

ESMO Fellowship Program

Improving treatment

Advancing science

Enhancing careers



Akimov Mikhail
 Alimonti Andrea
 Andreopoulou Eleni
 Azorzi Francesco
 Aydin Senra
 Baril Martin
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 Besse Benjamin
 Bodis Stephan
 Boleti Ekaterini
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 Joerger Markus
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 Kulimova Emma
 Llado Cabrespina Annarita
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 Markman Ben
 Martinelli Erika
 Massard Christophe
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 Neciosup Delgado Silvia
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 Salazar Ramon
 Skvortsova Ira
 Spataro Vito
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 Tsoumpanou Eleni
 Vasiliki Michalaki
 Vasquez Francisca
 Vera Katina
 Vlachou Barbara
 von Rohr Albert
 Wannesson De Nicola Luciano
 Wernann Hendrik
 Zappa Francesco
 Zoyer Niklas
 Zoubir Moustapha
 Zucca Emanuele

For the past 20 years, the European Society for Medical Oncology (ESMO) has supported young oncologists through a range of fellowships. This anniversary booklet looks back on past achievements and explores future priorities. The centerpiece consists of testimonials from a cross-section of ESMO Fellows, who explain how this experience has shaped their professional lives. In addition, some of the most active donors provide a rationale for their involvement in the program and are recognized for their generous support. Finally, patient organizations offer their perspective on the ultimate goal of improving patient care.

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*José Baselga
President
European Society
for Medical Oncology*

Building strong partnerships for the next 20 years



The 20th anniversary of the ESMO Fellowship Program is an important milestone. It is a time to celebrate our past achievements and reflect on our future priorities. In the 20 years since ESMO began its Fellowship Program, a whole generation of medical oncologists has been shaped by this experience, and many fellows are now in leadership positions in oncology institutes across Europe. In the coming decades, we have a responsibility to build on our position of representing 6,000 medical oncologists and assume a greater role in aligning all of the stakeholders who have an interest in improving cancer treatments.

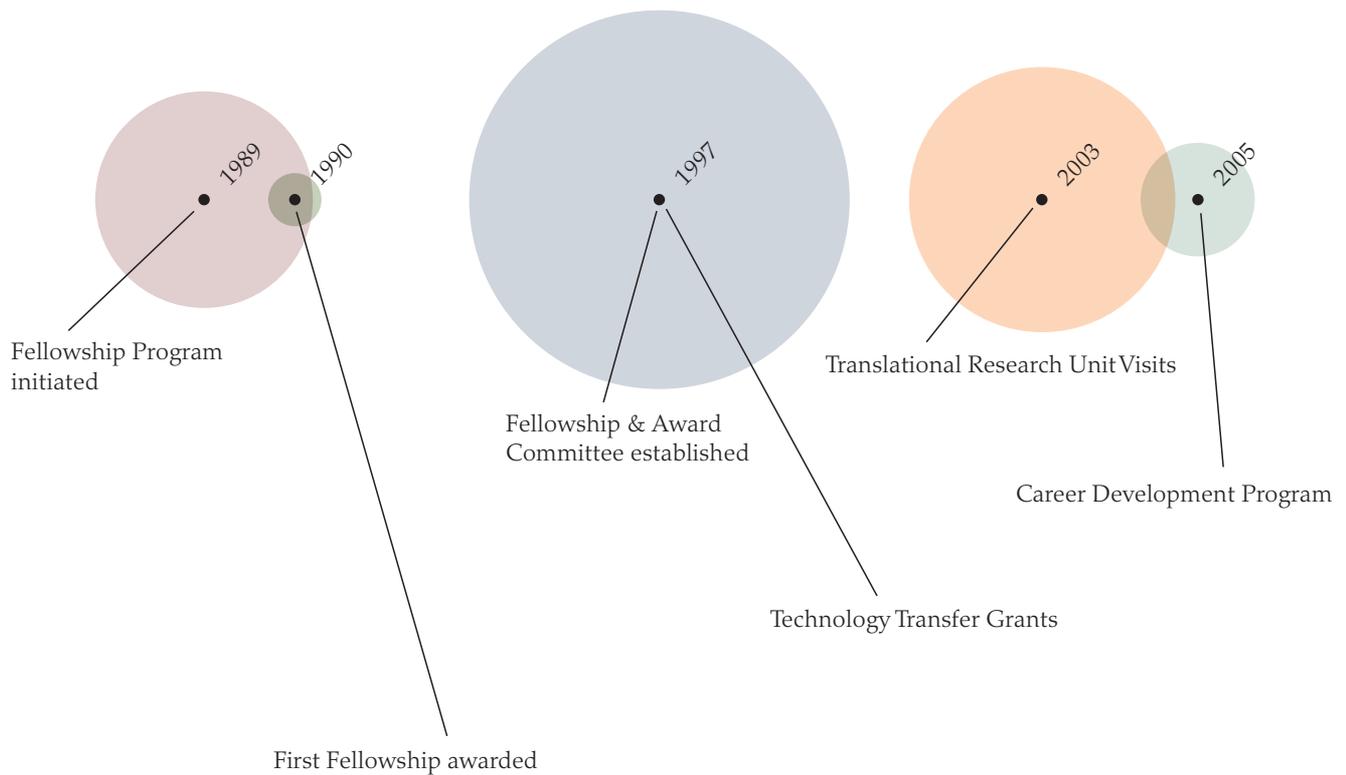
In medical oncology, we have entered a period of revolutionary progress based on a greater understanding of the genetic causes of cancer and how to develop targeted therapies for specific biological pathways. Where we still have a stubborn bottleneck is in bringing the benefits of these breakthroughs to patients. Translational research is a vital link in shortening the time needed to apply scientific advances to clinical practice. That is why during my tenure as President of ESMO I have placed a high priority on increasing the number and duration of translational research fellowships – a minimum of two years is absolutely essential to doing quality research.

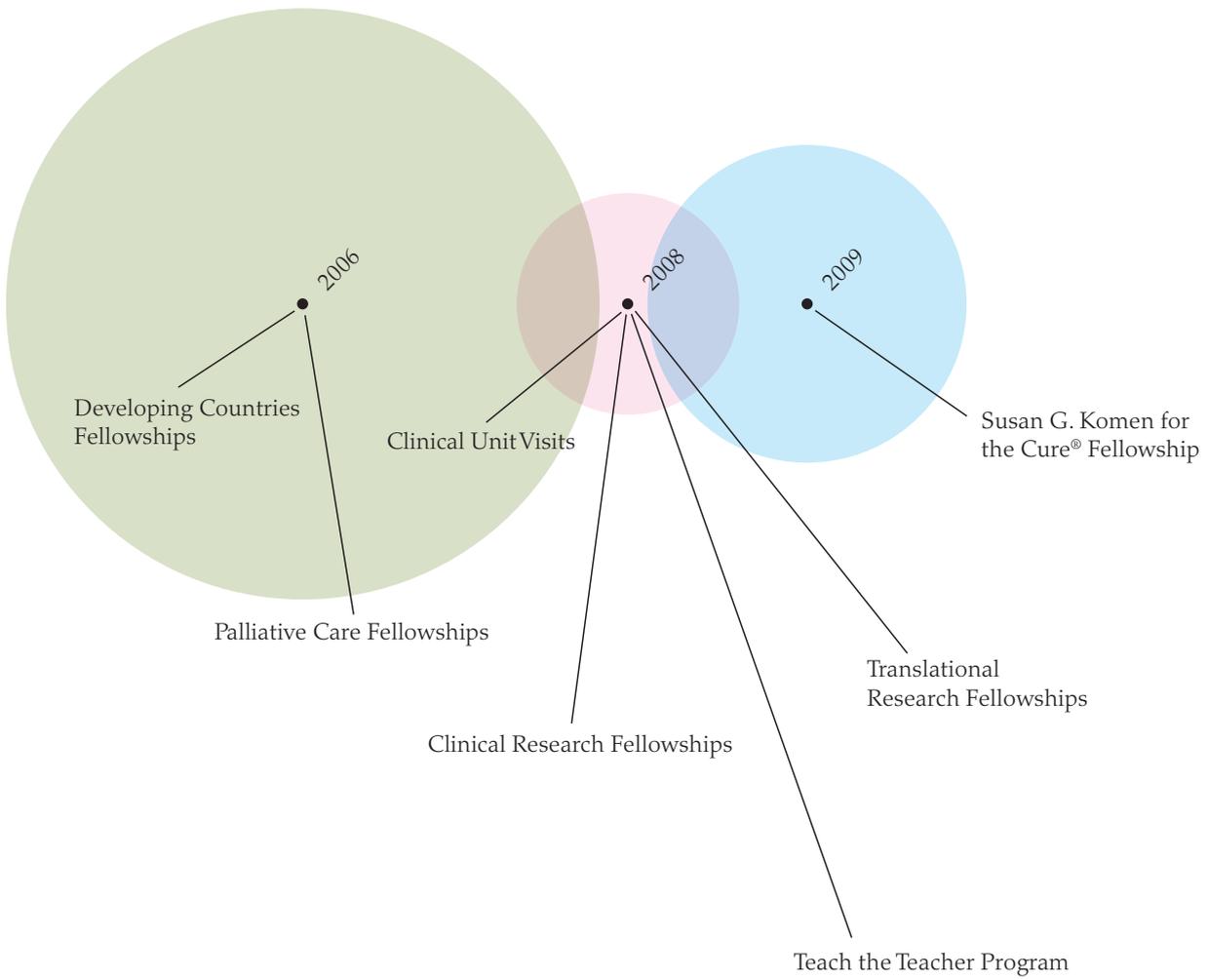
“In medical oncology, we have entered a period of revolutionary progress based on a greater understanding of the genetic causes of cancer and how to develop targeted therapies for specific biological pathways.”

Young oncologists faced with the demands of earning a living often struggle to find time for research. ESMO Fellowships protect them from this pressure and allow them to be dedicated to learning how to think scientifically and conduct research according to rigorous standards. This experience is also valuable for oncologists who remain focused on clinical practice because it empowers them. An empowered physician has improved capacity to make the right decisions and incorporate the latest scientific advances into daily practice, including getting patients access to new therapeutic agents and conducting clinical trials.

The 20th anniversary of the ESMO Fellowship Program is also a call to action. This is the right time for pharmaceutical companies and non-profit foundations to renew and expand their financial commitment as an investment in the future. It is a call to action for leading oncology institutes across Europe to find more places and mentors for aspiring young oncologists. And finally, it is a call to action for young oncologists to seize this unique opportunity to make themselves better physicians. Working together, we can achieve the critical mass to discover better treatments in the battle against cancer and deliver those benefits sooner to the patients who need them.

ESMO Fellowship Program milestones







*Martine Piccart
Chair of the ESMO Fellowship
and Award Committee*

An investment in the future of oncology

Why is the Fellowship Program such an essential part of the mission of ESMO?

By expanding our already strong Fellowship Program across Europe, ESMO can make a significant contribution to the training and education of young oncologists. We are at a crucial turning point in the history of medical oncology, one at which we will soon start to be able to offer individualized treatments to patients based on new genetic technologies and knowledge of specific biological pathways in cells. This leap forward will only be possible if we have enough talented MD/PhDs to do the right kind of translational research; if we build a bridge between the laboratory and the clinical care of patients. Because cancer incidence is rising in Europe and in other parts of the world, we need to be prepared for this new epidemic.

What is the impact of the program on the professional development of fellows?

An ESMO Fellowship early in your career is a fantastic opportunity that can help you to make better choices. Some people will discover they are more lab oriented and will go for a research career. Others will choose a clinical career but will be helped by having a better understanding of quality research. Medical oncologists need an enormous amount of energy, enthusiasm and training to be successful. Over the course of a long career, keeping one foot in research stimulates you intellectually, helps prevent professional burn-out and strengthens your optimism.

What do you see as the key strengths of the ESMO Fellowship Program?

First, we have a diverse offering. There are short-term educational visits for just a few days, clinical programs from six weeks to one year, and translational research for up to two years – this is the minimum needed to produce quality results. In terms of diversity, ESMO also offers fellowships in palliative care – a facet of oncology that is often neglected. Second, there is a sufficient level of financial support, which means young oncologists can bring along their families on fellowships. Third, the number of fellowships awarded every year fosters the building of lasting relationships between the host and home institutes.



“This leap forward will only be possible if we have enough talented MD/PhDs to do the right kind of translational research and build a bridge between the laboratory and the clinical care of patients.”

As Chair of the Fellowship and Award Committee, what are your immediate priorities for expanding and improving the program?

Thanks to the engagement of our current President, Dr. José Baselga, the Fellowship Program has expanded dramatically in recent years. We could build on this momentum by considering fellowships that reflect partnerships between ESMO and other research organizations, such as the Breast International Group (BIG). One of our immediate priorities is to widen the base of financial support for the Fellowship Program to include industry partners, additional companies, foundations and individuals who are committed to promoting cancer research.

How could the program evolve over the longer term?

In the future, we could create links among ESMO Fellows so they can build relationships among themselves – a type of alumni association. We could also put a stronger emphasis on mentorships with established oncologists. Another idea is to launch fellowships specifically for the developing world. One year in a host institute in Europe would be followed by a second year in the institute of the fellow’s home country. This would ensure that research projects are adapted to the local levels of technology and patient care.

Why is research so vital at this juncture in the field of medical oncology?

If we knew the cure for cancer, research would not be necessary. Since we are far from having an answer, research must be part of our profession. With all of the powerful new technologies at our disposal, we have a responsibility to create a new generation of MD/PhDs – physicians with experience in patient care plus strong research backgrounds.

What message do you have for the donors who support the ESMO Fellowships?

As a means of actively promoting excellence in research and clinical practice for young oncologists, support for the ESMO Fellowship Program is an investment in the future that is likely to impact the quality of cancer patient care in Europe for years to come. We are counting on the support of our donors to continue and expand this valuable program. Their commitment ensures that we can develop the young talents who will drive progress in oncology tomorrow.

Fellowship opportunities

Educational fellowships



- Translational Research Unit Visit* Provides young oncologists with a first-hand look at the latest technologies used in leading European research institutes, methodologies employed in conducting high-quality research and practical insights on how to interpret scientific data. *Time:* 3–4 days
Amount: 1,000€ per fellow
Number: 4–8 fellows per visit
2–3 times per year
- Clinical Unit Visit* Offers young oncologists insights into oncology care and the links with clinical and translational research at European centers of excellence. Fellows have the opportunity to learn best practices and the organization of care, and are able to extend their professional networks. *Time:* 6 weeks
Amount: 5,500€ per fellow
Number: 12 fellows per year
- Teach the Teacher Program* Brings small groups of young or mid-career oncologists in Eastern European to a top Western European cancer center to learn about multidisciplinary teamwork, new treatments, new technologies, institutional organization, coordination of participation in clinical trials and the management of tissue specimens for translational research. Fellows are expected to return to their home institution and, working as a team, apply what they have learned in clinical practice and teaching activities. *Time:* 6 weeks
Amount: 5,500€ per fellow
Number: 5 fellows per year
- Palliative Care Fellowship* Addresses an important facet of oncology: easing the physical and mental suffering of cancer patients. Fellows spend an intensive period of observation and/or research at one of the ESMO Designated Centers of Integrated Oncology and Palliative Care. *Time:* 1 month
Amount: 5,000€
Number: 2 fellows per year, minimum

“ESMO has a diverse offering of fellowships. There are short-term educational visits for just a few days, clinical programs from six weeks to one year, and translational research for up to two years.”

Research fellowships

- | | | |
|--|--|--|
| <i>Translational Research Fellowship</i> | Conveys a comprehensive bench-to-bedside approach. Fellows have an exciting, early-career opportunity to learn about the latest developments in basic cancer research in the form of tools for assessing oncology patients and standard methodologies for making clinical observations that will further drive progress in improving patient care. European centers of excellence serve as host institutes, providing mentoring and support in collaboration with home institutes and helping fellows gain valuable, international experience. | <i>Time:</i> 2 years;
second year requires approval
<i>Amount:</i> 35,000€ per year
<i>Number:</i> 6 fellows per year |
| <i>Clinical Research Fellowship</i> | Provides young oncologists with valuable training in clinical research methodology and practical aspects by participating in or designing clinical protocols for cancer therapies at a European center of excellence. Fellows receive mentoring and support for the development of specific clinical research projects and develop a greater understanding of how to clinically verify the latest advances in oncology. Participation in this program brings with it an opportunity to further enhance professional skills and competencies in oncology. | <i>Time:</i> 1 year
<i>Amount:</i> 35,000€ per year
<i>Number:</i> 6 fellows per year |
| <i>Susan G. Komen for the Cure® Fellowship</i> | Offers the same benefits as the Translational Research Fellowship, but is reserved exclusively for fellows from Eastern Europe. Preference will be given to fellows who focus on breast cancer research. | <i>Time:</i> 2 years;
second year requires approval
<i>Amount:</i> 35,000€ per year
<i>Number:</i> 1 fellow per year |

Different types
of ESMO Fellowships
in 2009

7

Fellowship facts and figures

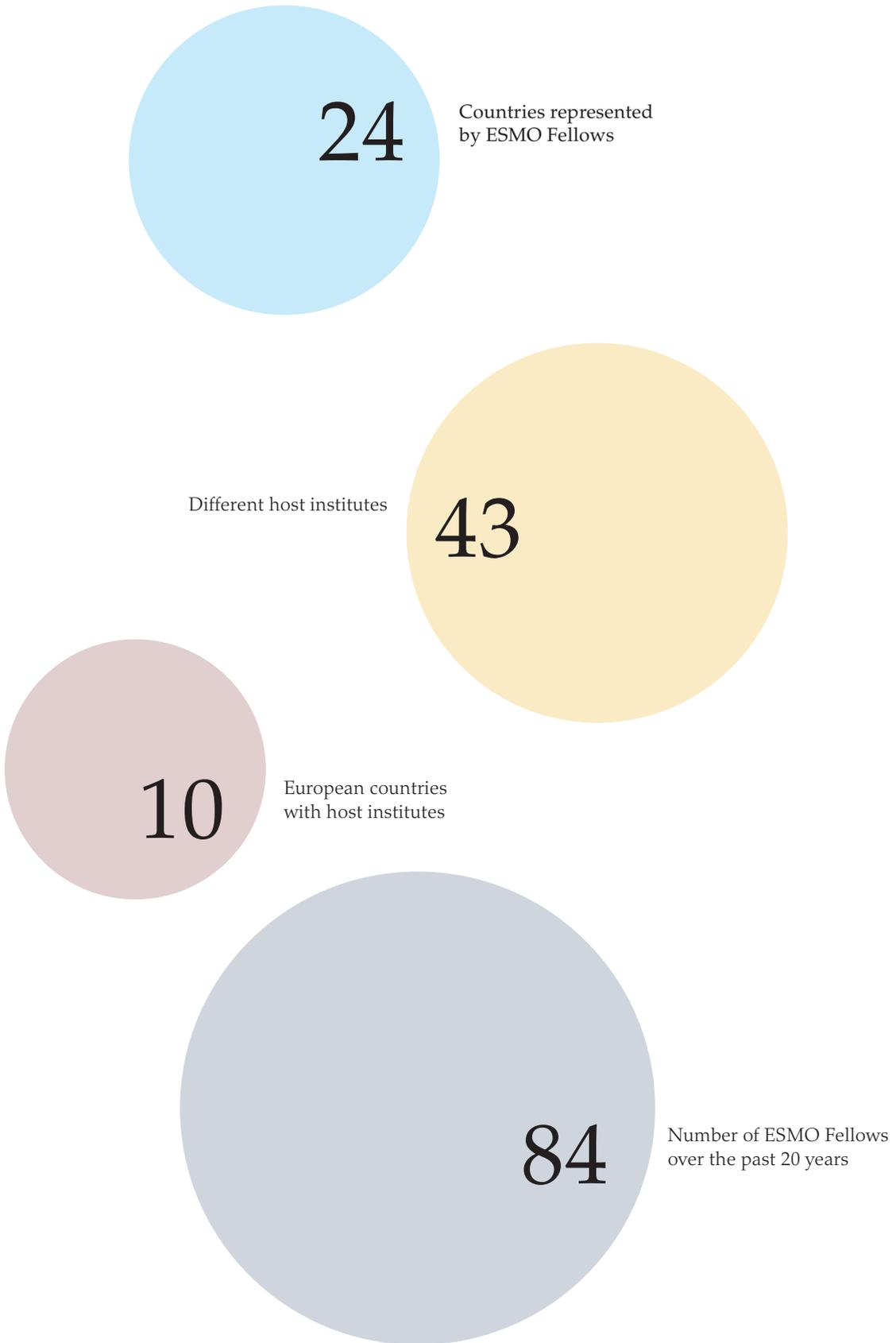


Amount invested in
ESMO Fellows
from 1989 to 2009

4,240,000 €

950,000 €

Estimated budget for
ESMO Fellows in 2010



Testimonials from past fellows



Emanuele Zucca

- Italy
 - UK
- Fellow 1989–1991*

I did my fellowship at the Barts (St. Bartholomew's Hospital) in London on the use of polymerase chain reaction methodology for monitoring residual disease in patients with follicular lymphoma. At the time, this was pioneering work – only a few groups in Europe were studying the use of molecular markers for detecting minimal amounts of lymphoma cells.

The impact on my career has been fundamental. I was able to continue my research in the lymphoma field. Today, I am co-author of 100 papers, several book chapters and reviews and three books on lymphomas. Everything began with the ESMO Fellowship 20 years ago.



Pierre-Yves Dietrich

- Switzerland
 - France
- Fellow 1990–1992*

The first part of my research project focused on developing new molecular tools to monitor T-cell response during tumor growth. The second part focused on studying the long-term outcome of patients with Hodgkin's lymphoma.

My ESMO Fellowship had a big impact on my career, allowing me to create a new research lab at the University of Geneva 15 years ago. The robust scientific, clinical and methodological knowledge acquired during my fellowship was the basis for my own development, my scientific maturation, and my continuous enthusiasm to manage and help cancer patients.

“The ESMO Fellowship Program was definitely the most important step in my career.”

My project was a classical example of translational research: customizing the best treatment for lung cancer patients according to genetic profiles. We studied new approaches of treatment with differentiation therapy and new biological targeted therapies. These strategies have improved the response rate, time to progression and survival rate.



Manuel Domine
● Spain
● UK
Fellow 1990–1992

The ESMO Fellowship is an excellent program that fosters growth and learning at both the scientific and personal level. My research experience was exciting, and it has made an important impact on my career as a medical oncologist.

My research project led to the discovery of a proteasome subunit and to the proposal of the proteasome as a therapeutic target in oncology. The results were presented at the Presidential Symposium of the ESMO Congress in Vienna 1996 and published in the *Journal of Biological Chemistry* in 1997. Further to our work, proteasome inhibitors were tested in the US National Cancer Institute (NCI) screening panel of cell lines, and the compound bortezomib (formerly PS-341 and MLN-341) was developed. This has had a tremendous impact on the clinical treatment of multiple myeloma and on the prognosis of patients suffering from this disease.



Vito Spataro
● Switzerland
● UK
Fellow 1995–1997

“The ESMO Fellowship offered me a great opportunity to work with world leaders in oncology.”



Ira Skvortsova

- *Russia*
 - *Austria*
- Fellow 1998–2000*

My research project was focused on finding predictive and/or prognostic factors to better understand which cancer patients are biotherapy responders or non-responders. I am convinced that my ESMO Fellowship research project stimulated my interest in the recent proteomic approach that is currently used in our laboratory for biomarker discovery.

My ESMO Fellowship not only allowed me to receive new knowledge in conventional medical oncology, it opened up the field of translational cancer research at the Department of Therapeutic Radiology and Oncology at Innsbruck Medical University. That collaboration continued, and I later became a leader in the translational research team, which allowed me to participate in the establishment of the new Laboratory for Translational Research in Radio-Oncology.



Frank Mayer

- *Germany*
 - *The Netherlands*
- Fellow 2000–2002*

My research project resulted in the identification of one of the first explanations of chemotherapy resistance in germ cell tumors. The work added significantly to the understanding of general chemotherapy sensitivity and intrinsic chemotherapy resistance in germ cell tumors.

My ESMO Fellowship was definitely the most important step in my career. Next to learning methods in cancer research and understanding clinical pathology and basic tumor biology, I was able to build up relationships that I still benefit from today.

My research project at Gasthuisberg University Hospital of Leuven, Belgium, focused on the prognostic value of the presence of bone marrow micrometastases in breast cancer by real-time polymerase chain reaction (RT-PCR) using cytokeratin 19. This methodology, which had not been practiced before in Egypt, was the basis for my PhD thesis. The clinical implications will become clear once we have data on long-term patient outcomes.



Mohamed Saad
● Egypt
● Belgium
Fellow 2000–2002

The ESMO Fellowship offered me a great opportunity to work with world leaders in oncology such as Prof. Robert Paridaens, Prof. Eric van Cutsem and Prof. Allan van Oosterom. For a young oncologist from Egypt, this was an invaluable experience. In addition, I was able to learn important lessons about how to efficiently run an oncology ward. I am using that knowledge in my current position as the Medical Director and Assistant to the General Manager at Wadi El-Neel Hospital in Cairo.

I am Bulgarian and medical oncology is a very young specialty in our country. The ESMO Fellowship in Italy was a unique possibility for me to understand how good clinical and scientific practice in medical oncology should be conducted. In short, I am what I am as a professional medical oncologist thanks to ESMO and Italy!



Zhasmina Mihaylova
● Bulgaria
● Italy
Fellow 2001–2002

I continue to apply the lessons learned from my fellowship. First, I am pursuing my research in biological markers at our institute in Sofia. Second, I gained experience in clinical trial design – we recently started an investigator-initiated trial on neoadjuvant chemo- and targeted therapy for liver metastases in colorectal cancer. Third, I learned how multidisciplinary teams work. We are now trying to implement such teams in treating gastrointestinal and lung cancers.



Niklas Zojer
● *Austria*
● *UK*
Fellow 2001–2002

My home institute is still working closely with my host institute on a project begun during my ESMO Fellowship. This includes collaboration to identify target antigens in myeloma for immunotherapeutic approaches. We are already in the process of designing a phase I-II clinical trial to test a deoxyribonucleic acid (DNA) vaccine strategy to target myeloma cells.

A deeper insight into biologic mechanisms underlying cancer is very helpful in my daily clinical practice. Such understanding is not only personally satisfying, but also helpful in communicating with patients and their relatives.



Markus Joerger
● *Switzerland*
● *The Netherlands*
Fellow 2003–2004

Despite new molecularly-targeted anticancer drugs, chemotherapy remains the backbone of solid tumor treatment. My research project focused on customizing chemotherapy in terms of individual variability in metabolizing drugs and its effect on toxicity, DNA polymorphisms impacting drug metabolism and clearance, and drug interactions. One of the most critical findings was that proton-pump inhibitors, frequently prescribed to patients receiving high-dose methotrexate chemotherapy, inhibit renal clearance of methotrexate – potentially resulting in fatal toxicity levels. Another key finding was that patients with liver dysfunction should receive lower doses of paclitaxel chemotherapy.

“The robust scientific, clinical and methodological knowledge acquired during my fellowship was the basis for my own development, my scientific maturation, and my continuous enthusiasm to manage and help cancer patients.”

During my research fellowship, I performed a pre-clinical study aimed at developing a vaccine for the treatment of chronic lymphocytic leukemia (CLL). We focused our attention on human telomerase reverse transcriptase (hTERT), an enzyme that partially accounts for the unlimited proliferative capacity of malignant cells. We could show that in CLL patients with hTERT overexpression, dendritic cells pulsed with hTERT peptide were able to stimulate autologous T cells, which in turn displayed a cytotoxic activity against the leukemic cells.



Marzia Palma
● Italy
● Sweden
Fellow 2004–2005

My ESMO Fellowship gave me the opportunity to conduct research and later to enter a PhD program in one of Europe’s largest medical universities. The two years of medical research training at Karolinska Institute in Sweden helped me to acquire the technical expertise I needed to become a translational researcher.

“More grants like those offered by ESMO are urgently needed for young oncologists involved in translational research.”



Semra Aydin
● Germany
● Italy
Fellow 2005–2006

My project was focused on examining the role of cluster of differentiation 38 (CD38), an ectoenzyme and a receptor in the pathogenesis of chronic lymphocytic leukemia (CLL). We could show that the molecule is directly involved in chemokine-mediated homing of CLL cells and that blocking anti-CD38 monoclonal antibodies (mAbs) can be effective in an *in vivo* mouse model in inhibiting CLL homing from blood to spleen and bone marrow. These results provide early evidence that CD38 has a potential as a therapeutic target for selected CLL patients.

In addition to the scientific research, my stay at the University of Turin introduced me to Italian culture and hospitality. I received exceptional professional and personal support from Prof. Fabio Malavasi and Dr. Silvia Deaglio. The ESMO Fellowship is definitely a unique possibility to create important job-related and personal relationships.



Francesco Atzori
● Italy
● Spain
Fellow 2006–2007

During my ESMO Fellowship in Barcelona, I worked on a phase III trial led by Dr. José Baselga to test the safety and efficacy of using trastuzumab, paclitaxel and liposomal doxorubicin in combination – a therapy that could shift the paradigm for standard treatment in human epidermal growth factor receptor 2 (HER2) positive metastatic breast cancer. I also led a phase I trial to explore a new antibody directed against the insulin-like growth factor 1 receptor (IGF-1R) (MK-0646).

Through my ESMO Fellowship, I learned the methods needed to lead a phase I clinical trial, and I would like to apply those skills at my center in Italy. It has also translated into immediate benefits for my patients. When I encounter cases for which there is no standard treatment, I now know how to refer them to clinical trials for new therapies, which gives cancer patients something precious: hope.

The prediction of treatment failure in advance of primary chemotherapy as well as the development of alternative or second-line chemotherapy strategies in case of failure are key objectives in the field of modern oncology. For both, our research insights on the RAS/BRAF (MAPKinase) pathway and on MSI/MMR protein deficiency in response to chemotherapy will be useful in terms of future diagnosis and treatment.



Hendrik Wermann
● Germany
● The Netherlands
Fellow 2006–2007

As a clinician, I had only limited insights into molecular biology material and methods when starting my project. After doing molecular research for two years, I have gained practical skills that I can use to perform biotechnological research. This lab experience, realized through my ESMO Fellowship, enables me to engage in science in addition to my clinical work. This makes my profession much more interesting and inspiring.

My research project enabled me to gain a true appreciation of translational oncology. By working with new target agents against phosphoinositide 3-kinase (PI3K) both in the laboratory and in phase I clinical trials, I now view patients not only in terms of what standard treatments are available, but also by what signaling pathways or genetic mutations may be driving their tumors. Thus, I try to adopt a more tailored approach to therapeutic choices for a given patient.



Ben Markman
● Spain
● Spain
Fellow 2007–2008

My ESMO Fellowship has changed the course of my career. Whereas previously my work was entirely clinical, my future plans include ongoing work in phase I trials, drug development and translational collaborations with laboratory researchers. It has also provided me with the opportunity to network, establishing professional relationships that I will nurture in future years for the advancement of my clinical investigations.



Isabelle Opitz
● Switzerland
● Switzerland
Fellow 2007–2008

The project supported by my ESMO Fellowship focused on the characterization of mesothelioma tumor initiating cells. Our working hypothesis is that mesothelioma “stem cells” are responsible for current therapy resistance and a rapidly fatal patient outcome. We have been able to detect stem signaling in mesothelioma tissue and are now trying to identify the cells responsible for it.

With the support of the ESMO Fellowship, we created the mesothelioma stem cell project, an important pillar of our mesothelioma research. It offered me the opportunity to establish myself as a group leader within our research network of the University Hospital Zurich and Division of Thoracic Surgery.



Andrea Alimonti
● USA
● Italy
Fellow 2008–2009

Prostate cancer is now the most commonly diagnosed male cancer in the developed world. My fellowship project is a pre-clinical trial to test the efficacy of a pro-senescence therapy targeted at quiescent cancer stem cells *in vivo*. This approach is based on genetic research showing a link between phosphatase and tensin homolog (PTEN), a gene deleted in the vast majority of prostate cancers, and senescence.

Due to limited basic research experience and several hours spent daily in clinical practice, medical oncologists have disadvantages in receiving grants in Europe in the field of translational research. Most grants go to scientists with PhD degrees and are devoted to basic research. However, therapeutic knowledge and clinical background are relevant to translate experimental observations to clinical practice. More grants like those offered by ESMO are urgently needed for young oncologists involved in translational research.

“When I encounter cases for which there is no standard treatment, I now know how to refer them to clinical trials for new therapies, which gives cancer patients something precious: hope.”

Chronic lymphocytic leukemia is the most common leukemia in many developed countries. A transformation occurs in 5-20% of CLL patients – known as Richter’s Syndrome (RS) – that is marked by non-responsiveness to therapy and a very poor prognosis. Microarray-based comparative genomic hybridization represents a powerful tool for comprehensive genomic study that will allow us to discover predictors for the RS transformation. This knowledge will definitely help us not only to better predict the transformation, but also to discover potential targets for future therapy.



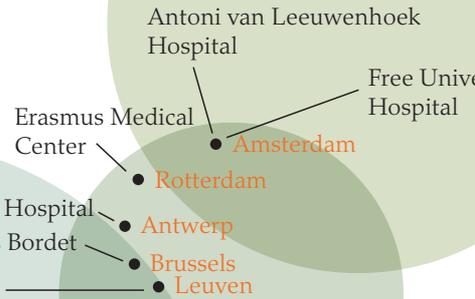
Ekaterina Chigrinova

- *Russia*
 - *Switzerland*
- Fellow 2008–2009*

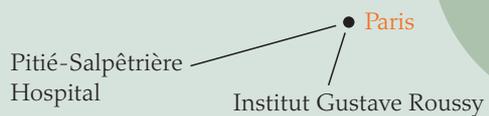
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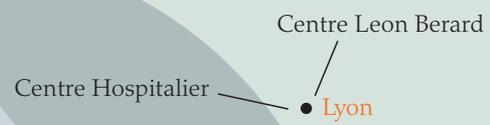
THE NETHERLANDS



BELGIUM



FRANCE

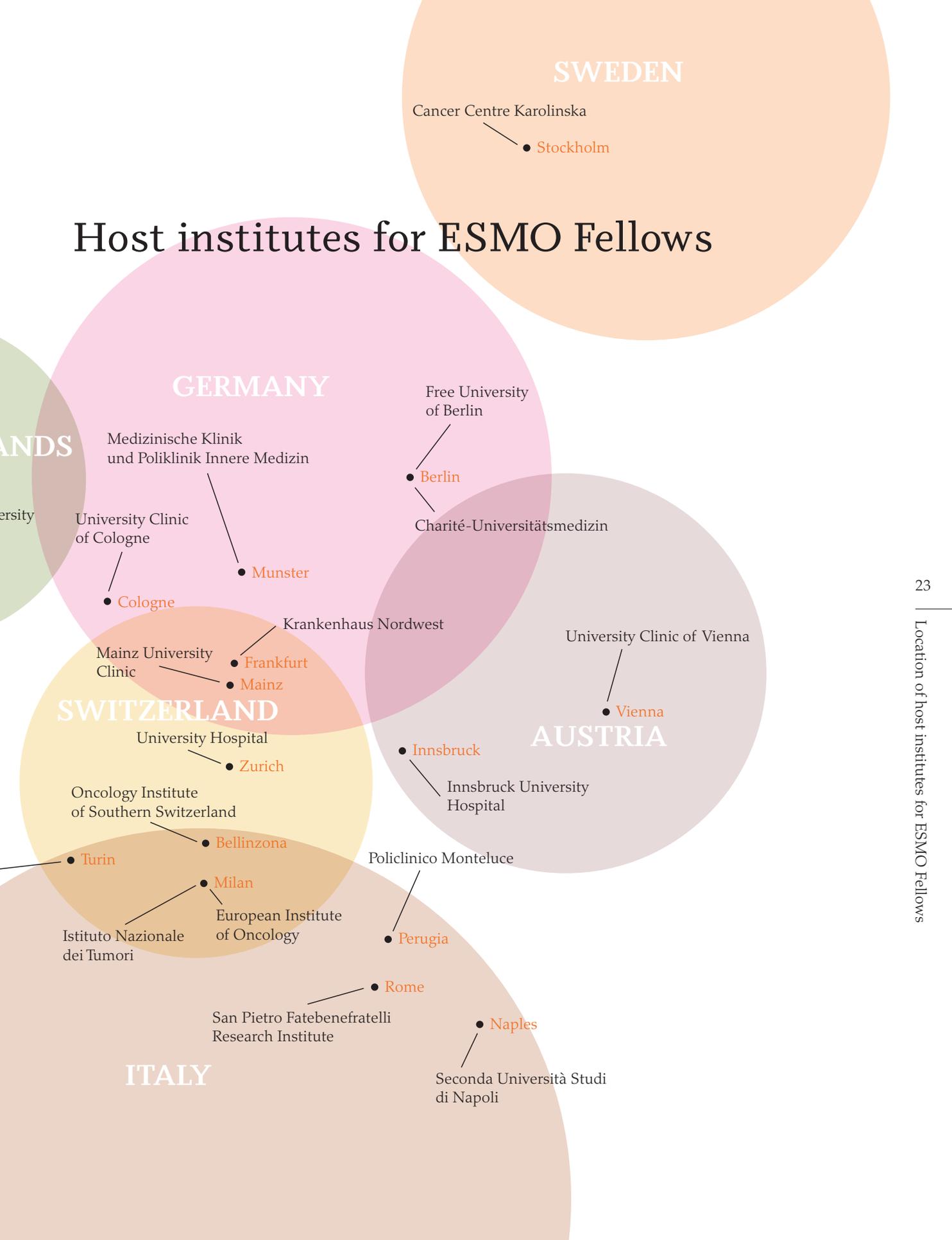


SPAIN



University of Turin

Host institutes for ESMO Fellows



ESMO wishes to thank all donors who have generously contributed to the success of the Fellowship Program. The following testimonials are from some of the most active supporters over the past 20 years.

Donors supporting ESMO Fellowships

*David Chang
Vice President
Global Oncology Development
Amgen*



ESMO is recognized as a leading professional society in Europe working to improve the quality of cancer treatment and care. Amgen and ESMO share the vision to nurture new scientific advances in oncology and to support oncologists at all levels. Amgen is proud of our long-standing support of the ESMO Fellowships. We hope that through current and future fellowships promising young physicians are afforded the opportunity to pursue important scientific projects – ultimately leading to advances in oncology-related research and improvement in patient care.

*Paolo Paoletti
Senior Vice President
of Research and Development
GlaxoSmithKline*



Congratulations to ESMO on the 20th anniversary of the Fellowship Program. GlaxoSmithKline is honored to be a part of this celebratory acknowledgement. Everyone within GSK Oncology is proud of our long-standing support of the ESMO Fellowship Program, particularly its focus on developing young investigators. We recognize that ESMO exemplifies excellence in advancing scientific knowledge and education. Our partnerships, such as the one with ESMO, will help yield discoveries that lead to true innovation in advancing the treatment of cancer and patient care. This is absolutely at the heart of all we hope to achieve at GSK. We know that it's also at the heart of the ESMO organization, and we applaud ESMO for 20 years of commitment and success to the cause of advancing cancer research.

*Philip Atkinson
Head of Global Oncology
Marketing Services
Roche*



As a world leader in oncology, Roche is committed to driving scientific research toward the next generation of cancer treatments. In ESMO we have found a partner that shares this commitment. Over the past 20 years, the ESMO Fellowship Program has played an invaluable role in disseminating the latest scientific advances, in training young oncologists with the skills needed to conduct translational research, and in building networks of medical professionals across Europe who are dedicated to continuously improving treatment and patient care. Roche is proud to be a supporter of the Fellowship Program and wishes ESMO continued success and growth over the next 20 years.

*Francois di Trapani
Senior Director Scientific
Communication, Solid Tumors
Medical Affairs Department
Novartis Oncology*



Novartis supports the ESMO Fellowships as a means of promoting excellence in the field of medical oncology. This program enhances the skills, experience and knowledge of physicians throughout their career, which ultimately benefits patients and helps to drive forward research in Europe. The ESMO Fellowship Program is an investment in the future. As an organization dedicated to improve patient care, we see our support as a direct extension of the core objectives and values of Novartis.

*Nancy G. Brinker
Ambassador and Founder of
Susan G. Komen for the Cure®*



Susan G. Komen for the Cure® is the world's largest source of non-profit funds for the fight against breast cancer. Our goal is to bring together researchers, clinicians and governments so that we not only discover cures but also translate and deliver them to patients. We feel a particular responsibility to help young oncologists from less affluent countries get exposure to cutting-edge treatments that are now moving from laboratories into the clinical setting. That is why we are working with ESMO to fund translational research fellowships for doctors from Eastern European countries at preeminent cancer centers in Western Europe. These fellowships help young oncologists learn the newest technologies and apply them to their daily practice in their home institutes. This will have a direct impact on medical treatment and quality of life for thousands of cancer patients. And that is the ultimate purpose of everything we do.

Anniversary perspectives from patient advocacy groups

*Wendy Tse Yared
Director of the Association
of European Cancer Leagues*



The Association of European Cancer Leagues (ECL) is an umbrella organization representing national and regional cancer leagues that comprise 8,000 staff members and over half a million volunteers. We promote common strategies in cancer control and achieving greater equity in cancer prevention, treatment and services. We share the

goals of ESMO in disseminating knowledge, providing training and increasing access to patient care.

A good example of our collaboration with ESMO is the recent “European Action Against Rare Cancers,” which is designed to raise awareness about the special challenges faced by nearly half a million Europeans with rare cancers. ESMO is driving this agenda with medical professionals and policymakers, while we are using our extensive network to cascade this information to hundreds of patient organizations across Europe.

Over the next 20 years, there should be an increased focus on patient support. I would like to see ESMO working more closely with the ECL to lobby at the EU level for more equality in access to cancer care. I could also imagine ESMO evolving to take on a more international role in collaboration with other oncology organizations and launching programs to train medical oncologists from developing countries.

Jan Geissler
Director of the European
Cancer Patient Coalition



The European Cancer Patient Coalition (ECPC) represents more than 290 patient organizations in 41 countries. We share common goals with ESMO of better cancer prevention, screening, diagnosis, treatment and patient care. We both want to increase educational offerings for cancer patients and oncologists, as well as accelerate research towards finding cures for all cancers. We all strive to reduce the cancer burden. Finally, we share a commitment to spreading the best practices in cancer treatment and care beyond centers of excellence.

We collaborate with ESMO in organizing speakers and topics for patients at annual conferences. It's an important way to increase understanding of the latest medical advances, risks and benefits of clinical trials, access hurdles and information barriers. The upcoming ECCO 15 – ESMO 34th Multidisciplinary Congress in Berlin features a dedicated Patient Advocacy/Ethics Track. Our hope is that doctors will also participate, helping them better understand the challenges cancer patients face, and better communicate with their patients.

In the future, our partnership needs to be strengthened to make research and treatment more efficient. Patients need to be more involved in the setup and communication of clinical trials, as well as the creation of expert groups. Doctors, clinicians, regulators and industry often claim to speak for patients, but only patients can represent the true interests of patients.

Louis Denis
Director of Europa Uomo



ESMO has established a firm position in Europe in advancing the science of medical oncology and in representing the interests of a profession that has not always received the credit it was due in the past. ESMO is leveraging that position through increasing collaboration with another European leader in oncology, the European Cancer Organisation (ECCO).

The goals of Europa Uomo include increasing awareness of prostate diseases, supporting individualized treatment and patient care, and reducing over- and under-treatment of prostate cancer. Many of these themes are covered in the annual ESO-ESMO Masterclass. What our two organizations have in common is clear: service to the patient. I know from personal experience with prostate cancer that patients want their input taken seriously by the medical profession. The fact that we have a dedicated patient track in the ECCO 15 – ESMO 34th Multidisciplinary Congress in Berlin shows that we are making progress.



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European Society for Medical Oncology

The European Society for Medical Oncology (ESMO) is the leading European professional medical oncology organization, comprising a network of about 6,000 oncology professionals in over 120 countries.

For more information about ESMO, please visit: www.esmo.org



ESMO Fellowship Program

