only in few patients treated elsewhere.[1,6] Just two cases series (in total reporting 97 cases) are available in the published literature.[7,8] The study did not have a control group that received standard treatment. The impressive results of mesometrial resection should be confirmed through implementation of this technique at other centres in randomised trials comparing conventional radical surgery according to available guidelines with this innovative approach, with or without standard treatment that includes radiotherapy.[9]

The authors should be congratulated for their efforts in increasing the sample size of the study, but the only possible way to validate their data would be a randomised controlled trial. Additionally, external validation is strongly advised to evaluate the reproducibility of the technique in other settings.

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Cancer control in small island nations: too often overlooked

As the global burden of cancer continues to rise and disproportionately affect low-income and middle-income countries, several regions face specific challenges in their attempts to address this ongoing health crisis. Small island nations are not always classified as low-income and middle-income countries, but share many of the same resource constraints, coupled with the triple burden of disease—infections, non-communicable diseases, and age-related morbidities. They also have unique geographical, cultural, political, economic, and environmental contexts that affect their capacities for, and approach towards, cancer control, meaning that their situations and needs differ greatly to those of other countries worldwide. In this issue of *The Lancet Oncology*, we publish a Series of five papers looking at cancer control in small island nations, with a focus on the Pacific and Caribbean regions. This Series brings together the collective wisdom of a large number of international experts who make a number of pertinent recommendations for policy makers to focus their efforts.

In the first paper of the Series, Diana Sarfati and colleagues describe the current state of cancer control in the Pacific islands and territories, highlighting the main complex challenges faced in this region, including geographically dispersed and isolated populations, fragile ecological and economic situations, vulnerabilities to climate change and natural disasters, poor access to treatment and palliative care, and overburdened health care systems. In the second paper, Alec Ekeroma and colleagues then discuss several examples of promising innovative practice in cancer planning, prevention, and treatment in some Pacific islands, including improved management of childhood cancers and cervical cancer screening programmes, and postulate how these strategies could be implemented elsewhere through collaborative approaches. In the third paper of the Series, Dingle Spence and colleagues describe the cancer control situation in the Caribbean islands, highlighting the rising incidence of cancer and cancer mortality in the region and the major challenges faced in attempts

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See **Series** pages e475, e493, e503, e522, and e535

See **Online** for a French translation of this comment

For the **Series on cancer control in small island nations** see http://www.thelancet.com/series/small-island-nations

For **The Lancet Oncology Cancer Control Hub** see https://www.thelancet.com/journals/lanonc/cancer-control

For more on **cancer in indigenous populations** see https://www.thelancet.com/series/cancer-in-indigenous-populations and **Review** *Lancet Oncol* 2014; **15:** e504–16

For more on **cancer in Latin America and the Caribbean** see **Commission** *Lancet Oncol* 2013; **14:** 391–436 and **Commission** *Lancet Oncol* 2015; **16:** 1405–38

to control it, including poor surveillance systems, the lack of a cohesive approach, and under-resourced health-care systems with inadequate access to screening and treatment, meaning that many patients seek treatment abroad. The authors emphasise the urgent need for a more cohesive approach to cancer control and for capacity building across the cancer care continuum. This theme is explored further in the fourth paper of the Series, wherein Spence and coauthors again analyse the Caribbean islands and describe several promising strategies to improve cancer prevention and treatment in those islands that are part of the Caribbean Community (CARICOM). These advances include the development of a centralised Caribbean cancer registry hub and innovations in the delivery of specialty oncology services such as palliative care across the region. The final paper of the Series emphasises the need for proactive and collaborative approaches to address the cancer crisis in small island nations in the Pacific, Caribbean, and elsewhere in the world, both across the small islands and in partnerships with high-income countries. The authors describe funding and investment opportunities that could ultimately help to improve and strengthen cancer-related health systems in small island nations, including ways in which the international community could help to support cancer control efforts in these under-resourced countries.

Overall, this Series highlights the unique challenges facing cancer control in small island nations and suggests ways in which these problems can be addressed. The authors collectively suggest prioritising regional collaborative approaches, enhancing cancer prevention, improving cancer surveillance, increasing access to and quality of palliative care, and development of targeted treatment capacity. Communication, collaboration, and increased investment—especially through implementation of universal health coverage—will be key to successfully addressing the ongoing cancer crisis in small island nations, which are often overlooked in the broader global view of cancer control, but are arguably among the countries with the greatest need for improvements across all areas of the cancer care continuum. Ultimately, urgent action is needed to avoid major human and economic losses due to cancer in these small and vulnerable island nations.

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A European paediatric cancer mission: aspiration or reality?

The 2018 Mazzucato Report[1] for the European Commission outlined a mission-oriented approach for the next EU Framework Programme for Research and Innovation. The recent confirmation that cancer will be the topic for the health mission area[2] is very welcome and we strongly believe this should include a mission to beat childhood cancers.

Akin to cancer moonshot initiatives in the USA, European research missions will aim to attain specific and measurable objectives in a defined timeframe, concentrating efforts in areas of high societal need and public resonance. Childhood cancer is an obvious candidate for such a mission. It accounts for 20% of childhood deaths after infancy and is thus the leading cause of child mortality from disease in Europe.[3] Childhood cancer is also a major contributor to morbidity in survivors and an area in which market-based innovation has been slow and insufficient. Nevertheless, the European paediatric haematology-oncology community has an extensive track record in successful delivery of innovative research and clinical strategies from strong collaborative research networks that have markedly improved outcomes. The community is ideally positioned to deliver a further ambitious and integrated programme of international research. The impact would resonate with young patients with this life-threatening disease, the families who support them, the increasing number of adult survivors who are living with the consequences of treatment, and the general public, who will doubtless identify with the societal and economic benefits.

In Europe alone, there are more than 35 000 new cases annually and more than 6000 children and young people dying from cancer each year (data are from the Cancer Today database). There are almost half a million childhood cancer survivors in Europe today, and this number will increase over time. Two-thirds of

For the **Cancer Today database** see https://gco.iarc.fr/today/home