

### Editor's Note:

The 18th World Conference of Lung Cancer (WCLC), hosted by International Association for the Study of Lung Cancer (IASLC), was held from October 15th–18th in Yokohama, Japan. It's our great pleasure to have a brief interview with Dr. Giannis Mountzios.

### Meet the Professor

## Dr. Giannis Mountzios: immunotherapy, an “earthquake” in the treatment of advanced lung cancer

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Dr. Giannis Mountzios (MD, MSc, PhD) was born in Larissa, Greece, in 1974. He obtained his Medical Degree (MD) from the Aristotle University of Thessaloniki in 1998 with a scholarship from the Greek Ministry of Education and graduated from the Hellenic Military Medical Academy the same year. He completed his residency in Internal Medicine at the 251 Air force General Hospital of Athens and in Medical Oncology at the University of Athens School of Medicine, “Alexandra” University Hospital.

He then obtained a Master (MSc) in Translational and Clinical Research in Oncology from the Institute Gustave-Roussy and the University Paris XI (Paris-Sud), France, in 2007 and became board-specified in Medical Oncology in 2009.

In 2010 he obtained his PhD in Medical Oncology from the University of Athens School of Medicine.

Dr. Mountzios is currently working as a consultant Medical Oncologist at the Department of Medical Oncology in the Air force General Hospital in Athens.

Dr. Mountzios has received fellowships from the American Society of Clinical Oncology (ASCO), the European Society for Medical Oncology (ESMO) and the Hellenic Society for Medical Oncology (HESMO).

He is a member of the Board of Directors of HESMO and previous chair of the HESMO young medical oncologists committee. From 2012 to 2014, Dr. Mountzios was a member of the ESMO Young Oncologists Committee (Figure 1).



Figure 1 Dr. Giannis Mountzios and AME Groups.

**TLCR:** *The advent of immunotherapy has changed the treatment paradigm of lung cancer. However, it is still hard for medical staff to choose the suitable patients candidate to receive immunotherapy. How do you think about it?*

**Dr. Mountzios:** It is absolutely true that immunotherapy has brought a real “earthquake” in the treatment of advanced lung cancer. For the first time in history, oncologists witness cases of prolonged survival in patients with metastatic disease and high tumor burden and, importantly, without toxicities associated with classical chemotherapy. Unfortunately, not all patients benefit from immunotherapy and it is still difficult to predict those that are going to derive the biggest benefit from such treatment. Until now, we do not have the optimal biomarkers that could distinguish those patients that are most likely to benefit from immunotherapy, so, as of today, we cannot

apply immunotherapy to all lung cancer patients.

**TLCR:** *Some people may say, there will be a day when immunotherapy finally replace chemotherapy as the front-line therapy for advanced lung cancer. What is your opinion on it?*

**Dr. Mountzios:** As mentioned above, today immunotherapy cannot apply to all lung cancer patients, because not all lung tumors respond to immunotherapy. This depends on “how sensitive” is a tumor to the attack of our body’s immune system. However, in the future it is possible that tumors considered to be “insensitive” to immunotherapy, could be rendered amenable to immunotherapy by co-administration of “immune stimulating” agents. Thus, it is not a scientific fiction to hypothesize, that in the future, both immune sensitive and insensitive tumors could be treated with either immunotherapy, or combinations of immunotherapeutic agents or even combinations of immunotherapy with chemotherapy.

**TLCR:** *What do you think is the future research direction in the field of immunotherapy?*

**Dr. Mountzios:** It is clear to me that cancer immunotherapy research should focus on two main axis: first, towards the identification of ideal biomarkers that could safely predict the subset of patients who can achieve long-term survival by immunotherapy alone. Second, research should focus on those patients that cannot be cured by immunotherapy alone: in these patients, the optimal combination of

immunotherapy with chemotherapy, irradiation and other immunotherapies should be identified, in order to find out which patient benefits from these combinations and in the same time sparing them from toxicities of unnecessary treatments.

**TLCR:** *Along the way to be an excellent researcher, would you like to share with us any stories behind? What encouraged you choose this career/field?*

**Dr. Mountzios:** The biggest and the most fascinating challenge of being a thoracic oncologist today, is that you practice every day in the edge of science and knowledge. The speed by which we implement new treatments today is unprecedented. This is a very competitive field and patients and their families are very well informed and demand the best care, which they absolutely deserve. This strives for knowledge is what fascinates me in oncology and made me choose lung cancer as my research area. These are really exciting times to be a thoracic oncologist!

## Acknowledgements

None.

## Footnote

*Conflicts of Interest:* The author has no conflicts of interest to declare.

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