

PRESIDENTIAL ADDRESS

Society of Surgical Oncology

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CONSIDER IT A GREAT PLEASURE AND PRIVILEGE to address you as president of the Society of Surgical Oncology, an organization which is meeting conjointly with the Society of Head and Neck Surgeons here on Hilton Head Island. The important role of the surgical oncologist has been well-delineated by my predecessors in this office, Doctors Robert Schweitzer, Edward Scanlon, and Lewis Guiss. A multidisciplinary approach to cancer is certainly proving itself at present, and the Society of Surgical Oncology, an organization comprised mainly of cancer surgeons, is proud of the fact that medical and radiation oncologists and pathologists with a special interest in neoplastic diseases are also members of this organization. This Society has become a forum for the continuing education of specialists in the cancer field and a "meeting of the minds" wherein surgical oncologists can combine their efforts and experience with the aid, advice, and consultation of these other members of the "cancer attack force." Following this introduction I will now move on to the primary topic of this presentation, a plea to all of you for cooperation in vital ventures which, for success, will require our utmost dedication.

It must be emphasized that the early cancers are often seen by surgical oncologists at a time when combined treatment would be most helpful and revealing, long before dissemination occurs with resultant diminution in the effectiveness of these methods. It is felt by many that surgical oncologists must not be merely workers in this field by application of previously designed protocols, but must function in the formulation of such protocols. They must play an integral part in the overall designing of treatment programs. The Society of Surgical Oncology and the Society of Head and Neck Surgeons have recently devised a head and neck

adjuvant study and a CEA investigational project which could lead to extremely important contributions in the field of cancer treatment. In spite of this, the surgical oncology community, involved daily with the treatment of a massive volume of relatively early cancers, has not participated in national treatment program planning.

With these thoughts in mind, Dr. Edward Scanlon, past president of the SSO, with untiring effort, brought together a committee formed of members of the Society of Surgical Oncology, The American College of Surgeons, and the Society of Head and Neck Surgeons, for the express purpose of planning discussions with the National Cancer Institute regarding the new cancer treatment protocols. In addition to Dr. Scanlon, this committee is composed of Doctors Conduct Moore, secretary of the SSO and past president of the Society of Head and Neck Surgeons, Rollins Hanlon, Medical Director of the American College of Surgeons, and Lewis Guiss, past president of the SSO. These surgeons represent both of our groups and have spent countless hours studying the problem and attempting to work out a cooperative effort with several divisions of the NCI concerned with epidemiology, treatment, and rehabilitation. A tremendous tribute should go to Dr. Edward Scanlon for an unbelievable amount of time and effort spent with great skill in leading this committee. His remarkable energy is known to most all of you, but the fact that he has worked tirelessly on an *ad hoc* basis to coordinate the national surgical oncology effort in cooperative studies is only now being revealed.

Simultaneous with the concerted efforts by this committee, and following numerous communications from other members of the surgical oncology community, Dr. Vincent DeVita, Director of the Division of Cancer Treatment of the NCI, perceiving the importance of the participation of qualified surgical oncologists in the planning of cancer treatment protocols, authorized a member of the Board of Scientific Advisors of the NIC, Dr. Bernard Fisher, to form an *ad hoc* surgical advisory committee composed of Doctors Edward Scanlon, Donald Morton, Frank Sparks, LaSalle Lefall, Ten-Tsu Lee, Elwin Fra-

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ley, Richard Wilson, Steven Rosenberg, Alan Baker, and Paul Chretien. This committee has made extensive constructive recommendations for involvement of the surgical oncology community in the formulation of treatment programs. Thus, dialogues have been started and are continuing between representatives of surgical oncology and several divisions of the NCI. Budgetary restraints have prevented completion of plans for the final cooperative studies. We are encouraged by the reception at the NCI of the recommendations of our representatives, and we have every reason to believe that as a result of the efforts of this committee we will be assuming a vital role in the planning and implementation of cooperative studies in the very near future.

Now that the role of the surgical oncologist has been clarified, and efforts are reaching fruition for involvement of surgeons in cancer treatment program planning, the time has come to emphasize that the entire membership of our organizations must respond by total participation in plans for executing the work now being finalized through the efforts of our combined com-

mittee and certain divisions of the NIC. Without adequate contribution of effort, of course, the program cannot possibly succeed.

A "new look" has appeared in the field of cancer treatment. Multidisciplinary therapy is here to stay and each specialist in the cancer field, be he surgical oncologist, radiation oncologist, cancer-research specialist or oncological pathologist, must be familiar not only with his own area but with, to an ever increasing extent, the fields of the other members of this task force. Protocol planning involving combined treatment methods, will require the expertise and help of the members of the Society of Surgical Oncology on a continuing basis into the future.

We all see the need for adjuvant programs, biomarker studies, and other investigational projects which could lead to improvements in stagnating cure rates. Earlier diagnoses certainly will play their part in improving these results, but only through combined clinical research efforts will the surgical fight against malignant disease reach the pinnacle of success for which we have so long been striving.