

# ecancer

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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## Statistics since launch in 2007



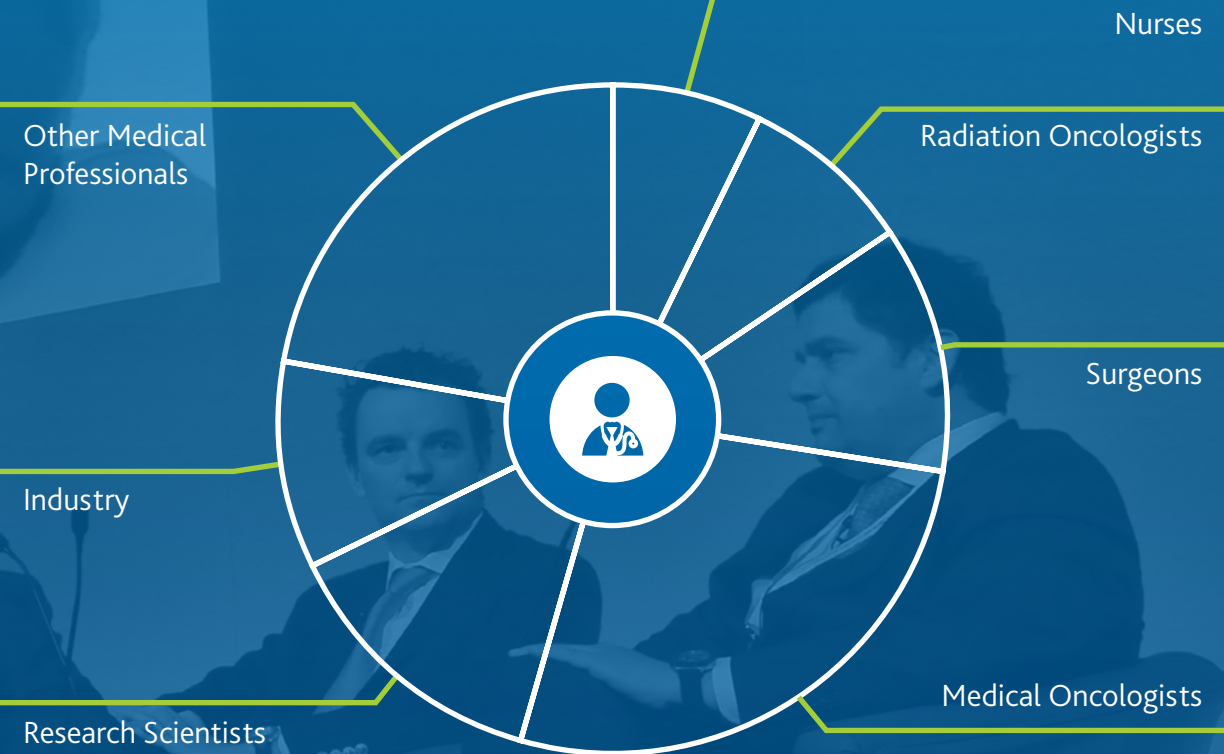
**3 million** visitors from **196** countries



**160** international conferences filmed



**10 million** video views



**7,000**



**1500**



**5600**



**21,000**



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ecancermedalscience

ecancermedalscience is the open access cancer journal of the European Institute of Oncology, Milan (IEO) and the Organisation of European Cancer Institutes (OEI).

### Journal facts and figures

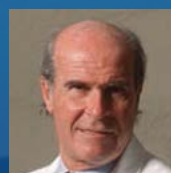
- No article processing charge for those without funding
- No subscription charges
- Publication in two months
- Rejection rate 60%
- Submissions accepted in English, Spanish and Portuguese
- Articles viewed 37,000 times a month

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

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 ecancermedalscience. 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.



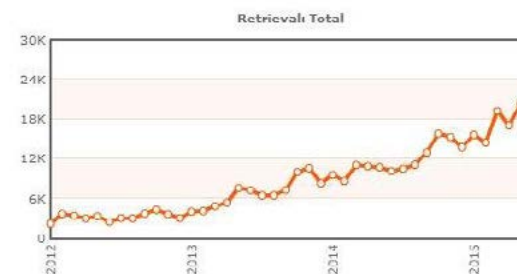
**Professor Umberto Veronesi** is the Founding Editor of ecancermedalscience. He is the Founder and Emeritus Director of the European Institute of Oncology, Milan and is the pioneer of breast-conserving surgery.



### Pay what you can afford publishing model

It's been nearly two years since we launched our pioneering "Pay what you can afford" publishing model and so far it's been a great success. We ask authors who have received funding which is specifically provided for open access publication (mandated by many governments and funders) to pay towards an Article Processing Charge (APC) upon acceptance after peer review. In this way we ensure that authors with no funding are partially supported by those who can afford to pay an APC.

This publishing model is now being adopted by other publishers, evidence that where ecancermedalscience innovates, others follow. It allies perfectly with our mission of breaking down financial, geographic and linguistic barriers to cancer communication. As a not-for-profit organisation, we make sure that all the funding we receive is re-invested in the community we serve.



Views of ecancermedalscience articles on PubMed Central

### Extra author services

We provide a free language editing service to all our authors, as well as free translation of Spanish and Portuguese articles. All ecancermedalscience articles have Article Level Metrics, so authors are able to monitor the impact of their articles and access statistics on how many people have read their work in a variety of international repositories, social media and online reference managers.

"As an organisation that both funds and conducts research it is vitally important that we know the impact that our research is having. With the article level metrics feature on the ecancer website it is easy for us to track just how many people are accessing our publications so that we know our work is having a continuing benefit long after the research has been published."

Dr Ian Lewis, Director of Research and Policy, Tenovus Cancer Care, Wales, UK

### Special issues

A minimum of four special issues a year are published in ecancermedalscience on hot topics in a wide range of subject areas. We publish in multiple languages wherever possible – recent special issues include **Fertility sparing treatments in gynaecological cancers** and **Prevention of gynaecological cancers: in memory of Mario Sideri**, both of which are available in both Spanish and English. We have also covered **Cancer and metabolism** this year and upcoming topics to be reported on include **Cervical cancer prevention in Latin America** and **Biomarkers, screening and prevention in cancer**.

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](mailto:editor@ecancer.org)



over **2000** authors have published for free



**493** articles from **56** countries

# Abstracts

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

## Review

### Genetic susceptibility in childhood acute leukaemias: a systematic review

**Gisele D Brisson<sup>1</sup>, Liliã R Alves<sup>2</sup> and Maria S Pombo-de-Oliveira<sup>1</sup>**

<sup>1</sup>Paediatric Haematology–Oncology Programme, Research Centre, Instituto Nacional de Câncer, Rio de Janeiro, Brazil, 20231050

<sup>2</sup>Pharmacy Service, Multiprofessional Residency Programme, Instituto Nacional de Câncer, Rio de Janeiro, Brazil, 20231050

Correspondence to: **Maria S. Pombo-de-Oliveira**  
Email: [mpombo@inca.gov.br](mailto:mpombo@inca.gov.br)

DOI: [10.3332/ecancer.2015.539](https://doi.org/10.3332/ecancer.2015.539)

Acute leukaemias (AL) correspond to 25–35% of all cancer cases in children. The aetiology is still sheltered, although several factors are implicated in causality of AL subtypes. Childhood acute leukaemias are associated with genetic syndromes (5%) and ionising radiation as risk factors. Somatic genomic alterations occur during fetal life and are initiating events to childhood leukaemia. Genetic susceptibility has been explored as a risk factor, since environmental exposure of the child to xenobiotics, direct or indirectly, can contribute to the accumulation of somatic mutations. Hence, a systematic review was conducted in order to understand the association between gene polymorphisms and childhood leukaemia risk. The search was performed in the electronic databases PubMed, Lilacs, and Scielo, selecting articles published between 1995 and 2013. This review included 90 case-control publications, which were classified into four groups: xenobiotic system (n = 50), DNA repair (n = 16), regulatory genes (n = 15), and genome wide association studies (GWAS) (n = 9). We observed that the most frequently investigated genes were: NQO1, GSTM1, GSTT1, GSTP1, CYP1A1, NAT2, CYP2D6, CYP2E1, MDR1 (ABCB1), XRCC1, ARID5B, and IKZF1. The collected evidence suggests that genetic polymorphisms in CYP2E1, GSTM1, NQO1, NAT2, MDR1, and XRCC1 are capable of modulating leukaemia risk, mainly when associated with environmental exposures, such as domestic pesticides and insecticides, smoking, trihalomethanes, alcohol consumption, and x-rays. More recently, genome wide association studies identified significant associations between genetic polymorphisms in ARID5B e IKZF1 and acute lymphoblastic leukaemia, but only a few studies have replicated these results until now. In conclusion, genetic susceptibility contributes to the risk of childhood leukaemia through the effects of gene–gene and gene–environment interactions.

## Conference Report

### Highlights from the 14th St Gallen International Breast Cancer Conference 2015 in Vienna: Dealing with classification, prognostication, and prediction refinement to personalize the treatment of patients with early breast cancer

**Angela Esposito, Carmen Criscitiello and Giuseppe Curigliano**

Division of Experimental Cancer Medicine, Division of Radiotherapy and Division of Pathology, European Institute of Oncology, Milan, Italy

Correspondence to: **Giuseppe Curigliano**  
Email: [giuseppe.curigliano@ieo.it](mailto:giuseppe.curigliano@ieo.it)

DOI: [10.3332/ecancer.2015.518](https://doi.org/10.3332/ecancer.2015.518)

The refinement of the classification, the risk of relapse and the prediction of response to multidisciplinary treatment for early breast cancer has been the major theme of the 14th St Gallen International Breast Cancer Consensus Conference 2015. The meeting, held in Vienna, assembled 3500–4000 participants from 134 countries worldwide. It culminated, on the final day, with the International Consensus Session, delivered by 40–50 of the world's most experienced opinion leaders in the field of breast cancer treatment. The panelist addressed the “semantic” classification of breast cancer subtypes by pathology-based biomarkers (e.g. estrogen receptor, progesterone receptor and HER2) vs genomic classifiers. They also refined the biomarker prognostication dissecting the impact of the various gene signatures and pathologic variables in predicting the outcome of patients with early breast cancer in terms of early and late relapse. Finally they addressed the challenges stemming from the intra- and inter-observer variability in the assessment of pathologic variables and the role of gene signatures for the prediction of response to specific therapeutic approach such as endocrine therapy and chemotherapy and for personalizing local treatment of patients with early breast cancer. The vast majority of the questions asked during the consensus were about controversial issues. The opinion of the panel members has been used to implement guidance for treatment choice. This is the unique feature of the St. Gallen Consensus, ensuring that the resulting recommendations will take due cognizance of the variable resource limitations in different countries. Information derived from evidence based medicine and large meta-analyses is of obvious and enormous value. The weakness of this approach is that it gives particular weight to older trials (which have accumulated more event endpoints) and is frequently unable to collect sufficient detail on the patients and tumors in the trials to allow assessment of whether the treatments which are better on average offer equal value to all currently definable patient subgroups. What St Gallen can provide is clinically useful updated breast cancer treatment consensus for the majority of patients treated outside of clinical trials (>90%) in most countries.

## Visions

### Improved adjuvant endocrine therapy for premenopausal women with endocrine responsive disease

**Aron Goldhirsch<sup>1,4</sup>, Marco Colleoni<sup>2,4</sup> and Meredith Regan<sup>3,4</sup>**

<sup>1</sup>Program of Breast Health (Senology), European Institute of Oncology, Via Ripamonti 435, Milan 20141, Italy

<sup>2</sup>Division of Medical Senology, European Institute of Oncology, Via Ripamonti 435, Milan 20141, Italy

<sup>3</sup>Department of Biostatistics and Computational Biology, Dana-Farber Cancer Institute, 450 Brookline Avenue, Boston, MA 02215, USA

<sup>4</sup>International Breast Cancer Study Group (IBCSG), Effingerstrasse 40, Bern 3008, Switzerland

Correspondence to: **Aron Goldhirsch**  
Email: [aron.goldhirsch@ibcsg.org](mailto:aron.goldhirsch@ibcsg.org)

DOI: [10.3332/ecancer.2015.544](https://doi.org/10.3332/ecancer.2015.544)

Results from two randomised global trials (SOFT & TEXT) designed to newly define the most effective components of adjuvant endocrine therapy for premenopausal women with endocrine responsive disease, showed that for some, those with high risk of relapse, the use of the aromatase inhibitor exemestane together with ovarian function suppression with GnRH analogue (triptorelin) yielded the most favourable treatment outcome compared with tamoxifen. For women with low risk of relapse, treatment with tamoxifen was similar to ovarian function suppression together with either exemestane or tamoxifen. For women with intermediate risk of relapse, ovarian function suppression added to tamoxifen was not inferior to exemestane, while it resulted in superior outcomes compared to tamoxifen alone. Now, these trials provide critical information for the adjuvant treatment of premenopausal women with endocrine responsive breast cancer and are important for the development of future trials for further improvement of adjuvant endocrine therapies for the younger population.

“The reasons for choosing to submit to **ecancermedicalsecience** were the facts that it is PubMed indexed, open access (which is really a plus regarding dissemination in the scientific community and citations) and the innovative platform which gives it a lot of visibility, with videos and a large presence at major conferences.”

Ana Catarina Pinto, Jules Bordet Institute, Belgium

## Special Issue

### Fertility preservation and breast cancer: a review

**María de Pedro<sup>1</sup>, Borja Otero<sup>2</sup> and Belén Martín<sup>3</sup>**

<sup>1</sup>Department of Obstetrics and Gynecology, HM Nuevo Belén University Hospital, HM Hospitales, José Silva 7, Madrid 28043, Spain

<sup>2</sup>Department of Obstetrics and Gynecology, Unit of Gynecologic Oncology, Cruces University Hospital, Barakaldo 48903, Spain

<sup>3</sup>Department of Obstetrics and Gynecology, Getafe University Hospital, Getafe 28905, Spain

Correspondence to: **María de Pedro**  
Email: [mdepedro@hnhospitales.com](mailto:mdepedro@hnhospitales.com)

DOI: [10.3332/ecancer.2015.503](https://doi.org/10.3332/ecancer.2015.503)

Breast cancer is the most common malignancy in women, and its incidence increases with age, with the majority of patients diagnosed after menopause. However, in 15–25% of cases, patients are premenopausal at the time of diagnosis, and about 7% of them are below the age of 40. Therefore, a considerable amount of young women are diagnosed with breast cancer during their reproductive life. Within this group, most cancer cases require cytotoxic chemotherapy and/or hormone therapy, which are responsible for a decrease in the patients' reproductive function, along with their age. The efficacy of such treatments, among other factors, has led to a high five-year-survival rate, which results in an increasing number of young women who survive breast cancer before having fulfilled their reproductive wishes, especially considering the current trend to delay pregnancy until the late 30s or early 40s in developed countries. The combination of these factors justifies the importance of fertility preservation and reproductive counselling at the time of breast cancer diagnosis in young women.

A wide range of fertility preservation techniques has been developed, such as ovarian suppression, oocyte and embryo cryopreservation, immature oocyte retrieval and in vitro maturation, and ovarian tissue cryopreservation.

Early counselling and referral of these patients to fertility specialists are fundamental factors in order to maximise their chances of pregnancy. This review aims to update the knowledge about the influence of breast cancer in fertility, the influence of pregnancy and fertility preservation techniques in breast cancer patients and assessment of ovarian reserve for a better treatment choice. A special section dedicated to BRCA-mutation carriers has been included because of their specific features.

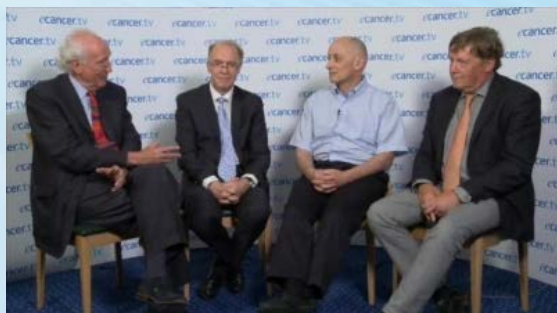
A comprehensive literature search has been conducted, including publications from the last five years.

PMC





## Most viewed videos from the past 6 months



### EHA 2015: Expert opinions on new treatment standard in multiple myeloma

Experts discuss an updated overall survival analysis of the effect of age on efficacy and safety outcomes in patients with newly diagnosed multiple myeloma receiving lenalidomide and low-dose dexamethasone (RD).

They also discuss carfilzomib as a replacement of bortezomib, following the ENDEAVOR study and the merits of adding elotuzumab to standard treatment, following the ELOQUENT-2 study. Daratumumab as an effective as a standalone therapy for heavily treated multiple myeloma is also considered, as well as a cytotoxic-free future.

**Prof Pieter Sonneveld, Prof Antonio Palumbo, Prof Gordon McVie, Prof Thierry Facon**  
<http://ecancer.org/video/3793>

87% of doctors who watch ecancer videos have said that they will change their current practice based on the information they have learnt.

Please contact Jon Birch [jon@ecancer.org](mailto: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, ESGO

"ecancer did a terrific job with the interview. On behalf of my entire network of collaborators please accept my sincerest appreciation for shining a light on our work."

Dr Thomas Sellers, Moffitt Cancer Centre, USA



### Personalised, genomic-guided combination therapy could transform early disease management in ovarian and breast cancer

Dr Leyland-Jones talks to ecancertv at WIN 2015 discussing his presentation 'Personalised combinatorial approaches to closing down all the key oncogenic drivers' given.

**Prof Brian Leyland-Jones - Avera McKennan Cancer Institute, Sioux-Falls, USA**  
<http://ecancer.org/video/3852>



### Initial nivolumab-based treatment halts melanoma progression

Dr Wolchok talks to ecancertv at ASCO 2015 about results from a randomised phase III trial which indicate that initial therapy with nivolumab alone or in combination with ipilimumab is significantly more effective than ipilimumab alone.

**Dr Jedd Wolchok - Memorial Sloan-Kettering Cancer Center, New York, USA**  
<http://ecancer.org/video/3735>



### Obinutuzumab doubles remission duration in patients with relapsed, indolent non-hodgkin lymphoma

Dr Sehn talks to ecancertv at ASCO 2015 about a phase III study that finds that adding the new anti-CD20 monoclonal antibody obinutuzumab to standard bendamustine chemotherapy significantly delays progression of indolent non-Hodgkin lymphoma (NHL).

**Dr Laurie Helen Sehn - BC Cancer Agency, Vancouver, Canada**  
<http://ecancer.org/video/3719>



### Phase III trial shows pembrolizumab preferable to ipilimumab in advanced melanoma

Prof Ribas talks to ecancertv at AACR 2015 about the findings of a phase III trial, which showed pembrolizumab to be preferable to ipilimumab in advanced melanoma.

**Prof Antoni Ribas - UCLA Jonsson Comprehensive Cancer Center, Los Angeles, USA**  
<http://ecancer.org/video/3630/>

## Most viewed video since launch with 43,570 views



### Molecular stratification of breast cancer: reaching the clinic

Prof Caldas presents at the symposium, 'Translational and tailored, but can we afford it?', at the 22nd European Association for Cancer Research, Barcelona, 8th July 2012.

**Prof Carlos Caldas - University of Cambridge, UK**  
<http://ecancer.org/video/1594>



### ASCO 2015: Latest developments in prostate cancer treatment

Experts consider the evolving landscape of castration-resistant prostate cancer (CRPC) treatment and give insight into potential treatments for use in late-stage disease, with a particular focus on new data that has arisen from the ASCO 2015 conference.

**Prof Cora Sternberg, Prof Noel Clarke, Prof Eleni Efstathiou, Prof Karim Fizazi**  
<http://ecancer.org/video/3738>

4,000

Expert Interviews

10M

Video Views

7500

News Stories

World's largest collection of oncology videos

# The latest in interactive e-learning

The International Society of Geriatric Oncology (SIOG) and eCancer have launched an extensive module on the Management of Prostate Cancer in Older Patients to support the dissemination of new treatment guidelines.

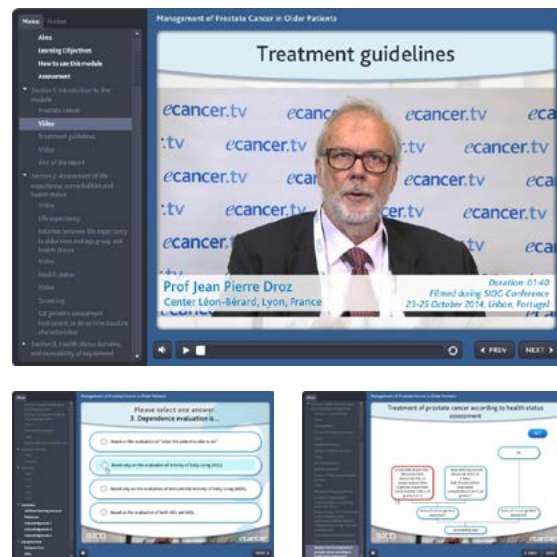
This unique module will give oncologists the means to access e-learning with up-to-date best evidence resources. Its wide assortment of interactivity includes videos, quizzes, games and click to reveal graphs to give users the ability to immerse themselves in learning. Users are also awarded with a certificate and 2 CME points upon passing the post module assessment.

*"This module is a convenient and simple means of engaging in free interactive education"* - Prof Gordon McVie, European Institute of Oncology, Milan.

Start the module at: <http://ecancer.org/education>

eCancer's courses are designed with a focus on long term clinical practice improvement. Other e-learning courses provided for free include:

- Angiogenesis in Gastric Cancer
- The TNM Classification System – Introduction to the System and tumours of the Breast, Colorectal and Prostate
- Personalised medicine
- Palliative care for healthcare professionals in Africa
- Tobacco cessation for nurses in Eastern Europe (available in 6 languages)



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 **ecancermedicalsecience** accepts submissions in Spanish. Articles are reviewed in Spanish, and then, once accepted, translated into English (FREE of charge), to be published in **ecancermedicalsecience**.

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.



"Latin America and the Caribbean have around 600 million inhabitants and approximately

1 million new cases of cancer per year according to GLOBOCAN 2012. Mortality-to-incidence cancer ratio are high compared to developed countries, tumour types such as cervical carcinoma are still extremely prevalent and inequalities in screening, diagnosis and access to optimal treatment exist in this region. Scientific data are scarce in this area, therefore ecancermedicalsecience provides the opportunity for investigators to generate regional information on epidemiological studies, clinical and translational research. High-quality peer-reviewed information is key in understanding the reality and pitfalls of cancer care in Latin America."

Gustavo Werutsky, Scientific Director, Latin American Cooperative Oncology Group (LACOG)



We are pleased to announce that ecancer is organising two Latin American Educational Symposia for 2016, the first on Prostate Cancer in Buenos Aires, Argentina (March) and the second on Radiotherapy in Santiago, Chile (May).



For more information please visit:

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

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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.



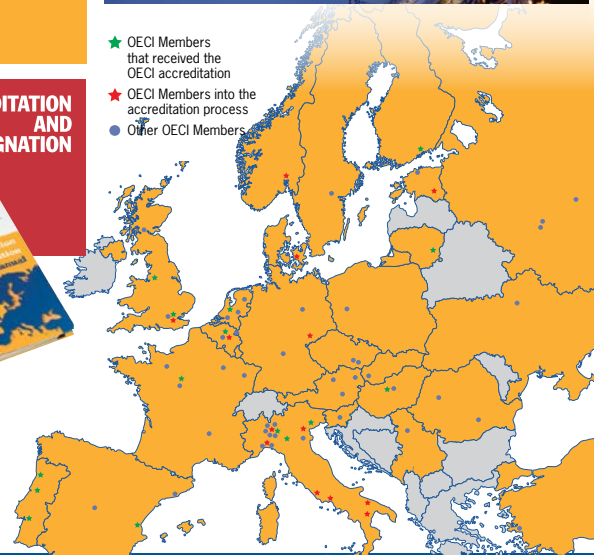
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DEVELOPING THE FUTURE IN COMPREHENSIVE CANCER CARE



- ★ OECI Members that received the OECI accreditation
- ★ OECI Members into the accreditation process
- Other OECI Members

ACCREDITATION AND DESIGNATION



The OECI is a non-governmental Organisation founded in Vienna, in 1979.

The primary objectives of its 70 Members are to reduce fragmentation and to give all European cancer patients the possibility of receiving the best available care. The OECI Members have established themselves in the innovation frontline by tailoring solutions to the individual patient, by gaining in efficiency and efficacy and with the potential to transform the way healthcare is delivered today.

To better achieve its goals, the Organisation works in close collaboration with the European Cancer Patients Coalition.

The OECI goals are achieved by promoting and strengthening the concept of Comprehensive Cancer Centres in Europe in order to improve quality in cancer care and translational research, as well as from an organisational viewpoint. In an effort to efficiently contribute towards an increase in the quality of care, 45% of all OECI Members are already participating in the OECI Accreditation/Designation programme.

## ecancerpatient



ecancerpatient.org is our empowerment platform that aims to help patients have a greater influence in their care. By increasing understanding of the latest treatments, the aim is for more patients to receive the most appropriate care for them as an individual.

Over the past two years, ecancerpatient has created over **50** patient friendly videos which have been watched over **90,000** times.

ecancerpatient provides information for patients to use while discussing treatment options with their doctor. Our videos are of cancer specialists talking

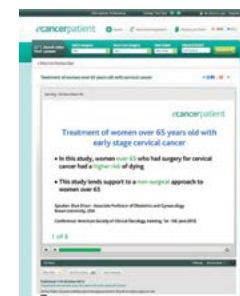
about the most recent advances in care and are designed to empower patients to become more involved in vital treatment decisions.

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.

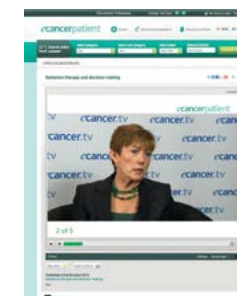
A summary of the information is then provided for patients to print off and use as a reminder when they are discussing this information with their doctor.

To view the videos or find out more please visit [www.ecancerpatient.org](http://www.ecancerpatient.org)

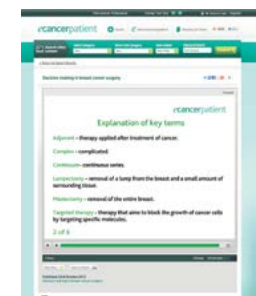
Clear key messages



Cancer specialist



Explanation of key terms





## 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*

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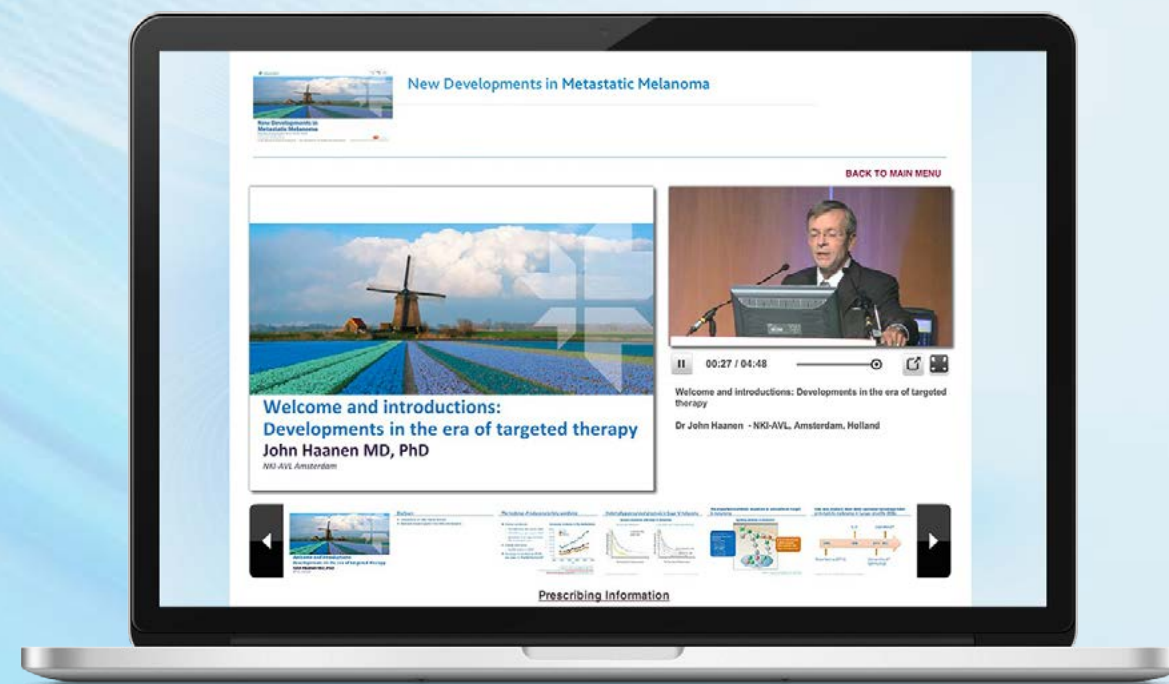
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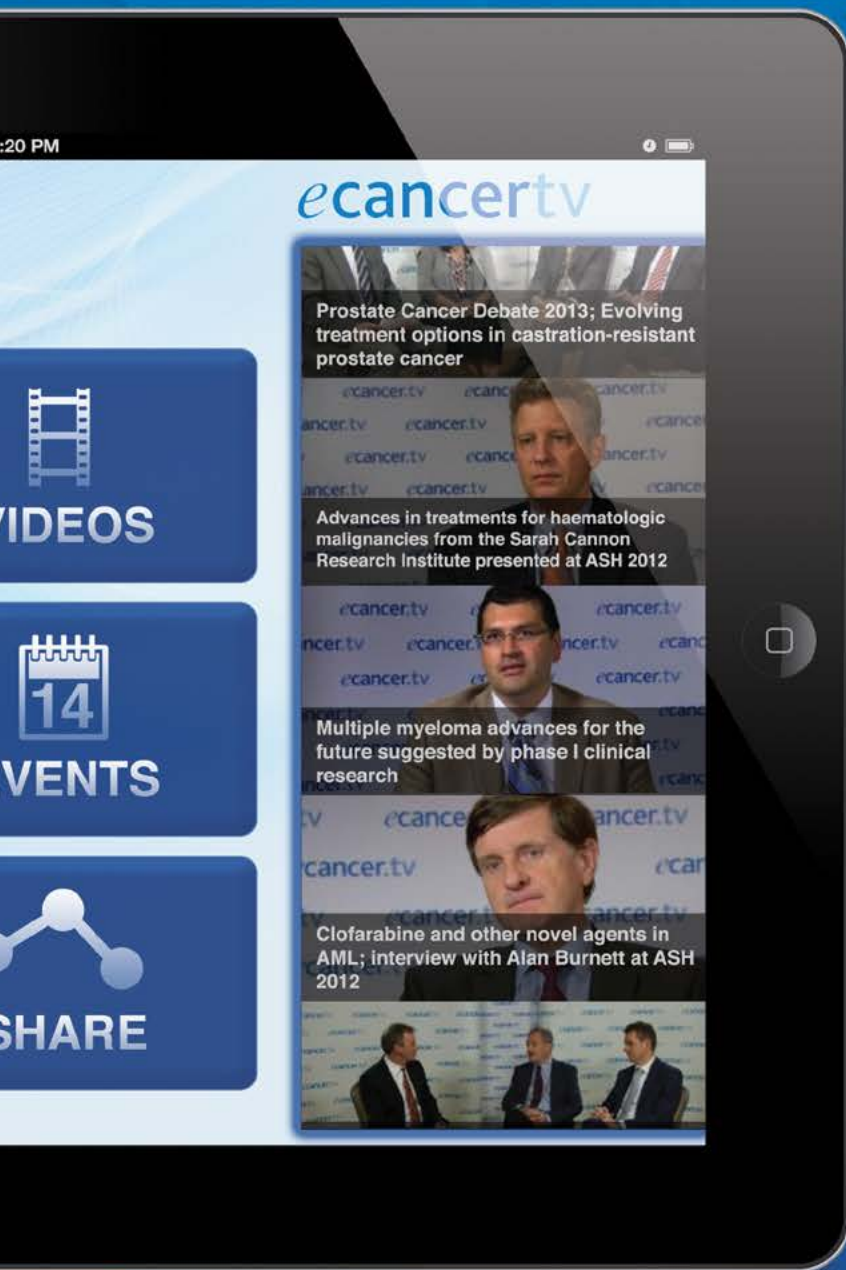


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