

## Chairman's introduction

One of the two main themes of ECCO 12 brought up by the scientific committee has been to remind clinicians and scientists about the importance of clinical trials in the development of new therapeutic (and diagnostic) strategies in oncology. From that perspective, several sessions of this conference are specifically dedicated to the contribution of clinical trials in terms of achievements and advances in clinical oncology.

Every month, more than 3000 publications related to cancer are indexed in Medline, out of which about 300 report results of clinical trials. This is certainly an underestimation of reality, since many such experiments will not be published or will not be indexed in Medline.

Although clinical trials (and randomised controlled trials in particular) are recognised by the vast majority of oncologists as the only appropriate method to bring new discoveries from basic research to clinical practice, the number of clinical trials that will not contribute substantially to progress in clinical oncology is still far superior to those bringing a definitive answer to a clinically relevant question. There are also numerous publications reporting the lack of adequate high quality scientific evidence to support basic clinical interventions across all disciplines in medicine, and this is of course also true in oncology.

Published reports suggest that the "it speaks for itself" approach (e.g., removing the breast in breast cancer) was the dominant mindset of researchers in the first half of the 20th century. However, the second half of that century and the last 20 years in particular have demonstrated that dramatic improvements in cancer treatment are extremely rare and will most

likely be incremental with consecutive small but clinically relevant progress. Although the understanding of the biology of cancer and therefore the possibilities of treatment are exponentially growing, there is little evidence that major breakthroughs will occur over the next 10 to 20 years. On the contrary, recent research has highlighted the need for a careful and step-wise development of new treatments, for which clinical trials will keep a central role.

The scope of this session is dedicated to clinical trials and the programme has been set up to address the following questions from an educational perspective:

- How can you recognise a properly designed randomised trial?
- What are the elements to be considered in the interpretation of the results?
- What is the relative contribution of randomised controlled trials to the standard of care?
- How can you confront the results of clinical trials with the constraints of everyday practice?

Although it is not within the scope of this session, it is nevertheless important to realise that advances in clinical oncology have been possible thanks to the contribution of both industry and academia. However, upcoming clinical trial regulations in Europe are threatening the possibility for academia to continue to contribute substantially to the development of clinical oncology. This problem should be one of the main concerns of the cancer research community, which should also focus its efforts on convincing health care authorities of the need for academic clinical research that addresses public health problems.

P. Therasse