Organ Preservation in Malignant Tumors – The Continuing Challenge

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When contemplating the unsatisfactory pace and the unspectacular progress in oncology, one tends to disregard the fact that in a large number of tumors early diagnosis is possible if the current diagnostic means are used consistently and rigorously, by patients and doctors alike. If detected at a time when they have not progressed beyond the anatomical organ boundaries, solid tumors are frequently curable by surgery. Functional and cosmetic deficits resulting from the sometimes mutilating procedures, as well as the still omnipresent fatalistic attitude generated by the diagnosis of a carcinoma, are reasons for a low acceptance of the efforts necessary to achieve an early diagnosis.

Without doubt, surgical radicality and individual performance are of utmost importance for the prognosis and cure of the patient. Only seemingly contradictory, in a certain number of tumor entities and diseases, extended surgical radicality will not improve rates of cure. This fact led to the concept of multi-modal therapy plans which have become general standard for locally advanced or lymphatically metastasized tumors. Future discussions on the acceptance of early and preventive diagnostics are to be expected, also with view to the possibilities of the recognition of hereditary tumors. Here the central

question remains, how, by the use of suitable operative procedures, the integrity of the organism can be best preserved, without jeopardizing the chances for cure, especially in tumors detected early.

In principle, there are three options on how to proceed. Firstly, the option of operative surgical concepts with replacement of lost functions or forms by means of prostheses or plastic reconstructive procedures. Secondly, local tumor excisions, possibly combined with radio- and chemotherapy or, thirdly, the favoring of drug or radiation treatment without primary surgery. Here the option to operate prevails and should be reserved for 'salvage' therapy in cases of recurrence. Commencing with this issue and continuing throughout the following three issues of this journal, organ-preserving surgery in malignant tumors will be discussed. The requirements, current procedures, limits and future possibilities of organ preservation will be presented for the relevant tumors of each organ. The continuing challenge of organ preservation in malignant tumors will only be achieved in close cooperation of all specialists involved in oncological diagnosis and therapy. For the operative part, the surgical oncologist, not the oncological occasionalist will be required. P. M. Schlag, Berlin

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