

COMMENTS ON THE REPORT OF ACTIVITIES (1981-1984)

BY EXTERNAL REFEREES :

- 1) Dr. L. TOMATIS (IARC - Lyon)
- 2) Dr. L. DOBROSSY (WHO - Regional Office for Europe)
- 3) Dr. B. RICHARDS (York)
- 4) Prof. M. TUBIANA (Villejuif)
- 5) Prof. U. VERONESI (Milan)



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In reply please refer to :
Prière de rappeler la référence :

6 February 1985

Dear Dr Maskens,

Thank you for your letter of 7 January 1985 and for the enclosed ECP documents. I would like to congratulate you and all your collaborators on the very impressive amount of work you have accomplished. I attach some comments on the Report and hope you will find these helpful.

Thank you also for sending me a copy of the book "Hormones and Sexual Factors in Human Cancer Aetiology", ECP Symposium/1. This is a further demonstration of the efficient and successful work carried out by your organization.

With best regards,

Yours sincerely,

Lorenzo Tomatis, M.D.
Director

Dr A.P. Maskens
Medical Coordinator
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Enc : as mentioned

Comments on the ECP Report of Activities

Part I : Comments on the objectives of the first phase as stated on page 13 of the Report of Activities

1. The ECP has been quite successful in attracting a large number of investigators, as can be seen from the list of the researchers who have participated in the various working groups. Almost one hundred names are listed there. Most of the researchers are from Western/Northern Europe (82), and only a minority from Southern (13) and Eastern (2) Europe. On the one hand this is a natural consequence of the unequal geographical distribution of research activities in Europe; on the other hand, the difference seems too extreme and it may be due to the way information on meetings and scientific activities is circulated or, in some places, is not circulated at all. Further efforts should be made in those countries which are clearly under-represented.
2. The ECP has been quite successful in organizing a number of working groups, which have so far produced seven research protocols. Three of these protocols are already activated, and studies are on-going, while the remaining four are in preparation.

The study promoted by the "AIDS and Cancer Group" is a classical therapeutical trial. It does not appear to be related to the general field of cancer prevention and outside the spectrum of activities of the other protocols.

The sub-group on "Education and Psychological Aspects of the Smoking Habit", created during the first symposium in 1983, had not met by December 1984. This is a field of primary relevance to the ECP, and an increased effort may be justified in this direction.

There are no working groups dealing with occupational and/or chemical carcinogenesis, nor with respiratory cancers. This may be due to the fact that the ECP considers that these areas are already covered by other organizations, but European collaboration in these fields still deserves to be developed and could take advantage of the experience of several existing groups of researchers.

3. Overall, the first phase of the ECP activity was quite successful, most of the objectives were met, and the ECP now seems to be in a good position to further develop its programmes. However, while the ECP name is becoming quite well known among cancer researchers, its nature and objectives are not always clearly understood or evident. An improvement in the circulation of information would make the ECP better known.

Point B - Questions on the Future

1. One of the fundamental principles of the ECP (as stated on page 10 of the Report of Activities) is "not to create a highly centralized institution but ... a kind of faculty without walls of preventive oncology". This principle should be kept in mind when envisaging future development. The ECP structure should remain open and flexible. To cope with the increased organizational work, the structure could be reinforced if two or three additional members of the Scientific Committee were asked to share the responsibility for the Medical Coordinator's office on a rotation basis. The secretarial staff should also be reinforced. Large European institutions involved in ECP activities may consider that qualified members of their secretarial staff might work in Brussels at the Medical Coordinator's office on a rotation basis (say 1- to 2-year periods).
2. Policy on Group Functioning:
A minimum and stable "core" of active members should be assured in each working group. Although membership should not be strictly regulated, in order to leave the door open to newcomers, some basic rules should be defined for the decision-making process.

A central data management office seems an inappropriate and extremely expensive solution. The ECP could take advantage of the active collaboration of various data management and computing centres in existing scientific organizations.
3. The formula of monothematic symposia seems the most appropriate and effective in promoting research. General congresses on miscellaneous topics should be avoided. Consideration should be given to the possibility of actively collaborating with other societies or organizations on specific subjects.

4. The Scientific Committee should supervise the scientific value of the publications bearing the official signature of the ECP. Authorship policies could vary from one project to another and should be discussed at the level of the working groups.
5. As I already mentioned in point 1, the ECP should develop a closer relationship with institutions in Europe involved in cancer research and take advantage of any help they may be able to offer to solve some organizational problems.
6. Most developed countries are reducing their medical research budget. This is not an unavoidable consequence of national economic problems, rather a matter of choice concerning where to put the money. The ECP could receive economic support from the EEC and national funding agencies, and further efforts should be made to obtain support from European governments.

The ECP should also consider the possibility of seeking financial support from private institutions, now existing in most European countries, for the support of cancer research. In countries like France, the U.K. and Italy, such associations support a large section of the national activities. They could devote part of their funds to support the ECP.



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ORGANISATION MONDIALE DE LA SANTE
WELTGESUNDHEITSORGANISATION
ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ

Date: 31 January 1985

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Dr Alain P. Maskens
Medical Coordinator
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Dear Dr Maskens,

As other commitments keep me from participating in the forthcoming review meeting of the Scientific Committee, I am writing to you to express my personal views on ECP's activities in its first developmental phase, which is the subject of the ongoing evaluation exercise.

- 1) First, I wish to warmly congratulate you and Mr Jeandrain on the excellence of your performance in managing ECP, and through you, all those whom it may concern, on the achievement ECP has attained in its scientific activities. As one of those who attended the first meeting in December 1981, and who has been following, with attention, ECP activities since its foundation, I can state with great pleasure that your Organization has really become what it was intended to: an efficient framework for fruitful cooperation of dedicated researchers in the difficult, but challenging area of cancer prevention studies. In addition to its stimulating role in research, we also appreciate the educational role which ECP has played in disseminating the relevant information to the professional 'public at large' keeping the unique importance of cancer prevention on the 'front page' of public interest.

I was delighted you let me have a look into the relevant documents, both the reports on the Working Groups' achievements and the protocols of the planned research project. I have been deeply impressed

- by the variety of relevant problems your sub-group on AIDS is going to address which is really a pioneer work in this area in Europe;
- by the comprehensive approach the colon cancer group has selected to test the diet-related hypotheses on the mechanism of large bowel carcinogenesis;
- by the pragmatically designed projects of diet in cancer group intended to contribute to getting more knowledge on the linkage between diet, nutrition and cancer;
- by the realistic, moderate and witty objectives of hormonal sub-group; as well as

- by the highly ambitious research project of tobacco and smoking group, attempting - through complex approaches - to get further evidence on the carcinogenicity of tobacco smoke, considering that the knowledge we have had on this subject for the time being, even if provides basis for action, fails to satisfy the intellect. (When it comes to action, I feel, controlling the smoking habit is an area where ECP should more actively contribute to, even though it is not so much a matter of research, but rather a matter of the implementation of what is already reliably known; might it be a task for the public information group?!).

You might really be proud of running quite a number of excellent projects, covering a broad scale of problems, some of them having dealt with problem areas, or selected approaches not having covered or used by other organizations or bodies.

- 2) When scrutinizing ECP's activities in the broader context of 'international oncology', in the light of the distribution of responsibilities for cancer-related programmes carried out in the international arena, let me mention my only concern which might deserve some consideration.

My concern is not about the relationship between ECP and WHO which is a 'settled' relation: the Regional Office for Europe of the World Health Organization has always been pleased to consider granting moral sponsorship to your Organization (as co-sponsorship to Symposia, or status of non-governmental organization in official relationship with EURO, the granting of which is in progress), even though our mission differs from yours, having a mandate to promote - through community-oriented intervention programmes - effective application of the knowledge which has been generated by you and others, devoted to cancer prevention studies. My concerns are related to 'the cancer research arm of WHO', i.e. the International Agency for Research on Cancer (IARC).

What I have in mind is that most of the areas of 'cancer prevention studies' which ECP has decided to promote, organise and coordinate fall within the scope of the long-standing interest and responsibility of IARC, having a mandate from the World Health Assembly to 'carry out activities directed primarily to research on the causes of cancer, with the aim of generating and disseminating information useful for the prevention of human cancer' - almost literally identical with the aim and goals of ECP.

I do not mean that what ECP has been doing was an unnecessary duplication of the efforts. Not at all. What I do mean is that more consideration should be given to the coordination (if not integration) of ECP coordinated studies with those being stimulated, supported, coordinated by IARC. Now, when

Dr Alain P. Maskens
ECP, Brussels

- 3 -

you have been concerned with the 'questions for the future', more and more research groups are developed, large and ambitious research programmes are activated (scope of which is widened), I feel more efforts should be deliberately made to establish regular, institutional mechanisms of coordination with the management of the International Agency. I do feel that this was the only way to avoid overlaps and unnecessary duplication of efforts and that the ECP-coordinated research activities would benefit tremendously in many ways from such a closer working relationship with IARC. I am proposing that for your consideration.

- 3) My last point related to the forthcoming 3rd Annual ECP Symposium which will be held (with WHO co-sponsorship) in June 1985 in Aarhus, Denmark, the topic of which is 'Diet and Human Carcinogenesis', an area on which there has been in focus recently.

Even though gaps in present knowledge exist, on the basis of current evidence, it seems now possible to formulate a kind of 'interim' guidance which is both consistent with good dietary practices and supposed to reduce the risk of cancer. Keeping this in mind, as certainly several other organizations, WHO has also been concerned with proposing - through its channels at governmental level - national dietary policies and measures around the areas of consensus.

I understand from your announcement that quite a number of experts of high repute are expected to be on the Faculty of the above-mentioned Symposium. This is my idea: taking the unique advantage of the experts coming to Denmark, following the Aarhus meeting, to invite by WHO, some of the Faculty members (along with some others) to make an approximate two day stopover in Copenhagen, in order to advise WHO based on the current state-of-the-art, on the policies we should follow in this area of cancer control in the near future.

At this moment, my only intention is to explore your position (as possible 'co-sponsor' of this venture) without any commitment on either side. In due time, I would consider to seek concurrence from other bodies that may concern this.

Expressing - repeatedly - my compliments for the work accomplished and looking forward to further fruitful cooperation between ECP and this Office.

I wish you a successful meeting.

Yours sincerely,

Döring G

Lajos Döbrössy, M.D.
Regional Officer for Cancer

cc: The Director of
IARC, Lyon, FRA



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**Dr A P Maskens, MD,
Medical Coordinator,
ECP Secretariat,
Avenue Lambeau 62,
B-1200 Brussels.**

Dear Dr Maskens,

Thank you for sending me the details of the activities of ECP. I have considered them carefully, and enclose a summary of my conclusions. I very much hope that these comments, which are intended to be constructive, will be of some use.

With kind regards,

Yours sincerely,

A handwritten signature in black ink, appearing to read "Brian Richards", with a horizontal line underneath.

**BRIAN RICHARDS,
Consultant Urologist.**

EUROPEAN ORGANISATION FOR COOPERATION IN CANCER PREVENTION STUDIES

ECP

Review of the first phase of the activities of ECP (January 1985)

This review was made after examining the following documents:

1. Report of the activities of the ECP, first phase, December 1981 to December 1984.
2. Protocol for study of ovarian and endometrial cancer in women under 40 years of age.
3. Protocol for a Phase II study of Thympentin treatment in AIDS-related complex.
4. Protocol for a case control study of patients with adenomatous polyps or cancer of the large bowel.
5. An outline of the collaborative study proposals made by the ECP Working Group on tobacco and cancer.
6. 2 ECP newsletters.
7. The abstracts of the first (1983) and second (1984) ECP symposia.

The documents were impressively presented and indicated that there has been a great deal of organisational work done by the ECP secretariat. The accompanying letter suggested that comments were presented in two separate parts - one devoted to the evaluation of past activity with reference to the indications given on page 13 of the report, and the other to recommendations for future developments based on the questions posed on page 43 and 44 of the report. This format will be followed. But, in addition, presuming that what is wanted is an independent assessment by somebody who is not steeped in the developing traditions of the ECP, I propose to discuss the general approach underlying any organisation devoted to studying cancer prevention.

EVALUATION OF PAST ACTIVITY

The aims of the ECP are stated in page 3, page 8 and page 13 of the report. They differ in detail but include:

1. The founding of an organisation;
2. Arranging workshops/symposia;
3. Organising active cooperation on the European level;
4. Founding working groups which would conduct
5. Research into cancer prevention, and
6. Disseminate information to the medical profession and the public.

The first four of these aims have been achieved with great success. The organisation has been founded and has prospered. A number of workshops and symposia have been organised and have provided not only an opportunity for people to hear formal presentations but (probably of even more value) an opportunity for workers in related disciplines to meet informally. International cooperation on the European level is more difficult to be sure about. International discussion has occurred, without question, and the germs of cooperation are there; but it is too early to be sure whether genuine cooperative studies can be promoted - a difficulty which will be approached later is that most studies in cancer prevention depend on establishing risk factors for the development of cancer by case control studies which are notoriously difficult to conduct and analyse on an international cooperative basis. A number of working groups have been founded and are establishing themselves.

The point of the first four initial goals of the ECP is to develop the fifth - to promote research into cancer prevention. This is the chief aim of the ECP and is embodied in article 2 of the by-laws; "the major aim of the ECP is to promote European cooperation in cancer prevention studies". The ECP has been in existence for about three years, and it is not reasonable to expect that it could, in this short time, have had a significant impact on the prevention of cancer. It is necessary, in this report, to address the question "Has the activity of the ECP since 1981 brought the development of European cooperation in cancer prevention studies any nearer?".

It is very difficult, clearly, to prevent cancer even when obvious causes such as smoking are apparent. Far more frequently the problem is removed one step from actual prevention, and consists of attempting to find factors which might influence the development of cancer, which in turn could be modified to see if alterations in the rate of cancer development followed.

This has been implicitly recognised by the working groups. Five of the seven studies under development or activated are concerned with the correlation between various factors and the development of human cancer. The sixth (from the Tobacco and Cancer Working Group) is concerned with biochemical and biological aspects of tobacco carcinogenesis. Only the seventh (the Phase II study of TP5 in AIDS) is tilted towards the prevention of the AIDS-related cancers - a rather special case.

While de facto the ECP is beginning to shape itself into an organisation working to discover environmental causes of cancer, it is not clear that this is recognised explicitly. The techniques (such as that of the "case control" study) which are necessary for the elucidation of environmental causes for cancer have been worked out in some detail by epidemiologists and are quite different from the awesomely complicated and very long-term studies which would be necessary to show whether changes in the environment actually prevented the development of the disease. It is probably too soon in its life for ECP to have made any appreciable steps in the direction of organising true studies of cancer prevention which, in the clinical situation, would involve the alteration of one or more environmental factors in a large group of normal subjects and following them for long enough to see whether the incidence of cancer differed from that in a control group. But it is possibly a valid criticism that there is no evidence in the documents I have seen of thought about the way in which "the major aim of the ECP" (article 2 of the by-laws) is to be carried out.

The last aim listed above was to inform the medical profession and the public. It is clear that, through the media of workshops and symposia, the interested medical profession has been informed of the progress - largely epidemiological - in elucidating the environmental causes of cancer. The dissemination of information has not apparently, as yet, spread to the medical profession at large or to the public.

In summary it is evident that a great deal of work has gone into the development of an organisational structure in which people can meet, present their results and talk. On the limited evidence available to me I am not convinced that a great deal of thought has been given to the question of how research into cancer prevention can be carried out or into the best ways, technically, of conducting research into the environmental causes of cancer.

RECOMMENDATIONS FOR THE FUTURE DEVELOPMENT OF ECP

It is evident from the papers which have been circulated that both the administrative centre of ECP (the medical coordinator, the general assembly and the managing committee and the scientific (advisory) committee) and the working groups are keen and active.

The central administrative structure has, hitherto, been concerned in the setting up and initial encouragement of the working groups. As the organisation gets larger it can no longer effectively supervise or direct the functioning of the working groups; and nor is it sensible that it should do so. The central organisation needs to devote itself to providing an environment in which the working groups can prosper. There are probably many ways of doing this but among them are the following:

1. It should be responsible for raising funds with which to prime the activities of working groups - providing the "seed money" - and also to provide an encouragement for successful groups.
2. It should be responsible for the quality control of the working groups, not all of which will achieve the same standard. The standing of the ECP will depend on the quality of its working groups and some method needs to be established of encouraging the good ones and discouraging the less successful.
3. - far the most important - It should provide an overview of the way in which the fundamental aim of the ECP can be carried out. As I understand it article 2 of the by-laws is quite specific: "The major aim of the ECP is to promote European cooperation in cancer prevention studies". The central administration should be responsible for deciding how this aim can be achieved. On page 9 of the report the broad outlines of research are sketched out, as follows:

- combined studies by researchers and clinicians covering the fundamental mechanisms or carcinogenesis;

- more complete epidemiological studies, covering precise clinical and metabolic data;
- prospective studies concerning the future of populations categorized as being at risk through various factors;
- interventional studies designed to show the actual protective effect of medication, diet, or immunisation.

One of the tasks of the central administrative structure is to decide what factors are necessary to enable these aims to be achieved. I wouldn't presume to state what they are, but as an example, interventional studies designed to show the actual protective effect of medication, diet or immunisation will require some mechanism of deciding which apparently healthy subject should be given the medication, diet or immunisation and how they will be compared with a group not subject to this modification; some mechanism will need to be established for keeping track of the subjects in both groups for long enough for the incidence of the cancer or cancers being looked for to develop. This sounds like a very large project involving complex ethical and practical problems which will need to be thought out before an administrative structure can be developed which will support such a study.

Similarly prospective studies concerning the future of populations categorized as "being at risk through various factors" will require some mechanism of following populations of healthy individuals to see whether they remain at risk, and to see how many of them develop the cancers in question. Again, large technical and ethical problems will have to be solved as an enabling measure before these studies can be undertaken.

An analogy from my own experience can be taken from the EORTC. It is now successful in running a number of multicentre trials because of the wisdom of the early leaders of the EORTC who saw the desirable aim of running multicentre cooperative clinical trials in cancer treatment demanded not only the statement that these were desirable but also that a Data Centre should be set up to provide the statistical and data management services which such studies required and without which they could not be prosecuted.

The leaders of the ECP need to identify the practical aims which will be required to support the kind of studies they aim to encourage;

and, having identified them, they will need to arrange that they are provided - "seeding" money will only help groups to germinate if the soil is capable of supporting them.

ECP WORKING GROUPS

It is in the nature of cooperative groups that they soon develop their own character. It seems to me unproductive to try and force them into a particular shape; but nevertheless some rules are useful. It is advisable for them to have statutes usually designed by the group themselves which enable them to control the activities of wayward members who otherwise might distort the group activity or diminish the quality of the work which it does. These will probably include most of the points mentioned on page 43 and 44 of the first report, particularly under paragraph 2 "Group functioning". Membership regulations, the qualifications necessary for deciding group questions, the maintenance of quality control and the publication policy probably need to be defined.

Thereafter it is up to the group to work out its own salvation in the knowledge that if it is successful it will be supported by the central administrative structure and that if it is not, not.

I undertook the task of making an evaluation of the ECP because I was invited to do it and not out of any wish to be critical. I make no claim to special knowledge in the field of cancer prevention and offer these comments, which may at times appear critical, in the belief that you wouldn't have asked me for my opinion if you hadn't wished to know what it truly was. I hope it will be received in the spirit with which it is sent - in sincere appreciation of the amount of work which has evidently been done by a large number of people and in the wish that ECP may prosper in the future.

BRIAN RICHARDS,

January 1985.



Villejuif, le 5 février 1985

LE DIRECTEUR

MT/FS

Monsieur le Docteur Alain P. MASKENS
Medical Coordinator
ECP Secretariat
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Cher Docteur Maskens,

Merci de votre lettre du 29 janvier et des documents que vous m'avez envoyés dans cette lettre, comme de ceux que vous m'aviez envoyé dans votre lettre du 7 janvier.

Bien que j'aie été un peu submergé de travail ces dernières semaines, j'ai lu attentivement les documents que vous m'avez adressés et je vous prie de trouver ci-joint quelques remarques que ceux-ci m'ont suggérées.

En vous félicitant pour l'oeuvre que vous êtes entrain d'accomplir, je vous prie de croire, Cher Docteur Maskens, à l'assurance de mes sentiments les meilleurs.

Professeur M. TUBIANA

P.J.

L'E.C.P. consacre ses efforts depuis 1981 à la prévention primaire du cancer.

Pendant les trois années écoulées, le travail qui a été accompli est remarquable : sensibilisation de vastes couches du public médical et de la population en général aux problèmes de prévention du cancer, organisation de groupes de travail, de symposiums, mise en route de projets de recherche, prises de contact avec les diverses institutions européennes ou internationales se consacrant à ces problèmes.

A la lumière des résultats importants qui ont été obtenus, le problème qui se pose actuellement est celui de savoir comment utiliser au mieux les moyens financiers relativement limités dont dispose l'organisation pour contribuer de façon efficace à la prévention primaire du cancer. En effet, le domaine est extrêmement vaste, allant de l'étude in vitro de la carcinogénèse chimique jusqu'à l'autre bout du spectre : l'information du grand public et la sensibilisation des médias à ces questions.

Bien que je ne sois pas très familiarisé avec le travail de l'E.C.P. (je n'ai malheureusement jamais pu assister à une réunion du symposium ou des groupes de travail), la lecture des documents suggère que de nombreuses personnes enthousiastes coopèrent de façon très active à ces programmes, et il faut les encourager. Cependant, on peut se demander s'il ne serait pas plus efficace :

1. de concentrer l'action de l'E.C.P. sur quelques thèmes précis, par exemple : alimentation et cancer ou habitudes sexuelles et cancer, plutôt qu'à l'ensemble du problème de la prévention primaire.

2. quand quelques thèmes auront été sélectionnés, pour chacun d'entre eux il serait souhaitable que l'E.C.P. s'interroge pour savoir comment elle peut au mieux contribuer : soit en suscitant des recherches épidémiologiques dans ce domaine, soit en diffusant largement les résultats dans le public médical, soit en entreprenant enfin des campagnes d'information auprès du grand public. Mais dans ce dernier cas, il faut voir que le problème change de dimensions et de nature : ça n'est plus un problème scientifique, mais un problème de relations publiques et de travail de psychologie et de marketing.

3. entrer en contact avec toutes les institutions (par ex. OMS Europe, CIRC de Lyon, UICC, EORTC, etc), qui étudient déjà ces problèmes précis et provoquer une réunion où l'on ferait le point de ce qui est entrain de se faire et de ce qu'il est possible d'entreprendre autour de ce thème pour aller plus loin.

Par exemple, de nombreuses enquêtes épidémiologiques s'effectuent et se sont effectuées au CIRC à Lyon autour du thème général "alimentation et cancer". Comment et dans quels domaines l'E.C.P. peut-elle intervenir pour faire progresser ce thème d'étude ? Par exemple, en permettant à des personnes travaillant dans des institutions différentes autour de ce thème, de se rencontrer et de discuter ensemble. Ou encore, en lançant des enquêtes dans des domaines qui ne font encore l'objet d'aucune étude systématique. Ou encore en diffusant auprès du grand public des résultats suffisamment solides pour constituer la base de mesures de prévention primaire efficace (par exemple la restriction de la consommation d'alcool ou de matières grasses d'origine animale).

L'American Cancer Society, dans son programme "alimentation et cancer" donne un exemple de ce qui pourrait être fait en Europe, notamment par la diffusion périodique de documents simples et précis faisant le point des connaissances dans certains domaines, documents qui sont ensuite repris très largement par la grande presse, car la signature de l'American Cancer Society apparaît comme un gage d'objectivité et de fiabilité.

En ce qui concerne le financement, l'impression du signataire est que celui-ci serait plus facilement obtenu de diverses organisations européennes ou internationales s'il s'agissait d'une demande de financement présentée par un groupe de scientifiques patronné par l'E.C.P. autour d'un thème précis (par exemple : l'étude des relations entre fréquence du cancer du colon et les habitudes alimentaires dans différents pays européens, ou encore la relation entre la consommation de lait des adolescentes, l'âge des premières règles et la fréquence des cancers du sein ; ou même pour des thèmes plus généraux, tels que "alimentation et prévention du cancer de l'endomètre")

Il est certain qu'une enquête épidémiologique peut ne pas être coûteuse à réaliser mais elle n'a de chance d'obtenir des résultats interprétables que si elle est faite dans des conditions de méthodologie rigoureuse. Le rôle de l'E.C.P. pourrait justement être de donner une garantie de

qualité qui facilite l'obtention d'un financement extérieur.

Dans une telle hypothèse, l'E.C.P. pourrait rassembler dans un Conseil Scientifique ad hoc, des épidémiologistes et des statisticiens ayant une très grande expérience de ces problèmes, donner des fonds limités à une enquête pour que celle-ci puisse démarrer en espérant qu'ensuite de gros organismes, tels que l'OMS ou l'UICC ou d'autres institutions européennes ou internationales prendront la relève.

Un des domaines où l'E.C.P. pourrait agir de façon efficace est la comparaison de l'efficacité des campagnes d'information contre le tabac dans les divers pays européens, en rapprochant des techniques d'information utilisées, les résultats qui ont été obtenus.



ISTITUTO NAZIONALE
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IL DIRETTORE GENERALE

Dr. A. Maskens
ECP Secretariat
Avenue Lambeau, 62
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4th February, 1985.
Prot.no.223/85.

Dear Dr. Maskens,

First of all let me thank you for the exhaustive material you have sent me and I should like to congratulate you and your staff for the clear information provided concerning the ECP.

There can be no doubt about the necessity of promoting research in the field of prevention of tumours, because very often this aspect of cancer is reduced to that of a purely political slogan, or confused with that of early diagnosis, or even, in the literature, is mentioned merely in passing, whereas the oncological discourse proceeds to the clinical aspects in general having eliminated prevention as a subsidiary factor.

As far as the opinion which you elicit from me is concerned, for the first part, I believe that the objectives that you set yourselves in the initial stage can be considered as having been achieved: the working groups certainly reflect the priority of the questions raised and some of them seem to be very promising. Undoubtedly, a certain clarity of ideas has still to be reached by many European researchers with regard to two problems: the first is the geographical limitation to Europe of certain matters in which it would be difficult to proceed without the collaboration of our American and Japanese colleagues. I think, for example, of the question Diet and Cancer, or Tobacco and Cancer. On the other hand, research confined to Europe seems to be justified in other cases, such as, characteristics of populations (group on AIDS), differences in habits and situations in respect of the USA and Japan (ex. sexual factors, public information and environmental factors). The second problem is that of arriving at a

better definition of the areas of discussion grouped under the term Prevention. Were you thinking of also including early diagnosis? In this case a connection with clinical oncology should speedily be established, but it would generate a certain confusion. How are programmes of chemoprevention considered? They constitute a preventive intervention, but they are based, principally, on the methodology and techniques of clinical trials, for which reason their promotion would bring about an overlapping with other institutions such as EORTC.

Concerning the second part of the opinion you ask of me I should like, in particular, to dwell on the problem of the diffusion of information and the expanding structure of the ECP. I think that collaboration with the European School of Oncology could well be evaluated, for it is, as you know, becoming one of the cultural centres of European Oncology. On the other hand, it may be that some of the organizational problems of the ECP could, in turn, be better solved by a closer connection with the EORTC. Just recently, the Officers of the EORTC have, also, reviewed this matter. Dr. Staquet was charged to contact you to discuss it. However, we must be aware that the great limitation of the activities of the ECP is due to the presence in Europe of the IARC in Lyon, whose institutional purpose is, precisely, cancer prevention, for which it can count on considerable financial support. Also the scope of the IARC covers the whole world, Europe is obviously the easiest and closest objective of many excellent research programmes on prevention of cancer.

I look forward to hearing from you further and, in the meantime, I am,

Yours very sincerely,



Umberto Veronesi.