

You need to divorce to become good friends

→ Peter McIntyre

Hernán Cortés-Funes scored a victory for medical oncology when he helped convince Spain to become the first European country to grant the discipline specialist status. A bitter split with radiotherapy dating from that time has now given way to mutual respect, and the big challenge today is how to get specialists and hospitals working together in an effective cancer network.

As gap years go, 1967 was not typical for the young Argentine medical graduate who found his way to Europe. This was the ‘summer of love’ when thousands of students postponed their careers for hedonism and the first stirrings of revolt. Hernán Cortés-Funes did not fit the mould. He graduated from medical school in Buenos Aires at the tender age of 21, with ambitions. “I was totally convinced that I wanted to be a surgeon,” he says, with a shake of the head at the follies of youth.

“I decided to travel to Europe, not as a tourist but to do some complementary medical training.”

He chose Spain, for its affinity with Latin America, and obtained a scholarship at the Fundación Jimenéz Diaz in Madrid, a well-known but traditional hospital with good departments. He found himself working alongside one of the first oncologists in Spain, at the beginning of a drive to improve training in internal medicine.

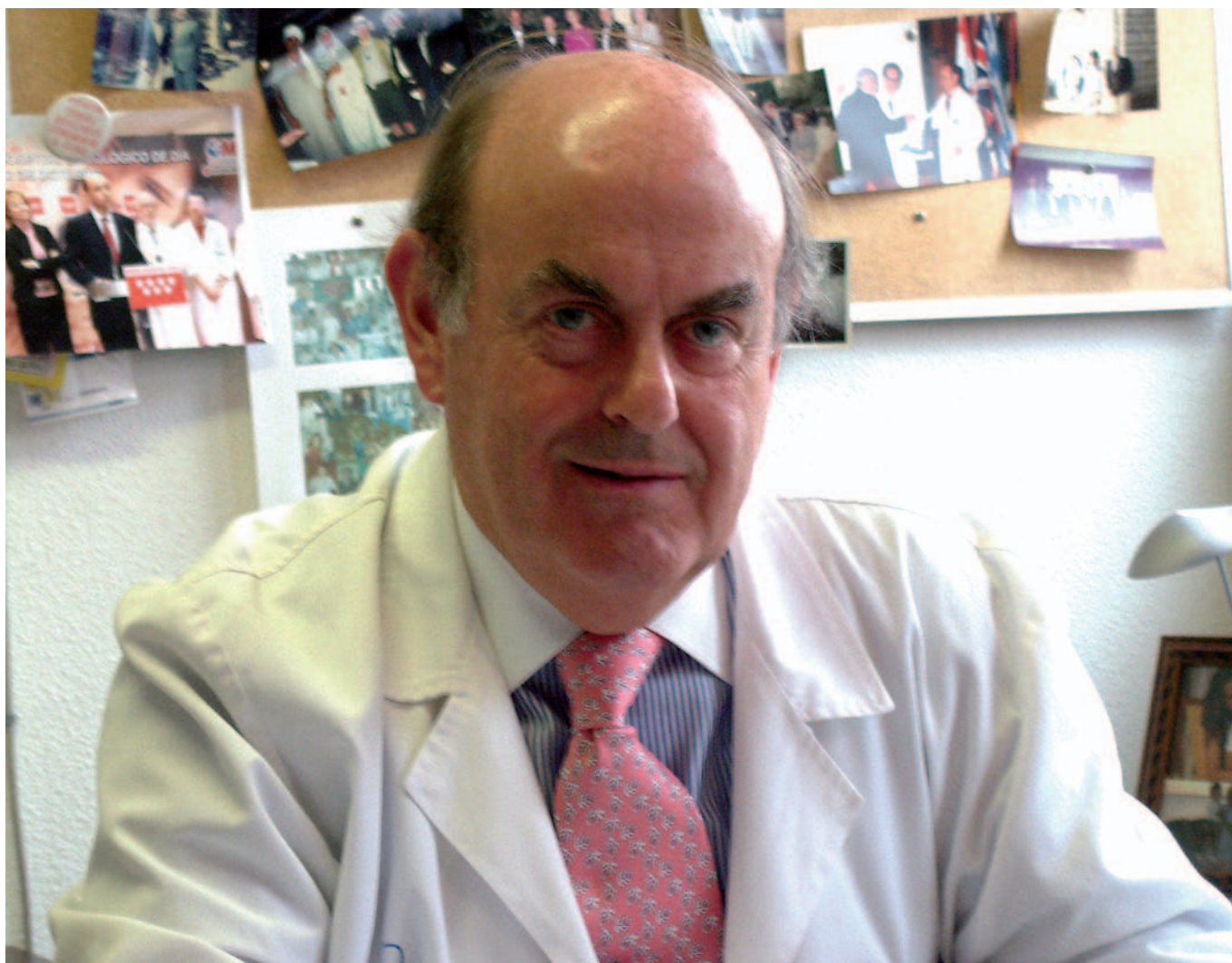
Today, 40 years on, he is still in Madrid, from where he has played a significant role in the development of medical oncology across Europe. For more than half that time he has directed clinical

oncology at the Hospital Universitario 12 de Octubre. Over the next few years he will – he hopes – complete the process of establishing this highly regarded teaching specialty in a new building, while helping to develop Madrid’s cancer networks.

What persuaded Cortés-Funes to stay at the Fundación Jimenéz Diaz to do his PhD was his growing interest in the large number of patients with malignant lymphomas.

“Hodgkin’s disease was becoming the second curable cancer after leukaemia. In a little more than a year I had the opportunity to study more than 100 Hodgkin’s disease patients. There were several new treatments for advanced stages, such as IV procarbazine developed by Roche, which probably today nobody knows about. We treated patients with that experimental drug, and that was the first trial I ever did in my life.”

He completed his thesis in 1970, still only 25, in a hurry to return to Argentina and resume his career in surgery. However, he met and married his first wife, Fabiola, while the Jimenéz Diaz offered him a full-time post in its small cancer unit. The offer was too good to turn down.



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In the early 1970s he met Gianni Bonadonna on a visit to Madrid. “He wrote down for me on a small piece of paper a new regime that he called ABVD (adriamycin, bleomycin, vinblastine and darcarbazine) – four totally different drugs with a complementary effect. He told me something incredible and visionary, that this combination was much less toxic than MOPP (mechlorethamine, vincristine [Oncovin] prednisone and procarbazine – the standard regime used at that time), and could be equally effective. ABVD became, after com-

parative studies, the new standard combination for Hodgkin’s disease.”

Cortés-Funes had learned something about the ability of European centres to make significant contributions. “This has happened a lot in medical history. The [US] National Cancer Institute has the power of publication, but Europe has a lot of new ideas. Adjuvant breast cancer therapy CMF was also developed by Bonadonna. Americans found it incredible that one man could have such expertise in two different fields of oncology.”

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In 1976, Cortés-Funes presented results from Madrid on 20 patients treated with ABVD at the American Society for Clinical Oncology (ASCO) meeting. In the same year he went to the National Cancer Institute in the US, where he worked at the Cancer Therapy Evaluation Program.

“Medical oncology was handling a new weapon. Chemotherapy was very successful in leukaemia and we thought for many years that our goal was to cure a cancer patient by killing the last cancer cells. Today that would be seen as a very poor concept.”

Under director Franco Muggia, he learned how to conduct clinical research in co-operative groups at more than one centre, and about the role of the pharmaceutical industry in developing new drugs.

At that moment, the most exciting was cisplatin, offering a cure for testicular cancer. Wherever he went next, Cortés-Funes wanted to offer these new treatments. There seemed few prospects in medical oncology in Argentina. In Spain, however, 30 new hospitals were being built, including La Paz in northern Madrid, the Vall d’Hebron in Barcelona, where José Baselga is now based, and Hospital Universitario 12 de Octubre. It was here he arrived as attending physician in oncology in 1978, and this was to become his home for the next 30 years.

A CHANCE FOR CHANGE

The Hospital Universitario 12 de Octubre is a teaching hospital within a social security system providing universal healthcare in Spain. As a new hospital, it provided an opportunity to change Spain’s rather old-fashioned approach.

At that time, oncology meant radiotherapy. However, in the year it took the machines to arrive, Cortés-Funes took advantage of the 27 beds and matching staff to develop medical oncology. He got in touch with the European Organisation for Research and Treatment of Cancer (EORTC) and made contact with the few nascent medical oncology groups in Europe that were presenting research at ASCO, working within the EORTC to develop

clinical research in Europe and making direct links with each other. These included the Istituto Nazionale Tumori in Milan, the Regina Elena in Rome, the Institut Gustave-Roussy and the Institut du Cancérologie in Villejuif, Paris, the Jules Bordet in Brussels, the Royal Marsden and Christie hospitals in London and Manchester, and centres in the Netherlands and Switzerland.

The specialty in Europe was rapidly finding its feet. Georges Mathé founded the Société de Médecine Interne Cancérologique at the Gustave-Roussy in 1975, which by 1980 had grown to become the European Society for Medical Oncology (ESMO). Cortés-Funes joined its board in 1978, as the first Spanish representative.

In 1980 Cortés-Funes with Marcel Rozenzweig, who headed the investigational drug section of the Jules Bordet, organised one of the first European new drugs meetings, in Madrid, which attracted many of the leading European specialists. Fifteen years later, he would go on to launch the European Spring Oncology Conference, which is devoted to presenting and analysing the latest data from clinical research into new anticancer agents, and is held in alternate years in Marbella on the Costa del Sol.

Cortés-Funes became increasingly involved in the development of ESMO, and from 1989 to 1991 was its president. His key contribution, with Bob Pinedo from Amsterdam, was to develop the European certification of medical oncology. “We worried that the training in medical oncology was totally different from one country to another. We were lucky in Spain, because in the big political changes in democracy, we achieved official recognition of medical oncology as a different speciality from radiotherapy. We were the first country in Europe to do that.

“A lot of European institutions copied this. ESMO decided to apply this medical oncology certification for ESMO members. Pierre Alberto from Geneva developed the examination and a



With children Jaime, aged 2 and Alejandra, aged 5, boating in Marbella, summer 2006

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Board. This was a totally voluntary academic certification, with academic power, but everybody wanted to have it. Today more than 500 medical oncologists have been certified by ESMO.”

In those days, clinical research teams in Europe regularly shared findings about experimental drugs, particularly through the EORTC early clinical trials group.

“Each centre developed their own phase I trials, receiving drugs from many sources. Then they would say ‘this looks promising’, and everyone would try it. It was a small club. When the big laboratories and pharmaceutical industry started producing drugs and offering them to different people, then came competition between the units.

Today, tumour-orientated research has been globalised and the pharmaceutical industry has a

much stronger hand. However, Cortés-Funes believes the relationship is mostly positive.

“Our objective in developing a drug is trying to find something active. The philosophy of the pharmaceutical industry is to develop a drug that will give profit. That is why they try to develop a drug with a niche indication, where no other treatment is available. Sometimes this is not the way that we would do it, but they produce a lot of new ideas.

“We cannot survive without them and they cannot survive without us. They have the power and the money and they have the drugs and you have to accept that. Both sides have an interest in the relationship.”

Developing a separate identity for medical oncology inevitably led to tensions. “We felt that a pure medical oncologist is an internist who can

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treat a cancer patient and develop chemotherapy and also treat leukaemia and lymphomas. In some places, oncology was run by radiotherapists, as it still is in Scandinavian countries. A good haematologist can become a medical oncologist, and in some countries like Germany and Austria the haematologists took on the role of oncologist and started treating solid tumours. But to become a medical oncologist it is very important to first be a good internal medicine specialist.”

In Cortés-Funes’ own hospital medical oncology split from radiotherapy. “I cut my relation with radiotherapy because after my growth years in the hospital, we were not compatible.”

Cortés-Funes says that today, rivalry has been replaced by mutual respect. “Radiotherapy has developed very well. They have new machines and new techniques and new technology, and today radiotherapy could replace surgery in a lot of situations. Radiotherapy and chemotherapy is the future of cure for a lot of tumours.

“Somebody told me it is like a when two people are married. You need to have a divorce to become good friends. That has happened to us because we needed each other.”

Something similar seems to be taking place between ESMO and the Federation of European Cancer Societies (FECS) – if not a divorce then at least separate bedrooms. Cortés-Funes was involved in building FECS alongside ESMO, and was its president from 1987 to 1989.

“We decided as Europeans to have a big cancer meeting in Europe in order for it not to be necessary to present our data at the ASCO meeting in America. We created FECS and invited radiotherapists, surgical oncologists, pathologists, paediatricians and basic researchers. Together we created and organised the European Clinical Oncology Conference (ECCO). The first one was chaired by Umberto Veronesi, another outstanding Italian visionary for oncology. We felt that it was important to regroup and to create our European ASCO.”

Cortés-Funes believes that the ECCO project was ultimately doomed. “It was totally impossible to compete with ASCO. It was hard to accept this, but I can do so after many years. The ECCO Project was a very good project, but the really important scientific oncology meeting in Europe was ESMO.”

Until now, ECCO and ESMO meetings have been held on alternate years. The next ECCO meeting (ECCO 14) takes place in Barcelona in September 2007, while the next ESMO meeting is a year later in Stockholm. However, from 2009 both meetings are due to take place in the same year and will in effect be in competition.

MOVING AHEAD

Medical oncology at Hospital Universitario 12 de Octubre is housed on the second floor of the maternity hospital – an interesting sociological marker, since it contrasts the way that oncology has grown with the falling birth rate in Spain, which made room available. The hospital is being largely rebuilt, and medical oncology will have a new home within two years. Cortés-Funes (now 61) plans to stay to see the new department bedded in.

“I am planning two or three years, probably, to reorganise this department with other people. It has happened in the past that people retire and do not leave anything behind, and that would be very sad. But I want to be useful. I don’t want to be kept here because in the past I was important.”

There are 20 hospitals in Madrid within the social security system, and during 2007 10 more will open. Madrid has recently made a priority of investing in the Metro and healthcare. (As an interesting note on health economics – the cost of building a new hospital is the same as building one kilometre of underground railway.)

Although the new hospital will not officially be a cancer centre, specialists at the hospital are working as a team, and hospitals in South Madrid are developing the OncoSur Madrid cooperative group network. “We are a reference hospital and we

are coordinating a group of six hospitals in South Madrid, with four more to open this year. The network will cover two million inhabitants and 10,000 new cancer patients a year.

“We are working to have common standard protocols, because how they are treated depends on which door a patient comes in. A breast cancer patient who comes from general surgery is treated one way, and from gynaecology another. We are creating guidelines so that a patient is not sent to medical oncology only in a metastatic situation or after an operation for adjuvant therapy. They should all know that a tumour larger than two centimetres must be treated with chemotherapy as the primary treatment from the beginning. It is very difficult to do that in a hospital or a group of hospitals. But we are working on that project and I am very involved.”

Keeping up to date with new treatments is an increasing challenge. Chemotherapy drugs have been in use for many years – in some cases for decades. However, Cortés-Funes says the new and upcoming targeted biological therapies are changing the rules for treatment.

“It is amazing and it is extremely complex to be involved with everything. We have a medical meeting inside our unit, and I learn every day from my people. I attend the new drug meetings and pick up ideas from that.”

So far in most regions of Spain the social security system has met the cost of new drugs, but this too will become an increasing challenge. He cites the new renal cancer drug sunitinib [Sutent], the first drug to be granted conditional (early) approval by the European Medicines Agency, which offers new hope for patients, but costs €3,500–4,000 a month. “We could treat patients from the very beginning in this hospital, through compassionate use. Renal cancer is not very common and the social security is paying it, but I don’t know for how long. There is the same problem with Herceptin [trastuzumab] and with Avastin [bevacizumab]. There will be a problem.”

Despite these rapid developments, Cortés-Funes says that cancer treatment must never be only about

drugs. “I think the really new advances will become stronger, but I hope that people will understand that to treat a cancer patient is very complicated. It is not just about drug-related treatment. It is about early diagnosis and very good early orientation of the disease. Mutilating surgery will disappear and abdominal and thoracic surgery will become laparoscopic. Conservative treatment of the organ will become more frequent. Drugs will be used very early – chemotherapy and non-chemotherapy drugs – and the future will be in their combination. You will give a patient comprehensive treatment with radiotherapy plus chemotherapy, and surgery for diagnosis, restaging and second-look rescue surgery.

“Cancer is a genetic disease, and the genetics will become the basis of the treatment, although genetic treatment will not come at the present time. However, the genetic knowledge of the disease is very, very important.” His unit recently joined the MINDACT trial to see whether the genetic profile of a breast tumour is more precise in guiding treatment than the clinical profile.

Although Cortés-Funes still has good links with oncology in Argentina, he is today thoroughly Spanish. He has three children by his first marriage. One is a journalist, the other is a clinical psychologist in his own oncology department, and the third is still at university. His first wife, Fabiola, was killed in a motor accident 13 years ago. Cortés-Funes remarried six years ago and he and his wife Blanca have two young children.

He is proud of the role that Spanish oncology plays in an evolving Europe, the credit for which must be partly his – the Spanish Society for Medical Oncology (SEOM), the Spanish Society for Cancer Research (ASEICA), the SOLTI cooperative research group, and the Madrid Breast Cancer Conference all form part of his legacy. “We are not in a leading position – the Anglo Saxon power is still running everything – but Spain is very well recognised in Europe, and participates in all the most important areas of oncology. We are a young country – we have the opportunity if we improve our politicians a little.”

“We are standardising protocols, because how patients are treated depends on which door they come in”