

# Switzerland's cancer president

→ Peter McIntyre

When it comes to fighting cancer, coordination is key. And in the fiercely autonomous cantons of Switzerland, that coordination is provided by a network of institutes, leagues and foundations that covers everything from prevention and fundraising to clinical research. They all have one man in common – **Giorgio Nosedà**.

**T**he outside world sees Switzerland as a well-ordered country at the heart of Europe, famous for its neutrality, precision watches and the excellence of its chocolate, industry, medicine and trains.

But Switzerland is complicated. Physically it is indeed at the heart of Europe. But Switzerland has never joined the European Union. It is home to the World Health Organization and other UN bodies. But it only became a full member of the UN in 2002.

It is a neutral country with more soldiers under arms proportionately than any other European country. It is a democratic country that did not give all women the vote until 1971. It is a small country of seven million people, but it has four official languages and a federal system of government that gives huge autonomy to its 26 cantons (regions).

These contradictions can be seen in the Swiss health-care system, which is the responsibility of the cantons, rather than the federal government. The health system is a mix of compulsory insurance and public funding, with large

variations in funding by cantons. There is excellence in every aspect of cancer surveillance and treatment somewhere in Switzerland and the Swiss pharmaceutical industry is a leading producer of anticancer drugs. However, the Swiss system of cancer prevention, surveillance and care is patchy and lacks coordination and equity.

In terms of treatment, Switzerland is amongst the leaders in Europe. According to the EURO-CARE 3 study (2003), Switzerland stands fifth overall in terms of cancer survival, and tops the European league for treatment of rectal cancer in men. However, since Swiss cancer registries cover only 55% of the population, the EURO-CARE data may not be completely accurate.

Treatment needs to be good. The Swiss population has a higher risk of cancer than the average of the (former 15-country) European Union. Half of Swiss men (50%) and almost a third of Swiss women (32%) experience cancer at some point in their lives. For men in these 15 countries, only France has a higher rate, while Swiss women have the highest risk in all 15 countries.



TICINO MANAGEMENT

### A NATIONAL PROGRAMME

The first ever Swiss National Programme Against Cancer, published earlier this year, points out that with 31,000 new cases a year and 15,000 deaths, cancer is responsible for the greatest number of lost years and biggest loss of quality of life.

The programme says, "A large part of the Swiss population is poorly informed about cancer. Even the scientists and the politicians in

charge are not familiar with all the specific causes. In addition, equality of opportunity has not yet been achieved: the chance of being affected by cancer or of having a tumour diagnosed varies by region, canton and social and cultural grouping."

Part of the blame is placed on the variety of political approaches to health, especially to prevention and screening. The programme criticises "vaguely formulated" legal structures that leave responsibility with the cantons unless there is a provision to the contrary. The financial situation is equally difficult. "Cantons have few resources to undertake new activities, to an extent that they have to do their best while limiting their spending."

In October 2001 the Federal Department of Public Health (OFSP) and the Swiss Conference of Directors of Health for the Cantons (CDS) gave the job of drawing up a national cancer programme to Oncosuisse, an umbrella organisation of Swiss cancer associations and institutes.

And this is where Professor Giorgio Nosedà comes in, as he is president of Oncosuisse, and also president of other key groups developing the fight against cancer. And, since this is complicated Switzerland, naturally he is not an oncologist.

Giorgio Nosedà is a cardiologist at the Lugano Hospital (Ospedale Civico), in the Italian part of Switzerland, the canton of Ticino.

“The chance of being affected by cancer varies  
by region, canton and social and cultural grouping”

## He recalls the deputies trooping outside to smoke, after the law took effect

His life has been twin tracked. On one path his own successful career; and on the other, the pivotal role he has played in helping to tackle the lack of cohesion in Swiss cancer services.

Nosedá studied in Zurich and in Paris in the 1960s. His cardiology training was completed at the Hammersmith Hospital in London and as senior registrar at Berne. In 1974, he became chief of internal medicine at the Regional Hospital Beata Vergine in Mendrisio, in Ticino. Soon afterwards, he was elected a member of the cantonal Parliament, the Gran Consiglio. His beliefs in liberalism and society (“liberté, égalité et fraternité, et société, aussi” as he puts it) located him in the social democratic grouping, but no party. He was in the Canton Parliament from 1975 to 1989, and responsible for two significant laws.

### LAWMAKER

The ‘sanitary’ law in 1987 set out to improve public health, regulating the quality of food and water and, radically for the 1980s, limiting smoking in restaurants to special smoking areas. It also banned smoking in the Parliament. Nosedá recalls the deputies trooping outside to smoke, after the law took effect.

The hospital law of 1982 was less eye-catching, but just as important. It brought together all 10 hospitals in Lugano, Bellinzona, Mendrisio and Locarno under one administration, covering hospital care for the whole of Italian-speaking Switzerland. Ticino stole a march on the rest of Switzerland with an ability to plan and rationalise hospital services.

During this period, Nosedá was persuaded to join the Ticino League Against Cancer. As he was a visiting professor at Berne University Hospital, he was also deputed to be the representative to the national Cancer League in Berne, mainly on the grounds that he would be there anyway!

The work to improve cancer prevention,

detection and treatment caught Nosedá’s attention. In 1989, he gave up his seat in the Gran Consiglio to become president of the Swiss League Against Cancer. He saw that although many individuals and organisations were working on cancer, there was no single voice. Not even the Swiss Cancer League had functioning leagues in every canton. He worked towards the idea of a centre in Berne that would bring together the leading organisations.

Nosedá learned from Ticino, where Franco Cavalli had started an oncology division in Bellinzona, which grew into the Institute of Oncology of Southern Switzerland (IOSI). Cavalli was then a member of the same regional Parliament as Nosedá. He had persuaded politicians in Ticino to take cancer services seriously, and attracted leading practitioners to work with him.

Nosedá says, “Franco Cavalli set up a comprehensive cancer service with a centralised structure at Bellinzona, and units in every public hospital in the canton, a network which includes translational research and basic research. Most cantons do not have that.”

Understanding what could be done with better coordination, Nosedá was the inspiration behind what he calls “a cancer house” in Berne. This opened in 1996 as a home for a number of organisations that were beginning to work more closely together. They include the Swiss Cancer League, the Swiss Institute of Applied Cancer Research (SIAC) and the International Breast Cancer Study Group.

SIAC itself consists of three partners, the Swiss cancer registries (there are nine of them), and two clinical cancer research organisations: SAKK, responsible for research in adults, and SPOG, its paediatric counterpart. SAKK and SPOG each have nine centres around the country.

The centre at Berne is now home to about 100 people who are trying to coordinate and

develop the fight against cancer. Nosedá says, “This was the first step towards my idea for a network of institutions that would address the problem of the fragmentation of services in Switzerland. And I was lucky to secure funding, particularly from this region.”

Eventually these organisations formed Oncosuisse, an umbrella group that allows them to speak with one voice while they retain their autonomy. Nosedá, president of Oncosuisse, thinks of it like a holding company that can focus on strategic work. Oncosuisse also works with other leading Swiss institutions such as the Swiss Institute for Experimental Cancer Research (ISREC) in Lausanne.

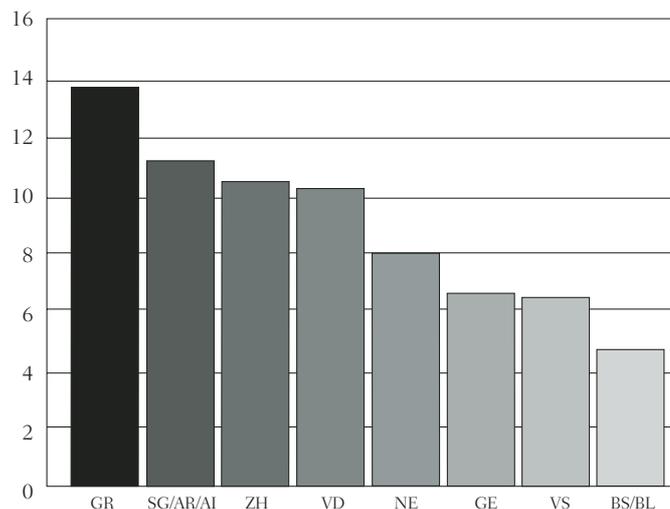
### A PATCHY PICTURE

In the bumpy graph that charts inequalities in Switzerland, the different rates of breast cancer are particularly striking. In the francophone part and Italian-speaking Ticino, survival of women with breast cancer is better than in the German east. The superior rates in the French areas can be explained in part by the fact that five French-speaking cantons set up a breast screening system. Ticino, however, got there by a rather more haphazard route.

Nosedá says, “We have good screening in Ticino, but no programme. The public is very educated, and women go to the gynaecologist and ask for screening. But gynaecologists make too many diagnostic procedures. In a controlled programme, mammography is every three years. In our canton, many women have mammography every one or two years. Results are good but we spend a lot of money unnecessarily.”

There are other anomalies. Graubünden in the east has twice the cervical cancer incidence of Geneva and three times that of the area around Basel. “Because health is a cantonal issue, we have 26 different health laws, says Nosedá. “In Graubünden region there is no oncology centre. Other parts of Switzerland have centres based at the Universities of Zurich, Basel, Berne, Geneva and Lausanne. In the south of Switzerland we have the Institute. This explains some of the inequality of treatment which exists in our country.”

The Swiss National Programme Against



**Cancer incidence varies greatly across Switzerland. You are three times more likely to develop cervical cancer if you live in Graubünden (GR) than if you live in Basel (BS)**

Source: Bouchardy C et al (2000), quoted in the Swiss National Programme Against Cancer, 2005

Cancer, written by Reto Obrist and Doris Schopper with the collaboration of many specialists, was published at the beginning of 2005 with five aims:

1. Better prevention
2. Early detection
3. Better quality diagnosis and treatment throughout Switzerland (better homogeneity)
4. A cancer register in all cantons with better national coordination to improve the epidemiological knowledge
5. Improved research, especially clinical research

The Swiss National Council has been asked to adopt a national law especially for prevention and early detection to back the fight against cancer. Nosedá says, “Now we are awaiting a decision. The Swiss Government and the cantons have built up a platform named the Swiss Health Policy. We hope that through this we can receive money for our programme. But it is very difficult, because some cantons want to preserve their autonomy.”

Nosedá has a vision for a network of oncology centres across Switzerland that will carry out screening and collaborate on treatment and

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clinical research. But this will take money as well as political agreement.

Along with others, he created Swiss Cancer Research (KFS), which gives SF 10–12mn (6.4–7.7mn euros) each year for research. Before Christmas, KFS will send out two million letters appealing for money, reaching almost every family in Switzerland. As president of KFS as well as Oncosuisse, Noseda is the public face of this campaign. However, despite raising these large sums, he says there is not enough money for all they want to do.

In 1996, Zurich banker Thomas Hoepfli set up the Swiss Bridge Foundation to win support for the fight against cancer from the Swiss private banking sector. In 2004 Swiss Bridge raised more than SF 3mn (almost 2mn euros) for research in Switzerland and abroad. Its scientific committee is headed by Gordon McVie, and its board of patrons includes Umberto Veronesi. Giorgio Noseda is president of the Board of Trustees. One of the Swiss Bridge projects close to his heart is Biobank Suisse, a Swiss national tumour bank, which will collect biological materials from cancer patients, from biopsies and blood and urine samples, together with clinical data. Noseda was one of the originators of this project, which is run by Reto Obrist, Director of Oncosuisse.

### AN INTERNATIONALIST

Oncosuisse also started an International Collaborative Cancer Research Project to fund collaborative projects between Swiss and foreign institutions.

Switzerland is home to important collaborative work. The International Breast Cancer Study Group, built up by Aron Goldhirsch and Monica Castiglione, now includes 35 countries in Europe, the USA, Canada and Australia.

The Foundation for Treatment and Research in Lymphomas, part of IOSI, hosts

the International Conference on Malignant Lymphomas every three years. Initiated by Cavalli in 1981, this has evolved into the world's most important meeting for the study and treatment of lymphomas. The International Extranodal Lymphoma Study Group (IELSG) established by Cavalli at Bellinzona now has 133 participating institutes, from Europe, Australia, north America, Asia and Latin America, and pools data from almost 3,400 patients.

Noseda is also president of the Foundation Council of the Institute for Research in Biomedicine (IRB), which opened in the year 2000 in Bellinzona, to foster collaboration among research groups studying basic mechanisms of immune defence against bacteria, viruses and tumours, molecular biology and basic cell research. Led by Antonio Lanzavecchia, the IRB has about 60 researchers, with more research teams expected to join. The Laboratory of Experimental Oncology, part of Cavalli's Institute, has a team of more than 20 researchers in the same building working on molecular pharmacology, drug development, cancer genetics and molecular biology.

International collaboration involving Swiss institutes is becoming more organised. The European School of Oncology runs an increasing number of its courses at the Oncology Institute of Southern Switzerland.

For his part, Cavalli is in no doubt that Noseda has played a pivotal role in the development of awareness and funding about cancer in Switzerland. "I have been collaborating with Giorgio in various organisations, in a variety of situations, for more than 30 years. As chief of medicine, he was the first to have the idea of creating an 'oncology service' at the beginning of what has now become the Oncology Institute of Southern Switzerland (IOSI). He is a great

organiser, a superb fundraiser, and moreover has a genuine interest in oncology.

“He has played a key role in reshaping the Swiss Cancer League and in creating Oncosuisse, the derivation of all organisations dealing with cancer in Switzerland. Because of his engagement with cancer, it is today easier for me to discuss cancer control planning and even cancer research with him than with many ‘pure’ oncologists!”

### A BUSY RETIREMENT

Now aged 66, Professor Nosedo will retire from his post at the Lugano Hospital at the end of 2005. His plans, however, do not sound like retirement. He will be a practising physician two days a week, and has a number of projects to develop.

He has plans, for instance, to create a Swiss Institute of Epidemiology, beginning by networking the existing nine cancer registries, then establishing new registries in all the other cantons and culminating in a more general epidemiology institute, probably attached to a Swiss University. “At present, teaching and research in epidemiology and the evaluation of patterns of care are weak. You have to have a base to fight against cancer. Only if you know the causes and the epidemiology can you do good prevention work. And our policy is to prevent cancer.”

He is also under pressure to help with other people’s plans. Cardiologists, bemused that their colleague had become the public face of cancer prevention and fund raising in Switzerland, have asked him whether he might switch his attention to heart disease, which faces many of the same problems. They would like him to help in the formation of an organisation to be named CardiovascSuisse

“I was invited by the Swiss Heart Foundation to speak at a conference in 2002 – Could we have an Oncosuisse for cardiology?”



The proportion of women over 40 who reported having had a breast scan at least once ranged from less than 32% in the east, to more than 60% in Ticino in the South and in Vaud, Geneva and Jura in the French-speaking part of Switzerland

Source: Swiss health survey (1997), cited in the Swiss National Programme Against Cancer, 2005

They invited me to change, but I have a public image as the face of oncology. I write the letters and they have my photograph on them. I cannot change now.”

However, he believes his work will benefit heart disease as well as cancer. “My vision when I built this cancer house in Berne would be to enlarge our centre and to have the same system for cardiology in Switzerland. My vision is that in the same centre there would be Oncosuisse and CardiovascSuisse, because prevention is about the same messages.”

The reality is that the cardiologists already have a great deal for which to thank Nosedo. Because one effect of the numerous organisations he has helped found or support, has been to foster the sort of national perspective and collaboration that are so essential in tackling all complex chronic diseases. In a country of cantons proud of their idiosyncratic differences and fiercely protective of their autonomy, this is no small achievement.

A national law for prevention and early detection is being proposed, to back the fight against cancer