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Radiation Oncology in Palliative Cancer Care



Edited by Stephen Lutz,
Edward Chow and Peter Hoskin

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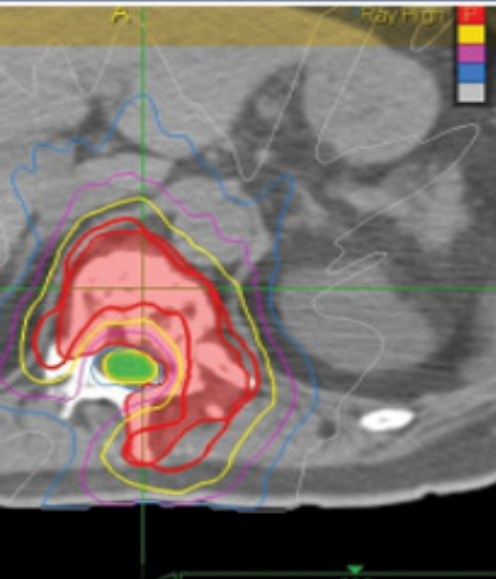


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Foreword

“The final causes, then, of compassion are to prevent and to relieve misery.”

Joseph Butler [1692-1752]

This textbook, *Radiation Oncology in Palliative Cancer Care*, represents the full evolution of radiation therapy, and of oncology in general. This evolution in radiation oncology is in response to the changing priorities of cancer care.

More than a century ago, radiotherapy was the only treatment available for cancer, palliating the suffering from large masses and open wounds from the disease. The priority was to relieve the suffering from the disease, as the cure of cancer was rare. As medical science evolved, especially in anesthesia and surgery, the principles of cancer resection were developed. Cure of cancer became the priority, often at the accepted price of disfigurement. In the latter half of the 20th century, the development of chemotherapeutic agents dominated. Cure of cancer remained the priority, but now at the price of toxicity. Acute toxicity often limited the patient's ability to receive chemotherapy on schedule or complete the prescribed number of courses of chemotherapy. Late chemotherapeutic toxicity risked significant end-organ damage. Despite the “War on Cancer,” the sacrifice of cure at any human cost was beginning to be questioned.

Quality of life, during and after cancer therapy, became a priority commensurate with cancer cure. Although often not fully recognized as such, palliative care principles were applied to improve the cancer patient's quality of life. In its broadest definition, palliative care relieves the symptoms of cancer and its treatment at any stage of disease, and maintains or restores the dignity of function. For every