

Will oncologists applaud the Paris Accord? Time to rethink global mega-conferences

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It is ironic that the signing of the Paris Accord^{1,2}, on 12 December at the 21st United Nations Climate Change Conference, coincided with the last large-scale global oncology conference of 2015: the San Antonio Breast Cancer Symposium. While international representatives from 195 nations met in Paris and pledged to limit global warming, more than 7500 conference attendees from more than 90 countries were—at the same time, in San Antonio, Texas—being updated on the latest advancements in breast cancer oncology. The San Antonio Breast Cancer Symposium is by no means the only or the largest oncology meeting of the calendar year; however, it seems timely to pause and reflect on the environmental impact of such mega-conferences as we move into 2016 and beyond.

Physicians hold a unique and trusted place in society. We should view ourselves as examples to others and advocates of meaningful change. The notion of our own environmental impact contributing to global warming is not new^{3,4}, but such knowledge has yet to translate into meaningful attitudinal or behavioural change. We all have to consider how we and our learned medical societies can align ourselves with the tenets of the Paris Accord².

The American Society of Clinical Oncology (ASCO) annual meeting has now grown to more than 30,000 global attendees⁵. Not only is the annual meeting considered a prerequisite for the North American oncologist to attend, it has also given rise to a series of smaller sub-speciality meetings—for example, ASCO Breast, ASCO Genitourinary). Similar growth has also been seen in other worldwide cancer conferences such as those of the European Society for Medical Oncology, the American Society of Hematology, the San Antonio Breast Cancer Symposium, and the American Association for Cancer Research, to mention but a few. In our experience, most oncologists likely attend at least one or two such meetings each year. Although each of the meetings has its own scientific, clinical, and educational merits, they, too, represent only a fraction of all medical meetings that occur annually; and collectively, those meetings contribute to a significant carbon footprint³. Air travel alone has a disproportionately large impact on the climate and is estimated to account for 4%–9% of the total of impact of human activity on climate⁶. As an example, taking the 3 authors of this commentary as representative of the global community attending the ASCO annual meeting, we would generate, on average,

1060 kg of CO₂ per person travelling return to Chicago⁷. Multiplied by 30,000 meeting attendees, that one meeting alone would translate into 31,809 tonnes of CO₂.

While not suggesting that global mega-conferences have no place in modern medical education, we do feel that there has to be greater advocacy and promotion of alternative, more environmentally friendly options. Having equal access (to all registrants, not just meeting attendees) to even more virtual or live-streaming meetings and digital libraries or digital repositories of all conference presentations would allow for equivalent access to the same up-to-date information whether registrants be at the conference, work, or home.

For those who do attend the meeting in person, attempts to lessen the environmental impact of travel should be considered. Possibilities include any one or a combination of flying direct, flying economy, avoiding night flying, flying with carry-on bags, combining conference travel with holidays or other meetings, or purchasing of carbon offsets⁶. Those simple changes are but a few of the many that we as a professional group could embrace and promote.

As the Paris declaration states, we must hold ourselves and our associations accountable to our personal carbon footprint and build our ambition for reducing waste and emissions^{1,2}. Every attempt at reducing our planetary impact, be they big or small, can lead to significant cumulative improvements. Oncologists should be world leaders in what is not only a political issue, but is perhaps the most important potential health crisis humanity is facing⁸.

So just as we do so for our patients, the oncology community can and should take personal responsibility for the care and preservation of our planet. It won't be easy, and it will require a change in mindset from most, but it is worth the try.

CONFLICT OF INTEREST DISCLOSURES

We have read and understood *Current Oncology's* policy on disclosing conflicts of interest, and we declare that we have none.

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