

New series: EORTC Fellow Profile

The abilities of young medical doctors, biostatisticians, health economists and other scientists are being developed, and released back into institutions throughout the world through the prestigious EORTC Data Center Fellowship Programme. The network is growing rapidly. Over the past 4 years, 36 research fellowships have been awarded at the EORTC Data Centre with support from various sources.*

Talented and enthusiastic research fellows are linked, usually for 1–3 years, to individual EORTC co-operative groups, speciality units or specific research projects involving the Data Centre's database. Currently, 14 Research Fellows work in the unit, together with the first EORTC Lady Grierson Research Fellow who is profiled in this issue.

EORTC Fellows can pursue many possible careers after leaving the EORTC, as will be seen in a future article showing the range of jobs past-fellows are doing. Some return to clinical medicine, but will tend to try to remain in research, some stay and become employees of the EORTC, and some become investigators in academic medicine, and some join the pharmaceutical industry.

*(EORTC Foundation, FOCA, several European cancer leagues, Fondation Cancer, the European Commission and pharmaceutical industries).

EORTC Fellow Profile: Dr Ingvar Rosendahl, PhD

Dr Ingvar Rosendahl graduated as a statistician in 1988. Near the end of his studies he read a course in epidemiology and became particularly interested in the field of biostatistics. He started work in September 1988 at the Karolinska Hospital in Stockholm, Sweden at the local cancer registry.

Quality-of-life studies

During the last few years he worked on some studies involving the psychosocial unit of the hospital. It was at this point that he became interested in quality-of-life studies and decided to work in this field. He applied for the EORTC Lady Grierson Research Fellowship.

New methodology—Q-Twist

He started his one-year Fellowship at the EORTC in March 1996 and is working with a new methodology developed by A. Goldhirsch and R. Gelber. It is called Q-Twist (Quality adjusted time without symptoms of disease and toxicity treatment). He is

applying that method to the data of a previously analysed prostate cancer study which involved 327 patients. In that study, they looked at the overall survival, progression-free survival, and the frequency of the side-effects of treatments. "Now I will try to adjust the survival for the time they spent in being in progression, which is the difference between the overall survival and the progression-free survival. And also the time they spent in having side-effects of treatment". He is writing up this study at present.

Dr Rosendahl is looking forward to bringing his experience home in the middle of this year. "I would like to learn as much as is possible in my year here to take back to Karolinska, since there is a great experience of quality of life studies at the EORTC. I hope to work primarily in the psychosocial unit at our hospital. There are so many trials that are just waiting to be analysed for quality of life data."

From The Countries

ITALY

Gene Factory Brought to Patients for Large Scale Molecular Medicine in Italy

The facilities of a factory have for the first time been brought on-site with a hospital and research facilities that will eventually allow large scale delivery of molecular medicine to cancer patients.

This era opened with the inauguration of a service in molecular

medicine at the San Raffaele Biomedical Science Park in partnership with Boehringer Mannheim. "Molecular Medicine SpA" combines the scientific and clinical research capabilities of San Raffaele with the production and quality assurance experience of the diagnostic, pharmaceutical and biotechnology company Boehringer Mannheim. The main focus of effort will be the treatment of cancer. Initially, the main products of the group will be vectors for gene therapy.

The gene therapy research team at the San Raffaele Hospital, Milan, led by Dr Claudio Bordignon, was among the first to undertake the clinical

application of gene therapy in the early 1990s. Dr Bordignon explained at the opening ceremony the rationale for the new partnership, "When you come to treat hundreds of patients instead of 2 or 3, a different scale of production is needed. You need expertise in large scale industrial production. You need good quality and reproducible reagents."

The services of MolMed services are offered on a contract basis to all specialists involved in developing novel gene therapy approaches, to hospitals and clinical research centres as well as biopharmaceutical companies interested in conducting clinical trials.

Two similar alliances with research and hospital establishments in the U.S.A. and Germany are expected to take place this year. Cancer will be the main disease target of all these centres of molecular medicine. These three centres operating within three different healthcare systems will act as pilot centres to examine the practicality of delivering gene therapy to large numbers of patients in different countries.

SPAIN

Late Relapses Rare in Head and Neck Cancer

Long-term follow-up of patients with head and neck cancer show that late relapses are rare. "Follow-up for early diagnosis of a second or third neoplasia should be discontinued after 5 years of definitive therapy," concludes Dr Grau, Department of Medical Oncology, University of Barcelona Hospital Clinic, Barcelona, Spain.

Dr Grau and colleagues came to this conclusion from analysis of the long term follow-up of all 1355 patients with head and neck cancer in their hospital between 1973 and 1993. Median follow-up of the group was 10 years. Only in 7 patients was the second or third primary seen after 5 years of follow-up. The investigators suggest that curability should be observed for 5 years from definitive therapy of glottic, supraglottic, oral and nasopharyngeal cancer (and earlier in oropharyngeal and hypopharyngeal cancer). Further follow-up should be discontinued.

1. Grau JJ. Follow-up study in head and neck cancer: cure rate according to tumour location and stage. *Oncology* 1997, 54, 38-42.

U.K.

Europe's First Professor of Cancer Nursing

Professor Jessica Corner, of the Institute of Cancer Research, is the first Professor of Cancer Nursing to be appointed in Europe. The appointment is seen by senior nurses across Europe as a huge encouragement to European cancer nursing as it should foster thinking and research within the specialty across Europe. The Institute of Cancer Research is the largest provider of training for cancer nurses in Europe.

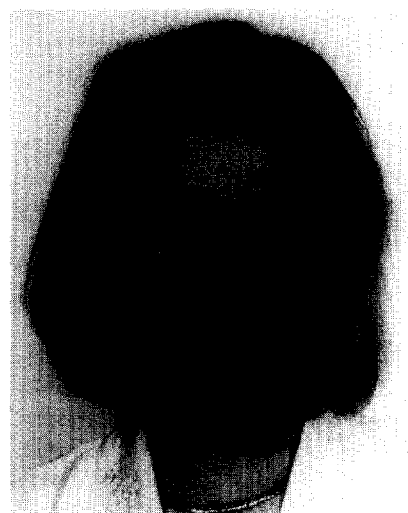
Professor Corner is also Director of the Centre for Cancer and Palliative Care Studies at the Institute of Cancer Research, in partnership with the Royal Marsden NHS Trust.

In her inaugural lecture as Professor, she pleaded for more resources to help patients cope with cancer in their daily lives.

"The focus has been on the fight for survival and not enough on the stress and suffering people with cancer experience. Too little attention has been paid to the detrimental effects of toxic or disfiguring treatments and not nearly enough has been done to help patients deal with the problems the disease brings," she said.

She identified four urgent measures to improve the situation:

- Greater investment in developing treatments that are less damaging, so that distressing side-effects such as hair loss, early menopause and sterility need no longer be accepted as the norm.
- More research to evaluate the needs and problems of people living with cancer. She highlighted two relevant projects at the Institute of Cancer Research: the very successful use of non-drug measures to alleviate breathlessness in lung cancer patients, and a study



Professor Jessica Corner: Pushing for resources to train more nurses in cancer care.

focusing on the fatigue suffered by people with advanced cancer.

- Greater collaboration between patients and doctors, so that the patient is fully involved in treatment decisions and feels more in control.
- A reconstruction of the environment of cancer care, with softer terminology that is dominated less by the risk of death and more by patients' individual needs.

In the U.K., cancer services are being reorganised in line with the Calman proposals. The above issues, she feels must feature in the restructuring if patients are to benefit fully.

She stressed the role of nurses: "The role of nurses has become increasingly vital as they provide much of the on-going support that is essential to cancer sufferers in their daily lives. It is imperative that this is acknowledged and resources are made available to train more nurses in the specialist skills required," she said.