European Society of Medical Oncology membership survey

Market research is a popular instrument used by industry to learn more about the profile and expectations of potential clients. Scientific and professional societies, the European Society of Medical Oncology (ESMO) included, also need to be acquainted with their members’ characteristics—their background, working conditions, activities, needs and expectations. These were among the considerations that prompted ESMO to undertake a membership survey. Last year, a questionnaire was designed and sent out by mail to 3457 ESMO members of whom 393 (11.4%) returned the completed files. Although the response rate was lower than hoped for, the results still provide significant information for the future direction of ESMO activities.

What is the profile of ESMO members?

ESMO members are mainly middle-aged medical oncologists (age: median, 47 years; range 26–77) who work mainly at university hospitals, general hospitals or cancer centers. Sixteen per cent of our members work in private offices (Table 1).

Two-thirds of our members have a specific interest in breast cancer, 56% in gastrointestinal cancers, 40% in lung cancer and 34% in hematological malignancies. Other major disease groups of interest are gynecological cancers, pancreatic, liver, urogenital, head and neck and skin cancers, and bone malignancies. The high interest in breast cancer is not surprising given the high prevalence of the disease as compared with lung cancer, which has a higher incidence rate but lower prevalence [1]. The fact that gastrointestinal tract cancers are also of major interest is of no surprise either: this reflects the high incidence and prevalence of malignancies of the gastrointestinal tract. More unexpected is the high interest of ESMO members in hematological malignancies (35%), which obviously are cared for by medical oncologists in private practice but also by many medical oncologists working in general hospitals and in some university institutions.

Important information was obtained from answers to the question on the format of educational activities, which is of great interest to ESMO members. Our survey revealed a clear ranking, with the highest impact attributed to medical journals (preferred by 81% of members), followed by courses and seminars (62%), conferences (52%) and textbooks (45%)—all ranking distinctly above e-learning (27%) and other electronic educational programs, such as satellite-transmitted presentations (11%).

When considering content, we found that 67% are interested in medical and scientific news, 48% in guidelines, 39% in information on good clinical practice and 24% in methodology of clinical trials.

How do ESMO members appraise ESMO activities?

The activity that received the highest ranking was ESMO’s scientific flagship, *Annals of Oncology*. Eighty-five per cent of the respondents ranked the quality as high or very high (Table 2). A similar ranking was given to our biennial ESMO Congress, which obtained a high-to-excellent scoring from 72% of those ESMO members who actively participated in the survey. Con-
considering the kinds of sessions presented during the congress, respondents gave priority to sessions on controversial topics (86%) and educational lectures (74%). Many members asked for more ESMO courses and found the topics dealt with in the courses interesting and challenging, but only a minority of those who responded positively had actually participated in one of our courses.

The ESMO Newsletter is read regularly by about half of our members, but some of them feel that the information is not very relevant to the problems that they face in their local workplace. It will certainly remain a difficult task to present information relevant to all our members in the newsletter. For ESMO, the newsletter’s main purpose is to share with members as much information as possible about ongoing activities, events and organizational changes.

Somewhat surprising is the lukewarm reception given to the ESMO web site. Only 20% of members regularly surf the site for new information. The site’s format and content have been substantially improved since the survey was conducted: additional information, such as the ‘virtual meeting’ at our last congress, in Nice, and the launching of the ‘clinical discussion forum’, is now included. This new undertaking seems to have been warmly welcomed: through it, ESMO members can now ask experts in specific fields for their comments on rare or difficult cases. As a result of this and many other undertakings, we expect the present average of about 16 000 pages served per week to be greatly surpassed.

In several countries, particularly large countries, the National Representative’s task may be particularly broad, and it is understandable that gaps sometimes occur between an individual member’s expectations and the input that the National Representative is able to offer. It is interesting to note, however, that only 53% of our respondents know their National Representative and many of our members consider their input insufficient.

What do members expect of ESMO?
Several ESMO members expressed a need for the full recognition of medical oncology in Europe and for the coordination of training systems and examinations. The publication of ESMO guidelines (Minimum Clinical Recommendations) for several specific clinical situations (e.g. [2–6]) was very well received by most members, and some expressed their wish to expand this activity. Other important recommendations were that ESMO use all its energy to encourage collaboration among various disciplines and to establish or expand close contacts between medical oncology and institutions for palliative care. Some members expressed a desire to meet annually at a major ESMO congress, and one ended his comments by saying that he is happy to be an ESMO member.

Heinz Ludwig (Past ESMO President)

References