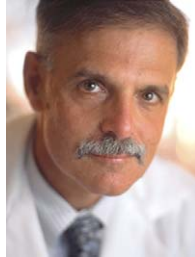


Preface

Palliative Surgical Oncology



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Guest Editor

This edition of the *Surgical Oncology Clinics of North America* breaks new ground for the surgical oncology community. The authors have contributed a series of articles that begin to define and codify a widely practiced but poorly organized set of surgical procedures that have as their endpoint the reduction of unpleasant symptoms. In developing the group of health care providers who would participate in this endeavor, a “buy in” to the following concepts was requested. The authors were asked to agree upfront to use the following definition of palliative surgery: “Palliative surgery is limited to operations performed to relieve symptoms. The operations may be inclusive of treating the disease process with curative intent, but in all cases the management of symptoms should be an element of the intervention. Specifically, operations with curative intent in asymptomatic patients that results in residual disease or positive margins should be considered noncurative, not palliative.”

Simply put, an asymptomatic patient cannot be palliated, but a symptomatic patient can be palliated and/or cured.

The reader will note the inherent conflicts between complying with the narrow definition of palliative operations defined for this tome and that widely used definition of noncurative. This conflict created a tension for the authors and each dealt with the situation in different ways—either recognizing the two points of view and exploring both or staying strictly to the above definition. In both of the approaches, the reader is guided through the process of distinguishing palliative from noncurative.

This is a new field of scientific evaluation. To frame the status of this field of palliative surgery and apprise the reader of how we got here are the first

two articles, which are the fundamentals. Much of palliative surgery has been measured by survival as an outcome, and although this is a laudable goal, it falls short of the primary operative goal. Dr. McCahill outlines the scientific approach to measuring the outcomes of palliative surgery that must deviate from the classical outcomes. A new language (lexicon) and a new set of metrics are required to make palliative surgery a scientific not simply phenomenologic discipline. Following that, the various organ sites and anatomic entities are examined and the application of palliative operations are explored. The article on hepatic malignancies varies slightly to accommodate the nonsurgical palliation, which prevails in nearly all but the hormone-producing neuroendocrine tumors.

The breath of surgical experience of the distinguished authors is expressed in the articles. The text of the particular articles is flavored either more with clinical gestalt or number driven decision-making. Contrast the application of newly devised measurement tools for nonsurvival outcomes discussed in the gastric article with the thoughtful, personalized approach used in the article on the breast. This diversity elucidates the richness of this field and the human elements of care that have as their goal the reduction in suffering and the enhancement of comfort.

The reader is encouraged to spend a few moments thinking about the various disease sites and just how limited the exploration of these issues is in the standard surgical literature. Although there is a large experience in the clinical practices of all surgical generalists and specialists, the data available to report are limited. There is a paucity of literature with a scientific approach to decision-making and outcome measurements for palliative surgical procedures. The challenge falls to us to convert this portion of the surgical literature from well-meaning empiricism to well-formulated and tested science. This will be reflected in the reliability of our patient care and the acceptance of our interventions by patients, family, other providers, and payers.

Finally, I would like to thank the fine work of Elvesier in supporting the preparation of this volume, the intellectual insight of Dr. Petrelli in selecting this topic and the spunk, skills, and sensitivity of the authors who prepared the articles.

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