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# THE CONCEPT OF HARM REDUCTION IN THE CONTEXT OF CANCER

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# RIGOROUS FIGHTER AGAINST SMOKING

In France:

- 2002 to 2006 National Cancer Control Plan

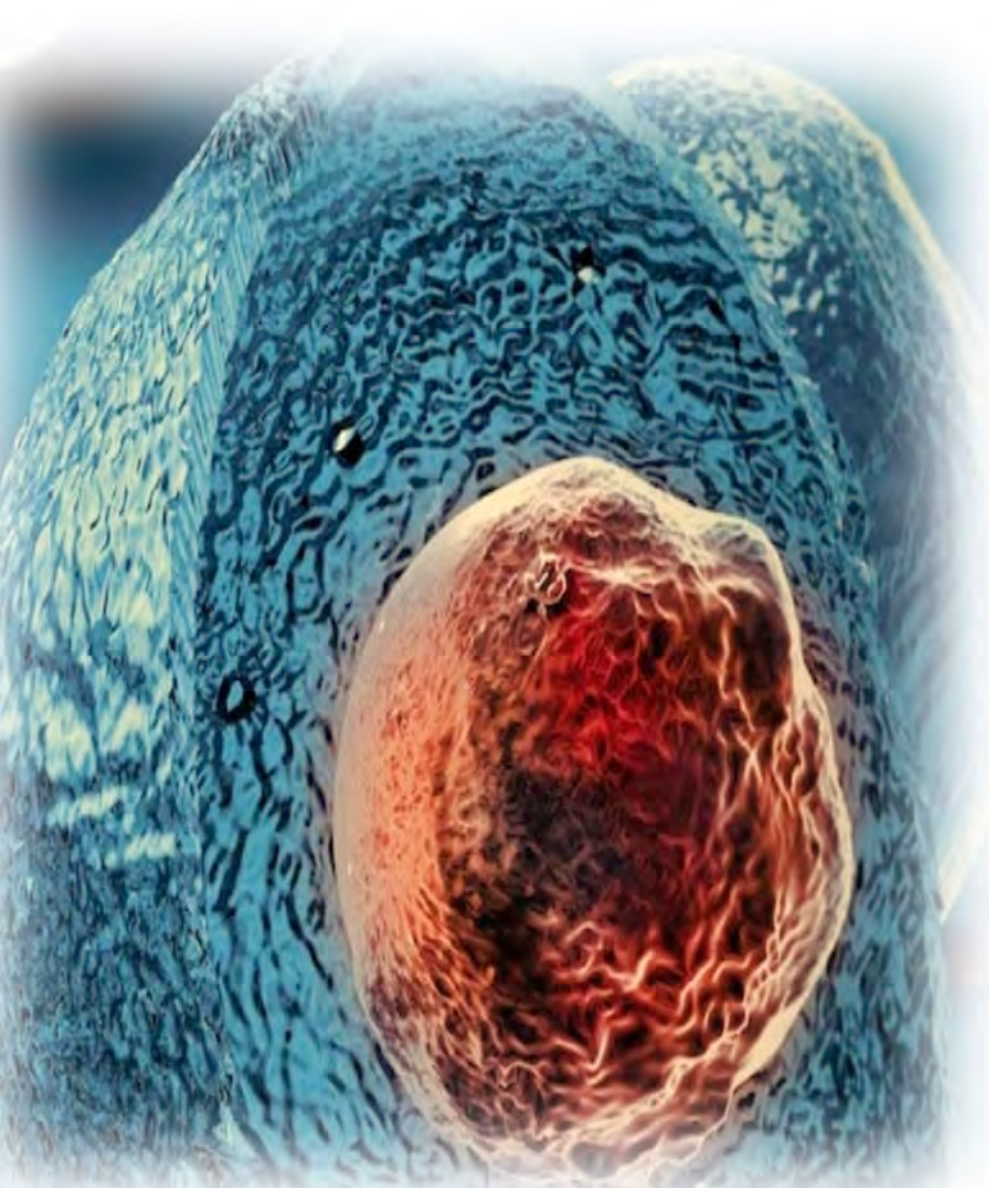
Accomplishments

- Increased cost of a pack of cigarettes from 3 to 5 € within 2 years
- Decrease of 1.8 million smokers
- Decrease of in cigarette sales (from 80 to 55 billion sticks/year)
- Law on Ban on smoking in public place

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# THE CONCEPT OF HARM REDUCTION IN THE CONTEXT OF CANCER

**WHAT DO WE KNOW ?**



# WHAT IS A CANCER?

- It is an unlimited and uncontrolled proliferation of mutated cells
- These unrepaired mutations are usually related to the effect of exposure to carcinogens



**CANCER IS A MAJOR  
PUBLIC HEALTH ISSUE**

# THE BURDEN OF NON-COMMUNICABLE DISEASES (NCDS) & CANCER

## Global Burden of NCDs 2016



**NCDs such as Cardiovascular,  
Respiratory Disease and Cancer cause:**

- 56.9 Million Deaths
- 40.5 Million Deaths from NCDs (71%)
- 9 Million NCD Deaths from Cancer

# BURDEN OF NON-COMMUNICABLE DISEASES (NCDs) IN RUSSIA

## 2016 Russian Burden of NCDs

NCDs such as Cardiovascular, Respiratory Disease & Cancer cause:

- 1.9 Million Deaths
- 1.6 Million NCD Deaths (87%)
- ~310,000 Cancer Deaths



## Behaviors leading to NCDs

- 37% of Adults use tobacco
- 18% are physically inactive
- Average daily salt intake is double the recommended levels
- Average alcohol consumption is higher than the European average (12 ℓ pure alcohol/year)

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# **WHAT ARE THE CONDITIONS FOR A CANCER TO HAPPEN ?**





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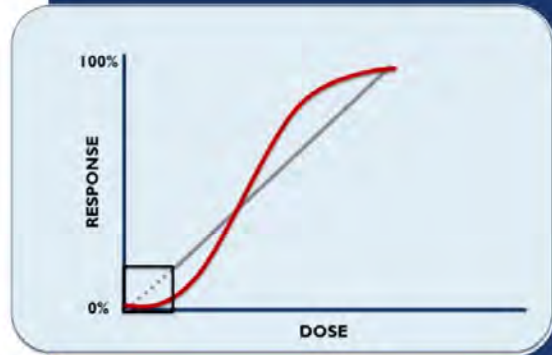
**EXPOSURE TO A CARCINOGEN**  
**DOSE-RESPONSE**

# CANCER DEVELOPMENT - A MATTER OF DOSE RESPONSE

The greater amount of carcinogens  
you are exposed to



the higher the risk of cancer

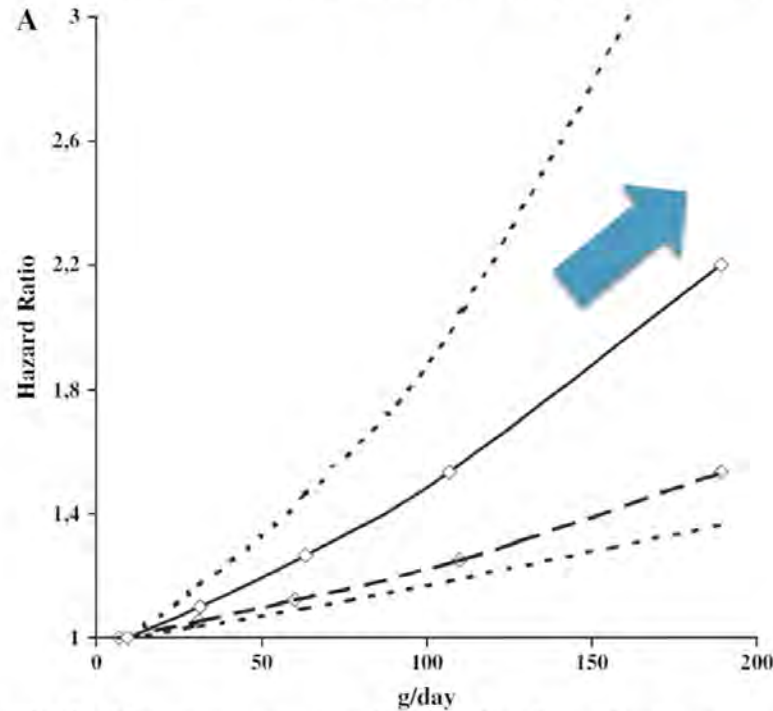


## IMPORTANCE OF THE EXPOSURE IS RELATED TO:

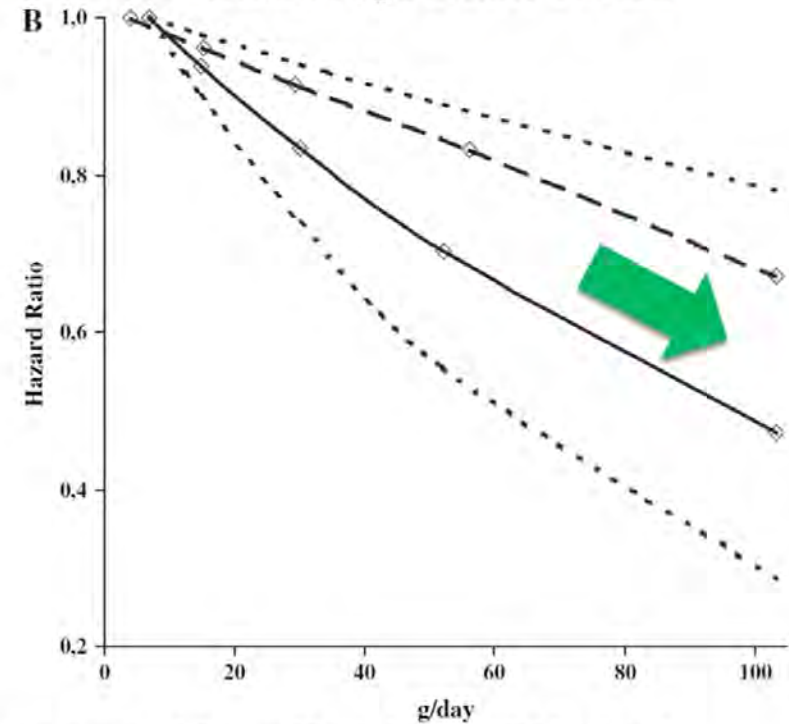
- Dose
- Duration
- Genomic susceptibility

# DOSE: FOOD - COLORECTAL CANCER RISK (CRC)

## CRC Risk through intake of red and processed meat

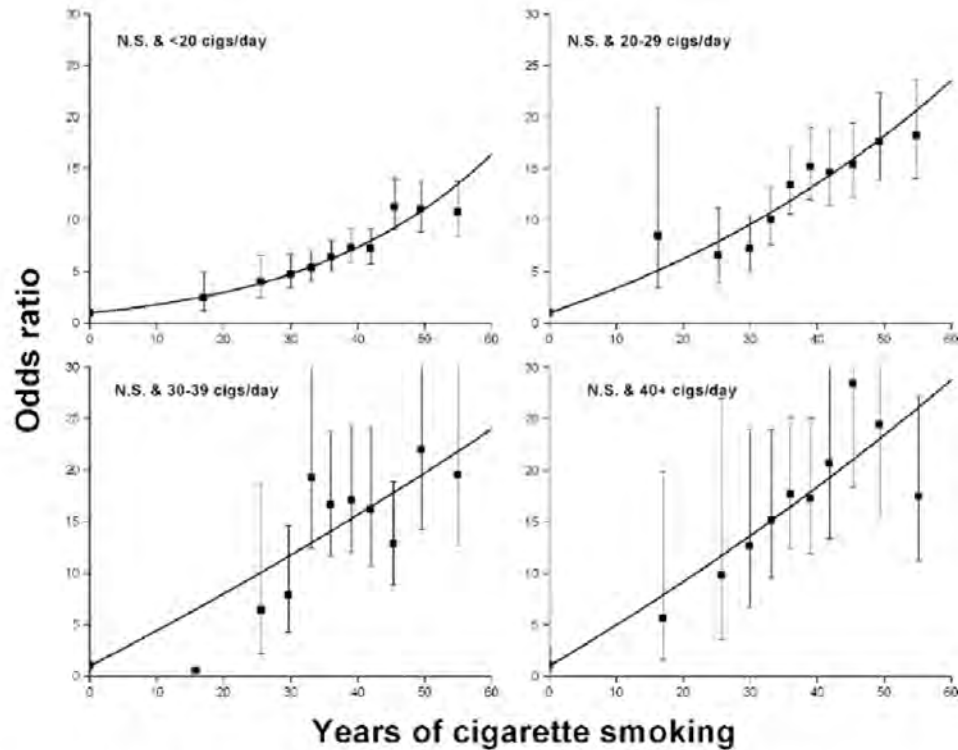


## CRC risk through intake of Fish



Points in the figure represent median intakes in each category of consumption. Curves generated from calibrated data (**solid line**) and uncalibrated data (**hatched line**) and upper and lower confidence intervals for calibrated data (**dotted lines**) are shown.

# DURATION: SMOKING - LUNG CANCER



## GENOMIC SUCCEPTIBILITY: SMOKING – LUNG CANCER

- Although **80%** of all lung cancers occur in smokers

BUT

- Only **8%** all smokers will develop lung cancer

**WHAT  
WE DO**

A 3D rendered white humanoid figure stands to the right of the text. It is holding a large, red, 3D question mark with a blue shadow. The text 'WHAT WE DO' is rendered in large, red, 3D block letters with blue shadows. The entire scene is set against a white background with a light gray floor.

## WHAT CAN WE DO ?

- Elimination of carcinogens
- Usage of anti-carcinogens
- Reduction in exposure to carcinogens
- Detection of susceptibilities



# ELIMINATION OF CARCINOGENS

- 1920-1930's – Alcohol Prohibition
- Tobacco Control - aims to influence behavior related to smoking.
  - Policies vary by country
  - Global Convention entered into force 27 February 2005 (currently there are 181 Parties to the Convention).



<https://insidethecask.com/2017/12/05/an-end-to-prohibition-84-years-ago/>



**FCTC**

WHO FRAMEWORK CONVENTION  
ON TOBACCO CONTROL

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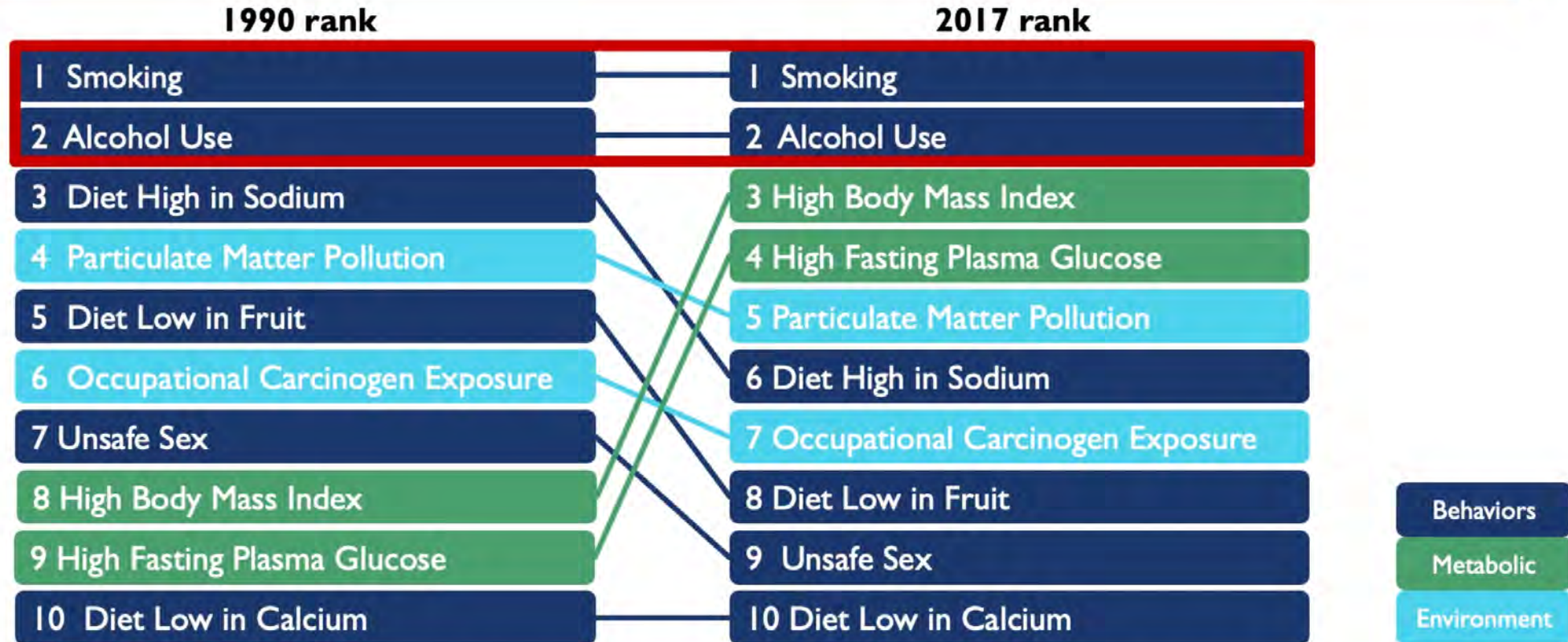
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2005 (currently

**FCTC**  
D FRAMEWORK CONVENTION  
TOBACCO CONTROL

# RISK FACTORS FOR CANCER IN GLOBALLY ALL AGES, BOTH SEXES, DEATHS PER 100,000



# USE ANTI-CARCINOGENS

Poison ↔ anti-poison

- Ex: Vitamin C or E **AND** Red or processed meat
- Ex: Retinoids & lung cancer = CARET and ATBC studies
- Ex: Vaccination = HPV

# REDUCTION IN EXPOSURE TO CARCINOGENS

## “HARM REDUCTION”

A new concept?

No, it is a term that arose in the context of drug addiction



Harm Minimisation Saves Lives - Campaign for drug reform

@HarmMinimisationSavesLives - Community

Learn More

Harm  
Reduction  
Saves  
Lives



<http://afew.org/headlines/harm-reduction/>  
<http://www.smchd.org/2018/12/what-is-harm-reduction/>  
<http://www.smchd.org/2018/12/what-is-harm-reduction/>

IAN BIRRELL  
SEPTEMBER 2 2019, 12:01AM, THE TIMES

THE TIMES (SEPTEMBER 2<sup>ND</sup>, 2019)

## Misguided morality is denying help to drug addicts

- 1980's Mrs. Thatcher introduced and pioneered a focus on harm reduction during the AIDS epidemic, with needle exchange and safe havens → which resulted in the lowest rates of HIV in drug users in the world
- Over the past 12 years the UK Think Tank “Centre for Social Justice” led change in drug policy → “ABSTINENCE BASED POLICY”
- Outcome: Drug-related fatalities have double since 2011  
1 in 3 drug-related deaths in Europe are in the UK

People make poor lifestyle choices despite suffering negative health effects



**If you want to reduce the exposure  
to carcinogens ...**

**You MUST**

**Identify the nature, production, and  
exposure source of carcinogens**

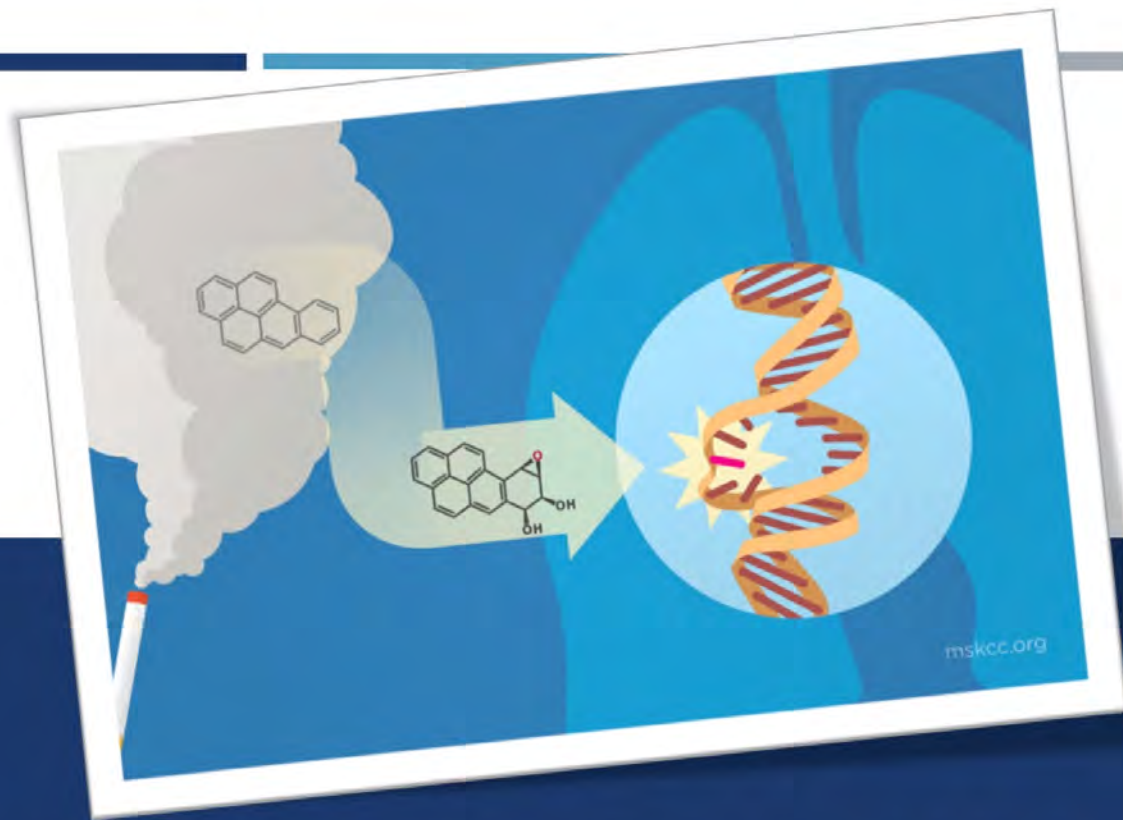
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**EXAMPLE:**

**CIGARETTES  
OR  
SMOKING**







**HOW DOES CIGARETTE SMOKE CAUSE  
CANCER?**

# CARCINOGENS IN CIGARETTE SMOKE

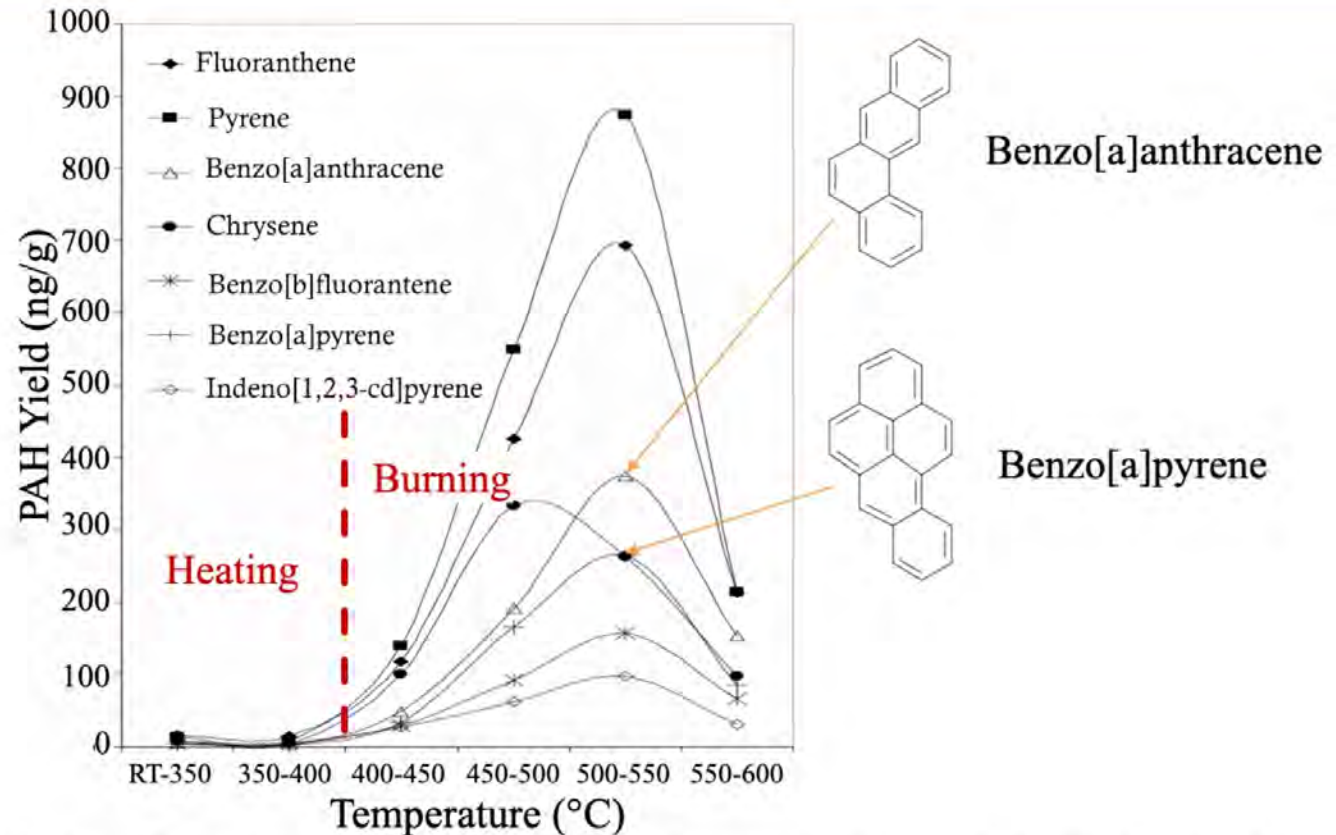


- Burning tobacco generates smoke.
- Tobacco smoke contains more than 6,000 chemicals & ultrafine particles.<sup>1</sup>
- 93 of them are listed by the U.S. FDA as Harmful and Potentially Harmful Constituents (HPHCs)<sup>2</sup>.
- The majority (almost 80) are carcinogens or potential carcinogens.<sup>2</sup>

<sup>1</sup> Rodgman A, Perfetti TA. The chemical components of tobacco and tobacco smoke 2nd ed: CRC Press, Taylor & Francis Inc (United States); 2013.

<sup>2</sup> Harmful and Potentially Harmful Constituents in Tobacco Products and Tobacco Smoke: Established List; <https://www.fda.gov/tobacco-products/rules-regulations-and-guidance/harmful-and-potentially-harmful-constituents-tobacco-products-and-tobacco-smoke-established-list> (April 2012)

# CHEMICALS EMITTED WHEN TOBACCO BURNS



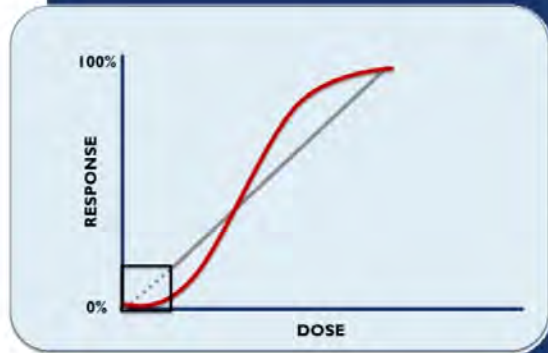
Remember!!!

# CANCER DEVELOPMENT - A MATTER OF DOSE RESPONSE

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QUITTING TOBACCO SMOKING

**IS BY FAR THE BEST OPTION !**

QUITTING IS HARD – EVEN FOR PEOPLE WITH CANCER



64%

**Smokers Diagnosed with Cancer  
Continue to Smoke**

# HARM REDUCTION

Accepting that some level of our  
bad behaviors are inevitable  
therefore



Target to minimize the harms  
people suffer as a consequence  
(not the behavior)



- Driving Fast → Seatbelts, airbags, disc brakes
- Unhealthy Diet → statins, stents, anti-aggregates
- Sun Tanning → sunscreen
- Sweet Tooth → sugar replacements
- Sex → condoms, vaccination

**??WHAT ABOUT FOR SMOKING??**

# INNOVATION IN TOBACCO SMOKING

## E-Cigarettes



## Heated Tobacco



FDA: Description of Heated Tobacco Products:  
<https://youtu.be/g2lQalrBZpA>

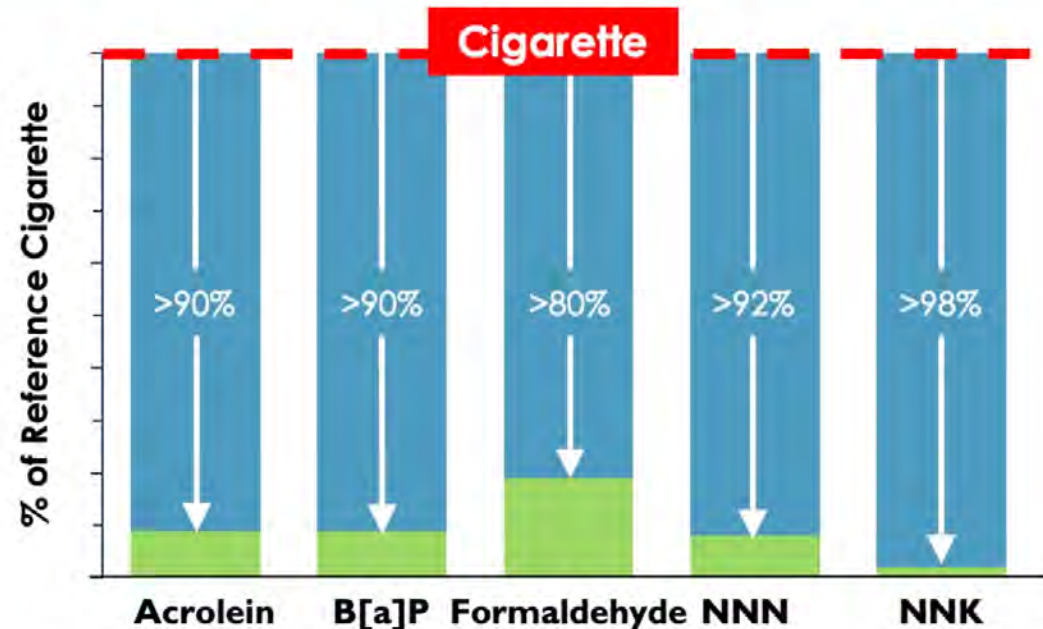


# JULY 2020 – U.S. FDA AUTHORIZED MODIFIED RISK TOBACCO PRODUCT WITH REDUCED EXPOSURE CLAIM (MRTPA)

## FDA Conclusions

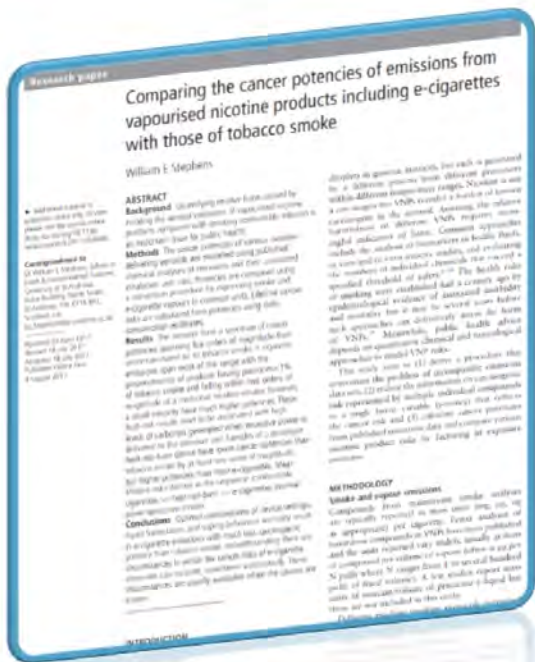
Determined that the exposure modification order for IQOS would be appropriate to **promote the public health** and is expected to **benefit the health of the population** as a whole

1. No combustion in IQOS
2. IQOS emits reduced levels of toxicants than cigarettes
3. Smokers who switch completely to IQOS reduce their exposure to toxicants
4. IQOS has a lower toxic potential than cigarettes
5. Although "Risk Reduction" has not yet been demonstrated ... a substantial and measurable reduction in morbidity and mortality is reasonably likely in subsequent studies

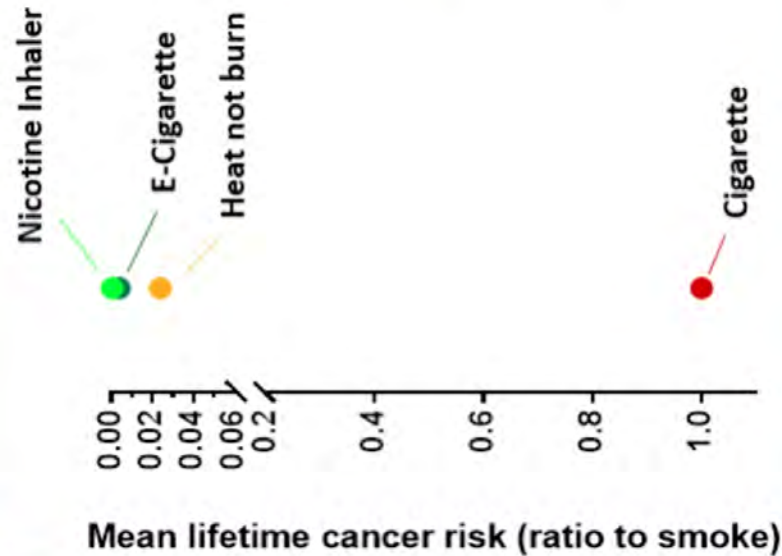


FDA's Southeast Tobacco Laboratory (STL) tested IQOS in October 2017

# CANCER POTENCY OF CARCINOGENS OF NICOTINE AND TOBACCO CONTAINING PRODUCTS



(Adapted from Stephens 2017)



It not really  
 “a risk  
 continuum”  
 BUT  
 “a risk cliff”

\* Based on :Stephens WE; Comparing the cancer potencies of emissions from vapourised nicotine products including e-cigarettes with those of tobacco smoke; Tobacco Control Published Online First: 04 August 2017. doi: 10.1136/tobaccocontrol-2017-053808

# RIVM (NETHERLANDS) INDEPENDENT ASSESSMENT OF HEALTH IMPACTS OF TOBACCO PRODUCTS (IQOS)



## A Method for Comparing the Impact on Carcinogenicity of Tobacco Products: A Case Study on Heated Tobacco Versus Cigarettes

Went Slob,<sup>1</sup> Lya G. Soeteman-Hernandez,<sup>1,2</sup> Wieneke BIL,<sup>1</sup> Yvonne C.M. Staal,<sup>1,4</sup> W. Edryl Stephen,<sup>1,2</sup> and Reinske Talhout<sup>1</sup>

**ABSTRACT:** Comparing the potential health benefits of two different tobacco products by applying common risk assessment methods to each individual component is problematic. We developed a method that circumvents some of these problems by focusing on the change in cumulative exposure (CE) of the carcinogens emitted by the two products considered. The method consists of six steps. The first three steps concern dose-response analysis of cancer data, resulting in relative potency factors with confidence intervals. The fourth step estimates common data, resulting in confidence intervals for the expected emission of each carcinogen. The fifth step calculates the change in CE, probabilistically, resulting in an uncertainty range for the CE. The sixth step estimates the associated health impact by comparing the CE with relevant dose-response information. As an illustrative case study, we applied the method to eight carcinogens occurring both in the emissions of heated tobacco products (HTPs), a novel class of tobacco products, and tobacco smoke. The CE was estimated to be 10 to 25-fold lower when using HTPs instead of cigarettes. Such a change would result in a substantially smaller reduction in expected life span, based on available dose-response information on smoking. However, this is a preliminary conclusion, as only eight carcinogens were considered so far. Furthermore, an additional health impact related to HTPs emissions was considered to be better understanding the potential health impact of new tobacco and related products. A similar approach can be used to compare the carcinogenicity of other products.

**KEY WORDS:** Carcinogenicity; cumulative exposure; heated tobacco; relative potency factors

- Regulators need to assess the validity of health claims for new tobacco products.
- RIVM developed a methodology to compare the risk between tobacco products.
- To illustrate how the model functions, RIVM used PMI data to compare IQOS with cigarettes

## Key Findings

- IQOS had 10 to 25-fold lower exposure to carcinogens than cigarettes.
- Exposure reductions could translate into a substantial increase in life expectancy compared to continuing to smoke.
- Although cessation still had the most substantial increase in life expectancy.

## Why Is This Important?

- This model is a tool to evaluate health impacts of individuals and could be used to determine to appropriate policy and practice.

## CONCLUSION – IN A PERFECT WORLD

- **The Dream**

- To eliminate all smoking and therefore all smoking-related disease

If not possible ...

- **Detect genomic susceptibility**

- To implement targeted prevention

## CONCLUSION – IN THE REAL WORLD

- **Education & Prevention**
- **Innovations – to reduce harmful consequences of behaviors**
  - Smoking & Tobacco: stop burning tobacco → e-cigarettes or heated tobacco products or snus
  - Diet & Obesity
  - Physical activity
  - Sun exposure
  - Vaccination
  - Use of anti-carcinogens