AllCaN Oesophageal Symposium 2025 — Meeting Report

Date: Monday 20th October 2025

Venue: Riddel Hall, Queen's University Belfast

Meeting Summary

The All-Ireland Cancer Network (AllCaN) Oesophageal Symposium 2025 brought together clinicians, researchers, PPI (patient & public involvement) representatives, trainees and industry collaborators to review progress across the AllCaN Oesophageal programme and to map clinical and research priorities for the next 12-24 months. Sessions covered prevention and intervention (session 1), targeted diagnostics and novel therapeutics (session 2), and concluded with a guest lecture and a high-value open panel discussion session (session 3). The meeting combined formal presentations with rapid roundtable idea boards and an active poster session to promote cross-discipline collaboration. Progress and new data from all AllCaN Oesophageal's work packages (Prevention, Intervention, Targeted Diagnostics, Novel Therapeutics) was presented. The meeting also created actionable research questions through facilitated roundtables and PPI input and helped to strengthen island-wide collaboration between academic groups and patient representatives. The meeting generally centred on three main priorities: improving awareness and primary-care pathways, refining minimally invasive early-detection tools (including the capsule sponge), and defining the right clinical questions around surveillance and progression risk. The meeting opened with a formal welcome from Prof. Helen Coleman. Sessions were structured into three sessions: 1) Prevention & Intervention talks; 2) Targeted Diagnostics & Novel Therapeution talks; 3) a guest lecture and an open panel symposium discussion.

Session 1 — Prevention and Intervention

Session 1 provided a comprehensive overview of the current landscape in prevention, accompanied by new data from epidemiology, primary care research, behavioural science and rehabilitation. Dr Victoria Child opened with an all-island comparative analysis showing geographic and demographic differences in Barrett's oesophagus and oesophageal cancer incidence, findings that highlighted the need for targeted awareness and detection strategies. This was followed by Prof Helen Reid's practical and forward-looking examination of the capsule sponge as a primary-care triage tool, which generated robust discussion around training, feasibility and integration into existing referral pathways (this work

was completed by Dr Orla Carney). Additional talks explored modifiable risks and system drivers of inequality: Ms Kelly Tang presented early evidence linking antibiotic exposure and oesophageal cancer risk; Dr Ashleigh Russell (standing in for Ms. Abigail Jeyaraj) and Ms Rachel McMenemy outlined environmental and age-related disparities affecting progression and diagnosis. The focus then shifted to patient experience and survivorship, as Ms Diana Cooke and Ms Sedina O'Kane presented work on lifestyle and psychological interventions that could be embedded into care pathways. The RESTORE physiotherapy programme update from Prof Juliette Hussey reinforced the value of multidisciplinary rehabilitation across the disease continuum. Taken together, the session underscored that prevention and early intervention require coordinated efforts (integrating diagnostic innovation, behavioural science and equitable access) supported by strong communication between research teams, primary care and patient stakeholders.

Session 2 — Targeted Diagnostics and Novel Therapeutics

Session 2 advanced the programme's translational ambitions, highlighting biomarker development, molecular risk stratification and emerging treatment modalities designed to detect or intercept progression from Barrett's oesophagus to invasive oesophageal cancer. Mr. Richard Murray presented compelling multiomic pathology data that identified distinctive morphomolecular signatures associated with malignant potential, laying the groundwork for risk-based surveillance algorithms. Prof Helen Roche expanded this theme with findings on immune-metabolic biomarkers, including HDL proteome alterations and metabolic pathway modulation, which may offer minimally invasive tools to monitor disease evolution (Prof. Roche presented work conducted by Ms. Pousali Chatterjee). Mechanistic insights were further deepened by Ms Lorraine Smith, who demonstrated how electroporation can reshape the tissue microenvironment in ways relevant to early therapeutic intervention, while Mr Sam Cahill's work on immune checkpoint signalling illuminated new avenues for immune-modifying strategies in pre-malignant tissue. Across presentations, a consistent message emerged: the field is rapidly moving toward integrated diagnostic–therapeutic platforms that combine molecular profiling, engineering innovation and immunobiology.

Session 3 — Guest Speaker & Open Symposium Discussion

Prof Massimiliano Di Pietro kindly delivered a thought-provoking talk titled "*Barrett's oesophagus: time to stop surveillance or switch gear?*" that directly challenged the field to reframe surveillance strategies around risk stratification rather than fixed intervals. This topic was further discussed in the subsequent open panel symposium discussion, titled '*Charting the Course for AllCaN Oesophageal: Are We Asking the Right Clinical Questions?*'. This discussion was the emotional and strategic heart of the day. The exchange combined scientific rigor with lived experience from PPI members, producing both practical priorities and heartfelt reminders of what AllCaN Oesophageal is trying to achieve. Ms Carmel Doyle emphasised public awareness as a foundational problem: "*Don't forget that February is Oesophageal Cancer Awareness month! The 16th of May is also World Barrett's Oesophagus Day!*" This call to sustained visibility was paired with the comment: "*If Barrett's is the gateway for oesophageal cancer, we got an awareness problem; we need to start pointing to the fact that over 50% of diseased oesophaguses have traces of Barrett's oesophagus*." Those statements reoriented the research discussion, reminding researchers that early detection tools will only succeed if primary-care pathways and public awareness increase. The capsule sponge generated much optimism but also caution. As one panel member put it simply and passionately: "*The capsule sponge sounds fantastic, but please don't reduce or stop surveillance*." Another PPI perspective highlighted implementation barriers in practice: "*I was frightened to hear that many GPs are not welcoming capsule sponge with open arms*." Together these comments make clear that technology evaluation must include GP acceptability, robust safety/false-negative data, and patient education. Personal testimony grounded the discussion however. Mr Johnny King's light-hearted line, "*I enjoy going for my endoscopes. Keep the scopes going*!", reminded the audience that patients have varied experiences and priorities around surveillance. Mr Feargal Delaney closed the panel discussion with hope: "*My observation on today is massive hope*." These human voices balanced the technical debate and emphasised the moral necessity to translate research into better patient outcomes. Dr Frances Drummond's comment on leadership, "*The leadership in this team is extraordinary*", and Ms Carmel Doyle's closing words of appreciation ("*On behalf of the 2,000 people living with oesophageal cancer in Ireland, thank you…thanks for asking the questions, thanks for the enthusiasm*") both reinforced the collaborative culture AllCaN Oesophageal is building and its importance for rapid, patient-centred progress.