

Foundation of the «Grupo Oncológico para el Estudio del Cáncer de pulmón» (SEOR/AERO work group)

F. Casas and SEOR Working Group

Departamento de Oncología Radioterápica. Hospital Clínic, Barcelona, Spain

Dear Director,

Foundation of the “Grupo Oncológico para el Estudio del Cáncer de pulmón” (SEOR/AERO work group)

On 16 November 2006 the “Grupo Oncológico para el Estudio del Cáncer de Pulmón “ (GOECP) was founded in Madrid. This work group is made up of radiation oncologists within the framework of the new organisational flow chart of the Spanish Society of Radiation Oncology (SEOR) and this group was constituted with the vocation of multidisciplinary collaboration, from the point of view of obtaining knowledge and the participation of radiation oncology in the study and treatment of lung cancer.

The initial nucleus of this group is formed by 12 radiation oncologists who are already actively collaborating in different cooperative groups such as the Spanish Group Against Lung Cancer (GECP), the Galician Group Against Lung Cancer and the Spanish Group of Postoperative Adjuvant Treatment in Lung Cancer (EORTC), as well as with specialists who started working alone in Spain 15 years ago in the first concurrent treatment of radiochemotherapy in both small-cell and non-small-cell lung cancer (SCLC and NSCLC). This wealth of origins and experience makes our first vocation to be that of acting across all the settings requiring the collaboration of radiation oncologists (and the main, albeit not the only, therapeutic tool, radiotherapy) such as a basic specialist in the treatment of lung cancer. To do this we will first carry out consensus meetings, updating the study of lung cancer to constitute a real multidisciplinary base for its treatment. Nonetheless, joint clinical studies throughout Spain and even internationally cannot be ruled out in the medium term due to our current collaboration with the EORTC and other international organisations. Any medical specialist with a minimum of knowledge of historical critiques knows that the medical specialties did not appear as a result of the need for progress in the different disciplines, but rather did so as a result of the search for a monopoly by a group of physicians requiring exclusive action on a determined organ or group of common diseases *vs.* other groups of physicians with already defined areas of action [1]. That partially limits our capacity to work together for the benefit of cancer patients, which is who

we should really be thinking of. Too often we have conflated scientific facts with beliefs and personal opinions. We say that there are no randomised studies on different questions and when we have them we decide not to believe them, as if science, and scientific evidence, were a question of faith. One paradigmatic example is concurrent, early, hyperfractionated radiotherapy in limited small-cell prostate cancer. Up to 3 randomised studies [3–5] (it is true that they are different from each other) with this type of treatment have demonstrated a 5-year probability of survival of close to 25%, provided that it is performed following holocranial irradiation, which another study of maximum level of evidence, a metaanalysis [6], has shown to benefit survival. Nevertheless, some specialists continue not to believe in hyperfractionated treatment or in prophylactic cerebral irradiation, arguing the risk of toxicity, as if death by the disease was not maximum toxicity.

As we have already said, we are part of a work group of radiation oncologists within the SEOR and we need to collaborate with other specialists and specialties that share our interest in the study of lung cancer. With regard to our first activities, in March we ran a training course and/or update (undertaken by radiation oncologists, medical oncologists and thoracic surgeons) on all the aspects we consider important in lung cancer to subsequently elaborate a reference manual on this topic, which will be published in 2008. At this very successful meeting, very good news was announced about prophylactic cranial irradiation on extended SCLC and also about the right timing of radio- and chemotherapy on NSCLC, which will be presented extensively at the next ASCO 2007.

Different initiatives have also come to light on studies of unification of radiotherapy techniques, knowledge of clinical and radiobiological criteria used, and other cooperative studies. Only time will tell where our objectives will lead.

References

1. Medina R, Casas F, Calvo FA (1996) Radiation oncology in Spain: historical notes for the radiology centennial. *Int J Radiat Oncol Biol Phys* 35:1075–1097
2. Casas F (2007) De la Roentgeneología a la Oncología Radioterápica. Apuntes Históricos de una especialidad centenaria. In 25 Aniversario de la

- Asociación Española Radioterapia Oncológica. Editorial Just in time. Madrid 22-42.
3. Jeremic B, Shibamoto Y, Acimovic L et al (1997) Initial versus delayed accelerated hyperfractionated radiation therapy and concurrent in limited small-cell lung cancer; a randomized study. *J Clin Oncol* 15:893-900
 4. Turrisi AT, Kim K, Blum R et al (1999) Twice daily compared with once-daily thoracic radiotherapy in limited small-cell lung cancer treated concurrently with cisplatin and etoposide. *N Engl J Med* 340:260-271
 5. Takada M, Fukuoka M, Kawahara M et al (2002) Phase III study of concurrent versus sequential thoracic radiotherapy in combination with cisplatin and etoposide for limited-stage small-cell lung cancer; results of the Japan Clinical Oncology Group Study 9104. *J Clin Oncol* 20:3054-3060
 6. Auperin A, Arriagada R, Pignon JL et al (1999) Prophylactic cranial irradiation for patients with small-cell lung cancer in complete remission. Prophylactic cranial Irradiation Overview Collaborative Group. *N Engl J Med* 341:476-484