

We tend to talk about cancer in the language of progress—new therapies, wider prevention, smarter models of care. It is a comforting vocabulary. It is also incomplete. Progress in oncology is never only scientific. It is institutional, social, and deeply human. What finally decides impact is not what medicine can do, but how reliably that knowledge crosses systems, borders, and the messy realities of a single life.

Each issue of *CancerWorld* is about the people and ideas shaping that field. This month, the through-line is translation—between discovery and delivery, innovation and access, what is possible and what actually reaches a patient.

We open with global health at a moment of real scrutiny. As the World Health Organization faces renewed questions about its role and its performance, Dr Gevorg Tamamyan turns to a quieter truth: institutions are defined not by their structure, but by the people who carry the mission. Through the work of **Dr André Ilbawi**, WHO's cancer lead, he traces the sustained, largely invisible leadership that holds global cancer control together.

Equity runs through everything here. In her profile of **Dr Miriam Mutebi**, Knarik Arakelyan shows how progress in cancer care is constrained less by what we know than by the systems that decide who gets access at all. Mutebi's work locates surgical oncology inside a larger argument about fairness.

One of the most transformative achievements in modern oncology is not a treatment at all—it is a prevention. Prof Adriana Albini revisits the pioneering work of **Dr Douglas Lowy and Dr John Schiller**, whose HPV vaccine bent the trajectory of an entire class of cancers and redrew what prevention can accomplish at the scale of whole populations.

From prevention to systems: **Dr Mohamed Emam Sobeih's** career maps another kind of progress—the shift from individual clinical brilliance to the patient, unglamorous work of building oncology services that last. Education, leadership, system design: increasingly, these *are* the medicine.

As care extends well beyond treatment, nursing has moved to the center of survivorship, rehabilitation, and long-term support. European Cancer Nursing Day 2026, organised by the **European Oncology Nursing Society**, marks that evolution and the widening role of oncology nurses across the continent's cancer continuum.

Survivorship is becoming its own frontier of equity. **Cancer Patients Europe** and Ending Discrimination Against Cancer Survivors make the case that the “right to be forgotten” can no longer rest on voluntary guidance—it needs binding law—warning that a patchwork approach leaves survivors unequally protected depending on where they happen to live.

Then there is the part of oncology that no trial captures: how it is heard. **Dr Fatjona Kraja** reflects on the way culture shapes the very meaning of cancer, a reminder that a diagnosis is never only biological. It is filtered through silence, belief, and context—and often understood in ways medicine never intended.

That distance between what medicine knows and what patients experience is nowhere sharper than at the field's biggest stage. In a feature on the ASCO 2026 plenary, **Dr Amalya Sargsyan** looks past the standing ovation that pulled a hall of oncologists to their feet for the first drug to crack RAS in metastatic pancreatic cancer, to the asterisk behind all five plenary trials. Real advances across prostate, sarcoma, lung, and pancreas, she argues, remain possibilities until a test gets ordered, a drug gets approved, and a clinic stands close enough to deliver them; a 60% reduction in the risk of

death, after all, is a different fact depending on your passport.

We close with Adrian Pogacian on early palliative care in Singapore, told through health psychologist **Charis Ng**. Here the line between theory and practice simply dissolves. What's left is the emotional and clinical weight of sitting with advanced disease, where care stops being a model and becomes something nearer to presence.

A single thread ties these pieces together: oncology advances not through innovation alone, but through the systems, the people, and the meanings that decide how innovation is received, understood, and finally delivered.

*From prevention to survivorship, from communication to the bedside, the task never really changes: to make progress in science into progress in life.*

*That is the question this issue leaves open—the one that keeps defining oncology in practice.*

**[Read the full issue here.](#)**