

## The Practice of Gastrointestinal Oncology and the role of the Gastroenterologist

G. Kitis

Over the last few years a number of developments have made the discussion about the practice of GI Oncology timely and the role of the gastroenterologist in it needing reconsideration and redefinition. The events were:

- The establishment of the specialty of Medical Oncology in Greece and the efforts by its practitioners for its entrenchment.
- The creation of the Hellenic Society of Gastrointestinal Oncology, outside the domain of the Hellenic Society of Gastroenterology, by a group of medical oncologists and gastroenterologists, with substantial scientific activity, including a medical journal and an annual conference, with distinct roles of its members, in accordance with the views of our medical oncology colleagues.
- The creation, four years ago, of the Section of Gastrointestinal Oncology within our Society, with the aim to increase awareness and interest for GI Oncology among gastroenterologists and, through more formal education in the field, to redefine and promote the role of the gastroenterologist in the management of GI cancer patients.
- The creation within the World Gastroenterology Organization (WGO) of the Division of International Digestive Cancer Alliance (IDCA) and of the smaller International Liver Cancer Association (ILCA), but most importantly:
- An explosion of scientific developments in the field of GI Oncology, including new, more potent cytotoxic

drugs and biological agents, with less toxicity and great potential for the eventual control of cancer.

The purpose of this article is to contribute to the discussion in Greece about the formation of a framework by which the medical profession and, in particular, the members of our Society, in collaboration with others and the government, will best serve the needs of the patient with GI cancer.

It is well known that digestive cancers as a group have, by far, the highest incidence worldwide. More than 3 million new cases occur annually with 2,2 million deaths.<sup>1</sup> Colorectal cancer is the leading cancer in this group in terms of worldwide incidence and gastric cancer in terms of mortality.<sup>2</sup> These simple statistics pose a formidable challenge to the medical community: How best to cope with the problem.

The first question for us could be: Should the gastroenterologist be involved in the management of digestive cancer patients? Gastrointestinal Oncology is part of our Specialization program, included in all major specialist textbooks. However, the chemotherapy and, in general, the drug treatment of GI cancer is not adequately included in the program. On the other hand, the gastroenterologist is often the first physician to see the patient, make the diagnosis and refer the patient for treatment. Often, however, the gastroenterologist does not remain involved during a long course of treatment, but may be called back to help in follow-up, restaging or palliation at a later stage. As the patient is referred from one to another specialist, continuity of care may be lost.

Moreover, the gastroenterologist is the first to apply screening and surveillance tests for colorectal cancer prevention, through programs of colonoscopic polypectomy and early cancer detection. The gastroenterologist performs screening and surveillance for oesophageal cancer,

### *Author for correspondence:*

Director, Gastroenterology Department  
General Hospital "George Papanikolaou"  
Exohi, 570 10 Thessaloniki, Greece  
Tel. 2313.307102, Fax. 2310.359217

diagnosis, staging and, if appropriate, endoscopic mucosal resection of early cancer.<sup>3</sup> Finally, he is usually responsible for the management of chronic liver disease, including the prevention and treatment of hepatocellular cancer.

The WGO organized a working party, to evaluate the role of the gastroenterologist in the management of patients with digestive cancers, which made the following recommendations:<sup>4</sup>

- More interaction among physicians in the management of patients.
- Gastroenterologists should be part of a GI tumor team.
- Gastroenterologists should be involved with patients throughout their management.
- Fellowship training should include the full range of cancer management.
- Postgraduate meetings should include multidisciplinary sessions on GI tumors.

The second question could be: What is actually the situation now in Greece and in the European Union? It must be admitted, that antagonism rather than co-operation characterizes the relationships of various medical specialties in Greece, favored by the general nature of our people and the lack of established rules and regulations, based on a dispassionate discussion. As a consequence, medical oncologists try to prevent other specialists, including gastroenterologists, from prescribing anti-cancer drugs and some other specialists, who feel adequately trained to do so, prescribe them, instead of both co-operating within the appropriate oncology team of their respective hospital, for the benefit of their patients. Two gastroenterology departments in the country so far, with sufficiently trained medical and nursing personnel, have deployed GI oncology sections and others contemplate it. However, this is a formidable task requiring first determination, good training of doctors and nurses, appropriate space and equipment. In any case, it is reasonable to conclude that there are no legal limitations for the full involvement of the gastroenterologist in the total management of the GI Cancer patient<sup>5</sup>.

In the European Union there is no uniform legislation on the matter. Different practices are followed in each country, according to local expertise. To cite just one example, in France the practice of GI Oncology is performed principally within large Departments of Gastroenterology.

The third and final question, for this brief discussion, is: What recommendations on the management of the GI Cancer patient in Greece should be made by the gastrointestinal community? The Hellenic Professional Union of Gastroenterologists (ΕΠΕΓΕ) asked the Central Health Council (ΚΕ.ΣΥ.) to establish a six month subspecialty training in GI Oncology for young gastroenterologists wishing to pursue a career in this field of medical practice. They suggested that, the approval of their recommendation would be in concordance with UEMS recommendations on the treatment of GI Cancer patients.<sup>6</sup> The Hellenic Society of Gastroenterology, other than establishing the Section of Gastrointestinal Oncology, has so far not formulated a policy on the matter. It is my firm belief that this should be done now, perhaps in the steps of the WGO recommendations.

## REFERENCES

1. Ferlay J, Bray F, Pisani P, Parkin DM. Globocan 2000: cancer incidence, mortality and prevalence. Worldwide version 1.0. Lyons:IARC Press, 2000. (IARC Cancer Base, No. 5)
2. Crespi M, Farinati F. Gastrointestinal oncology: an urgent priority. *Dig Liver Dis* 2000;32:743-4.
3. Wang KK, Wongkeesong LM, Buttar NS. American Gastroenterological Association medical position statement: role of the gastroenterologist in the management of esophageal carcinoma. *Gastroenterol* 2005;128:1468-70.
4. Winawer S, Armengol-Miro JR, Bhargava DK, Crespi M, Cutsem EV, Fleig W, Fujita R, Konturek SJ, Kulakowski A, Labib S, Levin B, Rougier P, Rozen P, Schmiegel W, Wong B, Xiao SD, Young G, Classen M, Geenen J, Bushey M, Zaubler A. The role of the gastroenterologist in the management of patients with digestive cancers. 2003. <http://www.omge.org/idca/reports.html>
5. Τσίτουρα Α. «Νομικά θέματα», Πρακτικά 1ης διημερίδας της Επαγγελματικής ένωσης Γαστρεντερολόγων Ελλάδος (ΕΠ.Ε.Γ.Ε.). 2002;84-89.
6. Βιάζης Ν. «Η άσκηση της γαστρεντερολογίας στην Ελλάδα», Πρακτικά 1ης διημερίδας της Επαγγελματικής ένωσης Γαστρεντερολόγων Ελλάδος (ΕΠ.Ε.Γ.Ε.). 2002;12-17.