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Looking back . . .

THE PUBLISHERS OF *European Journal of Cancer & Clinical Oncology* celebrate two important anniversaries this year: Pergamon Press is 40 years old, and its founder, Chairman and Publisher, Robert Maxwell, will be 65 this June.

I certainly am glad to have the opportunity to pay tribute to what seems to me to be the main qualities and virtues of Robert Maxwell: imagination, vision, openness of mind. If, besides these, he also is characterized by his business acumen, we are happy to recognize that this conjunction is the most important factor of success in any enterprise: Pergamon Press as it stands now is the best homage to its founder and administrator.

When the EORTC was created under its first name of GECA* in 1963, the enthusiasm of the founding members, all originating from the countries of the European Economic Community, expressed itself by the decision to create a scientific journal. What the cover of the first copy of the European Journal of Cancer looked like, may be contrasted with, for instance, the June 1987 cover. This issue contained 300 pages (in 1965: 73 pages), and in addition to original research and clinical articles, it also published review articles, commentaries, announcements, special articles, letters to the editor, etc.

From 1965 to the present day and under the same editorship the *European Journal of Cancer & Clinical Oncology* followed closely the evolution of the European Organization for Research and Treatment of Cancer.

I may say a word now on what can be called a noble and also juvenile attempt which was the creation of the European Group for Chemotherapy. This was in 1962. The reason for this group was the desire to develop our own chemotherapy on this continent and cease just being on the receiving end of more happy and generous countries who had been able to develop medical and especially cancer therapeutic research for the benefit of everyone including the less privileged countreis. The group consisted of 18 members, approximately 2 or 3 from each of the 6 countries of the then EC plus Switzerland. Great Britain did not wish to participate but joined later.

It should be noted that active research in chemotherapy was already carried out in several centres in Europe, notably in Institut Gustave Roussy in Paris, Mario Negri in Milan and others. The alkylating agents had been developed to a large extent in Great Britain, and cyclophosphamide had been synthesized in Germany. The European group wanted to *increase* cooperation and mutual information.

An important factor of the success of the group was their initial enthusiasm and a unanimous agreement among the representatives of these neighbouring countries on the long term objective to be won: this was clearly expressed as the *pooling* of research resources in the laboratory as well as in the hospital in order to increase the efficiency of European participation in cancer therapeutic research and create the conditions for active collaboration with the United States and other countries with advanced programmes of research.

The name was later changed from GECA to EORTC in 1968. This coincided with a change of perspective of the group. At first we met on Sundays reviewing the work carried out in our different laboratories on the synthesis of new compounds and reviewing also the possible uses of chemicals obtained from outside our group. This immediately

*Groupe Européen de Chimiothérapie Anticancéreuse.

required the introduction of secretarial assistance and familial considerations modified the dates of our meetings from Sundays to Saturdays and then Fridays.

The name EORTC marked a definite change in the orientation of the group and an increased ambition to represent more than just a review of potentially active chemical agents. This really marked the transformation from a small group into a larger enterprise, I dare not say *organization* because the word has a bad reputation in scientific circles and in medical practice. If anything, the EORTC had too little organization, was too loosely bound at the beginning. This was to change gradually but never to the point at which it would become a real Institute or some kind of official international medical or research organization. All participants had professional obligations and responsibilities in their particular hospital or laboratory and their activity in EORTC represented an extra effort, the reward for which was only to be anticipated for the future. The EORTC in this early period was still progressing on a practically non-existent budget without financial support. As time went by, it became more coherent and it is a miracle that it kept together for so long uniquely by intellectual and I should say idealistic bonds. The members were on the young side of the forties or the fifties and they still believed in things.

Actually the scene of cancer research was enlarging everywhere after 1962. By 1968 I think I can state that EORTC began to represent an important factor in European cancer research and the *European Journal of Cancer* an important publication in cancer research. The reason was that on top of the study of chemical compounds, and there were quite a number of these appearing on the market in this period, the new perspective included not only a scientific consideration of other treatments such as immunotherapy, but more importantly the necessity of testing treatments found active in animals, of testing them in humans, in the clinic. Of course many of the EORTC members were clinicians and were used to evaluating medicine in their own individual way. However, a more sophisticated method had become necessary in clinical cancer therapy because the detection of a better treatment as compared to a previous treatment could and should only be demonstrated by the application of statistical methods of comparison. The backbone of therapeutic experiments in humans is knowledge of the natural history of disease. A problem with therapeutic research involving human subjects can be traced to the fact that the necessary experience with the natural history of disease must be acquired by lengthy training in subspecialty areas, each of which carry their own traditions and prejudices. To eliminate these prejudices, the controlled clinical trial is a remedy, somewhat cumbersome, but indispensable. And since clinical trials with the necessary methodological precautions take time, it is advantageous to carry them as multiinstitutional cooperative studies. The multiinstitutional studies keep in focus the indispensable ethical obligations and permit a speedier accumulation of observations compatible with statistical treatment of results. All this found its way in the changing subjects treated in the *European Journal of Cancer.*

These are great steps and great dates in the history of the EORTC. The importance of 1968 is that an intermediary discipline was needed to permit the difficult and perilous passage from animal to man. Therefore between the animal screening laboratory and the hospital ward there needed to be a decision as to when a new compound should be used, in what dosage and in what form. Professor Luke van Putten became Chairman of the Screening and Pharmacology Group of EORTC. This group comprised Garattini, Atassi, Mathé and others. Later it became enlarged. But the function and the philosophy of the Screening and Pharmacology Group were created and maintained principally by this initial group. It was certainly well served by other brilliant participants and coworkers, but they were the instrument for keeping the Group together and ensuring that its activity was scientifically as well as socially productive. This Group represented the first conscience of the EORTC in a field where conscience is needed. It was not found lacking. Later the group became the Drug Development Committee and finally the New Drug Committee which now operates in Amsterdam under the direction of Professor Pinedo. All this evolution is represented in the evolution of the *European Journal of Cancer*, the name of which was changed to *European Journal of Cancer & Clinical Oncology* in 1981 to emphasize the new developments. One word now about the Animal Screening Laboratory of the EORTC: this is entirely supported by the NCI and was created as a scientific collaborative program by the National Cancer Institute in Brussels for the EORTC. It is due to the pragmatism and vision of Abraham Goldin of the NCI who was an old friend. I visited him in 1972 in Bethesda: he asked me how much space I had, took a ruler, found that it corresponded to approximately 12 square meters and said, "O.K., Henri, you are in business." With the help of Garattini and Tom Connors for training investigators, the screening lab was born. Remember *1972.* Since then it was expanded to cover a whole floor and it was the source of the establishment of the NCI-EORTC Liaison Office. This office was actually made possible by the scientific and diplomatic qualities of Dr. Omar Yoder, a member of the

scientific staff of the National Cancer Institute. Dr. Yoder between 1972 and 1975 made occasional visits to the NCI Screening Laboratory in Brussels, also visited other laboratories and hospitals in Western Europe and made himself useful and universally liked so that he created a new function, that of liaison officer between the NCI and EORTC. Dr. De Vita, head of NCI, made this official in 1975. Dr. Yoder has worked most successfully for the integration of many aspects of cancer research between the two continents. All these developments appear in the development of the *European Journal of Cancer & Clinical Oncology*.

So much for the animal side of cancer research in EORTC. Things are always easier with mice than with men. But we needed also to have a good clinical support to complete his task. This is why cooperative clinical groups were set up progressively from the end of the 1960s. It happened this way: I talked in Paris where he represented NCI at a meeting, with William Levin, now Chancellor of the University of Texas, and he said, "Henri, what you need is a 'Data Centre'," and just as Abe Goldin had outlined the screening group he outlined the Data Centre for our clinical groups. Marvin Zelen of the Dana Farber Institute helped us install our statistical unit. There was much difficulty finding statisticians: we had three in succession, trainees of Marvin Zelen and of high quality. We obtained our first contract with NCI in 1970. The Data Centre got a permanent director, Dr. Staquet, in 1970. Since then the Data Centre has grown to the point where it handles the data from 1500 clinicians from 285 institutions into 17 groups collaborating on protocol-directed therapeutic trials. These things are not easy to create. I will spare you the difficulties, discussions, disagreements, resignations, new appointments, menace of bankrupcy, acute and chronic nationalisms. But finally it worked out and it has not only been an experience and a lesson in postgraduate teaching in cancer medicine but also a lesson in psychology, sociology, ethnic sciences, politics, geography, changing moods, erratic transportation by air and rail, hotel life, local gastronomics and, *yes also*, in friendship, loyalties, enthusiasm: also we have learned how many intelligent and dynamic scientists and clinicians there are in Europe as well as in the U.S.A. Here we stand now with the cooperative groups, the Data Centre a statistical unit, a Liaison office with the NCI and Omar Yoder, an Exchange Program of 40 scientists in 2 years back and forth between the U.S. and our countries, a *European Journal of Cancer & Clinical Oncology* monthly, publishing 2000 pages of peer reviewed articles, a School of Oncology. All this is financially supported by grants from NCI to the Data Centre, the contribution of the EORTC Foundation, created in 1975 and a grant from the European Community. Chronologically the NCI started the game and the EC came last: an illustration of a saying by Paul Valery in 1926, sixty years ago, who said: "Europe behaves as if it aspired to be directed and managed by an American Committee." We are of course immensely grateful for the initial and continuing help from our American fellow scientists.

What of the results in practical terms: the prevailing opinion is that voiced by a visitor from the U.S.A. stating that it is impossible not to consider EORTC as a first rate instrument for cancer research and treatment. We have been contributing importantly to the discovery and testing of new compounds, many of which have entered the clinical field and have enriched our therapeutic possibilities. Cancer clinical medicine has ceased to be the preferential domain of quacks, although this interesting and self perpetuating species proliferates here and there. Cancer medicine has acquired the dignity of being a scientific discipline able to be discussed on terms of equality with the biologists. Finally collaboration with the U.S.A. has intensified beause we have become competitive and competitiveness is what collaboration requires. In a parallel fashion, the *European Journal of Cancer & Clinical Oncology* has become one of the very important journals on cancer and it holds its own among the old and new journals on cancer research.

In conclusion, I should say that the Pergamon sponsored *European Journal of Cancer & Clinical Oncology* has been one of the instruments of progress in cancer research in Europe and in the world. There is no doubt that the visionary and liberal outlook of Robert Maxwell, giving us a free rein and responsible for the maintenance of a distinguished staff, this outlook has been a major factor of our success.

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