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Editorial

Surgical Pathology and Cancer

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Surgical pathology plays important role in the diagnosis and management of the tumor. With a small number of exceptions, definitive therapy for malignancy should not be undertaken in the absence of a tissue diagnosis. Many years ago there was a time when the simple designation of benign or malignant was sufficient to provide all the information to the clinician. But this is no longer the case in today's era. There are more than 300 different varieties of tumors with distinct characteristic cancer biology. It is the responsibility of the surgical pathologist to give an accurate, specific, and sufficiently comprehensive diagnosis, so that the clinician may be able to develop a best possible plan of treatment.

A vigilant gross examination of excised tissue with processing of representative sections is the first and foremost step to reaching towards the definitive diagnosis followed by light microscopic examination. Intraoperative examination, frozen tissue section analysis is a great tool for improved staging of the malignancy. The earliest utilization of frozen section was done by Welch for the diagnosis of benign breast tumours in 1891. Frozen section has been a good technique in surgical management of malignant lesions. But complete harmony and co-operation has not been achieved everywhere between surgeon and pathologist especially in the developing countries. Frozen section has undergone continuous condemnation due to various shortcomings. However, this method has now become an accepted routine in the surgical management of cancer and pathology departments are geared up to perform it.

In addition to diagnosis, the tremendous advances in all fields of oncology necessitate the understanding of the cancer biology for research, for prognosis, and for therapeutic intervention. And warrant the need of updated surgical reporting with all the details of the type and origin of the tumor with differentiation, frequency of mitosis, depth of invasion, presence or absence of lymphovascular as well as perineural invasion, the numbers of lymph nodes with and without metastatic tumor deposits. Excellent surgical pathology report should also include relevant immunohistochemistry details, the activity of specific enzymes and ploidy in the pathologic assessment of neoplasia.

Molecular pathology is also attaining drive to be used in standard practice and promises a golden period for pathology in the field of cancer.

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