

# Chairperson's Introduction

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The incidence of cancer is increasing and has replaced cardiovascular disease as the number one disease in Western Europe. The staging of these tumours has also improved with multi-slice CT scan equipment, higher resolution MRI's, Positron Emission Tomography and recently PET-CT. Today, most of the solid tumors are treated with combined modality treatment consisting of surgery, radiation, chemotherapy, hormonal therapy, immunotherapy or so-called drug targeting therapy. Due to better peri-operative and postoperative management, extensive surgical procedures can be performed with less and less mortality and morbidity figures. Polychemotherapy treatment is increasingly given on an outpatient basis and side effects as a consequence of the chemotherapy can be better handled with supported growth factors. This has resulted in an overall improvement of disease free and overall survival figures, especially in breast and colorectal cancer.

On the other hand, the cancer treatment intensity has increased, e.g. combination of chemoradiation, intraoperative radiation, intraperitoneal chemotherapy with or without the combination of extensive surgery and intraoperative hyperthermia. The development of these new types of cancer treatment strategies will be accomplished with specific treatment related

morbidity. The more people who survive cancer, the higher the risk for long-term cancer related morbidity. On the other hand, better achieved local tumour control rates affect the risk for metastatic disease, as well as the improved 'cure rate' after treatment of metastatic disease, confronting us with rare metastatic disease pattern increase.

The better treatment of primary tumours and metastatic disease will finally improve the overall outcome of the treatment of cancer. The better a clinical emergency in a patient with cancer is diagnosed, the better the outcome will be for the individual cancer patient. The more we know about the management of various emergency oncology, the better we can treat these complications.

This symposium focuses on metabolic, urological, acute abdominal and spinal cord complications due to the primary tumour, (combined) cancer treatment, and/or recurrent or metastatic disease and provides guidelines on how to successfully treat these complications with an update of the latest insights.

## **Conflict of interest statement**

None declared.