner. Then you understand there is no need to do so if you just quit smoking. In Poland we see a gradual decrease of active smokers, particularly among men, and less so among women. But this situation is seen also in other European countries, and it is a social phenomenon we have to face.

ATM: Will smokers be screened especially as a high-risk population in lung cancer?

Prof. Jassem: Screening with spiral CT in lung cancer is controversial. On one hand, it decreases mortality. On the other hand, this diagnostic method is excessively expensive and very few countries in the world can afford it on such a large scale. Even if we have enough money, there are not enough CT machines. There are several other problems. First, if you screen the high-risk populations like the smokers with a history of say 20 or 30 pack-years, you detect some changes in the lungs but over 90% of them are non-malignant. In other words, you find something but in most cases, you cannot say whether this is a malignancy or not. This produces immense stress for these people. Unlike breast cancer, for which you can easily take a biopsy and get a diagnosis, in lung cancer a biopsy of small lesion is frequently impossible and associated with considerable risk, whereas other diagnostic methods are inconclusive. The only thing you can do is to wait and repeat CT after a few months to check whether the tumor is growing. For many people it is unbearable when their doctors say: "We can't do anything but to follow up the situation". Of course, I do not want to say that screening does not make sense, but we have to define better the population of patients who should be screened, and be more effective in differential diagnosis of detected lesions. For more suspicious lesions you have to be more aggressive, otherwise you may consider watchful observation.

ATM: What is the future direction for your research in lung cancer?

Prof. Jassem: My research includes biology and clinics of lung cancer. Within the past decades my group has been busy developing novel molecular prognostic and predictive factors allowing optimization of current therapies and prompt new therapeutic strategies, some of which have already been introduced or are being investigated in clinical trials. Currently, the main research area of my group is biomarkers that may facilitate early detection of lung cancer and optimize postoperative therapy. These include assays based on microRNA and proteomics technology. We are now validating our biomarkers, as this is a necessary step in their way into clinical practice.

ATM: What would be your comments about the current development of lung cancer research?

Prof. Jassem: Lung cancer may be avoided. This is the main message I would like to say to the audience of the CELCC. Lung cancer is a deadly, terrible disease. I have been dealing with lung cancer patients for almost 40 years. I see these patients every day. I witnessed many tragic histories of patients, their families and friends. Seeing patients dying and suffering a lot, yet I could not help. Lung cancer is the first cause of cancer death in the world. On the other hand, it is a self-afflicted disease and may be avoided. This is my first message. My second message is, try to decrease the risk, and there are several measures to achieve it. We also have to do everything to help those who develop lung cancer. There has been already a big progress in lung cancer therapies and there are perspectives for further progress. However, we will never win the war against lung cancer if the society is not educated and does not understand that prevention is more efficacious than any therapy.

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