

# The rocky road to unity

→ Anna Wagstaff

As FECS prepares to welcome organ-based societies through the front door, the medical oncologists threaten to leave by the back.

Following a year of intense internal debate about the future of the Federation of European Cancer Societies (FECS), a FECS council meeting held at the beginning of November at the Paris ECCO conference decided FECS would open its doors to organ-based societies. It described the decision as part of its “One Voice, Once Vision” approach, which seeks to provide a strong and united voice for oncology in Europe, that is as representative as possible of all parts of the oncology community.

According to this decision, organ-based societies that are already affiliated to FECS can join as full members. This would include the mastologists’ society (EUSOMA) and the gynaecological and neurological oncologists’ societies (ESGO and EANO). The declared intention, however, is to go well beyond the ranks of existing affiliates to find ways to bring in important groups like the

urologists, coloproctologists, pneumologists and gastroenterologists, which have traditionally had little to do with either FECS or ECCO (the FECS congress), despite the fact that many – often the majority – of their members treat cancer patients.

Much of the talk during the preceding year had focused on the possibility of dissolving the societies in the Federation and moving towards a single membership-based European cancer society, but the council meeting in Paris decided that such a move would be premature.

Speaking shortly after the FECS council meeting, John Smyth, incoming president of FECS, said, “It was incredibly frenetic at the Paris conference, there was a huge amount of debate and discussion, but I was very pleased with the outcome of the FECS council meeting, which was based on listening to all the discussions. There is a greater need for coordinating things than ever before. What we are going to explore is how

to open the Federation to other societies, particularly what are now referred to as the organ-based societies, because a lot of meetings and, more importantly, clinical practice, are very much specialised around different types of cancer – breast cancer, colorectal and neural and so on.”

Initial responses from some of the organ-based societies have been warm. Ignace Vergote, outgoing president of the European Society of Gynaecological Oncology (ESGO) – a FECS affiliate since 2000 – said, “We have been trying to get this decision for five or six years. It will make a big difference. We will be more involved in all the important things that FECS is doing. Not only the congress [ECCO], where we will have a greater influence, but also in the political work, where it is important to act with the other societies.”

## ALL ABOARD

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however, and the question of how best to draw in these practitioners is one of the issues a newly established FECS 'strategic committee' was assigned to look at. Urologists, for example, play the central role in treating the majority of prostate, bladder and testicular cancer patients in Europe, but only a tiny proportion of them specialise exclusively in oncology.

Hein Van Poppel, Chairman of the Department of Urology at the University Hospital Gasthuisberg, Katholieke Universiteit Leuven, Belgium, says, "Most urologists do some oncology – many do tumours of the bladder and kidney, and they all do prostate cancer, but for most of them oncology is not their only activity". Van Poppel himself treats only cancer patients, but he says there are probably no more than ten other people like him in the whole of Belgium.

This situation is reflected in the way urologists are organised. Though there is a body named the European Society of Oncological Urology (ESOU), this is not an independent membership-based organisation like the gynaecologists' ESGO, but one of 13 sections of the European Association of Urology (EAU). Van Poppel says that the EAU is keen to look at how it may be able to cooperate with FECS, and is likely to recommend some form of liaison or coordination via the ESOU board.

Vergote and Van Poppel are themselves convinced of the importance of getting all cancer practitioners more involved in multidisciplinary forums as a way of raising standards through-

out Europe. However, they caution that there is much work to be done. As the trend towards organ-specialisation has spread, many strong national and European societies have been built, each with its own congress and hierarchy of 'must-attend' meetings.

"I only go to ECCO for one or two invited talks," says Vergote, "because the ESGO meeting is three weeks before, and this is more specific – five days only on gynaecological cancers, where we have not only gynaecologists but also medical oncologists, radiation oncologists, and translational researchers who are interested in gynaecological cancers."

"It is not the congress where I submit my research," says Van Poppel. "I submit it at the EAU or the AUA [American Urological Association], and we are not absolutely sure that FECS is going to change its attitude, because it is always radiation oncologists and medical oncologists going to that type of meeting, and surgeons are not involved. So how is FECS going to be successful in organising an attendance from oncologic urologists – that is the question."

That said, both of them acknowledge that attempts to attract more organ-based specialists by including hot organ-specific topics and speakers on the ECCO agenda are beginning to pay off. "Urologists are more and more involved, and the urology sessions are now better attended," says Van Poppel.

The fact that, as a full member,

ESGO will now have a strong say over 'its part' of the ECCO agenda, will also make a difference says Vergote. And as for the timing of conferences, and content overlap, that can always be sorted out. "I think the goal of ECCO should be that it becomes as important as ASCO, but for Europe," he said.

### ONE STEP FORWARD, ONE STEP BACK

Allowing organ-based societies to affiliate to FECS would enable the Federation to bring a whole new layer of cancer practitioners under its umbrella. However, the decision infuriated the medical oncologists' society, ESMO – a founding member of FECS – which says it feels deeply threatened.

In the closing days of 2005, ESMO announced it was pulling out of FECS activities and would focus instead on expanding its own organisation "into a multidisciplinary member-based society" with its own annual congress starting in 2008. One reason for the decision was undoubtedly frustration over FECS' decision not to turn the Federation into a single membership-based society, which ESMO has long advocated as vital for raising the profile of oncology in Europe. But ESMO President Håkan Mellstedt also cites FECS' decision to allow in organ-based societies as an important factor behind his society's decision to disengage.

In many European countries, medical oncologists are still fighting to be recognised as a specialist

discipline, alongside surgical oncologists and radiation oncologists. ESMO argues that organ-based specialists, whose primary training is usually in surgery, should not be handling drug treatments, and that allowing organ-based societies to affiliate to FECS undermines the medical oncologists' quest for recognition.

Mellstedt said "It is still a problem that medical oncology is not recognised in many countries in Europe, and we have to protect that discipline for the best interests of the patients of the future. With the present decision [by FECS], ESMO would have disappeared or would have been greatly reduced to a very small society. Our judgement is that it is better for us to step out of the Federation, because we have to survive in a milieu where we can defend ourselves."

At the heart of the matter is a genuine difference of approach to patient treatment. The organ specialists feel they are the ones with the expertise. "We do the diagnosis, the staging, the treatment, we use hormonal treatment, and we use bisphosphonates, angiogenesis inhibitors and endothelin receptor blockers, just like medical oncologists do," says Van Poppel, adding that while most medical oncologists treat many malignant diseases, urological oncologists treat only urological malignancies, "It would be good to also have medical oncologists who specialise exclusively in urological tumours."

Mellstedt counters, however, that "You don't treat the cancer, you treat the patient. You need supportive care, you may need palliative care, and I doubt that all these organ specialists have that spectrum of knowledge." He also points out that medical treatment of cancer patients is becoming increasingly complex, with new

chemotherapy and targeted agents, new diagnostic procedures, and tailored therapies. "All this has to be included in the treatment of cancer patients, and for that you need basic training both in internal medicine and medical oncology."

### A BUMPY RIDE

There are areas of common ground between medical oncologists and organ specialists, for those who wish to find them. Mellstedt accepts that many smaller hospitals won't be able to support their own medical oncology department, but says there should be specialist medical oncologists within every department of internal medicine.

He says that ESMO is very keen to collaborate directly with organ-based societies, but not within the Federation. He even says he is open to the principle of organ-specialist

oncology bodies like ESGO affiliating to FECS, but draws the line at organ-based societies that include non-oncologists.

Van Poppel, for his part, agrees that medical oncologists should be involved in the multidisciplinary planning of each patient's treatment, but argues that where the treatment is not toxic and is easily available, it can be delivered either by the urologist or by the medical oncologist.

All the players in this unrolling saga know full well the price to be paid in terms of the clout and standing of oncology in Europe if they cannot come together in a united front.

The question remains, however, what shape that unity will take. Judging by recent events, there is still some way to go before a solution is reached that everyone can live with, and we may be in for a bumpy ride.

### FECS

The Federation of Cancer Societies is a multidisciplinary umbrella group for Europe's main oncology societies

It has six full members:

- European Association for Cancer Research (EACR)
- European Oncology Nursing Society (EONS)
- European Society for Medical Oncology (ESMO)
- European Society of Surgical Oncology (ESSO)
- European Society for Therapeutic Radiology and Oncology (ESTRO)
- International Society of Paediatric Oncology, European Branch (SIOP Europe)

It has eight affiliated members

- European Association for Neuro-Oncology (EANO)
- European Group for Blood and Marrow Transplantation (EBMT)
- European Organisation for Research and Treatment of Cancer (EORTC)
- European Society of Gynaecological Oncology (ESGO)
- European Society of Oncology Pharmacy (ESOP)
- European Society of Mastology (EUSOMA)
- Flims Alumni Club (FAC)
- Organisation of European Cancer Institutes (OEI)

At its council meeting in November, FECS agreed to invite its organ-based affiliates EANO, ESGO and EUSOMA to join as full members. It also decided to explore how to open the Federation to non-affiliated organ-based societies