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Nomination statement

The four most common cancer diseases throughout Europe are cancers of the breast, prostate, large bowel and lung, with incidence of about 400 000 of each in Europe (IARC, 2008). However, the mortality rates differ substantially, and colorectal and lung cancers cause > 600 000 deaths yearly. Thus, initiatives should be taken across European countries to 1) obtain improved molecular assisted non-invasive testing to reduce the incidence and 2) set up stratified cancer medicine programmes to ensure that targeted therapy is given to only those that benefit from it. It is instrumental to join forces between the research community and health politics, both within and between the countries, to obtain significant results for complete cancer care. With my experience at the national level in Norway, I believe I also can contribute towards these goals in the EACR Council.

I have documented strong scientific merits and been instrumental in a number of committees and boards of high relevance to strategic planning of Norwegian cancer research and cancer care. Of increasing importance is the scientific collaboration with biotech companies in order to contribute to knowledge and development of stratified cancer medicine. Based on the genomic tumour changes and certain genotypes of the host the future adjuvant cancer drugs should be given only to those that benefit from it. My experience in working closely with technology transfer offices in patenting processes as well as being board member of the Norwegian Centre of Expertise- Oslo Cancer Cluster will be beneficial for a representative in the EACR Council.