Goodbye or arrivederci?

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Where will European oncology go from here? This is a question many of us will be asking as the ECCO–ESMO congress convenes in Vienna. There's a diffuse sense of uncertainty, coming mainly from the laboratories, where many promising cutting edge innovations still seem to be in the air. Our new vocabulary – gene, genome, molecular, targeted, personalised – has lost its novelty and its shine. What will be the next clinical trial to have us all breathlessly awaiting the results? What innovation will be the next to radically change our clinical practice? A second generation of Da Vinci robots for everybody? Intraoperative radiotherapy? Immuno-oncology? Alopecia preventing devices?

With this in mind, the thoughtful ECCO–ESMO participant will also be worrying about the endless list of cost issues that intrude on clinical decisions. This is not something we were prepared for; we never studied pharmaco-economics (or device-economics) at medical school. How can clinical oncologists take these decisions? Is what we do even still clinical oncology, or is it a highly complex combination of medicine, nursing, ethics, sociology, economics and politics?

On top of this, many of our friends participating in ECCO–ESMO will want to attend sessions that address questions about how and where care should be delivered to their patients. Questions like: should I send all my breast and prostate cancer patients to the nearest certified breast or prostate unit? It's now accepted that all patients with rare cancers must be referred to the nearest centre of excellence, but what about other patients? Can I, a surgical oncologist, continue to practice as I have done for the last 20 years? Is it still OK to 'do' a lung cancer one morning and a liver cancer the next? Can I, a medical oncologist, safely treat a patient with an advanced colorectal cancer, a bone sarcoma and maybe a lymphoma, all within the same outpatient clinic?

These are our common concerns and the things that really matter to all of us who are proud to attend the ECCO–ESMO conference. The Americans have decided to keep well separated the physician researchers (AACR), the cancer doctors (ASCO), the nurses (ONS) and the patient advocates. Here in Europe we have a long tradition of working together, but the will to continue to do so is now in danger.

The details of how ECCO and ESMO should collaborate may be of no great interest to participants at the Vienna conference, but the great majority will undoubtedly feel that staying together is the right thing to do, both for cancer health professionals and patients. Cancer has become all about collaboration, and it's too late for any single specialty to work in isolation.

When we leave Vienna, we want it to be with an *arrivederci* and not goodbye.