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## Editorial

# Reflections on the First European Breast Cancer Conference

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THE FIRST European Breast Cancer Conference took place in Florence from 29 September to 3 October 1998. Its success confirmed the interest of the subject for scientific and social studies, and vindicated the soundness of the original idea. For a report of the conference, please see 'International News', *Eur J Cancer* 1998, **34**(13), 1987–1989.

At the conclusion of the Conference about 1000 delegates who attended the final session were able to participate in the preparation of what has been called the 'Florence Statement' (see this issue, pp 14–15). This document was approved by means of an electronic voting system and, therefore, expresses the opinion of the majority of those present. The items which were illustrated, discussed and voted upon were those chosen by the Executive Committee as being especially topical and important, not only from the scientific point of view but also as regards social issues and research, genetic predisposition, psychosocial state, treatment and the quality of services. The choice of a plenary decision taken by participants at various levels in the fields of basic and applied research and clinical medicine, and by the lay public, was intended to emphasise how science and the choices it directs cannot and should not be separated from the context of the wider world in which we all live. At the same time, scientists should not be the only ones to make every decision and to assume every responsibility.

In the last 30 years scientific effort in this field has been almost incredible, with results that are evident for all to see. The 'Florence Statement' stresses two particular aims which constitute a serious challenge for the future and which can no longer be ignored.

The first regards the central role of women: there must be no clinical research unless patients are adequately informed about its aims, value and importance. Women should insist on this right. By the same token, they should not refuse to participate, but must respect the serious scientific basis of the research, and accept the sacrifice and suffering which are the inevitable concomitants of an uncertain outcome. However, where there is no certainty, the scientific world and the health system of each country must protect women from any kind of unsuitably speculative research.

The second aim of the 'Florence Statement' refers in particular to the health authorities of individual European

countries. It is absolutely useless for important scientific results to be presented to the public when there is no guarantee of these being put into practice. It is useless to assert that early diagnosis by screening reduces mortality from breast cancer unless one can convince the competent authorities to introduce national screening. It is useless to have an excellently organised screening system if one cannot guarantee an adequate and effective treatment. A uniform growth of knowledge across Europe would almost certainly augment the probability of cure and would guarantee more consistent treatment and results. However, without adequate financial support one cannot carry out research; waste of money and of ideas must at all costs be avoided.

The 'Florence Statement' will be published throughout the scientific world and beyond. It is a challenge to the future, but it is also a criticism of present practice. Those capable of adopting it must do so, in order that its objectives may be realised, that research may be fostered and organised in the best possible way and above all, that a uniform system of diagnosing and treating breast cancer will be applied in every European country.

When a journalist asked me to indicate the most interesting subject to emerge from the conference, I replied that it was the awareness of working together. It has been shown that better clinical research results from involving women and asking them to participate more fully. A new chapter has been opened.

The moment has now come to work together, to create a sort of federation of all the groups and associations concerned at a European level with cancer of the breast. Each group would be able to preserve its own individuality, provided such individuality is complementary to that of the others. The EORTC Breast Cancer Cooperative group should continue to conduct its multicentre clinical studies and should probably extend its activities, which have hitherto been mainly therapeutic, into the area of diagnosis. Research findings should be spread throughout the European scientific community and this is the special role of EUSOMA. But the scientific community should also be aware of studies in progress or envisaged for the future, so that research may be assisted and participation increased. There is a permanent need for collecting as many clinical cases in as short a time as possible, so that years do not pass before results are obtained which have sometimes already been superseded as regards their scientific usefulness.

Europa Donna encourages the participation of women and especially patients in these studies, solicits adequate funding from governments and evaluates the psychological impact of certain studies on the quality of life; it will readily be seen how important the work of this association is. Also of importance is the role of the media in influencing public opinion and a new agreement should be sought with them.

As well as concerning itself with research, the Federation should establish a series of short, medium- and long-term objectives. Among these objectives priority should be given to the training and professional qualification of anyone who at any level is involved with breast cancer. Preparatory and refresher courses should be organised in all the countries of Europe. In this context, the European School of Oncology has an important part to play.

Whoever wishes to undertake clinical research should be able to follow courses organised for this purpose, and some form of accreditation should be required of all those, whether

individuals or institutions, who work in this sector. Another objective to be achieved is the introduction of diagnostic and therapeutic uniformity so that similar results are obtained in all countries. One should not overlook the absolute necessity of extending screening programmes and of encouraging the creation of Breast Units. In these centres, all the diagnostic instruments should be made available for both symptomatic and asymptomatic women, so that complete certainty may be attained as soon as possible. After diagnosis of breast cancer, an adequate therapy should follow in a short time, conducted by experts in each of the disciplines, working together as a team, and providing services from early detection through to care of advanced disease. These are only a few of the objectives. Working together is easier and is a necessity that is deeply felt both by the scientific community and by women. Perhaps this time, as in the past, those who are dealing with breast cancer will develop new ways of confronting cancer as it affects other organs too.