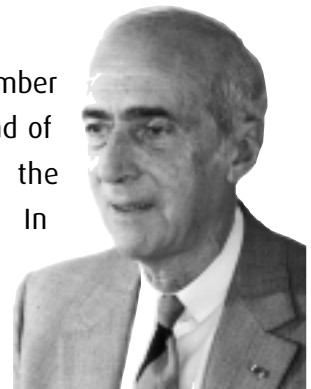


Maurice Tubiana

The fighting spirit behind cancerology

Interview by Maurice Schneider and Raphaël Brenner

A pioneer in cancer therapy, French oncologist Professor Maurice Tubiana, member of the French Academy of Sciences and Academy of Medicine, and former head of the Gustave Roussy Institute in Villejuif, France, personally took part in the revolution in biological knowledge that led to modern biomedicine. In conversation with Maurice Schneider and Raphaël Brenner of *CancerFutures*, Professor Tubiana looks back on a life full of hope and achievement.



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***CancerFutures:* You dealt with cancer and with death throughout your life. Do you fear old age and the prospect of death?**

Maurice Tubiana: I have just spent the last two years writing a book about old age [*Le bien vieillir*, De Fallois]. As a man over 80, living in a society that is intolerant towards the old and can even brutally reject them, I cannot ignore the fact that it is difficult to be old. The first time I became aware of this was when I was still head of the Gustave Roussy Institute. I was driving to work one day when, at a red light, a man in the car next to me opened his window and said: “Hey, grandpa, why are you dawdling? You’re annoying those who are going to work. Move over to the side and give way.” The truth is that old people symbolise what’s going to happen to all of us—we are all going to get old and die, and young people don’t want to be reminded of this. They want to get rid of the old or at least shove them away from view. As

far as I am concerned, old age is fine. I write, I read Camus and philosophers like Montaigne and Pascal, and through them I understand that nothing is worse than idleness. Montaigne wrote that he would like to die “while planting his cabbages.” In other words, having a daily activity and interests enables us to ward off death. This is what I try to do. My curiosity in the world around me has not diminished.

***CF:* How did you become a physician and researcher?**

MT: I grew up in Algeria, in a strongly observant Jewish family, where I learnt to respect intellectual activities, and this had a major influence on my choice of career. My family gave me a taste for study, and this in turn gave me a taste for research. The other factor that influenced me was the deep significance of the Day of Atonement. This is one time in the year

when we look back and ask: “What have I done with my life?” I remember my father telling me when I was just six or seven: “You have all day to think about what you’ve done in the last year. Think about it seriously and think about it again every year.” This had a profound effect on me. Every year, I ask myself: what did I do with my life in the last year and what do I intend to do with my life? This reminds me of Tolstoy, who wrote in *Confessions*: “I’m rich, very rich. So what? I am one of the greatest Russian writers. So what? What have I done with my life?”

CF: What have you done with your life?

MT: As a Jew I lived under a false identity during the war in occupied France. Then, in 1943, I joined the Free French Forces in Algeria and participated in the Italian campaign. The war deeply influenced my life because it gave me a taste for action and, paradoxically, it was the happiest period of my life. I needed to fight an enemy, and this is why I found cancerology so attractive. I also have a taste for facts. In Algeria, I grew up in an environment immersed in superstition and irrationality. Faced with so much irrationality, I became fascinated by science and by reason, which seemed to me to be good counterweights and to hold the key to the future and to progress. I remember reading Jules Verne’s *Mystery Island* when I was a child, and this is still the book that most influenced me. I craved rationality and found it in modern medicine. So after the war, I started to work in the laboratory of Frédéric Joliot-Curie, and this is how I came to specialise in radioactive isotopes. In 1947, I went to the US to do research at Berkeley. It was wonderfully stimulating. Just as in *Mystery Island*, the combination of scientific and social aspects have always been essential in my life.

CF: You have contributed to many advances in cancerology: radiotherapy of lymphomas and thyroid carcinomas, the application of nuclear medicine, and radiobiology. What gave you the most satisfaction?

MT: It’s true that I dabbled in many fields and derived a lot of pleasure and satisfaction out of everything I did. But I would say that what gave me the greatest pleasure is the human dimension—the contact I had with my students and

fellow workers. I remember that we had two staff meetings every week and this was, for me, the best time of the week. There is no doubt that I find great satisfaction in being a teacher, having young people around me, talking with them and helping them in their professional choices.

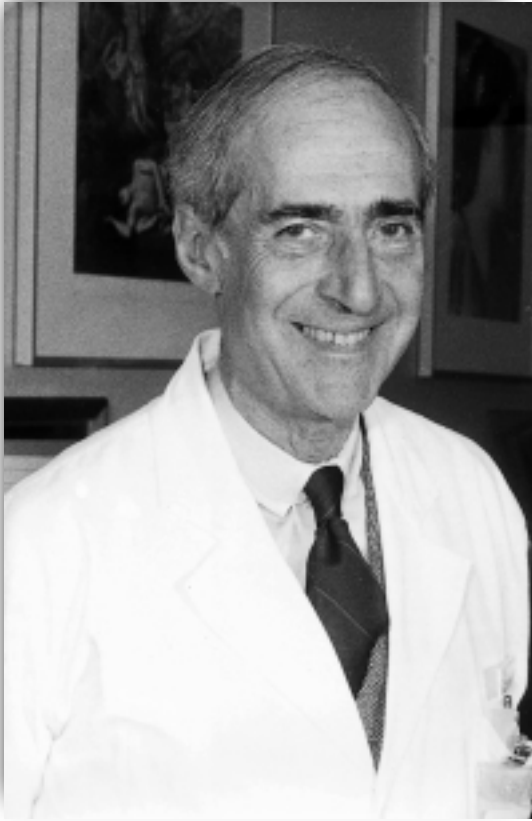
CF: Which discoveries do you consider were milestones in cancer therapy during your career?

MT: Two events changed my life. First, the introduction of cobalt as a means of high-energy radiation in 1953. Results of treatment were very poor until then. Then, suddenly, we had a highly effective radioisotope at our disposal and everything changed. It was a very exciting time. We found a new therapeutic application almost every month. The other very exciting event took place in 1963 when the *British Medical Journal* published an article demonstrating that it was possible to cure Hodgkin’s disease. This was a revelation. I remember Jean Bernard being very sceptical about the article. He called me, saying: “What’s all this talk about a cure for Hodgkin’s disease? It must be a mistake on the part of cytologists.” “Perhaps,” I answered, “but perhaps it’s true.” Then we started to study the issue and to establish new treatments, and from an 8–10% success rate at the beginning, we went on to achieve success rates of 80–85% within 15 years for patients suffering from Hodgkin’s disease. What was also innovative was that it was the first time in cancer therapy that we used a multi-disciplinary approach for the treatment and, even more importantly, we systematically used quantitative clinical trials involving comparisons and randomisations.

CF: How do you assess your role as health adviser to the French government and as a cancer policy maker in Europe?

MT: This was a very challenging role, and I believe we demonstrated that a wide-scale campaign against cancer is possible. In 1985,

“I needed an enemy to fight and this is why I found cancerology so attractive.”



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President Mitterand asked me, together with other specialists, to propose a health programme at a European level. He felt that Europe was considered solely as an economic union and he wanted to show that Europe could also bring many improvements to peoples' lives. So we decided to establish the "European Campaign Against Cancer." This is how Italian cancerologist Umberto Veronesi and I came to work together on this project, of which I was the director. The British and the Germans were extremely sceptical about such a project. So we focused the programme on prevention and early screening.

CF: Why the focus on prevention?

MT: From my time at the CIRC [International Centre for Cancer Research] in Lyon, I knew that more than 50% of deaths due to cancer

could be avoided with appropriate prevention. So we launched a major campaign against smoking. We anticipated a 15% reduction in the death rate from tobacco-induced cancers in Europe. The rate fell by 9% between 1986 and 2000, which is still good. In any case, I am pleased to see that everyone acknowledges today that fighting cancer means fighting smoking. But I remain cautious about laws and regulations, because the important thing is not the actual law but its implementation. We still have a long way to go. The wealth and power of the tobacco industry is enormous; it has the best lawyers and the best psychologists. This is the reason why Europe must take effective action against the tobacco industry.

CF: Do you think that Europe is relevant in the field of health?

MT: Definitely, I think Europe has an essential role to play in this field. The three main causes of cancer and other severe diseases in Europe are: smoking, alcohol and over-eating, and no campaign against any of these factors is possible without a concerted European strategy. Take the problem of smoking. If you ban advertising of cigarettes or increase the price of cigarettes in only one European country, it's useless, because people can purchase cigarettes, buy newspapers or watch TV from other countries.

So it's essential to act on a European scale and we need a strong European Authority to implement laws for safeguarding health. In actual fact, in order to implement health policies, we need to have a European FDA and CDC [Food and Drug Administration and Centers for Disease Control and Prevention, in the US]. Until such a time, there can be no such thing as European health. 🙏

"We need a strong European Authority to implement laws for safeguarding health."