



CONFERENCES

Honorary Member award - Paolo G. Casali



Paolo G. Casali

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What does this award mean to you?

It means a lot, indeed. I am a medical oncologist, so I interpret the receipt of an award from the European Society for Radiotherapy and Oncology (ESTRO) as support for my belief in multidisciplinary, which to me has always been a kind of religion. Perhaps that was inevitable, since I follow sarcomas exclusively, and these clearly are a disease in which multidisciplinary is everything. But I think there is more to multidisciplinary. Being multidisciplinary, I would say, is a way for clinical oncologists continuously to improve their skills, their understanding of the diseases they treat, their chances to incorporate different perspectives in their clinical decisions and their abilities to “personalise” their clinical decisions. This has to do with their clinical activity, but may also apply, say, to our advocacy interests. Within the European Society for Medical Oncology (ESMO), I have been following public policy and, for example, I am happy that ESTRO, with other societies and with patient groups, could contribute to our recent (and second) position paper on the general data protection regulation (GDPR) as a potential threat to research in Europe.

What is your next challenge?

I think there is a challenge for us all, and my presentation focused on this. Over several decades we all have been using a methodology of clinical research that now, I think, must be radically updated. This has to do with the kind of evidence-based medicine that we all try to pursue, but which we also perceive as far from our everyday actual clinical decision-making. This happens just as we seek to make medicine, and oncology for sure, more and more “precise” and “personalised”. In brief, I think that on one side we all, with statisticians and methodologists, should try to innovate the methodology of clinical research, but on the other side we as clinicians should also try to refine the methods by which we make our clinical decisions, and eventually we should reconcile the two methods. It is a big challenge, of course, all the more so as artificial intelligence is entering clinical medicine and poses new challenges as well. It is a global challenge for medicine, sure, but clinical oncology is in a privileged position to try to take it up. Every physician, I think, should humbly join the effort.

When do you think you will retire, and what would you like to do then?

Maybe to reflect on medicine a little bit. But in the fringes of my everyday profession, today, as a physician and a clinical researcher, I try to do that every now and then... All physicians, I think, should think about what is, ultimately, the medicine they practise!

To whom would you like to dedicate your award?

To all fellow radiation oncologists with whom I had the privilege to work over all these years, being somewhat envious, often, of the formidable technologies they were able to exploit and which continuously and impressively improve.

What are you most proud of in your career?

Of my honorary ESTRO membership, of course!