Throughout his long career, Professor Hans-Jörg Senn of the St Gallen Tumour Detection and Prevention Centre has shown an impressive ability to keep one step ahead of the field. In 1972 he was among a small group who initiated one of the first trials of adjuvant treatment of breast cancer, despite heavy opposition from the wider medical oncology community, who thought it was crazy to give chemotherapy to healthy women. In the mid-1980s he was one of the first to recognise that the heady pace of progress in finding medical solutions to cancer was slowing down, and that it was up to oncologists to find ways to help their patients live with their disease. And today, Professor Senn’s St Gallen centre is flagging up primary and secondary prevention as the next logical priority in the major cancers. It is a record that any budding young medical oncologist might wish to emulate. And yet, arguably, the unique talent of Professor Senn lies not so much in his pioneering ideas, but in his ability to bring the medical oncology community along with him. For it was from a small meeting in St Gallen of those “crazy” trialists that the International St Gallen Guidelines — now the reference point for adjuvant breast cancer therapy over much of the Western world — were later to emerge. How did he do it? Anna Wagstaff from CancerFutures took the train to St Gallen to ask him.

CancerFutures: The St Gallen Conferences are unique in that each time they end up delivering a new consensus about the best treatment options currently available, and these effectively become the guide-

lines used for the next two years in hospitals and clinics around the world. How did it all start?

Hans-Jörg Senn: The St Gallen Breast Cancer meetings started with
our work in breast cancer. Back in 1972, I had just taken up my position here in the Kantonsspital St Gallen, and we wanted to start a programme of adjuvant treatment of breast cancer. We were on the very brink of the era of using drugs to improve cure rates in breast cancer, just about a year after Gianni Bonadonna in Milan and Bernie Fisher in the States started their programmes. At that time adjuvant treatment wasn’t seen as innovative, it was seen as absolutely crazy, and we were heavily criticised by the medical oncologist community. We were ostracised for discussing results. So in 1978, we called a gathering of trialists. There were 78 of us, and that was actually the first of the St Gallen conferences.

After a few years, we decided to repeat this conference to monitor the progress of our clinical trials. So the next conference was held in 1984, and then in 1988 and so on. The consensus process was introduced at the third meeting. The conference chairpersons, Aron Goldhirsch and Richard Gelber and myself and a few others, wanted to unite all these differing results and views. And despite the objections of medical oncologists at that time, these conferences have grown ever since. To be frank, that is not what we had intended. All we wanted at the beginning was a gathering of trialists. But we began to realise that breast cancer is not just treated by trialists, but by virtually every hospital across the world.

If one centre claims to offer better treatment, you can end up with a kind of “patient tourism.”

Those of us who were involved in these first adjuvant breast cancer therapy trials felt that we needed to get together to exchange data and putting healthy women on chemotherapy.

The 1990 Consensus Conference opened on a harmonious note, with a concert in the spectacular St Laurenzen Cathedral.