The Silos of Medical Literature

Last November, the European Society for Medical Oncology/American Society of Clinical Oncology (ESMO/ASCO) Task Force on Global Curriculum in Medical Oncology published its recommendations.1 This comprehensive report detailed the elements trainees needed to assume a role in the multi-disciplinary milieu that is optimal oncologic care. Scanning these elements, I am immediately reminded that the knowledge required is considerably larger than just technologic expertise specific to administering drugs or managing chemotherapy-related complications. Rather, the practice of medical oncology today demands a broad orientation to all therapeutic modalities so that all team members appreciate the ramifications of each contribution to the overall management plan.

For example, for soft tissue sarcomas, the curriculum calls for the trainee to “know the appropriate surgery for initial diagnosis and the indications for limb preservation.” At first glance, this requirement may seem fairly easy to achieve. However, as Randall and Gowski’s article in this issue, on managing grade I chondrosarcoma of bone, shows, comprehensive management is far from routine or superficially addressed. The important clinical determination of a benign enchondroma from a low-grade chondrosarcoma carries with it major therapeutic implications, but data from a broad range of pathological and radiologic procedures still lead to a large diagnostic gray area.

As an aside, the paper highlights why the NCCN guidelines recommend that sarcomas be managed by a team of professionals with expertise in sarcomas. Can a pathologist without vast experience distinguish between an “enchondromatous encasement pattern” and a pattern of hyaline or myxoid cartilage permeating lamellar bone? Will a general magnetic resonance image interpreter be able to spot septal enhancement?

Unfortunately for the trainee, obtaining necessary information may not be easy. Even in a field as collaborative as oncology, we tend to publish in silos. What are the odds that our well-meaning medical oncologist will routinely look for updates to his surgical knowledge in the *Journal of Bone and Joint Surgery* or *Virchow’s Archives*? Journals may strive to be eclectic, but selection must invariably occur. In practice, we only sample from a fairly narrow band of available sources.

Although not a panacea, the NCCN guidelines attempt to, at least partially, fill this need. By their very nature, the guidelines require multidisciplinary orientation. Our issue editors are keenly aware of the controversies or ambiguous areas in their field, and it is to these areas that they direct editorial attention. We believe the articles accompanying the guidelines, although frequently addressing a particular discipline, still serve the other important function by providing the foundation for multi-disciplinary care through a common knowledge base. Just as the medical oncologist will begin to understand the dilemmas in managing stage I chondrosarcoma, the orthopedic oncologist will receive grounding in the newest thoughts on adjuvant chemotherapy.

As the Task Force Report shows, teamwork requires that we all perform on the same playing field.

Reference