

Divide and Conquer, Cancer

Returning from the 2022 ASCO Annual Meeting in June, I felt a sense of renewal. Although attendance was clearly down from years past, 30,000 people registered for the conference—this is ASCO, after all. But more than the numbers, the familiarity of Chicago and the McCormick Place Convention Center brought a sense of normalcy to the occasion. Seeing familiar faces—in our genitourinary oncology sessions, around the colorful Exhibit Hall, and particularly at the poster presentations—almost made me forget we are still in a pandemic. Seeing clinical reports and new advances in many fields of oncology made the whole experience feel as if life had not stopped after all. The weather didn't hurt either, with sunny seventy-degree days, which I am sure sound great to most of you right about now. And yet something was definitely amiss.

Each year, many oncologists are unable to attend the ASCO Annual Meeting. This year, many additional oncologists chose not to attend because of concerns regarding COVID exposure. Although we would never expect everyone to attend professional conferences, the growing demands on oncologists—coupled with concerns regarding COVID exposure—are likely to make this trend of missing meetings more significant over time. Not attending the meeting in person does not mean that all is lost. Physicians have the option of attending ASCO online, reading about many of the most highly profiled findings in the news media, and checking in on social media platforms for more personal threads. Accessing these platforms requires dedicated time, however. With oncologists more overworked than ever before, how can we expect everyone in practice to stay truly current?

One possible solution is group learning. Although ASCO divides sessions by disease groups, I found myself struggling to attend all the genitourinary oncology sessions. Granted, I am easily distracted by friends, colleagues, and donuts, but still, there is just too much for any one person to take in. As a result, those of us in our genitourinary oncology disease group at Duke made it a point to debrief one another as soon as we all got back. Many of us had seen the same top-level presentations, but there were also posters and poster discussions I had

missed that my colleagues had covered. In addition, our take on the practice implications of the findings varied. Having a group discussion helped to crystallize for me the progress in the field.

I do not know how general oncologists can do the same for all types of cancer, but I believe that group learning is key. In addition, sharing insights as we discuss the practice of oncology together makes the field feel less lonely. One of the more popular settings for group learning is a tumor board.

Tumor boards are the common ground we all share. Whether we work in an academic, community, or hybrid practice, caring for patients is something we can all relate to. So, it would seem natural to bring to tumor boards the latest findings from our national meetings. Perhaps carving out some time for one or more of the attendees to present practice-informing data could lead to a recognition of clinical cases in your own practice where such data might apply. Involving multidisciplinary team members, many of whom attend our tumor boards but not our professional meetings, is another way to expand the discussion and perspectives on the data.

Lastly, consider the many benefits of including staff members in your discussions. This year, we had several nurse practitioners and clinical research nurses from our Duke genitourinary oncology disease group attend ASCO. Like me, they came back energized, renewed, and intellectually stimulated, feelings that go a long way toward job satisfaction and retention, something we are all concerned about these days. So, if you cannot or will not be attending the next professional conference, think about sending one or more staff members in your place, and have them report back to the group what they learned. You may be surprised how enlightening that experience could be for them, and for you.

Sincerely,



Daniel J. George, MD

