

Brain tumours are a complex speciality

An interview with Dr Salvador Villa

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IBTA: Where did you spend your childhood?

SV: I was born in Barcelona, the Capital of Catalonia in Spain. But I spent all my childhood in El Masnou, an original fishing village in the northern part of Barcelona where I currently live with my wife and my two sons. I enjoy the village, the beach and the Mediterranean Sea. I used to play football and basketball and I went for secondary school to a Catholic centre in Badalona, the home of my favourite basketball team, the Joventut de Badalona which, in 1994, achieved its best success winning the European Championship. A characteristic of living and growing up in a location like Catalonia is that we have the advantage of speaking two languages (Catalan and Spanish) and knowing others, such as French.

IBTA: Did you come from a family environment that had a connection with medicine or research?

SV: Absolutely not. My father was a chemist. For a long time, he and my mother had commercial perfumery shops. I decided to focus on medicine from a very young age, when my grandmother died of Hodgkin's Disease. However, all my brothers and sisters are involved in teaching, pharmacy, chemistry and research.

IBTA: What attracted you to medicine and later to the brain tumour area?

SV: I was attracted to medicine because of my grandmother's disease. I was very close to her. But I was also attracted because of some friends and typical TV comedies about hospitals and doctors. I trained in radiation oncology in the Bellvitge Hospital near Barcelona Airport and my doctoral thesis was on malignant gliomas, a topic choice which was influenced by Dr Francesc Graus, former president of the European Association of Neurooncology (EANO) and a



Above: Dr Salvador Villa who is based in Badalona, Spain

good friend of mine. After that, I became a member of the Radiation Oncology Group of the European Organisation for Research and Treatment of Cancer (EORTC) and, ultimately, a member of the EORTC Brain Tumour Group. Dr. Graus, some other colleagues and I founded the Barcelona Glioma Study Group (GEGB) 20 years ago. I understand the broad coverage of neurooncology in which different specialists must know the management of brain tumours using radiation, drugs, imaging or palliative care.

IBTA: How do you relax? Do you play music, go for walks, sail a boat? Do you have a hobby?

SV: I love the sea and I walk along it at the weekends. I am also a member of a mountain club for trekking and we spend twice a month going out to the mountains. I also love reading novels and poetry, and write for my own pleasure.

IBTA: How do you cope with the emotional and psychological challenges to you personally arising from your work?

SV: Our speciality is not easy. It is very complex, taking into account the patient

himself/herself but also his/her relatives and the relationship with other specialists in charge of patients with brain tumours. It is not easy to deal with the reality of a brain tumour diagnosis and prognosis but it is unavoidable. I think, though, that I transfer good feelings to my patients and families and they understand the situation and the processes. However, when we get a success or solve a patient's problem I believe our satisfaction is better than in other medical specialities.

IBTA: Do you anticipate any significant breakthrough in brain tumour therapies in the next ten years? If so, in what area?

SV: In the future - although I can't put a time scale on it - some new approaches in brain tumour treatment will be seen particularly focussing on specific subgroups of patients with the same pathology. Patients with the same molecular biology will benefit from specific therapies (drugs, radiotherapy, vaccines) but these treatments will not be suitable for everyone in the general brain tumour population. Work to date in malignant glioma has been important and will serve as a basis for future treatment. However, I'd like to believe that some good news will be announced in the not-too-distant future.

IBTA: Can you tell us about your work with meningioma patients?

SV: Meningioma treatment is one of my speciality fields. We are treating these patients with sophisticated radiation techniques (without surgery) that give excellent results and local control for a long time without sequelae. Regarding the specific group of malignant meningiomas we are involved in, we have a very important EORTC trial using high dose radiation therapy in the hopes that this approach will improve current results. ■

Celldex is pleased to support the IBTA in its mission to provide information, encouragement and hope to brain tumor patients worldwide.



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