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Ahmad Awada is Head of the Medical Oncology Clinic and the New Drugs Development Unit at the Jules Bordet Institute. He is an active member of the European Organisation for Research and Treatment of Cancer, the Belgian Society of Medical Oncology, the European Society for Medical Oncology and the American Society of Clinical Oncology. Professor Awada's major research interest is the development of new anticancer agents in solid tumours. He has published over 100 peer-reviewed papers on a wide variety of oncology issues.

Welcome to *European Oncological Disease – Issue 1*. The papers in this issue highlight some of the recent important developments in cancer management. The majority of the topics covered, listed below, were also high-priority items during the 2007 meeting of the American Society of Clinical Oncology. The focus in this edition is on individualised treatment and optimised patient care.

Breast cancer is one of the tumour types that has benefited the most from the progress of tumour genetics and molecular biology and is, in fact, heterogeneous with at least four subtypes: HER-2-/neu, basal-like, luminal A and luminal B. This subdivision has already had significant implications in terms of clinical research and practice; an illustration of this is the current management of HER-2+ tumours, which has resulted in significant survival advantage.

Elderly patients are an important and urgent group with many ethical, clinical and research implications. The active role and initiatives of the International Society of Geriatric Oncology in this field are to be congratulated.

More attention needs to be given to the late side effects of treatment in survivors. Bone loss is one of these effects, and is related not only to chemotherapy and hormonal agents but also to new targeted agents such as imatinib.

Therapeutic strategies are becoming available for diseases that were historically considered resistant. Examples include clear-cell renal cancer (anti-vascular endothelial growth factor, multitargeted kinases, mammalian target of rapamycin inhibitors), hepatocellular carcinoma (new promising local approaches, sorafenib) and, more recently, thyroid cancer (antiangiogenic agents such as axitinib). In addition, second-generation agents are already available for other diseases, such as dasatinib for chronic myeloid leukaemia and sunitinib for gastrointestinal stromal tumour.

Targeted therapies are increasingly being integrated into the management of solid tumours. Examples include the concomitant use of cetuximab with radiotherapy in head and neck cancer and cetuximab or bevacizumab in combination with chemotherapy in lung and colorectal cancers. Until recently, chemotherapy was considered not only inactive but also a dangerous approach for prostate cancer. Mitoxantrone and, more recently, docetaxel have become standard of care. Satraplatin is currently being developed as a second-generation cytotoxic drug for this disease. In addition to molecular-targeted therapy, targeted radiotherapy is becoming a reality: intraoperative and image-guided radiotherapy and radioactive components coupled to monoclonal antibodies are clear examples of targeted radiotherapy.

Finally, with the availability of new agents such as velcade and thalidomide analogues, the therapeutic strategy for diseases such as multiple myeloma has not only changed, but has led to improved outcomes.

And there is more to come. Effective educational tools such as *European Oncological Disease* play an important role by bringing knowledge of these important developments to clinicians.

We hope that this publication will provide an invaluable reference tool for those engaged in the field. ■

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