# The role of surgical oncologists in multidisciplinary cancer care.

### **Sushil Bulat\***

Department of Radiation Oncology, University of Texas, Texas

### Introduction

Cancer treatment has seen a paradigm shift from isolated practices to a more integrated approach, involving a range of specialists who work collaboratively to provide comprehensive care. Among these specialists, surgical oncologists play a crucial role in the multidisciplinary cancer care team. Their expertise in the surgical management of tumors is vital for diagnosis, treatment, and ongoing patient care. This article explores the multifaceted role of surgical oncologists within this collaborative framework, highlighting their contributions to improving patient outcomes and advancing cancer treatment [1, 2].

One of the primary responsibilities of surgical oncologists is the accurate diagnosis and staging of cancer. Through biopsies and surgical excision of tumors, they provide critical tissue samples that pathologists analyze to determine the type and extent of cancer. This information is essential for devising an appropriate treatment plan. Surgical oncologists' ability to obtain precise and adequate tissue samples ensures that patients receive a correct diagnosis and accurate staging, which are foundational for effective treatment. In a multidisciplinary cancer care team, surgical oncologists collaborate closely with medical oncologists, radiation oncologists, radiologists, pathologists, and other healthcare professionals. This collaboration is often facilitated through tumor board meetings, where complex cases are discussed, and collective expertise is utilized to develop individualized treatment plans. Surgical oncologists bring their knowledge of surgical techniques and outcomes to these discussions, helping to determine whether surgery is a viable option and, if so, the best surgical approach [3, 4].

Surgical oncologists are at the forefront of employing advanced surgical techniques that enhance precision and reduce recovery times. Minimally invasive surgeries, such as laparoscopic and robotic-assisted procedures, are examples where surgical oncologists have significantly improved patient outcomes. These techniques often result in less pain, shorter hospital stays, and quicker recovery periods. By continuously adopting and refining these innovations, surgical oncologists contribute to the evolution of cancer surgery, making it safer and more effective. The primary role of surgical oncologists involves the resection of tumors, which can be curative for many cancers when detected early. However, their role extends beyond tumor removal. Surgical oncologists often perform complex procedures to reconstruct affected areas and restore

function, significantly improving the patient's quality of life. Additionally, they are involved in palliative surgeries aimed at relieving symptoms and enhancing comfort for patients with advanced cancer [5, 6].

Surgical oncologists are deeply involved in clinical research and trials, contributing to the continuous improvement of cancer treatment. Their research often focuses on developing new surgical techniques, improving existing ones, and understanding the biology of cancer to refine surgical interventions. By participating in and leading clinical trials, surgical oncologists help translate research findings into clinical practice, offering patients access to cutting-edge treatments and innovative surgical options. The role of surgical oncologists doesn't end with the operation. They are integral to the post-operative care and rehabilitation process, ensuring that patients recover well and regain their strength. This involves managing complications, monitoring for signs of recurrence, and coordinating with other specialists for adjuvant therapies such as chemotherapy or radiation. Surgical oncologists provide guidance on wound care, physical therapy, and lifestyle modifications to support recovery and long-term health [7, 8].

Effective communication is a hallmark of good medical practice, and surgical oncologists excel in this area. They explain complex surgical procedures and treatment plans to patients and their families, ensuring they are well-informed and involved in decision-making. This empathetic communication helps alleviate anxiety and build trust, which is crucial for patient satisfaction and adherence to treatment plans. While the role of surgical oncologists in multidisciplinary cancer care is well-established, they face ongoing challenges such as staying updated with rapid advancements in surgical technology and managing the increasing complexity of cancer cases. Future directions include integrating more personalized approaches to surgery, utilizing artificial intelligence for surgical planning, and enhancing minimally invasive techniques [9, 10].

## Conclusion

Surgical oncologists are indispensable members of the multidisciplinary cancer care team, bringing specialized surgical expertise to the comprehensive treatment of cancer patients. Their role in diagnosis, treatment planning, surgical intervention, post-operative care, and research underscores their importance in the fight against cancer. As cancer care continues to evolve, the contributions of surgical oncologists

Received: 08-Mar-2024, Manuscript No. AAMOR-24-136486; Editor assigned: 09-Mar-2024, PreQC No. AAMOR-24-136486 (PQ); Reviewed: 23-Mar-2024, QC No. AAMOR-24-136486; Revised: 28-Mar-2024, Manuscript No. AAMOR-24-136486 (R); Published: 04-Apr-2024, DOI:10.35841/aamor-8.2.223

<sup>\*</sup>Correspondence to: Sushil Bulat, Department of Radiation Oncology, University of Texas, Texas, E mail: sushil@bulat.tx

will remain central to delivering high-quality, patient-centered care that aims to improve outcomes and quality of life for cancer patients.

### References

- 1. Pirami L, Giache V, Becciolini A, et al. Analysis of HPV16, 18, 31, and 35 DNA in pre-invasive and invasive lesions of the uterine cervix. J Clin Path. 1997;50:600-4.
- 2. Cullen AP, Reid R, Campion M, et al. Analysis of the physical state of different human papillomavirus DNAs in intraepithelial and invasive cervical neoplasm. J Virol. 1991;65:606-12.
- 3. zur Hausen H. Papillomaviruses and cancer: From basic studies to clinical application. Nat Rev Cancer. 2002;2:342-50.
- 4. Hwang ES, Nottoli T, Dimaio D, et al. The HPV16 E5 Protein: Expression, Detection, and Stable Complex Formation with Transmembrane Proteins in COS Cells. Virol. 1995;211:227-233.
- 5. Oh JM, Kim SH, Cho EA, et al. Juhnn. Human papillomavirus type 16 E5 protein inhibits hydrogen peroxide-induced apoptosis by stimulating ubiquitin-

- proteasome-mediated degradation of Bax in human cervical cancer cells. Carcinog. 2010;31:402-10.
- 6. Schmandt RE, Iglesias DA, Co NN,et al.Understanding obesity and endometrial cancer risk: opportunities for prevention. Ameri Jour of Obs and Gyneco. 2011;205(6):518-25.
- 7. Kurman RJ, Kaminski PF, Norris HJ. The behavior of endometrial hyperplasia. A long?term study of "untreated" hyperplasia in 170 patients. Canc. 1985;56(2):403-12.
- 8. Trimble CL, Kauderer J, Zaino R, et al. Concurrent endometrial carcinoma in women with a biopsy diagnosis of atypical endometrial hyperplasia: a Gynecologic Oncology Group study. Canc. 2006;106(4):812-9.
- 9. Shutter J, Wright Jr TC. Prevalence of underlying adenocarcinoma in women with atypical endometrial hyperplasia. Inter Jour of Gyneco Patho. 2005;24(4):313-8.
- 10. Hahn HS, Chun YK, Kwon YI, et al. Concurrent endometrial carcinoma following hysterectomy for atypical endometrial hyperplasia. Euro Jour of Obst & Gyneco and Repro Bio. 2010;150(1):80-3.