

An oral history of MASCC, its origin and development from MASCC's beginnings to 2009

Cynthia N. Rittenberg · Judith L. Johnson ·
Gerald M. Kuncio

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Abstract

Introduction This paper presents an oral history from the mid-1980s to 2009 of the start and evolution of the Multinational Association of Supportive Care in Cancer (MASCC) as seen through the recollections of the founders and early leaders. The growth of the supportive cancer care movement and MASCC's contribution to oncology supportive care is described.

Discussion As science was making progress towards better cancer treatment, a group of professionals began to research ways to prevent or mitigate the symptoms and side effects that accompany the disease and its treatments. Joining forces, they created an international, multidisciplinary organization to address and promulgate evidence-based practices of cancer supportive care. Through annual international scientific symposia, a peer-reviewed journal, an accessible website, and study group projects such as guidelines and tools, MASCC is accomplishing its mission.

This history was compiled based on interviews by Gerry Kuncio with MASCC's founding members and past presidents as noted in Appendix 1. The manuscript was written and edited by Cynthia N. Rittenberg, RN, MN, AOCN, FAAN, Executive Director MASCC and Judith L. Johnson, RN, PhD, FAAN, Associate Director MASCC. MASCC thanks Jørn Herrstedt for his thorough review and contribution to the history. The document will be updated every 5 years.

C. N. Rittenberg (✉)
MASCC,
Metairie, LA, USA
e-mail: crittenberg@mascc.org

J. L. Johnson
MASCC,
Richfield, MN, USA

G. M. Kuncio
Pittsburgh, PA, USA

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Introduction

By the 1960s and 1970s, new drugs and treatments were making tremendous strides in the battle against cancer. Following the successes of the 1960s and 1970s, the field of oncology experienced fewer dramatic gains in therapeutic advances. Drug treatments for solid tumors peaked in terms of overall therapeutic response. Surgery continued to be an often-used intervention for most cancers. Radiation therapy helped many patients live longer, and improvements in technologies ameliorated many of the side effects of this form of treatment. Cancer was no longer a death sentence, but was becoming treatable and, in some cases, even curable.

This therapeutic plateau provoked a number of responses. Attention shifted to symptoms and side effects of cancers and their therapies. Quality of life became a key issue as cancer patients found themselves living beyond their cancer diagnosis. Major strides were made in the tools to assess patients' well-being. In nonmedical circles, there was a strong wave of hospice and palliative care movements outside of cancer centers in response to a perceived gap in terminal patients' care and the demand by patients and their loved ones for something "better." The palliative care movement initially focused on end-of-life care and the terminal nature of cancer rather than its cure. This movement emphasized pain management, psychological well-being, and end-of-life care. Oncology professionals increasingly recognized that there was a need to design and implement strategies that would provide support throughout all phases of the cancer experience (diagnosis, treatment, posttreatment rehabilitation, and end of life). Many began envisioning a

broader approach to cancer care that included both treatment and supportive care. Gradually, the concept of supportive care began to gather momentum at clinical and health-related conferences and professional meetings.

These hallmarks in cancer care marked the beginning of what became known as the supportive care in cancer movement and of the beginning of the Multinational Association of Supportive Care in Cancer (MASCC), an interdisciplinary association dedicated to research, policy, and programs to improve the lives of patients and caregivers touched by cancer. This paper presents a history of the supportive care movement in oncology as seen through the eyes of MASCC's founders and early leaders of the MASCC board and committees (Appendix 1). It is not intended to be a complete documented historical account of the organization but rather is an oral interpretive recall by those who were involved in MASCC at that point in time. Described here are the recollections of those interviewed regarding the evolution of supportive care and MASCC's inception and response to this important dimension of the cancer experience.

The beginnings of MASCC

In Brussels in the mid-1980s, at the Institut Jules Bordet, infectious disease specialist Professor Jean Klastersky questioned how to manage and successfully treat secondary infections experienced by cancer patients. Dr. Stephen Schimpff, who was the Director of the University of Maryland Cancer Center in Baltimore, joined him in this quest. At the same time, at the Tumor Detection and Prevention Centre in St. Gallen, Switzerland, Professor, Dr. Med. Hans-Jorg Senn and chief nurse Agnes Glaus began asking whether cancer patients' "care" should not be put on equal footing with patient treatment and "cure." In New York City, Dr. Richard Gralla, a lung cancer specialist at Memorial Sloan Kettering, observed the dramatic impact that cisplatin had in shrinking tumors, but he also saw patients refuse the treatment rather than face the debilitating emesis and fatigue. Initially, these professionals worked on separate tracks and their field of study was so new it did not even have a name.

With a greater number of medical and other professionals in Europe and North America focusing on the overall needs of cancer patients, Senn and Glaus thought it a propitious time to bring people together. In February 1987, they convened the First International Symposium on Supportive Care in Cancer at St. Gallen, Switzerland. Senn chaired the conference and medical sessions while Agnes Glaus, RN and Judi Johnson, PhD, RN, then the President of the (American) Oncology Nursing Society, chaired the nursing sessions. The term "Supportive Care," coined by Professor Senn, gave the movement a name and later a

journal [1, 2]. This very first meeting drew 700 professionals from 29 different countries. The program was presented in four different languages with simultaneous translations, and the proceedings were published 8 months later [3]. The symposium was a definite success and gave rise to annual meetings that focused on supportive care research, policy, and educational needs.

The St. Gallen symposium included features that later would become hallmarks of MASCC. Glaus and Senn organized the meeting with some sessions multidisciplinary and interprofessional. Most sessions were designed to include all professionals, rather than being restricted to one profession, such as sessions just for doctors or just for nurses or social workers. Attendees included representatives of all professions who played a major role in managing the care and well-being of cancer patients—doctors of various oncological disciplines (medical, radiotherapeutic, surgical), nurses, social workers, psychologists, pharmacists, and chaplains. Although interprofessional sessions are common today, Glaus and Senn received some criticism at that time. But they insisted that cancer care would be addressed best by using a problem-oriented, rather than a degree-oriented, approach. Sessions would include all people who could bring something to the table. The practice continues in MASCC today.

Nine months after the first St. Gallen meeting, Schimpff and Klastersky organized their own symposium on supportive care in cancer in Baltimore in November 1987. This symposium, smaller in scope and attendance, focused on medical oncology and less on nursing and palliative issues than had the conference in St. Gallen. In particular, the conference emphasized reducing and managing side effects such as nausea and vomiting, fatigue, and secondary infections. Klastersky and Schimpff organized and held a second conference in June 1988 in Brussels. By alternating their meetings between North America and Europe, they introduced another hallmark that later would be adopted by MASCC.

Klastersky and Senn quickly recognized they were working toward a common purpose and that collaboration between them would advance the cause of supportive care in cancer far more than competition. Working together, in 1990, they organized the Second International Symposium on Supportive Care in Cancer that again was held in St. Gallen. That meeting eliminated separate tracks for doctors and nurses, opening sessions to all professions interested in a topic. Klastersky proposed incorporating a society dedicated to supportive care, to be called the "International Conference for Supportive Care in Cancer" (renamed Multinational Association of Supportive Care in Cancer at incorporation) and headquartered in Belgium. Senn agreed and offered to create and edit a journal for the society (*Journal of Supportive Care in Cancer*, by Springer Publishers, Heidelberg, Germany, and New York/USA). Thus was born the MASCC in 1990.

Growth and development of MASCC in the 1990s

Dr. Klastersky assumed the presidency of MASCC, a position he would hold for 10 years, while Dr. Senn served as treasurer and journal editor. Dr. Mario Dicato of Luxembourg completed the group of officers as secretary. They and an informally selected Board of Directors would shape the policies and practices of the new organization and with it the direction of the supportive care in cancer movement internationally.

As had been the case with the symposia preceding the formal organization of the society, the newly formed organization emphasized a collegial, multinational, multicultural, multidisciplinary approach. MASCC opened membership broadly to all professionals working in supportive care, and this was reflected in the composition of its initial membership. While the majority of members were physicians, other professionals were well-represented, especially oncology nurses.

MASCC's governors saw its initial mission, most profoundly and most fundamentally, as defining, shaping, and advancing the concept of supportive care in cancer. The field of “supportive care” was still relatively new and loosely defined when the organization was formally incorporated in 1990. To put supportive care on the most solid footing possible, MASCC's founders from inception insisted that the society would emphasize evidence-based practice. Advancing the field of supportive care as a discipline in oncology, they believe, could only be achieved through strong, reliable, and valid science.

This evidence-based approach reflects two fundamental features that define MASCC: its journal and its study groups. The first *Supportive Care in Cancer*, MASCC's official journal, was published in January 1993 by Springer with Prof. Senn as the editor-in-chief. Senn envisioned and developed the journal as an academic publication, with high intellectual integrity and independence from outside interests. This would be a journal dedicated to publishing evidence-based articles on supportive care. The table of contents of the initial issue reflects the quality of articles presented (Appendix 2). In his opening editorial, Senn noted: “The new journal will try to serve as a forum for rapid communication and excellence in supportive care in cancer” [1]. President Klastersky, in an accompanying editorial, wrote: “...the structures are now available for further interaction and cooperation in a field that is becoming essential in cancer medicine” [2]. The journal was accepted into medical libraries on its first year of publication and had an “impact factor” in its second year, both rarities for a newly established medical journal.

The study groups had similar successes, with a number of groups becoming known throughout the oncological community for published guidelines and other scientific

studies. MASCC study groups were formed as working groups of peers in order to conduct research or to develop educational programs in specialized fields of supportive care. This was a unique opportunity for young members to join forces with opinion leaders in the interest of supportive care and MASCC. The earliest study groups were organized around the issues championed by the founders of MASCC where scientific and medical studies were already underway—infection, antiemetics, pain, and patient education. Study group membership was opened to any MASCC member with an interest in a particular area. MASCC and its study groups considered the purposeful uniting of professionals with differing backgrounds from all parts of the world as a strength that would provide the best approach to advance supportive care.

In 2000, the Infection Study Group first published guidelines on assessing the risk of febrile neutropenia in cancer patients undergoing chemotherapy or other cytostatic treatments [4]. What is now referred to as “the MASCC Score” can be used to identify patients at low risk for serious complications of febrile neutropenia.

The Antiemetic Study Group was not far behind the Infection Study Group in developing guidelines. When the first successful antiemetic drugs were introduced in the early 1990s, MASCC's Antiemetics Study Group, chaired by Dr. Richard Gralla, developed guidelines for their use and for measuring success [5, 6]. Gralla and his colleagues had been working on the issue since before MASCC was formed and used the study group as a vehicle to draw together people with the best scientific knowledge to researching prevention of nausea and vomiting associated with chemotherapy.

As MASCC grew, not only were more study groups formed, but MASCC also developed a unique liaison with the International Society for Oral Oncology. Scientific studies into oral complications from cancer treatments generated a valuable new partner for MASCC in the 1990s and helped expand the scope and influence of each organization. Through the 1970s and early 1980s, dentists and dental hygienists providing clinical care and conducting research predominantly at cancer centers in the United States had examined the complications cancer treatments caused to the oral cavity and digestive tract. The first meeting of some of these individuals was conducted in Baltimore, Maryland in 1981, chaired by Drs. Douglas Peterson and Stephen Sonis. A second meeting was held in Boston, Massachusetts in 1983, chaired by Drs. Sonis and Peterson as well as Dr. Mark Schubert. The group organized as the Society of Oral Oncology in 1986, and annual meetings were subsequently held each year through 1997. Global expansion occurred when this group reorganized as the International Society for Oral Oncology (ISOO) and held its first meeting as the newly constituted group in

1992. Concurrently, Dr. Peterson had recently become a MASCC member; this in turn led to discussions within ISOO directed to potentially joining in partnership with MASCC. After careful consideration, ISOO concluded that the best way to “grow the science” of treating mucositis and other oral complications from cancer and cancer treatment was to join forces with MASCC. Attracted by MASCC's study groups, complimentary mission, holistic approach to cancer care, emphasis on evidence-based findings, and commitment to excellence, ISOO concurred that Dr. Peterson should contact MASCC leadership in 1997 about aligning the two groups. This led to a joint meeting between Prof. Klastersky and Dr. Peterson in 1997 in Brussels, at which time the details of the proposed alliance were addressed. In 1998, ISOO and MASCC agreed to create a strategic alliance between the two organizations, signed by Professor Klastersky and Dr. Phil Fox representing MASCC and ISOO, respectively.

The cumulative effect of the organization of MASCC, the formation of study groups, the publication of the journal, the continuation of the symposia, and the strategic alliance with ISOO was profound. The first official meeting of MASCC as an organization was held in Bruges in 1992, followed by another conference in St. Gallen in 1993. MASCC's first North American symposium was held in New Orleans in 1994, initiating the tradition of alternating the meeting locations between Europe and North America. A list of MASCC/ISOO symposia can be seen in Table 1.

Supportive care was a concept without a name until 1987. Only 10 years later, it was an established field of oncology with an international following and reputation

Finances and reincorporation

By the middle 1990s, MASCC established itself as the leading organization in supportive cancer care. MASCC named and defined the field, brought professionals interested in the topic together at annual symposia, created and implemented evidence-based study groups, and launched a widely cited journal on supportive cancer care.

However, challenges arose. First, larger professional oncology organizations (e.g. ASCO, ESMO) began to pay serious attention to the concept of supportive care and encouraged presentations at their annual meetings. Secondly, MASCC did not market itself and thus its membership and conference participation did not grow. Thirdly, MASCC's financial position was precarious. MASCC, with its emphasis on evidence-based studies, had largely eschewed advertising and other forms of funding from large pharmaceutical companies, limiting the revenue the journal could produce. For example, its journal, *Supportive Care in Cancer*, required significant resources to maintain and grow. For a comparatively small professional association with limited money in its treasuries, the burden placed on MASCC to improve its revenue base was significant. The situation was similar with the annual symposia.

Table 1 MASCC symposia chairs and locations

Year	Location	Symposium chairs
1992	Brüges; Belgium	Jean Klastersky
1993	St. Gallen, Switzerland	Hans-Jörg Senn, Agnes Glaus
1994	New Orleans, USA	Richard Gralla
1995	Luxembourg, Luxembourg	Mario Dicato
1996	Toronto	Ronald Feld
1997	St. Gallen	Hans-Jörg Senn, Agnes Glaus
1998	San Antonio	Edward Rubenstein
1999	Nice	Michèle Viot
2000	Washington	Stephen Schimpff
2001	Copenhagen	Jørn Herrstedt, Dorit Simonsen
2002	Boston	Paul J. Hesketh
2003	Berlin	Petra Feyer
2004	Miami	Declan Walsh
2005	Geneva	Matti S. Aapro
2006	Toronto	Ronald Feld
2007	St. Gallen	Hans-Jörg Senn, Agnes Glaus
2008	Houston	Linda Elting, Eduardo Bruera
2009	Rome	Fausto Roila, Maurizio Tonato, Sebastiano Mercadante

Although successful at bringing supportive care proponents and practitioners together, the ability of the symposia to produce revenue for MASCC was directly dependent on attracting attendees and keeping costs reasonable. With membership at a standstill, this was becoming increasingly difficult.

In 2000, MASCC experienced a leadership transition. Jean Klastersky, a founder of MASCC, a visionary in the field of supportive care and the organization's first and only president, announced his intention to retire after a decade as president. MASCC had no succession plan in place or procedures developed for holding elections. The time was ripe for evolutionary changes in the organization and in its approach to governance policy and procedures.

As a first step, MASCC's Board of Directors elected Dr. Richard Gralla the organization's second president. Dr. Gralla was a founding member of MASCC and had worked in the field of supportive care since the late 1970s. Under Gralla's leadership, MASCC made a number of changes designed not only to shore up its finances and governance procedures, but also to increase its visibility, programs, and role in the general oncology scene.

The first executive director, Cynthia Rittenberg, RN, MN, AOCN, was hired in June 2001. Working closely with Gralla and the board, Rittenberg oversaw MASCC's day-to-day operations and financials and worked to optimize all potential revenue and monetary streams. To ensure smooth leadership transitions in the future, Rittenberg's first move was to incorporate MASCC as a 501(c)3 US-based nonprofit organization. New Articles of Incorporation and By-Laws were written and approved, allowing formal procedures for the election of the president and the election and appointment of board members. The provisions mandated, among other things, that the presidency must shift continents with each election, a means of institutionalizing MASCC's multinational and multicultural character and ensuring that a broad range of international issues would continue to flourish in discussions and meetings. A greater emphasis was placed on ensuring that the annual meetings “finished in the black”; membership rolls were scrutinized, with the objective of having the journal and other benefits provided only to dues-paying members.

While generating revenue was essential to ensure the sustainability of MASCC, it also was recognized that MASCC's membership base had to grow and simultaneously reflect a more global presence. A scholarship membership process was formalized to allow membership of professionals from low-resource countries. Travel scholarships were created to further encourage a diverse attendance at meetings.

Dr. Gralla understood the importance of partnering with industry for mutual education and benefits. A Corporate Advisory Council was started to create a forum between MASCC and pharmaceutical companies where there could

by dialogue and honest discussions as to how to further the field and also to help MASCC understand how to better strategically position itself.

To help guide the organization as it entered its second decade, professionally run strategic planning meetings were held in 2002, 2004, and 2008. While Prof. Klastersky offered a definition of supportive care in his January 1993 editorial, noting how difficult it was to define, his definition (“the comprehensive medical, nursing, and psychosocial help that the patients need besides specific therapy of cancer”) [2] was never adopted formally. At the 2002 strategic planning meeting, the first official MASCC definition of supportive care was developed and promulgated. This was refined in 2008 to read: “Supportive Care in cancer is the prevention and management of the adverse effects of cancer and its treatment. This includes management of physical and psychological symptoms and side effects across the continuum of the cancer experience from diagnosis through anticancer treatment to post-treatment care. Enhancing rehabilitation, secondary cancer prevention, survivorship and end of life care are integral to Supportive Care.

Supportive Care:

- alleviates symptoms and complications of cancer
- reduces or prevents toxicities of treatment
- supports communication with patients about their disease and prognosis
- allows patients to tolerate and benefit from active therapy more easily
- eases emotional burden of patients and care givers
- helps cancer survivors with psychological and social problems” [7].

At the strategic planning meetings, goals were set that included the following: (1) education of MASCC members and other professionals and influence of MASCC in healthcare; (2) visibility and communication with members; (3) ensure financial resources to pursue goals; (4) research to enhance evidence-based knowledge of supportive care in cancer's specific areas defined by members through study groups; and (5) effective organizational structure [8].

As MASCC grew in members, international scope, and projects, it became obvious that infrastructure needed to expand in order to carry forth the mission, programs, goals, and objectives of the organization. Following the appointment of Cynthia Rittenberg as executive director in June 2001, Beth Hollen was hired as the web managing editor and Business Services International, Inc. as meeting planner in 2003, while Dr. Judi Johnson was appointed associate director in 2005. In 2008, the Board of Directors began their search for a development director to help find funding to support the ever-growing number of projects of the study groups.

To expand its global reach, MASCC's communication plan included developing a strong Internet presence; to meet this objective, a website was introduced in 2003. The website facilitated another avenue for presenting the association's scientific and professional contributions. Subsequently, journal content became available online, and the website now serves as a clearinghouse for information on supportive care education and research initiatives. In 2006, members began receiving quarterly e-newsletters.

MASCC in the twenty-first century

Gralla served as MASCC's president for the following 4 years, while the new governance documents were established and MASCC stabilized professionally and financially. Under the succession plan adopted by the board, presidents would now serve a 2-year term as president elect and a second 2-year term as president and a final 2 years as past president. Gralla was succeeded as president in 2004 by Dr. Matti Aapro of Switzerland (see Table 2 for a list of presidents).

Aapro not only served as president, but also chaired the 2005 annual International Meeting in Geneva while president. He championed the development of national or language-based associations in supportive care as a way to facilitate further MASCC's global penetration and representation. Aapro recognized that, within a country, professional oncology organizations wanted to add sections of supportive care. Some countries formed their own supportive care groups. MASCC became sensitive to the needs of these groups and thus a process was defined for these groups to receive MASCC recognition. Following his presidency, Dr. Aapro helped launch a French-language supportive care association, with representatives from French-speaking parts of the world, including France, Belgium, parts of Northern Africa, Romania, and eventually, representatives from Canada's French-speaking communities.

In 2006, Dr. Paul Hesketh succeeded Aapro as president. Hesketh, an American, had chaired a highly successful meeting in Boston in 2002 that placed MASCC on firmer financial footing. Understanding the valuable role study

groups played in bringing together leading experts in a particular field of supportive care, Hesketh placed special emphasis on improving the organization and activities of the study groups. During his presidency, study groups grew in number to 17, chaired and cochaired by recognized experts in their respective fields. The groups became formalized, with clearly defined missions, roles, and responsibilities, in hopes that all would have a demonstrable and measurable impact in their chosen area of supportive care. In addition, under Dr. Hesketh's presidency, negotiations took place with Springer, publisher of the MASCC journal, resulting in a new contract that ensured greater collaboration and communication between the organization and publisher.

MASCC's current president is Professor, Dr. Med. Jørn Herrstedt of Odense University Hospital in Denmark. He chaired the MASCC meeting in Copenhagen (2001), a meeting that brought together 848 health care professionals. This number of attendees was not exceeded until the meeting in Rome 2009 (934 attendees). Herrstedt focused on increasing the membership of MASCC by improving benefits for members, such as the members' only section on the website that was activated in June 2009. He continued the work of Hesketh to support and grow the study groups. Professor Herrstedt will be succeeded in 2010 by Dr. Dorothy Keefe, from Adelaide, Australia. She will be MASCC's first female president and the first to come from outside Europe or North America.

Time and time again, the founders and past presidents interviewed for the MASCC history project emphasized the same point: that MASCC's influence in the field of oncology is demonstrably greater than its size. MASCC, with its over 800 active members as of 2009, still remains a small organization when compared to many other oncology societies. Physicians currently comprise 50% of the membership, with the rest represented by other professions, such as nursing, dental medicine, pharmacists, psychosocial oncology, behavioral science, social work, and providers of spiritual care. The over 800 members are from more than more than 60 countries (see Appendix 3) and several hundred hospitals and cancer centers throughout the world, giving MASCC a global presence.

The association's journal, *Supportive Care in Cancer*, can be found in virtually every major hospital and cancer center in the world and is available in both print and online formats. This provides a potential readership of thousands more and an exponential influence and meanwhile has attained an impact factor of more than 2, which is remarkable for a journal of this type. In 2008, after a worldwide search by the Publications Committee, Fredrick Ashbury, PhD, of Canada was selected as the next editor-in-chief. He moved into full office in January 2009 after Prof.

Table 2 MASCC presidents 1990–2010

Period	President
1990–2000	Jean Klastersky
2000–2004	Richard J. Gralla
2004–2006	Matti S. Aapro
2006–2008	Paul J. Hesketh
2008–2010	Jørn Herrstedt

Senn stepped down and became “founding editor” at the end of 2008. Study groups have become the heart of MASCC and a most visible component of the association. The groups continue to conduct important research, guideline development, and education in supportive cancer care. MASCC study groups cover a wide range of topics. Additionally, the website has grown to be a source of information and education as it constantly grows and adds more resources.

MASCC continues to publish guidelines that have become the standards for treatment and care in their fields. The guidelines give MASCC an influence and name recognition far above its membership numbers. The first published guidelines were in the areas of infection and febrile neutropenia. MASCC published the first ever Antiemetic Guidelines in 1998, which were updated in 2004 [9–18] and 2009. The MASCC Antiemesis Tool was released in 2004 to assist patients and oncology professionals in communicating accurately about the prevention and control of nausea and vomiting that may occur with chemotherapy. The tool was validated in a study by Molassiotis [19]. Also in 2004, the Mucositis Study Group developed clinical practice guidelines for preventing and treating mucositis and these were updated in 2007 [20, 21]. All guidelines are available for free in published or download form and are translated into multiple languages. Many are also available as slide sets and PowerPoint presentations. Members of the Education Study Group from 15 countries researched and wrote the MASCC Oral Agent Teaching Tool [22–24]. This tool is available on the web in several languages and, to date, three articles about the development of the tool have been published in the MASCC journal. The Skin Toxicity Study Group held a multinational, multidisciplinary working panel and developed an evidence-based grading scale for skin toxicities caused by epidermal growth factor receptor inhibitors. This scale is published in the MASCC journal [25] and slides are available on the MASCC website [26].

Conclusion

As it closes out its second decade, MASCC continues to make a considerable effort to expand its multinational, multidisciplinary reach beyond its traditional base in Western Europe, North America, and Australia. Membership has spread to Eastern Europe, Asia, Central and South America, and Africa (Appendix 3). As people in these areas begin to have greater access to health care, MASCC can and will provide valuable insights and guidance on treating and managing all supportive aspects of cancer and its care. At the same time, it can also learn from the approaches

Table 3 MASCC distinguished service award winners 2002–2009

Year	Recipient
2002	Lawrence H Einhorn
2003	Hans-Jörg Senn
2004	No recipient
2005	Jean Klastersky
2006	Richard J. Gralla
2007	Agnes Glaus
2008	Douglas Peterson
2009	Maurizio Tonato

taken in low-resource countries. MASCC is exploring the creation of strategic alliances as a means of growing the organization and expanding its influence.

Many people have dedicated time and efforts to MASCC/ISOO. In 2002, MASCC presented, for the first time, the MASCC Distinguished Service Award to Lawrence Einhorn. This distinguished achievement award is reserved for those with the highest levels of support to the society and unparalleled contributions to the society's mission (see Table 3 for a list of award winners).

This document is a brief overview of MASCC's beginnings and progress as it approaches the 20th year of incorporation. MASCC anticipates growth in both membership and projects for many years to come as more patients and families deal with the symptoms of cancer along with the side effects of treatments. MASCC is convinced that “Supportive Care makes Excellent Cancer Care Possible.” Core values, quality, ethics/integrity, implementation, multidisciplinary, evidence-based research, maximization of quality of life, education, multiple constituencies, communication and access, advocacy, independence, and respect for cultural diversity remain as strong today as it did in its early years.

Appendix 1 Persons interviewed by Gerry Kuncio

June 26, 2008 (at the MASCC Houston Symposium):

Paul Hesketh, MD

Douglas Peterson, DMD, PhD

Hans-Jorg Senn, MD

June 27, 2008 (at the MASCC Houston Symposium):

Agnes Glaus, PhD, RN

Judi Johnson, PhD, RN

Richard Gralla, MD

Matti Aapro, MD

October 21, 2008 (by telephone):

Jean Klastersky, MD

November 5, 2008 (by telephone):

Mario Dicato, MD

Appendix 2

Table of contents—first issue of SCC

12 articles	Volume 1, number 1/January, 1993
	Journal: Supportive Care in Cancer
Article	1
How “supportive” is yet another international oncology journal?	
PDF (101.4 KB)	
Article	2
Unmasking MASCC	
J. Klastersky	
PDF (101.1 KB)	
Article	3–4
Supportive care news	
F. Stiefel	
PDF (169.9 KB)	
Article	5–18
Gram-negative bacteremia	
Stephen C. Schimpff	
PDF (1.4 MB)	
Article	19–25
Hypercalcaemia: historical perspectives and present management	
M. H. N. Tattersall	
PDF (715.2 KB)	
Article	26–33
Medical treatment of tumor-induced hypercalcemia and tumor-induced osteolysis: challenges for future research	
J. J. Body	
PDF (849.4 KB)	
Article	34–46
Prospective multicentric study of the etiology of 1051 bacteremic episodes in 782 cancer patients	
D. Coullioud, P. Auwera, M. Viot and C. Lasset	
PDF (1.1 MB)	
Article	47–51
Endoscopic laser therapy in the tracheobronchial system	
Heinrich D. Becker, Miranda Wanjek, Peter C. Bodegom and Peter Drings	
PDF (997.3 KB)	
Article	52–56
Role of support groups in cancer care	
J. Johnson and C. Lane	
PDF (514.1 KB)	
Article	57–58
Vapreotide, a new somatostatin analogue in the palliative management of obstructive ileus in advanced cancer	
Friedrich Stiefel and Rudolf Morant	
PDF (161.7 KB)	
Article	59
3rd International Symposium on Supportive Care in Cancer, Bruges, 8–11 June 1992	
J. Klastersky	
PDF (84.1 KB)	
Article	60
Forthcoming meetings	
PDF (70.8 KB)	

Appendix 3



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