

# ECCO seeks healing touch for oncology's lost voice

→ Anna Wagstaff

It's been a frustrating couple of years for those anxious to see a single strong voice for oncology at a European level. But with the launch of the European CanCer Organisation at ECCO 14, things may be looking up.

**E**CCO 14, Europe's biennial cancer conference, held this September in Barcelona, was a success by any standards, attracting a record attendance of 13,200 – up almost 15% on Paris two years ago. The main programme included heavy-weight speakers addressing key topics across a broader range of oncology specialisms than ever before, and this was reflected in the number of surgical oncologists who attended – up by more than 250%.

When it was over, the people who had dedicated much of the last two years to get a unified European cancer show back on the road breathed a collective sigh of relief. A lot had been hanging on the success of that conference, and it could have been very different.

The ECCO conference is the symbol of multidisciplinary working in European oncology. But the organisation behind it was thrown into crisis at the Paris conference in 2005, when the six founding members of the Federation of European Cancer Societies (FECS) – cancer

researchers, surgeons, radiation oncologists, medical oncologists, paediatricians and nurses – failed to agree on how to adapt their 25-year-old structure.

Medical oncologists felt that their discipline is where the most significant progress is happening in cancer care, and they wanted the sort of profile that ASCO offers medical oncology in the US. This, they argued, would be impossible within the existing federal structure. But smaller FECS societies felt that their voice and interests would be lost if they gave up a structure in which each society had equal weight. There was also a dispute over what to do with the organ specialisms – urology, gynaecology and so on. Medical oncologists felt they should be excluded because they are not primarily oncologists, but others wanted to include them because they treat large numbers of cancer patients in Europe and many organ-based societies have developed strong oncology sub-specialisms.

A FECS council held at the end of the Paris ECCO agreed to retain the federal structure and to invite the organ specialists in. A week later, the medical oncologists

society ESMO voted to pull out of FECS and establish their own multidisciplinary society. The resulting climate of confusion and demoralisation led to a haemorrhaging of FECS staff, including the top two positions, and the organisation went into nose dive. It was at this point that Michel Ballieu – now chief executive of FECS' successor organisation, the European CanCer Organisation (ECCO) – introduced himself. "I heard about the difficulties they were going through; it was a challenge. I thought this was something I could manage."

Ballieu knew nothing about cancer. But it turned out that he was perfectly suited to the job. He had long experience in managing associations; better still, he had experience of managing federations, "a very difficult format". Best of all, Ballieu could see that the faction fighting was a bad outcome of a fundamentally promising situation "Coming from outside the oncology world, as a federation manager, what I see is a mosaic of initiatives, very good missions, very good reasons to be active, a lot of commitment and energy – but it is a mosaic."



ALAIN DEREMAEKER

## A RESCUE OPERATION

Ballieu believed his job was to get everyone pointing in the same direction. His priority, however, was to make a go of ECCO 14. He had nine months to pull it off, and only 3.2 full-time equivalent staff out of the original 14 – one about to go on maternity leave. Ballieu admits to a few sleepless nights trying to figure out how to extricate himself from this “catastrophe”, but he applied himself to the task, aware of the obituary writers sharpening their pencils.

“People close to this internal politics were watching us with question marks in their eyes. I don’t say people were expecting us to fail, but they thought there was a serious possibility.” He attributes the success of ECCO 14 to the new staff – some had worked closely with him in previous jobs – to the remnants of the original staff who provided much needed continuity and indeed, to all the former

FECS staff. “We feel so lucky to have inherited such a great conference as they built over 20 years.”

After lengthy deliberations the five remaining societies of FECS decided that it should become more open in structure, add lobbying and advocacy work to its educational remit, and be rebranded as the European CanCer Organisation, ECCO – already the best-known acronym in European oncology. Each member organisation would pursue its own agenda within its professional field, but all would join forces in ECCO to develop common policy and a single voice on the wider issues, such as support for clinical research and the need for national cancer plans.

But will ‘son-of-FECS’ function any better than its predecessor? Lex Eggermont, incoming president, is convinced it will. The crucial difference, he argues, is an additional seven seats on the governing

**Back on track.** With a successful ECCO 14 behind them, president Lex Eggermont (left) and chief executive Michel Ballieu want to get to work expanding the organisation and pushing cancer up the political agenda in Europe

board. The FECS board consisted of six seats, one for each member society, with the presidency passing in rotation. Organ-based societies such as the European Society of Gynaecological Oncology and the European Association for NeuroOncology had the status of affiliates – as did groups such as the European Organisation for Research and Treatment of Cancer – but none had a say in the running of FECS.

Under the new structure, the six ‘founding members’ each get an automatic seat, but a further seven seats are elected by all ECCO members – the general assembly – which Eggermont believes will soon encompass representatives of every professional group that specialises in treating cancer in Europe.

Every member society will be able to vote, which is likely to result in a board that is more representative of all cancer professionals in Europe. And because each society can stand up to three candidates, anyone who feels they have something to contribute has a good chance of being able to stand for the board, and the larger societies will have the opportunity to increase their representation. “It is more of a break from the old FECS than you would think,” says Eggermont. “Now it is in the hands of those who are there because they actually want to be part of oncology. Who was going to get in to the old FECS? Nobody – because it was introverted, closed and perceived as secretive, like an Old Boys’

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## Spotlight on...

club. Every two years you would hear who had become the next president of FECS, because it was now 'turn' of the ESSO president or the EACR president. We couldn't go on like that."

### READY TO GO

Despite the decision two years ago to allow organ-based societies into full membership, so far only the gynae-oncologists and the neuro-oncologists have joined – and they had long been affiliates of FECS. However, as Eggermont points out, FECS/ECCO had a lot on its plate, and now that ECCO 14 is out of the way the organisation has both the time and the financial security to move forward.

The chief executive of ECCO shows sensitivity to avoiding the pitfalls of its predecessor. "In a direct membership organisation the decision-making power is diluted among several thousand members, whereas in a federation, there are only a few members and the smaller groups don't necessarily want to be overruled by the stronger ones. That brings management difficulties and requires a lot of understanding of diplomacy and service mindset to bring people to a consensus," says Ballieu.

Indeed, the smaller members look set to get a lot from the new ECCO. For the price of 1.2 full-time equivalent staff, for instance, the paediatricians in SIOPE now have time from ECCO's IT staff to help with their website, time from the finance people to keep their records straight, access to strategic advice from Ballieu, as well as their own part-timer to coordinate their clinical trials and another to run the organisation and support the public/EU affairs work of the SIOPE board. A huge improvement on hiring a

**The leaders.** José Baselga, president of ESMO (left), at ECCO 14 with John Smyth (centre) past-president of FECS and Lex Eggermont, ECCO president

single full-time person to work in isolation, as had first been envisaged.

The new ECCO will be judged, however, not by whether it can serve the needs of its constituent members, but by its success in grabbing the attention of Europe's policy makers and getting its message understood and acted on. As president, Eggermont would like that message to be three-fold:

- Provide all cancer patients with equal access to high-quality cancer care
- Develop national cancer plans that reflect the needs and resources of your country, and
- Stop killing the academic research agenda – "nowhere does it hit as hard as in oncology."

### TOP PRIORITY

Given the expected increase in cancer incidence, especially among the elderly, and the rising costs and complexity of cancer treatment, failure to get these messages across to Europe's policy makers will have terrible consequences. But messages about cancer are complex and harder to deliver than those from other diseases. If professional oncologists fail to speak with a single voice, Eggermont knows that they don't stand a chance.

His number one priority now is to



bring medical oncologists back into the fold – for ESMO to take its reserved seat on the board. "There cannot be anything successful without medical oncology. It would be so ridiculous to the outside world that nobody would ever understand what on earth we are doing. It's that simple. If I was a politician I would go with the Alzheimer's lobby and the diabetes lobby, and I would certainly not have a very high opinion of oncology."

The ESMO president, José Baselga, took a high profile alongside the FECS/ECCO leadership on the main stage of ECCO 14 – perhaps a signal that there is goodwill on both sides to resolve the split. The alternative, says Eggermont, does not bear thinking about. "If we cannot change the perception of oncology as not being able to create something united we would be permanently damaged. It will be a mediaeval situation, and everyone will lose out. We would be in such a sorry state that if I were a young oncologist I would lose interest in any oncology society in Europe and look to elsewhere for opportunities to contribute and to develop my career."

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