

Surgical Oncology

Controversies in Cancer Treatment



Edited by
Theodore X. O'Connell

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*To Fran, Ted, Brendan, and Dan
who have always supported me in my
endeavors and have never complained.*

SERIES PREFACE

The impetus for this series came from the intellectually and emotionally difficult experiences my colleagues and I have encountered when attempting to make decisions about the best treatments for patients who have cancer. The patient's and physician's anxiety about the disease and the toxic treatments necessary for its eradication hamper reasoned discussions and charge the atmosphere with hidden messages. The physician's own fears of death and failure to cure enhance the intensity of this interchange. Unfortunately the resultant decision in each patient's case often only partly rests on scientific doctrine. Science deals predominantly with measurable quantities such as survival, but the quality of life as it is perceived in each situation is equally important. Therefore discussion of controversy in cancer is not and should not be only a cataloging of scientific facts but must also contain intuitive and affective measurements of human value.

Each of the books in this series is unique. Some editors chose to explore a vast range of topics; others chose to narrow down the number of issues and explore them in greater depth. Not all sides of each issue are presented, for the editor felt in some cases that only one or two points of view should be elaborated. For some, only one point of view was thought necessary, in which instances the contributor included a discussion of the standard, accepted opinion in addition to setting forth his or her position. The series was conceived of as a whole; as a result some issues are discussed in only one book because of space constraints, but would have been appropriate for other books in the series as well. On the other hand, other controversies are included in more than one book and are addressed by a different group of discussants in each; these controversies were repeated because of their universal appeal and current interest.

The editors for these books were selected because they possessed the following attributes:

1. a high level of expertise in their fields;
2. the respect of their colleagues as fine clinicians;
3. the need to continually question the standard dogmas, and to spend their professional lives attempting to improve the standard of medical practice; and
4. a belief, as kind, caring individuals, in the value of the patient-physician relationship.

Controversy is inherent in oncology; I am hopeful that the reader will gain significant insights toward making better decisions in managing patients.

I would like to acknowledge Dolores Groseclose for editorial assistance and Deanne, Jason, and Jill Gilbert for their support.

Harvey A. Gilbert
Series Editor

INTRODUCTION

This book is part of a series dealing with controversies in cancer treatment. Although the topics in the book are of particular interest to the surgeon, the discussions will aid all physicians interested in cancer treatment. This field is not limited only to methods practiced by the specially trained surgical oncologist but includes all forms of treatment of cancer by surgery and surgery-related means.

Controversies revolve around seemingly diametrically opposed methods of treatment for the same disease, all of them vigorously championed by experts in the field. Controversies also include new methods of treatment that have not been completely accepted by the medical community or whose place has not been completely defined. Using these definitions of controversies, there is certainly no shortage of them to be included in this book. In fact, the most difficult part in planning this book was to confine the list of controversies to those with either the broadest interest or the best data available to resolve them.

Although controversies may be positive factors to stimulate thought, engender new and further research, and solve problems, they often cause confusion. It is often difficult for the physician to come to any conclusion of how best to treat an individual patient when internationally known experts cannot agree on methods. This confusion is increased by the vehemence and dogmatism with which many of the experts champion their opinions. Some experts who were asked to contribute to this volume refused because they felt that there was no controversy but only one way to treat the patient—their way.

When many of the topics were reviewed in the literature and discussed with experts, it became apparent that there were often insufficient data to hold dogmatically to either side of the argument. In addition, experts who

appeared to be dramatically opposed agreed in principle on approaches. Basic disagreements were often caused by differences in patient selection, stage of disease, available technical skills, ancillary equipment, and facilities.

This book was designed to present both sides of various controversial topics in cancer treatment in a single volume. Some required arguments by two or more experts, while others seemed to be handled well by a single author. This work will be a good reference source to the physician faced with the dilemma of choosing treatment in these areas. It is hoped that by presenting these arguments together, confusion can be at least partially dispelled, and these controversies can, in this era of energy conservation, produce more light and less heat.

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