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the leading oncology channel



Journal



Video



News



Education



ecancer.org

ecancer.org is a free online platform for oncology professionals incorporating an open-access journal, news, video and education.



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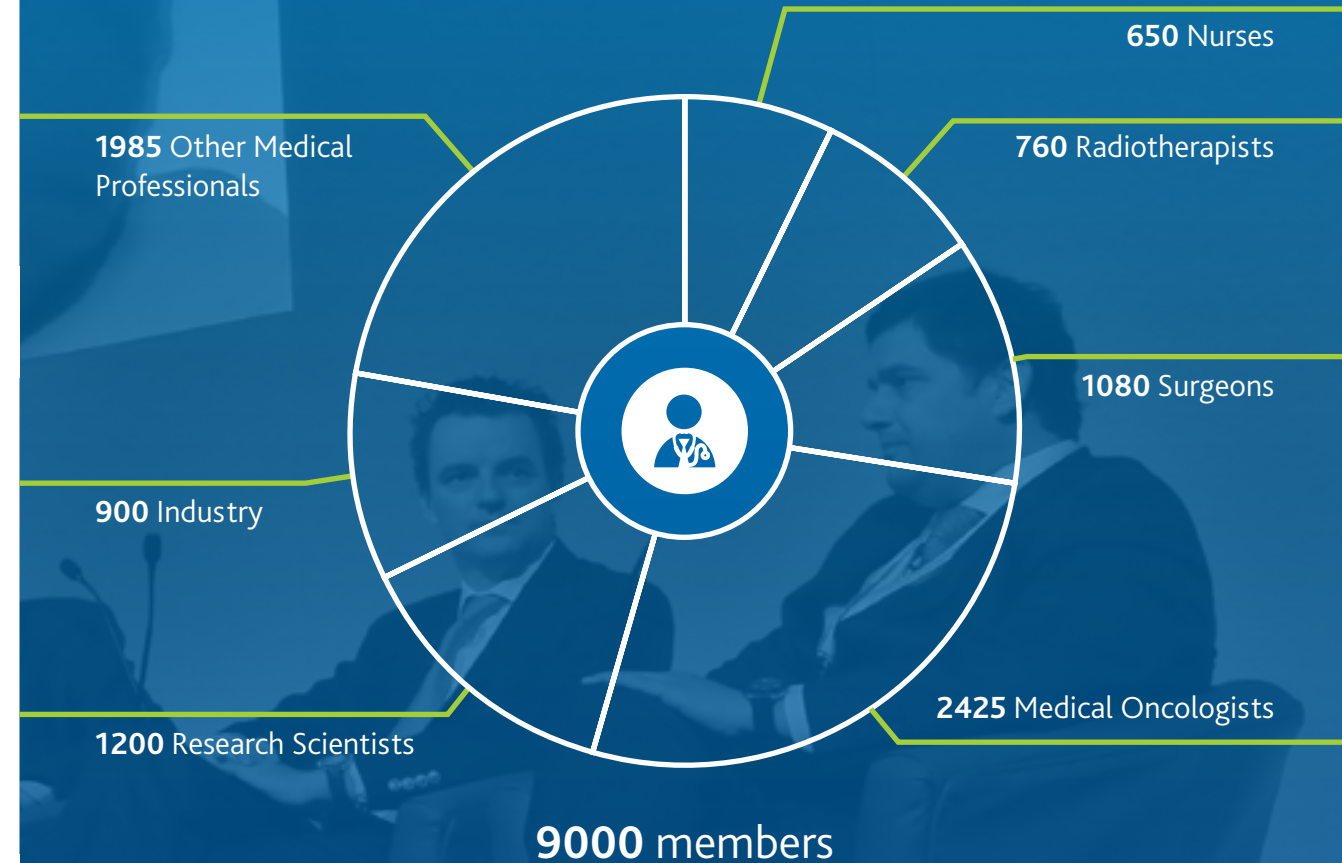
2013 Statistics



0.5 million visitors from **191** countries



filmed at **36** international conferences



4,500

900

600

10,634

Editorial Board

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Journal News and Scope



Indexed in PubMed, PubMed Central, Scopus, Embase, EBSCO and Google Scholar

Rise in submissions and published articles

ecancermedicalsecience has gone from strength to strength in the past year and we are now publishing **129%** more articles than in the previous year. Our submission rate has risen by over **50%** just in the last 12 months and we have taken on more staff to deal with the increased demand. We have ensured that this does not affect our quality level - our rejection rate is currently **65%**.

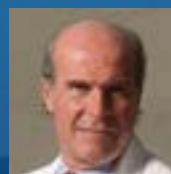
Pay what you can afford publishing model

The recent huge success of **ecancermedicalsecience** has made it our priority to ensure that the journal is sustainable. The estimated cost of **£1000** per published article needs to be met, and we are committed to finding new ways of funding the journal. In addition to this, the publication

The **Founding Editors** are highly respected and authoritative leaders each representing a different field of cancer research.



Professor Gordon McVie is the Managing Editor of **ecancermedicalsecience**. He is widely regarded as a leading international authority in the research and treatment of cancer and is responsible for Clinical Research Coordination, Strategy and International Affairs at the European Institute of Oncology.



Professor Umberto Veronesi is the Founding Editor of **ecancermedicalsecience**. He is the Founder and Scientific Director of the European Institute of

Oncology, Milan and is the pioneer of breast-conserving surgery.

landscape has been changing over the last few years - in many areas of the world, funding for open access publication has been greatly increased and most of the largest funders of biomedical research now mandate that the results of that research must be published in open access journals.

The crux of the new initiative is "**pay what you can afford**". We are not charging a blanket author fee, rather we are asking authors, on publication of their article, to transfer the open access publication fee which is part of their funding to us in return for providing a professional publishing service. We will still publish articles from authors for free who do not have access to this funding, as long as they pass the peer review process.

In this way, we are ensuring that we can carry on publishing research from developing countries and from authors who have little or no funding, but that those authors who have access to funds for publication are able to donate them to us.

Journal scope

We consider articles on all aspects of research relating to cancer, including molecular biology, genetics, pathophysiology, epidemiology, clinical reports, controlled trials and cancer policy. **ecancermedicalsecience** accepts the results of negative clinical trials and outlier data.

International reach

ecancermedicalsecience has greatly increased the number of international Editorial Board members to reflect the more global nature of the journal.



355 articles from **32** countries



over **1500** authors have published for free

"I am impressed by the articles published and also by the fact that a PubMed indexed open access journal is being maintained through charity funding."

Dr Anupama Rajanbabu, Amrita Institute of Medical Sciences, India

"I commend **ecancermedicalsecience** for what it is doing as a trendsetter in the scientific publishing community."

Dr Patrick Logan, McGill University, Canada

We now have Editorial Board members from **21** countries and have published articles from **32** countries around the world.

Special issues

After successfully publishing our first special issues in 2013, on **Metastases to the brain** and **Robotic surgery in oncology**, we are pleased to announce more for 2014! Topics to be covered this year include **Personalised medicine**, **Palliative care in Africa** and **Nursing in oncology**. Check out ecancer.org/special-issues to view them all.

If you have any suggestions for potential special issues, or are interested in becoming a guest editor or author, please contact our scientific editor, Dr Linda Cairns at editor@ecancer.org

Coming Soon - Article level metrics

Abstracts

The following is a small selection of ecanccermedicalsience abstracts, all of these articles appear in PubMed Central and are freely available to view online.

Clinical evidence for the use of aspirin in the treatment of cancer

Ruth E Langley

MRC Clinical Trials Unit, Aviation House, 125 Kingsway, London WC2B 6NH, UK and Brighton and Sussex University Hospitals Trust, Brighton, UK

Correspondence to: **Ruth E Langley**.

Email: rel@ctu.mrc.ac.uk

<http://ecancer.org/journal/7/297-clinical-evidence-for-the-use-of-aspirin-in-the-treatment-of-cancer.php>

Although the anti-cancer effects of aspirin were first identified in pre-clinical models four decades ago, a clear role for the drug in either the prevention or treatment of cancer has not been established. Concerns about toxicity, particularly major haemorrhage, and a lack of randomised evidence demonstrating efficacy have limited its use in primary prevention; there was also doubt that a simple aspirin could have a significant therapeutic effect against established malignancy. Three new pieces of evidence: a series of meta-analyses focusing on cancer outcomes from randomised-controlled trials designed to assess the vascular benefits of daily aspirin; the first positive results from a randomised-controlled trial designed to demonstrate that aspirin can prevent cancer in those with a hereditary predisposition; and observational data showing that aspirin use after a cancer diagnosis improves both cancer mortality and overall survival; have led to a re-evaluation of aspirin as a potential anti-cancer agent both for the prevention and treatment of cancer.

"This journal provides a good opportunity for all oncologists, given the benefits from open access, indexing in PubMed, the unlimited number of words, tables and figures in research articles, and many other great features."

Dr Samer Salah, Medical oncology department, King Hussein Cancer Center, Amman, Jordan.

"ecancermedicalsience is an innovative journal in the field of cancer. The exciting features of ecanccer are: the articles are published within the scheduled time, the worldwide free access, user friendly submission system, and dedicated editorial team."

Dr.Praveen Rathod, Asst. Professor in Gynaecologic Oncology, Kidwai Memorial Institute of Oncology (KMIO), India

Oncoplastic surgery in the treatment of breast cancer

Alberto Rancati¹, **Eduardo Gonzalez**¹, **Julio Dorr**¹, **Claudio Angrigiani**¹ and **Gustavo Gercovich**²

¹ University of Buenos Aires, Buenos Aires, Argentina,

² Instituto Oncologico Henry Moore, Buenos Aires, Argentina

Correspondence to: **Alberto Rancati**.

Email: rancati@gmail.com

<http://ecancer.org/journal/7/full/293-oncoplastic-surgery-in-the-treatment-of-breast-cancer.php>

Advances in reconstructive breast surgery with new materials and techniques now allow us to offer our patients the best possible cosmetic results without the risks associated with oncological control of the disease. These advances, in both oncological and plastic surgery, have led to a new specialisation, namely oncoplastic breast surgery, which enables us to undertake large resections and, with advance planning, to prevent subsequent deformities. This is particularly important when more than 30% of the breast volume is removed, as it allows us to obtain precise information for conservative surgery according to the site of the lesion, and also allows us to set the boundary between conservative surgery and mastectomy. Given the existence of new alloplastic materials and new reconstructive techniques, it is essential for our patients that surgeons involved in breast cancer treatment are trained in both the oncological as well as the reconstructive and aesthetic fields, to enable them to provide the best loco-regional treatment with the best cosmetic results.

Highlights from the 13th St Gallen International Breast Cancer Conference 2013. Access to innovation for patients with breast cancer: how to speed it up?

Giuseppe Curigliano¹, **Carmen Criscitiello**¹, **Fabrice André**², **Marco Colleoni**³ and **Angelo Di Leo**⁴

¹ Division of Early Drug Development, European Institute of Oncology, Milan, Italy, ² Department of Medical Oncology, Institut Gustave Roussy, Villejuif, France, ³ Division of Medical Senology, European Institute of Oncology, Milan, Italy

⁴ Department of Oncology, Hospital of Prato, Istituto Toscano Tumori, Prato, Italy

Correspondence to: **Giuseppe Curigliano**. Email: giuseppe.curigliano@ieo.it

<http://ecancer.org/journal/7/299-highlights-from-the-13th-st-gallen-international-breast-cancer-conference-2013-access-to-innovation-for-patients-with-breast-cancer-how-to-speed-it-up.php>

The recognition that early breast cancer is a spectrum of diseases each requiring a specific systemic therapy guided the 13th St Gallen International Breast Cancer Consensus Conference [1]. The meeting assembled 3600 participants from nearly 90 countries worldwide. Educational content has been centred on the primary and multidisciplinary treatment approach of early breast cancer. The meeting culminated on the final day, with the St Gallen Breast Cancer Treatment Consensus, established by 40–50 of the world's most experienced opinion leaders in the field of breast cancer treatment. The major issue that arose during the consensus conference was the increasing gap between what is theoretically feasible in patient risk stratification, in treatment, and in daily practice management.

We need to find new paths to access innovations to clinical research and daily practice. To ensure that continued innovation meets the needs of patients, the therapeutic alliance between patients and academic-led research should be extended to include relevant pharmaceutical companies and drug regulators with a unique effort to bring innovation into clinical practice. We need to bring together major players from the world of breast cancer research to map out a coordinated strategy on an international scale, to address the disease fragmentation, to share financial resources, and to integrate scientific data. The final goal will be to improve access to an affordable, best standard of care for all patients in each country.

Surgical management of melanoma: an EORTC Melanoma Group survey

A Testori¹, **J Soteldo**², **B Powell**³, **F Sales**⁴, **L Borgognoni**⁵, **P Rutkowski**⁶, **F Lejeune**⁷, **PAM van Leeuwen**⁷ and **A Eggermont**^{8,9}

¹ European Institute of Oncology, Italy, ² Hospital De Clinicas, Caracas, Venezuela, ³ St. George's Hospital, UK, ⁴ Institut Jules Bordet, Brussels, Belgium, ⁵ Centro Regionale di Riferimento per il Melanoma, Ospedale S. M. Annunziata, Italy, ⁶ Centrum Onkologii Instytut im Marii, Skłodowskiej-Curie Warszawa, Poland, ⁷ Centre Hospitalier Universitaire Vaudois, Switzerland, ⁸ Amsterdam University, The Netherlands, ⁹ Institute Gustave Roussy Paris, France

Correspondence to: **Alessandro Testori**. Email: alessandro.testori@ieo.it

<http://ecancer.org/journal/7/294-surgical-management-of-melanoma-an-eortc-melanoma-group-survey.php>

Objectives: The objective of the article is to explore the surgical practices and views in the treatment of melanoma within members and non-members of the EORTC Melanoma Group (MG) during the years 2003–2005. **Methods:** An e-mail questionnaire (see appendix) developed within the EORTC MG was sent to all melanoma units (MUs) of the EORTC (180) and to selected international centres between 2003 and 2005. The questionnaire investigated the different practices regarding surgical management of melanoma patients at all stages.

Results: A total of 75 questionnaires were returned from centres in Europe (70), Israel (3), Australia (1) and the United States (1). Resection margins on primary melanoma vary according to AJCC 2002 staging. Sixty three of 75 MUs perform Sentinel node biopsy. Modified radical neck dissection is performed in 82% of MUs for macrometastases and in 80% of MUs for micrometastases. Most MUs surveyed perform all three levels of Berg axillary dissection whether for macrometastases (79%) or micrometastases (62%). An ilio inguinal-obturator dissection is proposed with macrometastases (41% of MUs), whereas 33% of MUs perform a pelvic dissection only if the Cloquet node is positive. Twenty five of 75 MUs perform an isolated limb perfusion with a therapeutic indication; three also as an adjuvant. The majority of MUs perform surgery for distant metastases including superficial (53 of 75 [71%]) or solitary visceral metastases (52 of 75 [69%]) or for palliation (58 of 75 [77%]).

Conclusion: The adequacy of surgery appears to be the most important milestone in the therapeutic approach of melanoma. Even if surgery is fundamental in the different stages of the disease, there is quite a variability concerning the extension of the surgical treatment related to primary and lymphodal disease. Phase III randomised trials have shown that wide margins, elective lymph node dissections, and prophylactic isolated limb perfusions have not improved survival and cannot be considered the standard of care in the routine management of primary melanoma. The surgical subgroup of the EORTC Melanoma Group is developing a new version of the surgical survey questionnaire including new treatment modalities like isolated limb infusion and electrochemotherapy, which were not frequently in use some years ago, to obtain new data to be compared to the nearly ten-year-old data.





3692

Next generation of anti-cancer agents: data from ASCO 2013

Dr Sarah Blagden is a Medical Oncology Consultant, and the Director of the Phase I unit at Imperial College, London. She talks to **ecancer.tv** about an innovative technology that has been developed by NuCana BioMed (a clinical stage biopharmaceutical company) to generate superior anti-cancer medicines that overcome key cancer resistance mechanisms. The ProTide technology transforms existing chemotherapy by attaching a phosphoramidate moiety to anti-cancer nucleoside analogues. The company has a large pipeline of active molecules, including NUC-1031, its first new medicine enhancing the anti-cancer properties of gemcitabine, the current cornerstone of pancreatic cancer treatment.

Dr Blagden explains how the ground breaking technology overcomes the key cancer resistance pathways and the benefits to cancer patients, including how it can be used to treat a broader range of tumours. She says that results from the ProGem1 clinical study have shown that the ProTide technology significantly increases the concentration and uptake of the active agent, resulting in more efficient cancer cell death. Dr Blagden highlights the advantages of the ProTide technology, for example that the medicine is better tolerated and therefore safer for the patients. Finally, Dr Blagden talks about future research and why she thinks the results from the ProGem1 study are exciting for both patients and healthcare professionals.

Dr Sarah Blagden - Imperial College, London, UK
<http://ecancer.org/video/2016>

“I was very pleased with how my interview turned out. I greatly appreciate the opportunity to bring international attention to our growing field of cancer survivorship research and care.”

Dr Julia Rowland, National Cancer Institute, USA



4668

Chemo-radiotherapy for bladder cancer

Prof James talks to **ecancer** at the 2013 ASCO GU symposium about chemo-radiotherapy for bladder cancer. His study found that preservation rather than cystectomy is an option in most older patients and many others. Prof James discusses the results and the implications for practice in the UK and further afield.

Prof Nick James - University of Birmingham, UK
<http://ecancer.org/video/1868>



3758

Goal of the 2013 WIN Symposium

Dr John Mendelsohn, Dr Richard Schilsky and Dr Richard Buller discuss the need for more genomic research, the move towards more of a personalised style of medicine and how these fields are highlighted at the annual WIN Symposium in Paris. The symposium took place on the 10th to the 12th of July, 2013.

Dr John Mendelsohn, Dr Richard Schilsky, Dr Richard Buller
<http://ecancer.org/conference/328-win-symposium-2013/video/1917>



3979

New assay predicts myeloma survival

Dr Ely talks to **ecancertv** at the 14th International Myeloma Workshop (IMW 2013), Kyoto, Japan, 3-7th April 2013. There are now several treatment options for myeloma but few data to help decide which drugs to use. A proliferation assay devised in the 1980s showed proof of principle, that assessment of proliferation is an accurate predictor of clinical behaviour.

Since then, for technical reasons, clinical implementation of a proliferation assay has not been successful. The researchers invented an immunohistochemical platform (U.S. patents applied) to assess myeloma proliferation. Unlike prior methods, it is performed at the single-cell level, on routinely-preserved marrow, using standard laboratory equipment.

The test can be read manually or via image analysis, using the software (U.S. copyright applied) which runs on any PC or Mac. The prospective analysis of patients followed 14 years after an IRB-approved BMT trial showed an inverse correlation between survival and myeloma cell proliferation (P = 0.006). Also, the retrospective cohort study showed that each 1% increase in proliferation was associated with a 3% increase in risk of progression (P = 0.02). PFS was 232 weeks vs. 110 weeks for <10% vs. >10%, respectively (P = 0.03).

The new assay provides reliable prognostic information that can be used to approach care on a patient-specific basis. Because the assay can be performed currently in any diagnostic laboratory, the researchers believe patients would benefit from its standard use in clinical trials.

It would improve upon current practice by providing biologic tumour behaviour data. Such data might predict well which drugs would work best in an individual patient.

Dr Scott Ely - Weill Cornell Medical College, New York, USA
<http://ecancer.org/video/1891>



3908

Chronic lymphocytic leukaemia update from EHA 2013

Chronic lymphocytic leukaemia (CLL) is the most common leukaemia in Europe. It is most frequently diagnosed in elderly patients and many patients present with comorbidities, both of which impact on the use of aggressive standard treatments. Targeted therapies can be utilised effectively in patients with CLL and could be used to minimise the side effects of chemotherapy. In a cohort of 250 CLL patients treated with ibrutinib, 150 received therapy for over 1 year.

Within this group of patients only 20 patients stopped responding to therapy, including 5 patients who developed mutations that led to resistance. Ibrutinib has also been investigated in combination with bendamustine and rituximab in relapsed or refractory patients. In the CLL11 trial, GA101 plus chlorambucil, rituximab plus chlorambucil and chlorambucil alone were compared in elderly patients with comorbidities. Addition of GA101 or rituximab to chlorambucil both significantly increased PFS versus chlorambucil alone. However, large number of patients with GA101 had Grade 3 and 4 infusion toxicities, mostly in the first couple of infusions. Data on another experimental treatment, CC-292, was presented. It has been found to be generally well tolerated and was associated with significant nodal reduction and partial responses in heavily pre-treated CLL patients.

Understanding the clonal heterogeneity of CLL will likely impact on the management of this disease in the future.

Prof John Gribben - Barts & The London Trust Cancer Centre, UK and Dr Jacqueline Barrientos - North Shore-LIJ School of Medicine, USA
<http://ecancer.org/video/2112>

*viewing figures correct as of 12.1.14

Please contact Jon Birch jon@ecancer.org if you are interested in being interviewed by **ecancer.tv**.

“I would like to take this opportunity to congratulate you on the extremely important job you are doing, delivering the message of oncology to both the medical community and the public.”

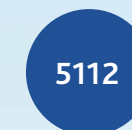
Professor Vesna Kesik, President-Elect, ESGO



Hours of Expert Interviews



Video Views



News Stories

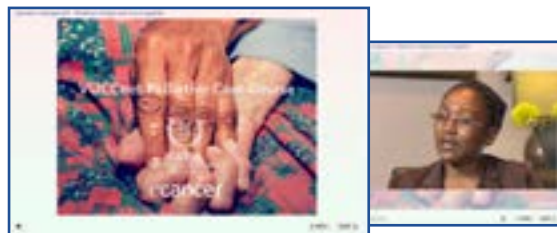
World's largest collection of oncology videos

Free online course in Palliative care

ecancer, Cardiff University and the African Palliative Care Association have developed an online course in palliative care contextualised for African healthcare professionals. The course has been created through the IAEA Programme of Action for Cancer Therapy, Virtual University of Cancer Control and is available for free through **ecancer** as well as the VUCCnet online.

Filming and development of the modules took place in the UK and South Africa and involved input from 37 of Africa's leading palliative care experts as well as Cardiff University's team. Dr Fiona Rawlinson, who is a consultant in palliative medicine at the Princess of Wales Hospital, UK and the leader of Cardiff University's team, worked closely with the African Palliative Care Association to ensure the content of the course was appropriate for the sub-Saharan cancer profile and resource setting.

Developed in collaboration with:



The course contains 20 modules:

- Basic Principles of Palliative Care
- Overview of Malignant Disease
- Symptom management: Weakness, fatigue and loss of appetite
- Symptom management: Respiratory symptoms
- Symptom management: Constipation and Bowel obstruction
- Symptom management: Skin and mouth care
- Symptom management: Nausea and vomiting
- Symptom management: Confusion and Delirium
- Pain Management
- Medication
- The role of Chemotherapy, Radiotherapy and Surgery
- Paediatric palliative care
- Palliative Care Emergencies
- End of Life Care
- Communication and Counselling skills
- Grief and Bereavement
- Ethics in Palliative Care
- Spiritual Care
- Psychosocial Care
- Resources

To view the course, visit:
www.ecancer.org/education

ecancer launched its new Latin American edition in 2013!

Cancer is the second leading cause of death in the Americas and accounts for an increasing percent of the disease burden in Latin America and the Caribbean (LAC). By 2030, **1.7 million** cases of cancer will be diagnosed in the region, and more than a million people will die from cancer each year.

In recognition of the wealth of research coming out of Spanish speaking countries **ecancermedalscience** now accepts submissions in Spanish. Articles are reviewed in Spanish, and then, once accepted, translated into English (FREE of charge), to be published in **ecancermedalscience**.

Supported by The Swiss Bridge Foundation



Following the success of our Spanish site, and in acknowledgment of the rapidly increasing amount of high quality research being produced by Brazil, we are now offering the same service for Portuguese speaking authors.



"Knowledge, information and education are an essential constituent of cancer control."

ecancer has developed a professional and expert tool for the dissemination of new information on cancer, mainly in Europe. This new project of **ecancerlatinamerica** will certainly benefit not only cancer experts in a growing region of the world but also, ultimately, cancer patients and the community as a whole."

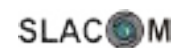
Dr Eduardo Cazap, Founding President of the Latin American and Caribbean Society of Medical Oncology (SLACOM) and past President of the International Union against Cancer (UICC).



57 hours of new elearning modules in 2013



in partnership with 66 experts from 18 countries





Prof. Umberto Veronesi - Oncologist
Valentina Gambino - She graduated in Biological Sciences

BECAUSE SCIENTIFIC RESEARCH IS GOOD FOR EVERYONE. FOR YOU TOO.

OUR COMMITMENT TODAY. The Umberto Veronesi Foundation was founded in 2003, intending to foster **scientific research** by allocating research grants to doctors and researchers and through supporting cutting edge research projects.

At the same time, the Foundation is active in the **public understanding and importance of science**, in order to make the results and discoveries of science a collective heritage.



The ideal and concrete support of everyone is important. Each contribution will allow us to continue the initiatives already in progress and to identify new areas of intervention.



International Patient Office

IEO's mission is to be an **international point of reference** in the treatment of cancer pathologies.

This is why the International Patient Office was born, with the aim of taking care of international patients from all walks of life.

The International Patient Office offers **customized care** for all patients coming from outside Italy, paying attention to patients' medical needs, cultural and religious factors, and linguistic expectations.

Contacts

Website: www.ieo.it/english/international_office

Email: international.office@ieo.it

ecancerpatient



ecancerpatient.org, our patient focused website, has completed its first year in existence with considerable success.

During the first year, ecancerpatient has created **30** patient friendly videos which have been watched over **50,000** times.

ecancerpatient provides information for patients to use while discussing treatment options with their doctor. Our videos are of cancer specialists talking about the most recent advances in care and are designed to empower patients to become more involved in vital treatment decisions.

To ensure the information within the videos is accessible for patients, ecancer teamed up with patient groups to develop our patient friendly format. The subjects of the videos are leading cancer specialists; therefore an additional level of information is needed to make information digestible for patients. To do this we ensure the videos are broken down into short, palatable sections and have additional explanations where medical terms are used.

A summary of the information is then provided for patients to print off and use as a reminder when they are discussing this information with their doctor.

To view the videos or find out more please visit www.ecancerpatient.org

Clear key messages



Cancer specialist



Explanation of key terms



SWISS BRIDGE
INVEST IN CANCER RESEARCH WORLDWIDE

The Bridge between the Swiss Private Banking Community and international cancer research

- ... financially supports cancer research worldwide
- ... generates up to 2 million Swiss francs in donations every year
- ... the SWISS BRIDGE AWARD for international researchers
- ... no expenses deducted from donations for research
- ... world-class scientific standing
- ... one of the major funders of *ecancer*

Thank you to all our supporters, including our founding charities, the European Cancer Organisation (ECCO), Fondazione Umberto Veronesi, the European Institute of Oncology (IEO) and Swiss Bridge.



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DEVELOPING THE FUTURE IN COMPREHENSIVE CANCER CARE

ACCREDITATION AND DESIGNATION	BIOBANKS AND MOLECULAR PATHOBIOLOGY	COMMUNICATION AND DISSEMINATION	PREVENTION AND EARLY DIAGNOSIS
EDUCATION AND TRAINING	EUROCAN PLATFORM	COST BENEFIT	START-OEI

OEI is a continuously growing network presently regrouping 68 cancer centres and institutions across Europe. It is organised mainly within Working Groups and Activities financed through membership fees and external funding. The OEI is a Publisher registered at the Royal Library of Belgium. All the OEI publications can be downloaded from www.oeci.eu. The hard copy, if available, must be requested to oeci@oeci.eu.



EurocanPlatform is an EC funded project committed to improving cross border collaboration between leading cancer institutes and organisations. The centres are working together to advance oncology research and treatment to help improve patient care.

www.eurocanplatform.eu

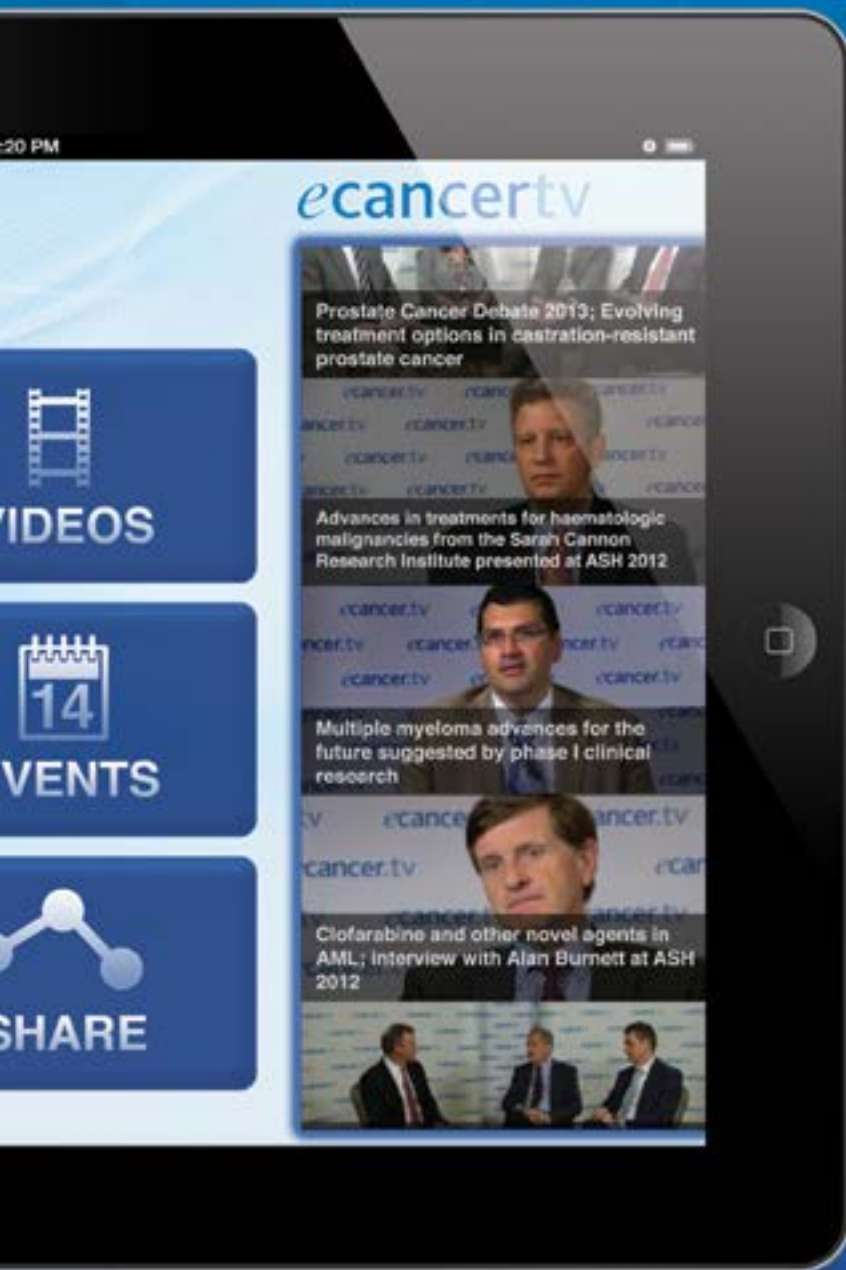
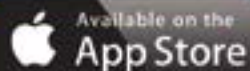


The research leading to these results has received funding from the European Community's Seventh Framework programme (FP7/2007-2013) under grant agreement No. 260791

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