The value of multidiciplinary cancer care and research: the role of the surgeon as an oncologist and clinical investigator

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Submitted Sep 28, 2014. Accepted for publication Nov 04, 2014.
doi: 10.3978/j.issn.2304-3865.2014.11.02
View this article at: http://dx.doi.org/10.3978/j.issn.2304-3865.2014.11.02

In this issue of *Chinese Clinical Oncology* (*CCO*), we present four articles describing some of the roles, responsibilities and training of the surgical oncologist. With the rapid advances in cancer diagnosis and treatment, and with an array of new drugs, devices and diagnostics, surgeons will have to incorporate this information into a contemporary cancer practice. In addition, we have a great responsibility to apply these innovative modalities in our patients based upon evidence from clinical trials, including participation in clinical trials ourselves.

These four articles, written by surgical oncology leaders in the United States and China, describe the responsibilities and training of surgical oncologists in the United States, and the importance of conducting lung cancer clinical trials and collaborating across institutions in China. Also, we have included an article about the value of multidisciplinary treatment planning and disease site centers (or institutions), for the delivery of cancer care, in both China and in the United States, is increasingly being organized around disease site specialization, such and breast cancer centers, liver cancer centers, and lung cancer centers. In such centers, specialists in one disease come together in one location for treatment planning and delivery of care for their patients with a specific type of cancer, such as lung cancer.

In many circumstances, the multidisciplinary approach, conducted in the right combination and sequence, yields a better outcome for the cancer patient compared to a single treatment, including surgical treatment alone or medical treatment alone. On the other hand, cancer patients benefit from our surgical perspective as a key component of treatment planning for early stage and even in many later stages of cancer, for the surgeons experience adds to the collective wisdom of cancer treatment planning along with that of medical and radiation oncologists. To this, we need to think and function as both a surgeon and as an oncologist, and conversely, the medical and radiation oncologists need to engage the surgeon in the treatment planning of their patients whenever appropriate. This requires that the surgeon takes the time and education to be an involved partner in a multidisciplinary team (that includes medical and radiation oncologists and diagnosticians), to have contemporary knowledge of disease management in oncology, and to counsel our patients about the benefits (and side effects) of integrating surgery with medical and radiation treatments, including those circumstances when non-surgical treatments should be given preoperatively as well as postoperatively. We will also need continuing education so as to adopt new technologies in the operating room, and to know how to incorporate molecular and genetic biomarkers into treatment planning. For the surgical trainee, there will increasingly be a need for additional formal training as a surgical oncologist, as has been implemented in the United States and other countries.

We can summarize the specialty of surgical oncology as a surgeons who: (I) is an excellent surgeon who can safely manage cancer patients through complex operations and have the judgment to know what operations to select; (II) knows how to integrate surgical treatment as part of a multidisciplinary team, including the type and timing of surgery after pre-operative systemic therapies and/or radiation therapies; (III) participates as an oncologist in the long-term disease-management of cancer patients; and (IV) participates in cancer clinical research and/or translational

research.

As we look into to the future of cancer care in China and around the world, surgeons and other specialists treating cancer patients should realize that (I) most all forms of cancer are becoming a chronic or curable disease; (II) almost all cancer patients will receive more than one modality of treatment; since contemporary cancer care is becoming a team approach; and (III) it is vital to validate advances through clinical trials. Increasingly, we will consider some form of surgery even in patients who present with advanced stages of cancer who have been downstaged with chemotherapy or chemoradiation, or as a preventative treatment in genetically determined high risk individuals.

In future issues, *CCO* will publish additional articles by surgical leaders in China and elsewhere in the world that may provide educational articles useful to all cancer specialties about the role of the surgeon as a partner in multidisciplinary care and research.

Cite this article as: Balch CM. The value of multidiciplinary cancer care and research: the role of the surgeon as an oncologist and clinical investigator. Chin Clin Oncol 2014;3(4):42. doi: 10.3978/j.issn.2304-3865.2014.11.02

Acknowledgements

Disclosure: The author declares no conflict of interest.