The European Society for Medical Oncology (ESMO) and its activities through the Central Eastern European Task Force

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Summary

The article describes the history and organisation of the European Society for Medical Oncology. The society, founded in 1975, aims at advancing medical oncology on a pan-European basis. Postgraduate training and education constitute a major part of ESMO's activities through a current CME programme of courses and other activities. Each year the ESMO Examination is held, and every other year ESMO organises its congresses with the latest attendance of more than 6000 delegates. ESMO has a continuous increase of members, also from outside Europe.

In 1996 ESMO created the Central Eastern European Programme with the aim to support the needs of the countries of the former Eastern Europe. A task force (CEE TF) with members from 16 Central Eastern European countries meets twice a year to discuss key areas. An e-mail communication system has been launched, courses are planned for 1998–1999, exchange programmes are in progress, and support in setting up national guidelines will follow. A Central Eastern European Oncology Group (CEE OG), which performs clinical trials on a cooperative basis, has been established with ESMO guidance.

Key words: Central Eastern European Oncology Group, Central Eastern European Task Force, ESMO, European Society of Medical Oncology

Presentation of ESMO

The European Society for Medical Oncology (ESMO) was founded in 1975 by a group of French medical oncologists as a non-profit society with the aim to support the development of medical oncology and to support all aspects of continued postgraduate medical education related to medical oncology. At biannual meetings in Nice the latest achievements of the speciality were presented and discussed. From the Nice meetings the present biannual ESMO Congresses developed, organised to alternate among various European cities which are able to handle the task and provide the facilities necessary for the event. The latest congresses were in Vienna in 1996 and in Athens in 1998 and were attended by more than 6000 delegates. The congress is organised with parallel and plenary sessions as well as satellite symposia and educational sessions. The congress takes place over a four-day period. The next ESMO Congress will take place in Hamburg in the year 2000.

Today ESMO's management is constituted of the Board and the Executive Committee headed by the President who is elected for two years. The current president is Professor Dieter Hossfeld of the Medical University Clinic, Hamburg, Germany. The daily running of the society is undertaken by Executive Director Heine H. Hansen, supported by the permanent administrative staff at the Head Office in Lugano, Switzerland.

The aim of ESMO is to advance the art, science, and practice of medical oncology in Europe and to secure a continued high common standard in the practice of medical oncology through continued postgraduate training and education of medical oncologists. Recognition of medical oncology as an independent speciality in Europe has been a major priority of the Society. In addition ESMO works to maintain liaisons with other oncological associations, cancer leagues, and universities, and cooperates with the pharmaceutical industry in areas of mutual interest.

The official journal of ESMO is Annals of Oncology, first published in 1988, and now issued monthly by Kluwer Academic Publishers. The journal is devoted to the rapid circulation of scientific communications in medical oncology. The journal is offered as part of the membership benefits, but it is also possible to subscribe as a non-member. Professor Franco Cavalli is the Chief-Editor of Annals of Oncology.

The Educational Committee of ESMO is in charge of ESMO's postgraduate training activities. A Continued Medical Educational programme, called the MORA, was established in 1989, and on an individual level encourages physicians to increase their current knowledge of the speciality, and to be updated about the latest research results to secure the highest possible levels of medical performance and treatment for the benefit of patients. Each year ESMO organises several courses and additionally grants the ESMO label to courses organised by other associations or groups provided that they meet the required academic standard.

Once a year the ESMO Examination is held, during the ESMO Congresses or the ECCO meetings. The Examination is a multiple choice test covering all aspects of medical on-
The examination offers a possibility for physicians to test the level of their knowledge, and in some European countries the ESMO Examination is part of the national curriculum for achieving the specialisation as medical oncologists.

The Educational Committee has been very active behind the recently achieved recognition of medical oncology as an independent specialty in Europe, and it has prepared a set of guidelines for the certification of medical oncologists.

The current chairman is Jan B. Vermorken, of the University of Antwerp, Belgium and the Examination sub-committee is headed by Pierre Alberto of Hospital Cantonal Universitaire, Switzerland.

To coordinate the national aspects of the pan-European work the National Representatives' Committee was founded. Each country with more than ten ESMO members is entitled to have a national representative. The task and responsibility of a national representative is to act as an ESMO ambassador in his/her own country, i.e., to work actively to support the aims of ESMO and to initiate activities to benefit the specialty on a national level. Recently the group of National Representatives has been enlarged by representatives from the former Eastern European countries such as Latvia, Poland, and Russia, and several others are expected to follow.

Maurizio Tonato of Policlinico in Perugia is the present chairman of the Committee.

The Fellowship and Award Committee administers funds to support young medical oncologists who want to do a fellowship at a European cancer institute or university. The potential fellow is supported by the Committee to find a suitable hospital where the project can be carried out. The finances are supplied by the pharmaceutical industry and the project is selected and administered by the Committee. The Fellowship and Award Committee also selects the nominees for receiving the ESMO Award which is given during the ESMO Congresses. The candidate is selected and approved by the ESMO Executive Committee among candidates recommended by the National Representatives. At present the chairman of the Fellowship and Award Committee is Stanley B. Kaye of the University Hospital of Edinburgh.

Realising the Society's need for a professional profile it was decided to create the Publishing Committee as the most recent activity of ESMO. The Committee will be responsible for all ESMO documentation such as flyers and brochures including the Annals of Oncology. The choice of chairman of this committee is still pending.

Background for and creation of the Central Eastern European Programme

In 1989 Europe welcomed the new dawn, impatiently longed for in decenniums. The breakdown of the Berlin Wall symbolised the geographical re-creation of the Europe history has known through centuries, reuniting the Eastern and Western European countries. The consequences of this decision are well-known and felt by us all almost daily. Today, nine years after the fall of the wall, the political situation is still in transition towards the final form in which Europe will define itself in the years to come. Many problems are still to be solved and different views on the priorities make the process neither easy nor fast.

The changes of the large society called Europe have also influenced on the small society called ESMO. With 300 million Europeans swept up in these political and economic changes, ESMO felt an obligation and saw a possibility to expand its field of operation and work for fulfilling the aims of the society also in the former Central Eastern European countries. Thanks to the success of the ESMO congresses and a constant influx of new members there was also a financial capability from which to act.

The situation was unique in every sense of the word. A huge population with the same claims for and entitlement to benefit from the achievements of modern research as those to which the patients in the Western European countries have access, was an obvious reason for ESMO to start a Central Eastern European Programme. But how should this task be approached to secure success of the programme?

The former Eastern European countries could be expected—as turned out to be the case—to have very different organisations of their health care systems with different traditions and levels of diagnostics and treatment. Acknowledging that medical oncology is a newly recognised specialty also in Western Europe and that no common guidelines exist for the work, how do you set up a programme to offer to the Eastern European countries?

A professional network with colleagues covering all Eastern European countries did not exist apart from those formed on personal levels, but how could ESMO find them, and with whom should ESMO get in contact to form the basis for the future work?

These and many other questions had to be considered by ESMO in the early process of planning the society's future activities. It was decided to invite a group consisting of two representatives each from as many Central Eastern European countries as possible to a workshop with active participation by all the persons present. The aim was to get an impression of the situation in the various countries and to get an idea of what the medical oncologists in the Central Eastern European countries considered to be the priorities for the future activities supported by ESMO. Based on this information it would be possible to set up the programme so it would match the needs as much as possible.

The first thing to do was to create the group. As mentioned before this was not an easy task without a network to draw on, but it was done by consulting people who in one way or another had cooperation with the physicians in the former communistic countries. Also the pharmaceutical companies who operate in the regions were asked to offer suggestions. Putting all this information together a pattern appeared from which choices could be made. The ideal contact person would be a medical oncologist with a national position which enables him/her to implement the activities of the group in his/her own country, e.g., provide the newest information and data about the status of medical oncology in his/her country, arrange courses with the support and coordination of an ESMO
contact person, and organise meetings. Preferably this person would also have tight connections to the decision makers of health care.

During the late summer of 1996 a list was compiled comprising representatives from 12 countries: Belarus, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Russia, Slovenia, Ukraine, and Yugoslavia.

The activities of the Central Eastern European Task Force

The first meeting of the Task Force took place in Portugal, 10–12 October 1996. ESMO participants included the Chairman of the Task Force Heine H. Hansen, at that time President of ESMO, Theo Wagener, Chairman of the Educational Committee, and Matti Aapro, the Treasurer. Representatives from three pharmaceutical companies were present as invited guests.

To provide a foundation for discussion of the future development of medical oncology the participants had completed a questionnaire prior to the meeting, focusing on the oncology practices and market in their countries. A summary of the information was presented by Ulrik Lassen, a young Danish medical oncologist.

The preparation of the workshop had disclosed the difficulties in communicating by mail and fax, and it had become obvious that a condition for securing communication among the members of the task force was to establish a reliable communication network via the internet between ESMO and the local key persons from each country. As a consequence each country was asked to nominate one national representative as the key person for the ESMO Eastern European Task Force who committed themselves to facilitate information to relevant persons on a national level.

By the conclusion of the workshop the following action points were identified for future work:

- establishment of a reliable communication network
- strengthening of educational programmes
  - ESMO labelled courses in the Eastern European countries
  - ESMO guidelines for certification
  - international exchange programmes (ESMO technology transfer grants)
  - nationalisation of the ESMO examination
  - inclusion of other health care workers in educational oncology programmes
- further discussion of establishment of a Central Eastern European Co-operative Group with advice and support from ESMO
- establishment of national guidelines on cancer treatment and care.

During the following months computer equipment and software was purchased and distributed to one member in each of the countries represented. This was extended in the spring of 1998 to comprise 14 countries. There are still difficulties in communicating as the bottleneck is telephone line capacity, but it is clearly improving.

The second meeting took place in Copenhagen, 6–7 February 1997 with one national representative from each country and participation by Heine H. Hansen from ESMO, and the chairman of the National Representatives Committee, M. Tonato from ESMO. At this meeting Croatia and Moldavia were also represented.

The discussions followed the line from the Portugal meeting. The idea of creating an internet based network was further elaborated. During the meeting written agreements were made between ESMO and one representative of each of the participating countries with the purpose to provide sufficient equipment for setting up the network. The equipment remains the property of ESMO and is dedicated to the scientific work within the group. In May 1997 the first 10 countries received the computer equipment including common software programmes.

Each of the participants gave a presentation on the status of medical oncology in their country, the national education in oncology, and the professional meeting activities. It became evident that the levels varied considerably in the various countries, but there was a joint desire with the assistance of ESMO to strengthen postgraduate education, such as ESMO labelled courses with support from ESMO faculty. The wish to further educate nurses in oncology was evident. Several speakers indicated that an ESMO grant for participation for one representative per country to attend the ESMO congresses and exchange programmes was desirable.

To further the aim of national education the following needs and wishes were identified:

- ESMO labelled local courses in each country in English.
- Translation into the local language with ESMO accreditation was discussed.
- Support from ESMO in providing international speakers through the newly established ESMO Faculty
- Exchange programmes for medical oncologists (two to four weeks)
- Exchange programmes for physicians in training (two to four months)
- Fellowships for one person per country for participation in the biannual ESMO Congress
- Recognition of medical oncology as a speciality in each country
- Courses in Good Clinical Practice
- Exchange programmes for nurses in cooperation with EONS
- Translation of educational material
- Local ESMO examinations.

The conclusion after two meetings was that ESMO should put emphasis on information technology and on developing postgraduate courses on topics within medical oncology as well as providing educational books.

A new aspect was to also include the nurses in the process. ESMO contacted the European Oncology Nurses' Society (EONS) to initiate a cooperation in this effort. EONS was very keen on taking up the challenge, and the president of EONS, Nora Jodrell was one of the speakers at the agenda.
for the third meeting of the task force which took place in Elsinore, Denmark, 28-29 August 1997.

The agenda focused on CME programmes and course activities for 1997-1998, translation of educational materials, status of clinical trials in each of the countries of Central Eastern Europe, and internet communication. Establishment of a programme linking medical institutions in Eastern Europe with institutions in Western Europe including a ‘sponsor-a-colleague’ programme was discussed and it will be elaborated further. The linkage programmes had been approved at the ESMO General Assembly 1997, to be set into effect in 1998. At the meeting Jan B. Vermorken, Chairman of the ESMO Educational Committee presented the newly developed curriculum for medical oncology in Europe.

Three topics were selected to initiate the course programme: Cytostatic Agents – delivery and toxicity, Palliative Care, and Good Clinical Practice. The core idea of the course programme is to create a framework for each course and make adjustments according to the needs of each country when planning the individual course. The logistics of the course organisation are to have a course coordinator from ESMO/EONS working together with a group of European specialists on the topic and a group of local physicians. The local physicians will take care of finding the facilities for the event, take care of translation and interpretation if necessary, and do the marketing of the course.

In October 1997 an ESMO course on Good Clinical Practice took place in Copenhagen and the experience and assessments of that course created the framework for future courses.

The course on Cytostatic Agents deals with subjects such as pharmacology, clinical trials, handling of cytostatics, side effects, and case presentations.

The Palliative Cancer Care course focuses on the historic aspects and definition of palliative care, financial and ethical aspects, symptom management, communication, and case presentations.

Good Clinical Practice comprises aspects such as legislation in various European countries, ethical considerations/informed consent, good manufacturing practice, phase I-III trials, and tasks of sponsors, monitors, and investigators, respectively, as well as various aspects of creating and handling protocols including ethical considerations.

All three courses are targeted to doctors, nurses, and other health care professionals and include lectures, discussions and workshop activities.

The course programme, which is part of the ESMO Educational Programme, for 1998 comprises:

- 1–3 October 1998, Cytostatic Agents – Delivery and Toxicity, Bucharest (Sinaia) Romania
- 7–9 October 1998, Palliative Cancer Care, Tallinn, Estonia
- 23–27 November 1998, Good Clinical Practice, Moscow, Russia.

In 1999 the course on Cytostatic Agents will take place in Ljubljana, Slovenia in April. Palliative Cancer Care is planned in Belgrade in May and Good Clinical Practice will be held in Warsaw, Poland in the fall of 1999.

At the third meeting of the CEE TF the participants discussed the possibility of creating a cooperative group for carrying out clinical trials. The status for clinical trials in the various countries had disclosed a need for training in good clinical practice as well as many other aspects of clinical trials. With support such as quality assurance and control from ESMO experts, the cooperative group was seen as a possible way of supporting postgraduate training in clinical trials. The ESMO computer equipment already installed in the various countries were suited for data handling once updated with the necessary software.

It was decided to form a Central Eastern European Oncology Group and to initiate clinical trials first on gastrointestinal tumours and lung cancer (both SCLC and NSCLC) with subsequent trials in other tumour types. The members of the CEE TF recommended two representatives from each country to take part in the working groups.

In Elsinore, Denmark it was decided to have the future meetings of the CEE TF in Central Eastern Europe, and the fourth meeting of the task force took place 12 February 1998 in Budapest, Hungary.

The number of participants had now increased to 16 countries including representatives from Bosnia-Herzegovina and from the Slovak Republic. Bulgaria had been unable to participate but expressed interest in taking part in the future. ESMO is now putting efforts into including representatives from Macedonia and Albania, the last 2 countries not yet represented in the task force.

Central Eastern European Oncology Group (CEEOG)

The Clinical Trials meeting took place 8–9 January 1998 in Copenhagen with representatives from 8 countries who had shown interest in taking part in planning future cooperative clinical trials. The countries represented were: the Czech Republic, Estonia, The Federal Republic of Yugoslavia, Hungary, Latvia, and Romania. Russia and Ukraine were unable to participate for various reasons but wanted to take part in the work also. ESMO participants were Dr. Jaques Wills, expert on GI tumours and Dr. Lucio Crino, expert on lung cancer.

It was decided to establish four sub-groups: gastric cancer, colon cancer, small cell lung cancer, and non-small cell lung cancer. All four trial groups produced drafts for future protocols which were presented to the full audience by Dr. Jaques Wills and Dr. Lucio Crino, respectively.

There was full agreement on the proposed drafts, and a study coordinator who was willing to draft the preliminary protocols was appointed by each sub-group. The following persons were selected:

- The Gastric Group: Dr. Jaroslav Nemec, the Czech Republic
- The Colon Group: Dr. Ivan Popov, the Federal Republic of Yugoslavia
- The SCLC-Group: Dr. Eva Kanitz, Hungary
- The NSCLC-Group: Dr. Davorin Radosavljevic, the Federal Republic of Yugoslavia
Later the study coordinator of the SCLC group, Eva Kanitz, was replaced due to illness, by Juraj Baumohl of the Slovak Republic.

Since the meeting, full draft protocols have been prepared and circulated for discussion at a meeting in Zurich, 3 June 1998 before initiating the practical work.

Although seen by the Executive Committee as an important aspect of the Central Eastern Programme the trial work is a huge task which was felt to be outside the field of operation for ESMO. Instead the group operates on an independent basis outside the Central Eastern European Task Force, supported by ESMO expertise but financed by external means.

Possible funding methods were discussed at the trials meeting in Copenhagen. The pharmaceutical industry had shown great interest in supporting the Central Eastern European programme and specific support to the trials group would be an obvious joint field of interest between industry and the physicians. The work had to be based on scientific priorities and in accordance with good clinical practice, also from an ethical viewpoint. The protocols would be designed without any interference or influence from industry.

There was general agreement that one way of receiving support could be to have drugs or infusion pumps supplied, as many of the involved institutions suffered a constant lack of these items. Also other financial support should include data registration, clinical monitors, and meeting activities. The task to explore the various possibilities was given to Professor Hansen and the work is in progress.

At the subsequent meeting of the investigators in Zurich, 3 June 1998, the structure and logistics of the trial groups were discussed, and will be developed further in the months to come. A steering committee for the CEEOG was established and the first patients to be accrued in the clinical trials are expected to take place in September 1998.

Impact of ESMO’s Central Eastern European Programme

The forum of the Central Eastern European Programme consists of course of physicians who debate the future development of medical oncology in Europe, especially Central Eastern Europe, including suggestions for improvements of the specialty. From this forum the activities will be spread by the participants through their national channels to their colleagues. But as the healthcare sector is both a politically sensitive and costly part of the national budgets, the final decisions will be made by the politicians.

Already at the first meeting of the task force in Portugal in 1996 the question was raised in a discussion group: "How to influence the decision makers." The conclusion from the discussion was the importance of convincing the decision makers (politicians, hospital directors, etc.) of the benefits of investing in healthcare programmes in oncology. Clinical directors have to set priorities within their units and bid for funding of staff and resources which will help to achieve defined targets, through the use of appropriate treatment guidelines. New expensive treatments should not be used as an alternative to existing therapies with established efficacy unless there is evidence of their efficacy. Disease entities with high success rates such as testicular cancer should be used as examples to convince the politicians of the benefits of allocating funds to the national health care.

Guidelines for treatment are seen as a means to help physicians make rational choices based on established procedures. National guidelines are also a strong argument in the discussion of allocating resources and funds to the healthcare system. Guidelines discussions have been part of every meeting of the task force, and the result of these debates is that the individual countries will attempt to create guidelines for treatments themselves, and additionally receive assistance from ESMO such as quality assurance through the ESMO faculty. It was felt by the members of the task force that an ESMO label on the national guidelines may strengthen the guidelines as a political tool.

Clinical trials are a crucial activity for improving the standard of medical oncology. The Central Eastern European Oncology Group was created to serve the purpose of training oncologists in the methodology of this work based on the rules of good clinical practice and clearly defined goals. An advantage of a cooperative group is that more patients can be enrolled into the studies whereby better treatment and care can be obtained, and in addition secure the statistical significance of the work. ESMO’s role is to give advice at various levels such as the logistics, statistics, and the organisational and scientific level. The project is at its beginning, but the experience gained will eventually have great impact on medical oncology in each country, hopefully contributing significantly also to the international scientific community.

Future Activities of the Task Force

ESMO’s Central Eastern European Programme is designed as a task force, i.e., it will operate as long as there is a need for support, and then be closed down as a separate activity. The work has so far disclosed high-priority needs such as postgraduate training, exchange programmes, educational material, communication, and training in performing clinical trials. ESMO has put many resources into supporting these identified areas and it will continue also in the years to come.

Acknowledgements

The Central Eastern European Programme is financed through ESMO funds together with non-restricted educational grants graciously obtained from Bristol-Myers Squibb, Eli Lilly, Rhône-Poulenc Rorer, and SmithKline Beecham.

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