

# THE LANCET Oncology

## Will new agreement bring globalisation closer?

Cancer is a global disease in a world of increasing globalisation, yet there are vast differences throughout the world in the quality of the care provided. Contributing to these differences are a myriad of issues, ranging from the increasing complexity of treatment and prevention to basic access to the necessary skills, equipment, and drugs. In an effort to start addressing these discontinuities, the European Society of Medical Oncology (ESMO) and the American Society of Clinical Oncology (ASCO) have joined forces to develop a global set of recommendations for the training of medical oncologists (29th ESMO Congress; Vienna, Austria; Oct 29–Nov 2, 2004). The guidelines aim to ensure “that patients, wherever they are, have the chance to receive treatment from well trained physicians” and have been published in the November issue of the respective organisations’ journals. Setting guidelines for international recognition is a good start, but now much wider action needs to be taken.

As the physical barriers between countries and cultures are slowly being broken down, medical specialties and political systems need to adapt to the new environment. The increased speed and accessibility of international travel has meant that oncology conferences increase in size year on year, and more and more nationalities are now able to participate. Furthermore, improvements in communication technology have meant that the flow of information between cultures is much more rapid. These changes have had a positive effect on oncological research, which is vital in this era of increasing complexity. However, the erosion of barriers has also meant that the wide chasm in quality of care given to patients is becoming more and more evident, as is the inability for people to transfer their skills and qualifications, which is essential if cultures and countries are to learn from each other. The clinical practice of oncology now needs to catch up with globalisation.

The global core curriculum developed by ASCO and ESMO, and approved by leading oncologists in Japan, Argentina, and India, has proved that a network of countries and cultures can agree on the main tenets of medical oncology. However, guidelines have little effect on standards of care unless implemented effectively by institutions and followed through by changes in legislative restrictions. At present, some medical

specialties are recognised by all member states, and others, including clinical oncology, are recognised by only a limited number. Thus, transfer of these specialist qualifications is governed by each individual state, meaning that oncologists need to go through a two-tier system—one for their general medical status and the other for their oncological specialty—to have their qualifications recognised. And this is just within the European Union, worldwide recognition is another issue.

Accompanying the global standards of oncology training and the international recognition of the specialty, should come global standards of access and availability of care. Even with well trained physicians, barriers still remain to patients receiving the best possible care. The funding of care is a major issue worldwide. New drugs and technologies are expensive, and developed and developing countries alike are struggling to find the necessary funds to make full use of these facilities. And this situation is exacerbated by the differences between countries, especially the European Union and the USA, in approval of cancer drugs. Differing standards for approval mean that some drugs are available in the EU that are not approved in the USA, and vice versa. Yet trials are now being done that include patients from all over the world, and drugs are approved on the basis of a purely scientific approach. It is hard to comprehend how a drug can be approved in one country and not another when the same data is being used to make the decision, and when the differences between the populations are negligible.

Much needs to be done to ensure that patients worldwide get the same standards of care. Internationally agreed endpoints and standards are needed in multinational trials to allow intercountry conformity on drug approval and increased freedom for doctors to work alongside their international peers. The ESMO/ASCO concord is a clear indication that steps are being taken: oncologists have started the process by agreeing on common training needs, but medical certification boards, regulatory authorities, and governments worldwide now need the courage to develop policies that actively support these initiatives.

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