

## ESO marks 25 years of championing excellence in cancer education

➔ Anna Wagstaff

The European School of Oncology was set up in 1982 to help prevent needless death and suffering by educating Europe's young cancer doctors. ESO looks to a future where all patients are treated by specialist teams who keep abreast of developments and keep an eye on their own level of performance. But we're not there yet.

**T**his year the European School of Oncology celebrates 25 years dedicated to its mission of reducing deaths from cancer due to late diagnosis and inadequate treatment. During this time, many thousands of young oncologists from every discipline and every European country have benefited from the chance to come together to absorb cutting-edge knowledge from leaders in the field, and to exchange ideas and experiences. Many have been stimulated to join the European clinical research effort – sometimes joining forces with people they first met at an ESO Masterclass. It won't be long before the first ESO alumni are themselves invited back as faculty to teach the next generation.

Being a European school has its difficulties. Teachers have to teach and students have to learn in a language that

is not their own – the official language of ESO is 'bad English'. Furthermore, no matter how hard the alumni work or how much they learn, it will never count towards their yearly requirement of CME points, because the CME system only works within national borders. Yet whether the course is a full-immersion Masterclass on Palliative Care held in Tbilisi, or on Oncology Nursing in Malta, or three days on Predictive Modeling in Prostate Cancer in Venice, or two days on Evidence-Based Management of Lung Cancer in Belgrade, these courses have never been short of applicants.

The reason for this, says Sir Michael Peckham, one of the school's founders, is that ESO filled a big need – and continues to do so, though the landscape has changed significantly over the intervening 25 years. Back in the early 1980s, oncology was rapidly becoming one of the fastest developing areas of medi-

cine. It was also becoming exceptionally complex, demanding close cooperation between disciplines that traditionally neither trained nor worked together.

"Medical oncology was an emerging specialty, surgical oncology was also a new specialty, and even radiation oncology was changing from the old died-in-the-wool practice to a new modern style," says Peckham, who had himself been responsible for developing some of these modern techniques, including 'mantle' radiotherapy, which had transformed the outlook for patients with Hodgkin's Disease. The problem was how to transfer the knowledge that was being generated in isolated cancer centres to the clinicians who were actually treating the patients in hospitals across Europe.

Peckham often recounts the story of how, as head of radiotherapy at London's flagship Royal Marsden Hospital, he was reluctantly called away from a busy

*"It's a great chance to share experiences with experts. We learned about the most advanced treatments, but we also covered the basics as well as social aspects, and palliative and community care. Because people come from so many countries you get a really good flavour of international practice, and can compare what happens elsewhere with the practice at your own hospital. It really boosts your confidence."*

Rana Mahmood, Beatson Oncology Centre, Glasgow, UK



clinic to meet a dashing young surgeon from Milan whose mission was to get his backing for the proposal to launch a European educational initiative. "I don't think he in any sense had to twist my arm. I approved of the idea tremendously. I'd already been interested in the idea of bringing different interests and specialties together in the UK, and I'd written about it in the *Lancet*, because I thought the competition between different cancer specialties – surgeons and oncologists in particular – wasn't terribly good and it would be perfect if there was a sort of umbrella, and education was the perfect medium for that." The dashing young surgeon was Alberto Costa, who would later go on to become director of ESO.

Though more than happy to give the project his blessing, Peckham did wonder at the time if they might be aiming a bit high. "I suppose I thought, My God! Have they got a hope in hell of pulling this off? A European school sounds very grand, and the track record of Europeans working together in this area hadn't been brilliant."

The group who were leading the battle for a European School were by no means sure they could 'pull this off'. However, they had a lot going for them, not least tremendous self-belief. At their core was the 'Milan group' headed by Umberto Veronesi, a surgeon based at the city's Istituto Nazionale Tumori, whose development of the quadrantectomy technique for breast conservation had recently propelled him onto the world stage. The Institute was at that time also playing a pivotal role in the growing field of medical oncology. It was here that Gianni Bonadonna developed the gold-standard ABVD protocol for Hodgkin's Disease, led the first trials of adjuvant CMF, and conducted the clinical development of adriamycin – an Italian drug which became one of the most widely



**The next generation. Students at the 6th ESO Masterclass in Clinical Oncology spent a packed week at the end of February learning from 35 experts based in 13 countries**



*"You can always go to congresses to hear the latest data, but when you are new to oncology, you need to learn all the data. ESO Masterclasses are led by experts in their field, and they can summarise 30 years' worth of data for you. They are very focused at your level and let you really get into the subject, particularly when you break into groups to discuss specific cases."*

Annemiek Walenkamp, Groningen University Hospital, Netherlands

## WITHOUT FEAR OR FAVOUR

The vast majority of continuing medical education courses today are reliant on sponsorship from companies who have a vested commercial interest. ESO is financially independent, which is why it is able to set its own agenda. Topics in medical oncology form an important part of the curriculum, but so do psycho-oncology, cancer nursing, and advances in surgical techniques. The big killers have traditionally been a priority for ESO, but it also runs courses on rarer cancers that are of scant commercial interest, such as brain tumours and paediatric cancers.

That it has been able to do so is thanks in large part to a few powerful people whose commitment to ESO emanates from their personal experiences...

When she was diagnosed with breast cancer, the Principessa del Drago – a member of Italy's former royal family – flew straight to the Memorial Sloan Kettering in New York, only to be told by her surgeon that the operation she had undergone had been invented in Italy by Umberto Veronesi. She felt ashamed that she had assumed the US was more advanced in treating breast cancer than her own home country, and on her return she met with Veronesi, who told her of his idea for a European school that could build on the good work being done in cancer in Europe.

The Principessa became ESO's President, she gave the school its first major donation, and she continues to use her influence to open doors. It was through her request that ESO was given two cars, courtesy of Fiat

boss Gianni Agnelli – ESO had been spending a fortune on taxis transporting faculty members to and from the course venues.

The Principessa also mentioned the work of ESO to the iconic designer, Hubert de Givenchy. Givenchy at that time was grieving over the death of Audrey Hepburn, who had been his great inspiration and an ambassador for his chic '60s designs and *Amarige* perfume. Hepburn had died of appendiceal cancer, having been misdiagnosed for a year as suffering from 'stress'. Givenchy went on to embrace the work of ESO, giving both the use of his name, and a substantial donation to finance a French-language programme that ESO wanted to run.

But it was the promise of a leading figure in Italian industry that was to give ESO the confidence it needed to launch its activities, and continues to sustain the school to this day.

His was another story of misdiagnosis. His general practitioner had treated him for arthritis for a whole year before the necessary scans were done and it was found that the pain he had been suffering was from bone metastases originating from prostate cancer. He went to Veronesi as Italy's leading cancer doctor, and Veronesi told him of the plans for a school that would help prevent similar misdiagnoses happening in future.



**It wasn't stress. When Hepburn died from cancer of the appendix after having been wrongly diagnosed for a year, Givenchy, who had designed this and many other of her dresses, offered ESO valuable support**



**ESO's founding president. For the Principessa del Drago, supporting ESO represented a vote of confidence in European oncologists**

Veronesi must have made a convincing case, because in 1982, ESO was bequeathed the family fortune, in the form of yearly interest from a trust fund. The money would become available once the last member of the family had died. This, Veronesi was assured, would not be long, as the last member of the family was 82 years old. The School was launched on the strength of this promise. The last surviving family member, went on to live to the ripe old age of 101.

Those were difficult years of pitching for sponsorship and filling out endless grant applications. Today, however, thanks to the interest from that trust fund, ESO's future independence is secured.



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used cancer treatments ever.

Europe as a whole was also growing in confidence and beginning to assert itself as a counterbalance to the US. There was the beginnings of the European Common Market. The European Organisation for the Research and Treatment of Cancer was founded in Belgium in 1962, followed by the European Molecular Biology Organisation, EMBO, in Heidelberg. 1975 saw the launch of the European Society for Medical Oncology (ESMO) in Lugano; five years later the radiologists and radiotherapists followed suite with ESTRO.

#### A EUROPEAN CULTURE OF CARE

Yet European cancer doctors were still flooding to the US to pursue training and research opportunities. The size of the problem was brought home to the Milan group when they found out that 92 of the clinical researchers at the US National Cancer Institute were Italian. It wasn't just that Italian patients and hospitals could benefit if those researchers carried out their clinical work back home. There was also a strong feeling that the European approach to cancer care differed in important ways from the US approach – that there already was a European ‘school’ of oncology, in the sense of a culture and tradition, and that the role of ESO would be to teach oncology from this European perspective.

“The States had a much more aggres-

sive approach, sometimes treating patients with chemotherapy when they were terminally ill,” says 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. However, there was an upside. Advances such as MOPP – a key development in the chemotherapy of Hodgkin's Disease – came from the US. But certainly we didn't operate in that way.”

Costa, who has continued working as a breast cancer surgeon alongside his ESO responsibilities, mentions also the rather brutal approach to patients. “We didn't like the American way of saying, ‘This is your lung Xray, you are going to survive six months.’ At that time they were very keen on being tough in telling the truth to patients. We were against this. We wanted the Americans to teach us the technology and the basic science, but we didn't want them to teach care.” *Learning to care* would later be adopted as the formal ESO motto, to emphasise the difference between teaching a purely clinical approach to treating disease, and helping young oncologists learn how to care for the whole needs of their patients.

The view of healthcare as a social rather than a private responsibility was another big difference between Europe and the US. From its very inception, ESO has been conscious of the role it could play in ensuring that all Europe's



An international effort. ESO director Alberto Costa (left) with Umberto Veronesi, the school's founder, concluding an agreement on cooperation with University College Dublin, 1992

patients have access to the best possible care no matter who they are or where they may be treated. “The fight for education is a basic tool fighting inequalities,” says Costa.

The Milan group set about gathering around them key European players. There was Bob Pinedo from the Netherlands, who had strong links with the US, not least via Bruce Chabner, deputy

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director of the NCI, with whom Pinedo co-edited annual editions of *Cancer Chemotherapy* – the medical oncologists' bible. Louis Denis, a senior urologist from Belgium, who had been instrumental in setting up the European clinical research organisation EORTC. Franco Cavalli, a haematologist in Switzerland, who had played the lead role in setting up ESMO. And then of course Michael Peckham, who went on to co-edit the *Oxford Textbook of Oncology* with Pinedo and Veronesi. Peckham was one of the few British medics who had strong links to Europe and actually spoke a second language, having trained with Maurice Tubiana at the Gustave Roussy in Paris.

This was the multidisciplinary, multicultural and multilingual group that in 1982 met up the side of a Swiss mountain, in Ascona, and drew up the found-



Teaching patient-centred care. Frits Duparc (centre), a patient of Pinedo and director of the famed Mauritshuis art museum in the Hague, attended an ESO Masterclass in 2003 to help the students learn how to talk freely and openly with their patients. Pinedo (who is seated on the left) and Franco Cavalli (on the right), are both founding members of ESO

ing documents of ESO, including the mission statement that has guided its work for 25 years.

Costa, like all cancer clinicians, dreams of the day when ESO will no longer be needed. That time, however, has not yet come. "How many unneces-

sary axillary dissections will be performed until the last centre in the world has learned about the sentinel node technique?" he asks. "The big cancer centres do the discovery, but the time from discovery to being adopted into clinical practice is still far too long."

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A tranquil setting. This former hospital on the island of San Servolo in the Venice lagoon was the setting for ESO's early oncology courses. Today's courses are held in venues across the length and breadth of Europe