



From the Desk of the Editor

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Published online: 24 May 2018

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Structured education for the young or upcoming surgical oncologist is imperative. Over the last three decades this has evolved from informal training which later transformed into formal fellowships. In the next stage, formal courses were introduced in mid 80's. This was later replicated across many regional cancer centres in the country and later to medical colleges and other centres. We are now entering into a phase of organ/area/system confined expertise in surgical oncology. The ever changing technologies have

made the surgeon redundant at times. In addition, this has resulted in a patient perceived notion that care could be different in Institutions that have these technologies. Another aspect in cancer care is the Institution's practice which could be slightly different from one another. This should not be mistaken for deficient service.

The young trainee or a young upcoming surgical oncologist needs to be exposed to different institutions. It exposes him/her to different ways of treating the same disease with similar outcomes. This practically reinforces the idea of multiple ways to treat and "treatment A which is correct at one institution does not make treatment B wrong in another". Exposure to different institutions would also bridge the gap in deficient infrastructure or equipment. Difficult cases are handled in different ways in various institutions including the way the tumor board is structured and conducted. Exposure to this would go a long way in broadening the horizon of the young mind. Each institution could have different niche areas of expertise. Young minds should definitely be exposed to each such institution even if for a short duration.

One of the very important learning would be how the systems are in place for treating all patients in a large volume centre including the tumor registry, follow up and patient safety issues apart from integrating all modalities of therapy. The exposure of the young mind to strengths of various institutions in one or more of the above mentioned areas would go a long way in molding a young surgical oncologist.

Apart from interesting topics like pancreatic anastomosis, head and neck soft tissue sarcoma and multi-visceral resection for colonic cancers there is a write up in this issue on inter-institutional travel fellowships.

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