NSW Cancer Conference 2022
Conference Report

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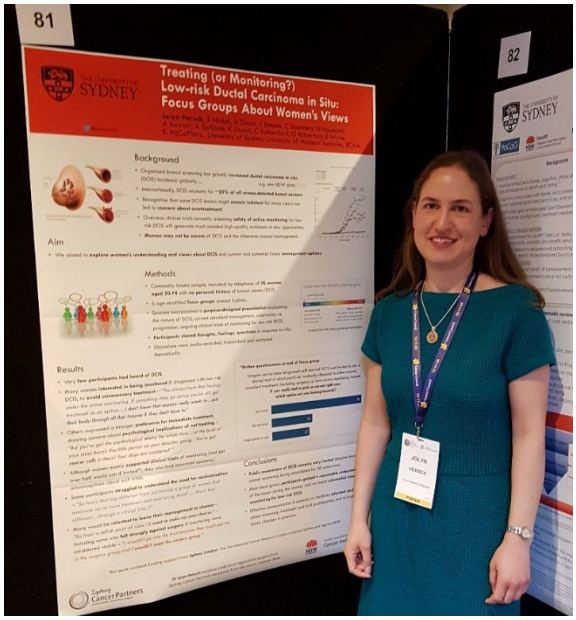
Full Reference: **Jolyn Hersch**, Brooke Nickel, Ann Dixon, Jesse Jansen, Christobel Saunders, Nehmat Houssami, Alexandra Barratt, Andrew Spillane, Kirsty Stuart, Claudia Rutherford, Geraldine Robertson, Liz Wylie and Kirsten McCaffery. *Treating (or Monitoring?) Low-risk Ductal Carcinoma In Situ: Focus Groups About Women's Views.*

Presentation Type: Poster



Jolyn Hersch with NSW Cancer Conference poster, 15/9/22

Presenting at the NSW Cancer Conference was a great opportunity to catch up on the latest cancer research through a 2 day program of excellent oral and poster presentations and panel discussions. Some of the highlights for me are outlined below in personal notes I made during the conference.

Keynote presentation by Prof Anne Cust

- When considering genetic aspects of individual risk for melanoma, be careful not to 'double count' specific features in the risk calculation (e.g. red hair as well as a gene for red hair).
- Patients at relatively low risk for melanoma attend skin checks more often than recommended, pointing to the challenge involved in trying to reduce screening among lower risk individuals.

Keynote presentation by A/Prof Megan Smith

- It was interesting to note that the recent reduction in the frequency of cervical cancer screening has improved screening coverage, because it gives people more time to have their screening.

Oral presentation by Dr Vanessa Yenson

- Delphi study identified fatigue as a top adult cancer symptom research priority. Fatigue affects nearly all cancer patients in the short- and/or long-term; there's a huge need for research on it.

Plenary presentations and panel discussion about COVID-19 and cancer

- Prof Sabe Sabesan remarked that pre-Covid, some treatment may have been 'overdoing it'; Covid has taught clinicians to be more selective (e.g. giving more thought to comorbidities).
- A/Prof Nirmala Pathmanathan pointed out that less screening means less overdiagnosis.
- Prof Karen Canfell noted that the Covid-related pauses in screening are expected to have little effect on mortality.

Plenary presentations and panel discussion about translational genomics and precision medicine

- Inherited (germline) variations differ from acquired (somatic) variations; there are different implications. This aspect of genomic literacy is critical to understand for informed consent.

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- Prof Vanessa Hayes highlighted the problem that 78% of sequenced whole genomes are from people of European ancestry.
- Higher tumour mutational burden suggests potential environmental influence.
- Dr Milita Zaheed favours population screening, but variants of unknown significance are tricky. People must be able and willing to access management, else it could perpetuate inequities.
- Dr Frank Lin pointed out that genomic tumour testing sometimes refines/changes the diagnosis.
- A/Prof Kathy Tucker spoke about 'DNA Screen' and the need for 'precision behavioural science'.

Panel discussion about social justice and equity in cancer care delivery for priority populations

- 'Vulnerable populations' are vulnerable because of social constructs.

Plenary presentation by Prof Claire Wakefield

- The PRISM study re precision medicine in paediatric oncology found that parents of participating children expected at the outset that their child would benefit; this expectation reduced later on.