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Letters to the editor

Undergraduate education in Oncology in the Balkans and Middle East

The Metsovo Statement, April 4, 1997

A preparatory workshop on developing a new curriculum in Oncology for medical students in the Balkans and Middle East was held in Metsovo, Ioannina, Greece, April 4, 1997 during the European School of Oncology Cancer Control Courses sponsored by the Europe Against Cancer Program. A survey was done among the participants, regarding attitudes in undergraduate education in Oncology for both students and teachers.

The participants agreed on two principles:

(i) undergraduate education in Oncology is poorly structured at many Medical Schools, partly due to the interdisciplinary character of Oncology, and

(ii) substantial differences apparently existed between the Medical Schools, in terms of topics taught, teaching hours, etc. These two above mentioned factors, indicate that an urgent action is needed, to allow Medical Schools to develop their own curricula.

Similar results were reported from surveys conducted in all five continents. Therefore, in a recent meeting of the EORTC education branch and the UICC, delegates agreed to revise the Bonn Curriculum (prepared 10 years ago by a committee of European experts in Bonn) and to implement it in an experimental way in some Medical Schools.

After an extensive discussion the following minimal recommendations were made:

1. The overall goal of undergraduate medical education in Oncology is to produce graduates with sufficient knowledge and skills, allowing them to deal with cancer patients, always bearing in mind that the goal of undergraduate curriculum should not and cannot be the production of Oncology specialists.
2. Each Medical School should have an individual dedicated to the undergraduate curriculum in Oncology development and maintenance of. This person should preferably hold a chair in Oncology, although it is recognised that this may not always be feasible.
3. The curriculum should have two main components:
   (i) disease-orientated bedside teaching and
   (ii) incorporation of a core teaching period, addressing the main topics of prevention, early diagnosis, basic concepts of treatment and palliative care. This clinical and theoretical teaching in Oncology should be followed by a compulsory examination,
4. The undergraduate education in Oncology should be fully supported by Medical School funds,
5. The current economic situation in many Balkan and Middle East countries requires a close collaboration among Medical Schools, providing that these minimal recommendations are accepted by all Medical Schools.

The following individuals have agreed to be signatories to the Metsovo statement:

- **Nicholas Pavlidis**, Professor of Oncology, University of Ioannina, Greece, Chairman of the ESO Office for the Balkans and the Middle East.
- **Eliezer Robinson**, Professor of Oncology, Faculty of Medicine, Technion Haifa, Israel, President Elect of the UICC.
- **James Geragthy**, Director of ESO Teaching Division, European Institute of Oncology, Milan, Italy.
- **Dimitrios Kardamakis**, Assistant Professor of Radiation Oncology, University of Patras, Area Coordinator of the ESO Office, for the Balkans and the Middle East.
- **Alberto Costa**, Director of ESO, European Institute of Oncology, Milan, Italy.

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How much chemotherapy in advanced Hodgkin's disease?

There are a substantial number of studies that fail to demonstrate a role for maintenance therapy in the treatment of patients with advanced stage HD [1, 2]. It is well known that patients with generalized disease can attain long-lasting remissions and cure after a few courses of chemotherapy [2]. However, in responding patients with advanced HD we lack a) apt predictors of prognosis (at diagnosis and to achievement of complete remission; CR) which would guide subsequent treatment and b) precise markers of CR and cure. Thus, the optimal number of 'consolidation' chemotherapy courses after achievement of CR in advanced HD is unknown. Not surprisingly is early CR (after two or four courses) a good indicator of final CR [3]. One recent study has addressed the issue whether a response adapted strategy can safely be applied to responding patients with advanced HD with the ultimate goal to minimize chemotherapy-related short and long-term toxicity. The progression-free survival was shorter in patients receiving MOPP/ABVD to CR (minimum two courses) but no difference in overall or cause-specific survival was observed [2]. However, long-standing remissions were not infrequent in patients receiving two full MOPP/ABVD courses or less. In patients with limited disease and a favourable prognosis three cycles of CVPP without radiotherapy seemed equally effective as six cycles with regard to event-free and overall survival [4].

In order to explore an international policy as a basis for a discussion on 'how much chemotherapy in advanced HD' held at a workshop during the Third International Symposium on Hodgkin's lymphoma in Cologne a questionnaire was distrib-