

Techniques used in the Training of Surgical Oncology

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Commentary

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DESCRIPTION

With the aim of preparing a limited group of general surgeons to practise as cancer specialists in university hospitals or at large medical centres, surgical oncology training has historically taken place at the few large stand-alone cancer hospitals in the United States.

At academic surgery training programmes during the 1970s, there was a greater focus in building the subspecialty of surgical oncology and pursuing board certification, as had been done for other oncologic subspecialties. This endeavour, which was spearheaded by several well-known cancer surgeons, ran into significant obstacles for a variety of reasons in the years that followed. The primary responsibility for providing surgical cancer care in the community has historically fallen on the general surgeon. As a result, general surgical colleagues considered the surgical oncologist to be rather unnecessary.

The National Cancer Institute (NCI) hosted a meeting in 1979 to discuss some of these topics. The conclusion of this symposium was that 2-years of training in surgical oncology should follow general surgery residency. The Society of Surgical Oncology (SSO), a national organisation, was given a mandate by the committee to create training rules, assess requirements, and create the approval procedure for locating accredited training schools. Clearly, many engaged hoped that surgical oncology knowledge might be spread widely outside of academic settings, in the community practise setting, and in greater numbers. The creation of numerous university training programmes was also anticipated to result in board certification in the future.

The SSO published guidelines in 2001 that required a minimum of 12 months of training in the surgical care of cancer cases for several anatomic categories. Trainees have to get knowledge of the other facets of the

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interdisciplinary care of cancer in addition to surgical cases. Radiation oncology, surgical pathology, medical oncology, and supportive and rehabilitative care all required nonsurgical experience. A component of the training process included clinical research using human participants, and participation in laboratory research was encouraged. By 2012, 32 SSO-approved fellowship programmes had been created specifically for the clinical training of breast surgeons, and 14 surgical oncology training fellowship programmes had been approved.

The SSO, which was established in 1940 as the James Ewing Society, has supported and nurtured efforts to improve surgical oncology training, extend the pool of training possibilities, and offer a standard of qualification or certification of competence. For surgeons worldwide, this group has emerged as the top academic oncologic society. The Society has voluntarily agreed to be in charge of examining and approving fellowship training schemes. It adopted the suggestions made by the 1979 NCI Committee, and it approved the first three training sites in 1982. Upon its founding in 1992, the Global Federation of Surgical Oncology Societies set out to create "standards of education, training, and practice" in the field. A large number of general surgery graduates now have access to outstanding training options thanks to the efforts of the SSO and the Global Federation of Surgical Oncology Societies. One of the most significant objectives of the SSO and its leaders' work, which began in 1982 with the approval of three fellowship training sites, was recently accomplished when, on April 28, 2011, the Surgical Oncology Board was established and in March 2011, the American Board of Surgery approved the new certificate in "Complex General Surgical Oncology."

Meanwhile, the requirements for the surgical oncology training programmes were being worked on by the Residency Review Committee-Surgery and the Accreditation Council for Graduate Medical Education. The authority for assessing and accrediting present and prospective fellowship programmes has been transferred from the SSO (Society of Surgical Oncology) to the Accreditation Council for Graduate Medical Education. To assure the greatest care for cancer patients and the best-trained surgical colleagues to collaborate with and support those qualified in medical and radiation oncology, this step is truly a milestone in the development of surgical training in oncology. The standardization of the evaluation and certification processes guarantees that there will be more highly competent cancer surgeons accessible to act as subject matter experts for cancer care on multidisciplinary teams. The SSO (Society of Surgical Oncology) deserves a great deal of acclaim and credit for its steadfast and knowledgeable leadership in promoting the education of future surgical oncologists. All surgical oncologists have an educational duty and a role in teaching that should extend to their hospital staff, health care students, residents, fellows, colleagues, and the community, despite the SSO and other international organizations having assumed a leadership role in surgical oncology education. The surgical oncologist should be able to create efficient training plans, lab research plans, treatment protocols, clinical trial protocols, and guidelines. Additionally, surgical oncologists must impart their knowledge of applying oncology principles to daily practice to other surgeons and surgical trainees.