



The Necessity of Total Oncology for New Era

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Editorial

Cancer is one of the leading causes of morbidity and mortality worldwide [1]. In 2016, malignant neoplasms were responsible for 3,72,801 deaths, making it the most common cause of death in Japan [2]. The number of deaths due to malignant neoplasms has been increasing, and this trend is expected to continue. There are many medical oncology divisions in hospitals of Japan, and medical oncologists treat advanced and unresectable malignant neoplasm patients with multidisciplinary treatment, such as chemotherapy or radiotherapy. Medical oncologists are required to learn not only clinical oncology but also basic research of cancer, clinical pharmacology and palliative medicine in Japan. Although the palliative care team of the hospital is functional, the main staffs involved in caring for each patient are nurses and the doctors in charge. Therefore, medical oncologists and nurses are required to have appropriate palliative care skills.

The need of Palliative Care Units (PCU) and doctors is also important. The first PCU in Japan was established in 1981, and after that, the number of institutions providing palliative care has gradually increased. As of November 2017, there were 8,068 beds and 394 PCUs in Japan. Although PCUs have been increasing in response to the understanding of the importance of palliative care [3], the number of PCUs in Japan remains low and acute care hospitals have to take over palliative care. More medical staff related with cancer chemotherapy has to learn palliative care.

Based on recent progress in cancer chemotherapy, a variety of new Anticancer Drugs (ACDs) have been developed, however, this has led to an increasing chance of exposure to ADCs for medical staff such as doctors, nurses, and pharmacists. The measures against ACD exposure among medical staff have been promoted [4-8], and this has led to increased awareness in Japan. However, the actual condition of measures against ACD exposure in each hospital that performs cancer chemotherapy in Japan remains unclear because there has been one available surveillance data especially in the English literature [9]. It goes without saying that pharmacists have great roles in performing cancer chemotherapy.

Other medical staff and occupations also relate with cancer patients. For example, cancer rehabilitation by physical therapists is useful for addressing and minimizing both the acute and long-term morbidity associated with chemotherapy-induced peripheral neuropathy [10]. Devices of daily meals fitted for cancer patients by dietitians are necessary. Social workers are also needed for cancer patient's life, and public health nurses or lawyers may involve in cancer patients.

Taken together, various professions involve in cancer patients. Needless to say, they must understand each other, and medical oncologists must learn many things. Synthesized concept or learning, as it were, 'Total Oncology' is necessary for new era oncology. We have to keep a record of the state-of-the-art research or case report and to promote study, research and improvement within its various specialties, then to develop total oncology. We believe that our expertise knowledge will help in the growth of oncology and as well help many budding research scientists all around the world, and may ultimately help to improve patient outcomes.

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