The problem of support to patients at every stage of their illness and their professional and social reinsertion is also an issue of great social importance. Access to insurance policies, loans and insurance has, until recently, not been facilitated in France.

There is much to do in terms of medical education: France suffers from a tremendous lack of oncologists and cancer specialists with expertise in cancer care. In terms of research, the 1,000 cancer research units and 4,000 cancer researchers are a symptom of insufficient coordination and lack of coherent funding. In fact, compared to the USA, the French cancer research budget amounts to 3 US$ per capita compared to 14 US$ for the USA. There is also a lack of genomic and post-genomic platforms, of tumour collections and insufficient translational research. With 260 new trials per year and 1,750 ongoing trials, France also lacks independent funding in clinical research as well as public health and social sciences research.

In this rather mixed context, cancer was qualified as “one of the greatest challenges of our century” by President Jacques Chirac, a proposition conveyed during the World Summit against Cancer in 2000 by the signature of the Charter of Paris under the motto “Cancer will not be defeated in one day, but one day, it will be defeated!” The Charter of Paris reflected the first global call to action against cancer and recognized it as an international priority in all its aspects: prevention, therapy, psychology, sociology, economics and spirituality.

As a result of this awareness and in order to implement the seventy measures of the National Cancer Plan launched in 2002, the French National Cancer Institute (INCa) was founded in May 2005. With an overall budget of €1.5 billion, an increase from the €175 million in 2002, the Cancer Plan aims to create a critical mass of cancer research in France, pooling the expertise and resources necessary to increase European and international visibility and to facilitate strategic funding. As well as coordinating cancer research and stimulating clinical research, the INCa plays a major role in global patient care and aims to mobilize all those involved in the fight against cancer in France through strategic actions covering prevention, screening, treatment, patient support, training and education.

One of its major actions concerns breast cancer: decreasing cancer mortality for this pathology is directed through organized screening and public information. In this spirit the Institute initiated a large campaign in 2004 to stimulate women to participate in organized breast cancer screening across France. This campaign aimed to control both the quality of the mammography and radiologists’ skills through double reading of mammograms and guiding patients for optimal care. The number of women who took part in this screening increased from 33% to 41%.

An effort has been made to increase access to medical imaging with, for example, an increase in the number of PET scans from 8 to 72. Moreover, more than 15,000 tests of genetic screening for susceptibility to cancer have been performed in France. Two types of criteria are now taken into account in the treatment of patients: quantitative, with a sufficient level of activity to ensure the quantity of surgical acts in all cancer centres, and qualitative through a multidisciplinary, personalized approach, at all stages, including diagnosis, underpinned by an effective continuing medical education system.

The INCa is also working to improve access to the most innovative drugs (for example, with Herceptin for HER2 positive breast cancer) and to set best practice guidelines. All cobalts will be replaced by new generation accelerators. In clinical research, the Institute has set a target of one in ten new cancer patients being offered inclusion in recognized clinical trial protocols. To achieve this goal, clinical research groups are being created specific to each type of tumour and regional data centres will ensure rigorous and coherent methodology in clinical trials and the coordination of data collection.

The Cancer Plan has provided the means to federate cancer research in France through the creation of seven regional research hubs, known as ‘cancéropôles’, bringing together private and public sector partners in basic, translational and clinical research. The INCa plays a key role in coordinating these cancéropôles, fostering synergies within and between them.

Funding (50 M€) is channeled through both open and targeted calls for proposals uniting 3 or 5 teams on 3 year projects benefiting from international evaluation. The Institute is also developing disease-specific national networks of excellence (the PNES). The first two, launched in late 2005, target lung and kidney cancers.

Since “cancer knows no borders”, international fellowships and joint research projects have been set up by the Institute. Moreover, the European Alliance against Cancer, in which the INCa plays a key role, aims to be active on the European scene, through its work on a virtual tumour bank and a proteomic biomarkers discovery programme.

Over the coming years, the INCa will carry forward the spirit of the Cancer Plan to ensure that every cancer patient in France has equal access to quality care, support and innovation in the framework of a coordinated care pathway, adapted both to the characteristics of their cancer and to their own personal history.

195 INVITED
Prospective clinical trials on quality improvement

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As a result of the Eurocare study it is evident that major oncological outcome differences per country are observed. Worldwide there are major initiatives in order to improve the quality by quality measurements and outcome based restructurization of care. A very important component is the surgical performance which is more complicated to control than radiation-oncology and medical oncology. In several studies a large variability between surgical outcome of individual surgeons and institutions is observed requiring quality assurance to achieve a treatment result that meets a certain standard.

Several prospective randomized clinical trials were conducted in which surgical quality control was implemented also with the use of extensive standardization of pathology examination of the operative specimen. These studies in GI cancer led to vast improvements in terms of local control as well as overall survival.

A study on gastric cancer was performed studying the effects of limited lymph node dissection and extended lymph node dissection. Every surgical procedure was supervised and the performance reported back to the individual surgeons. Although morbidity was higher in the D2 resection arm, present updated results at 14 years indicate a survival benefit overall for D2 dissection in terms of local control and survival. Newer developments are selection of patients on the basis of prognostic and predictive markers as well as co morbidity. This leads to further improvements in locoregional control in the treatment of gastric cancer. The dispute that still exists between the Eastern and Western approach of gastric cancer will through this structure be solved, although in low incidence countries this type of surgery should be concentrated in high volume hospitals and preferably patients and doctors should participate in prospective auditing programs.

Another example is rectal cancer where the major problem in the past was local recurrence rates varying between 15 and 30%. In a study with video instruction, supervision as well as standardization of pathology, local recurrence rates were reduced by half and survival improved by 10%. Standardized preoperative short-term radiation therapy improved local control further, although not for patients with a positive circumferential resection margin. In those countries were training programs and auditing has been performed disease-free and overall survival after rectal cancer treatment have improved dramatically. Further improvements can be made by proper selection by well trained teams preoperatively to the different multimodality treatments that eventually will tailor the treatments to the individual patient. These developments have changed the pattern of recurrence of rectal cancer patients with major impact on local recurrence to now focus to systemic treatment. Updates, analyses of the Dutch TME as well as of five major European rectal studies will be presented. In both high as well as low volume cancer treatments pre- ad postoperative multidisciplinary team conferences are mandatory, but also outcome monitoring should be part of the local as well as national structures. Patients that participate in prospective clinical trials preferably also with translational research questions will help further improve not only the standards of care but also enable refinements of treatment to the individual patient. Scientific societies in Europe should further strive to accomplish and facilitate the auditing program to further improve outcome.

Symposium (Thu, 27 Sep, 09:00–11:00)
Impact of gene expression profiling on the treatment of patients with leukaemia and lymphoma

196 INVITED
Diffuse large B-cell lymphoma

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Abstract not received.

197 INVITED
Hodgkin lymphoma: Impact of molecular techniques for better diagnosis and treatment

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For more than 160 years Hodgkin Lymphoma (HL) was thought to be an inflammatory or infectious disease. Only recently we were able to