World Cancer Day 2020: Beginning of the End of Cancer
– Laurie H. Glimcher, MD

Delivering good news to a patient and their loved ones is something to cherish as an oncologist. And on the heels of a new report by the American Cancer Society (ACS) showing the sharpest ever one-year decline in cancer mortalities, it’s something I’m hopeful can become a regular part of our work.

But for all the progress we’ve made over the last two decades and more, so much work remains ahead of us. We must continue to forge ahead with our research to help patients everywhere, no matter the cancer, no matter the diagnosis.

On this, the 20th year of World Cancer Day, now is our time to mark the beginning of the end of cancer.

Invest in Research and Collaboration

The progress shown in this report is fueled in part by innovative new treatments for lung cancer, melanoma and other cancers. Among these treatments is immunotherapy, which unleashes the power of our own immune systems to attack and kill cancer, melting tumors away for some patients. We have recognized this power for generations, and we are just now beginning to see its promise. But it is just the tip of the iceberg, and much more work remains to expand that potential to treat more cancers and help more patients.

Nearly every major cancer breakthrough in the last half century can be linked to federally funded research. Even with recent federal budget increases for biomedical research, it does not make up for the decades-long downward trend in these dollars. With the scientific revolution that stands before us, now is the time for long-term increases in federal investment to support research. Equipped with the necessary resources, we can pursue the basic science and translational research that can spark new strategies to prevent many cancers, cure what cannot be prevented, and when that’s not possible, manage cancer like a chronic disease so more patients can live longer, more fulfilling lives.

Science also needs collaboration, including among public and private organizations. When academic medical centers can partner with industry, the steps we take toward cures can become leaps. Collaboration accelerates discoveries in the most exciting science so that
breakthroughs in the laboratory can reach the clinic – faster. Because patients and families facing cancer cannot afford to wait.

**Reduce Tobacco**

Many of the gains we are making against cancer are also tied to the decades of work we’ve done to reduce smoking and tobacco use. And even with cigarette smoking at an all-time low, this is no time to let up in our efforts. Vaping, hazardous on its own, leads teens and young adults to smoking traditional cigarettes. One-third of them will eventually die from smoking-related diseases. And one-third of all cancers are tied to tobacco use, and not just lung cancer. We must do all we can to protect another generation from a life of addiction, disease and early death. Because the fact remains that the single most effective thing we can do to prevent cancer and save lives is to reduce smoking and tobacco use.

**Strengthen Prevention and Early Detection**

Of course, preventing cancer altogether is the most effective long-term strategy for saving lives. Similarly, detection strategies and diagnostic tests are essential to improving outcomes for newly diagnosed patients. That’s why my colleagues and I at Dana-Farber Cancer Institute are working tirelessly to develop new, more precise tests to detect cancer at its earliest stages when treatments are most successful. We must also develop new technology to more accurately identify at-risk individuals, as well as personalized screening and prevention plans and other high-tech methods to help more patients. Within all of these efforts is a commitment to equity. Saving lives depends on eliminating health disparities. We must ensure any new life-saving strategy is accessible to any patient.

Patients and their loved ones are counting on us to succeed. Now is our time to harness everything in our power to say to more patients, “You are cancer-free.”