



The challenge for St Gallen

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IN mid-March 2007, the breast cancer world will again converge on the beautiful Swiss town of St Gallen, for what will be the 10th Anniversary Conference on the Primary Therapy of Early Breast Cancer.

Over the past three decades, this gathering has grown to become one of Europe's largest cancer conferences, with 4000 delegates expected this year. It has achieved international status as the global forum for promoting the optimal curative treatment of early breast cancer, and the St Gallen consensus statement, voted on at the close of each conference, influences clinical practice across the world.

None of this was either intended or foreseen by the 79 delegates who first gathered in St Gallen in 1978. Pioneers of the first modern randomised trials on adjuvant chemotherapy in the US, Italy and Switzerland, they were simply looking to compare notes and draw conclusions that could be used to improve treatment protocols.

Yet this very practical and clinician-driven focus may be one reason why the St Gallen conference has grown to its present size and influence, while dozens of other breast cancer conferences have come and gone in the intervening years.

The most important reason, however, lies in the continuing authority and credibility of the consensus statement. It represents the considered views of a truly international

and independent multiprofessional panel, composed of experienced experts in the field, selected by virtue of their respective scientific contributions in clinical breast cancer research in various important international and national trial groups. People trust it, and can be confident that it is not driven and supported by industry, politics or vested professional or social interests.

So what can we expect from this year's consensus statement? It will have to revisit, and hopefully confirm, the bold changes adopted in 2005, which stated that the hormone responsiveness of the patient's tumour should be the primary basis for selection of adjuvant treatment, rather than conventional risk factors such as tumour size, grading and nodal status.

This emphasis on tumour cell biology will certainly increase, as large quantities of data have accumulated since 2005 on adjuvant use of the monoclonal antibody trastuzumab and other targeted therapies.

Many questions remain about how to get the maximum clinical benefit from the drugs, and also how to use them most economically, as modern biological therapies are putting health budgets under serious stress. More critical and meaningful studies by independent breast cancer study groups are needed to analyse their true clinical usefulness in curative breast cancer treatment, without compromising their unquestionable potential and success. Topics and challenge enough even for St Gallen 2009!