EORTC—Activities and Research

The European organization for Research and Treatment of Cancer (EORTC) has reported on its activities and current research for 1990–91.* The organization has four branches: treatment, epidemiology and prevention, research, and education. The epidemiology/prevention and education branches, the International Agency for Cancer Research (IARC) in Lyon, and the European School of Oncology (ESO) in Milan are independent but collaborate with EORTC activities. EORTC supports the new drug development office (NDDO) in the research branch. The data centre in Brussels gathers and analyses data for protocols performed by the participating disease-orientated cooperative groups.

Seventeen groups collaborating on protocol-directed trials from more than 300 European institutions have gathered and analysed information on over 50,000 cancer patients that has been sent to the data centre. These groups are based around a particular specialty or tumour type. Quality control is especially important, organized by peer review or site visits. As well as the expected specialty groups based on clinical and pharmacological screening or research, radiotherapy, and antimicrobial therapy, there are study groups on data management, heavy particle therapy, quality of life, and receptors.

In 1989 the data centre entered details of 6101 new patients. 196 studies were being monitored: 101 were open to patient entry, 81 were closed to entry but open to follow-up, and 14 were closed to follow-up. 92 studies were phase II trials and 97 were phase III. An estimated 22,000 patients were followed-up by the data centre in 1989.

The data centre, with a grant from the European Community (EC), has developed 'EuroCODE' (European Computerized Oncology Data Exchange) to improve communication between oncologists in Europe. The 'Physician Data Query' (PDQ), the data base of cancer treatment organized by the US National Cancer Institute (NCI), is available on EuroCODE. This centre is also working with other national or regional organizations to prepare for meta-analysis of studies where patient accrual is slow or uneven.

The epidemiology and prevention branch, in cooperation with IARC, has started two pilot studies to identify precursors of future malignancy in patients treated for lymphoma or testicular cancer. Also, in collaboration with the SEARCH programme of IARC, a multicentre protocol has been devised to investigate the aetiology of childhood leukaemias. A study is being established by the EORTC Melanoma Cooperative Group to investigate the subsequent risk of melanoma in patients with dysplasic or benign naevi. Centres outside EORTC and Europe can participate in this study.

The main aim of the research branch is to provide reports on experimental studies to clinical groups. The new drug development office (NDDO), part of this branch, is based at the Free University Hospital in Amsterdam. With this hospital and the Netherlands Cancer Institute, NDDO aims to acquire potential antitumour agents for evaluation and to shorten the lag between drug synthesis and early clinical studies. In 1988 NDDO evaluated 100 compounds of which, in 1989, 10 reached phase I study. NDDO has a collaborative agreement with the NCI and the UK Cancer Research Campaign. Drugs can enter clincial trial on either side of the Atlantic. Phase I data are collected such that approval by the US Food and Drug Administration is facilitated.

An undergraduate curriculum in oncology in Europe has been agreed by the education branch in conjunction with the EC Commission. A pilot group of medical schools will introduce the course starting in 1990. In addition this branch, which works closely with ESO, also publishes an annual list of postgraduate courses in *Reviews in Oncology*. In 1989 a study group of cancer nurses was started.

*EORTC. Organization Activities and Current Research, 1990–91. Brussels; EORTC, 1990, pp. 198.

European Association for Cancer Research

During the 1950s and 1960s, clinical studies were the focus of attention at many of the international cancer meetings and it became clear that there was a need for a forum for the discussion and evaluation of investigations concerned with basic aspects of research in cancer. In 1968, this led to the foundation of the European Association for Cancer Research (EACR), an organization of individual member scientists with a common aim to advance cancer research by facilitating communication between research workers.

The main task of the EACR was initially to organize a major meeting on cancer research in Europe. Biennial meetings of the Association have continued, and since 1971, when the first formal meeting was held in Brussels, the Association has met in Heidelberg, Nottingham, Lyon, Budapest, Copenhagen, Bratislava, Helsinki and, in 1989, in Galway. Future meetings of the EACR are to be held in Genoa, Dubrovnik and Berlin. In addition, the Association supports or sponsors symposia and workshops on specific research topics held throughout Europe and, during the past 10 years, around 25 meetings have received EACR sponsorships.

Interest in the activities of the Association has, like membership of the EACR, steadily increased. Our major meetings have proved to be popular and of a high scientific standard. Membership of the EACR now stands at 1300 cancer researchers with representatives in all of the major European countries, with some 350 members in Eastern Europe. The new climate there has already resulted in opportunities for improving lines of communication and after many difficult years, the exchange of information and experience has become a realistic possibility.

Our elected Executive Committee is advised by a Council of 25 members, each of whom represents a separate country. Members of the Council, as well as representing the interests of EACR members in their country, often provide a natural link between their national cancer societies and the Association. This affords the opportunity for co-ordinating activities and optimizing efforts in the promotion of meetings, workshops and courses.