



CIRUGÍA ESPAÑOLA

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Editorial

How much to improve in the surgery of mesenchymal and sarcoma tumors[☆]



Cuánto por mejorar en la cirugía de los tumores mesenquimales y sarcomas

Fifteen years ago, we published an editorial in this journal emphasizing the pathological redefinition of gastrointestinal stromal tumors, the appearance of tyrosine kinase inhibitors as drugs with special avidity to control the progression of these tumors, and the classification based on a series of criteria determining the risk of recurrence.¹ Later, in a new editorial published in 2018, we announced the creation of a new AEC “Mesenchymal Tumors-Sarcomas” working group. In this second editorial we emphasized the need to create a group of surgeons who were motivated to study and had been dedicated to this specific and largely unknown area of sarcomas. We already indicated the need to create both national (CSUR) and regional referral centers in order to centralize the treatment of these patients as well as research in sarcomas. We also highlighted the importance of appropriate diagnostic-therapeutic planning by multidisciplinary teams.²

Since then, thanks to the support of the AEC board of directors, this working group has recently been transformed into a division. During the last 5 years, the synergies, activities and effort of this group of surgeons interested in and dedicated to this rare oncological disease have led to a series of actions aimed at stimulating, educating, normalizing and organizing treatment guidelines to improve the care of these patients.

These activities include: a) meetings of specialists who are specially dedicated to this area of oncology, and the creation of the first referral centers both nationally and regionally in Spain; b) establishment of agreements between the different national scientific societies associated with this disease, such as GEIS, SEOR and SECOT with the AEC, and especially between their divisions dedicated specifically to sarcomas; c) publication of articles, texts, chapters, etc, aimed at laying the foundation for current diagnostic-therapeutic techniques, as well as the best surgical techniques and strategies for the

treatment of sarcomas both in their localized phase and in the advanced situation (*en bloc* oncological surgery, minimally invasive surgery, 3D strategies, etc.); d) establishment of synergies with international groups and development of training programs for our surgeons at international hospitals; e) creation of training plans in this surgical condition for our residents at the national level through training courses for residents of the AEC, and for young surgeons throughout Spain; and f) promotion of training in this disease through the AEC virtual training classroom.

Despite these activities, the exceptionality and rarity of this disease make it necessary to continue on the path begun. The results of a national survey, transmitted by members of the sarcoma division of the AEC in this same edition of CIRUGÍA ESPAÑOLA, show the creation of national referral hospitals (CSUR) and the way forward to continue improving the treatment of these patients in our country. Only by centralizing this disease, networking and training all healthcare professionals involved in the diagnosis and treatment of patients will we be able to offer the best therapeutic opportunities for patients at a national level.

The potential effectiveness of the teams, centralized in referral centers especially dedicated to the management of these patients, is based on multidisciplinary diagnostic-therapeutic collaboration and the transmission of knowledge and scientific experiences among specialists. In this way, any ambitions or individualism are relegated to group action, and personal success is substituted with group success. A good example to follow is the work conducted by the international Transatlantic Australasian Retroperitoneal Sarcoma Working Group (TARPSWG),³ with which some surgeons from our division already participate. Their meetings and publications focus on obtaining scientific evidence on sarcomas thanks to the participative collaboration and effort of the members of this ‘globalized’ group of surgeons, oncologists and other

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specialists who work in the referral centers of their respective countries.

By means of this Editorial, we would like to thank the AEC and its board members for promoting and supporting this new Mesenchymal Tumors and Sarcomas division, as this will promote the excellence of our surgery and our surgeons. To our fellow surgeons, we recommend reading the study/survey published by the division in this edition of CIRUGÍA ESPAÑOLA.⁴ We encourage you to continue collaborating with the division to improve the treatment of mesenchymal tumors and sarcomas, based on a greater concentration and centralization of patients affected by this rare and difficult disease in order to offer them the best possible future.

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