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A new chapter begins for EORTC

A reorganisation at the EORTC Headquarters should reinforce its position as a leading and independent cancer research organisation, key insiders say. The move coincides with the culmination of efforts to prioritise the clinical research undertaken by the organisation. Both changes are aimed at adapting EORTC to the needs of clinical and translational research in the 21st century.

'The Executive Committee and the Board wish to become more involved with the co-operative groups strategies, to help and support them,' said Dr Françoise Meunier, EORTC's director general. 'I really believe that this way we can give groups more help to conduct the projects in line with global EORTC strategy defined by the Board.'

'For example, we created the Early Project Optimization Department as part of the reorganisation; new projects will need a green light from the Executive Committee before going any further. It will mean on one hand that we don't devote time and energy to studies that, in the end, would be rejected anyway by the Protocol Review Committee. Other projects, though, will receive valuable input on their design and concept at this early stage,' she said.

At the EORTC Headquarters, a nominal two branches have been created. Long term EORTC staff member Dr Denis Lacombe has been appointed scientific director; Dr Rémy von Freneckell, who joined the EORTC in September 2007, becomes director of methodology and operations. Both report directly to Dr Meunier.

'We wanted to adapt EORTC's Headquarters structure to meet the

needs of pan-European academic research and our partnership with the pharmaceutical industry,' she said.

Dr von Freneckell said he was 'extremely happy' to take over methodology and operations. He spent 15 years as a medical statistician in academia, and became associate professor at the University of Liège. He moved from there to the pharmaceutical industry, working for Bristol-Myers Squibb, and then UCB, a Belgian pharmaceutical company.

He stressed that EORTC Headquarters has not been divided into 2

would help EORTC fulfil its mission to improve the standard of cancer treatment through close collaboration with NCI and many national and international research groups. 'First of all, EORTC has to be positioned as an academic research organisation (ARO) as opposed to a contract research organisation (CRO).

'Our independence, the control over design of the study and key parameters of the data bases, and the interim and final analyses as well as right to publish are key words of our mission.



Left to right: Dr Denis Lacombe, Scientific Director, Dr Françoise Meunier, Director-General, Dr Rémy von Freneckell, Director of Methodology and Operations.

separate parts: 'EORTC remains a matrix organisation whose success will be directly linked to collaborations across both branches. The new structure is designed to perform and to strengthen our current position. The two sides will each reinforce the other, the better the methodology and the operations, the easier it will be to accomplish our goals.'

Dr von Freneckell said the reorganisation of the Headquarters

'We want to increase recognition of academic research organisations like EORTC. I am more and more convinced that these independent groups will

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be looked at by health authorities as adding value in a very near future.'

His years in the pharmaceutical industry would help him in future negotiations, he said. 'Pharmaceutical sponsors are very demanding, and of course, some of what they ask for is mandatory. But it is important to be able to discuss and come to mutual understanding. I want to make sure that the work we do is related to our mission and has scientific value.'

Dr Denis Lacombe has worked at the EORTC since joining on a fellowship programme 14 years ago. He is a clinical research physician and has worked, variously, on protocol development, the appropriate conduct of studies, safety reporting, final analyses, phase I, II and III trials in brain, head and neck tumours. He set up departments in pharmacovigilance and regulatory affairs and was responsible for Inter-group Office, which ensures appropriate interactions with sister organisations within and outside Europe.

'My responsibility now is mainly to ensure that across EORTC, the scientific strategy defined by the Board is facilitated.'

'Some of our networks are very mature and active and know where they are going. But some face problems if, for example, they want to run a trial on a new agent, and the company is not keen to collaborate because the tumour type does not represent a big market. We will help find a solution.'

'We want to progress in a logical manner and promote 'clinicogenomic' trials with relevant translational research. If we do a clinical trial we know why we are doing it, that it addresses a question which arose in a previous trial, and that it will bring new knowledge. A clinical trial is not a 2-3 year activity; it has to be integrated into a development and strategic plan of a group of investigators collaborating on the same disease for many years with a coherent approach to establish state of the art treatment and to change practice.'

'Indeed, the EORTC wishes to participate in the development of new more effective or less toxic treatments but also in establishing optimal therapeutic strategies based on multidisciplinary

Agreements reached with cancer centres

The internal reorganisation completes a process of change at EORTC which has been ongoing for the past 3 years. The decision was made to prioritise truly innovative clinical research, so that the EORTC took on only trials likely to change clinical practice, preferably those involving interaction between different disciplines, and those with a strong translational component.

An extensive series of meetings with the chairs of all cooperative groups has been carried out by the EORTC President, Dr Martine Piccart (Institut Jules Bordet, Brussels, Belgium) and the Executive Committee.

New biology-driven trials involve close cooperation between laboratory scientists and clinicians, and the EORTC will in future promote very complex trials within a network of cancer centres, known as NOCI (Network Of Core Institutions).

The centres involved were always big recruiters of patients into trials, but also have special competence in fields such as genomics, proteomics or molecular imaging.

The institutions will be linked by a consortium agreement which state the rules, for example, those pertaining to intellectual property rights. Dr. Piccart said, 'The contracts define who owns the rights if someone at a centre makes a discovery during an EORTC trial. The rights will be shared according to the terms of the contract: the inventor and the centre need to be rewarded, but the EORTC was behind the trial, so something has to go back to the EORTC.'

Linking institutions with this up-front agreement should help streamline the bureaucracy which often

work outside the context of drug registration.

'We will look at clinical research in a different way. Now, trials will also be biology-driven, or have a serious biology component, so that they address mechanistic questions, assess specific signatures or identify predictive markers. We want to improve our understanding of what an agent or combination does in a certain population.'



EORTC President, Dr Martine Piccart

holds up trials; it can take 3 years for a trial to start. Dr Piccart: 'The MINDACT trial embodies translational research, it is led by EORTC which coordinated and planned it, and it took more than 2 years of negotiation with lawyers to reach agreement with everyone involved. You can't do that with every protocol in the pipeline. The experience convinced us that we need to put a structure in place, otherwise brilliant ideas get lost. With a pre-existing structure, a good idea can be moved along quickly.'

Dr Piccart said that the agreements with the cancer centres are not in competition with the pre-existing large network of groups. 'This important change is not going to stop the work of the disease-oriented groups which is still crucially important. Findings from clinicogenomic trials will need validation in large studies; we still need the important disease-oriented groups. This change will add value to their work.' Dr Piccart said she hoped that contracts with 8 important cancer centres would be signed early in 2008, to be joined later by a further 12 centres.

'Clinical research has dramatically changed and we have to adapt to this environment. Ideally we want to run large clinical phase III trials with a translational component which addresses a key biological question that will change the treatment of patients.'

'But we remain active in earlier stages of development because that's

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Young Scientists Investigate Pain

Five young European scientists have received grants to support innovative, exploratory research into clinical pain. The grants, totalling Euro 100,000, were awarded by the European Federation of Chapters of the International Association for the Study of Pain (EFIC) and the pharmaceutical company Grunenthal.

The grants are intended for young investigators just beginning their research career and focus on novel ideas in the understanding and treatment of pain. Projects include a study of the attentional processes that modulate pain in the human brain, combining behavioural and neurophysiological methods. The results could help develop psychotherapeutic techniques to help patients cope better with pain. Another study will examine factors which could explain why some subjects – and not others – are predisposed to develop referred pain.

EFIC President and Director, Professor Serdar Erdine (Istanbul Uni-



Left to right: Dieuwke Veldhuijzen PhD (University of Utrecht, the Netherlands), Thomas Graven-Nielsen PhD (Aalborg University, Denmark), Markus Ploner MD (Technical University Munich, Germany), Christian Netzer MD (Cologne University, Germany), Valéry Legrain PhD (Université Catholique de Louvain, Brussels, Belgium)

versity, Turkey) said, 'EFIC and Grunenthal are now in the fourth year of the fruitful tradition of encouraging young European pain scientists in their ambitious work to help understand

chronic pain and to provide relief to patients suffering from chronic pain. Both are highly committed to bringing to public awareness the realisation that pain is a disease in its own right.'

New Communications Manager at EORTC

New communications manager, Dr Colette Lukan, becomes the point of contact for communications within the organisation and outside, with industry, policymakers and the public.



Dr Colette Lukan

Dr Lukan is a Canadian radiation oncologist, trained at the University of Ottawa. She worked for 15 years in drug regulation covering oncology and haematology for Health Canada. She has been a consultant radiation oncologist (Grand River Regional Cancer Centre, Kitchener, Ontario, Canada) and has also worked for Hoffman-La Roche, Basel, Switzerland.

She said she wants to expand the lines of communication inside the organisation in order to further EORTC's mission, to educate others about its role and to inform the public. 'I'm an oncologist, I understand the process of clinical trials and science. I can be the point of communication that draws everyone together so that we can move forward.'

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where the phase III trial is designed. This is much more difficult with new agents because more effort is needed to understand what the drug does before the phase III trial starts. EORTC has a lot of experts with broad knowledge and they bring added value to earlier stage development to ensure that we bring the right phase III trials into existence.

One of the benefits of the reorganisation is that companies will have a central point of contact within the EORTC, Dr Lacombe said, which will ensure that a company working with, say, the brain group and the breast group will receive a single message. 'We are offering professional and comprehensive services to industry, while also defending our principles of independence. We have to enforce the right methodology and analysis.'