

Editorial

We are living in times where change is happening at an accelerated pace and there is an information overload. Today more is published in medical journals in the English language than one can read in a lifetime. So keeping up to date with published scientific literature is impossible.

Simultaneously, personal experience of experts is invaluable, especially in a field like medicine – which is totally different from mathematics.

Commonly, when faced with a difficult situation, physicians look to their peers and seniors to guide them on next steps. This happens on a daily basis. Most of this happens in an informal manner, used to happen on the phone, during breaktime or over coffee. Now technology allows us to use text message and emails instead of a face to face meeting. And getting opinion of many, in a jiffy is possible through group discussions like whatsapp.

The main drawback of such a process is that the discussion happens on the spur of the moment, is based on personal preferences and one is left wondering if, in fact, it has taken into consideration all the knowledge and experience available to a group of experts.

Our belief is that there is a better way to do this. One might argue that globally we have access to several guidelines and SOPs on how to manage our patients. While this may be true, it has several drawbacks.

By definition, a guideline is a statement that allows course of action to be streamlined according to a set routine or sound practice based on levels of evidence. While following a guideline is neither binding nor enforceable, in real world setting people think that if a guideline is not followed, there is error in judgement. In addition, guidelines are limited to evidence available in public domain and cannot take into consideration several important factors.

For instance this issue of SAJC includes a manuscript wherein the expert group took into consideration the guideline statement published from an international conference of experts in Switzerland, and made a categorical recommendation different from their position based on sound rationale thinking. Hence, our position is that a practical consensus recommendation is the right way to guide the community oncologists, helping them do a better job in day to day practice and optimizing patient outcome.^[1]

So we start by understanding these three words:

1. Practical - an examination or lesson in which theories and procedures learned are applied to the actual making or doing of something
2. Consensus – a general agreement of a group indicating solidarity in sentiment and belief
3. Recommendations - a proposal as to the best course of action, especially one put forward by an authoritative body.

This scientific and systemic process started by a meeting of expert oncologists during the two day update in oncology-X-2017, Sir Ganga Ram Hospital at New Delhi, wherein key topics in management of breast cancer were discussed in a predefined manner. The objective was to

arrive at a consensus statement to provide community oncologists practical answers for challenging common case scenarios in Breast Cancers. Breast cancer presents unique challenging case scenarios depending on age, tumor size, lymph node involvement, presence or absence of single or multiple metastasis upfront or later, hormone and Her 2 neu overexpression. New emerging issues like young age, triple negative cancers, presence of family history, pregnancy and fertility preservation baffle physicians and surgeons alike and thus were included while designing of the agenda of the conference. While the discussions took into consideration the scenario as exists in developing countries like India (as a representative country with limited resources), the final manuscript was to be applicable globally – a process that we have shown to be effective earlier.^[2-4]

As part of the background work, the best existing evidence was compiled and provided to the expert group panel members for review in preparation for the expert group meeting. Internationally available guidelines and statements [eg the American Society of Clinical Oncology (ASCO) Clinical Practice Guidelines Committee (CPGC), Society of Surgical Oncology (SSO), European Society of Medical Oncology (ESMO), Asian Guidelines and the American Society for Radiation Oncology (ASTRO) publications] were also provided.

The discussion was based on domain expertise of the national as well as international faculty, published evidence and practical experience in real life management of breast cancer patients. Opinion of the 250 oncologist including medical oncologist, radiation oncologist, surgical oncologist, molecular oncologist and allied specialities (by live voting) was also taken into consideration by the expert panel.

Members of the panel were also allowed to share their personal experiences, make comments and record dissent while voting for the consensus statements.

Finally the consensus answers were used as the basis of formulating the consensus statement providing community oncologists with ready-to-use practical recommendations. Others have also shown how this is possible and useful.^[5-7]

The outcome of the two day intense scientific deliberations among renowned experts has culminated in this special silver jubilee issue of South Asian Journal of Cancer which is the Practical Consensus Recommendations on twenty key aspects in the management of Breast Cancer. We are sure that this tremendous effort will go a long way in improving patient outcome in India and other countries.^[8]

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Quick Response Code:



Website:

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DOI:

10.4103/sajc.sajc_144_18

How to cite this article: Parikh PM, Aggarwal S, Hingmire S. Editorial. *South Asian J Cancer* 2018;7:67-8.

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