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FECS' new mission

The Council of the Federation of European Cancer Societies (FECS) agreed a new mission statement and objectives at its Annual Council Meeting on 4 June 2002. Ms Kathleen Vandendael, FECS' Executive Director, said the mission statement sets out the long term vision for the Federation. The objectives are the tools to achieve the mission, and will be reconsidered in a couple of years' time.

"It was crucial for us to have a clear vision of our mission and objectives," she said. "It will allow us to develop along these lines over the next few months and years."

At the same meeting, the FECS Council ratified a number of amendments to the FECS Constitution and Byelaws with the main purpose of enhancing the communication, relationship and involvement of all member societies.

The Mission Statement states that FECS aims:

- To promote, enhance and coordinate collaboration between European societies active in cancer research, prevention, treatment and nursing with the ultimate goal of providing the best possible treatment and care for all European cancer patients
- To promote the implementation throughout Europe of a multidisciplinary and interdisciplinary approach in oncology in order to enhance access of cancer patients to quality treatment and care
- To promote and provide continuing professional development (CPD) and continuing medical education in Europe (CME) and promote and harmonise the recognition of Accreditation of CME in Oncology in Europe
- To communicate with the authorities, health care providers, the public and patients' organisations and provide them with the best available information
- To become recognised as the voice of oncology in Europe.

FECS' objectives are:

1. To enhance member societies' multidisciplinary interactions in order to provide the best possible treatment and care to all European cancer patients and to further promote member societies' goals in both research and treatment.

2. To promote the implementation throughout Europe of a multidisciplinary and interdisciplinary approach in oncology through:

- the establishment of platforms for scientific exchanges from bench to bed-side in order to disseminate research results.
- supporting the development of guidelines concerning quality of cancer care, prevention, diagnosis, treatment and nursing) and the setting up of standards for education and training in oncology.

3. To promote and provide CPD and promote and harmonise the recognition of CME in oncology and the establishment of an accreditation system valid across Europe, through:

- the development of CME activities
- the recognition of FECS' accreditation system (ACOE), by the national accrediting authorities.

4. To strengthen the position/awareness of Oncology at European level, FECS, as the umbrella organisation, will:

- Develop communication with all partners to provide reliable information based on research results and scientific data to the authorities, the public and patients' organisations
- Develop position statements on specific cancer-related issues in order to contribute to European legislation
- Enhance dialogue with national and international organisations and authorities on the development and recognition of specialities within oncology.

Early results from ATAC

The first results of the ATAC (Arimidex, Tamoxifen, Alone or in Combination) trial among postmenopausal women with hormone-sensitive early breast cancer have been published (*Lancet* 2002, **359**, 2131–2139). As previously reported (*EJC* News 2002, **38**, 11), anastrozole showed improvements in disease-free survival over tamoxifen, and the combination group. However, at the time of reporting patients had taken treatment for an average of only 2.5 years.

An accompanying editorial (*Lancet* 2002, **359**, 2126–2127) warned that early reporting "can powerfully affect what information can be gleaned from a trial, particularly if they cause a trial to be reported when many of the patients have not completed therapy, as in ATAC." Patients are to be informed of the early results. "It remains to be seen how many of the patients on the two remaining blinded arms will continue to take the therapy that they were randomised to," it stated.

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Potential treatment for pleural mesothelioma

Hopes of a treatment for pleural mesothelioma were raised at a presentation at the annual meeting of the American Society of Clinical Oncologists (ASCO) in Orlando, FL (May 2002). Pleural mesothelioma has a median survival of less than 9 months to date and there have been no effective treatments. However, scientists found that patients treated with the novel antifolate, pemetrexed (Alimta), in combination with cisplatin, have a survival rate of about one year, 3 months longer than those given cisplatin alone.

Asbestos exposure is thought to be a common causal agent of mesothelioma, with the cancer developing 20–40 years after exposure. There are 2500 cases/year in the US and 5000 cases/year in the European Union. Its incidence is expected to rise until at least 2020.

Pemetrexed targets three key enzymes in purine and pyrimidine synthesis, and inhibits cell division and growth. Encouraging results in phase I trials of pemetrexed in combination with cisplatin led to the development of a phase III trial. It is the largest ever clinical trial in mesothelioma and includes 456 patients, randomised to receive the combination or cisplatin alone. The overall survival rates were significantly different (12.1 months in the combination group compared with 9.3 months for the single agent treatment) as was the time to progressive disease (5.7 months compared with 3.9 months, respectively). The tumour response rates were 41% compared with 17%, respectively. Folic acid and vitamin B supplementation was introduced to bring the severe toxicity observed in the combination patients down to the level seen in the single-agent alone group.

"THIS DRUG OFFERS REAL AND TANGIBLE BENEFITS"

Presenting the data, Dr N.J. Vogelzang (University of Chicago) said, "The results are encouraging and significant because mesothelioma patients and their families now have proof that this new chemotherapy drug offers real and tangible benefits." He said the multitargeted mechanism of action might explain the agent's success. Unanswered questions remain, such as whether it could be used in earlier disease, as most patients in this trial had locally advanced disease, and whether other cytotoxics or targeted therapies could be added to the regimens.

Emma Cannell

New role for aspirin?

Regular aspirin use was associated with a reduced risk of lung cancer in a case–control study in New York (*Br J Cancer* 2002, **87**, 49–53). Those who used aspirin three or more times a week for at least 6 months had a reduced risk of all types, but the association was strongest for non-small cell lung cancer.

The study included 81 women with lung cancer who, as part of a larger study, had previously provided information on aspirin use. Each was matched by age, menopausal status and dates of enrolment in the study with 10 controls. Results were adjusted for smoking and education.

They found that, compared with never-users of aspirin, regular-users had an odds ratio for developing non-small cell lung cancer of 0.39. The researchers speculated that chemoprotective effects of aspirin and other non-steroidal anti-inflammatory drugs could be a result of inhibition of COX-2, reduction of prostaglandin synthesis, increased intracellular levels of free arachidonic acid and induction of apoptosis.

They conclude that, "Aspirin may have broader chemopreventive properties than previously thought," but warn that because of its occasional but serious side-effects, any recommendations on its use for prevention of lung cancer "should be deferred until confirmation of the effect by larger studies and determination of the effective dose and duration of use."

Central Europe "in need of tobacco control"

Foreign tobacco companies have recently made "massive investment" in Central Europe, leaving the region sorely in need of strong public health campaigns, researchers say (*Br J Cancer* 2002, **87**, 43–48). They studied lung cancer trends in 20 countries over the past 50 years, and found that rates in Hungary were exceptional. "The peak in Hungarian rates, when it occurs, is likely to represent the highest national lung cancer mortality rate observed for any country," they said.

Overall across Europe, deaths from lung cancer are decreasing among men and increasing among women. Among men, lung cancer rates are declining in Northern and Western Europe. In the south, rates are declining in Italy, are constant in France and Germany, and increasing in Spain. In Central Europe, rates in Romania and Bulgaria are similar to those in Southern Europe; rates in Poland and Czech Republic have peaked but at very high levels; even so, death rates in Hungary are surprising. "Not only are current mortality rates much higher than previously observed in any other country but they are projected to increase further in the short term," the researchers say.

Among women, Denmark has the highest female national mortality rates in the world, and there is no indication that the rate is about to peak. However, death rates among Hungarian women are likely to exceed those in Denmark.

Dr Paul Brennan (International Agency for Research on Cancer, Lyon, France) said, "Sadly, across Europe, the anti-smoking message doesn't seem to be getting across. Among men, death rates are remaining high, while women's rates are lower but often going up."

The study concluded, "Although there are potential gains to be made in all countries in terms of reducing tobacco consumption, a clear priority for such work is in Central Europe, which has recently seen massive investment by foreign tobacco companies."

Screening "does not lead to depression"...

Women with breast cancer detected as part of a national screening programme had no more anxiety or depression than those who presented with symptomatic disease, say UK researchers (*EJC* 2002, **38**, 1622–1625). The finding "should reassure those who fear that women whose cancers are screen-detected might suffer greater distress," they say.

It has been estimated that up to half of all women with breast cancer may experience psychiatric problems over the year following diagnosis of the disease. Most literature has concentrated on the psychiatric cost of screening to women without cancer, or those who receive a false result.

The UK study included 157 women diagnosed with invasive breast cancer between 1991 and 1995 at Guy's Hospital, London. They were interviewed by a research psychologist 5 and 18 months after diagnosis.

Almost half of the women, 46%, had experienced an episode of depression or anxiety at some point from a month before the diagnosis to 12 months afterwards. However, there was no significant difference in the prevalence of psychiatric disorders between the two groups.

It has been suggested that the potential gain in survival from a screen-detected breast cancer may protect against psychological problems. It is equally possible, that the impact of an unexpected diagnosis of cancer might be greater. "Women with symptomatic disease are more likely to have considered the possibility of cancer and have more control over the process of its discovery, making it easier to assimilate the news of the diagnosis," they write.

However, in this study, the two groups showed similar psychiatric morbidity, and suggested that patient-related factors, such as previous treatment for psychological problems, are more predictive than disease- or treatment-related factors. Age under 50 years and a lack of social support are also important. "Health professionals should be aware of these risk factors... as they may suggest the need for referral for psychological intervention," the researchers conclude.

Hair dye given all-clear

Hair dye does not have a major impact on risk of breast cancer, according to American researchers in this issue (*EJC* 2002, **38**, 1647–1652). Previous studies have been inconclusive overall, but have shown up to a 6-fold increase in risk among heavy users of the products. However, after the current study, the researchers concluded, "We consider it unlikely that personal hair dye use contributes significantly to an increase in breast cancer risk."

The study included 608 women newly-diagnosed with breast cancer, and 609 age-matched controls, some of whom had breast surgery, but not cancer. A structured questionnaire was used to obtain information on use of hair dyes and other potential risk factors, including menstrual and reproductive history, diet and family history.

There was no overall association between use of hair dyes and breast cancer risk. There was a non-significant increase of risk with use of semi-permanent products, but no clear pattern of increased risk with increased duration and extent of use. "Chance alone may account for the observed results for semi-permanent colour use."

They conclude, "In this case–control study, we found no overall association between hair dye use and breast cancer risk based on detailed information regarding lifetime use of hair dye products."

PET scanner on trial

A trial examining the use of PET scans in 135 men with early testicular cancer has been set up by Cancer Research UK. It aims to identify those at risk of relapse after surgery. Team leader Dr Robert Huddart (Institute of Cancer Research, London) said that, if it works, it may improve clinical management: 'Patients whose cancer will not come back can be spared unnecessary drug treatment.'

...nor does depression cause cancer

A study of 89 000 depressed patients in Denmark found no evidence that depression independently increases risk of cancer (*Am J Epidemiol* 2002, **155**, 1088–1995). The study included all Danish adults who had been admitted to a hospital with depression between 1969 and 1993.

Within this cohort, 9922 cases of cancer were diagnosed, which is 5% more than expected. In the first year after hospital admission, brain cancers occurred more frequently, and the researchers say this could be reverse causality, with the cancer causing the depression. Thereafter, the slight increase in cancers disappeared when results were adjusted for smoking and alcohol use.

"These data provide no support for the hypothesis that depression independently increases risk of cancer, but they emphasise the deleterious effect that depression can have on lifestyle factors," the researchers wrote.

Oesophageal cancer: chemotherapy first

Preoperative chemotherapy significantly improves survival for people with oesophageal cancer, say UK researchers (*Lancet* 2002, **359**, 1727–1733). They found that two cycles of cisplatin and fluorouracil improved overall and disease-free survival without additional serious adverse events.

The multicentre trial included 802 previously untreated patients with resectable cancer. They were randomised to receive surgery with or without prior chemotherapy.

The group who received chemotherapy had a median survival of 16.8 months, compared with 13.3 months among those receiving surgery alone. At 2 years, survival was 43 and 34%, respectively.

The researchers say that preoperative chemotherapy "should be considered for patients with resectable cancer of the oesophagus." The cisplatin/fluorouracil regimen "would be appropriate as a control in further randomised trials designed to identify more beneficial regimens of preoperative chemotherapy or chemoradiotherapy," they conclude.

EJC Club Travel Award

Dr Michael Crawford, consultant medical oncologist at Airedale General Hospital (Yorkshire, UK) has won the *EJC* Club Travel Award. He was already planning to attend the 27th ESMO (European Society for Medical Oncology) Congress in Nice, France, this autumn (18–22 October 2002) and is now intending to spend the £500 award on a visit to oncology services in France, before or after the meeting. "I would like to meet the people involved in providing what seems to be a better service," he said.

Dr Crawford has submitted an abstract to ESMO, which he is hoping to present. It is a study on ovarian cancer looking at CA125 levels at the end of treatment, and how they relate to prognosis.

In the UK, unlike other European countries, few medical oncologists work outside of academic settings. This makes Dr Crawford, who works at a district general hospital, "quite a rare breed", he says. His special interest is the delivery of healthcare to patients with common cancers, especially those of the breast, bowel, bronchus and ovary.

Dr Michael Crawford

He would like to see many more oncologists working in local hospitals in Britain. The UK's National Health Service "needs many more cancer specialists of all disciplines to treat the patients after the diagnosis is made," he wrote in a recent article (*EJC* 2000, **36**, 15 1909–1912). This was prompted by the EUROCARE II Study (*EJC* 1998, **34**, 2137–2278) which examined the frequency and outcomes of a range of cancers across Europe, and found that 5-year survival rates in the UK are well below the European average.

Distinguished Achievement by Fox Chase Scientists

Dr Robert Young and Dr Robert Ozols have won the 25th Bristol-Myers Squibb Award for Distinguished Achievement in Cancer Research. They shared a US $50 000 cash prize and each received a silver medallion at a dinner in New York in April 2002.

Dr Young and Dr Ozols have collaborated for more than two decades on research into ovarian cancer. They were first to develop and characterise a series of epithelial ovarian cancer cell lines from patients, and to establish a xenograft model of human ovarian cancer. They recognised the importance of platinum compounds in ovarian cancer and reported long-term survival with a cisplatin regimen. Their exploration of drug resistance led to strategies that restored sensitivity to alkylating agents and platinum compounds in drug-resistant ovarian cancer cells.

Dr Young is president of Fox Chase Cancer Center and Dr Ozols, who is originally from Latvia, is vice president of Medical Science at the same institution. Dr Robert Kramer, a vice president at Bristol-Myers Squibb in Princeton, NJ, described them as "two of the most gifted scientists in the field".

They established their collaboration while working at the US National Cancer Institute (NCI), Bethesda, MD. Dr Young joined in 1970 and demonstrated that staging of ovarian cancer by laparotomy or laparoscopy could reveal previously unsuspected sites of metastatic disease in approximately 30% of patients. This led to a shift from local treatment to systemic drug administration, the cornerstone of modern postoperative treatment.

Dr Ozols worked at NCI from 1976. Together, he and Dr Young recognised that progress would be made by better understanding the biological factors associated with oncogenic progression and sensitivity to chemotherapy. They established cell lines still used by investigators today and were pioneers in the use of platinum compounds.

They moved to Fox Chase Cancer Center in 1988, where Dr Young has continued to define more effective and less toxic treatments for early-stage ovarian cancer patients with adverse features. Dr Ozols is focusing on translation of basic research findings into clinical settings for the prevention, diagnosis and treatment of ovarian cancer.

Unrestricted grant to Vall d'Hebron

Vall d'Hebron University Hospital (Barcelona, Spain) has been awarded a 5-year US $500 000 unrestricted grant for research into epidermal growth factor receptors (EGFR). These cell-surface receptors allow a particular growth factor molecule to attach to the cell and cause uncontrolled growth and division.

Dr Jose Baselga, Director of Medical Oncology at the Hospital, is the principal investigator. He pioneered the clinical application of the first smart drug to attach to the EGFR and block the tumour-causing molecule.

Dr Jose Baselga

Presenting the cheque, Dr Robert Kramer, vice president of Oncology and Immunology Drug Discovery at Bristol-Myers Squibb said Dr Baselga is a "pioneer in the Spanish renaissance that is currently attracting leading scientists and clinical talent to research institutions in Spain. Dr Baselga is one of the finest medical oncologists and translational cancer researchers in Europe."

INTERVIEW

Professor Maurizio D'Incalci is head of the Laboratory of Cancer Chemotherapy at the Mario Negri Institute, Milan. At EORTC, he is a former President of the Pharmacology and Molecular Mechanisms Group, and a former chair, both of the New Drug Development Co-ordinating Committee and of the Research Division. He is currently a Board Member and part of the EORTC-CRC-NCI Steering Committee for co-ordination of the development of new anticancer agents in Europe, Britain and the USA. He is EJC*'s experimental oncology editor.*

Professor Maurizio D'Incalci

Where did you train?
At the University of Milan and, as a student, I worked at the laboratory of cancer chemotherapy at the Mario Negri Institute, Milan, and at the Imperial Cancer Research Fund (ICRF) in London. My specialist training in pharmacology was at the Mario Negri and in oncology, at the University of Genoa. Later, I worked at the National Cancer Institute in Bethesda, USA, in the Laboratory of Molecular Pharmacology.

Who inspired you?
Among many, I would mention Professor Garattini, the Director of the Mario Negri, who taught me a lot about the methodology of research. He gave me freedom, even when I was a student, and encouraged me to be independent in my research. In the States, Kurt Kohn a scientist with an in-depth knowledge of molecular pharmacology and a man full of imagination and creativity, was an inspiration. More recently, I have been involved in the development of new drugs and Tom Connors sparked my enthusiasm and also highlighted the benefits of interdisciplinary co-operation between scientists.

Why did you choose to work in the field of cancer?
By chance. I became interested while working in the laboratory of cancer chemotherapy.

Did any other branch of medicine appeal?
Initially, psychology and psychiatry. I am fascinated by people's behaviour and motivations.

Might you have done something else altogether?
Teaching young people. Or perhaps being a pilot — but I don't think that was ever terribly realistic.

What has been the highlight of your career to date?
We study many drugs and it is particularly exciting when a drug shows clinical benefit, such as, recently, some marine compounds that we have investigated. (I didn't discover these myself but made a contribution to the field.)

. . . and your greatest regret?
After completing my medical degree I wanted to do both clinical work and research but I found it impossible to do both. Another regret would be research I started but did not follow up. Histone acetylation is now a 'hot topic'. I studied it many years ago, but dropped the research due to a lack of funding and interest in that area at the time.

If you could complete only one more task before you retire, what would it be?
I would like to build a more solid bridge between pre-clinical and clinical research, not just in Italy, but in Europe in general. Now is a good time to set up such a structure and I still feel young enough to exert some energy in this direction.

What is your greatest fear?
The exaggerated powers of bureaucrats, who are making decisions they should not be involved in. Unfortunately, scientists often do not want to be involved in political decision-making, but I feel strongly that a lot of time can be wasted discussing these matters with the wrong people. Another fear, or perhaps annoyance, is unfair competition. We as scientists must be able to discuss our work openly, but there are some who may be inclined to take advantage of such information.

What impact has the Internet had on your working life?
I e-mail, but very rarely use the Internet for anything else. Maura, my secretary, uses it a lot.

How do you relax?
Playing with my two, 6 and 12 year old, children and going skiing whenever possible. I also love playing tennis and find it helps get rid of any stress.

Who is your favourite author?
Edgar Allan Poe is one of my favourites and, although I have not read him for a while, Gabriel Garcia Marques, who writes imaginative stories about South America. I also enjoy the Italian contemporary author Antonio Tabucchi who writes mainly about the repression of fascism in Portugal.

What do you wish you had known before you embarked on your career?
That you will have moments of crisis in a research career. Research is full of exciting events and you get to meet a lot of interesting people, but you have to deal with those moments when you feel nothing you are doing makes sense. Also—that research involves mountains of dull paper-work and writing grant applications.

What piece of advice would you give someone starting out now?
To be interested in the quality of what you do and to be focused but not narrow-minded. You should have an understanding of other disciplines that may be relevant. You also have to be prepared to discuss your work openly and it is important that young scientists are able to speak English in order to engage in an international, open dialogue on their work.

What is your greatest vice?
That I'm never sufficiently prepared for anything in advance. My wife, also a scientist, seems to be ready days before any deadline, but I'm always rushing around at the last minute.

Emma Cannell