Editorial

Management of solid tumours

The disciplines of medical oncology and surgical oncology have made great advances over the last 20 years. In some areas, particularly in the management of lymphomas and leukaemia, the advances have been dramatic. In other areas the contribution of the oncologist to management of the patient has been less rewarding, although in nearly all solid tumours there have been some improvements as a result of the combined application of surgical and medical skills. The role of radiotherapy has been increasingly better defined and it is now much more widely used as an adjunct to surgical treatment than in the past.

This issue of the *Postgraduate Medical Journal* sees the beginning of a series which examines the current management of solid tumours, and which is designed to define the currently accepted roles of surgery, radiotherapy, chemotherapy and newer adjuvant therapies in the management of tumours of all the major organs.

The common theme which emerges from these articles is that no single discipline can provide the complete answer for a patient with a solid tumour. Even in tumours which are very responsive to chemotherapy, such as testicular tumours, the surgeon still has an important role in removal of the primary, and in excision of residual masses after chemotherapy. At the other end of the spectrum, even in pancreatic cancer, where chemotherapy and radiotherapy have proved disappointing, the outlook for the patient after

surgical excision can be improved significantly by adjuvant therapy, although the optimal combination of chemotherapy and radiotherapy has yet to be defined. In several tumours, significant new avenues of treatment are becoming available, including hormone manipulation, the use of metalloproteinase inhibitors, and gene therapy. These newer therapies are in various stages of development and have yet to achieve a defined place in management in most instances. They do, however, offer hope for the future, and they emphasise the need for collaboration between different disciplines in order to achieve an improved outcome for the patient.

We hope that this series will help to define common ground for surgeons, oncologists, radiotherapists and others concerned in the management of solid tumours. The distinguished contributors are all experts in their field, and these up-to-date reviews give a clear picture of best practice in the late 1990s.

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