

## Foreword



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This issue of the *Surgical Oncology Clinics of North America* is entitled, *Lymphadenectomy in Surgical Oncology: Staging and Therapeutic Role*. The guest editor is Vijay Khatri, MD, from the University of California at Davis Cancer Center. Dr. Khatri has organized this issue of *Surgical Oncology Clinics of North America* into sections that include a basic overview of the anatomy of the lymphatic system and pathologic evaluation of lymph nodes, followed by a section on sentinel lymph node staging, and lastly, a discussion of the therapeutic lymph node dissection in various solid tumors.

The surgical oncologist has and will continue to play a major role in the multidisciplinary approach to cancer care. The technical aspects of lymphadenectomy are only a part of the surgeon's armamentarium. An understanding of the accurate knowledge of the lymphatic drainage of all the organs in the body, the prognostic significance of lymph node metastases, and the ability to link these two issues to offer patients the best possible cancer care are just as important as the surgical procedure of lymphadenectomy.

As we move into the era of high technology, personalized medicine with gene profiling, and pharmacogenomics, the lymph node status of patients is more important than ever. We are now beginning to understand that it is not only the number of positive lymph nodes surgically removed and examined histologically that is important, but also the total number of lymph nodes surgically removed. So much so that with guidelines set forth by such organizations as the American Society of Clinical Oncology, we now know that patients who have stage II colon cancer with less than 12 lymph nodes

pathologically examined are considered at high risk for recurrence and, therefore, a discussion about adjuvant chemotherapy is recommended.

As Dr. Khatri mentions in his preface, “Surgeons have always been in the forefront of the study of lymphatics and its subsequent translation to clinical practice,” there is no doubt in my mind that surgeons will continue to be in the forefront of the research and clinical approach to lymph node metastases in solid tumors. I congratulate Dr. Khatri and his colleagues for an extremely educational edition of this issue of the *Surgical Oncology Clinics of North America*.

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