



**European
School
of
Oncology**

Learning to care

Anna Wagstaff

with Alberto Costa

Learning to Care

ESO at 30



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Authors' note

This book is about how the European School of Oncology was born and the unique contribution it has made to helping improve cancer care over the past 30 years.

It draws heavily on the recollections of key players, many of whom are quoted. We have taken pains to check that our account is accurate, but it is certainly not complete. These last 30 years have seen momentous changes in the field of cancer, and countless doctors, researchers, patients, policy makers and others have played their part. This book focusses on ESO's role in these events; it is not our intention to detract in any way from the contribution made by others.

ESO has no more than 15 full-time staff members, all of whom do a wonderful job. It has always depended heavily on the time, commitment and enthusiasm freely given by hundreds of people from all walks of the world of cancer. While it is not possible to name them all, this book is a tribute to them and to everyone who contributes to turning progress in science and medicine into a better life for patients.

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Alberto Costa
ESO scientific director

DEFINED BY INDEPENDENCE

Being in the right place at the right time can change your life. When Umberto Veronesi asked me to go with him to see that special patient, I could not have imagined that I would come home that evening as director of the European School of Oncology. The special patient was one of the wealthiest Italian industrialists, living with his wife and her sister in one of the most magnificent Milanese mansions.

“Everybody wants to give money to research,” he said to us quite bluntly “but I want to fund education, because my problem was misdiagnosis and late treatment.”

For years we had been thinking about a school to improve the knowledge and skills of cancer doctors, and to do it by drawing on the multicultural and multilingual European tradition.

It was soon a done deal. Our generous donors immediately liked the idea and we left the unforgettable villa with the promise of an endowment that would guarantee the life and activity of a European school of oncology for as long as it was needed.

Thirty years on, I can say that the most fascinating experience in my professional life had just started. Since October 1982 I have had the special privilege of working as a surgeon but also as a manager, teacher, organiser, coordinator and project developer.

Our official language was ‘bad English’, our currency the ECU (the European Currency Unit, long before the euro), my office was a suitcase that travelled all over Europe with me.

For 30 years our financial independence has given us the great privilege of being able to think freely and act freely in a world full of constraints and boundaries. This has been, and still is, the defining characteristic of ESO, which I do hope we will be able to pass on to the next generation



A EUROPEAN SCHOOL OF ONCOLOGY

If the concept seems an obvious one now, it certainly didn't in 1982 when the European School of Oncology was founded. "It sounds like a crazy idea," is how Vince DeVita, then head of the US National Cancer Institute, and a strong supporter of the school, described the way his colleagues responded to the proposition. Sir Michael Peckham, who pioneered the mantle technique for irradiating Hodgkin's lymphoma, and went on to become one of the school's founding fathers, remembers his first reaction was: "My goodness! Have they a hope in hell of pulling this thing off?" They had a point.

To begin with, 'Europe' in those days was essentially an economic entity – any sense of a European cultural or social identity was more aspiration than reality. Could an organisation centred around healthcare and education be made to work at a European level?

As for the concept of a 'school', the very idea that qualified doctors need to continue their education was barely recognised any-

where in Europe. Oncologists were under no obligation to take time out to deepen and update their knowledge, and attendance at an ESO course conferred no formal qualification that would be recognised and valued in their own health system. Attracting students would therefore rely on appealing to those who were driven by a desire to be the best doctors they could, and to help play a role in moving the practice of oncology forward.



ENNIO LEANZA

Most important of all, perhaps, the very concept of ‘oncology’ as a branch of medicine that needed to be understood, taught and practised in an integrated way, was still in its infancy. Trainee doctors learned about lung cancer alongside other diseases of the lung, breast cancer was classed as a gynaecological disorder and colon cancer was taught as part of the gastroenterology curriculum. An integrated approach was equally lacking in clinical practice, where departments of surgery, radiotherapy and internal medicine tended to do their own thing in isolation from one another. ESO would need to convince people who had been taught, and were practising cancer medicine, in such a fragmented way that it was important to develop a deeper and more integrated understanding, both of the biology of cancer and of the broader principles of disease management and care.

But if the challenges of developing a European School of Oncology were great, the need for such a school was greater.





Session at the masterclass in clinical oncology, Ermatingen 2011. Over the past 30 years ESO has taught many of Europe's brightest and most committed young oncologists at almost 750 courses, symposiums and conferences

Back in the early 1980s, oncology was rapidly becoming one of the fastest developing areas of medicine. It was also becoming increasingly complex, demanding close cooperation between different disciplines that had traditionally neither trained nor worked together. Medical oncology was breaking away from internal medicine as a speciality in its own right; surgical oncology was emerging as a new speciality, with its own subspecialities; and even radiation oncology was going through a period of rapid change.

Under pressure from the public and the growing patient advocacy movement, quality of life was becoming a bigger issue both during and after treatment, and more attention was being paid to limiting the damage from cancer treatment.

Taken together, these changes were transforming the way oncology was practised in Europe's top cancer centres. However, they were of scant benefit to the vast majority of

patients, who were not treated at elite institutions. Most people would continue to be treated using outdated paradigms until these new ways of working were disseminated to, and adopted by, the hospitals and doctors in charge of their care.

This is the task that a small group of European oncologists took responsibility for when they launched the European School of Oncology with the mission: "To contribute to the reduction in preventable deaths from cancer that resulted from late diagnosis or inadequate treatment, due to failures in the training of those responsible for their care". This was modified many years later to its current form: "To contribute through education to reducing the number of cancer deaths and to ensuring early diagnosis, optimal treatment and holistic patient care".

ESO soon found it had many dedicated supporters and allies among leading international experts who were happy to offer



their services for free. Over the past 30 years, using the School's official language of 'bad English', top oncologists from every discipline and specialism have taught almost 750 ESO courses to some of Europe's brightest and most motivated students – all chosen on merit. They have guided them through topics varying from week-long 'full immersion' masterclasses in clinical oncology and shorter courses focusing on particular types of cancer, to more general topics covering cancer biology and the concepts behind new types, techniques and strategies of treatment, cancer nursing, psycho-oncology, end-of-life care, reconstructive surgery and the principles and practice of clinical and translational research.

Following ESO's educational philosophy of 'learning to care', every course is designed to promote a close and personal



ESO faculty member Razvan Popescu with Annemiek Walenkamp from Groningen University Hospital, holding her certificate for participating in the masterclass in clinical oncology

interaction with the teachers, to help students develop a critical approach to their practice and an awareness of the need for continual improvement that they will take back with them to their own institutions. And no matter what the topic, every course is taught from the perspective of bringing together special-

ists from different disciplines and professions to address the particular needs and priorities of each patient.

Thousands of ESO alumni now hold senior positions in treatment centres the length and breadth of Europe, where they can put into practice what they have learned and disseminate it to others.

Many stay in touch with the tutors and mentors they met through ESO; most keep in touch with ESO through its alumni club; some are now returning to ESO courses in the role of tutor.

ESO knew from the start, however, that educating frontline carers was never

going to be enough to ensure all patients had access to timely diagnosis and high-quality care. Policy makers, administrators, general practitioners, nurses, psychologists, palliative care specialists, patient advocacy groups, public health workers and the media all had a role to play. Over the years, ESO has developed initiatives to work with all these groups, some of which are described in the following chapters.

Thirty years on, the picture of cancer care in Europe has been transformed in many ways. The internet, together with the burgeoning number of cancer congresses and conferences, offers new ways to learn about the latest developments that hardly existed in Europe in the early 1980s. However, ESO remains almost alone in offering education that is independent of commercial sponsorship and goes beyond reports of breaking research results to help

ESO's Mission

To contribute through education to reducing the number of cancer deaths, and to ensuring early diagnosis, optimal treatment and holistic patient care

students understand what new research findings mean for our understanding of the disease and how to treat it.

The differences in cancer survival rates between northern and central Europe and eastern and southern Europe have narrowed considerably. However, the quality of care continues to vary significantly both between and within countries, and govern-

ments and health authorities are still failing to take responsibility for ending substandard care by setting standards and implementing quality control systems.

Huge progress has been made in understanding cancer biology, which is gradually translating into promising new therapies, including biologically targeted personalised therapies, immunotherapies, and also new surgical and radiotherapy strategies and techniques. However, many patients are still treated according

to the judgement of the first doctor who sees them. Patients will not reap the potential benefits of new therapies unless their diagnosis, treatment and care are in the hands of multidisciplinary teams who understand all the options and know how to choose the right one for the patient in front of them.

ESO's work is not yet done.



ESO PEOPLE & PLACES

The man with the vision to develop the concept of a European School of Oncology, and the determination and clout to pull it off, was Umberto Veronesi. At the time, he was helping to drive oncology towards a multidisciplinary future by playing a key role in innovations that were breaking down boundaries between surgery, medical oncology and radiotherapy.

As scientific director of the Istituto Nazionale dei Tumori in Milan, it was Veronesi who, in 1972, enthusiastically agreed to play host to the first trials of adjuvant chemotherapy, which were being boycotted by surgical departments in the US. Those trials, led by his head of medical oncology, Gianni Bonadonna, marked a milestone in the rise of the importance of medical therapies in treating solid tumours.

Then a year before ESO was founded, Veronesi published his landmark paper on breast conservation, which presented the

evidence to show a large proportion of breast cancer patients could be safely treated with quadrantectomy together with adjuvant radiotherapy.

Veronesi could see the direction cancer care was going – but he could also see how difficult it was to get cancer doctors outside the main centres to adopt the new practices.

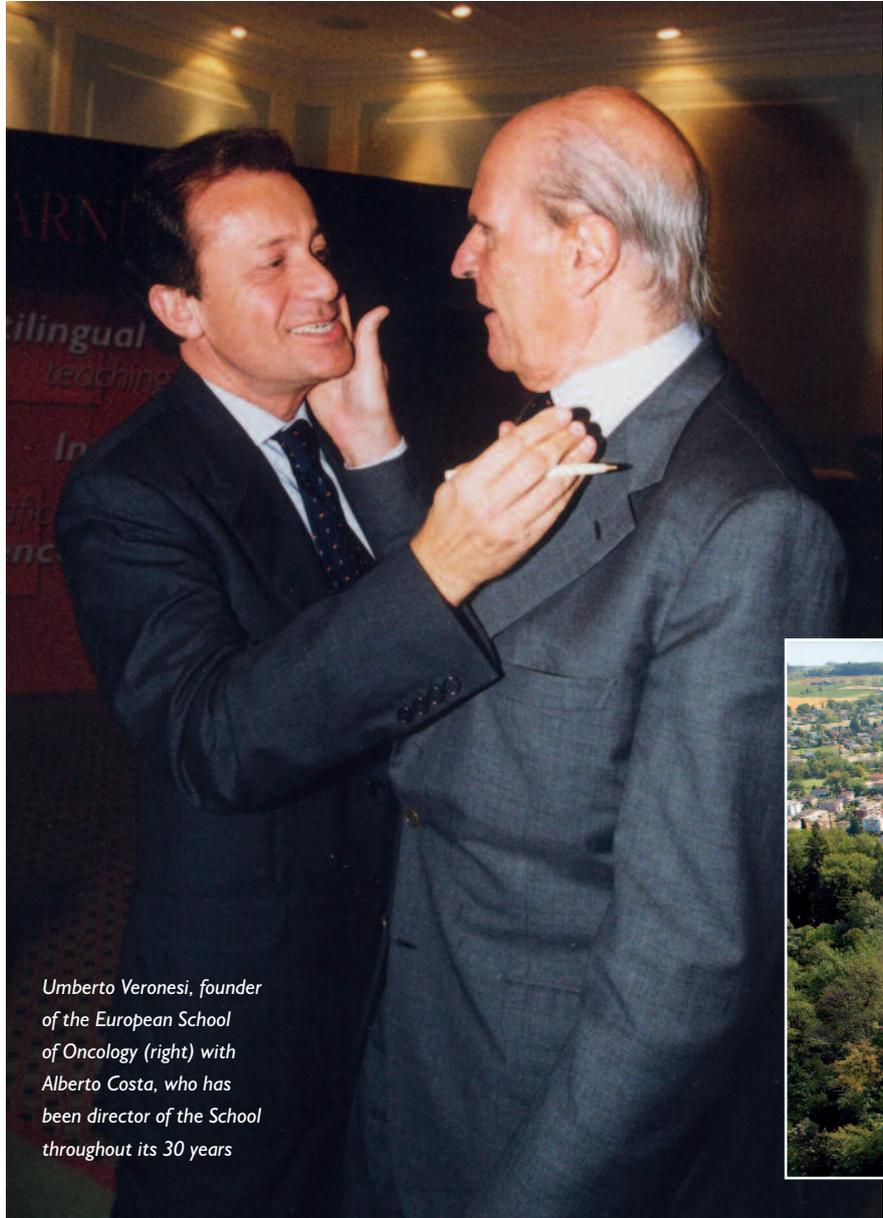
As the chair of the education committee of the UICC (now the Union for International Cancer Control), Veronesi had already been involved in drawing up recommendations to improve the fragmented way that



oncology was taught at medical school. But the idea for a European School of Oncology, aimed at qualified doctors, came about almost by chance.

“It was not a rational plan,” he recalls. “I was at dinner with Alberto Cavallari, the editor of *Corriere della Sera*, and I told him I was keen to be part of building Europe. I am European by culture and I am totally convinced now, as I was then, that Europe is our future, but at that time the European project was still very vague. I suggested something could be done to develop a European type of education for young doctors of any kind in cancer, because cancer had made tremendous leaps forward in the last 10 years, with a number of achievements of great importance. But it was difficult to disseminate this information on a large scale. It remained limited to a few important cancer centres. This was a sort of obsession of mine.”

This was Italy, so Cavallari advised Veronesi to seek the backing of an influential public



Umberto Veronesi, founder of the European School of Oncology (right) with Alberto Costa, who has been director of the School throughout its 30 years



figure, and suggested the Principessa Laudomia Del Drago, an Italian fashion icon who had married into Roman royalty and had recently been treated for breast cancer. Veronesi took his advice, sought a hearing, and found a ready listener. The principessa,

it turned out, had travelled to the UK for treatment, and had been very relieved when her surgeon mentioned a novel procedure that would avoid having her entire breast removed. She was surprised to learn that this procedure came not from the US as she had assumed, but from Umberto Veronesi in her own native Italy. So when Veronesi came knocking at her door asking for backing to launch a European school that would give a profile to the important work being done in Europe and help ensure all patients could of benefit from the latest knowledge and techniques wherever they were treated, she was only too happy to oblige.

Laudomia Del Drago became ESO's founding president, donated the start-up funds that allowed them to organise the first courses, and remains honorary president to this day.

Organising something on that scale in the days before the internet was a major logisti-

cal challenge. Veronesi returned to Milan to make plans. "Together with a group of friends and collaborators, we decided to have a centre around Milan where people from all over Europe could come for a full-immersion course in specific types of tumours. We decided to address our education to the second level in the hospital hierarchies. You have the boss, the head of department, but it is hard to change his mind. Then you have the assistants, who are more receptive, but there are too many – thousands and thousands. So we decided to aim for the middle layer, the number twos – because this group is young enough to be open to new ideas, but not so numerous as to be unmanageable. This is the idea we started with."

Chief among those collaborators was Alberto Costa, a young breast surgeon who had collaborated with Veronesi in many areas, including a chemoprevention project, which gave him foothold in research and cancer biology, and had also led to a spell working in the US at the National Cancer Institute



FONDAZIONE MONTE VERITÀ

Monte Verità, Ascona

(NCI). Costa was tasked with knocking on the doors of leading European oncologists to drum up support for the venture.

It was an intimidating task for a man just starting his career, but what Costa remem-



ESO's Honorary President, Principessa Laudomia Del Drago

bers is the great enthusiasm he encountered among these leading figures for the idea of spreading knowledge about the new techniques and practices that they were developing. The team of collaborators he put together represented some of the most dedicated innovators from all walks of European oncology at that time:

- Michael Peckham, the UK-based international leader in radiotherapy, who was best known for pioneering the technique of mantle field radiation, and had himself written a piece in the *Lancet* promoting the idea of a body in the UK that would bring the different disciplines and specialities together.
- Louis Denis, a urologist from Antwerp who had been instrumental in setting up the European Organisation for Research and Treatment of Cancer, and continued throughout his career to lead progress in patient-centred care, particularly in prostate cancer.

- Bob Pinedo, who co-edited with Bruce Chabner, then deputy director of the NCI, annual editions of *Cancer Chemotherapy*, the medical oncologist's 'bible', and was practising translational research at his Utrecht base in the Netherlands, long before there was a word for it.

- Franco Cavalli, a Swiss haematologist who was leading efforts to develop medical oncology as a recognised discipline in Europe – a founder member of the European Society for Medical Oncology (ESMO), who would go on to be the founding editor of the *Annals of Oncology*.

Costa remembers vividly the founding 'conference' of ESO: Peckham, Pinedo, Denis, Cavalli, Veronesi and himself deliberating over how to shape the educational programme that the school would offer, seated on the grass of Monte Verità – a hill in the Swiss canton of Ticino that had hosted the birth of many humanistic projects over the course of the 20th century.



Umberto Veronesi preparing his speech at ECCO 2 about the aims and ambitions of the newly founded European School of Oncology, Amsterdam 1983. Also pictured are Michael Peckham (right), Alberto Costa (standing) and Sheila MacGrath

They were not the first European multidisciplinary gathering – that had happened the year before with the founding of the Federation of European Cancer Societies (which later morphed into ECCO). They were, however, unique in that everyone was facing outward and focused on initiating change on a large scale; they weren't in any way there to 'represent' their discipline or fight their corner.

"It was very laid back – there were no power or hegemony issues, and nobody was asking for anything," says Costa, who took on the post of ESO director without relinquishing his clinical work. "We were driven by the need for change, and that was built

into ESO's genes. At that time it was very innovative to teach medical oncology and conservative surgery of various types of cancer. Twenty years later we were the first to help launch patient advocacy, and two years ago we were the ones who began teaching doctors about molecular biology laboratory work and introducing surgeons to gene profiling. ESO can work this way because we have no barriers.

"I think this is why we still have only one ESO and not a European School of Surgical Oncology, or a European School of Medical Oncology or Radiotherapy. The other societies and specialities never thought of establishing their own school. I like to think

that they feel happy and represented by what we are doing for everybody."

Over the last 30 years there have been countless others whose enthusiasm and goodwill has made ESO what it is, serving on the board of directors, directing its scientific and educational work, coordinating its programmes. Hundreds of faculty members have given their time for free – among them Nicolas Pavlidis, who attended ESO's first medical oncology course as a student, and is now chair of the faculty for the flagship Masterclass in Clinical Oncology.

Sheila MacGrath was ESO's office administrator and point of contact for the first 10 years. Between 1992 and 2002 the growing team of ESO staff was led by Vlatka Majstorovic. Her role was later taken on by Marina Fregonese. Today, the ESO staff has grown to a team of around 15, based mainly in Milan and Bellinzona (Switzerland), with small outposts in St Petersburg, for their Russian-language website, and



Cairo, to service the work of their Euro-Arab School of Oncology. Supervising it all is Chatrina Melcher, who joined ESO in 2003, to organise the Masterclass, and was appointed to a new position of chief operating officer in 2010.

One family in particular deserves a mention for the gift they gave to ESO of financial independence, which has allowed the school to set its own agenda and given students confidence in the integrity of its teaching. This is the Campiglio-Necchi family. The Necchis had made a fortune from their family business selling stylish sewing machines the world over, but by the early 1980s, sisters Gigina and Nedda were the sole survivors. Gigina's husband, Angelo Campiglio, was a wealthy industrialist who consulted Umberto Veronesi when he

found out that he had prostate cancer, a full year after his bone metastases had been wrongly diagnosed and treated as arthritis. Campiglio decided that he would like to do something to help ensure that doctors were properly educated about how to diagnose and treat cancer. So when Veronesi explained his plan to start a European school, Campiglio arranged for the entire family inheritance to go to ESO after the death of the two sisters. This substantial fortune continues to pay for the (still minimal) running costs of the School as well as all its core teaching activities.

From the start, ESO chose the faculty members for its courses with great care – expertise was essential, but so was an ability to teach, sufficiently clear English language skills to be understood by stu-

dents from many different countries, and a holistic, patient-centred approach to care. Just as much care was exercised in selecting the right locations to hold the courses.

ESO wanted to take a stand against 'onco-tourism' – the use of attractive locations to entice people to attend a course or conference. It did use, and still does use, some stunning locations, but each was selected for a good reason. ESO looked for places that had the sense of quiet and contemplation that was associated, for instance, with its founding spot on the Monte Verità – places that would help students and faculty members connect and learn from one another during the two or three days that most courses lasted. For a long time they used a place on one of the Italian lakes, Lago d'Orta, that overlooked an ancient monastery on the



ROLLOPACK

Isola di San Giulio on Lake Orta (left) and the cloister of Palazzo delle Stelline, Milan (below)



PALAZZO DELLE STELLINE

island of San Giulio. Another frequent location was the Palazzo delle Stelline in Milan, built originally as a cloistered Benedictine monastery – ESO referred to its sessions here as the ‘cloister seminars’.

One of the best known ESO locations, which it used for many years, was another former Benedictine monastery, this one on the island of San Servolo in Venice. In recent times it had been home to a psychiatric hospital, but when that closed due to the reorganisation of Italy’s psychiatric services, ESO was offered the use of its premises. For many people this is the site most closely associated with ESO, but it had no accommodation facilities, it was accessible only by boat, and Venice was an expensive city, so eventually ESO moved its courses and seminars to other locations.

The School was also keen to push the frontiers of collaboration to include areas beyond the borders of Europe that were ignored by most oncology organisations.

This gave rise to the so-called Red Square Seminars, a series of ESO courses located in Moscow that were open to students from all over Europe as well as Russia, organised in collaboration with oncologists at the NN Blokhin Russian Cancer Research Centre. By the same token, the School has chosen Cairo as a location for its courses on many occasions, as part of the collaboration it has built up over the years with the Egyptian National Cancer Institute – which is now a partner with ESO in the Euro-Arab School of Oncology.

When choosing its locations, ESO has also on occasion taken into consideration benefits that go beyond the immediate learning environment, or building relations with oncologists working outside the main western arena. Mindful of the unifying power of its mission to save lives and ensure patients get the best possible outcomes, ESO has on occasion sought to use its activities to help

build bridges in places of conflict. In 2001 it chose Sarajevo, the multi-ethnic capital of Bosnia-Herzegovina that had been battered by three years of siege and bombardment during the Balkan conflict, for the location of a series of international workshops on breast cancer, starting in 2001. This later developed into the International Interconference Breast Cancer Meeting, which is held in Sarajevo every two years, and involves ECCO, Europa Donna and other organisations, alongside the University of Sarajevo Clinical Centre, the Association of Oncologists of Bosnia and Herzegovina and ESO, with the aim of bringing the latest in breast cancer research, treatment and care to the Balkan area and central and eastern Europe.



LEARNING TO CARE

ESO's motto "Learning to care" was not formally adopted until the early 1990s. From the outset, however, the School was determined to go beyond traditional medical teaching of new knowledge, techniques, methodologies and management strategies. No matter what the topic, ESO courses were designed to help students assimilate an approach to their work that involved caring for the whole patient, not just treating their disease.

The impact of the work being done by the Milan group on conservative breast surgery may well have played a role here. The psychological and emotional trauma involved in removing a woman's entire breast received more attention now that many women had a choice of opting for much less radical surgery. That same choice highlighted the role of patients in making treatment decisions, and the need for effective communication and good-quality information. It also stimulated the search for more conservative treatment options in other cancers.

Meanwhile, the single-minded focus on finding a cure, which had dominated oncology in the 1970s, was also being questioned, particularly after treatments such as high-dose chemotherapy with bone marrow transplantation and early attempts at immunotherapy using interferon failed to live up to high hopes.

With the possibility that cancer might be turned into a chronic disease came the challenge of maximising patients' quality of life so they could make use of the added survival they gained through new treatments.



ESO embraced this new holistic approach to care from the start. It was the first oncology organisation in Europe to run courses for (and later with) cancer nurses and to champion their role, almost before the concept of ‘cancer nurse’ was recognised in Europe. It was the first to incorporate emotional, psychological and communications aspects into its teaching, and it supported the newly formed International Psycho-oncology Society (IPOS, founded 1984) in designing, translating and disseminating its core curriculum on psycho-oncology. It ran specific courses on palliative care, psycho-oncology, and how to discuss end-of-life issues with patients. And in its treatment-oriented courses, faculty members would talk about how to communicate with patients to involve them in decisions regarding their care, sometimes even inviting patient advocates along to the sessions to show them how it is possible to talk about even difficult subjects.

ESO also looked to take up the cause of patients who face special problems or find

ESO founding member Bob Pinedo (left) with Frits Parc (centre), one of three patients Pinedo invited to a masterclass to talk about how patients feel about discussing their disease, Tenerife 2003



themselves poorly served by mainstream oncology. One of the early monographs published by the School provided a unique overview of the available evidence on treating cancer in pregnant women, offering helpful advice on how to approach decision-making in this difficult situation, where what is best for the mother may pose a threat to the child. ESO championed the cause of elderly cancer patients, teaching its students that not all elderly patients are frail, and that many could derive as much benefit from receiving the full recommended treatment as younger patients, so deserved to be given that opportunity. The School has also played a very active role in supporting efforts to disseminate knowledge, and promote research and access to specialist care for patients with rare cancers.

More recently, ESO has taken a lead on focusing clinical and research attention on the needs of women with advanced breast cancer, under the leadership of Fatima Cardoso, head of the Breast Unit at Lisbon’s Champalimaud Cancer Centre, who is in charge of the School’s breast cancer programme.

“The motto of ‘learning to care’ combines the two most important words for a doctor, and what we try to teach the younger generation is exactly that,” says Cardoso. “You cannot be a good doctor if you don’t continue to learn for the rest of your life. But you cannot just learn the science and then forget about everything else – the humane and humanistic part of taking care of the patient.

“We try to teach people how to take care of patients, but also how to care. How can we change what is not working well? How can we improve the way oncology care is delivered all over the world? How can we change the difference between rich and poor inside each country and between countries?”

A medical oncologist specialising in breast cancer, Cardoso had long felt that something was not well with the way the needs of people with advanced breast cancer were being addressed. Surveys of this group of patients carried out in 2005 and 2009 showed that they felt the same shame, stigma and isolation that were common among all breast cancer patients back in the 1960s. “They feel it is their fault. They are alone and have to fight alone. This is something I wanted to change.”

ESO was the perfect group to take on this challenge, she says. Firstly, because of the emphasis on caring. “It is always extremely



Fatima Cardoso

difficult to take care of a situation that will inevitably end in death. Death is never far away. It is difficult for the physicians, the nurses, for everyone involved. And even more difficult for the patient.”

Advanced disease is also much more complicated to deal with, says Cardoso, which is the second reason why ESO, with its emphasis on learning, is so well placed to take a lead on this topic. “There are fewer data available, and not all coming from phase III randomised trials, so the knowledge is not so deep as in early breast cancer. You have bits and pieces, and you need expert help to make sense of it and to take good decisions. This can only be done through education.

“Learning a multidisciplinary approach is essential in caring for patients with all advanced cancers. It’s much easier to do in ESO because there is not that pressure of belonging to a society and having to ‘defend’ your speciality. We are all in the same school and we are all there to help each other and to learn with each other. It’s much easier to really make multidisciplinary a practical thing and to apply it.”

In 2013 ESO will be opening a new chapter in helping its students learn to care. For the first time it will address many issues that are important to the rapidly expanding group of people who are living many years with cancer or with long-term effects of the disease and its treatment. The School will be working with experts to put together a programme on issues in cancer survivorship, from the physical and functional, to psychological and sexual, different aspects of rehabilitation, and issues surrounding return to work.



SPEARHEADING CME IN EUROPE

ESO sought to attract students by appealing to their desire to be the best cancer doctors they could be. There was never any grand vision of challenging traditional systems of medical training and education, by obliging doctors to regularly update their knowledge, nor did ESO's ambitions stretch beyond the field of oncology. But as it built up experience doing its own thing, the logic of having a recognised system for accrediting courses and giving doctors recognition for attending those courses became apparent.

ESO took on the challenge. In a report to the European Commission it put continuing medical education (CME) onto the European political agenda, and in partnership with the Union of European Medical Specialists (UEMS), it laid the groundwork for a formal European CME system that went on to expand into many other fields of medicine. Oversight of CME is now listed as one of the three most

important areas of activity for the UEMS. The immediate stimulus for this work came from the US – not from doctors, but from the students. In contrast to Europe, American doctors were already obliged to refresh and update their knowledge as a condition of their licence to practice – and offered tax breaks to help cover costs. It was young American oncologists, attracted by the prospect of clocking up



some CME credits in a historic setting on the Italian lakes, who first introduced ESO to the concept of formal accreditation for its courses.

At that time there was no accrediting body in Europe, which is how ESO ended up approaching the American Medical Association to seek US accreditation for its courses, and how, for its first 10 years, graduates from ESO courses came away with US CME credits even though those credits had no formal status anywhere in Europe. It is also how ESO began a highly fruitful and constructive relationship with the Memorial Sloan-Kettering in New York, which agreed to act as the formal ‘tutor’ for ESO courses, checking the content of the courses and the credentials of the speakers, as required by the American Medical Association.

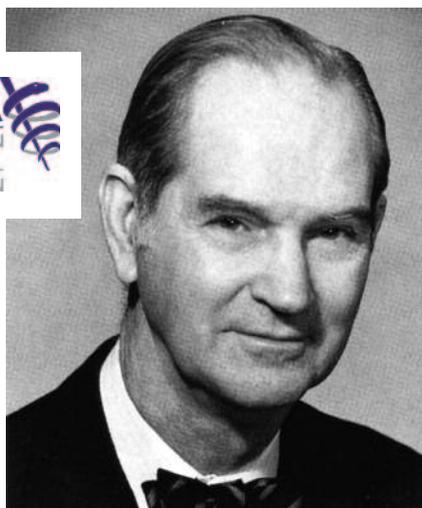
Charles D Sherman Jr, chair of the accreditation committee of the AMA's Educational Council

Having embraced the concept of continuing medical education, for the next seven years ESO worked towards establishing something similar in Europe. Throughout that time it relied heavily on Charles Sherman Jr, then head of the accreditation committee of the American Medical Association's Educational Council, who gave gen-

erously of his advice and assistance, even though he had neither obligation to nor responsibility for this Milan-based School.

ESO needed to find a body to take overall responsibility for accreditation of continuing medical education activities in Europe – much as the American Medical Association does in the US. It approached the Union of European Medical Specialists, which agreed to take on the role. It then approached the Federation of European Cancer Societies (FECS, now rebranded as ECCO), with a request that they take responsibility for accrediting CME courses in oncology. FECS agreed, and set up the Accreditation Council of Oncology in Europe (ACOE).

As a result of these efforts, finally, ESO had a European body that could give independent accreditation to the courses it had already been teaching for a decade. And Europe had a system, enthusiastically embraced by the UEMS, that could be used to develop CME across all fields of medicine.



But for CME to take root within Europe’s health systems required a radical change to the whole approach to delivering medical education, which was unlikely to happen without pressure from outside the academic hierarchy. ESO went to the European Commission, which had been given a role in education policy, to argue its case. In a landmark advisory report on continuing medical education in oncology in Europe, published in the *European Journal of Cancer*, Jean-Pierre Armand (head of medical oncology at the Institut Gustave Roussy), Alberto Costa (director of ESO and specialist breast surgeon), Jens Overgaard (head of the Experimental Oncology Department at the Radiotherapy School in Aarhus, Denmark), Charles Sherman Jr (Department of Surgical Oncology at the Highland hospital, New York, and American Medical Association Education Council) and others set out the need for “continuing medical education, based on new concepts and new teaching methods, which are developed in the medical com-

munity where health needs are greatest, rather than in the university hospital.”

They pointed to a huge gap in survival rates between patients treated for testicular cancer, depending on where they lived, ranging from 80% to only 30%, and they cited an estimate of one in five patients in Europe losing their chance to be cured due to ignorance



ACOE was set up in response to ESO’s request for FECS (now ECCO) to provide independent accreditation of ESO courses

about treatment or diagnosis. They made the link with how quickly “fully trained physicians” renew their knowledge and expertise.

The report criticised existing post-graduate education provision as “confused” and “self-directed by physicians according to their own interests, practice and perceived needs,” and it argued that governments have to step in and take some responsibility for ensuring doctors regularly refresh and update their knowledge or patients will suffer – and there would be a price to pay. Traditional deferential attitudes were dying out and patients were demanding greater accountability of those charged with their healthcare. “The implementation of CME programmes,” they argued, “will help to curb the explosion of malpractice issues which has had a noxious effect on the patient/doctor relationship in North America.”

The authors also put their finger on an issue that was only just becoming apparent. Drugs were becoming increasingly important in

treatment of cancer, and doctors were heavily reliant on the companies that manufactured them for information about what benefit they could offer, and to whom. Patients, meanwhile, were becoming very adept at finding out what was available, and were pressuring doctors to give them access. If doctors could not turn to independent providers to learn about the most appropriate use of these and other technologies, healthcare costs could soar without seeing an equivalent benefit for patients. Drawing on the wisdom of Groucho Marx, the paper argued: “If you think education is costly, try paying for ignorance.”

The advisory report recommended a change in the principles and methods of education towards something not unlike what ESO had itself been following for many years: self-directed, non-bureaucratic, and “above all, oriented around patient needs.” Given the reality that no public or independent money was being put into oncology CME outside of the UK, it recommended, with



some misgivings, that “funding should be accepted from different bodies, including private sources,” with the qualification that the funding be always channeled through independent bodies. It opted for a voluntary system “governed by incentives and controls”. And it proposed that oncology would be the ideal field to test CME, on account of its complex all-embracing nature, which crosses the boundaries of organ specialities as well as different medical disciplines.

That document provided a template for people all over Europe arguing for the de-

velopment of national CME systems, and played a key role in the huge progress that has been made in this field over the past decades.

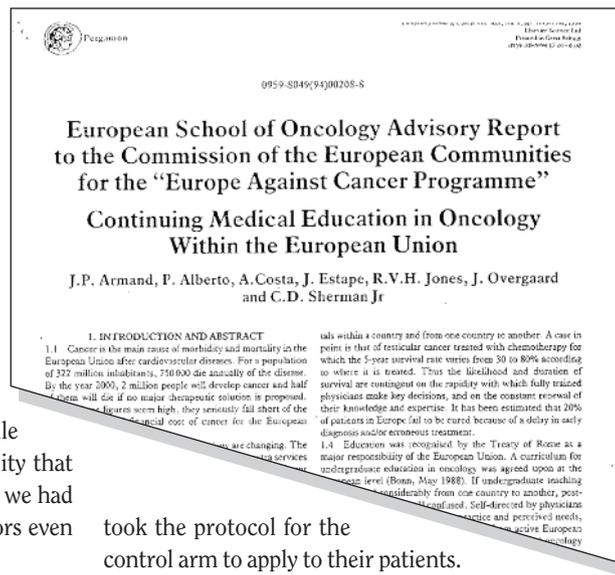
For ESO, which was highly focused on improving practice everywhere that cancer patients were being treated, reshaping medical education was essential. It was somewhat more controversial among leading medical oncologists, who were highly focused on convincing more hospitals to get involved in research rather than putting efforts into teaching current protocols they felt were highly unsatisfactory.

Jean-Pierre Armand was president of the European Society for Medical Oncology when he signed off that report, and says he had certain reservations. “Testicular cancer is an exception – it has been curable now for 20 years. But in lung and breast cancer our results were very poor. For me research was much more important than continuous medical education, and I wanted oncologists

to do research with patients in trials and not learn to use protocols that gave very poor results.

“At that time, ESMO was a club of people like me who were not satisfied with the poor results we were getting, we were managing failure – ‘la gestion de l’echec’. So we wanted all patients to be in trials, while ESO was taking account of the reality that not all patients could enter trials, so we had to do our best for patients and doctors even with the poor results that we had.”

“If I had to write it again, I would totally agree with it,” he adds. “Results in oncology were obsolete every six months, so we did need to update things.” He remembers a constant stream of self-motivated doctors making the trip to his department at the Gustave Roussy, to keep up with the latest treatments. “The doctors would take all our research protocols, which would have a control arm and an experimental arm, and they



took the protocol for the control arm to apply to their patients.

That was the way people were updating their education in oncology.”

The issue of accepting commercial sources of funding, however, remains a concern, says Armand. There are too few organisations like ESO with significant resources of their own that they can use to fund core educational activities and give them greater power to negotiate terms on which they accept funding from commercial companies. The power of

the companies, meanwhile, has increased in a way that had not been envisaged by the authors of the report. “At the time very few companies were interested in oncology, but now a big part of pharma money goes into cancer, and the competition between them is very strong. And of course when you have strong competition you have a big fight for selling their drugs. This is something that has changed,” says Armand.

The report’s recommendation that money from many sources can be pooled and channelled through not-for-profit CME providers under their control, he says, is not an accurate description of what happens today in Europe. “When you have a new drug on the market they put a lot of money into CME just to publicise the new drug they have registered. That is a weak point, but we need this money, because it is hard to improve CME without it.”



PARTNERS IN CARE

By the early 1980s, relations between doctors and patients in the US were changing rapidly. Thanks to a strong advocacy movement, boosted by the HIV/AIDS activism, and to a system that cast patients in the empowering role of ‘consumer’, doctors were starting to focus more on meeting the needs and demands of their patients rather than just treating the disease.

What patients were demanding was a greater effort to help them cope with their disease and live their lives as well as possible: better treatment of problems such as pain, fatigue and nausea as well as stress, depression and other emotional and psychological needs; greater efforts to minimise any damage done to their appearance or loss of function, and in general more information, advice and support.

Europe’s health systems, meanwhile, remained oblivious to all of this. While individual cancer doctors often did their best,

their training was all about the disease and not the patient. The concept of having allied professionals, such as nurses and psychologists, who were specialised in cancer and worked alongside medical teams, was simply unheard of among European oncologists. ESO’s founders were no exception.

But when the idea of incorporating these aspects of care into ESO’s curriculum was suggested, ESO was quick to embrace it and to seek collaboration with groups of allied professionals and promote their role in mainstream oncology practice.

It was Jimmie Holland who first suggested the need for ESO to formally incorporate communication skills and the psychological aspects of care into their teaching. This was a fast-developing area of oncology in the US at the time, and Holland was the real pioneer. She got involved with ESO purely because she was based at Memorial Sloan-Kettering in New York, and Memorial had agreed to oversee the quality of ESO's courses so that the courses could be accredited by the US system for continuing medical education. Commenting on the content of an early breast cancer course, she noted that no attention had been paid to psychological aspects, and cautiously asked whether ESO might like to address this. A correspondence sprang up between ESO and Holland and she gave ESO invaluable guidance and assistance in developing this work, including acting as a teacher.

The concept of psycho-oncology as a specialist area of psychology was almost non-existent in Europe at the time. There were

isolated individuals, however, who were developing expertise in this area. Among them was Robert Zittoun, a French haematologist who cared for some of the first generation of patients to be treated with a bone marrow transplant, including helping them come to terms with the very novel idea of their blood being generated by another person's bone marrow. He understood the value of good communication and psychological support for cancer patients, and he approached ESO with the request that the school should address this need in its teaching.

Zittoun brought with him Darius Razavi, a friend and colleague from Belgium who was opening up discussion about end-of-life care and even euthanasia – but in forums and journals that were never visited by oncologists.



Together, Zittoun, Razavi and Holland formed ESO's psycho-oncology task force, publishing a monograph, overseeing the psycho-oncology aspects of ESO courses, and developing and teaching numerous ESO courses, from 1989 onwards, covering topics such as 'Psychosocial Oncology and Palliative Care', 'Sexuality and Cancer' and 'Psycho-oncology, Information and Communication'. Their involvement was significant in shaping the 'learning to

care' approach to teaching oncology. The ESO courses, in turn, helped a small group of psychologists to develop specialist skills in working with cancer patients, giving a significant boost to the development of psycho-oncology in Europe.

There was another group of health workers that ESO believed should become involved in much closer collaboration as core members of a team of carers – this was the nurses. Unlike with the psychologists, this was not a case of bringing professional skills in from the outside. It was a question of recognising the value of the contribution they were already making – or had the potential to make – to the care of cancer patients, and promoting a new way of working together as equal members of a multiprofessional team.

Here again the US was far ahead of Europe. American cancer nurses were already organised as a professional group in the Oncology Nursing Society. In Europe, the concept of a specialist cancer nurse existed hardly any-

where outside of the UK, and in many countries nursing was seen as a vocation rather than a profession. Surprisingly, perhaps, it was Bruce Chabner – at that time the undisputed leader of the fast developing discipline of medical oncology – who first flagged up the crucial role of specialist cancer nurses. “Don’t go ahead without the nurses,” was the one piece of advice he gave ESO’s future director when Alberto Costa, then researching chemoprevention at the US NCI, finally plucked up the courage to seek a meeting with Chabner to seek his support for the idea of a

European school of oncology. “Oncology nursing will grow dramatically,” he predicted.

ESO took his advice to heart. Searching for a partner in Europe, they came across a

core group of cancer nurses at the Royal Marsden cancer hospital in London, who were taking the first steps to define the skills and competencies of specialist cancer nurses and develop courses for their education and training. They

were looking to reposition the role of cancer nurses on the grounds that nurses have the most sustained involvement with the care of patients – they carry a heavy responsibility, so they should have equal status as part of a multiprofessional team. It was this group, led by Bob Tiffany, that in 1984 went on to launch the Euro-

pean Oncology Nursing Society (EONS).

ESO was therefore in dialogue with Europe’s cancer nurses almost from the time they started emerging as an organised



MARK THOMAS



**AGREEMENT BETWEEN
THE EUROPEAN ONCOLOGY NURSING SOCIETY
AND
THE EUROPEAN SCHOOL OF ONCOLOGY
FOR THE PROMOTION OF EDUCATION AND TRAINING
IN CANCER CARE**

Background

A series of meetings took place during the Spring of 1996 between representatives of the European Oncology Nursing Society (EONS) and the European School of Oncology (ESO) with a view to exploring ways in which both organisations could collaborate in a mutually beneficial way in the future. As a result a collaborative agreement was signed in September 1996 which outlined the ways in which the organisations would work together for an initial two-year period. Following an evaluation of this agreement it was decided to continue the collaboration for a further two years period, with some modifications to the original agreement. This document outlines how the organisations will work together for the next two years with the precise agreement that each organisation will take responsibility for securing funding for joint EONS/ESO projects and will keep the other informed of any negotiations in this respect.

1. Joint EONS/ESO Projects

1.1 Two representatives from EONS and two from ESO will be responsible for identifying potential joint EONS/ESO projects. Each organisation will cover the costs of the project.

1.2 All joint projects will be jointly funded by EONS and ESO. Each organisation will be responsible for covering the costs of the project.

group of professionals.

It began to address the role and contribution of specialist cancer nurses in the courses it taught. And by 1986 ESO was running its first courses on cancer nursing.

For the medical specialists who led ESO's work and formed its faculty, the idea of working alongside nurses on an equal basis proved somewhat more challenging than collaborating with other medical specialists such as psychologists. It required a major cultural shift, particularly in countries where nursing had no professional status. The path was not always entirely smooth, and a certain amount of patience, determination and leadership

was needed on both sides. But by 1996 ESO and EONS had reached a formal agreement on the terms of their cooperation: ESO and EONS would jointly design and offer multiprofessional training courses, and ESO would not run any cancer nursing courses without the prior agreement of EONS. The nursing society would be offered an 'ex officio' seat at ESO's Scientific Committee and Programme Committee meetings to facilitate this joint work. The agreement ran for two years, and has been renewed every two years since that date.

That agreement marked an important milestone in the long battle to get recognition for the role cancer nurses play, says Nora Kearney, who played a key role in the negotiations in her capacity as the then

president-elect of EONS. "It was important for a number of reasons. One was about positioning EONS as an equal partner in that relationship. But more important was the ability to formally run joint courses, to develop them together from a multiprofessional point of view. What was very clear from the start, and was enhanced by the formal agreement, was that if ESO was going to do something, in general it would be done jointly in a multiprofessional way, with nurses involved as equal partners."

Kearney recalls that most people on the ESO side saw the newly-defined relationship with the nurses as positive and acceptable. "But for some areas and some countries that was really challenging, because nurses were seen as subservient to, and much less important than, medical

Kathy Redmond (centre left) and Nora Kearney, president and president-elect of EONS respectively, signing the agreement with ESO, Milan 1996

colleagues.” She recalls attending a meeting in one eastern European country to plan an educational initiative. At the meeting, she made the point that nurses would have to participate, including leading and presenting some of the sessions. “They said no, that is not acceptable in their country. ESO was pushing the boundaries of multidisciplinary practice, particularly in education and the position of nurses.”

ESO’s flagship week-long masterclass in clinical oncology is where this educational partnership has shown its real potential, says Kearney. “When we started to collaborate, it became a joint masterclass, we developed a joint programme together. We are bringing the brightest young oncologists together in a very good location with some of the best speakers across Europe, and updating them on tumour-specific topics and chemo-specific topics and so on. From the nursing side we share some of those sessions and we also have some nursing-specific sessions on supportive



Nora Kearney

care. But a lot of work is shared with the oncologists, so the networking potential for nurses as well as the educational potential is really exciting.”

The joint masterclass also offers an opportunity to raise awareness of the untapped potential of cancer nursing among oncologists from countries where the profession is poorly developed. “It’s an opportunity to show we are different but complementary – if you look at focused patient outcomes, no one discipline can do it on their own. It’s not a tokenistic approach – ‘Here’s a whole day on gastrointestinal cancers and at the end of the last session we will talk about the nursing input’. It’s about how you integrate the skills and experience of

different disciplines to make sure you get the best possible outcomes. That is part of the message of the masterclass: you need those different perspectives.”

Kearney, who is now professor of cancer care at the University of Dundee in Scotland, believes ESO’s multiprofessional approach means it is uniquely placed to help drive good clinical practice, and she would like to see the goals of the partnership expand beyond education to promoting integrated multiprofessional clinical research. She has spent many years leading research into how technology, such as mobile phone apps, can help health professionals deliver care in a more patient-friendly and cost-effective way. “If we don’t continue to build the cancer care research portfolio we are not going improve outcomes for patients as much as we could. At the moment collaborative multidisciplinary research doesn’t happen very well, at least at a European level. There is a huge opportunity for ESO to take that work forward.”



MANY DISCIPLINES, ONE TEAM

Multimodality treatment strategies were in their infancy when ESO was first established. The introduction of adjuvant chemotherapy was reducing rates of breast cancer spread and recurrence; adjuvant radiotherapy was mandated for women opting for new breast-conserving surgery. ESO taught these multidisciplinary strategies with great enthusiasm. But when its students returned to the hospitals they came from, they would usually find it was impossible to replicate the sense of interaction they had learned.

Departments of surgery, radiotherapy and internal medicine operated independently, with very little opportunity for interaction between them. Patients, and their medical notes, would be passed from one to the next, as their treatment journey progressed. Whichever department saw them first would be the one to determine what treatment they would get, and in what order. It was often the surgeons who decided whether or not to refer 'their' patients on

for adjuvant treatment. The interaction between experts from different disciplines that the students had seen when discussing how to plan the treatment of different cases at ESO courses simply did not happen with real patients in real hospital settings.

ESO began to realise that it was not enough to teach younger, second-level doctors about multidisciplinary approaches to treatment; to make these approaches work required

restructuring the environment in which they worked. So began a process that would eventually lead to the development and formalisation of the concept of a ‘multidisciplinary team’ – a team whose structure was defined as being drawn from many disciplines and health professions, all specialised in the same cancer, or group of cancers, and whose function was not only to work interactively to plan and deliver patient-centred care, but also to review the quality of their work, to learn and introduce changes as necessary, to conduct specialist training, and preferably to participate in research networks.

The first step came with the founding of the first multidisciplinary professional body for cancer specialists. This was EUSOMA – the European Society of Mastology (now the European Society of Breast Cancer Specialists). Set up in 1986, on the initiative of Veronesi, funded and serviced for very many years by ESO, it operated as an informal network for some years before establishing a formal structure and beginning to publish



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papers in its own name. In 1998 it started organising a series of multidisciplinary workshops which drew up clinical guidelines that were published in the *European Journal of Cancer*. In 2000 it published a landmark position paper, “The Requirements of a Breast Unit”. This was the first time that the concept of a multidisciplinary team, and a multidisciplinary team meeting, was published in the academic literature.

Winning the argument on paper, however, was never going to be enough to change the traditional, department-led, status quo. Heads of departments rarely welcomed suggestions that would result in them ceding

control to alternative structures. Vested interests were tied up in status and budgets, and anyway not everyone was convinced that they really needed the input of any other discipline to tell them how to do their job. Driving through change would require some determined pressure from people who were publicly accountable. And getting the people with the power to exert that pressure would require pressure on them from health service users. What was needed was an alliance between doctors and patients around the agenda of delivering the best-quality care.

So the second step came with the establishment of Europa Donna, the European

Breast Cancer Coalition, in 1994. Established on the initiative of Veronesi, and supported by ESO in its early years, the organisation developed rapidly under the leadership of determined and highly capable patient advocates from across Europe. It took up the call for all breast cancer patients to be treated in specialist breast units or breast centres, and by 2003 this was adopted as the policy of the European Parliament. This policy provided ammunition for Europa Donna member groups across Europe to campaign for the reorganisation of breast cancer services in their own countries. Europa Donna has since worked with EUSOMA and the European Commission to establish an independent accreditation process, so patients can tell which centres truly conform to the minimum standards required to be considered a specialist breast unit.

An important step along the way was the launch of the European Breast Cancer Conference (EBCC), in 1998, which brought together the doctors (EUSOMA), the patients



Luigi Cataliotti

(Europa Donna) and the researchers (EORTC). This broad-based conference replaced the biennial conferences that EORTC had previously been organising on breast cancer. Luigi Cataliotti, who was about to take over the presidency of EUSOMA at the time, remembers the EBCC founding conference as a very influential event.

“There were 3000 people in attendance, compared with 800 who had attended the previous conference organised by the EORTC. We decided to hold a consensus meeting at the end of the conference, which was attended by more than 1000 people.” It was during the consensus conference that EUSOMA proposed the idea of promoting the concept of breast units. The team approach

was in fact already being practised in many parts of the UK, but had not been formalised or defined. Roger Blamey, a surgeon from Nottingham City Hospital, made the case for EUSOMA to promote the idea more widely.

“The UK was a good example for us to try to develop and write up minimal requirements for breast units in a way that could apply to the whole of Europe – not just one country but all European countries,” says Cataliotti. “We organised a consensus conference in Leuven and wrote the first paper, published in 2000 in the *EJC* on the minimal requirements for breast units. Europa Donna then brought this paper to the attention of the European Commission. I was twice invited to the European Parliament to explain what a multidisciplinary approach means, and how important it is for breast cancer patients to have a team of doctors who can follow them throughout their care. This was the beginning of our campaign on breast units, and the European Parliament accepted this completely.”



This was more than a paper victory, says Cataliotti. “If you go around Europe and ask people who are involved in treating breast cancer, you’ll find that everyone knows about breast units. Consider Italy – not the best country when it comes to bureaucracy. Here we have at least three statutes that have been promulgated by our government. In two regions, Tuscany and Campania, it is already law that breast cancer should be treated in breast units, and now there is a strong movement in favour of establishing breast units across the whole country. In Germany, the concept is very well diffused, as it is in Austria, Switzerland and the Netherlands. The Belgian government is now considering following the EUSOMA guidelines for organising breast cancer centres. Good ideas at the end of the day have success.”

Throughout the last 20–30 years, ESO has been very close to all these good ideas, says Cataliotti. “ESO understood immediately that specialist breast units are the ideal place

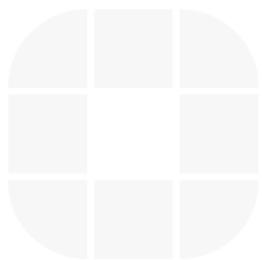
to learn, because you can teach and train different roles, and they are the right place to organise clinical trials or translational studies.”

ESO is now working with EUSOMA to support the work of breast centres, and help new groups set themselves up as specialist breast centres, through the International Breast Cancer Centres Network, which has almost 175 member members in 41 countries. All members commit themselves to playing an active role in the proposal and validation of breast cancer care guidelines, fostering training activities and academic exchange among breast units, contributing to the process of standardising breast cancer care among these units according to European guidelines, and

providing information to help patients and their caregivers to identify high-quality breast units throughout the world.

The School is now looking to spread the model of specialist units to other types of cancer, starting with prostate cancer – a disease where patients could benefit from increasingly sophisticated personalised management by a team of specialists, but where the reality is that too often they are being shunted towards one treatment modality or another.

In 2011 ESO published a discussion paper in the *European Journal of Cancer* on the Requirements of a Specialist Prostate Cancer Unit, with Riccardo Valdagni, ESO’s prostate programme coordinator, as lead author. The School is working closely with the patient advocacy group Europa Uomo to promote the idea of restructuring prostate care around multidisciplinary specialist units, and it is working with the Organisation of European Cancer Institutes (OEI) on an accreditation procedure.





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Learning to care

EUROPE AGAINST CANCER

Very early in the morning, mid-June 1985, ESO's director mounted his velosolex to go and send an urgent telex to the office of Prime Minister Bettino Craxi. It contained a one-page proposal for an ambitious plan to tackle cancer in Europe, setting a target of a 15% reduction in the number of deaths by the year 2000. The European Council of Ministers would be meeting that day in Milan, and Craxi – who held the presidency of the Council – had promised to put the proposal on the agenda.

Having been notified of Craxi's intentions less than a day before the Council meeting, Veronesi and Costa had been up all night, drafting the document, and faxing back and forth with Maurice Tubiana at the Institut Gustave Roussy, distilling their long wish-list down to a single page of 200 words. Those 200 words gave birth to Europe Against Cancer, a programme that would mobilise almost every directorate of the European Commission in one way or another, from the Industry Commission (responsi-

ble for industrial carcinogens) to Social Affairs (health and safety), Internal Market (training and cross-border movement of healthcare workers), Information and Audiovisual (public awareness campaigns and the Eurobarometer polls), and Research.

The Commission established a 'high-level group' from the health ministries of the 15 member states, which met six times in three years, with the brief to roll out the programme in each country. It mobilised



More than 25 years after it was first written, ESO's 10-point Cancer Code is still used to promote cancer awareness

cancer leagues, anti-tobacco campaigners, and even public service broadcasters, behind the campaign. To provide medical and scientific guidance, it set up a Committee of Cancer Experts drawn from all 15 countries and led by France's Maurice Tubiana, head of the Gustave Roussy, and Italy's Umberto Veronesi. The programme was given an initial budget of 18 million euros (in those days ECUs).

Among its most visible lasting legacies is the 10-point Cancer Code – the 'ten commandments' – drawn up by an ESO task force chaired by the epidemiologist Peter Boyle. The Code, which is still in widespread use, scored a number of firsts. It was the first time cancer was presented to the public as a disease that they could – and should – protect themselves against. It sparked a lasting change in the approach to sun exposure, not least among the sun-loving Scandinavians. And it was the first time the role of weight and diet were publicly highlighted as risk factors. These aspects were spelt out further

in a 2003 update to the code, which gave rise to the 'five a day' slogan.

The impact of the Code was amplified when the UK, which took over the presidency of the European Council in June 1986, designated 1989 the Year of Information about Cancer. Public health campaigns were reinforced by some high-profile radio and television programmes. One of these, *Lifestyle and Cancer in Europe*, was broadcast on 11 channels and reached an audience of 6 million in Germany alone. A poll taken by the EU's Eurobarometer showed that awareness

of the Cancer Code increased from 16% in 1988 to 25% in 1990, and 38% of Europeans had heard of Europe Against Cancer.

Europe Against Cancer had many other, less visible, arms. ESO played a key role in delivering some of these. They organised training programmes in primary prevention and early detection for GPs and nurses (together with EONS, the cancer nurses group). This involved using a variety of manuals and audiovisual materials in a number of languages for training of trainers, as well as television and radio broadcasts. They also drew up the recommendations that introduced a compulsory minimum of 98 hours of integrated oncology teaching at medical school for undergraduates.

Guidelines on screening programmes, support for collaboration among cancer registries, epidemiological studies and other research work all featured in the programme

of Europe Against Cancer. It even mustered the considerable political will needed to begin taking measures against tobacco, facing down heavy lobbying from industry and agriculture. The compulsory warning signs displayed on every cigarette packet originate from this era; Veronesi and Costa took part in delegations that visited every one of the 15 prime ministers or heads of state to seek their support for the measure.

More generally, the Europe Against Cancer programme created an environment in member states and beyond where anti-cancer policies, initiatives, and campaigns began to flourish, providing the sort of leadership – if not the money and the institutions – that Nixon's Cancer Act had done in the US.

None of this, of course, could have been set in motion purely from a one-page document drawn up by ESO. At its inception, the idea for Europe Against Cancer was not really about cancer at all. It was part of the grand

plan to propel Europe from being an economic entity defined by disputes over monetary union, farming subsidies and fishing rights, to becoming a People's Europe, united around universal issues such as health and education.

A key figure behind this grand plan was the French socialist President François Mitterand, who in 1984 held the presidency of the European Council. It was he who coined the term 'Europe des Citoyens', and who – influenced perhaps by his own, unreported, diagnosis of prostate cancer three years previously – selected fighting cancer as an issue that would command widespread support across the populations of Europe. Mitterand approached Maurice Tubiana, head

of the Gustave Roussy, for support. Knowing the Italians were shortly to take over the presidency of the European Council, Tubiana in turn approached Veronesi, who was then able to use his own good relationship with Italy's socialist prime minister to convince Craxi to support the idea.

ESO was nonetheless an important catalyst, and played a big role in making the programme work. Michel Richonnier, who was given the task of getting the different parts of the Commission to work together to progress the Europe Against Cancer programme, points out that fragmentation among the key players in cancer made a European initiative like this one significantly more challenging than, for instance, the Erasmus and Comett (later rebranded as



When the UK took over presidency of the European Council, Prime Minister Margaret Thatcher gave a boost to Europe Against Cancer by designating 1989 the European Year of Information About Cancer, with a budget of 10 million ECUs. She is pictured here after a meeting to discuss the initiative, London 1986. Also pictured are Michel Richonnier (back right) and Umberto Veronesi (back second from left)

Leonardo da Vinci) initiatives being launched at the same time in the field of training and education.

At the same time, because all health issues could be decided only by majority vote, getting new policies accepted would require significant political will, particularly for any measures that might not please the highly organised industry and agriculture lobbies. It is no accident therefore, that the body which ended up drafting the basis for Europe Against Cancer, and helped mobilise experts from many parts of the world of cancer to participate in carrying out the work of the programme, was the one European body that embraced all cancer disciplines and that was driven by a European outlook and a thirst for change.

Richonnier remembers ESO as a very enthusiastic partner in Europe Against Cancer. “Alberto Costa spent a lot of time building this programme up with us. Both he and Umberto Veronesi really made themselves



available.” Accustomed to lengthy European consultations seeking approval for a single policy from multiple stakeholders across all member states, Richonnier was particularly impressed by the speed at which ESO could bring different groups of people together and get the job done.

Being able to offer beautiful locations again proved helpful. “They were quick, reactive and active. ESO organised many seminars in San Servolo [Venice]. One was a symposium on the issue of training medical doctors and nurses in cancer. This involved all medical associations throughout Europe who were involved in training medical personnel, and formed the basis of the formal policy

recommendations issued by the European Commission. That was very useful. It was produced and adopted by 1988, which was very fast.”

When Europe Against Cancer came to an end, in the year 2000, the highly focused programme was replaced by a more diluted strategy that aimed to tackle problems such as smoking, diet and exercise that were common across chronic diseases. Thanks in particular to the efforts of Europa Donna, MEPs Against Cancer and the European Cancer Patient Coalition, however, the European Parliament and Commission did continue to take up the cause of cancer.

In 2003 the European Council issued a recommendation on screening for breast, cervical and colorectal cancer. In 2008 the European Parliament passed a resolution on combating cancer in the enlarged European Union, which addressed many issues, including statutory cancer registration, prevention campaigns, implementation of the



Council’s recommendations on cancer screening, recommendations on management through multidisciplinary oncology teams, psycho-social care, palliative care, patients’ rights and more. It also sought to provide the focus and drive that had been lost when Europe Against Cancer came to an end, by calling on the Commission to “set up an interinstitutional EU Task Force composed of Members from the Commission, the Council and the European Parliament, which shall meet on a regular basis”. The response to this call was to set up the European Partnership for Action Against Cancer (EPAAC), where ESO is actively involved, particularly in media training.

Policy and management issues are likely to become increasingly important to the delivery of high-quality cancer care in the coming decades, as governments seek to square the circle of shrinking health budgets, rising costs and increasing demand. Progress towards narrowing the gaps in cancer survival between northern and central Europe and eastern and southern Europe may become threatened by the impact of austerity measures in some countries. European health systems have barely begun to define minimum standards and put in place procedures for auditing and reporting on the quality of care delivered to cancer patients.

The Europe Against Cancer programme played a key role in mobilising the political will needed for Europe to face down the powerful tobacco lobby and introduce measures such as the compulsory warning notices on packets of cigarettes and tobacco

ESO will be looking to work closely with ECCO and partnerships like EPAAC to help clinicians, nurses, patient advocates, researchers and policy makers work effectively together to find sustainable ways of delivering high-quality patient-centred care to cancer patients wherever, and wherever, they may be.



A TRANSATLANTIC ALLIANCE

By the time ESO was founded in 1982, American cancer professionals had been organised for decades, starting with the oncology surgeons, who founded their society in 1940, followed by the radiotherapists in 1958, the medical oncologists in 1964 with ASCO, and the cancer nurses in 1975. Spurred on by 1960s successes in treating leukaemia and then Hodgkin lymphoma, backed by the huge war chest of the War Against Cancer and led by the mighty NCI and the first cooperative clinical research groups, the US was the unchallenged leader in the world of cancer, and a magnet for young European oncologists who were serious about research.

But Europe was by no means absent from the world stage. Europe had started building its own cancer research infrastructure in the early 1960s. Henri Tagnon, who started medical oncology at the Jules Bordet in Brussels, set up the European Organisation for the Research and Treatment of Cancer (EORTC) in 1962 – under the initial name of the Groupe Européen de Chimiothérapie

Anticancéreuse (GECA). The European Molecular Biology Organisation (EMBO) was founded in Heidelberg two years later. By 1965 Europe was ready to launch its own oncology journal, the *European Journal of Cancer*.

All of this was happening in response to a huge upsurge in research and innovation on the ground at centres across Europe,



with people like Peckham at London's Royal Marsden and Tubiana at the Gustave Roussy in Paris leading developments in radiotherapy, Bonadonna at the Istituto Tumori in Milan, Gordon Hamilton-Fairley at London's St Bartholomew's, and Bob Pinedo at the University Hospital in Utrecht pushing the frontiers of medical oncology, and people like Veronesi in Milan challenging traditional approaches to cancer surgery.

So although cancer surgeons and radiotherapists only started organising at a European level a couple of years before ESO was established (a decade after the medical oncologists, who started ESMO, the European Society for Medical Oncology, in 1975), the School's founders had a clear sense of a European approach to practising cancer medicine that differed from the US approach in a number of ways. Some of these differences they valued and were very keen for ESO to explicitly promote.

In particular, there was a sense that, in rejecting the traditional paternalistic 'doctor knows best' approach in favour of empowering the patient to take their own decisions, American cancer doctors had adopted too rigid an approach to 'truth telling', which came over as lacking in compassion.

Granted, Europe was not getting it entirely right either – it was still the norm in many countries not to tell patients they had cancer, which became a sticking point, for instance, in the Milan CMF trials, as the US NCI who sponsored the trial insisted on informed consent.

ESO was not going to teach doctors to keep patients in the dark, but it did want to preserve some of the good points of the European approach, to teach compassion and a responsibility for caring for the whole patient, which had implications not just for delivering the diagnosis, but the whole approach to treatment. "The

States had a much more aggressive approach, sometimes treating patients with chemotherapy when they were terminally ill," explains Peckham. "They had a different concept of palliation and of care at the end of life. Ours tended to be a far more gentle approach."

But if Europe felt it had something to teach the US, the US also had a lot to teach Europe. There were many important figures in American oncology who contributed enormously to ESO, particularly in its early days. Charles Sherman, the chair of the accreditation committee of the American Medical Association's Education Council, gave generously of his time and enthusiasm, first helping ESO get US accreditation for its courses, and then helping them advocate for a CME system in Europe and develop CME in cancer education.

The team at Memorial Sloan-Kettering acted as the formal 'tutor' for ESO

courses. They checked the credentials of the teachers and the content of the courses, as required by the AMA, and even ran joint courses with ESO at Memorial in New York. It was Jimmie Holland, the mother of psycho-oncology, who first introduced ESO to this rising discipline, and then went on to help design their courses and participate on the faculty.

Support from some of the big hitters in the US was also very important at the start in building the credibility of the school, which was vital to attracting top-level faculty. Among them was the then head of the NCI, Vince DeVita, who backed the School from the word go. He has remained a consistent ally ever since, joining ESO's Scientific Committee in 1989, and later joining the editorial advisory board for ESO's magazine, *Cancer World*.

DeVita knew the European cancer scene quite well by the time ESO was launched. The NCI had bilateral agreements with a



Vince DeVita

number of countries, it had funded and helped the EORTC set up a data management programme, and it had also funded and helped to set up the clinical trials office at the Istituto Tumori in Milan. DeVita knew Veronesi very well. So when the proposal to start a European School of Oncology became a talking point in the US, while many of his colleagues scoffed at the idea, DeVita did not.

“The people in this country thought it was a crazy idea, putting together

a school of oncology for Europe when Europe was just a vague idea. They thought it was a joke,” he says. “But Veronesi was often ahead of his time. He saw a need for it.” Unlike many of his colleagues, DeVita also appreciated that countries other than the US might also have something to offer in the fight against cancer, and he welcomed the prospect of an organisation that might help overcome the curse of fragmentation that afflicted the European cancer effort.

Under his leadership, the NCI had started to organise big cooperative clinical trials groups such as the CALGB (Cancer and Leukemia Group B). But when he travelled to Europe, cooperation was sadly lacking. “The conflicts between countries were obvious – even within countries. Once I went to Paris and they kept us waiting in the hall. When they finally came out they said, ‘Would you chair the meeting?’ I asked, ‘Why me?’ They said, ‘We can’t agree among ourselves who



should do it.' So I chaired a meeting in France!" The idea of a European School of Oncology, says DeVita, seemed like a good way to bring down these barriers.

DeVita's backing for the fledgling organisation counted for a great deal. "Being director of the NCI, when you said something, people would listen. We called it a bully pulpit. A lot of people would like you to get up and say, 'I think this organisation is really great'. I supported ESO." He also helped find people who could assist ESO in various capacities and backed the fundraising initiatives of the American-Italian Cancer Foundation, which was an important source of funding for ESO, particularly in its early days.

DeVita says he is not at all surprised that ESO is still strong and active 30 years on. He attributes its success, in part, to its ability to respond quickly to new challenges as they arise – and to close down areas of activity once their goals have largely been

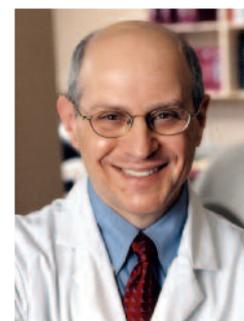
met. "One of the major weaknesses of bureaucracies is not looking at what they are doing, and deciding they don't need to do it anymore. To me, one of the things you do when you set up a programme is to have some sort of sunset rule."

ESO's recent focus on organising weekly e-grandrounds, broadcast live and interactively on the web, is a good example of keeping up with current needs and possibilities, says DeVita, and he feels it is working well. "When they started I listened to every one for the first year. I thought it was a great idea. You have an audience scattered around the world, so the hardest part is finding the best time to reach the most people. I think they've done a great job with that."

In 2011 an important new chapter was opened in the transatlantic alliance when ESO launched ABC1, the first breast cancer conference to focus entirely on the treatment and care of patients with



advanced disease. ESO saw this as strategically important, because it answered an urgent unmet need for developing a consensus on evidence-based guidelines for treating breast cancer in the advanced setting. It was, however, a gamble, done with no commercial sponsorship and



ESO's newly launched ABC conference on advanced breast cancer is a transatlantic project. Eric Winer from Dana-Farber (above left) and Larry Norton from Memorial Sloan-Kettering (above right) were co-chairs alongside ESO's Fatima Cardoso and Alberto Costa

little idea of how many people would be likely to attend.

The backing and active involvement of two high-profile American breast cancer specialists was therefore particularly valuable. Larry Norton, deputy physician

in chief of the Memorial Sloan-Kettering breast cancer programme and Eric Winer, director of the Breast Oncology Center at the Dana-Farber Cancer Institute, acted as co-chairs of the conference, and helped plan it and assemble an expert and varied faculty. In the event, the con-

ference proved a huge success in both attendance and in the consensus-based guidelines that came out of it. The transatlantic alliance is set to continue with ABC2, scheduled for November 2013, followed by further conferences every two years.



PROMOTING PATIENT POWER

Patient support groups have been going for many decades, providing opportunities for patients to give and get solidarity and advice from people who have been there, or are still in a similar situation. But when ESO was founded at the start of the 1980s, the idea of advocacy groups that could give patients a collective voice, and help them play an informed role in decisions about their treatment, did not exist. ESO played an important role in seeding the idea, and making it happen for cancer patients in Europe.

The US, as usual, was ahead of the game. In the mid 1980s, frustration at the slow pace of action to stem the disastrous death toll from AIDS prompted patients to organise to get their concerns addressed, with remarkable results. Fuelled, no doubt, by their success, in 1991 a group of breast cancer survivors in the US launched the National Breast Cancer Coalition – a group with a very strong advocacy mission, which has a significant,

though not exclusive, patient base. In 1992, the NBCC demonstrated its lobbying power by convincing the United States Congress to direct a sizeable chunk of money from the Department of Defense to fund breast cancer research – a practice that has continued ever since, totalling \$7 billion by 2012. The NBCC also began lobbying for changes to policies in the areas of screening, prevention, quality of care and more.

In the absence of the internet, and with very little global activity at a patient level, little of what was happening in the US was feeding into patient groups in Europe. Umberto Veronesi, however, was well aware of this growing advocacy power of American patients. He could see the potential they had to educate patients and drive change, and he decided to try to organise something similar in Europe.

Veronesi enlisted the help of Reach to Recovery, a programme for breast cancer patients run by the American Cancer Society, which had been quietly developing contacts across Europe for a number of years. In 1993, Veronesi invited some of these contacts to attend one of the first international conferences organised by EUSOMA (the organisation for breast cancer specialists) in Paris. Among them was Gloria Freilich, who ran a patient organisation, Cancerkin, based at the Royal Free in London, and had been corresponding with Veronesi for the past year about his interest in setting up a



Gloria Freilich

European patients' organisation. At a press conference held at the closing of EUSOMA's conference, Veronesi called Freilich up to the platform and announced the launch of Europa Donna, Europe's first cancer patient advocacy group, with Gloria Freilich as its first president!

It was, perhaps, not the most auspicious start, but it did offer Freilich her first practice in standing up for the independent voice of patient advocates. "I had to save myself," Freilich recalls. "I said sorry but Europa Donna has not been planned or

launched by women at this point, and I certainly would not accept the presidency, as I hadn't been elected. It is something that we would work towards."

But Veronesi's plan did pay off. The women whom he had invited to the conference gathered around Freilich after the press conference and agreed to form a committee to look at whether such a pan-European patient advocacy organisation would be feasible, and if so, how best to set it up. A year later, Europa Donna held its first pan-European conference, hosted in Milan; the year after, it held elections to the board, and Freilich was elected founding president; and one year later, in 1996, Europa Donna adopted its constitution, which spelt out the 10 goals that remain at the heart of its mission.

And as Veronesi rightly foresaw, Europa Donna became a very effective lobbying group, pushing breast cancer up the political agenda at a European level and in the 46

EUROPA DONNA



Europa Donna's annual advocacy training course, Milan 2011

countries where it has member groups. It got the European Parliament to pass a breast cancer resolution in 2003, supporting the right of women to be treated by multidisciplinary teams in specialist breast units. And, together with EUSOMA, ESO and others, it has helped drive this policy forward in many European countries, including establishing an independent European accreditation process to ensure that patients know which breast centres can be trusted to provide high-quality treatment. It has also helped transform the knowledge and understanding patients have of their disease and treatment options, helping breast cancer patients get the care they need, and often forcing doctors and treatment centres to raise their game.

ESO played an important support role in the early days. Europa Donna's first legal status was as an educational arm of ESO, and ESO dedicated someone on its staff to help with administrative and organisational work. It helped Europa Donna set up its own headquarters, in Milan, contributing also to its funding. But it was the working relationship that was established between the two organisations that Freilich values most. "All the way along ESO has been a great supporter and a mentor to lay breast cancer advocates, and I for one really cherish Europa Donna's relationship with ESO. Alberto Costa has always been very close to us, and a very sound advisor," says Freilich. "I don't think he ever embarked on anything significant without considering where the advocates could be involved. He would often put suggestions about projects we might do together or invite representatives from Europa Donna to speak at ESO conferences. Every time there was an innovation we were never left out of the picture. Europa Donna was always consulted and always brought into it. It is very inclusive and that is the great secret of ESO's success."

One of these projects was a series of fairly small courses on breast cancer in young women, which has now developed into a far more ambitious programme of regular conferences, which will launch in Dublin at the end of 2012. "I had contact with a lot of young women [at Cancerkin] and I knew the kinds of problems they faced, and it grew from that. I was in touch with Alberto through Europa Donna at that point, and I talked to him about what I wanted to do, and we decided to do the first one together. His office worked with mine and it was very successful. It has gone on and developed from those small courses. This is the way we've seen ESO work. It doesn't just stop there with the success of a course. If it's been successful, it is developed and enlarged."

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Over the years, ESO has looked for opportunities to support patient advocacy in other types of cancer. Patients with prostate cancer were seen as an important group. They needed a voice because overtreatment and poor quality treatment were leading to unacceptable rates of incontinence and impotence. They also needed particular support because men tend to be less comfortable than women when it comes to talking about their personal health issues.

So in 2002, ESO helped a core of prostate cancer groups from around Europe join together to form Europa Uomo the European Prostate Cancer Coalition, and supported their activities for many years. Today Europa Uomo has member organisations in 23 countries across Europe and is leading efforts to raise awareness about the importance of being cared for by a multidisciplinary team specialised in prostate cancer, and the right of patients to be fully informed about the many different treatment options, and play a role in decisions about their care.

But ESO was also aware of the problem that key messages about the rights of cancer patients and the need for high-quality cancer services would get lost unless different patient groups could speak with a single voice. So in 2003, ESO was instrumental in establishing ECPC, the European Cancer Patient Coalition – an umbrella group that could speak at a European level for patients with any type of cancer, and could help support member organisations with their advocacy activities.

The founding conference, held at the European Institute of Oncology in Milan, under the ECPC motto “Nothing about us without us”, was attended by one hundred different cancer patient organisations, from 33 countries. It was the first opportunity for patients with different types of cancers and from different countries to start to identify the issues they had in common, and the shared issues they wanted to campaign on. ESO supported ECPC masterclasses to the tune of €90,000 per year for the first three

years, and shouldered much of the administrative burden in those early days. Today the Coalition has more than 300 member organisations from 45 countries, with its own secretariat in Brussels and a strong advocacy programme, particularly at the level of the European Parliament.

More recently, ESO has given a lot of support to the work of groups of patients with rare cancers, who are campaigning for organisational changes that will ensure that where a rare cancer is suspected, the patient is quickly referred to a specialist centre that can make the correct diagnosis and advise on appropriate treatment options.

Looking ahead, ESO is supporting proposals to establish a Europe-wide group for lung cancer patients – a group where ensuring treatment is carried out by specialist units working in networks will be very important to make sure patients benefit as quickly as possible from rapidly growing insight into the biology of lung tumours.



ESO AND THE MEDIA

Information overload caused by too many articles in too many peer reviewed journals was one of the reasons ESO was started. Doctors were finding it hard to keep up with all the latest research while having time for their patients and possibly also participating in their own research work. ESO wanted to offer them the chance to learn about important developments, and their implications, from experts who had already digested the literature, and could talk to them, face to face. The last thing ESO wanted was to give busy young cancer doctors yet more material to read.

But it soon became apparent that students valued what they learned outside of the formal sessions, chatting to faculty members in coffee breaks, at meals, in the evenings, almost as much as the formal teaching. It gave them fascinating insights into the world of oncology, and the people who inhabit it, that they could not have got elsewhere, and they wanted to hear more. This is where the idea for *Cancer Futures* originated. ESO's first full-colour glossy maga-

zine was launched October 2001 with a cover story on the founder of BIG, the Breast International Group, which ran under the title "Martine Piccart: medic and musician". Published by Springer, under the tag line "Education and knowledge through people and facts," and with Maurice Schneider, co-founder of ESMO, in the editor's chair, the magazine was designed as an 'easy read' – to be picked up and read when off duty, or on the train journey home.



It did have a CME section, which in the launch issue focused on adjuvant therapy for breast cancer; there were five articles covering various aspects, preceded by a general overview written by Maurice Schneider. But it also had a section about other professions involved in cancer care – cancer nurses in the case of the launch issue – one on advocacy, information about careers and opportunities, and a Spotlight feature that could be used to take a detailed look at a particular issue, event, or institution. There was also Drug Watch, which was a news section looking at new drug approvals and developments in regulatory procedures.

With its emphasis on learning from people, rather than only data and graphs, *Cancer Futures* always led with a personal profile as its cover story, and the magazine was instantly recognisable from its front cover, which always featured a head-and-shoulders picture of the person being profiled.

It avoided focusing on big names who head societies and chair conferences. Not only did every discipline get a fair share of the limelight, but leading people from cancer nursing, advocacy, research and non-commercial drug development were all included, chosen from every corner of Europe, and with an equal representation of men and women.

This was something very new, and it was very well received. But the content came mainly from busy cancer professionals, who

were more used to writing academic articles and were often poor at delivering their copy on time. The operation was also costly. ESCO decided to take the leap and bring publication of its magazine in-house. In 2004 it relaunched as *Cancer World*, with the same signature cover and cover story, but with a new editor, recruited from outside the ranks of oncology doctors.

Kathy Redmond was a cancer nurse by profession, who brought to the job more than a decade of experience in cancer politics and policies. As president of the European Oncology Nursing Society she had helped establish cancer nursing on an equal footing with other professional societies. She had served on the board FECS (now ECCO) – the umbrella body that brought the three cancer disciplines together with basic researchers, nurses and paediatric oncologists; she had been involved in Europe Against



Kathy Redmond

Cancer – winning observer status for nurses on the board of experts; she had experience working with patient advocacy groups – she was instrumental in launching the European Cancer Patient Coalition, which was covered in the first issue of *Cancer World*; and she had been news editor for *Cancer Futures*.

Redmond took the magazine in a new direction. “Because my background is not a doctor I was able to stand back and look at a spectrum of things that were influencing the cancer scene,” she says. “No publication at that time was proactively covering policy issues, and issues that have an impact on cancer outcomes. Too many people just focus on the clinical issues a patient may face – what drugs, what combination of drugs, what multimodality treatment – without looking at the bigger picture. There was a clear gap that *Cancer World* could fill.”

Looking at the bigger picture, however, required covering issues from a variety of viewpoints and perspectives, so a team of

journalists was brought in. The extra cost was covered from the money saved by bringing the publication in-house, together with additional funding raised through a collaborative programme with a group of commercial companies, Sharing Progress in Cancer Care, coordinated by ESO’s Matti Aapro.

“What we’ve done is to educate about issues nobody was ever focusing on before,” says Redmond. “This was before the word ‘oncopolicy’ was ever used. It’s only in recent years people have started to understand what oncopolicy is, and that there is a need to influence, to understand and to educate the community about these issues. People still don’t understand how important policy is to getting patients diagnosed on time, and seen by the right people.”

Over the years, *Cancer World* has been able to cover a variety of issues that are under the radar of many oncologists, including: innovative uses of IT to keep a close eye on potentially serious symptoms; how to help patients weigh up risks and benefits of different treatment options; thinking ahead about fertility problems; addressing side-effects and long-term effects, physical, psychological, sexual. But it has also been able to tackle more complex and sensitive issues such as access to experimental therapies, and the frictions, power struggles and political tensions that accompany efforts to restructure cancer services.

“Very rarely do we have single-interview articles,” says Redmond. “That is part of our philosophy, to acknowledge that there is a spectrum of opinions and they are all valid, and by asking for different opinions we get a better understanding of the situation. We’ve had very few people who’ve refused to be interviewed, because we are careful to give that balance.”



JASON HARRIS



As ESO marks its 30th anniversary, *Cancer World* marked its 50th issue with a redesign and a subtle change of emphasis. A new Cross Talk section looks at issues arising at the border between one discipline or profession and another, by bringing people from either side of that border into a dialogue. A new My World section gives cancer professionals of all descriptions, who are bringing commitment and creativity to their job, the

opportunity to talk about what their work means to them. ESO also started to turn its attention to the role of the wider media – broadcast, print and online health and science journalists. It launched its Best Cancer Reporter Award to encourage journalists to cover cancer stories using an investigative approach that is sensitive to cancer patients and their families and stimulates awareness about advances in the cancer arena. And it developed courses to help journalists improve their knowledge and skills in covering different aspects of cancer, which it delivered at events such as the biennial World Con-

Axel Ullrich, the molecular biologist behind Herceptin and Sutent, talking about the pressures on researchers to exaggerate the implications of their work, at a session organised by ESO at the World Conference of Science Journalists, London 2009

ference of Science Journalists, and in parallel with the Open Forum of the European Partnership for Action Against Cancer.

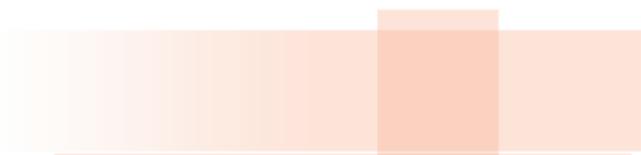
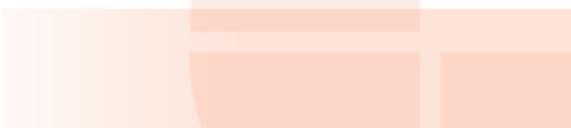
“Journalists are important because they shape expectations about new treatments,” says Redmond. “They can inform people about preventive strategies, and they can raise awareness about the importance of early detection. And politicians take notice of what the media says, so it is important that journalists understand the issues they are covering.”

More recently, ESO’s media team has also started working with cancer professionals to help them get their own points across more effectively in media interviews. There is a clear unmet need for this sort of media training, and this is an area ESO may expand in the coming years.

Dana Coza, epidemiologist at the I Chiricuta Oncology Institute in Cluj, Romania, doing a practice interview about cervical cancer screening, at a media training session run by ESO, Cluj 2011



PETER MCINTYRE





AN INTERNATIONAL AGENDA

Cancer is a disease of rich countries, and emerging countries have neither the money nor the sophisticated health services that are required to tackle it. Neither of these statements has ever been entirely true, yet when ESO was founded, it was certainly the prevailing perception among the global health community. In reality, by the early 1980s more people were dying from cancer in emerging countries than in the developed world, and the numbers were starting to escalate at an alarming speed.

The reasons for this upsurge in new cancer cases were not difficult to understand. The success of programmes to reduce deaths from infectious diseases, combined with rising living standards for some, meant more people were living longer – enough by itself to push up the rates of new cancers. To make matters worse, many facets of the ‘western’ lifestyle that are linked to cancer – poor diet, smoking, and starting families at a later age – were now being adopted by large sections

of the populations of emerging countries. Governments, health services and international health and aid agencies that had traditionally been focused on tackling infectious diseases needed to respond quickly to stave off the worst of the rising tide of cancer. Few of them had any idea of how many new cases of different types of cancer were occurring, or where. Almost none had any plans that addressed prevention, early detection, treatment or palliative care.



The year 2000 offered a major opportunity to turn things around, when the international development community drew up the Millennium Development Goals, which were to set priorities for international aid until 2015. Sadly, however, such was the gap between perception and reality that cancer was not given a mention.

The new millennium saw a concerted attempt to retrieve this disastrous situation. In 2000 a World Summit Against Cancer for the New Millennium was convened in Paris. It concluded with the signing of the Charter of Paris by President Jaques Chirac and Kōichirō Matsuura, director of UNESCO, among others. This Charter recognised the “rapidly rising tide of cancer incidence throughout the globe, in developed and developing nations alike,” and pledged to develop “unprecedented global cancer networks and alliances” and create global research organisations to further the goal of preventing and curing cancer, and maintaining the highest quality of life for those living and dying from the disease.

In 2003 the World Health Assembly – the global parliament of the World Health Organization – took the first major global action against tobacco, with the WHO Framework Convention on Tobacco Control. In 2005 a gathering of the same Assembly passed the first ever international resolution on prevention and control of cancer, calling for every country to develop and implement comprehensive cancer plans. In 2008 the UICC (now known as the Union for International Cancer Control) adopted the World Cancer Declaration – a concise roadmap of practical actions, under the headings of ‘health policy’, ‘prevention and detection’ and ‘treatment’, that could be implemented with speed in any country. In 2009 the UICC teamed up with international groups on heart disease, diabetes, and tuberculosis and lung disease, to call for a UN Summit on non-communicable diseases. In 2011 the summit was convened, resulting in a political declaration, in which the huge problems cancer and other ‘non-communicable diseases’ pose for emerging countries were finally addressed

at the highest international level, and the principles behind many – though by no means all – of the action points in the World Cancer Declaration were endorsed.

As a small educational outfit with a remit focused on Europe, a target audience of cancer doctors, and an office with no more than 15 staff, ESO had neither the mission nor the ability to effect major change at a global level. However, its commitment to the principle of equal access to high-quality care meant it kept an eye out for opportunities where it could make a difference, and the School deserves some credit for the contribution it made to getting cancer on the international development agenda.

The first time the looming crisis in emerging countries was flagged up in the mainstream cancer community was in the Djerba Statement, which was the result of an ESO initiative. Published in the *Annals of Oncology* in 1995 – five years before the Charter of Paris – this admirably short statement called for



Specially trained doctors explain the breast screening process to women at a Cairo clinic, 2000. This was part of a successful pilot, supported by ESO, that used clinical breast examination as an alternative to mammography for population-based screening

the international community to wake up to what was happening, and to recognise that most western strategies for controlling cancer were not appropriate to the developing world. It called for support for efforts already being made in many emerging countries to conduct original research into the particular problems they faced and how to address them using the resources they had available.

The signatories included many of the key people who were pioneering efforts to develop oncology on the ground, in India, Tunisia, Nigeria, Iran, Egypt and Albania. The statement had been agreed at a meeting in the Tunisian island of Djerba, organised by ESO as part of its Challenge initiative to help people like them communicate with one another and disseminate information about the important work they were doing.

Challenge went on to launch a fund which financed some early pilot studies, including a palpation-based early-detection programme for breast cancer in Cairo, which

showed that low-tech methods were a feasible alternative to mammography. Despite its success, the government opted instead for a high-profile mammography programme that had a limited reach. Interestingly, in 2010, 10 years after the start of the Cairo pilot, a group of oncologists from the Egyptian University of Mansoura published results from the first screening project to use clinical breast assessment that was based in an entirely rural community. It used a strategy similar to the Challenge project, and confirmed that it was effective and improved outcomes.

The Challenge Fund was also able to support the capacity building work done by organisations like the International Network for Cancer Treatment and Research (INCTR), whose projects included helping health professionals in equatorial Africa to improve their management of Burkitt lymphoma – a particular problem in this region. The INCTR helped them develop and trial protocols that worked for patients with poorer nu-

tritional and health status than the average western patients, and could be administered within the logistical and economic realities of the region.

As ESO readily admitted in Challenge newsletters at the time, all of this was a mere drop in the ocean. The real challenge would be to find ways of moving from a smattering of small pilot projects to convincing governments and NGOs the world over to formulate and implement cancer plans that would deliver prevention, detection, treatment and care across their entire populations. This would need international resources and advocacy on the scale that had been mobilised throughout the 1990s in response to HIV/AIDS. The trouble was that cancer control is so complex, requiring so many different activities to be carried out by different players working together, that it was hard to put together a strategy that busy politicians, policy makers and international opinion leaders could grasp and sign up to.

This, then, was the idea behind the World Cancer Declaration – another initiative that owes a lot to ESO. Having seen how successful the ‘ten commandments’ of the European Cancer Code had been at raising public awareness of prevention and early detection, ESO wanted to try a similar approach at a global level. An opportunity arose when Franco Cavalli, a founding member of ESO, and co-chair of its Scientific Committee, was elected president of the UICC in 2006, with the intention to concentrate the efforts of the organisation far more on working with emerging countries.

“At the time, the UICC was still largely a Euro-American undertaking, centred on developed countries,” Cavalli remembers. “With the help of ESO I was able to change the focus. The result was the World Cancer Declaration of 2008, which was not just financed by ESO, but was drafted by Kathy Redmond and myself.” That drafting process was in fact a labour of many months. The first draft incorporated input



Franco Cavalli

from 250 experts worldwide, and stretched to 20 pages. A review process by major global bodies including the WHO and IARC gave birth to the second draft, which was even longer. Remembering the lessons of the Code, Cavalli and Redmond distilled it all to the current text, which fits on two sides of A4 paper, and presents 11 targets together with key action points that can be acted on quickly in any circumstances with measurable results.

The World Cancer Declaration was welcomed by NGOs all over the world, which are using it to back up their demands for more action on controlling cancer. It became a topic of debate in regional and national conferences in many areas of the world; the Chinese made it their own, cut-

ting down the priority actions still further, and renaming it the Tianjin Declaration. The UICC used it to great effect in an impressive global advocacy campaign, lobbying world leaders in the run up to the 2011 UN Summit on Non-Communicable Diseases, and it continues to be a backbone of UICC advocacy work, with more than half a million people adding their signatures to the declaration so far.

In 2012 the World Assembly of the WHO agreed to establish a research and development fund devoted specifically to topics of relevance to emerging countries – a need that had first been flagged up 17 years previously in the Djerba Statement.

It all adds up to a major shift in awareness at national and international levels of the problem of cancer in emerging countries, and a growing political will to find solutions. Cavalli believes that ESO has a role to play in making sure this now gets transformed into effective action.

The World Cancer Declaration

The World Cancer Declaration is a tool to help bring the growing cancer crisis to the attention of government leaders and health policy-makers in order to significantly reduce the global cancer burden by 2020 through 11 key targets.

It represents a consensus between government officials, public health experts and cancer advocates from around the world who are committed to eliminating cancer as a life-threatening disease for future generations.

In one easy step individuals can make a difference. By signing the World Cancer Declaration, signatories join a worldwide community calling on key decision makers to commit to key actions needed for a cancer free world.

www.uicc.org/signdeclaration



"We, the global cancer community call on the world to take immediate steps to reduce the global cancer burden by committing to the 11 Declaration targets and providing the resources and political backing needed to achieve them."

As the custodians of the Declaration, UICC encourages action to achieve the Declaration's targets locally, nationally, regionally and globally, and promotes a comprehensive response across the globe.

Partnership is key within the framework of the World Cancer Declaration: "By working together, we can more easily implement the priority actions and achieve the 2020 targets."

Targets: by 2020

- 1 Sustainable delivery systems will be in place to ensure that effective cancer control programmes are available in all countries
- 2 The measurement of the global cancer burden and the impact of cancer control interventions will have improved significantly
- 3 Global tobacco consumption, obesity and alcohol intake levels will have fallen significantly
- 4 Populations in the areas affected by HPV and HBV will be covered by universal vaccination programmes
- 5 Public attitudes towards cancer will improve and damaging myths and misconceptions about the disease will be dispelled
- 6 Many more cancers will be diagnosed when still localised through the provision of screening and early detection programmes and high levels of public and professional awareness about important cancer warning signs
- 7 Access to accurate cancer diagnosis, appropriate cancer treatments, supportive care, rehabilitation services and palliative care will have improved for all patients worldwide
- 8 Effective pain control measures will be available universally to all cancer patients in pain
- 9 The number of training opportunities available for health professionals in different aspects of cancer control will have improved significantly
- 10 Emigration of health workers with specialist training in cancer control will have reduced dramatically
- 11 There will be major improvements in cancer survival rates in all countries



PROGRESSING TOWARDS THE 2020 TARGETS

- Through its member organisations, now more than 400 in over 120 countries, the Union for International Cancer Control (UICC) promotes partnerships and international collaboration aimed at accelerating progress towards achieving the 2020 targets.
- Given the huge variability in cancer burden and service provision throughout the world, UICC encourages members to use the World Cancer Declaration as a template to develop regional or national cancer declarations that can better reflect local needs and priorities and allow for more accurate quantification of targets where data exists.

“ESO has two great advantages: it is economically independent, and it is a multidisciplinary society,” says Cavalli. This, he argues, makes it particularly well placed to bring together key players from across the world to develop a shared understanding of the challenges and ways of meeting them. Indeed ESO will mark its 30th anniversary by doing exactly that: it will host 100 experts from every corner of the world to spend two days considering a question that has been posed many times in a western context,

quality services. In 2010 it started its Caspian Sea programme, which is currently focusing mainly on developing the screening services for breast and colorectal cancer in one region of Kazakhstan – a country the size of western Europe with a population of 15 million.

Cavalli explains the strategy. “We send experts to evaluate the situation. They then work with local people to put together a project. We start by training a couple of

but never yet in an international one: Are we winning the war on cancer? The intention is to tease out the nature of the biggest obstacles to controlling cancer, to help better focus efforts on how to overcome them.

ESO is also keen to use its experience in educating and training to help people on the ground set up high-

radiologists and pathologists – in this case the training in breast was done in Italy, and for colorectal cancer in the Netherlands. When we have trained people in early detection, we move on to improving their handling of surgery and other treatments. We are currently training endoscopists and are planning to bring some to the Netherlands to train for two or three months. Next year we will do the same for surgeons.”

To avoid a replay of the fate of the Cairo pilot, ESO is working with the Kazakh government to ensure that the programme they are helping to develop is sustained and rolled out to other parts of the country. “We are starting in one region and will take it from there to other parts of the country. We are now discussing a framework with Kazakh government to carry this work forward on a long-term basis,” says Cavalli, who hopes the project can become a template that can be applied in other countries, and is looking in the medium term to extend it to neighbouring countries Azerbaijan and Uzbekistan.

ESO IN THE DIGITAL ERA

Worldwide access to computers, mobile devices and the internet has opened up possibilities for delivering education that were almost undreamed of 30 years ago. It has also radically changed the way new generations communicate and seek information and knowledge.

For ESO, the question of how these new opportunities could be put to best use to further their mission posed a bit of a challenge. The School had been pushing the frontiers of emerging communication technologies from its very start. In the early 1980s it used new video technologies to disseminate information about novel procedures and best practice in cancer surgery. It employed a team to film in operating theatres across Europe as far as Moscow, where Nikolai Trapeznikov was pioneering limb-sparing surgery for sarcoma. The recordings were then disseminated on VHS cassettes. In the mid-1980s it used a mix of audio and written materials in the training

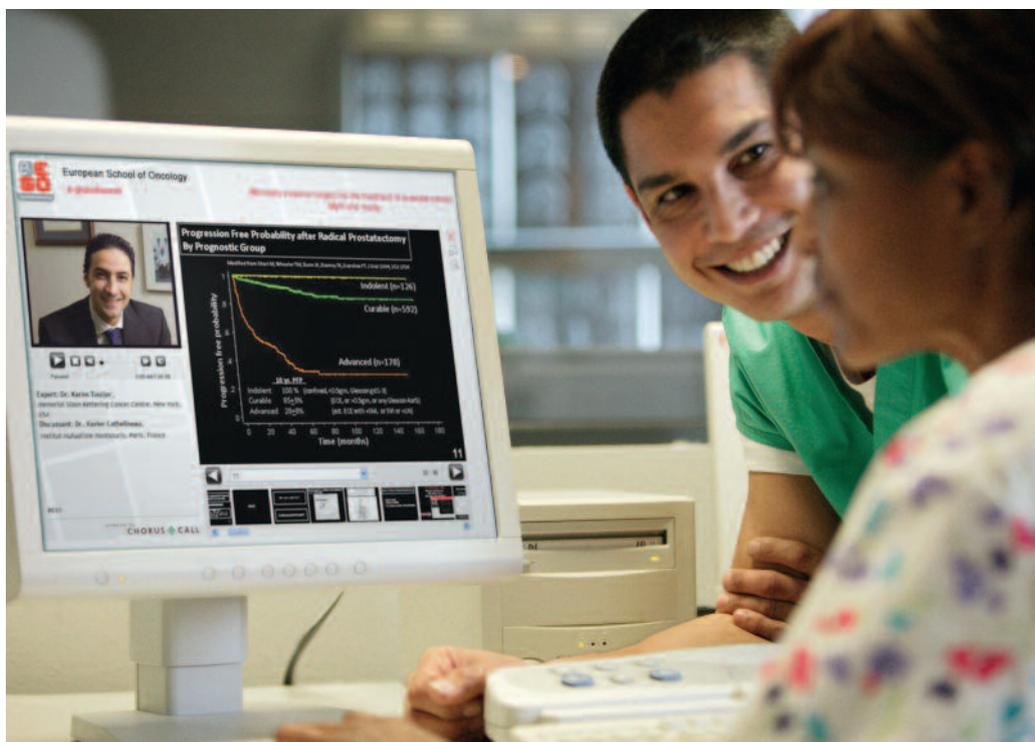
packs for general practitioners, nurses and primary care workers, developed as part of the Europe Against Cancer programme. In the mid-1990s it participated in the Euro-TransMed project, which pioneered delivering CME through live satellite television broadcasts. With the rise of the internet, it had the chance to reach doctors at home or at work, at a time of their choosing, anywhere in the world.

On the other hand, this isolated and rather passive way of receiving information did not work well with ESO's educational style. The 'learning to care' approach was all about fostering an understanding of how different

Doctors can participate in live sessions of e-grandrounds or they can watch recorded sessions at a time of their own choosing

bits of information fit into a broader picture of the disease and therapeutic options, and exploring how to work with others to apply this understanding to the complex realities of the patient in front of you. It was a style ideally suited to ESO courses, where 30-40 students are 'cloistered' away with one another, and with the faculty, for two or three days at a time, and can go into subjects in depth and take time to discuss and interact.

The solution the School came up with was a programme of weekly e-grandrounds, every Thursday at 18.15 CET, that tackle both scientific/medical issues and issues focused more on patient care. Each session is presented by an international expert and is broadcast live over the internet, moderated by a 'discussant' – also a specialist in the field – who can comment or ask questions to help clarify points or elicit further detail. Anyone can register to participate from anywhere in the world, and once registered they can send questions in advance by email or



they can pose their questions to the presenter during the live session, via the discussant. All the courses are CME accredited, and participants are invited to complete a multiple choice exercise at the end to test their learning. CME points are awarded on the basis of their responses. All sessions are recorded and can be accessed from the e-eso.net site at any time.

Though each session is quite specific, as they happen weekly they cover a lot of territory, from cutting-edge clinical issues related to different cancers and settings, to

sessions on the scientific principles behind new therapeutic approaches, or questions of rehabilitation, survivorship, communication, accreditation and quality control, delivering cancer care in emerging countries and more.

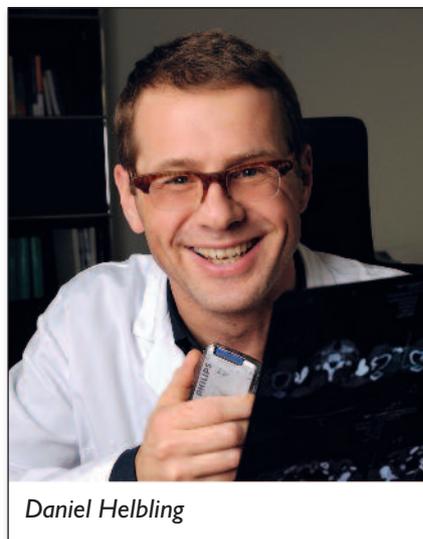
As its name suggests, the concept behind e-grandrounds was based on the weekly educational gatherings that many hospitals still organise around specific topics or clinical cases, often taking the format of a Socratic dialogue between a senior doctor and trainee. The idea for transferring this

concept to the internet, where experts from around the world can present sessions to participants from around the world, originated with ESO director Alberto Costa, and stemmed from his appreciation of an educational format that decades previously he had imported from the UK to the hospital where he worked in Milan.

“I’ve always been very fond of the grandround,” says Costa. “I learned about it when I was training in London. When I started working at the European Institute of Oncology [in Milan], I introduced the grandround, because it was not part of the Southern European mentality.”

Costa organised a grandround every Wednesday morning for the seven years he spent at the EIO. While it was a very novel concept for Italy, the doctors welcomed it, he says, and always made an effort to attend.

“When I saw what could be done with the internet, I had this vision of a



Daniel Helbling

global grandround in which everybody could participate by simply logging in. We then developed the concept of the e-grandround, which was very well received by the ESO board.”

Turning this idea into a workable proposal required involving people from a younger generation – people who shared ESO’s philosophy of learning to care, but who had grown up with the internet, were used to social networking and interactive applications, relied on the web for a lot of their information and understood how to

make the most of the available technology. People like Daniel Helbling.

Helbling was completing his training at the Inselspital in Bern, Switzerland, when he was first approached to help with this project. A medical oncologist specialising in gastrointestinal cancers, he had already attended a number of ESO courses, and was very enthusiastic about the potential for delivering that sort of education over the internet.

The internet was coming into its own as a teaching resource at that time, and Helbling could see its potential, but he had not been able to use it much for his own oncology training because it was not yet widely used in medicine. “That’s why I liked the ESO proposal so much,” he says.

Helbling helped develop the interactive style of the e-grandround, and believes that the chance to participate in live sessions is an important feature. However, the quality of the content, and the

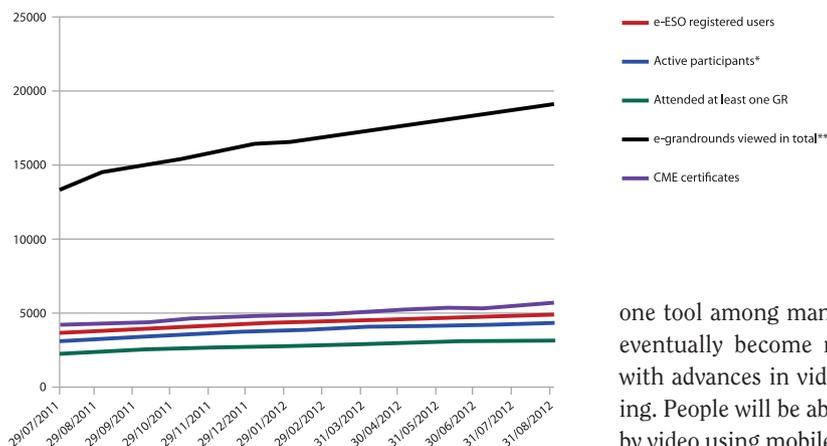


Participation in e-grandrounds is steadily increasing, but there is a lot of scope to further extend the reach of these cutting-edge educational webcasts

independence from any commercial bias, are what he feels make ESO e-grandrounds such a valuable resource.

“You have to look for high-quality content. You need this to be your principal goal. It doesn’t just happen. Quality speakers, good topics, current topics that are being discussed and are interesting now for those who learn.”

Helbling, who now heads a group of oncologists in Zurich specialising in gastro-intestinal cancers, has taken responsibility for finding such speakers in his specialist field. “I go to conferences and I hear brilliant speakers on topics that are very current, really something we are on right now, and I just ask them or email them to say we would be interested to have them as speakers. That is how I like to do it. I’m not so much in favour of doing it from reading an article and asking the first author, because I don’t know whether they will be a good speaker.”



* Users who have at least accessed their account at e-eso.net once
** Unique views

one tool among many, and it will eventually become much better, with advances in videoconferencing. People will be able to connect by video using mobile devices, and the connection will go faster, so you will have more of a feeling of being together.”

So far, he says, his requests have always met with an enthusiastic response. “I’m amazed, because people are quite busy. But they like to do it, because they know it is a big community which is not sponsor-driven, and where unbiased knowledge is the prime purpose. You just have to fit into their schedule.”

This is no substitute for face-to-face learning, as Helbling readily admits, but he can also see a time when improvements in technology will offer participants in the live sessions a real sense of being part of a group. “The limitations are that you cannot make an emotional bond between teacher and student, you cannot get the personal relationship over the internet. But it’s just

And while the sessions themselves have proved an enormous success, with almost 20,000 viewings in 2012 and more than 4300 registered users, only a small minority of these users participate in the live sessions and ask questions. It is a problem that many interactive internet learning activities are struggling with, says Helbling. “Nowadays young doctors are more used to short messaging and text messaging and chatting, which helps them send in questions. But it is still difficult, and because we are still at an early stage with this, we always have to think about how we can increase interactivity. It’s also a cultural issue. Americans tend to interact



more; some more shy doctors from other cultures where normally they would not ask questions would never join in.”

Global time differences being as they are, the timing of the sessions largely rules out live participation from many parts of the world anyway – principally Asia, and Australia, as well as the west coast of North America. But

that does not stop people watching the broadcasts after the event. Broadband connections remain a limiting factor, however, in some parts of the world. Doctors from Nigeria, for instance, report that they often have to choose between hearing the speaker and seeing the slides, which may indicate the need to use a webcasting system that is geared to slower connections.

Helbling is delighted by the growing global interest in the e-grandrounds, which are now giving ESO by far the greatest global reach of any oncology body. “It’s amazing to see that participants from North Africa and countries where the healthcare is still quite basic join so regularly. It shows that they are reaching out to a good education. It’s a great big community.”

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ESO faculty members are all international experts in their own field who give up their time to pass on their knowledge and experience to new generations of oncologists, asking nothing in return. Thousands of specialists have contributed to ESO courses over the past 30 years.

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 Fedro Alessandro Peccatori
 Salvatore Pece
 Michael Peckham
 Sergio Pecorelli
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 Claudio Pedrazzoli
 Christa Pedrazzoli
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Q

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Gilles Salles
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 Heidemarie Schreiber
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 E. Solsona
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Axel Ullrich
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Miguel Urioste
Tatyana Ushakova

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A.P. Van der Meijden
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Jaap Verweij
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 P.A. (Tom) Voüte
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W

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 M. Webster
 Ulrich Wedding
 Walter Weder
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 Nilgun Yaris
 Kenneth Young

N. Younis
 Zihao Yu

Z

Vesna Zadnik
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 Magdalena Zajac
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30 YEARS OF ESO COURSES

In its first 30 years ESO has organised almost 750 courses, conferences, masterclasses and symposiums. Most of these were conducted in the school's official language of 'bad English', but ESO also ran many courses in German, French, Spanish, Italian and Portuguese.

1983

Breast cancer
Medical oncology
Malignant melanoma
Genito-urinary tract tumours
Colorectal cancer

1984

Paediatric oncology
Medical oncology
Bone and soft tissue sarcomas
Malignant lymphomas
Breast cancer
Gynaecological tumours
Pain treatment in oncology

1985

Head & neck tumours
Chest tumours
Occupational cancer: epidemiology and prevention
Nutrition and care
Genito-urinary tract tumours
Medical oncology
Breast cancer
1º Curso Português de oncologia urológica

1986

Paediatric oncology
Biological response modifiers
Conservative treatments in breast cancer
Cancer nursing
Malignant melanoma
Human tumour xenografts in anticancer drug development

Principles and practice of radiotherapy
Curso sobre cancer de mama
Medical oncology
Nutrition and cancer
Oesophageal cancer
Leukaemia
Controversies in the management of early-stage Hodgkin's disease
Breast cancer
Cancer du sein

1987

Design, analyses and overviews of randomised trials
Growth factors and their receptors
Advances in tumour imaging
Paediatric oncology
Interferons: cell regulators for cancer therapy
New directions in cancer surgery
Breast cancer
Genito-urinary tract tumours
Breast cancer
Mechanisms of resistance to chemotherapy
Chest tumours
Medical oncology
Purging bone marrow for transplantation
Role of viruses in cancers
Breast cancer
New trends in the treatment of acute leukaemia
Principles and practice of radiotherapy
Monoclonal antibodies in oncology

1988

Breast cancer
Myeloma and immunoproliferative diseases
Head and neck cancer

Plastic surgery
Radiotherapy: scientific basis and clinical practice
Adjuvant treatment in oncology
Gynaecological oncology
Medical oncology
Breast cancer
Pharmacology of anti-cancer drugs
Cancer screening
Scientific writing and editing

1989

Primary chemotherapy
Immunodiagnosis
Growth factors
Diet, nutrition and cancer
Psychosocial oncology and palliative care
The biological basis of cancer therapy
Malignant lymphomas
Colorectal cancer
Genito-urinary tract tumours
Choosing a computer in radiotherapy
Brachytherapy in gynaecology
Medical oncology
Scientific writing and editing
Conservative treatment in breast cancer
Brain tumours
Treatment of early breast cancer
Radiation physics for clinical radiotherapy
Breast cancer
Advances in colposcopy
Endoscopy in digestive oncology

1990

Oncology for general practitioners
Leukaemias

Breast cancer
 Advanced bladder cancer
 Medical oncology
 Secretaries in oncology
 Chest tumours
 Lymphomas
 Psychosocial oncology and palliative care
 Radiation physics for clinical radiotherapy
 Paediatric oncology
 Radiotherapy 2000: research strategies for the next decade
 Modern aspects of clinical oncology
 Breast reconstruction
 Pain treatment in oncology
 Scientific writing and editing
 Postgraduate training for cancer screening
 New trends in the management of malignant lymphomas
 Introduction to the molecular biology of cancer
 Quality assurance in radiotherapy
 Methodology of clinical trials
 Lympho-haematopoietic growth factors
 Gynaecological oncology
 Radiolabelled antibodies in clinical oncology
 Drug delivery in cancer care
 Genito-urinary tract tumours
 Breast cancer
 Air pollution and human cancer
 Controversies in breast cancer treatment
 Burkitt-like lymphoma in Central Europe
 The role of radiotherapy in the management of cancer
 Cancer and the immune system
 Medical oncology for industrial product managers

Magnetic resonance imaging and spectroscopy in oncology
 Basic clinical radiobiology
 Neurological adverse reactions to chemotherapy
 Cancer occurrence and causes

1991

European winter oncology conference
 Breast cancer
 Sexuality and cancer
 Breast cancer
 Clinical radiobiology and dose fractionation
 Medical oncology
 Bone marrow transplantation
 Genito-urinary tract tumours
 Lymphomas
 Principles and technical aspects in clinical radiotherapy
 Paediatric oncology
 Secretaries in oncology
 Immunotherapy of tumours
 Head and neck reconstruction in oncology
 Gynaecological oncology
 Anticancer drug development
 The scientific writer, editor, referee or publisher
 Head and neck tumours
 Radiotherapy dosimetry
 Radiation physics for clinical radiotherapy
 Immunodiagnosis of tumours
 New trends in the treatment of acute leukaemia
 Methodology of clinical trials
 Current topics in lung cancer
 Familial cancer
 Interferons in oncology
 Lung cancer

Basic clinical radiobiology
 Breast cancer
 Current concepts in psycho-oncology
 Biological agents in cancer therapy
 Primary neo-adjuvant chemotherapy
 Microsurgery in oncology: practical course
 Uterine malignancies
 Medical oncology for industrial product managers
 Hyperthermia in clinical oncology
 Gastric cancer
 Oncogenes, suppressor genes and growth factors
 Chronic myeloproliferative disease
 The role of radiotherapy in the management of cancer
 Data monitoring in cancer clinical trials

1992

Breast reconstruction
 Leukaemias
 Therapeutic strategies in cancer pain control
 Gynaecological oncology, surgery and urology
 Chest tumours
 Molecular biology for clinicians
 Neuro-oncology
 Paediatric oncology
 Secretaries in oncology
 Lymphomas
 Quantitative pathology in clinical oncology
 IL-2 and lymphocytes in haematologic malignancies
 Colorectal cancer
 The scientific writer, editor, referee or publisher
 Principi del nursing oncologia

Primary liver cancer
Methodology of clinical trials
Lymphoma and bone marrow transplant
Breast cancer
Nutrition and cancer
Thyroid tumours
Bioethics in oncology
Cutaneous melanoma
Immunodiagnosis of tumours
Prostate cancer
Chemoprevention of cancer
Tobacco carcinogenesis and control
Postgraduate Athens leukaemia seminar
Breast cancer
Progress in biology and therapy of metastasis
Haematopoietic growth factors and biological response modifiers

1993

AIDS-related tumours
Techniques chirurgicales en senologie
Minimal residual disease: direction and management
Mediastinal tumours update
Cancer tête et cou
Cancer nursing
Tobacco carcinogenesis and control
Antiemetics in supportive care of cancer patients
Paediatric oncology
Molecular biology for clinicians
Breast cancer
Smoking cessation methods
Secretaries in oncology
Chest tumours
Controversies in breast cancer
New tools in early diagnosis education in melanoma
Gynaecological oncology
Breast reconstruction with autologous tissue
Techniques chirurgicales en senologie
Malignant lymphomas

Principles and technical aspects of radiotherapy
Aspects of familial cancer
Update in haematology/oncology seminar on cytokines
Tumour imaging
CME in oncology
5th Psycho-oncology update
Breast cancer
Anti-androgens in prostatic diseases
Lymphomas
Palliative care of cancer patients
Cancer clinical trials
Growth factors: from basic science to the clinic
Cancer de l'enfant
Cost effectiveness in cancer care
Gynaecological and breast tumours
Lung cancer
Immunology: molecular biology histopathology
Gene therapy: a future in cancer management
Retinoids in oncology
1st Euro-American forum on lung cancer

1994

Secretaries in oncology
Quality of life research in cancer
Techniques chirurgicales en senologie
Cancer nursing
Cancer of the pancreas and liver
Lymphomas
Testicular germ cell cancer
Skin cancer and melanoma
Paediatric oncology
Colorectal cancer
Oncogeriatrics: aspectos epidemiologicos y terapeuticos
Radiotherapie pratique traitement des cancers du sein
Update in urological oncology
1st Educational convention
VI Curso avanzado de oncologia medica
1st Educational forum on leukaemia

Sarcomas
Papel actual terapia intensiva en oncologia
Bases moléculaires del cancer
Lung tumours: current status and future directions
Gynaecological oncology
Molecular genetic and preventive aspects of breast/colon/prostate cancers
Medical oncology
Lung cancer
Breast cancer
Retinoids and cancer
Soins infirmiers en oncologie: actualité et perspectives
Curso de ensayos clinicos
Palliative care of cancer patients
Secrétaires médicales en oncologie
Plastic reconstructive surgery in oncology
Good clinical practice
Bone marrow transplantation
Cancer clinical trials
Head and neck tumours
Medical decision-making in oncology
Scientific writing
Breast cancer screening: practical aspects
Psico-oncologia
Cancer epidemiology
Data management in cancer clinical trials
Gynaecological/breast tumours: diagnostic prognostic factors

1995

Oncologia para voluntarios
Bases tecnicas de la radio-terapia externa
Molecular biology for clinicians
Malignant lymphoma
Bordeline lesions
Tumour biology
Gastrointestinal tumours
Cancérologie digestive pratique
Colorectal cancer

Secretaries in oncology
 Breast cancer update
 Maladie de Kaposi et infection par VIH
 Clinical trial statistics
 Update in haematological oncology IV: news on cytokines and applications
 Imaging lymph nodes in oncology and staging of tumours
 Oncología clínica: 7º curso avanzado
 Radiotherapy 2000
 Quimioterapia intensiva
 Medical oncology
 Melanoma and non-melanoma skin cancer
 Curietherapie endobronchique
 Breast reconstructive surgery
 Breast cancer
 Tratamiento de los tumores testiculares
 Ensayos clinicos en enfermeria oncologica
 Radiation oncology in early-stage breast cancer/lymphoma/CNS tumours
 Gynaecological oncology
 Postgraduate leukaemia-lymphoma course
 Cours supérieur sur le facteur temps en cancerologie
 Uro-oncologie
 Cancer oral cervicaux faciaux
 Chest tumours
 Orthopaediatric app treatment primary and metastatic bone tumours
 Psico-oncología: informacion y comunicacion con el paciente
 Symposium internacional sobre oncología ginecológica
 Cancer chemoprevention course
 Head and neck tumours

1996

Oncología para voluntarios
 Fortbildungskurs: klinische onkologi
 Curso sobre pacientes del tracto genital

Diagnóstico precoz cancer de mama
 Patología mamaria: errores que esta
 Melanoma
 Imaging in oncology
 Molecular biology
 Neuro-oncology
 Secretaries in oncology
 Oncogenes y cáncer
 Mieloma multiple
 Mikroskopier-kurs
 Cancer nursing
 Breast reconstructive surgery
 Gynaecologic pathology
 Management of infections in cancer
 Small-cell-lung cancer
 XVIIº Curso multidisciplinario de oncología
 cáncer de ovario
 Malignant lymphoma
 Paediatric oncology
 Palliativbetreuung von tumor-patienten
 Curso de actualizacion en cáncer de mama
 Recent advances in the management of head and neck cancer
 Urological cancer
 Gastroesophageal tumours
 Tratamiento de soporte en oncología
 2nd Educational convention
 8º curso avanzado de oncología medica
 Gynecologic oncology
 Medical oncology
 2nd Forum on leukaemia and haematological malignancies
 Supportive care for cancer patients
 Breast reconstructive surgery
 Quimioterapia intensiva en oncología
 Breast cancer
 Cancer clinical trials
 Chest tumours
 Pathology of soft tissue tumours
 Prostate cancer

Psico-oncología
 Head and neck cancer: oral cavity and oropharynx
 Avances en oncología pediátrica

1997

Summit: prostate cancer
 Molecular genetics in solid tumours for clinical oncologists
 AIDS-related malignancies
 Paediatric oncology
 Breast reconstructive surgery
 Digestive tract: gastroesophageal tumours
 Breast reconstructive surgery
 Breast cancer
 Chest tumours
 Medical oncology
 Head and neck tumours: larynx and hypopharynx
 Radiotherapy 2000: preclinical and clinical strategies

1998

Improving the quality of life for children with cancer
 Molecular biology for clinicians
 Breast reconstructive and cancer surgery I
 New trends in the treatment of acute leukaemia
 New approaches to medical therapy, drug development with a focus on breast cancer
 Colorectal cancer
 Breast reconstructive and cancer surgery II

1999

Translational research in paediatric oncology
 Master course on thyroid surgery
 Malignant lymphoma and leukaemia
 Breast reconstructive and cancer surgery
 Ist Milan breast cancer conference
 Medical oncology

Bladder cancer
Master course on neck surgery
Melanoma
Biological basis for antiangiogenic therapy
Workshop on imaging and angiogenesis
Sentinel node biopsy on melanoma and breast

2000

Breast reconstructive and cancer surgery
Aggiornamenti in oncología
Breast reconstructive and cancer surgery
Course on solid tumours
High-dose chemotherapy with haematological support
Melanoma
Chest tumours
Breast cancer
2nd Milan breast cancer conference
Ethics in oncology
Palliative care for European cancer patients
Cancérologie digestive
Medical oncology in the third millennium
Fatigue, asthenia, exhaustion and cancer
Anaemia and cancer therapy
Paediatric oncology

2001

Seminário in oncología
Colorectal cancer conference
Corso di oncología medica: dalla teoria alla pratica
Advances in solid tumour treatment
High-dose chemotherapy with haematological support
Breast cancer: oncologic and reconstructive surgery
3rd Milan breast cancer conference
High-dose chemotherapy with haematological support
Leukaemias and lymphomas: clinical and molecular problems

Sarajevo breast cancer course
Anaemia and cancer therapy
International task force on early diagnosis of cancer

2002

Advances in solid tumour treatment
Breast cancer: oncological and reconstructive surgery
4th Milan breast cancer conference
Masterclass in clinical oncology
Progressi terapie integrate oncología
2nd Colorectal cancer conference
Hb level: more than a lab value?
Current breast cancer management
Abu Dhabi conference

2003

Winter masterclass in clinical oncology
Anaemia and cancer therapy
Advances in solid tumour treatment
2nd Paediatric oncology conference
Biology and treatment of malignant lymphomas
Red Square seminar: advances in lung cancer
Evidence-based medicine of breast cancer in Sarajevo
Cancer in the elderly
Task force on impact of management and organisation on cancer outcomes
Oncologic and reconstructive surgery
5th Milan breast cancer conference
First international conference on cancer on the Internet
High-dose chemotherapy
Thérapeutiques ciblées
Cáncer de mama
1st Milan thyroid cancer conference
New strategies in anticancer therapy
I tumori femminili

2004

2nd London colorectal cancer conference
Leukaemia / lymphoma
Masterclass in clinical oncology
I tumori femminili
Red Square seminar: thyroid cancer
Familial cancer Madrid
Il carcinoma della prostata
Gynaecological oncology
Europa Uomo
6th Milan breast cancer conference
Advances in radiation therapy
1st Milan thyroid cancer conference
How to practise evidence-based oncology
Mikroskopierkurs für anfangler
Oncology for medical students
2nd international conference on cancer on the Internet
Multimodale therapieansätze
Moscow breast cancer forum
Hirntumoren
Breast cancer and melanoma
Onkologische krankenpflege
fortgeschrittene praxis

2005

Challenge Cairo meeting
Bronchuskarzinom
Il carcinoma della mammella: chirurgia e immagine corporea
Europäischer Weiterbildungslehrgang 'Palliative Care'
Oncologia a al femminile: cinque seminari di aggiornamento
Onkologie in Klinik und Praxis
Haematological malignant disease
Palliativ- und Supportivtherapie von Tumorpatienten
Biologie clinique en oncologie
Methodik klinischer prüfung in der Onkologie
Challenge Rome meeting

Nuovi farmaci in oncologia: dal laboratorio alla clinica
 Cáncer de pulmón
 Il carcinoma della prostata
 Ärzte-fortbildungskurs in Klinischer Onkologie
 4th Masterclass in clinical oncology
 Improving cancer services
 Skin melanoma: yesterday and today
 I tumori femminili
 Stadienadaptiertes Management von Patienten mit Lungenkarzinom
 3rd Sarajevo breast cancer conference
 Bronchialkarzinom/Non-Hodgkin-Lymphome: Stand der h_d-Chemo-therapie
 Grundkurs Palliativmedizin
 Immunology for oncologists
 Palliative-betreuung von Tumorkranken
 Clinical oncology for military doctors
 Advances in clinical oncology
 Oncologia: il valore dell'esperienza
 Ritornare alla vita: il ruolo della riabilitazione oncologica nella lotta al cancro
 Advances in clinical oncology
 Malignant lymphoma
 Corso per infermieri di ricerca
 ESO colorectal cancer observatory
 Breast and cervical cancer seminar
 Konzepte und Therapieergebnisse
 Molekularbiologischer Tumor-Therapien
 Breast cancer screening: quality issues in detection and diagnosis
 Geriatriische Onkologie: akute Leukämien
 Infektionsmanagement
 How to practise evidence-based oncology
 Oncology for medical students
 Communication skills e modalità relazionali in oncologia
 3rd International conference cancer on the Internet
 Controversies in locoregional control of

advanced cancer
 Gastrointestinale Tumoren + update
 Mammakarzinom 2005
 Oncologia ematologica: mutato atteggiamento nella diagnosi e terapia
 Mikroskopierkurs für Fortgeschrittene
 Onkologische Krankenpflege: vorgeschrittene praxis
 Degro-Ögro-Sasro brachytherapie meeting
 Interdisziplinäres Management
 Gastrointestinaler Tumoren
 Oncologie médicale
 Ritornare alla vita: il ruolo della riabilitazione oncologica nella lotta al cancro
 Breast cancer: special issue in young women
 Moscow breast cancer forum
 Urologische Tumore im Alter
 Nuevas dianas terapéuticas y sus rutas de señalización
 Deutschsprachig-europäischer Weiterbildungslehrgang 'Palliative Care'
 Onkologie in Klinik und Praxis
 Biologie clinique en oncologie
 Il carcinoma della mammella: chirurgia e immagine corporea
 Breast cancer in young women
 Cáncer de mama y linfoma: aspectos clínicos e implicancias de la biología molecular
 Methodik klinischer prüfung in der Onkologie
 Malignant lymphomas, cervical cancer and gastric cancer
 Colorectal cancer conference
 La qualité des soins dans les pays à ressources limitées
 Challenge Hammamet meeting
 Kombinierte Chemo-Radiotherapie

2006

Nuovi farmaci in oncologia: dal laboratorio alla clinica
 5th Masterclass in clinical oncology
 Advances in radiation therapy
 Ärzte-Fortbildungskurs in klinischer Onkologie
 Controversies in complementary and alternative medicine (CAM) in oncology
 The role of endoscopy in the management of gastrointestinal neoplasia
 Advances in clinical oncology (EASO)
 Supportivtherapie / Palliativmedizin
 Stadienadaptiertes Management von Patienten mit Lungenkarzinom und Pleuramesotheliomen
 Modifying cancer response to therapy: from molecular signalling to care
 Risikoadaptierte Lokalthherapie von prostatakarzinomen und gynäkologischen Karzinomen
 Advances in paediatric oncology
 Thyroid and colorectal cancer
 Internationales Seminar: Palliativ-Betreuung von Tumorkranken
 Leukaemia and lymphoma
 Lo sviluppo di nuovi farmaci in oncologia: basi teoriche e applicazioni pratiche
 Krebs-Immuntherapie (KIMT) in der klinischen Anwendung
 Cure del termine della vita
 I tumori femminili
 Evidence-based management of lung cancer
 Ethics in oncology
 Imaging nucleare in oncologia: basi di fisiopatologia e biologia molecolare in oncologia nucleare
 Konzepte und Therapie-ergebnisse molekularbiologischer Tumortherapien
 Gynaecological oncology
 Familial cancer conference
 Myelom/CUP: Pharmakogenetik/-genomie

3rd International conference on cancer on the Internet
Oncology for medical students
Mikroskopierkurs
Palliative cancer care
I tumori femminili
Onkologische Krankenpflege: vorgeschrittene Praxis
Skin melanoma
Multidisziplinäre Behandlung thorakaler Tumoren
Geriatrische Probleme der Hämatologie und Onkologie
Masterclass in paediatric oncology
Il carcinoma della mammella: chirurgia e immagine corporea
Onkologie in Klinik und Praxis
Cáncer colorectal
Haematological oncology
EASO meeting Rome
Interdisziplinäre Behandlung von HNO-Tumoren
1st International conference on ambulatory cancer medicine
Cancer and pregnancy
Saving lives in cancer: policies and practices that make a difference
Methodik klinischer Prüfung in der Onkologie
Colorectal cancer symposiums
Nuovi farmaci in oncologia: dal laboratorio alla clinica

2007

Il carcinoma transizionale della vescica e il carcinoma della prostata
1st Masterclass in oncology nursing
6th Masterclass in clinical oncology
Malignant mesothelioma of the pleura
Infermieri di ricerca
Red Square Seminar on colorectal cancer
Ricerca clinica e preclinica in oncologia
1st Interconference Breast Cancer Meeting

Cancer in the elderly
Avances en radioterapia
Breast cancer in young women
Metodiche per studi traslazionali in oncologia
Nuovi farmaci in oncologia: basi teoriche e sviluppo clinico
ESO Colorectal Cancer Observatory
ESO symposium: new drug development
Oncology for medical students
1st EASO Masterclass in clinical oncology
1st Global Insight Conference on Leukaemia
EORTC Guidelines on the use of erythropoietin
ESO Observatory: cancer on the Internet
Is there still a role for UICC?
Masterclass in palliative cancer care
I tumori femminili
ESO 25th anniversary media forum
Carcinoma della mammella: chirurgia e immagine corporea
Epidemiologia, diagnosi precoce e prevenzione del cancro del colon retto
Epigenetics and new therapies in cancer

2008

The concept of metastatic breast cancer guidelines
Tailored treatment for elderly women with breast cancer
Nuovi farmaci in oncologia: dal laboratorio alla clinica
Intensified neoadjuvant chemotherapy in early-relapsing breast cancer
Excessive and unnecessary surgery in melanoma
Fondamenti di radioterapia oncologica e adroterapia
The use of adjuvant chemotherapy in elderly patients with colorectal cancer
2nd Masterclass in oncology nursing
7th Masterclass in clinical oncology
Leukaemias: molecular insights to treatment paradigms

Prostate cancer
Should this patient undergo an autotransplant?
Immunology for oncologists
Patients with a gastrointestinal obstruction due to advanced cancer have to stay in hospital
Predictive modeling in prostate cancer
Imaging e terapia medico nucleare dei carcinomi tiroidei differenziati
Locally advanced rectal cancer
EASO course on lung cancer and mesothelioma
Stereotactic radiotherapy for stage I NSCLC: triumph of technology over biology?
Controversial issues in the management of locally advanced head and neck cancers
Improving clinical skills in early breast cancer
Leukaemia and lymphoma
Do we need radiotherapy in early Hodgkin lymphoma?
3rd Familial Cancer Conference
Advanced polypectomy at colonoscopy: pushing the boundaries!
Breast Cancer in Young Women symposium
Surgery of renal cell carcinoma in 2008
Oncology for medical students
Hormonal therapy in combination with local treatment of prostate cancer
The role of adjuvant chemotherapy in endocrine responsive breast cancer
CNS response after erlotinib therapy in a patient with metastatic NSCLC with an EGFR mutation
Advanced course on rectal cancer
Treating breast cancer in a breast unit
Neoadjuvant chemotherapy for resectable liver metastases
Screening for lung cancer with spiral CT is not justified
Tumores neuroendocrinos: mecanismos moleculares y aplicaciones clinicas
Moving to HPV-based cervical cancer screening and prevention programmes
La chirurgia oncoplastica nel carcinoma della

mammella
 Advanced course for research nurses
 Chronic lymphocytic leukaemia: one or two diseases?
 Molecularly targeted therapy of sarcoma
 The role of endoscopy in the management of gastrointestinal neoplasia
 New oncological techniques which avoid the need for mastectomy
 2nd ESO-SIOP-Europe masterclass in paediatric oncology
 The World Cancer Declaration
 Mechanisms of disease: angiogenesis and the management of breast cancer
 1st Masterclass in radiation oncology
 2nd EASO Masterclass in clinical oncology
 Cairo media event: The Big Debate
 Decision-making for systemic treatment in non-small-cell lung cancer
 How to integrate EGFR targeting in the management of head and neck cancer
 Biomarkers of angiogenesis for the development of antiangiogenic therapies in oncology
 Treatment of Hodgkin lymphoma today

2009

EASO day on lymphoma
 Nomograms in prostate cancer: who, why, and when
 Systemic chemotherapy and new experimental approaches in the treatment of metastatic prostate cancer
 Nuovi farmaci in oncologia: dal laboratorio alla clinica: corso avanzato
 Open issues in state-of-the-art of adult soft-tissue sarcoma medical therapy
 3rd ESO-EONS Masterclass in oncology nursing
 8th ESO-ESMO Masterclass in clinical oncology
 Breast reconstructive surgery
 Red Square Seminar: state of the art

gynaecologic oncology
 2nd Interconference Breast Cancer Meeting
 Approach to pleural cancer: state of the art
 2nd Global Insight Conference on Breast Cancer and Lymphoma
 Nuovi farmaci in oncologia: dal laboratorio alla clinica: corso introduttivo
 Clinical oncology update conference
 2nd Conference on epigenetics and new therapies in cancer
 Evidence-based oncology: systematic reviews and guidelines in a European context
 ESO Colorectal Cancer Observatory: a look into the future
 ECCLU Educational Cancer Convention Lugano
 Oncology for medical students
 SenoNetwork meeting
 Lung cancer
 EASO course on urogenital cancers

2010

3rd Masterclass in clinical oncology
 Task force on prostate units
 2nd EASO course on breast reconstructive surgery
 9th ESO-ESMO Masterclass in clinical oncology
 4th Masterclass in oncology nursing
 ECCLU – What's new in haemato-oncology?
 Masterclass in clinical oncology
 Clinical oncology updates
 Angiogenesis in the tumour microenvironment
 4th Familial Cancer Conference
 3rd ESO-SIOP-Europe Masterclass in paediatric oncology
 Lung cancer and mesothelioma
 ESO Colorectal Cancer Observatory: a look into the future
 7th ESO-ESMO course on oncology for medical students
 Cancer on the Internet

Internet applications and cancer
 Breast cancer in young women
 Patient Advocates: from fear to hope
 The Role of endoscopy in the management of gastrointestinal cancer
 Biobanking for cancer research: rules and roles
 2nd ESO-ESTRO Masterclass in radiation oncology

2011

ESO-ESSO Masterclass in colorectal cancer surgery
 EASO course in evidence-based oncology
 6th Leipzig international course in head and neck surgery and oncology: larynx and hypopharynx
 Endoscopy in gastrointestinal oncology
 3rd EASO educational workshop on breast reconstructive surgery
 Rare solid cancers: an introduction
 10th ESO-ESMO Masterclass in clinical oncology
 ESO-EONS Masterclass in oncology nursing
 2nd Interdisciplinary conference in prostate cancer: predictive models for decision making
 Gene profiling in clinical oncology
 Balkan Masterclass in clinical oncology
 ECCLU: What's new and what's true in genitourinary oncology?
 3rd clinical oncology update
 Leukaemia and lymphoma
 ESO Colorectal Cancer Observatory: innovation and care in the next 12 months
 8th ESO-ESMO course on oncology for medical students
 Prostate cancer units: purpose and requirements
 3rd EASO Masterclass in clinical oncology
 ABCI: Advanced Breast Cancer First Consensus Conference

2012

Lymphomas and leukaemias: state of the art and evolving therapies

Active surveillance for low-risk prostate cancer

11th Masterclass in clinical oncology

5th ESO-EONS Masterclass in oncology nursing

11th ESO-ESMO Masterclass in clinical oncology

4th EASO Educational workshop on breast

reconstructive surgery

ESO-OECI course on cancer molecular

pathobiology

ECCLU: What's new in haemato-oncology?

ESO-OECI International study day on cancer

survivorship

2nd Balkan and Eastern European Masterclass in

clinical oncology

4th Clinical oncology update conference

Onkologia 2012

5th Familial cancer conference

9th ESO-ESMO course on oncology for medical students

Evidence-based cancer care and research: the role of systematic reviews

2nd ESO-Maymet meeting on breast cancer management

World Oncology Forum

3rd ESO-ESTRO Masterclass in radiation oncology

BCY1: Breast Cancer in Young Women

Conference

4th ESO-SIOP-Europe Masterclass in paediatric oncology

CREDITS

Book Illustrations

www.jasoncook.co.uk

Illustration picture credits

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A large, stylized '30 years' logo in a light orange color, with the number '30' in a bold, rounded font and the word 'years' in a smaller, cursive font. The logo is partially obscured by a large, semi-transparent orange circle and a vertical line.

Learning to Care

ESO at 30

The European School of Oncology is in the enviable position of financial independence, with no ties to any particular interests, professional or commercial.

For the past 30 years, the School has been able to set its own agenda, working with anyone who can contribute to its mission to reduce the number of cancer deaths and ensure early diagnosis, optimal treatment and holistic patient care.

This book tells the story of how ESO has helped shape cancer care in Europe, and how it is gearing up to the challenges of today.