GLOBAL INITIATIVES

Austria's Reversal of Smoking Ban in World Spotlight

In May, a smoking ban was scheduled to begin in bars and restaurants in Austria; however, the ban was recently overturned by lawmakers from a new ruling coalition in the government, the People's Party and the Freedom Party.

In its discussions regarding the ban, the far-right Freedom Party argued that it was an example of too much interference from the government and that it restricted the people's freedom of choice. During the election campaign, party leader Heinz-Christian Strache, an avid smoker, promised a reversal of the ban.[1] After the election, Strache made this a non-negotiable condition for entering a coalition government with the conservative People's Party. People's Party leader Chancellor Kurz, a non-smoker who supports tobacco control, accepted this demand to form a functioning government.

Since then, half a million Austrians have signed a petition to ban smoking in bars and restaurants. If the petition acquires at least 900,000 signatures, the coalition agreed to call a referendum on the topic in 2022.[2]

We as doctors have to continue informing the public about the benefits of stricter tobacco control and to work with the public to achieve these goals, even in the absence of legal requirements.

–Robert Pirker, MD

In 2005, Austria became a party of the WHO Framework Convention on Tobacco Control (WHO FCTC), a legally binding public health treaty that contains provisions to reduce the health economic burden caused by tobacco use. According to Article 8 of the WHO FCTC, all treaty parties will provide protection from exposure to tobacco smoke. Guidelines regarding implementation of Article 8 came into existence in 2007; these guidelines established that each WHO FCTC member should provide universal tobacco exposure protection within 5 years of entry into the treaty. In a written statement from the WHO FCTC Convention Secretariat Vera Luiza da Costa e Silva regarding the reversal of the ban, it was noted that the guidelines reaffirm "that there is no safe level of exposure to tobacco smoke and that approaches other than 100% smoke free environments, including ventilation, air filtration, and the use of designated smoking areas (whether with separate ventilation systems or not), have repeatedly been shown to be ineffective and there is conclusive evidence, scientific and otherwise, that engineering approaches do not protect against exposure to tobacco smoke."

Austria's Smoking Habit

Austria has one of the highest smoking rates in the European Union, with an estimated 43% of adults smoking in 2008.[3]

Outside of Austria, nearly all countries in Western and Northern Europe have complete smoking bans in the hospitality industry, according to Manfred Neuberger, MD, professor of environmental health at Medical University of Vienna, Austria. In addition, a small survey recently showed that 70% of the population of Austria is in favor of the ban, which would protect employees and customers from the effects of second-hand smoke.

According to Dr. Neuberger, this type of ban would also make "it more difficult for the tobacco industry to seduce young people to start smoking."

"It is a shame that the government listened to lobbyists and merchants of 'Big Tobacco' and not to medical science," he told *IASLC Lung Cancer News*.

The IASLC's Role

Vienna was host city to the IASLC World Conference on Lung Cancer in 2016 and is scheduled to host it again in 2022. According to Dr. Neuberger, the IASLC should require the mayor of Vienna to guarantee smoke-free hospitality in venues during the meeting.

Robert Pirker, MD, program director for lung cancer at Medical University of Vienna, Austria, said that instead of any kind of sanctions, Austrians need support from the IASLC now more than ever now.

"Any blockade by the IASLC will hit doctors, including myself, who work hard for lung cancer patients and also for tobacco control in Austria," Dr. Pirker said. "Sanctions will have little, if any, effect on the policy makers in Austria and could even be counterproductive." Dr. Pirker explained that sanctions may even have a negative effect on the IASLC in the long-term regarding expectations of potential new members. If these potential new members are from countries with high incidence rates of lung cancer, they might make negative assumptions about what support they can expect from the IASLC. In addition, Dr. Pirker expects that the situation will have completely changed by 2022, particularly because many in the government and the public support a smoking ban.

"The decision to reverse the planned ban of smoking in restaurants resulted in

a huge outcry by doctors, medical societies, political parties, and even more so by the general public," he said. "The public pressure on politicians to enforce stricter tobacco control, including a full ban of smoking in restaurants, is ever increasing."

Dr. Pirker accepts that legislation by governments of democratic countries sometimes requires compromises, and he is hopeful that the power of the general public will prevail sooner rather than later in this situation.

In the meantime, he said, "We as doctors have to continue informing the public about the benefits of stricter tobacco control and to work with the public to achieve these goals, even in the absence of legal requirements." ✦

References:

1. Karasz P. Austria's Far Right Wants the Freedom to Smoke. *The New York Times*. March 18, 2018. nytimes.com/2018/03/18/world/europe/austria-smoking-ban.html. Accessed May 5, 2018.
2. Reuters Staff. Austrian no-smoking petition against government reaches 500,000 mark. March 8, 2018. reuters.com/article/us-austria-politics-smoking/austrian-no-smoking-petition-against-government-reaches-500000-mark-idUSKCN1GK273. Accessed May 5, 2018.
3. Celermajer D, Nasir-Ahmad S. Cigarette smoking in Austria – a call for action. *Wiener klinische Wochenschrifti*. 2017;129:864-865.

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by immunotherapy, according to Dr. Edelman.

"The trial was done predominantly in Europe, a little bit differently than we might have done it in the United States, but results were impressive," Dr. Edelman said. "We do not yet have overall survival results, but I would be surprised if they do not echo the substantial improvements in progression-free survival that was published."

The integration of immunotherapy into treatment regimens for patients with stage III disease only further complicates matters. Many questions remain, Dr. Edelman said.

"We still do not know the optimal chemotherapy regimen to use in combination with radiation," Dr. Edelman said. "We feel following chemoradiotherapy with immunotherapy is good, but do not know if immunotherapy should follow immediately."

With so many questions remaining about bimodality therapy, it is hard to know where surgery would fit in.

According to Dr. Edelman, an ideal candidate for trimodality treatment would be someone who is relatively fit, with an otherwise good performance status. Ideally, the patient would require a lobectomy and not a pneumonectomy or another type of complex procedure, and would have mediastinal nodal disease that is not bulky.

"Those patients in the correct hands should have a very low operative mortality," Dr. Edelman said.

However, outside of these situations, the standard of care remains bimodality therapy, he added.

"The problem with trimodality studies is how one integrates all three modes of treatment is very difficult, and each study has to be evaluated by itself because no two of them held all features constant," Dr. Edelman explained.

When he was at the University of Maryland, using a radiation dose of 60 Gy with chemotherapy was feasible. If a patient did not go on to surgery, this meant that the proper definitive radiation dose had been administered. However, this approach may not be feasible in all institutions.

"Trimodality care should be restricted to experienced institutions that have high volume and an experienced multimodality team," Dr. Edelman said. "Patients who are felt to be suitable for this treatment should be selected prior to initiation of any treatment." ✦

References:

1. Albain KS, Swann RS, Rusch VR, et al. Radiotherapy plus chemotherapy with or without surgical resection for stage III non-small cell lung cancer. *Lancet*. 2009;374:379-386.
2. Vyfhuis MAL, Bhooshan N, Burrows WM, et al. Oncological outcomes from trimodality therapy receiving definitive doses of neoadjuvant chemoradiation (≥60 Gy) and factors influencing consideration for surgery in stage III non-small cell lung cancer. *Adv Radiat Oncol*. 2017;2:259-269.
3. Antonio SJ, Villegas, Daniel D, et al. Durvalumab after chemoradiotherapy in stage III non-small-cell lung cancer. *N Engl J Med*. 2017;377:1919-1929.