Treatment of cancer with drugs: a controversy

As radiation oncologists, we were greatly disappointed to read the recent editorial by the Spanish Society of Medical Oncology (SEOM) in this journal entitled “Treatment of Cancer with Oral Drugs: A Position Statement by the Spanish Society of Medical Oncology” [1]. The editorial appears to be a call to grant medical oncologists the exclusive right to prescribe anticancer drugs and to give these specialists primacy in the care of cancer patients.

We strongly disagree with this position and, on behalf of the Spanish Society of Radiation Oncology (SEOR), we wish to present a rebuttal.

The first point of controversy is the use of the term ‘radiotherapist’ to refer to specialists in radiation oncology (the equivalent term for medical oncologists would be ‘chemotherapist’). As specialists in radiation oncology, we should properly be referred to as radiation oncologists [2, 3]. The term ‘radiotherapist’ is both disrespectful and antiquated. Moreover, it fails to express the crucial role of the radiation oncologist in cancer care [4] and obscures the rigorous training in clinical oncology that all radiation oncologists receive.

The editorial points out the need for a multidisciplinary approach in cancer care. However, the content of the editorial undermines this professed interest, as the authors write, “the medical oncologist is the physician who plans global cancer treatment” and “the medical oncologist is the physician who … takes care of the general well-being of the patient”. These statements reveal a lack of commitment to the multidisciplinary approach since they presuppose a dominant role for medical oncologists. Patient well-being is not exclusive to any specific medical specialty but is rather a primary aim of all health care professionals. Clinical experience—and common sense—makes it clear that patient well-being requires the efforts of a multidisciplinary team, not just a single physician, as patient care must be collaborative.

Perhaps our main point of disagreement is with the assertion that prescription of anticancer drugs should be the exclusive domain of medical oncologists. The editorial states that “prescription of anticancer drugs by physicians who are not oncology experts may compromise … safety and efficacy”. The notion that patient safety would be compromised is unfounded since it presupposes the universal excellence of medical oncology while undermining the competence of other oncological and related specialties. Moreover, these proposed restrictions conflict with the recently revised Core Curriculum of European Radiation Oncologists [5] (endorsed by most European countries), which clearly states that the radiation oncologist is responsible for medications combined with radiotherapy. Medical and radiotherapeutic treatments of cancer are virtually inseparable these days, as evidenced by current clinical practice guidelines, which require the use of medical treatment in most cases [2, 6]. Concomitant radiochemotherapy has become increasingly common in recent years due to its proven effect on locoregional control and survival; importantly, combined therapies have likely increased the relative impact of chemotherapy on patient cure rates [4]. For all these reasons, it should be clear that attempting to restrict the prescription of anticancer drugs to medical oncologists would be both impractical and counterproductive.

If the SEOM wishes to engage in a real debate about quality care, they should focus their efforts on reaching a general agreement among the relevant scientific societies, particularly medical oncology and radiation oncology. In this way, Spain could become one of the first European countries to resolve this delicate question [7].

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disclosure

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references


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