

a report by

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Ultimately, we owe the latest breakthroughs in cancer research and treatment – which decades ago we could not even imagine – to the revolution and advances made in molecular biology.

The last decade has brought about a whole paradigm shift in cancer research, changing the nature of our research agendas, as well as our expectations about what we can feasibly achieve in the future. The manifold research projects and results that come under the title of ‘Translational Research’ are developing at amazing speed. Just to give you an idea, last year at the American Society of Clinical Oncology (ASCO) 2005 meeting in Orlando, targeted drugs topped the news, and this year at the ASCO 2006 meeting in Atlanta, the focus was already on multi-targeted drugs.

As excited as the entire scientific oncology community is – myself included – about these ground-breaking advances, we have not fully realised that the paradigm shift of recent years necessitates a change in the research culture itself if we want to fully explore the possibilities that are opening up. To be more precise, the way clinical research is organised has to be adapted to the new environment. Just consider some cornerstones of this new culture of research:

- The identification of genomic signatures is instrumental for the development of tailored oncology. To be able to identify a genomic signature, we need to have access to collections of tumour tissue. The establishment of biobanks and the collection of samples on a routine basis in the context of large, well-designed clinical trials is no longer a luxury: it is a scientific and ethical imperative.
- Translational research cuts across the boundaries of traditionally disease-oriented groups, and this has to be taken into account when asking what the appropriate way to set up translational research is.
- New targeted drugs that have recently made a profound impact on cancer treatment – such as trastuzumab or imatinib – are tremendously expensive. New partnerships between academia and the pharmaceutical industry should be established in order to ‘boost’ translational research in the context of large pivotal trials. At the end of the day, the scientific community should be able to identify which patient is likely to benefit from a particular treatment, and which is not.

Since June 2006, I have been in the privileged position of being the President of the European Organisation for Research and Treatment of Cancer (EORTC). This is a very special, unique organisation whose mission is to develop, conduct, co-ordinate and stimulate clinical research in Europe, with the ultimate goal of improving the treatment of cancer patients. My vision for the upcoming three years of my presidency is to contribute as much as I can to this new culture of research, which has to rely heavily on top quality translational research. The first steps were already taken during the presidency of my predecessor, Dr A M M Eggermont. He helped create the EORTC Network of Core Institutions (NOCI), an initiative especially devoted to the promotion of translational research in cancer clinical trials. The NOCI will allow for the collection of blood and tumour samples, their analysis with high throughput technologies, and the correlation of these data with clinical outcome. NOCI represents a new project-focused form of networking that also provides a platform for collaborating with partners from the pharmaceutical industry. The vision is an ambitious one. What makes me confident that the EORTC will make an important contribution to this new culture of research? Because the whole idea at the origin of the EORTC was as visionary and as ambitious as a concept of a European cancer clinical research organisation could be at the time – and we all want to stay at the forefront of research excellence. ■



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