



International Cancer News

From the Globe:

What Does PDQ Offer to Europeans?

Many American oncologists rely on PDQ (Physician Data Query), the U.S. National Cancer Institute's (NCI) cancer information database, to ensure their patients get the best possible care. PDQ contains the latest information on state-of-the-art treatment, clinical trials, and many other cancer topics.

PDQ is also available in Europe, at least to those who are "plugged in" to the proper networks. In 1988, a formal agreement was reached between NCI and EORTC to disseminate PDQ throughout Europe. The database is accessible on EORTC's EuroCODE system, through some national communications systems, and from several commercial vendors, both online and on CDROM. It is also provided via the Internet to subscribers of NCI's Information Associates Program.

But how useful is PDQ to European physicians?

"The question of how frequently PDQ is used in Europe is impossible to answer because the distribution system is so diffuse," said Susan M. Hubbard, director of the International Cancer Information Center (ICIC), the NCI office that runs PDQ.

In terms of enrolling patients in clinical trials, PDQ covers a wide range. All EORTC trials, along with those of the U.K. Cancer Research Campaign, are included as a result of an agreement that guarantees these trials will meet scientific and ethical standards.

Trials sponsored by other national groups are reviewed to ensure they meet the same standards. Celestina Arrigo of NCI's Liaison Office in Brussels said most are accepted following review; the occasional rejection, she said, demonstrates that the approval process is not simply a formality. National groups whose trials are listed in PDQ include The Netherlands Kankerbestrijding (NKB), the Schweizerische Arbeitsgemeinschaft für Klinische Krebsforschung (SAKK), and the Italian Consiglio Nazionale Ricerche (CNR). Discussions are under way with French authorities regarding inclusion of trials from that country.

European chemoprevention trials, such as those in Italy and the U.K. testing tamoxifen in women at risk for breast cancer, are listed along with treatment trials, Arrigo said.

"Whenever we hear about a new trial, we contact the investigators and try to get it onto PDQ," she said.

"I don't think it's publicised enough" in Europe, added Arrigo, who recently completed a study of European distribution systems for PDQ and its potential impact on state-of-the-art treatment across Europe. A report is now being prepared for publication.

EORTC President, Professor J. Gordon McVie agreed that PDQ is underutilised, due partly to lack of awareness and partly to lack of access. In terms of PDQ's state-of-the-art information on treatment, screening and prevention, however, there is another obstacle: the belief among European oncologists that PDQ is only relevant to Americans.

Recognising this, ICIC's Hubbard noted that "There is confusion about the process that is used to develop the content for PDQ. Many European investigators are under the impression that PDQ reflects NCI policy."

McVie added that many European physicians see PDQ as a "prescriptive, rather than descriptive" system, issuing from NCI's high command.

"There's a real perception that PDQ is designed for an American user, with the threat of litigation lurking somewhere in the background," he added. Because of differences in health care systems, "Europeans don't have the same defensive medicine orientation" that is common in the United States.

In fact, PDQ statements are based on the published literature from all over the world. Statements are developed and continually updated by independent editorial boards made up of experts from the U.S.A. and Canada. There are five boards in all, covering adult treatment, paediatric treatment, supportive care, screening and prevention, and drugs under clinical investigation.

Currently, no Europeans are on any of the boards. But that could change as ICIC looks to make PDQ more thoroughly international.

Plans are being made to bring the PDQ adult treatment editorial board to Europe in March 1996 to meet with reviewers from the EORTC. This would give leading European oncologists a chance to see how the system works, and lay the groundwork for European membership on the boards. McVie recalled that he attended a PDQ editorial board meeting in January 1995 and was impressed with the rigour and evenhandedness of the process. He agreed with PDQ's European critics to the extent that clinical trials from Europe may not always have been given equal weight as American trials, but pointed out that adding Europeans to the PDQ boards could help remedy that situation.

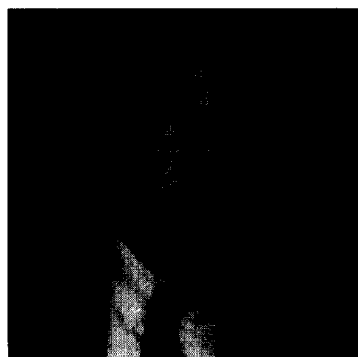
Both McVie and NCI's Arrigo mentioned adjuvant therapy for colon cancer and radical prostatectomy as areas where substantial differences exist between European and American practice. Issues such as these would presumably be the thorniest to resolve in the creation of a PDQ that reflects American and European medical opinion equally.

Nevertheless, "to disregard PDQ because it's American is absurd," McVie said. He estimates that less than 10% of PDQ's state-of-the-art information differs from what's accepted in Europe, which means that at least 90% is relevant in the European context. PDQ will be a cornerstone of

the new Telematics programme for oncology that the EORTC will develop with recently awarded EU funding, he added.

"We will begin to address the fact that some cancer is treated differently in Europe than in the US when we begin to internationalize PDQ in 1996," Hubbard said. "There is little doubt that integrating the European viewpoint on cancer into the PDQ system would benefit the United States as well as Europe."

Tom Reynolds



Bernie Fisher Back in Science Again!

Bernard Fisher, M.D., distinguished service professor of surgery at the University of Pittsburgh, Philadelphia, U.S.A. and longstanding chairman of the NSABP got in the "headlines" last year, when dealing with an isolated case of scientific fraud at one of the dozens of NSABP institutions under his large group. The scientific cancer research community worldwide still strongly supported Dr Fisher's and the NSABP's professional reputation and voted for his stay as the chairman of the group. However, some prominent opponents of (research-) political background were determined to terminate Dr Fisher's chairmanship of NSABP. Also attacked was the credibility of his vast publication record by regularly adding a "fraudulent-warning" to all publications, carrying his author or even co-authorship in publications of databanks worldwide, regardless of whether the respective papers contained data from the potentially flawed trial or not!

But under the heavy pressure of lawsuits and of the national and international scientific community, Dr Fisher was recently reinstalled in office to the newly created position as "Scientific Director" of the NSABP group, while the group's chairmanship was conferred to Dr Norman Wolmark, Pittsburgh, U.S.A., one of Dr Bernie Fisher's most distinguished surgical scholars and experienced breast cancer trialist.

The editorial board of the *European Journal of Cancer* believing in Dr Fisher's and the NSABP's full scientific integrity, congratulates both of them in their new functions in the international fight for ameliorating long term cure rates in early breast cancer.

It is like one other prominent American surgeon said at the end of an international conference session on pre- and post-operative adjuvant chemotherapy of breast cancer, chaired by Dr Fisher in March 1995 in St Gallen, Switzerland in front of over 1000 delegates: "Bernie, it's good to see you back in science again...!"

Hans-Jörg Senn



Gordon McVie: First European Editor of the *Journal of the National Cancer Institute*

Congratulations to Professor Gordon McVie, London, U.K., Scientific Director of the Cancer Research Campaign, U.K., President of the EORTC, and Editorial Consultant of the *European Journal of Cancer* on his recent appointment as first European Editor of the *Journal of the National Cancer Institute (JNCI)*. The appointment was announced in Issue 1 of "ProtoCall" — the newsletter of the NCI-U.S.A. Information Associates Program, and the *JNCI*, and was apparently necessary due to the increasing number of submissions from European authors.

In "ProtoCall", Professor McVie was quoted as saying that "his job was to ensure that the cream of European cancer research is published alongside the best research from the US". This is a laudable goal for any Editor, but I feel, as I am sure do our editorial colleagues from other major European oncology journals, that this should be achieved by encouraging American researchers to submit their work to journals outside the U.S.A., something they have been reticent about to date.

Repeated invitations to ambitious European authors to publish their results in the U.S.A. certainly does nothing to help raise the lower impact factors of European scientific journals. This is due to the significantly lower print runs of European journals, and to the somewhat parochial citation habits of many American authors. A preferred alternative would be for European researchers to favour their own journals, and invite their American colleagues to publish alongside them in the best cancer journals on the other side of the Atlantic. We assure them of quick, fair, but stringent reviewing procedures, equivalent to those that Professor McVie indicates he will apply to European submissions of the *JNCI*.

From Europe:

European Oncologists, Tobacco and Cancer

In the 15 member states of the European Community (EC), it is estimated that more than 2 000 000 new cases of cancer are diagnosed annually (excluding non-melanomatous skin cancer), with notable differences between the various countries. Between 25 and 35% (approximately 325 000 – 455 000 cases) of all these cancers in developed countries are estimated to be tobacco related, particularly in the lung, oesophagus, larynx, urinary bladder and pancreas, and potentially in the kidney and cervix. There is also a growing body of evidence indicating an adverse effect of passive smoking on the health of others.

In most countries, the worst consequences of the tobacco epidemic are yet to come, particularly amongst women, due to changing social habits and the earlier commencement of smoking in the young. The situation in Europe is particularly worrying as the EC is the world's second largest producer of cigarettes (694 billion in 1993, compared to China's 1 675 bil-

lion), and the EC is presently the world's major cigarette exporter (21 billion in 1993). Currently, in the EC, 42% of males and 28% of females are estimated to smoke cigarettes, although it is possible that these rates are falsely low due to socially influenced reporting deficiencies in some countries where smoking is increasing, unfortunately even amongst medical doctors and nurses.

What is the general attitude of the health care professionals in Europe, in particular, clinical oncologists and their related staff? At the last major oncology convention in Europe (ESMO Meeting, Lisbon, Portugal, November 1994) there was little difference between this cancer convention and a meeting of business executives. Smoking was prevalent — a situation completely unacceptable at an ASCO or even an ONS meeting!

It seems, however, that this situation might finally change as Dr Peter Boyle — Director of the Division of Epidemiology and Biostatistics at the European Institute of Oncology (EIO), Milan, Italy — received a standing ovation in Lisbon for reproaching the organisers for not banning smoking from the premises of the ESMO conference.

Officials of the European Institute of Oncology, Milan, Italy, including Professor Umberto Veronesi and Dr Peter Boyle, have also taken the initiative to unite influential leaders from various countries in a programme against smoking. Presently called "European Oncologists Against Tobacco", the group has already held two meetings — in Milan, December 1994 and in London, July 1995. The group plans to analyse the smoking habits of European oncological health care professionals, and take the necessary steps against the present unacceptable situation at cancer meetings and in daily oncology practice at a European as well as a national level.

The next major Pan-European Cancer Convention will be ECCO 1995, to be held in Paris at the end of October. We hope the organisers and/or the French authorities have the courage to avoid another public "oncology smoking demonstration" — and ECCO-7 1993 in Jerusalem was the "turning point", visibly restoring the credibility of our health promotional efforts ("European Code against Cancer" see the "Special Paper" in the *European Journal of Cancer* 1995, 31A, 1395-1405) by banning smoking from the conference site?

Awards, Appointments:

Professor Michael Peckham, Director of Research and Development of the Department of Health, U.K. and former Editor-in-Chief of the *European Journal of Cancer*, has recently been knighted by Queen Elizabeth II in recognition of his services to medicine. The new Editorial Board of the Journal congratulates Sir Michael on his achievement, which is a fitting tribute to his endeavours to benefit health care.



Professor Michael Peckham knighted



FECS Clinical Research Award 1995 to Professor Gianni Bonadonna

Professor Gianni Bonadonna, M.D., Director of the Division of Medical Oncology at the Istituto Nazionale Tumori in Milan, Italy, is the latest recipient of the Clinical Research Award offered by FECS — the Federation of European Cancer Societies — awarded biannually at the European Cancer Conference.

Gianni Bonadonna will receive this award in late October, 1995 in Paris, France, in recognition of his outstanding international contribution to the integration of scientific research and clinical practice in the field of cancer. He will be presented with a specially commissioned commemorative medal during the opening ceremony at ECCO-8 and will deliver a lecture entitled "From Adjuvant to Neoadjuvant Chemotherapy for High Risk Breast Cancer" on 28 October 1995, the first day of the conference. The content of this lecture will be published as a "Special Paper" in the *European Journal of Cancer* in early 1996.



**Dr Coen van Kalken:
New Director of the
NDDO-EORTC,
Amsterdam**

After a period of uncertainty, the highly important New Drug Development Office (NDDO) of the European Organization for Research and Treatment of Cancer has a new Director. Coenraad (Coen) van Kalken, M.D., Ph.D., a Dutch medical oncologist, first served a research and later a clinical term at the Free University Hospital of Amsterdam with Professor H.M. Pinedo before entering the NDDO's team in May 1994. During his interim leadership, Dr van Kalken steered the NDDO through the last 15 months of important restructuring procedures with the constructive assistance of the Chairpersons of the EORTC's Research Branch. In 1994/1995 the interest of the European drug industry in co-operating with the NDDO, with its excellent drug development facilities, has remarkably increased. The NDDO is closely co-operating with the EORTC's very productive Early Clinical Trial Group (ECTG), and old problems with the EORTC Data Centre in Brussels have now been resolved.

In the future, the NDDO will periodically report its most recent activities in the News Section as well as in the scientific section of the *European Journal of Cancer*.

New Chairman of the EORTC's Scientific Audit Committee:



Professor Dieter K. Hossfeld

Professor Dieter K. Hossfeld, Director of the Division of Haematology and Oncology at the Medizinische Universitätsklinik in Hamburg, Germany, will be the new chairman of the Scientific Audit Committee (SAC) — the EORTC's supreme body entrusted to supervise the scientific conduct of its many co-operative groups and working parties, as well as its central functions, the Data Centre and the NDDO.

The unforeseen change in leadership of the SAC-EORTC became necessary during the summer of 1995, as the present chairman, Professor Hans-Jörg Senn of St Gallen, Switzerland, became the new Editor-in-Chief of the *European Journal of Cancer*. Professor Senn stepped down in June 1995 due to a "conflict of interest" in his chairing of the scientific audit procedures of SAC and his new role at the *European Journal of Cancer*.

Dieter Hossfeld has been an active member of SAC for several years and is well known throughout Europe for his critical but constructive attitude towards scientific inefficiency. The nomination of Professor Hossfeld must be formally confirmed by the EORTC Council at its meeting during ECCO-8 at the end of October 1995 in Paris.

The efficient functioning of the SAC is an essential element for the maintenance of the scientific standards of EORTC, and also for its Co-operative Group's contributions to the *European Journal of Cancer* and other journals.

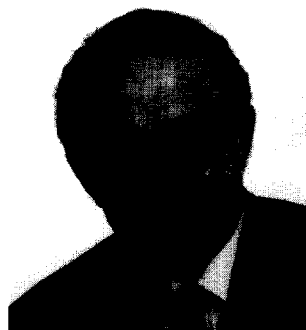
New members of the SAC are: Dr Joseph Pater, Kingston, Ontario, Canada, Dr Thomas Thursz, Villejuif, France and Dr. Richard R. Hall, Newcastle-upon-Tyne, U.K. replacing Dr Ian Tannock, Toronto, Canada, Dr Silvia Marsoni, Milan, Italy and Professor Stanley B. Kaye of Glasgow, U.K., whose terms in the SAC expired in 1995.

From the Journal

New Associate Editors:

The following European cancer experts have joined the Editorial Board of the *European Journal of Cancer* as Associate Editors.

Professor Michel Bolla, from the Radiotherapy Department of the Centre Hospitalier Régional et Universitaire in Grenoble, France is responsible for radio-oncology within



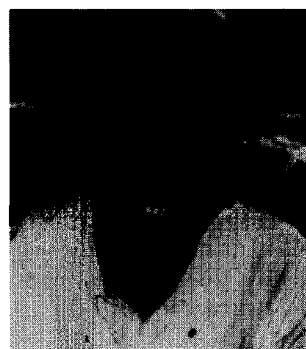
Professor Michel Bolla

the Journal. Professor Bolla is presently the secretary of EORTC's Radiotherapy Group and also the trial co-ordinator of three current EORTC collaborative trials.



Professor Jan Willem Coebergh

Professor Jan Willem Coebergh is a consulting epidemiologist at the Dutch comprehensive cancer centres in Eindhoven and Leiden, as well as at the Dutch Childhood Leukaemia Study Group in The Hague. He is a board certified epidemiologist and lecturer at the Department of Epidemiology and Biostatistics at Erasmus University Medical School, at The Netherlands Institute for Health Sciences in Rotterdam and at The Netherlands School of Public Health in Utrecht. Professor Coebergh will be responsible for the Journal's section on cancer epidemiology and prevention.



Professor Peter M. Schlag

Professor Peter M. Schlag, chairman of the Department of Surgery of the Robert-Rössle Tumour Hospital at the Max-Delbrück Centre for Molecular Medicine in Berlin, Germany, is now responsible for surgical oncology in the *European Journal of Cancer*, and for its increased prominence within these professional circles. Professor Schlag is Professor of Surgery at the Humboldt University of Berlin and had several appointments as a visiting Professor in various European and American Universities and Cancer Centres.

The remaining Associate Editors of the Journal will be presented in the "International Cancer News" section of subsequent issues.

New "News Editor" of the *European Journal of Cancer*



Professor Françoise Meunier

Professor Françoise Meunier M.D., Ph.D., FRCP, of Brussels, Belgium is the very dynamic Director of the EORTC's Central Office and Data Centre in Brussels, and has been appointed to the new position of "News Editor" with the *European Journal of Cancer*. Together with the Editor-in-Chief, Hans-Jörg Senn, Professor Meunier will be responsible for the newly created "International Cancer News" section.

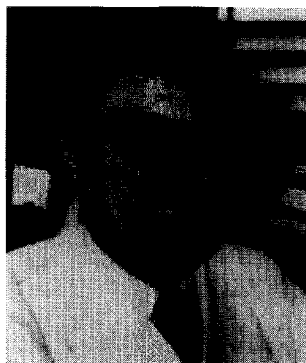
Françoise Meunier is a gifted manager, with extensive clinical and research experience in medical oncology and infectious diseases. She is chairperson of the EORTC's new Invasive Fungal Infections Co-operative Group and holds a teaching position at the Université Libre de Brussels, Belgium. Additionally, Professor Meunier holds a degree in public health and hospital hygiene, is a member of several international editorial boards, and is responsible for the logistics and financial status of the EORTC data centre.

Professor Meunier will co-ordinate news contributions from various groups within the EORTC as well as from FECS (Federation of European Cancer Societies), which is now located in the same building. Other members of the *European Journal of Cancer's* "News Committee" are: Dr Alberto Costa, Italy (for the European School of Oncology, ESO), Dr Mike Price, U.K. (for the European Association of Cancer Research, EACR), Mr Philip Pritchard, Belgium (for FECS), Mr Tom Reynolds, U.S.A., U.K. and Belgium (liaison with the *Journal of the National Cancer Institute's* News Section) and Dr Coen van Kalken, The Netherlands (for the EORTC-New Drug Development Office, see above). They will be supplemented as required by additional "News Correspondents" from other European oncology societies and eventually by national representatives.

From History

A Message from the Founding Editor: Professor Henri Tagnon, Brussels

The European Organization for Research and Treatment of Cancer (EORTC) is a "Success Story"! Created in 1962 to stimulate and co-ordinate therapeutic research in cancer in



Professor Henri Tagnon

Western Europe, it is a non-governmental multinational non-profit organisation, co-ordinating laboratory as well as clinical cancer research in Europe.

While it is true that each European country has adequate research talents, as well as good hospitals and laboratory facilities, one important factor for success in many research areas is lacking: this factor is international, as opposed to the national dimension of cancer research. National responsibility for research may be quite sufficient for certain programmes, but by and large, training in clinical medicine and particularly in research is more successful if carried out in a broader experience. The occasional exchanges of personnel and research techniques among European oncologists were useful, but insufficient. As a consequence, much of the oncology research potential of Europe was "underused" and there was too much "parochial" type research planning and not enough "crossfertilisation" of minds across the continent.

The multinational dimension of medical performance, as well as of research planning and training within the growing structures of the EORTC has already had its lasting clinical and educational effects, improving the general level of oncological care throughout Europe.

Another factor of success within the EORTC is the integration and continuous confrontation of multiple disciplines. In this way, the EORTC facilitates the early passage of experimental discoveries into state-of-the-art treatment strategies. This is why the EORTC through its activities is so much committed to the promotion of "biomedical research", understood as a synthetic approach to laboratory and clinical science!

Despite many declarations to the contrary, the distinction between basic and applied research appears to be artificial. Progress in medicine results from clinical observation and experimentation as well as from laboratory work! The history of medicine demonstrates that new important data and concepts originate as often in the clinic as in the laboratory!

While it is true that the majority of clinicians are not "scientists", there is nevertheless a class of clinicians who have developed a scientific approach to clinical medicine and have acquired an experimental turn of mind. It is, therefore, useless to oppose laboratory and clinical scientists as is too often done. The truth is, that they should learn to work together in biomedical research for better and quicker results. The clinical scientist assumes the obligation of the intermediate role between biological research and the practice of medicine.

In cancer research, the final aim is to find a cure for lethal diseases. Ultimately, advances in biology and in medicine are utilised for the treatment of patients and the concepts should be developed in a strictly scientific manner, with highly sophisticated methodology and considerable mathematical and statistical support.

The clinical trial is a difficult undertaking: it represents the culmination of research efforts, which mobilises several specialists, oncologists, ethicists, health economists, psychologists, etc. From clinical trial results, significant data flow back to the laboratory scientist, bringing him new ideas and orientation. The EORTC, therefore, fulfils another important function by promoting therapeutic clinical research as a scientific discipline, responding to the ethical obligation to advance knowledge and improve patient care.

A decisive step in the development of the EORTC has been the creation of its data center 20 years ago. This was achieved initially thanks to a significant grant from the National Cancer Institute, Bethesda, Maryland, U.S.A. The Data Center gave a completely new impetus to experimental and clinical cancer research, and consists now of a unique comprehensive structure, co-ordinating all aspects of clinical cancer research, including quality of life evaluation and health economics. As of now, the EORTC Data Center has registered 85 000 patient records from 360 participating institutions and hospitals from 15 European countries, with a few associated, non-European countries. Over 2000 physicians participate in collaborative trials which have to pass a Protocol Review Committee, examining the studies' scientific merits and the financial situation.

The EORTC holds its own scientific Journal together with others, the *European Journal of Cancer* being published by Elsevier Science Ltd, Oxford, U.K.

Overall, the EORTC, in addition to its research activities, realises in Europe a uniform standard of cancer treatment. It

also represents a powerful instrument for postgraduate and permanent education in oncology, which recently has been reinforced with the creation of an EORTC Education Office, working in close co-operation with the European School of Oncology (ESO, Milan, Italy). Much of the credit for this dynamic evolution goes to the present director of the Central Office, Professor Françoise Meunier, who in a very short time has effected a quiet, but impressive transformation of the quality of work within the EORTC.

Finally, what about the results in practical terms? The prevailing opinion is voiced by an American visitor, stating that it is impossible not to consider the EORTC as a first rate instrument for cancer research and treatment. Cancer clinical research and cancer medicine have acquired the dignity of being scientific disciplines, able to be discussed on terms of equality with biologists. Lastly, collaboration with the U.S.A. has intensified, because Europeans have become more competitive and competition is what collaboration requires.

In parallel fashion, the *European Journal of Cancer* has become one of the most important cancer journals, and it holds its own among the many old and new journals on cancer research!

Professor Henri Tagnon
Brussels, Belgium

Former President of the EORTC and
Founding Editor of the *European Journal of Cancer*