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Remarks by

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**Ending Cancer As We Know It:  
Everyone Has a Role**

American Association for Cancer Research  
Annual Meeting  
Orlando, Florida

Opening Ceremony

April 17, 2023

*This text is the basis of Dr. Bertagnolli's oral remarks. Use with the understanding that some material may have been added or omitted during final presentation.*

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Thank you so much, for your kind introduction.

It is such a pleasure to be here and share the stage with so many incredible people who are so deeply dedicated to progress against cancer.

I'd like to start by telling you about someone who had a tremendous influence on who I am today as both a surgical oncologist and as NCI Director.

In the 1980s, when I was a surgery resident and fellow at Brigham and Women's Hospital and Dana Farber Cancer Institute, I had the privilege of working under the direction of Dr. Richard Wilson. Dr. Wilson was the Chief of Surgical Oncology.

His focus was on clinical care, taking on the most challenging surgical cases. He was completely devoted to his patients, for whom their smallest concern was also his. And he was also completely devoted to his trainees. I wouldn't be the surgeon I am today without Dr. Wilson.

He made sure that I completed an extended basic science fellowship. Although primarily a clinician, he had tremendous respect for the importance of basic science for anyone planning a career in oncology – and he was also a very tough teacher in the operating room.

When he was diagnosed with melanoma, it was at a time when the outlook was still very bleak. He had a high-risk lesion removed and knew that the odds were very high that it would recur, which it did. Twice he had craniotomies to remove metastatic lesions – undergoing surgery while he was awake so that the anesthesiologist could test his motor function during surgery to preserve his ability to operate in the future. He was *that* determined – nothing would stop him. He faced his disease with both realism and optimism – the same approach he inspired in his patients.

Dr. Wilson died of metastatic melanoma in 1989, when I was a senior resident. He was only 60 years old. I still think of all the patients he could still have cured and all the emerging surgeons whose talent he still could have unlocked.

Fast forward to today. What would Dr Wilson’s outlook have been had he received his diagnosis now, instead of 35 years ago?

In the years since he died, we’ve made incredible scientific progress that has dramatically improved the outlook for people with a melanoma diagnosis. New data from the National Clinical Trials Network show that neoadjuvant combined with adjuvant immunotherapy might have prevented his disease recurrence. Perhaps he even would have survived his recurrent metastatic disease.

These survival curves, kindly provided by Dr. Meredith Shiels, show how mortality from melanoma has changed over the last decade, with most of the effect seen here due to better treatment of distant disease. With widespread adoption of better adjuvant therapy, we expect to see similar positive changes in outcomes for earlier disease, which will begin to show up when more survival data are available.

Of course, what we have today is not enough. We still have a very long way to go before a cancer diagnosis becomes a very rare event instead of one that almost 2 million people in the US receive each year, and where all those diagnosed with cancer have a favorable outcome.

However, our progress against melanoma illustrates how basic, translational, and clinical research can change our experience with disease. Many in this room remember how hopeless a diagnosis of metastatic melanoma used to be and how many times we failed before achieving this measure of success. This progress gives us confidence that fundamental science will lead to more breakthroughs, for more diseases. We all need to move forward with both purpose and confidence.

Imagine a world where stories like this are the rule, rather than the exception... where this narrative of remarkable progress and improved outcome is true for *all* cancer types. ...a world in which we detect and treat all cancers at early stages, enabling more effective treatment and reducing morbidity and mortality. ...a world in which effective treatment, with minimal side effects, is accessible to all people with all cancers, including those with rare cancers, metastatic

cancers, and treatment-resistant disease. ...a world in which proven approaches to reduce cancer risk are widely adopted. ...a world in which we've done everything needed to truly end cancer as we know it.

We can reach that world if we focus our passion and expertise, our incredible breadth of scientific talent, and our collective efforts on critical needs - and most important, if we all work together in the most effective ways possible.

At NCI, we have just put forth a new National Cancer Plan that provides a framework for how to do exactly that. Through this plan, we have a set of goals and strategies that speak to the cancer realities we face today, so that we – throughout society – can see the full range of what is necessary: to focus and align our actions, and to work together to achieve the *fastest* possible results that help people live full and active lives, free from cancer's harmful effects.

That means *everyone* with cancer, and *every* cancer. The plan embraces the idea that *everyone* has a role to play. That includes everyone throughout the scientific continuum, across basic, translational, and clinical research.

Research is the backbone of the National Cancer Plan, but the Plan calls for action well beyond research. Success will require contributions from federal agencies, industry, academia, advocacy groups, nonprofits, caregivers, patients, family members, friends, and so on – really, all corners of society. When any organization or person looks at this plan, they should see where they fit as a contributor to progress.

I invite you all to read this new National Cancer Plan. You can access it at this website [<https://nationalcancerplan.cancer.gov>] and engage in the conversation with us online.

We would like to hear from you and to better understand everyone's activities and contributions to progress so that we can foster collaborations that lead to better results for patients. I also invite you to the Cancer Moonshot session this afternoon, and my NCI director's address tomorrow morning, where I will address the plan in greater detail.

We all have those people—like Dr. Richard Wilson for me—whose presence transforms the course of our lives, who show us new possibilities, and who inspire and draw out the best in us.

And yet, because the risk and outlook for far too many cancers are still like that of melanoma in 1989, we each face the prospect that we will lose someone far too soon. For all of us here today, in one way or another, overcoming cancer is a truly personal mission.

It is an honor to share with all of you this story about a person who had a profound impact on my professional life. Your dedication – like his – is what it will take to achieve the progress that ends cancer as we know it for the many, many people who are counting on us.

I am so excited for all the interactions that will happen throughout the next few days, and I look forward to learning about all the important advances this community continues to make.

Thank you.