# The role of radiologists in multidisciplinary cancer care teams.

## Dominik Klejdysz\*

Department of Economics, University of Munich, Germany

#### Introduction

Cancer treatment has evolved significantly over the years, moving from a singular approach to a more collaborative and multidisciplinary model. In this model, various medical specialists work together as a team to provide comprehensive care to cancer patients. Radiologists play a crucial role in these multidisciplinary cancer care teams, offering expertise in medical imaging that is essential for diagnosis, treatment planning, and monitoring of cancer patients. This article delves into the multifaceted role of radiologists within these teams, highlighting their contributions to improving patient outcomes and enhancing the quality of cancer care [1, 2].

Radiologists are primarily responsible for interpreting diagnostic imaging studies, such as X-rays, computed tomography (CT) scans, magnetic resonance imaging (MRI), ultrasound, and positron emission tomography (PET) scans. These imaging modalities play a fundamental role in cancer diagnosis by allowing radiologists to visualize the location, size, and characteristics of tumors and metastases. X-rays are commonly used to detect abnormalities in bones and soft tissues, making them valuable for diagnosing bone metastases and evaluating tumor-related complications such as fractures or compression. : CT scans provide detailed cross-sectional images of the body, offering superior visualization of internal organs and structures. They are indispensable for staging cancer, detecting tumors in various organs, and assessing treatment response [3, 4].

MRI is particularly useful for imaging soft tissues, such as the brain, spinal cord, and pelvic organs. It provides excellent contrast resolution and is often used for evaluating brain tumors, prostate cancer, and musculoskeletal malignancies. Ultrasound imaging uses sound waves to produce real-time images of internal organs and tissues. It is commonly used for guiding biopsies, evaluating lymph nodes, and assessing the vascular supply of tumors. PET scans detect areas of increased metabolic activity in the body, which is characteristic of cancer cells. They are valuable for staging cancer, detecting recurrent disease, and monitoring treatment response. Radiologists play a pivotal role in cancer diagnosis and staging, providing critical information that guides treatment decisions. By accurately interpreting imaging studies, radiologists help identify the presence of tumors, determine their size and location, and assess their extent of spread to nearby tissues or distant organs. This information is essential for determining the appropriate treatment approach, whether it involves

surgery, chemotherapy, radiation therapy, or a combination of modalities [5, 6].

Radiologists use imaging techniques such as CT, MRI, or ultrasound to precisely target and extract tissue samples for pathological analysis. Biopsies help confirm the presence of cancer, characterize tumor subtypes, and guide treatment Radiologists perform minimally invasive decisions. procedures, such as radiofrequency ablation (RFA) and cryoablation, to destroy cancerous tumors without the need for surgery. These techniques are particularly useful for small, localized tumors in organs such as the liver, kidney, lung, and bone. Radiologists insert catheters or guide wires into blood vessels to deliver chemotherapy drugs directly to tumors (known as chemoembolization), block blood flow to tumors (embolization), or administer radioactive substances (radioembolization) to target liver tumors. Radiologists perform drainage procedures to alleviate symptoms caused by fluid accumulation in the body, such as pleural effusions or ascites. These procedures improve patient comfort and quality of life, particularly in advanced cancer cases [7, 8].

Throughout the course of cancer treatment, radiologists play a critical role in monitoring treatment response and disease progression. They assess changes in tumor size, appearance, and metabolic activity on follow-up imaging studies, providing valuable feedback to oncologists and other members of the multidisciplinary team. Radiologists help identify treatment-related complications, such as tumor recurrence, metastases, or treatment-related toxicity, guiding adjustments to the treatment plan as needed. Effective collaboration and communication are essential components of multidisciplinary cancer care teams, and radiologists play a central role in facilitating this collaboration. Radiologists work closely with oncologists, surgeons, pathologists, radiation oncologists, and other specialists to ensure comprehensive and coordinated care for cancer patients. They participate in multidisciplinary tumor boards, where complex cases are discussed, and treatment plans are formulated based on collective expertise and consensus [9, 10].

### Conclusion

Radiologists are integral members of multidisciplinary cancer care teams, contributing their expertise in diagnostic imaging, interventional procedures, treatment planning, and monitoring of treatment response. Their ability to interpret imaging studies accurately, perform image-guided procedures, and

Received: 08-Mar-2024, Manuscript No. AAMOR-24-136490; Editor assigned: 09-Mar-2024, PreQC No. AAMOR-24-136490(PQ); Reviewed: 23-Mar-2024, QC No. AAMOR-24-136490; Revised: 28-Mar-2024, Manuscript No. AAMOR-24-136490(R); Published: 04-Apr-2024, DOI:10.35841/aamor-8.2.227

<sup>\*</sup>Correspondence to: Dominik Klejdysz, Department of Economics, University of Munich, Germany, E mail: dominik@klejdysz.gr

communicate effectively with other team members is essential for delivering high-quality, patient-centered cancer care. As cancer treatment continues to advance, radiologists will remain at the forefront, leveraging innovative technologies and collaborative approaches to improve outcomes and enhance the quality of life for cancer patients.

#### References

- Koontongkaew S. The tumor microenvironment contribution to development, growth, invasion and metastasis of head and neck squamous cell carcinomas. J Cancer. 2013;4(1):66.
- 2. Lee J, Taneja V, Vassallo R. Cigarette smoking and inflammation: cellular and molecular mechanisms. J dent res. 2012;91(2):142-9.
- 3. Dalianis T. Human papillomavirus and oropharyngeal cancer, the epidemics, and significance of additional clinical biomarkers for prediction of response to therapy. Int J Oncol. 2014;44(6):1799-805.
- 4. Tanaka T, Ishigamori R. Understanding carcinogenesis for fighting oral cancer. J oncol. 2011.

- 5. Feller LL, Khammissa RR, Kramer BB, et al. Oral squamous cell carcinoma in relation to field precancerisation: pathobiology. Cancer cell int. 2013;13(1):1-8.
- 6. Gurney JG, Severson RK, Davis S, et al. Incidence of cancer in children in the United States. Sex?, race?, and 1?year age?specific rates by histologic type. Cancer. 1995;75(8):2186-95.
- 7. Jt S. downing Jr, Crist WM. Non-Hodgkin's lymphoma in childhood. N engl J Med. 1996;334:1238-48.
- 8. Jaffe ES, Harris NL, Stein H, et al. Classification of lymphoid neoplasms: the microscope as a tool for disease discovery. Blood. 2008;112(12):4384-99.
- Mbulaiteye SM, Biggar RJ, Bhatia K, et al. Sporadic childhood Burkitt lymphoma incidence in the United States during 1992-2005. Pediatr Blood Canc. 2009;53(3):366-70
- 10. Klapper W, Szczepanowski M, Burkhardt B, et al. Molecular profiling of pediatric mature B-cell lymphoma treated in population-based prospective clinical trials. Blood. 2008;112(4):1374-81.