EUROPEAN JOURNAL OF CANCER 44 (2008) 6–7

available at www.sciencedirect.com

ScienceDirect

journal homepage: www.ejconline.com

Editorial

The strength of European oncology

2007 was a remarkable year for European oncology. Many scientific and political developments emphasised the scale, diversity and quality of cancer research and patient management in the complex community across Europe. Two reports emphasised the scale of cancer research in Europe. The second European Cancer Research Funding Survey published by the European Cancer Research Managers (ECRM) forum in September 2007[1] reported on the €3.2 billion spend on cancer research in the year 2004. Professor Richard Sullivan, the Chair of ECRM, emphasised the misperception by the public that underestimates the amount of cancer research carried out in Europe, evidenced particularly by the 'huge amount of cancer research papers being published here'. In the years preceding this report 60% of European member states have increased their funding for cancer research in real terms, and identifying 155 non-commercial (public) funding organisations in Europe spending €1 971 million on the direct funding of cancer research represents a 38% increase on the previous 2 years. If one measure of cancer research output is the volume of cancer research publications, Europe compares very favourably with the USA at 52% and 48% of output or 1.3 versus 1.4 papers per billion Euro of GDP. Funding for cancer research and the papers resulting from this are the measures of input, but ultimately it is outcome in terms of patient management, quality of care and survival that is the real target.

The EUROCARE 4 study published in the Lancet Oncology in September[2] shows that in recent years the death rates from cancer in Europe are beginning to decrease by as much as 9.5%. The EUROCARE 4 data was able to analyse survival in Europe up to 2002 giving real time results, much more appropriate to current management policies than in some previous epidemiological reports. Apart from detailing encouraging trends in common and rare cancers the EUROCARE study nevertheless highlights differences across various regions of Europe. Survival is highest for people in Northern European countries and lowest in those for Eastern European countries, although patients in the latter had the highest improvement in survival for major cancer sites during the period for 1991 to 2002. The variable differences in outcome were attributed to a mixture of cancer service infrastructure, prevention and screening programmes, access to diagnostic and treatment facilities, multidisciplinary management and the application of evidence-based clinical guidelines. The positive benefit of tumour site-specific protocols and recruitment to clinical trials was emphasised.

Ultimately, progress in the management of cancer relies on the development of new knowledge, the dissemination of that knowledge, and the politics of healthcare to translate such new knowledge into practical management – last year we saw controversies in all these areas. The ECRM review made an urgent plea for reducing the bureaucracy stifling cancer research, specifically listing the problems of ever increasing regulation across all the domains such as clinical trials, information and the use of human tissues. It is well recognised that the Clinical Trials Directive which came into force in May 2004, although intended to create a harmonised framework for clinical research across Europe, has in fact had the opposite effect, most particularly for academic and investigator-led research, as opposed to that sponsored by the pharmaceutical industry.

Developments in stem cell research, of such interest to the academic community, are severely hampered by European legislation. The existence of differing legislative positions on the use of human embryos for stem cells is illogical and restrictive. In July 2007 Euro Stem Cell and ESTOOLS, the two major EU funded stem cell research consortia, issued a statement to the members of the European Parliament highlighting such problems as the fact that projects which are perfectly legal in Sweden and the UK can result in a 3 year prison sentence in Germany! These two consortia comprise 29 research teams from academic institutions and biotechnology enterprises across 12 states in Europe, thereby representing a very significant force for research into this important area. Progress must be made to harmonise or reduce bureaucratic restrictions that inhibit such research.

In 2004 the EU Physical Agents (electromagnetic fields) Directive was issued intending to protect the health and safety of workers exposed to electromagnetic fields. It was only last year however that it became apparent that the implementation of this directive by April 2008 would make it illegal to use magnetic resonance imaging in some aspects of research and clinical practice. The healthcare implications of this had been passed over at the time of developing the directive, emphasising the risk of separation between the various elements of the Brussels bureaucracy. At the time of writing this editorial it is understood that the authors of the directive, DG Employment, are under pressure from DG Research and DG Sanco to pronounce a 4-year delay in implementation, to allow a redrafting of the Directive so that such an important tool as MRI can be available throughout

Europe. Such political issues as these are frequently criticised by medical professionals, but perhaps we should be more involved at the planning stage and seek to identify ways to interact with the political agenda at earlier time points in healthcare policy development.

In September the ECCO-14 meeting was held in Barcelona. This proved to be not only the largest ever European Cancer Conference but also displayed the enormous diversity of European oncology and cancer research. Politics was on the agenda at ECCO-14. Following a two-year period of consultation and discussion the Federation of European Cancer Societies (FECS), the 25 year old Federation that has hosted this and all previous ECCO meetings, was formerly closed and its successor, the European CanCer Organisation (ECCO), was launched. Despite its unquestioned success over the past quarter century, FECS needed to be modernised, and the new organisation has been designed specifically to be more all-embracing of the different professional groups involved in European oncology. ECCO will be more liberal, democratic and flexible than was possible with FECS and it is hoped that in addition to encouraging educational and research activities, ECCO will serve as a forum for political debate, both amongst the member societies within the organisations and with politicians and healthcare providers. The very success of European cancer research faces us with the challenge of how to prioritise developments in prevention, screening and management where no member state in Europe can afford all that they would wish to provide. At the moment it is left to politicians to decide on such priorities, but it is hoped that the range of expertise available through the ECCO organisation will serve to improve the quality and speed of decision making in the very great challenge of healthcare allocations.

The quality of science in the 1300 papers presented in Barcelona demonstrated the strength and depth of European oncology, which was emphasised by winners of three prestigious prizes:-

The FECS/Pezcoller prize is given in recognition of a lifetime's contribution to cancer research in Europe and this year's winner, Professor Luigi Chieco Bianchi, gave an excellent lecture on his lifetime's work on the role of retroviruses in the process of neoplastic transformation.

The FECS Clinical Research Award is given in recognition of an outstanding international contribution to the integration of scientific research and clinical practice in the field of cancer – this year's award went to Professor Cornelis van der Velde from the University of Leiden, very much in the full flight of his career. Professor van der Velde summarised his work in the surgical advancement of rectal cancer and isolated liver perfusion in the context of encouraging future research to improve quality control of surgical oncology throughout Europe.

The FECS/EJC Award is given to a young investigator at the beginning of their career – Dr. Pierre Sonveaux from the Universite Catholique de Louvain gave an award lecture on the development and validation of a novel provascular anti-tumour strategy. Dr. Sonveaux's award paper will be published in a forthcoming issue of EJC.

It was inspiring to the selection committees and the audience listening to these three award lectures to recognise the continuity of excellence in cancer research through the generations.

Knowledge transfer is of the ultimate importance to editors of journals. EJC has had an excellent year with sustained manuscript submissions, a necessary 80% rejection rate to select the highest quality papers and an attempt by editors to respond to submissions in the shortest possible time. The impact factor at 4.167 is the highest that EJC has ever achieved. Online usage of the journal continued to increase during 2007 and is now clearly the preferred mode of access. The new ECCO website www.ecco-org.eu provides an opportunity to comment on EJC articles through their blog. We greatly welcome constructive criticisms both of published papers and particularly of areas of omission in reviews, current perspective or editorials. The EJC policy to provide a multidisciplinary journal presents its own challenges in the world of electronic access, which can be overspecialised by the reader. We therefore greatly welcome the widest possible advice as to content and subject matter for EJC.

Sadly, the incidence of cancer continues to increase but the results of research provide us with the intellectual and physical tools to create a greater impact than ever before. Hopefully, 2008 will see a continued trend in improvements in all aspects of cancer management. On behalf of the editors we wish you a very happy and productive New Year.

Conflict of interest statement

None declared.

REFERENCES

1. Eckhouse S, Grant L, Richard S. Investments and outputs of cancer research: from the public sector to industry. The second cancer research funding survey by the European Cancer Research Managers Forum (ECRM). www.ecrmforum.org; 2007.
2. Verdecchia A, Francisci S, Brenner H, et al. The EUROCARE-4 Working Group. Recent cancer survival in Europe: a 2000-02 period analysis of EUROCARE-4 data. *The Lancet* 2007;**8**(9).

John F. Smyth
University of Edinburgh, Cancer Research Centre, Cancer Research UK Building, Crewe Road South, Edinburgh, EH4 2XR, UK
Tel.: +44 131 777 3512; fax: +44 131 777 3520
E-mail address: lisa.wood@ed.ac.uk

0959-8049/$ - see front matter

doi:10.1016/j.ejca.2007.10.013