

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.