I had the opportunity to attend the European Association for Cancer Research (EACR) congress in June this year. The title of the conference was “Innovative Cancer Science: Translating Biology to Medicine” in Seville, Spain. This was the first significant conference I had attended in three years. Several thousand people attended the conference, and it was clear that everyone was very pleased to be together face to face after several years of virtual conference, and it was great to see the buzz of conversation around the conference venue, and particularly at the poster sessions where researchers at all stages of their career were discussion with passion some exciting topics. Nothing can beat short intense conversations face to face about research.

Several things became apparent to me during the congress. Although largely a biomedical conference, there was an exciting focus on the fundamental understanding of cancer pathways, with a view to new diagnostic and therapeutic applications. Increasingly there is use of a broad range of ‘Omic tools, with most studies using a range of tools to address a particular biological problem. Overwhelmingly different to only a few years ago was the recognition of the role and importance of immunological aspects to cancer development and therapeutics. Most experimental studies had an immunotherapy arm, with clear recognition that many cancers will respond to the new arsenal of immunotherapy treatments. Identifying which types of cancer will respond is still an ongoing research question. As always, access to good technology and skills and rich data sets, along with extensive international collaborations always provides the greatest insight into understanding and overcoming cancer.

I also got to visit the Institut Gustave Roussy, one of the world's leading Oncology Hospital's. https://www.gustaveroussy.fr/en/institute
It was illuminating to see how they were able to put most of their patients into government funded clinical trials, and were seeing great success with international collaborative trials. Many of these successful studies were being run by Oncologists, and it was interesting to see that if they were to work in the Institut, they didn't do any private oncology. It was an impressive place, with access to great technology, people and funding.

I also visited my old haunts in Oxford, and visited the Wellcome Centre for Human Genetics https://www.well.ox.ac.uk
It was great to see the role of genomics at leading some of the advances in improving oncology outcomes. They have been involved in the Genomics England 100,000 Genomes Project, which

has seen researchers collect and analyse genomic and long-term clinical data (from health records) to gain insight into the nature of genetic changes that drive cancer evolution.

The trip reinforced to me the importance of good international collaborative networks, the importance of collaborative biomedical and translational research, and the need to engage more broadly in clinical trials to ensure direct benefit to patients. Internationally, we all face similar clinical challenges to understand cancer better, and therefore be able to direct improved therapy more effectively. Developing and maintaining international relationships will mean that we can all do better in Aotearoa New Zealand. However, we also need to be mindful that we need to include Maori and Pacific patients and whanau in our research, and we can't just rely on and continue to import international research to make a difference in Aotearoa.