WCLC Celebrates Australia, Tobacco Battle

Sunday’s Opening Plenary Session featured a celebration of Australia, of the WCLC, of the IASLC and of advances in anti-tobacco legislation.

The session began with a Welcome to Country, a ceremony in which Aboriginal elders welcomed WCLC delegates. Such a ceremony is an ancient custom to ward off bad spirits and recognizes the unique position of Aboriginal people in Australian culture and history.

WCLC 2013 Conference Presidents Michael Boyer, MD, and Kwun Fong, MBBS, FRACP, PhD, also welcomed delegates, noting the record-breaking number of submitted abstracts and highlighting special features of the WCLC, including a wide range of networking opportunities.

The celebration of IASLC began with a reflection on IASLC’s accomplishments in honor of its 40th anniversary. Fred Hirsch, MD, PhD, incoming IASLC executive director, presented an entertaining review of IASLC milestones in each of the past four decades. Dr. Hirsch focused on IASLC leaders who were instrumental in the success of WCLCs; the introduction of new resources, such as the IASLC staging publications; the introduction of new resources, such as the IASLC staging publications, which include a manual, handbook, posters, reference cards and app; and the continued growth of the Journal of Thoracic Oncology.

The celebration of IASLC continued with the presentation of Distinguished Awards to four IASLC members: David R. Gandara, MD, (Scientific Award); James Jett, MD, (Merit Award); Pieter E. Postmus, MD, (Joseph W. Cullen Award); and Tetsuya Mitsudomi, MD, (Mary J. Matthews Award).

The highlight of the session was the keynote address by Nicola Roxon, former Health Minister and Attorney General of Australia, who was instrumental in Australia becoming the first country to feature a celebration of Australia, of the WCLC, of the IASLC and of advances in anti-tobacco legislation.

The session began with a Welcome to Country, a ceremony in which Aboriginal elders welcomed WCLC delegates, was part of Sunday night’s Opening Plenary Session.

Message from 2013-2015 IASLC President

By Professor Tony Mok

Lung cancer is a lonely illness. Only patients can experience the pain and agony.

Science is a lonely business. The road of investigation is usually long and isolated. However, the science for lung cancer does not have to be lonely and, in fact, it shouldn’t be. IASLC, with its 40 years of history, has linked researchers from different disciplines into a cohesive group that shares the same vision of conquering lung cancer. Direct and indirect information exchanges have enriched the research experience for all participants, and the personal interactions have frequently crystallized into long-term friendships.

IASLC is now recognized as the global leading organization on lung cancer research, education and advocacy.

It is with pride, and yet apprehension, that I come to lead this important organization. I am proud that our global membership is approaching 4,000, with experts from almost all disciplines, and we project further growth in membership, especially in China and South America. Our activities will also intensify to include multiple national advocacy groups and industry partners.

While we are declaring war on lung cancer, we must be united and develop cohesive strategies, and this has proved to be challenging. Sun Tzu’s Art of War says, “Strategy without tactics is the slowest route to victory. Tactic without strategy is the noise before defeat.” The past tactics of investigation have helped propel us into the era of molecular targeted therapy,

Welcome to Country; a ceremony in which Aboriginal elders welcomed WCLC delegates, was part of Sunday night’s Opening Plenary Session.

Paul A. Bunn Jr., MD, (left) presents the Scientific Award to David R. Gandara, MD, during the Opening Plenary Session. It was announced during the session that the award will be named after Dr. Bunn.

Peter Goldstraw, MD

INSIDE

03 GENOMICS PLENARY

05 YOUNG INVESTIGATORS

06 IASLC BOOTH
Awards winners to be recognized during business meeting

The WCLC 2013 Fellowship, Young Investigator, Developing Nation and Global Mentorship award winners will receive their awards during the IASLC Business Meeting, from 07:00 to 08:00 today in Bayside Auditorium A, Level 1.

**WCLC 2013 Fellowship Awards**

The WCLC 2013 Fellowship Awards are given to fellows for outstanding research projects to be presented during the conference. The winners of the WCLC 2013 Fellowship Award are:

- Kathryn Ann Gold, USA, MO20.02: Proteomic analysis identifies baseline PI3K/AKT pathway activation and treatment-induced suppression of mTOR signaling as determinants of response to MEK inhibition.
- Vinai Gondi, USA, O14.01: Memory preservation with conformal avoidance of the hippocampus during whole brain radiotherapy for patients with brain metastases: Preliminary results of RTOG 0933.
- Jill Everland Larsen, Australia, O12.05: Defining the role of ZEB1 in the pathogenesis of non-small cell lung cancer (NSCLC) using immortalized human bronchial epithelial cells (HBECs).
- Yu Liu, China, O05.07: Local, Surrounding and Global Features for Improved Computer Aided Diagnosis of Lung Cancer.
- Anish Thomas, USA, MO03.07: Clinical activity of sunitinib in patients with thymic carcinoma.
- The awards are supported by Boehring Ingelheim.

**Young Investigator Awards**

Applications for Fellowship and Young Investigator awards are taken each January. Three candidates representing North America, Asia and Europe are awarded research funding for two years. The winners of the IASLC Young Investigators Awards are:

- Daniela Morales-Espinosa, Catalan Institute of Oncology, Barcelona, Spain
- Peter Choi, Dana-Farber Cancer Institute, Boston, USA
- Narendra Wajapeyee, Yale University, New Haven, USA
- Patrick Forde, Johns Hopkins University, Baltimore, USA
- The awards are supported by the Clifton F. Mountain Society of Australia; Merel Mountain, president of the Clifton F. Mountain Society of Australia; Melinda Kotzian, CEO of the Mesothelioma Awareness Foundation Australia.

**IASLC Global Mentorship**

The recipient of the IASLC Global Mentorship Award is Natthaya Triphuridet, Thailand (Pulmonology), O05.03: Screening of Lung Cancer by Low-Dose CT (LDCT), Digital Tomosynthesis (DT) and Chest Radiography (CR) in a High-Risk Population: A Comparison of Detection Methods.

The awards are supported by the Cancer Foundation of America.
Plenary to Look at Chances of ‘Curing’ NSCLC

The progress in the genetic treatment of metastatic non-small cell lung cancer (NSCLC) and defining what it may mean to “cure” the disease will be addressed in today’s Biology and Medical Oncology Plenary Session.

“We have treated cancer patients with chemotherapy for decades, but never cured them. Now, we have entered a different era, and the question is, ‘Can we do that, can we cure lung cancer?’ asked Tony Mok, MD, a professor in the Department of Clinical Oncology at the Chinese University of Hong Kong, and a session speaker. “So far, we do not have the evidence, but how can we move on to achieve that?

“We have a very in-depth look at what we have and what are our obstacles. This is the whole intention of the session, to see where we are, what are the best tools we have on hand and how to project whether we can achieve that.”

The first presentation, by Matthew Meyerson, MD, PhD, will look at deep sequencing for genetic abnormality in “Identifying Druggable Targets Through Whole Genome Sequencing: TCGA (The Cancer Genome Atlas).”

“He will give us an in-depth look into where we are with genomic sequencing as a tool for molecular therapy,” Dr. Mok said of Dr. Meyerson, director of the Center for Cancer Genome Discovery at Dana-Farber Cancer Institute and a professor of pathology at Harvard University, Boston, USA.

Charles Rudin, MD, PhD, chief of the Thoracic Oncology Service at Memorial Sloan-Kettering Cancer Center, New York, USA, will present “Dark Matter: Defining Oncogenic Drivers in the Epigenome.”

“Our protein expression is based on the gene and the expression of gene,” Dr. Mok said. “Epigenetics is the study of expression, and he will tell us where we are right now and if we can use that as potential target for controlling expression.”

Charles Swanton, MRCP, BSc, FSB, PhD, London Research Institute, will present an overview of genetic abnormality in “Tumor Heterogeneity as an Obstacle to Cure.”

“Yes, we have a genetic abnormality, but what if the cancer is not affected by one but by multiple abnormalities at different places on the tumor?” Dr. Mok asked. “With tumor heterogeneity, if you set up a target it will become a moving target, so we cannot use a single therapy.”

Dr. Mok will change gears from genetics to a more philosophical approach in his presentation, “What Is Cure and How Can We Achieve This With Targeted Therapies?”

“I will look into the definition of ‘cure.’ Cure is an estimate of survival rate because no one can know at this moment if you are cured or not cured,” he said. “We are giving you a chance that you are cured. Discovery of early-stage disease is only a chance at cure, but it is a high chance of cure. I will look it philosophically. We may not achieve a cure in the majority but if we can cure a small portion, that is still a cure.

“The key message is that we have excellent tactics, but we are still deficient in strategy. Tactic without strategy is the noise before defeat.”

“We have treated cancer patients with chemotherapy for decades, but never cured them. Now, we have entered a different era, and the question is, ‘Can we do that, can we cure lung cancer?’”

Tony Mok, MD
Question of the Day

‘Do You Have a Particular Topic or Session You Are Focusing on at WCLC?’

Alex Adjei, MD, PhD

“I am interested in advances in diagnosis in the terms of targeted therapies. There are a series of sessions covering targeted therapies, so that what I plan to attend.”

Amit Rauthan, MD
Bangalore, India

“I attended the session about the Cochrane Review, and it was brilliant. It has been really good. It is quite a good look at published data coming through, and the program that is very good.”

Rohit Joshi, MD
Adelaide, Australia

“I just received an advocacy award, and I have come to learn more about how we can teach nurses everything about new kinds of care for lung cancer patients. I have worked about three years as a coordinator of oncology studies with my oncologist; I am a survivor.”

Trinidad Donoso
Santiago, Chile

“I want to learn about genomics in lung cancer. I am from China, and I attended the session this morning, “Chinese Alliance Against Lung Cancer,” to learn more about what is happening with this across the country.”

Wen Xu, MD, PhD
Shanghai, China

“I am a thoracic surgeon, so I am attending a session Monday on thoracic surgery. There are other good sessions regarding tumors of the lung.”

Oleg Pikan, MD, PhD
Moscow, Russia

Interview with Key IASLC Leaders

The Role of JTO in Lung Cancer Research

The Journal of Thoracic Oncology (JTO) IASLC’s premier peer-reviewed journal, began publication in January 2006. At the helm was James Jett, MD, director of Clinical and Translational Research at National Jewish Health and professor of medicine at National Jewish Health and at the University of Colorado, USA, who served as editor-in-chief for seven years. In the beginning, Dr. Jett’s primary goal was to attract submissions.

“In the first year, I wanted to attract the best possible original research articles, state-of-the-art reviews and Pathways of the Month. I knew that would be difficult, since we were not initially listed on PubMed and would not have an impact factor for three years. Quite honestly, I wanted to have enough quality articles to meet the monthly publication deadlines,” Dr. Jett said.

Reflecting IASLC’s global community, JTO received approximately equal numbers of manuscripts from Europe, Asia/Australia and North America in the first five years. The primary topics of manuscripts were related to prognostic and predictive markers; tumor markers; diagnostic tests; and treatment of lung cancer with surgery, radiotherapy and chemotherapy. JTO received 310 submissions the first year, a number that grew to 1,200 by the time Dr. Jett’s tenure ended. According to Dr. Jett, his Editorial Board was the major factor in JTO’s success.

“We accomplished what we did because of the tremendous contributions of our Editorial Board, which consisted of a ‘who’s who’ in thoracic oncology around the globe. The JTO Editorial Board did an outstanding job and is largely responsible for the success of the JTO,” Dr. Jett said.

Dr. Jett considers publication of the IASLC Lung Cancer Staging Committee articles as a major accomplishment for JTO. These landmark articles started in 2007 and have served as the basis of the 7th edition of the International Staging System for Lung Cancer.

The accomplishments of Dr. Jett and his editorial board set the stage for success for Alex Adjei, MD, PhD, professor and chair, Thoracic Surgery, at Memorial Sloan Kettering Cancer Center, New York, USA, who became editor-in-chief of JTO in 2013. Dr. Adjei’s own goal for the journal: To become one of the top 10 oncology journals. “We are striving to get to a point where any investigator with an exciting work in thoracic oncology thinks first of JTO,” Dr. Adjei said.

Both editors agree that JTO is integral to the IASLC membership and the WCLC. “The journal is the mouthpiece of the organization and strives to inform and educate members in all aspects of thoracic malignancies,” Dr. Adjei said. Dr. Jett highlights another benefit. “JTO provides IASLC members with ready access, both in paper copy and electronic form, to the most cutting-edge original research articles in thoracic oncology from around the world. This is of keen importance to combating the worldwide lung cancer epidemic.”

JTO is also integral to the WCLC. As Dr. Adjei noted, “Abstracts presented at WCLC are published in JTO. The journal is able to identify cutting-edge studies and solicit manuscripts from researchers. JTO provides a forum for researchers to rapidly communicate their findings to the thoracic oncology community.”

The topics of manuscripts submitted to JTO have changed somewhat. “Manuscript topics now include basic, translational and clinical studies in thoracic malignancies spanning the spectrum of epidemiology, prevention, supportive care and therapies in...” in brief, all modalities and specialties involved in the prevention, treatment and research in thoracic malignancies,” Dr. Adjei said. “We are currently publishing the very types of manuscripts we wish to attract in JTO.”

Morning Tea and Chinese Poster Review

Attendees discuss poster presentations as part of the “Chinese Alliance Against Lung Cancer Session (CALC)” Sunday. The morning-long event was the inaugural international session of CALC, which is bringing together major organizations in the country to battle lung cancer.
Young Investigator Session Helps Build Foundation for a Career

Whether it is a career or conference, starting off on the right foot is important in building a foundation for success, and Sunday’s “Young Investigator & First-Time Attendee Session” helped dozens of junior members of the specialty avoid a rugged start.

Five presentations at the start of the morning-long session discussed planning an academic career, presenting data at a conference, writing grant applications for the IASLC, how to have papers published and effectively using published literature. One other presentation offered tips on getting the most out of the conference, followed by an opportunity for attendees to network with long-time IASLC members.

“I am working on my PhD and coming to the end of my research. I am planning some sort of career in academic medicine, so this is the right session at the right time for me,” said Jim Brown, MD, London, UK.

“The theme running through this is about mentorship and finding the right people to guide you and get you through the complicated process of publishing and getting the right grants from the right people is important,” he said. “I have someone to fill that role now, but there are so many relationships that I could strengthen.”

The session opened with Natasha Leighl, MD, MMSc, a medical oncologist at Princess Margaret Cancer Centre, Toronto, Canada, presenting “Planning an Academic Career in Lung Cancer,” in which she talked about the challenges of juggling three jobs as a clinician, teacher and researcher.

“You have a foot in the lab and a foot in the clinic, but the advantage is that you can design your own experiments in the lab,” Dr. Leighl said. “The field is opening rapidly so you can find a niche.”

Yeh Chen Lee, MD, Melbourne, Australia, appreciated the feedback from experienced researchers as she embarks on her career.

“It’s good to see how these various esteemed people can teach us how to do this, to be published in journals and how to present,” Dr. Lee said. “It gives us some perspective as well. It is something I had an interest in before, so it fits in with what I need.”

Near the end of the session, Primo Lara Jr., MD, University of California, Davis, USA, presented “Making the Most of the WCLC: A Guide for First-Time Attendees,” in which he reflected on his first conference, and offered the benefits of his experience.

“It is quite daunting for the first-time attendee to navigate the conference,” he said. “For my first conference, it was a maze to navigate. Now, it is easier because the conference is highly interactive and stimulating.”

Josien Timmerman, PhD, Enschede, Netherlands, appreciated the help.

“I want to get some insight into the conference, how I can make the most of it,” she said. “That is the most important thing I can do right now. It is my first time at a large conference like this. I have been to smaller ones, but this is so massive I think it is important to have some insight on where to go and what would be interesting to me.”

“The theme running through this is of taking mentorship and finding the right people to guide you and get you through the complicated process of publishing and getting the right grants from the right people is important.”

Jim Brown, MD

What if you could use the body’s own T cells to combat Lung Cancer?

With Immuno-Oncology it may be possible.

Current approaches to lung cancer treatment include radiation, surgery and chemotherapy/targeted therapy, all of which are intended to target the tumor. Through our ongoing clinical program, Bristol-Myers Squibb is investigating an entirely new way to treat lung cancer by targeting the immune system. Our research is focused on transforming the way tumor cells and the immune system communicate, including checkpoint pathways; we hope to find new ways to stop lung cancer from evading the immune system, thereby restoring the body’s natural ability to fight it. Visit us at www.immunooncology.com.
The IASLC’s first self-published textbook, *The IASLC Multidisciplinary Approach to Thoracic Oncology,* is in production. Harvey I. Pass, MD, is the executive editor, and David Ball, MD, FRANZCR, and Giorgio V. Scagliotti, MD, are editors. The editors have invited experts from around the world to contribute chapters on such topics as the following:

- Cancer control and epidemiology
- Molecular carcinogenesis
- Clinical and radiographic presentation
- Diagnosis and staging
- Surgical management
- Radiation therapy management
- Chemotherapy and targeted agents
- Other thoracic malignancies
- Symptom management and complications
- Clinical trials
- Thoracic oncology advocacy

The IASLC Multidisciplinary Approach to Thoracic Oncology is designed to be an essential educational resource for every lung cancer specialist and will be a primer on new concepts in thoracic oncology. The publication project will include a traditional print textbook and digital edition, as well as web-based supplemental content that will be updated on a regular basis.

“All three editors think it is only fitting that the IASLC provide a reference text that has the latest advances in the management of thoracic malignancies and again demonstrate the power of international educational and research initiatives that the Society has nurtured,” said Dr. Pass. “This textbook is meant to serve as the foundation for future ‘hot-off-the-press’ discussions with the planned web-based supplements so that the busy practitioner can be up to date with the newest discoveries and trials in the field.”

The textbook will be available for sale in May 2014. Delegates can preview the textbook by picking up a preprint at the IASLC Booth (#1417) in the Exhibit Hall. This advance chapter is “Gender-Related Differences in Lung Cancer,” written by Silvia Novello, MD, PhD; Laura P. Stabile, PhD; and Jill M. Siegfried, PhD.

Visit the IASLC Booth, Displays

All WCLC delegates are invited to Happy Hour at the IASLC Booth, #1417 during the Networking Break from 15:30 to 16:25 today and Tuesday. The booth highlights all upcoming meetings of the IASLC. In addition, visitors can watch videos of the 40th Anniversary Progress in Lung Cancer project, featuring many key IASLC members. The videos are available on a flash drive to the first 3,000 visitors to the booth. And, visitors can also receive a free preview of the IASLC Multidisciplinary Approach to Thoracic Oncology, the IASLC’s textbook.

Also while at WCLC 2013, attendees are encouraged to visit the Parkside Foyer, Level 1, to see the history of the IASLC and visit the Parkside Promenade, Ground Level, to see advances in Research and Treatment in the past 40 years.

Onsite mobile application available for download at wclc.iaslc.org

WCLC VIRTUAL MEETING

Anytime, anywhere, access to the WCLC 2013 sessions.

Features all oral presentations including presentation slides, as well as audio and video records of all sessions.

Get your access code at registration:

IASLC Member 50 AUD
Non IASLC Member 95 AUD
Revisions in Lung Cancer Classification Introduced

Ramón Rami-Porta, MD, Chair

The revisions in the lung cancer classification introduced in the 7th edition of the tumor, node and metastasis (TNM) classification were the result of 10 years of work by the IASLC Staging Committee that was created in 1998. Information on more than 80,000 patients with lung cancer were registered and analyzed by the members of the committee and by the statisticians of Cancer Research And Biostatistics (CRAB). The proposed recommendations for changes resulting from these analyses were accepted by the Union for International Cancer Control (UICC) and the American Joint Committee on Cancer (AJCC) and were published in their respective staging manuals. After this initial Retrospective Lung Cancer Staging Project, a prospective one was launched in 2009 with the objective to collect more information and overcome the limitations of the retrospective database. The Prospective Lung Cancer Staging Project has already collected more than 10,000 cases at the Cleveland Clinic, Cleveland, USA, and more than 80,000 patients. The prospective registration is ongoing. More than 10,000 cases of thymic malignancies have been analyzed by the IASLC and the International Thymic Malignancies Interest Group (ITMIG) with a goal of establishing the TNM classification for thymoma and thymic carcinoma. The Masaoka or the Masaoka-Koga classifications are now the most commonly used systems for thymoma. There also are several proposals for a TNM classification, but none has been accepted by the UICC or the AJCC.

Regarding esophageal cancer, more than 10,000 cases are registered at the Cleveland Clinic, Cleveland, USA, through the Worldwide Esophageal Cancer Collaboration (WEC). The surgical cases were used to inform the 7th edition of the TNM classification, due to be published in 2016. The IASLC Staging Project incorporated malignant pleural mesothelioma in 2008 and thymic malignancies and esophageal cancer in 2009. The retrospective registration of mesothelioma cases resulted in more than 3,000 surgical cases, which have been analyzed and reported on in the literature. The prospective registration is now ongoing. More than 10,000 cases of thymic malignancies are now being analyzed by the IASLC and the TNM classification. The original Staging Committee undertook the task to study prognostic factors as well, and in early 2013, its name was changed to Staging and Prognostic Factors Committee. The IASLC is in a privileged position to undertake this new project because its databases include many more parameters than those strictly related to the TNM classification and they can be combined with the TNM classification to define prognostic groups to help better determine prognosis for individual patients.

With the retrospective IASLC lung cancer database, a new era of data-based classifications of thoracic malignancies began and the IASLC became the provider of evidence to the UICC and the AJCC regarding these thoracic tumors. The refinements in the TNM classification help in the assessment of prognosis, but determining prognosis is very complex because many factors can influence it, including tumor-related, host-related and environment-related factors. With a goal of increasing our capacity to prognosticate, the original Staging Committee undertook the task to study prognostic factors as well, and in early 2013, its name was changed to Staging and Prognostic Factors Committee. The IASLC is in a privileged position to undertake this new project because its databases include many more parameters than those strictly related to the TNM classification and they can be combined with the TNM classification to define prognostic groups to help better determine prognosis for individual patients.

The refinements in the TNM classification introduced in the 7th edition for the 8th edition. With the retrospective IASLC lung cancer database, a new era of data-based classifications of thoracic malignancies began and the IASLC became the provider of evidence to the UICC and the AJCC regarding these thoracic tumors. The refinements in the TNM classification help in the assessment of prognosis, but determining prognosis is very complex because many factors can influence it, including tumor-related, host-related and environment-related factors. With a goal of increasing our capacity to prognosticate, the original Staging Committee undertook the task to study prognostic factors as well, and in early 2013, its name was changed to Staging and Prognostic Factors Committee. The IASLC is in a privileged position to undertake this new project because its databases include many more parameters than those strictly related to the TNM classification and they can be combined with the TNM classification to define prognostic groups to help better determine prognosis for individual patients.
implement plain-packaging legislation. In introducing Ms. Roxon, Dr. Fong said, “Australia’s adoption of the plain-packaging law has served as an example for governments and health organizations all over the globe.”

Fittingly, Ms. Roxon’s address, “You Can Take on the Tobacco Industry and Win,” focused on Australia’s fight to introduce — and retain — the plain-packaging legislation.

Ms. Roxon first defined “plain packaging,” explaining that it denotes a regulated size and color of cigarette packages, along with large graphic health warnings. Australia’s plain packaging legislation also extended the ban on tobacco advertising to include the Internet and other electronic media. She said that plain packaging was primarily introduced to prevent children from starting to smoke by eliminating the alluring images of traditional packaging. Research has shown that plain packaging reduces the attractiveness of tobacco products for children as well as adults. It also increases the impact of health warning messages and reduces the ability of packaging to mislead consumers to believe that some products may be less harmful than others.

Drawing from her experience in defending the legislation as Australia’s attorney general when the tobacco industry challenged the case, Ms. Roxon described the various tactics taken to stop anti-tobacco efforts. For example, major tobacco companies tried to exert political influence and also sponsored campaigns to stop the legislation. These campaigns sought to change the public’s perception through accusations of Australia becoming a nanny state, claims that the packaging “just doesn’t make sense” and assertions that plain packaging could destroy brands that are worth millions of dollars and could infringe on international trademark and intellectual property law. One campaign even appealed to Australian’s economic concerns with the slogan, “Don’t let the taxpayer foot the bill for a bad bill.” In all of these campaigns, the support from the tobacco industry was in “fine print.” Australia’s defense of the legislation was victorious, with full implementation of the law in December 2012.

but our future development is limited by the diversity in strategies. Each stakeholder, including governments, care providers, academic investigators and industry partners has a different strategy, and some could even be antagonistic with each other. Without a uniform strategy, a cure for lung cancer can only be a remote possibility. IASLC is the only genuinely international and multidisciplinary organization for the prevention and treatment of lung cancer. We are the best forum for allowing multiple stakeholders to share their visions and objectives, and we hope we can deliver a unified strategy in this war against lung cancer. I see it as my top priority to facilitate dialogue between stakeholders, between countries, and between doctors and patients. And through these dialogues, we shall take a big punch at this dreadful illness.