

Foreword



Oncology: Beyond the Oncologist

Oncology is an increasingly complex field with constant improvements in surgery, radiation energy and computer-based treatment planning, and emerging molecular therapeutics. Furthermore, advances in diagnostic and functional imaging, molecular genetics and pathology, and minimally invasive procedures performed by an array of surgical and non-surgical specialists, have led to more robust and refined interdisciplinary cancer care. Just as importantly, improved adjunctive therapies and supportive measures during and after cancer treatment now mandate greater involvement of non-oncology specialists. In this century, no single oncologist can manage all patient needs through the spectrum of prevention, diagnosis, treatment, supportive care, and survivorship.

This reference is of great value to all practitioners who care for patients in need of cancer prevention, screening, therapy, and survivorship care. In addition to the perspectives provided by expert oncologists, a large component of the book illustrates the important contributions of non-oncology consultants in optimizing survival and enhancing quality of life. The text is therefore partitioned into appropriate sections so the reader can quickly find practical advice for particular oncologic problems and comorbidities frequently encountered in these patients.

Required Reading

In addition to the specific subspecialty topics covered in this book, there are several important chapters which cut across all disciplines: *Cancer and the Epidemiologist*, *Cancer and the Geneticist*, *Cancer and Complementary Medicine*, *Cancer and the Psycho-Oncologist*, and *Cancer and the Palliative Care Specialist* provide important information for all caregivers and reading them is encouraged. *Cancer and the Epidemiologist* reviews our current knowledge about smoking, smoking cessation, and cancer, diet and cancer risk, and emerging data about vitamin D and hormone replacement in cancer risk and prevention. These topics are among the most frequently raised by patients and loved ones before and after a cancer diagnosis.

Second, *Cancer and the Geneticist* provides a snapshot of current evidence about genetic mutations which increase the risk of certain cancers. Moreover, this chapter gives us a window into the future of personalized cancer care: genetic testing to identify those who may harbor a mutation, which will increasingly require specific screening efforts and interventions (medical and surgical) to minimize cancer risk. It also suggests what is coming: therapy specifically designed for a given genetic mutation as the concept of synthetic lethality becomes more broadly appreciated. These strategies will certainly be a larger part of oncology in the 21st century and beyond. Third, while not necessarily embraced by all clinicians, *Cancer and Complementary Medicine* is a “must read”. Having either a dismissive or uninformed attitude about complementary or integrative medicine will not serve our patients well and obtaining a working knowledge of the principles and evidence-basis for this discipline is strongly recommended.

Cancer and the Psycho-Oncologist and *Cancer and the Palliative Care Physician* are also essential reading. The physical and psychosocial problems facing cancer patients and survivors can be daunting, and often not fully appreciated by treating physicians. Sensitivity to these tribulations is inherent to high-quality care and it is the duty of all physicians to minimize suffering. Acknowledgement and management of pain, grief, and loss and open discussions at the end of life are responsibilities that must be shared, not delegated, and doing so helps our patients and ourselves.

Cancer Care in the 21st Century: The Information Age Meets Team Oncology

Most importantly, as our understanding of the molecular basis of neoplasia accelerates and our appreciation for the total care needs of our cancer patients grows, modern cancer care must be transformed. The boom in information technology has facilitated much of the revolution in oncology and must also be part of the solution to deliver sophisticated, high-quality, interdisciplinary care in small community centers and larger academic ones. How this is accomplished, who is involved, and what professional attributes are necessary to deliver this care cannot be answered directly by this reference. However, as you read it, reflect on the environment in which you practice and how to best interact with a dynamic team of specialists, all of whom play an essential role in patient care. In larger centers, this may take the form of multidisciplinary, disease-specific clinics staffed by surgeons, medical oncologists, and radiotherapists, with ready access to experts in pathology, radiology, gastroenterology, pulmonary medicine, or supportive care. In other centers, regularly held multidisciplinary cancer conferences, which bring a number of subspecialists together in case-presentation format may be required, as a practical substitute for a multidisciplinary clinic. In many clinical settings, communications might have to be carried out electronically through secure web-based information systems and electronic mail. This is increasingly feasible as electronic medical records, web-based digital radiology files, and soon, digital photomicrographs, become widely available across the world; these innovations must be embraced and utilized by all.

Lastly, how physicians interact with each other and with patients in this new century will be a critical component of quality care and scrutinized by professional societies in the years to come. Interpersonal and communication skills are not just buzz words: consensus-building and consistent communication of information to patients is vital to the effectiveness of increasingly complex care plans. In this regard, physicians must assume different roles at various times during a course of treatment and longitudinal care: either as team leader, or team player. These roles may change at transition points of care, and as the team lead shifts, a clear

understanding of who is in charge should always be conveyed to the patient.

In summary, this text is an exciting and refreshing edition which reflects the emergence of “team oncology”. I hope it broadens and deepens your perspective on the future of oncology care and causes you to reflect on how your practice habits should change in this dynamic era.

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