

Surgical oncology is the branch of surgery applied to oncology; it focuses on the surgical management of tumors, especially cancerous tumors.

As one of several modalities in the management of cancer, the specialty of surgical oncology has evolved in steps similar to medical oncology (pharmacotherapy for cancer), which grew out of hematology, and radiation oncology, which grew out of radiology.

The Ewing Society known today as the Society of Surgical Oncology was started by surgeons interested in promoting the field of oncology.

Complex General Surgical Oncology was ratified by a specialty Board

certification in 2011 from the American Board of Surgery.

The proliferation of cancer centers will continue to popularize the field, as will developments in minimally invasive techniques, palliative surgery, and neo-adjuvant treatments.

Debate

Whether surgical oncology constitutes a medical specialty per se is the topic of a heated debate.

Today, some would agree that it is simply impossible for anyone surgeon to be competent in the surgical management of all malignant disease.

There are currently 19 surgical oncology fellowship training programs in the United States that have been approved by the Society of Surgical Oncology and this number is expected to grow.

While many general surgeons are actively involved in treating patients with malignant neoplasms, the designation of "surgical oncologist" is generally reserved for those surgeons who have completed one of the approved fellowship programs.

However, this is a matter of semantics, as many surgeons who are thoroughly involved in treating cancer patients may consider themselves to be surgical oncologists.

Most often, surgical oncologist refers to a general surgical oncologist (a subspecialty of general surgery), but thoracic surgical oncologists, gynecologic oncologists and so forth can all be considered surgeons who specialize in treating cancer patients.

Training

The importance of training surgeons who sub-specialize in cancer surgery lies in evidence, supported by a number of clinical trials, that outcomes in surgical cancer care are positively associated with surgeon volume—i.e., the more cancer cases a surgeon treats, the more proficient he or she becomes, and his or her patients experience improved survival rates as a result.

This is another controversial point, but it is generally accepted—even as common sense—that a surgeon who performs a given operation more often, will achieve superior results when compared with a surgeon who rarely performs the same procedure.

This is particularly true of complex cancer resections such as pancreaticoduodenectomy (Whipple procedure) for pancreatic cancer, and gastrectomy with extended (D2) lymphadenectomy for gastric cancer.

In the United States and Canada, fellowship trained surgical oncologists have among the longest training periods of any physicians/surgeons. A training period (clinical and research) of 6 to 8 years is typical and 8–10 years is not uncommon.

Books

A large number of publications in surgical oncology are also appearing.

The majority are large reference textbooks that seemingly combine specialties that are not generally practiced by a single practitioner but cover the academic subject.

A number of practical handbooks such as "surgical oncology" in the well-read Oxford Handbooks series have recently been published, perhaps alluding to the evolving practicality of this emerging discipline.