



EDITORIAL: THORACIC ONCOLOGY ASSEMBLY

Thoracic oncology in Europe: the ERS action plan by the Thoracic Oncology Assembly

Thoracic Oncology Assembly contribution to the celebration of 20 years of the ERS

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Lung cancer is the leading cause of cancer mortality in Europe and its incidence is rapidly increasing in females [1, 2]. In addition, malignant mesothelioma is an emerging neoplasm that is expected to become a frequent disease in the forthcoming decade. Based on these considerations, the European Respiratory Society (ERS), which is the only European medical organisation dealing with respiratory diseases, has founded a new assembly to set up an action plan called “Thoracic Oncology in Europe”.

The decision to create a new assembly dedicated to thoracic oncology was made in 2009. The Thoracic Oncology Assembly (assembly 11) was issued from the thoracic oncology group of the Clinical Assembly and consists of two groups: group 11.1, dealing with lung cancer, and group 11.2, dealing with pleural and thoracic malignancies.

The motivation of the ERS to establish a new assembly is that thoracic oncology has become a strong pillar of the society. Indeed, thoracic malignancies are a menacing health problem, not only on our continent. To meet this challenge, an action plan was designed by the assembly officers during a memorable meeting in Brussels in March 2010 and approved immediately, and was strongly welcomed by the ERS executive committee in April. The action plan intends that the ERS becomes the leading European society in the field, as its members already deal with all aspects of thoracic malignancies, from basic science to patient care. To fulfil this objective, various activities will be developed. European guidelines in the field of thoracic oncology are an important part of the plan, not only to keep up with an accelerating development of therapeutic options but also to direct the different regions of Europe and their widely varying healthcare conditions. The new assembly has already been very active at this level, collaborating with the European Society of Thoracic Surgeons to accomplish clinical guidelines on fitness for radical therapy in lung cancer patients [3] and on the management on malignant pleural mesothelioma [4]. The Thoracic Oncology

Assembly was also involved in the International Association for the Study of Lung Cancer/American Thoracic Society/ERS Task Force that prepares the revision of the World Health Organization classification of adenocarcinoma.

Yet the best concepts for diagnosis and treatment are good for nothing if they do not reach the patients. Therefore, the next step of the Thoracic Oncology Assembly is to create a Task Force for a European initiative for quality management in lung cancer care, with three main working fields: 1) to find out which groups of professionals are actually involved in the care of lung cancer patients in the ERS member states [5]; 2) to identify which resources are available in national healthcare systems; and 3) to create a platform that promotes sustained region-specific improvements of care. The political impact of this overdue step on the European level, now taken by the Thoracic Oncology Assembly, is overt and fits excellently within ERS activities in other fields.

The collaboration within ERS will be reinforced by the development of a network including representatives of the Clinical Assembly for Imaging and Interventional Pulmonology, of the Cell and Molecular Biology Assembly, of the Occupation and Epidemiology Assembly, and of the Thoracic Surgery Assembly, with whom we maintain already strong collaborations. In addition, we have built up relationships with other European societies: together with the European Society for Medical Oncology and the European Society for Therapeutic Radiology and Oncology, we organise the European Multidisciplinary Conference in Thoracic Oncology, the second edition of which will be held in Lugano, Switzerland in February 2011.

Education in thoracic oncology is a crucial part of the action plan, with several aspects. First are the postgraduate courses at the ERS Annual Congress. For several years, a 3-yr turnaround programme of postgraduate courses covering all aspects of thoracic oncology was offered, in cooperation with the Clinical, Biological and Surgical assembly. More recently, the HERMES (Harmonised Education in Respiratory Medicine for European Specialists) programme for thoracic oncology was finalised. From 2011 onwards, there will be a basic HERMES course and more specialised postgraduate courses on topics of particular interest. Second are the in-depth residential courses, the next one of which will take place in Berlin, Germany in February 2011. Last but not least are the e-learning tools, based on previous postgraduate courses and other sources, which are

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made available for all ERS members under the guidance of the Thoracic Oncology Assembly website coordinator.

Clinical research, as an equally important field, has to be promoted more strongly than before. Our intent is to create ERS data registries for lung cancer, for mesothelioma and for mediastinal and other rare intra-thoracic tumours. Each registry will include data on staging and outcome, and will be created with the help of the ERS platform. Furthermore, an ERS network of thoracic oncology centres of excellence will be formed, promoting training and access to European programmes. Criteria of that network of excellence have to take into account clinical, research and teaching settings [5].

Strong efforts have to be made to increase the number of meaningful publications in the journals of the ERS: the *European Respiratory Journal (ERJ)*, *European Respiratory Review* and *Breathe*. We encourage all our members who are active in research on thoracic oncology to submit their results in the *ERJ*, thus contributing crucially to the development of thoracic oncology in the ERS; recent *ERJ* publications on mesothelioma treatment should serve as an encouraging example for this serious call [6, 7]. For continuous medical education, we plan a European course entitled "An Update for Management of Pleural Malignancies" in November 2011 in Lille, France, in collaboration with the European School of Oncology. A similar event on mediastinal and other rare thoracic tumours will follow shortly. We have already invited our colleagues from the Clinical Assembly for Imaging and Interventional Pulmonology to start joint annual common training sessions on the management of pleural and mediastinal tumours.

Finally, in addition to the action plan, we would like to shortly present the activity of the two groups of the Thoracic Oncology Assembly. The lung cancer group comprises a large number of colleagues working in all fields of the topic. Thus, the major task of the group is to foster integration and communication within its membership, as well as collaboration with other assemblies and groups within the ERS. Congress events, oral presentations and poster sessions have to be pertinent and lively and should offer a steadily improving quality of presentation and moderation. It is our particular matter of concern to invite and promote young colleagues to present their original research as well as clinical experiences in all available formats, and to recruit young speakers for key presentations. As many pulmonologists in Europe are competent and responsible themselves for the oncological treatment of their patients, we especially seek to increase the number of high-quality presentations on drug treatment of lung cancer.

The pleural and mediastinal malignancies group of the Thoracic Oncology Assembly includes fewer members than the lung cancer group, but we share all together the same enthusiasm and dynamism for thoracic tumours. As in the lung cancer group we benefit from the great experience of clinicians, and also scientists, from different fields (prevention, pulmonary, pathology, oncology, imaging, epidemiology and occupational diseases, etc.) gathered in this group from many countries. Facing malignancies with currently increasing incidence and usually poor prognosis, we aim to continuously improve the management of these tumours and to promote research on this topic. To achieve these goals, we develop, with the Thoracic Oncology Assembly, continuous medical education, European Task Forces and platforms of research, as described above.

We would be delighted to welcome any new member to the two Thoracic Oncology Assembly groups, and to create new connections with other ERS assemblies, and with national or international scientific societies. Moving on together will qualify us better and better to give a vast group of patients with frightening diseases a more and more promising perspective for help, cure and understanding.

STATEMENT OF INTEREST

None declared.

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