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Editorial

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Oncology in Europe

Florian Lordick[a] Sylvie Lorenzen[b] Ralf Hofheinz[c]

[a]Department of Medicine (Oncology, Gastroenterology, Hepatology, Pulmonology), University of Leipzig Medical Center, Comprehensive Cancer Center Central Germany, Leipzig, Germany; [b]3rd Department of Medicine (Hematology and Oncology), Klinikum Rechts der Isar, Technische Universität München, Munich, Germany; [c]Mannheim Cancer Center, University Hospital Mannheim, Mannheim, Germany

As the mortality from cardiovascular and infectious diseases has been decreasing over the past decades, and the European population is ageing, morbidity and mortality from cancer is increasing. This highlights the constantly rising need for robust structures of cancer care, for well-trained oncology specialists, for excellent undergraduate and postgraduate training programs, for continuous medical education in the field of oncology, and for research and science-oriented career opportunities in the field of cancer medicine.

Career development in oncology is the topic of the article of Mair, Amaral and colleagues published in this issue of *Oncology Research and Treatment* [1]. The authors point out the increasing need for specialized education and career development. Facing massive workload during the period of education and training, there is a risk of frustration, burnout, and considerations of other career pathways among oncology fellows. This constitutes a realistic risk for oncologists' career development in many European countries and regions. Oncologists under 40 years of age compose almost 50% of the oncology workforce, and most fellows in training are fully integrated into the core staff of hospitals. Therefore, they often are provided minimal to no protected time for education and research and strive hard to find the right balance between routine work, knowledge building, research ambitions, and private life.

Interestingly, the recognition of medical oncology as a separate speciality in Europe does not date back that far. It was in 2005 when the European Parliament released its directive on the recognition of professional qualifications (Directive2005/36/EC), including medical oncology [2]. Still, the situation in Europe is heterogenous: according to a survey published in 2016, 23 countries recognize medical oncology as a separate speciality, while 2 countries (Netherlands and Turkey) recognize it only as a subspeciality, 6 countries (Albania, Denmark, Estonia, Moldavia, Norway, and Sweden) as a combined speciality with radiation oncology, and 2 countries (Austria and Germany) as a combined speciality with haematology. In 5 countries (Belarus, Mazedonia, Montenegro, Russian Federation, and Ukraine) Medical Oncology is not recognized as a speciality and 7 countries (Andorra, Iceland, Kosovo, Liechtenstein, Malta, Monaco, San Marino) have no national Medical Oncology training program [3]. Irrespective of the way how medical oncology programs are organized by nation, a consensus of requirements for medical oncology training is desirable. This has been provided by the ESMO-ASCO (European Society for Medical Oncology – American Society of Clinical Oncology) Global Curriculum in Medical Oncology, which has been fully adopted, partially adopted, or adapted in two thirds of responding countries, according to a global survey [4].

High-quality, evidence-based, and practice-relevant education is essential to equip medical oncologists to provide high-quality care based on the latest evidence to achieve the best possible outcomes for patients with cancer [5]. How to get there and what is available today are the key topics of Jordan and colleagues' article in this issue of *Oncology Research and Treatment* [5]. Besides the diverse national programs for education, the education opportunities provided by ESMO, ranking from the annual congress to a variety of oncology subspeciality meetings, advanced courses, preceptorships, webinars,

karger@karger.com
www.karger.com/ort

Correspondence to:
Florian Lordick, direction.uccl@medizin.uni-leipzig.de

provision of guidelines, and many other online available educational material, are the most impressive ones on the European level and probably the leading ones in the world. Of note, all material is available online without additional costs for members, and as the first oncology society worldwide, ESMO has waived membership fees for all health care professionals working in low-middle and in middle-high income countries.

This should hopefully help to also overcome the discrepancies between the outcomes of cancer patients between Western European and Central and Eastern European (CEE) countries that have often been observed [6]. In this issue of *Oncology Research and Treatment*, Zielinski and colleagues review the domains of medical oncology education, human resources in oncology, cancer care, and clinical research in Central and Eastern Europe in order to comprehensively assess the current situation and needs, describe important initiatives, and also propose ways to improving cancer outcomes in the region [6].

Of note, in a science-driven and highly multidisciplinary and multi-professional field that cancer medicine is – probably more than any other medical field – national action plans to divert funding into oncology-related education, research, the purchase of equipment, and the attainment of modern hospital organization and structures are desperately needed to improve outcomes of cancer prevention and cancer care across Europe.

Conflict of Interest Statement

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References

1 Mair MJ, Cardone C, Connolly EA, Kfoury M, Lambertini M, Lim KHJ, et al. Career and professional development for young oncologists. Oncol Res Treat. 2023;46(3):67–71.
2 The European Parliament and the Council of the European Union. Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (text with EEA relevance). OJEU. 2005;L255:22–142.
3 Dittrich C, Kosty M, Jezdic S, Pyle D, Berardi R, Bergh J, et al. ESMO/ASCO recommendations for a Global Curriculum (GC) in medical oncology-edition 2016. Ann Oncol. 2016 Aug;27(8):1378–81.
4 Cufer T, Kosty M, Osterlund P, Jezdic S, Pyle D, Awada A, et al. Current landscape of ESMO/ASCO Global Curriculum adoption and medical oncology recognition: a global survey. ESMO Open. 2021;6(6):100219.
5 Jordan K, De Azambuja E, Amaral T, Strijbos M, Curigliano G, Lordick F. Medical oncology education in Europe: equipping medical oncologists to provide the best care for patients with cancer. Oncol Res Treat. 2023;46(3):72–9.
6 Zielinski CC, Cufer T, Seruga B, Jassem J, Dediu M, Thallinger C. Perspectives for cancer care and research in central and eastern Europe. Oncol Res Treat. 2023;46(3):80–8.