

One of the pioneers of modern urologic oncology Doctor Willet F. Whitmore, Jr served as the chairman of the department of urology at the Memorial Sloan Kettering Cancer Center for over 30 years. In addition to his major clinical and surgical abilities and redefining patient care at the time through his scientific contributions, Dr Whitmore was known for his meaningful quotes and insightful reflections. One of his most memorable statements “*Is cure possible? Is cure necessary? Is cure possible only when it is necessary?*”

This embodies a significant dilemma and evolution in oncology from the Halstedian principle of wide tumor resection appreciating adjacent organ resection is often necessary and may curtail significant side effects and complications. Modern surgical oncology has swung the pendulum to a more widespread adoption of minimally invasive surgery often using robotic assisted technology to accomplish these similar goals of tumor eradication with negative surgical margins but doing so in an often less radical manner and with potentially less morbidity and a quicker recovery. Similarly, early medical oncology consisted of systemic agents known for their high potentially lethal toxicity in the glimpse that it may offer cure even if only in rare circumstances. The past decade has been marked by a revolution in medicine most notably in oncology with now a greater fundamental understanding of genetic mutations characterizing various tumor types in large part through the characterization of the Human Genome Atlas. We now can predict treatment response for a host of tumors such as prostate cancer by the specific genetic alterations depicted or the presence of a specific germ line mutation.

Our therapeutic armamentarium for advanced genitourinary malignancies has never been so extensive with targeted therapies, select hormonal ablative therapies, and immune modulatory therapies. These agents are not only improving cancer specific outcomes they are doing so with often an improved side effect profile and durable response that can often be for many years. These truly revolutionary systemic approaches are evolving so rapidly that national and international treatment guidelines are continually being updated offering improved treatment outcomes to patients who only a few years ago had little to no therapeutic options available to them in the setting of advanced disease or often refractory to first and second line agents.

Going back to this fundamental question asked by Dr Whitmore, with our continual struggle of seeking cure and only doing so only when it poses a life threatening risk to our patients, we now have diagnostic and predictive tools at our disposal through personalizing our approach to a given patient based on a clinical and genetic characterization of the patient and their tumor. This 1st edition of *Urinary System Tumor* that I am honored to serve as a Co-Editor for highlights these major advances made in genitourinary oncology, with most of the sections written by international thought leaders on these given topics. There is no question that urologists, oncologists, and healthcare professionals reading this reference book will gain the knowledge and skillset needed in providing the highest quality care to their patients while remaining at the forefront of therapeutic discoveries.

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