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CORRESPONDENCE

Is it the right time for multidisciplinarity in Spanish clinical oncology? I think so

Francesc Casas i Duran

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The journal *Clinical and Translational Oncology* (CTO) is certainly very important for any Spanish clinical oncologist. It is the result of an old dream: to have a strong Spanish oncologic journal to share our experiences and our work and to educate our residents in the field of multidisciplinary oncology. CTO is the culmination of a great deal of work by an even larger number of people who, for decades, have believed in an exceptional Spanish oncological journal with international scientific projection. Achieving this goal required adequate and demanding scientific evaluation of each manuscript. Now we have an appropriate vehicle that allows similar possibility for all Spanish oncologists –from basic, paediatric and surgical oncologists (the first and yet the most curative oncologists) to radiation and medical oncologists– to express their knowledge: CTO. Within the solid and common house of CTO, we find all these specialities and associations: ASEICA, SEHOP, SEOQ, SEOR and SEOM.

From my point of view, CTO structure has been profoundly well designed, with an editorial educational series that covers a wide spectrum of oncologic knowledge for oncologists in training, as well as important research articles and case reports. At the same time, its structure represents the expression of Spanish oncology, and it is the necessary journal for all clinical and basic oncologists to remain current in their knowledge of this field. Perhaps no other oncological journal brings together such a wealth of knowledge.

However, can we truly say that CTO is the perfect oncologic journal? Can we say that everything has been done? From my point of view, the answer is no. At this point, I would like to propose a possible line of improvement that could better reflect the reality of oncology in Spain. I think that the spirit of multidisciplinarity of Spanish oncologists could be complementarily expressed in CTO. Our journal should reflect our day to day reality more effectively. For instance, the scientific systematisation of clinical practice about a specific tumour from scientific societies such as ASEICA, SEOM, SEOR, and others is very important, particularly to benefit specialists in formation. However, it might be even more beneficial it the different societies created these guidelines together, as this would reflect the reality of each oncologic specialist in each hospital in Spain. If we describe a multidisciplinary process from the limited and partial vision of one speciality alone, we are at risk of making erroneous statements or making important omissions, such as those our colleagues lead us to every day in committees in clinical practice. With these words, I add that I think the scientific guidelines from scientific societies are of great utility; however, they could be improved with real collaboration that reflects the clinical practice of our oncologic work. I believe that as oncologists of the twenty-first century this is where we should set our sights. Any clinical oncologist of 50 years of age or older is well aware of how late real multidisciplinarity has arrived to Spain. This real multidisciplinarity is essential for our patients because it is the only way to improve survival and obtain the best results against any tumour, as it is better than any specialist, any drug, any surgical technique or any technological advance alone.

At the same time, the scientific societies alone also have an important field in which to work. Take, for instance, limited small cell lung cancer, the treatment of which has some difficult questions yet to be answered. What is the recommended dose of cisplatin with VP16? The literature has a few excellent articles recommending four different doses (50 mg/m^2, 75 mg/m^2, 90 mg/m^2 or 100 mg/m^2), as well as different numbers of recommended cycles (four to six). At this point, validation of this theme for SEOM is very important. In a similar scenario and in the same tu-

F. Casas i Duran
Radiation Oncology Department
Hospital Clínic
C/ Villarroel, 170
ES-08036 Barcelona, Spain
e-mail: fcasas@clinic.ub.es

mour, SEOR has some important things to establish regarding when radiotherapy should be initiated, the right doses and or fractionation to be scheduled or what size the fields should be. All the knowledge of the different specialities should be brought together to adequately review the scientific literature without any important faults or omissions.

Our work in improving the quality of life in prostate cancer patients is a consequence of this reflection. It is the result of more than 1 year of the continued work of 15 specialists from 12 specialities (oncologists and non-oncologists) on the secondary effects of prostate cancer treatment: what these are and how they can be prevented or ameliorated. Oncology patients need clinical oncologists and their multidisciplinarity, and also very often other specialities. For all these reasons my final question is: Is it the right time for the multidisciplinarity in Spanish clinical oncology? I think so.