Mexican Journal of Oncology
Gaceta Mexicana de Oncología

Check for updates

EDITORIAL

In memory of Dr. Paul E. Goss: a legacy of science, mentorship, and global impact

En memoria del Dr. Paul E. Goss: un legado de ciencia, tutoría e impacto global

Yanin Chavarri-Guerra

Department of Hemato-Oncology, Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, Mexico City, Mexico

The oncology community recently lost a remarkable physician-scientist whose work and mentorship shaped generations of breast cancer researchers. For many of us, his influence extended far beyond his scientific contributions. He was a mentor who profoundly shaped our professional paths.

Dr. Paul E. Goss was born in South Africa. He earned his medical degree from the University of Witwatersrand and obtained a PhD in cancer research from the University of London. He later served as Professor of Medicine at the University of Toronto and Director of the Breast Cancer Program at Princess Margaret Hospital in Toronto, Canada. Most recently, he was Research Director of the Breast Cancer Program at the Massachusetts General Hospital (MGH), Co-Director of the Dana-Farber/Harvard Cancer Center Breast Cancer Program, Professor of Medicine at Harvard Medical School, and Director of the Avon Center of Excellence at MGH. Dr. Goss was an extraordinary physician and globally recognized researcher for his contributions to breast cancer research and global oncology[1].

Dr. Goss was a pioneer in the study of aromatase inhibitors. While in London, he participated in some of the earliest clinical trials demonstrating the efficacy of first-generation aromatase inhibitors[2], contributing to the clinical development of newer-generation agents that would later become standard of care. Throughout his career, he led several practice-changing clinical trials, including studies on extended endocrine therapy[3], chemoprevention[4], novel approaches for early human epidermal growth factor receptor 2 (HER2)-positive breast cancer[5], and bone metabolism in breast cancer[6]. His work helped define modern approaches to endocrine therapy and translational breast cancer research, ultimately benefiting thousands of women worldwide.

Dr. Goss presented his work at major international scientific meetings and authored more than 250 publications in high-impact journals, including *The Lancet*, *The New England Journal of Medicine*, *Journal of Clinical Oncology,* and *The Lancet Oncology*, among others. He was also an active member of several professional societies, including the Royal College of Physicians in the United Kingdom, the Royal College of Physicians and Surgeons of Canada, and the American Society of Clinical Oncology.

Beyond his scientific achievements, Dr. Goss was deeply committed to advancing cancer care globally. At MGH, he led an international research fellowship program for early-career physicians from low- and middle-income countries, focused on education, research, and clinical training. Through his extensive international collaborations and lectures, he witnessed the many barriers that physicians and patients face in accessing high-quality cancer care.

Motivated by these disparities, he founded the non-profit Global Cancer Institute, with the goal of improving survival and quality of life for underserved patients with cancer worldwide[7]. Among the most impactful initiatives he envisioned were virtual global tumor boards designed to connect oncologists from low- and middle-income countries (LMIC) with international experts to discuss complex breast cancer cases and improve clinical decision-making.

Correspondence:
Yanin Chavarri-Guerra
E-mail: yaninchg@gmail.com

Date of reception: 03-03-2026
Date of acceptance: 10-03-2026
DOI: 10.24875/j.gamo.M26000292
Available online: 06-05-2026
Gac Mex Oncol. 2026;25(1):1-2
www.gamo-smeo.com

2565-005X/© 2026 Sociedad Mexicana de Oncología. Published by Permanyer. This is an open access article under the terms of the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

He also supported the development of patient navigation programs in Latin America and contributed to major health policy efforts, including *the Lancet Oncology* Commissions addressing cancer control in Latin America, China, India, and Russia[8-10] aimed at engaging policymakers and strengthening national cancer control strategies.

For many of us who had the privilege of working with him, Dr. Goss was far more than a scientific leader. He was a mentor who generously shared his time, ideas, and opportunities, always encouraging young investigators to pursue ambitious questions and to engage in international collaborations. Personally, he invited me to join the International Fellowship Program at the MGH in 2012. My career as both a clinician and researcher was profoundly shaped by his mentoring, and we continued collaborating on several initiatives over the years, including projects supporting a patient navigation research program dedicated to improving access to care for patients with advanced cancer[11].

I was deeply inspired not only by his leadership and scientific vision, but also by his kindness, humility, and humanity. I especially valued the opportunity to attend his clinic, where I witnessed firsthand the respect, compassion, and dedication that defined his relationship with patients.

Dr. Goss also maintained a deep and lasting connection with Mexico and Latin America. He actively supported collaborations with investigators across the region and created opportunities for many young physicians to train in research and clinical oncology. His work focused on addressing disparities in cancer care, improving access to treatment, and strengthening research capacity in LMIC.

These efforts included collaborative research initiatives and comprehensive reviews addressing the landscape of breast cancer in countries such as Brazil, Mexico, and Colombia[12,13]. He also promoted the development of patient navigation programs in Uruguay, Colombia, and Mexico[14], as well as initiatives focused on supportive care, pain management, and the economic burden of cancer[15]. Through these collaborations, Dr. Goss helped foster a network of investigators committed to improving cancer outcomes across the region.

His legacy lives on not only in the scientific advances he helped achieve but also in the many clinicians and investigators he mentored around the world. For those of us fortunate enough to have learned from him, his influence will continue to guide our work and inspire future generations. His commitment to scientific excellence, global collaboration, and compassionate care will remain a lasting example for the oncology community (Fig. 1).



Figure 1. Dr. Paul E. Goss.

References

1. Leader in Global Cancer Care, Paul E. Goss, MD, PhD, FRCPC, FRCP Dies at 70. The ASCO Post; 2026. Available from: https://ascopost.com/issues/february-25-2026/leader-in-global-cancer-care-paul-e-goss-md-phd-frcpc-frcp-dies-at-70 [Last accessed on 2026 Mar 08].
2. Coombes RC, Goss P, Dowsett M, Gazet JC, Brodie A. 4-Hydroxyandrostenedione in treatment of postmenopausal patients with advanced breast cancer. Lancet. 1984;2:1237-9.
3. Goss PE, Ingle JN, Pritchard KI, Robert NJ, Muss H, Gralow J, et al. Extending aromatase-inhibitor adjuvant therapy to 10 years. N Engl J Med. 2016;375:209-19.
4. Goss PE, Ingle JN, Alés-Martínez JE, Cheung AM, Chlebowski RT, Wactawski-Wende J, et al. Exemestane for breast-cancer prevention in postmenopausal women. N Engl J Med. 2011;364:2381-91.
5. Goss PE, Smith IE, O'Shaughnessy, Ejlertsen B, Kaufmann M, Boyle F, et al. Adjuvant lapatinib for women with early-stage HER2-positive breast cancer: a randomised, controlled, phase 3 trial. Lancet Oncol. 2013;14:88-96.
6. Goss PE. Hershman DL, Cheung AM, Ingle JN, Khosla S, Stearns V, et al. Effects of adjuvant exemestane versus anastrozole on bone mineral density for women with early breast cancer (MA.27B): a companion analysis of a randomised controlled trial. Lancet Oncol. 2014;15:474-82.
7. From the Desk of Dr. Paul Goss: Welcome to GCI; 2016. Available from: https://www.globalcancerinstitute.org/blog/welcome-to-gci [Last accessed on 2026 Mar 09].
8. Goss PE, Strasser-Weippl K, Lee-Bychovsky BL, Fan L, Li J, Chavarri-Guerra Y, et al. Challenges to effective cancer control in China, India, and Russia. Lancet Oncol. 2014;15:489-538.
9. Goss PE, Lee BL, Badovinac Crnjevic T, Strasser-Weippl K, Chavarri-Guerra Y, St Louis J, et al. Planning cancer control in Latin America and the Caribbean. Lancet Oncol. 2013;14:391-436.
10. Strasser-Weippl K, Chavarri-Guerra Y, Villarreal-Garza C, Bychkovsky BL, Debiasi M, Liedke PE, et al. Progress and remaining challenges for cancer control in Latin America and the Caribbean. Lancet Oncol. 2015;16:1405-38.
11. Soto-Perez-De Celis E, Chavarri-Guerra Y, Ramos-Lopez WA, Alcalde-Castro J, Covarrubias-Gomez A, Navarro-Lara Á, et al. Patient navigation to improve early access to supportive care for patients with advanced cancer in resource-limited settings: a randomized controlled trial. Oncologist. 2021;26:157-64.
12. Chavarri Guerra Y, Villarreal Garza C, Liedke PE, Knaul F, Mohar A, Finkelstein DM, et al. Breast cancer in Mexico: a growing challenge to health and the health system. Lancet Oncol. 2012;13:e335-43.
13. Liedke PE, Finkelstein DM, Szymonifka J, Barrios CH, Chavarri-Guerra Y, Bines J, et al. Outcomes of breast cancer in Brazil related to health care coverage: a retrospective cohort study. Cancer Epidemiol Biomarkers Prev. 2014;23:126-33.
14. Bukowski A, Chávarri-Guerra Y, Goss PE. The potential role of patient navigation in low- and middle-income countries for patients with cancer. JAMA Oncol. 2016;2:994-5.
15. Lincoln SB, Soto-Perez-de-Celis E, Chavarri Guerra Y, Covarrubias-Gomez A, Navarro M, Goss PE. Cancer pain management in Mexico. BMJ Support Palliat Care. 2019;12:e271-6.