



International Cancer News

From Europe

EORTC — Continuous Medical Education Study Group

Members of the EORTC-CME Study Group participated in the European Conference on Continuing Medical Education in Oncology in October 1995. This conference was organised in the context of the Europe Against Cancer Programme by the European School of Oncology and University College Dublin in collaboration with the EORTC-CME Study Group.

Continuous learning is essential for all physicians to provide up to date and optimal patient care. It is the professional responsibility of the physician to keep abreast of new developments; it is the responsibility of the professional medical organisations to provide courses and programmes for continuous medical education. Oncology was targeted as an excellent field in medicine for the development of a European Continuous Medical Education programme because of its exemplary multidisciplinary nature and thereby its model function.

The meeting, with participants and observers from all member states of the European Community as well as from the U.S.A. and Switzerland, dealt with five key items for the definition and development of a European CME Programme in Oncology: (1) Structure and Coordination of CME; (2) CME Availability, Assessment and Accreditation; (3) Financing of CME; (4) Quality Assurance and European Coordination; and (5) The Need for Interdisciplinary CME. Some key recommendations were: CME in oncology should be directed at three target groups: general practitioners, oncobiological scientists and clinical oncologists (physician-specialists). The programmes should be voluntary with an accreditation system that is structured in a way to act as an incentive to participate, and coordination should be profession driven and controlled. Promotion of local programmes is extremely important and a key to the development of an effective CME programme.

Accreditation of these activities should be arranged through national professional medical societies with an umbrella function for a European organisation such as ESMO. Participation in international meetings and courses is only second to the local activities and has a similarly approved accreditation system. Meetings should be interdisciplinary in nature and organisational form. Assessment systems will need to be developed over time as the CME programme grows, and quality assessment of the CME should be completed by both the national professional organisations for local activities as well as by an umbrella organisation for the international activities.

Meetings, courses and teachers will be evaluated. Financing of the CME programme will be provided by the profession

itself, and external funds must be channelled through independent bodies. The EORTC-CME Study Group, presently chaired by Dr Alberto Costa, Milan, will develop CME activities within the EORTC and encourage EORTC Tumour Groups to introduce CME elements into the programmes of their biannual meetings, and put CME activities on their group policy agenda.

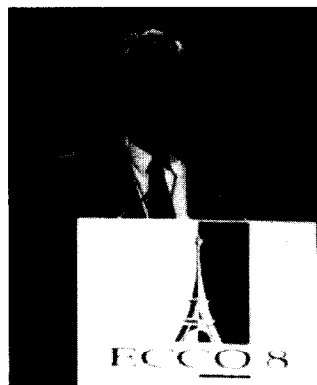
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ECCO 8 — Some Remarkable Firsts for FECS

For several reasons, some of which are identified below, ECCO 8 marks a milestone in the history of FECS and its biennial conference.

In terms of numbers — over 8000 delegates from 112 countries, an official scientific programme that required 621 speakers, 83 exhibitors occupying more than 2500 square metres net and 18 commercially sponsored satellite symposia — ECCO 8, the European Cancer Conference, organised by the Federation of European Cancer Societies (FECS), has proved to be the most successful ECCO meeting ever.

Held in the Palais des Congres, Paris, on 29 October–2 November 1995, ECCO 8 was the first occasion when FECS took responsibility for the entire practical organisation of its biennial conference. Building on the experience gained from its partial involvement in the organisation of ECCO 7, over the past 2 years under the guidance of its honorary officers, Jacques Rouesse (Chairman ECCO 8), Harry Bartelink (Chairman Scientific Programme — Basic Science/Medicine) and Kathy Redmond (Chairman Scientific Committee — Nursing), FECS's small, efficient and effective secretariat confidently developed the structure to support the complex scientific programme and commercial activities that together make up ECCO.



Professor A. T. van Oosterom, now Past-president of FECS, opens ECCO 8

The number of abstracts and the rejection rate are always a focus of interest and discussion among those attending a major conference. The following statistics illustrate how the ECCO 8 Scientific Committee endeavoured to ensure that only abstracts of the highest scientific interest and quality would eventually be represented at ECCO 8. One thousand four hundred and fifty-three abstracts were received for possible inclusion in the basic science/medicine programme at ECCO 8. Of these, 18% (259) were accepted for oral presentation, 39% (573) were accepted for poster presentation and 17% (241) were selected for "published only" — a new category at ECCO conferences. Twenty-six per cent (380) of abstracts received were rejected as opposed to 11% (148 out of a total of 1341 abstracts received) at ECCO 7. For the nursing programme at ECCO 8, 160 abstracts were received of which 24% (38) were accepted for oral presentation, 64% (103) for poster presentation and 12% (19) rejected.

ECCO 8 was also the first ECCO conference at which a comprehensive media relations programme was organised using the services of CPR Ltd, an international media relations company based in London. A full review of the media activities at ECCO 8 is not yet available, but early indications speak of the unprecedented success of the enterprise. One hundred and fifty-five journalists from 24 countries worldwide attended ECCO 8. This number compares favourably with other major medical meetings such as ASCO and the American Heart Association, both of which attract no more than 100 journalists. Attendance by journalists at the beginning of the week was high. It is interesting to note, however, that although the number was fewer, the "quality" of the media organs represented (*Lancet*, *Daily Telegraph*, etc.) remained high at the end of the week. An impressive number of interviews with speakers from the daily press conferences and the scientific programme was arranged for journalists on site or on the telephone. To date, 101 articles arising from information released at ECCO 8 have been published in the international media and distributed on the Reuters newswire, and both French television and radio stations covered the conference.

While regular delegates to ECCO conferences found much that was familiar at ECCO 8 — notably the multidisciplinary focus — each ECCO conference attempts to advance the boundaries set by its predecessor. ECCO 8 has certainly thrown down a challenge to those who will be involved in the organisation of ECCO 9 to be held in Hamburg between 14 and 18 September 1997. Professor Herfarth, Chairman of ECCO 9, and his colleagues, however, are well aware of this and are already confident of handing on their own challenge to the organisers of ECCO 10.

A.P. Pritchard

New Developments at the Federation of European Cancer Societies

The aim of FECS

The primary aim of the Federation of European Cancer Societies (FECS) is to promote and coordinate collaboration between European societies active in the different fields of clinical and experimental oncology. In furtherance of this aim, FECS encourages the participation of its members at inter-governmental level in collaborative ventures and every 2 years organises ECCO — the European Cancer Conference (previously known as the European Conference on Clinical Oncology Cancer Nursing).

Founded in 1981, FECS is registered as a non-profit making international organisation with scientific purpose with the Belgian Ministry of Justice. The full members of FECS are European Society for Medical Oncology (ESMO), European Society for Surgical Oncology (ESSO), European Society for Therapeutic Radiology and Oncology (ESTRO), European Association for Cancer Research (EACR), European Oncology Nursing Society (EONS), and International Society for Paediatric Oncology (SIOP Europe). The European Society for Psychosocial Oncology (ESPO) is an affiliated member of FECS.

Through its federated structure, FECS now represents the greater number of basic scientists, medical oncologists, surgical oncologists, radiotherapists and nurses working in cancer care throughout Europe. FECS also works closely with the European Organisation for Research and Treatment of Cancer (EORTC) and European School of Oncology (ESO). Both these organisations have observer status in the FECS Council and Board. Informal links exist between FECS and the European Union (mainly through the European Commissions' Europe against Cancer Programme), the Cancer Programme of the World Health Organisation's Regional Office for Europe, the Association of European Cancer Leagues (ECL), the Organisation of European Cancer Institutes (OECI) and the International Union against Cancer (UICC). The official journal of FECS is the *European Journal of Cancer*, published by Elsevier Science Ltd. Every two years, during ECCO — the European Cancer Conference — the FECS Clinical Research Award is conferred in recognition of an outstanding international contribution to the integration of scientific research and clinical practice in the field of cancer. Previous recipients of this award are E. van der Schueren (1989), K. Lundholm (1991), H. zur Hausen (1993) and G. Bonadonna (1995).

Governing bodies

The governing body of FECS is the Council. This consists of the President (J.-C. Horiot), Past-president (A. T. van Oosterom), President-elect (N. O'Higgins), Secretary (A. Costa) and Treasurer (J. F. Smyth), and three representatives (one of whom will also serve on the Board) nominated by each of the full member societies. Affiliated members, who have no voting rights, are entitled to have one representative at Council meetings. EORTC, ESO and UICC have one non-voting representative on the Council.

The executive body of FECS is the Board. This consists of the President, Past-president, President-elect, Secretary and Treasurer and one representative from each of the full member societies as mentioned above. EORTC and ESO have one non-voting representative on the Board.

Membership

FECS offers three types of membership. Full membership is reserved for those European multinational societies whose activities were exclusively confined to the field of oncology. In recognition of their status within FECS, full members agree to integrate their annual conference in ECCO in the years in which this conference takes place. Affiliated membership is reserved to European organisation with a specific interest arising from one or more of the main cancer treatment modalities, basic cancer research or cancer nursing, and that shares the values and beliefs of FECS. Affiliated membership is granted for a period of 2 years and is renewable. Organisations, insti-

tutions and agencies not eligible for full or affiliated membership may be invited to become patrons of FECS. Such patrons have no voting rights and are not eligible for positions in the Council or Board.

Planning to refocus

From its early days, FECS has been perceived almost exclusively by the clinical and experimental oncology community as the organiser of the biennial ECCO meeting and nothing more. There has always been an awareness within FECS, however, that the organisation of ECCO was but one aspect of its primary aim. Recent political developments, such as the ratification of the Treaty on European Union (Maastricht Treaty) giving the institutions of the European Union a mandate to legislate on health matters, have forced FECS to reassess how it can assist its full members to participate in influencing intergovernmental and other organisations with a remit for health functioning at the European level.

A number of practical things needed to occur, however, before FECS could begin to consider how its wider purpose could be fulfilled. FECS had to ensure that it had sufficient resources — human and financial — to be able to undertake this role without compromising existing financial and other commitments to its full members. This was memorably achieved as a result of FECS's revolutionary decision to assume complete control of the organisation of ECCO, a process that began with ECCO 7 in Jerusalem. (ECCO 8 was the first time this conference was organised entirely by FECS.) In creating an administrative and managerial infrastructure capable of supporting the organisation for such a large and complex meeting and exercising stringent financial controls, FECS not only provided each full member with a greater income from ECCO 7 than had been forthcoming from any previous ECCO meeting, but also allowed for the possibility of using a small percentage of these profits to allow FECS to develop as a more effective medium to represent the voice of clinical and experimental oncology at the European level. If such a course of action was to be followed, however, FECS would need to establish a permanent secretariat. While enabling it to continue to support the organisation of ECCO, this secretariat would also offer a range of services to its full members to increase their awareness of developments taking place at the European level that would impact on clinical and experimental oncology and raise their profiles with the organisations functioning at this level.

Meeting the challenge

At its meeting in Jerusalem in November 1993, the Board recommended, and the Council approved, a decision to set up a Working Party composed of the President, Past-president, President-elect, Secretary, Treasurer and one representative from each of the full member societies to consider whether the prime responsibility of FECS should continue to be the organisation of ECCO meetings or whether FECS, on behalf of its full members, should begin to develop its profile as a body contributing in a more systematic way than in the past to the shaping of cancer policy at the European level. The Working Party met in France early in 1994 and recommended that the role of FECS should be extended beyond that of organising the biennial ECCO meeting. Invoking the principle of subsidiarity, however, it was made clear that in considering future initiatives there would need to be a clear understanding that FECS would only take the lead in those activities that benefit-

ed from a European multidisciplinary approach; all other issues would continue to be managed by the individual full members as appropriate. In its proposed new role, FECS would act as a reservoir of knowledge, skills and experience not readily available to the full members from which they could draw freely.

Areas where it was felt that FECS could demonstrate its unique role in the coming years included:

- Dissemination of relevant information produced by the institutions of the European Union and other intergovernmental organisations to its full members highlighting the implications for their work.
- Coordinating contacts between the full members and the institutions of the European Union, other intergovernmental and non-governmental organisations and commercial concerns.
- Coordination of European educational initiatives with a multidisciplinary dimension on behalf of the full members.
- Raising the media's awareness of the European clinical and experimental oncology community.
- Developing contacts, particularly with the European Commission, to identify how FECS could be of assistance to the countries of Central and Eastern Europe.

As mentioned previously it was realised that this extended role could only be sustained if a permanent infrastructure was established to support the work and activities of the Council and Board. This would require the creation of a small team, led by a Chief Administrator, whose prime responsibility would be to coordinate all the activities in which FECS was involved and which would report directly to the Board and be accountable to it. Through the generosity of Professor van der Schueren and the University Hospital, the core team responsible for managing ECCO 7 had been housed in the Department of Radiotherapy at St Rafael's Hospital, Leuven. While the University Hospital was prepared to continue hosting a FECS Secretariat, the organisation of ECCO 7 within the University Hospital setting had identified several constraints that had arisen directly as a result of running an organisation with a number of commercial interests (ECCO) within a structure (the University Hospital) not entirely sympathetic — through no fault of its own — to such an exercise. Given also that the Department of Radiotherapy was preparing to move to a new location in Leuven, it was felt that discussion about another venue for the proposed FECS Secretariat was timely.

With the institutions of the European Union set to play an ever increasing role in health care generally in the Member States, the Working Party felt it would be appropriate to give particular consideration to Brussels as the future site for the permanent FECS Secretariat. The European Organisation for Research and Treatment of Cancer had already been successfully established in Brussels for a number of years and, following investigations by Professor van Oosterom, then President of FECS, suitable office space was identified in the same building.

The Working Party's recommendations were approved and in the summer of 1994, the FECS Secretariat moved to its new offices at 83 Avenue E Mounier, Brussels. Current staff members are Philip Pritchard (Chief Administrator), Luc Hendrickx (Conference and Exhibition Manager), Kris

Vantongelen (Scientific Programme Coordinator), Riitta Kettunen (Registrations Secretary), and Edurne Mugica (Assistant to Ms Vantongelen).

The future

The benefits of these new developments are already beginning to be felt by the full members:

- Information about publications of interest emanating from the institutions of the European Union are circulated to the full members and assistance offered in pursuing any of the matters contained in them.
- FECS contacts in the European Commission have allowed the Chief Administrator to work closely with ESMO's Administrator on the matter of gaining recognition for medical oncology as a speciality in the European Union's legislation relating to the training of doctors and the mutual recognition of medical qualifications.
- Tentative steps are being taken to determine how FECS can collaborate on behalf of the full members with such organisations as the Association of European Cancer Leagues on matters of common interest.
- By request, the Secretariat of the European Oncology Nursing Society is now serviced from the FECS office and this might be a service that in future other full members might want to consider.

- The Conference Unit now provides advice to those full members requiring assistance in the organisation of conferences and developing their relationship with commercial companies on a regular basis. In addition to ECCO, FECS has also organised, on behalf of the EWOC Foundation, EWOC 3 and 4 and is poised to begin the organisation of EWOC 5. The Conference Unit will assist in the organisation of the Second Educational Convention of the European School of Oncology in 1996 and will organise in its entirety the EORTC Breast Group's Breast Cancer Working Conference in 1998. EACR has also called on the expertise of the Conference Unit in exploring the potential of Oporto to host a future annual conference.
- One of the future responsibilities of the Scientific Programme Coordinator is the creation of a database that can be accessed by full member societies seeking information about suitable speakers for scientific sessions at their conferences, symposia and other scientific gatherings.

FECS has entered a new period in its history. Its future success or failure will depend ultimately on its ability to continue representing and reflecting the common needs and concerns of those it serves — the professional clinical and experimental oncology community working in Europe. It is not the intention of FECS in developing its new role to supplant its full members but to assist in contributing to their strength.

A.P. Pritchard