

Aaron C. Tan, M.B.B.S., FRACP, PhD  
 Weiyi Toy, PhD  
 Daniel S. W. Tan, BSc, M.B.B.S., MRCP, PhD  
 Division of Medical Oncology  
 National Cancer Centre Singapore  
 Singapore

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## Role of Primary Prevention in Lung Cancer Control in Poland



### To the Editor:

In volume 15, number 8 (2020) of the *Journal of Thoracic Oncology*, a group of leading Polish clinical oncologists published an editorial on lung cancer in Poland, as part of a series of publications on the problem of lung cancer worldwide. In the first part of the publication, the authors mischaracterize the developments in tobacco control and lung cancer epidemiology in Poland.

The authors state that a “steady growing lung cancer mortality has been reported for Polish women, consistent with the ongoing increase in the frequency of smoking.”<sup>1</sup> This is not accurate. Poland has observed some of the quickest reductions in smoking prevalence in Europe, both among men and women, including reductions in morbidity and mortality resulting from tobacco-related diseases. At the end of 1980s, Poland was a country with one of the highest levels of tobacco consumption in the world.<sup>2,3</sup> Driven by the introduction of successful tobacco control educational and policy interventions in the 1990s, tobacco sales in Poland declined from circa 100 billion cigarettes in the early 1990s to under 40 billion in 2018, and smoking prevalence fell from 73% in 1976 to 24% in 2019 in men and from 30% in 1982 to 18% in 2019 in women.<sup>3,4</sup>

Poland constitutes one of the classical examples of the positive impact that robust primary prevention can have on

reducing the toll of tobacco-related diseases in the population, both in men and in women. As is evident from [Figure 1](#), the reversal of trends in lung cancer mortality in a population that experienced dramatic changes in smoking prevalence is a process that spans across many decades. There has been a considerable time lag between the onset of this impact by sex and by age group.<sup>5</sup> This can be explained by the historical developments in smoking rates in the country—Polish women’s smoking rates never reached the same levels as smoking among men and peaked later.<sup>3</sup> The full epidemiologic benefits of the falling smoking rates among Polish women, especially in the oldest age groups, are still to be observed. However, they are already clearly visible among the youngest adult age groups (20–44 y old), in whom we have found dramatic declines in lung cancer mortality in both sexes, from 6.7 to 1.1 per 100,000 among men (between 1981 and 2017) and from 2.0 to 0.5 per 100,000 among women (between 1996 and 2017).

## CRedit Authorship Contribution Statement

**Dr. W.A. Zatoński:** conceptualization, writing—original draft preparation, and supervision of the manuscript.

**Dr. Janik-Konieczny:** resources, analysis, writing—review, and editing of the manuscript.

**Dr. M. Zatoński:** writing—original draft preparation, writing—review, and editing of the manuscript.

Witold A. Zatoński, MD, PhD  
 Kinga Janik-Konieczny, MSc  
 Institute-European Observatory of Health Inequalities  
 Calisia University  
 Kalisz, Poland

Mateusz Zatoński, PhD  
 Tobacco Control Research Group, Department for  
 Health

Address correspondence to: Witold A. Zatoński, MD, PhD, Institute—European Observatory of Health Inequalities, Calisia University, 4 Nowy Świat, 62-800 Kalisz, Poland. E-mail: [w.zatonski@akademikakaliszka.edu.pl](mailto:w.zatonski@akademikakaliszka.edu.pl)

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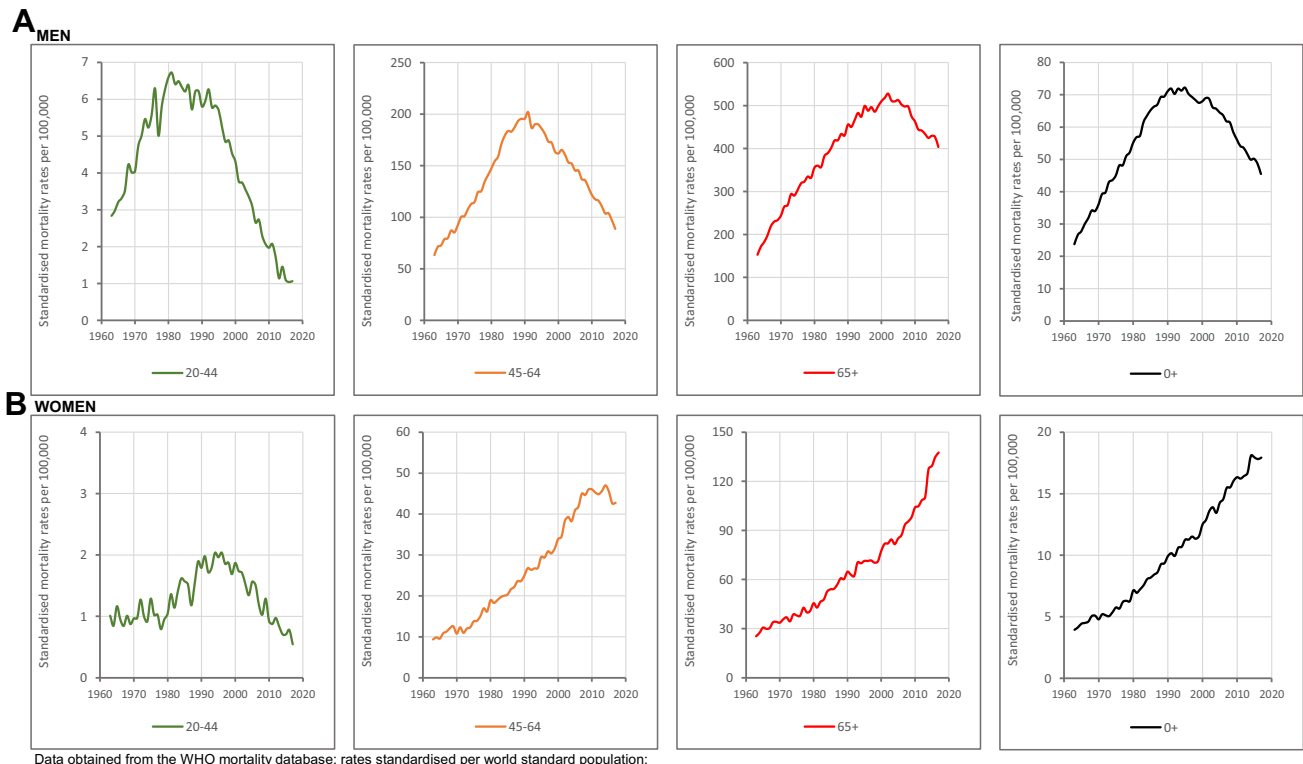


Figure 1. Lung cancer mortality in Poland.

University of Bath  
Bath, United Kingdom

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## Authors' Reply to Role of Primary Prevention in Lung Cancer Control in Poland



### To the Editor:

We thank Zatoński et al.<sup>1</sup> for comment on our article entitled "Lung Cancer in Poland."<sup>2</sup> Zatoński et al.<sup>1</sup>

Address correspondence to: Rafal Dziadziuszko, MD, PhD, Department of Oncology and Radiotherapy, Medical University of Gdańsk, Gdańsk, Poland. E-mail: rafald@gumed.edu.pl

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claim that the sentence of "steady growing lung cancer mortality reported for Polish women, consistent with the ongoing increase in the frequency of smoking" is inaccurate.

We acknowledge the opinion of a prominent Polish epidemiologist, who largely contributed to the success of primary prevention and a consequent overall decrease in lung cancer mortality in Poland. Nevertheless, we stand by our statement that smoking prevalence and lung cancer mortality in Polish women are not declining. Increasing female lung cancer mortality is clearly found in Figure 1 of our publication (dashed line).<sup>2</sup> It is also apparently increasing, except for the population aged 20 to 44 years, according to Figure 1B presented in the letter of Zatoński et al.<sup>1</sup> The numerical differences in mortality rates in the above-mentioned figures are due to different