Tobacco control and smoking cessation are challenges across the globe, especially as smoking rates are increasing in low- and middle-income countries, and 70% of deaths are occurring in those countries. IASLC recognizes that the solution to the tobacco problem and the millions of deaths tobacco causes each year lies in primary prevention of tobacco initiation and in tobacco cessation by individuals addicted to nicotine. To address these challenges, IASLC developed a Statement on Tobacco Control and Smoking Cessation and released the statement at WCLC on Monday.

The 2015 statement represents an update to previous statements and was developed by the IASLC Tobacco Control and Smoking Cessation Committee, chaired by K. Michael Cummings, PhD, MPH, Medical University of South Carolina, Charleston. The statement was approved by the IASLC Board of Directors in July.

Research has shown that the most potent demand-reducing influences on tobacco use have been broad interventions, such as higher taxes on tobacco products; comprehensive secondhand smoke laws; comprehensive advertising and promotion bans of all tobacco products; product regulation, including pack warnings, appropriate consumer information, mass media campaigns, and tobacco-free policies; and help in quitting for people who use tobacco.

Despite these interventions, cigarette consumption continues, as do the unintended consequences of price policies, such as smuggling and counterfeit products, and the economic impact on people who have not yet quit. In addition, current technology allows people to obtain nicotine in ways that do not require the dangerous lung inhalation of the products of combustion. Data show that a significant proportion of people who smoke are looking for options that are less harmful than smoking cigarettes. In 2015, evidence is limited that electronic nicotine devices are a good option to overcome nicotine
Mini Symposium Provides Update on Tobacco Regulation

The World Health Organization (WHO) estimates that there are approximately 1 billion smokers worldwide and that tobacco use kills 6 million people each year, including 600,000 nonsmokers as a result of secondhand smoke exposure. At a Mini Symposium on Monday afternoon, experts from the United States, Canada, and Europe discussed ongoing efforts to reduce rates of tobacco use through legal and regulatory mechanisms.

In the United States, the Food and Drug Administration (FDA) has broad authority to regulate the manufacturing, marketing, and distribution of tobacco products, such as cigarettes, roll-your-own, and smokeless tobacco, under the Family Smoking Prevention and Tobacco Control Act (TCA), which was passed by Congress in 2009. Under proposed rules, the FDA authority would be extended to other tobacco products including e-cigarettes, water pipes, cigars, and pipe tobacco.

The efforts being undertaken under the TCA were presented by Mitch Zeller, JD, Director of the Center for Tobacco Products (CTP) at the FDA. He described the top three priorities for the CTP as reducing youth smoking initiation, promoting smoking cessation, and decreasing the harms associated with tobacco use.

Mr. Zeller also presented the preliminary results from the Population Assessment of Tobacco and Health Study (PATH), which was first announced in 2011 and is being jointly conducted by the FDA and the National Institutes of Health. PATH is a longitudinal study of 46,000 tobacco users and nonusers (12 years and older) and is intended to identify various factors that have an impact on tobacco use, including how and why people start smoking, how they quit, and changes in attitudes toward tobacco over time.

Data from the first 20,000 participants indicate that 40% of tobacco users currently use two or more products and that nearly 30% of adults and 8.5% of youth have used a tobacco product within the past month. Additionally, 50% of multiple-product users are using e-cigarettes.

Luk Joosens, Association of European Cancer Leagues, made the case for higher tobacco taxes to reduce rates of smoking and associated public health effects. Data indicate that price increases through taxation are highly effective in reducing smoking initiation among youth and reducing smoking rates among adults, especially among individuals of lower socioeconomic status. Therefore, tobacco tax increases are expected to have a large, beneficial long-term effect on smoking rates by preventing young people from progressing from experimentation to tobacco addiction.

Mr. Joosens said that smuggling and other forms of tax evasion do not appear to correlate with tax increases, as many other factors have an impact on smuggling activity, particularly levels of customs enforcement by governments.

Furthermore, tax increases boost government revenues simultaneously with decreases in smoking rates, a win-win situation, and price increases have the greatest effect in low-income countries where smoking rates are the highest.

An update on efforts under the Framework Convention on Tobacco Control (FCTC) was presented by Geoffrey T. Fong, PhD, University of Waterloo, Canada. The FCTC was negotiated under the auspices of the WHO and adopted in 2003, and it is the world’s first health treaty. The FCTC sets policy in various domains such as warning labels, smoke-free laws, taxation/price, advertising, and promotion in order to encourage universal policies for limiting tobacco use worldwide.

There has been progress in implementing policies under the FCTC, said Dr. Fong, but that progress is slow. Although the treaty is 10 years old, many of the most widely adopted measures, such as graphic warnings on packs and smoking-cessation support, cover less than half of the world’s population. Where the implementation of these policies is strong, they have been effective in reducing demand for tobacco.

Dr. Fong noted that the tobacco industry is now using international trade treaties to mount legal challenges to hold tobacco manufacturers accountable for their actions to hold tobacco manufacturers accountable for their actions.

The IASLC strongly urges its members and others around the world to do the following:

- Support implementation of the World Health Organization’s Framework Convention on Tobacco Control in their countries.
- Support legal reforms in their countries that hold tobacco manufacturers civically and criminally accountable for their actions.
- Support policies that prevent smoking initiation in children and youth, such as raising and enforcing the legal age for purchase of tobacco to 21 years, restricting marketing, and increasing tobacco product taxes to reduce affordability.
- Implement tobacco-cessation programs in their clinics, hospitals, and cancer centers to assist their patients in achieving the best possible outcomes from their cancer treatment.
- Support policies that address alternative nicotine-delivery devices, such as aerosolized nicotine products that are evidence-based and promote overall population health.
Delays in Anticancer Drug Approval Process Result in Thousands of Premature Deaths Annually

Although new and emerging anticancer drugs have the potential to prolong survival for many patients with cancer, an increasingly complex, expensive, and prolonged drug development process limits access to these agents. The results of a recent study highlight the significant need for improved clinical trial and regulatory efficiency. According to the study, delays in the approval of effective new anticancer drugs result in a huge loss of life-years through premature patient deaths, despite the relatively modest survival gains of the new agents. “We need to fix this problem,” said David J. Stewart, MD, University of Ottawa, Canada, who presented the study findings on Monday.

Dr. Stewart noted that total drug development time, namely the time between a drug’s discovery and its marketing approval, has almost doubled in recent decades, increasing from 8 years in the 1960s to 13.9 years in 2000. During this time, drug development costs have also increased at a rate well in excess of inflation. Each new drug currently costs, on average, $800 million to develop, and a substantial proportion of this increase is attributed to the rising costs of complying with regulations governing clinical trials, with an average cost per patient of US $74,800 in a phase III study.

Dr. Stewart and colleagues therefore conducted a study to determine the impact of time to anticancer drug approval on potential years of life lost in patients with cancer. They evaluated data published between 2000 and 2015 from selected phase III trials in incurable cancers. Data included trials that documented statistically significant improvement in overall survival and excluded trials involving adjuvant therapies and uncommon cancers. To calculate the number of life-years potentially lost per year of drug approval delay, the researchers multiplied the improvement in median survival (in years) by the estimated number of patients (in North America and worldwide) dying annually as a result of the cancer. Dr. Stewart presented data on the approval for 21 agents in 11 malignancies, demonstrating that for all therapies and tumor sites combined, 1 life-year was lost in North America for every 2.2 minutes of delay in drug approval and 1 life-year was lost worldwide for every 12 seconds of delay in drug approval. The results also showed that reducing time from drug discovery to approval to 5 years or less would result in saving a substantial number of life-years (Figure).

Increasingly stringent regulation is the major reason in slowing drug development. “Given the evidence and broad effects of smoking on patients with cancer, it is imperative that clinicians and researchers consider tobacco use as a modifiable effect on cancer treatment outcomes and develop effective strategies to ascertain how smoking and cessation can be used to improve therapeutic approaches for cancer patients,” Dr. Warren said.