

## Preface



Vijay P. Khatri, MBChB, FACS  
*Guest Editor*

*The surgery of malignant disease is not the surgery of organs, it is the anatomy of the lymphatic system*

—Lord Moynihan

*The therapeutic effect of cancer surgery is akin to that of a drug with a threshold effect, dose response up to a certain plateau, but no therapeutic effect beyond this, only more complications.*

—Blake Cady

For physicians treating cancer, it is essential to have accurate knowledge of the lymphatic drainage of the different parts of the body. This is particularly important for surgeons who are intricately involved in the locoregional control of malignancies. Whether the surgeon performs a comprehensive lymphadenectomy as part of regional control of a malignancy or alternatively performs the highly accurate sentinel lymphadenectomy for staging purposes, the information gained from their pathologic evaluation has vital implications, not only in estimating prognosis for the patient, but also for determining the need for adjuvant systemic therapy.

Surgeons have always been in the forefront of the study of lymphatics and its subsequent translation to clinical practice. Turn of the twentieth century witnessed various milestones that included the works of William Halstead on radical mastectomy for breast cancer, and Sir W. Ernest Miles on radical abdominoperineal resection for rectal cancer. With greater understanding of the biology of malignancies, these radical approaches were gradually replaced by tempered lymph node dissections. The twentieth century ended admirably with establishment of the sentinel node technology through the pioneering work at John Wayne Cancer Institute. With

continued efforts directed at promoting earlier diagnosis through implementation of screening, the value of “lymph node assessment” could potentially be questioned in the future, particularly with the evolving era of “molecular profiling” of the primary tumor. Dr. Cady’s philosophy that “lymph node metastases are ‘indicators, not governors’ of outcome in every major study of epithelial cancers in humans,” continues to ring true.

In this issue, the “state-of-the-art” knowledge of the role of lymph nodes in the field of oncology has been broadly categorized into basic knowledge, the role of sentinel node for staging, and finally the current value of radical regional lymphadenectomy for various malignancies. I am profoundly grateful to all the contributors to this issue of *Surgical Oncology Clinics of North America* who indeed are world authorities in this field and have graciously provided their insight to this topic that will be long treasured by the readers. I also extend my gratitude to Dr. Nicholas J. Petrelli for providing me the opportunity to put together such a high-quality issue. Finally, I would like to acknowledge the tireless effort of Catherine Bewick, Publishing Editor, whose work throughout the process of compilation of this issue is greatly appreciated. My gratitude is also extended to Beth Howley, Production Editor, for the final assembly of this issue. I sincerely hope the readers will enjoy this issue of *Surgical Oncology Clinics of North America*, titled *Lymphadenectomy in Surgical Oncology: Staging and Therapeutic Role* as much as I have cherished assembling it.

Vijay P. Khatri, MBChB, FACS

*Division of Surgical Oncology*

*University of California, Davis Cancer Center*

*4501 X Street, Sacramento, CA 95817, USA*

*E-mail address: [vijay.khatri@ucdmc.ucdavis.edu](mailto:vijay.khatri@ucdmc.ucdavis.edu)*