The format of this issue of *Veterinary Clinics of North America: Small Animal Practice* was to select topics in veterinary oncology that seemed to raise controversy due to differing "opinions." In some cases these controversies may be substantiated with hard and differing data, whereas in others they may be reflective of different orientations in the discipline of oncology. The surgeon may have a radical surgical approach that he/she may feel is better than subjecting the patient to chemotherapy. As discussed in two of the articles however, the traditional view that the cancer patient with a solid tumor is treated surgically first and then referred to the radiation therapist or medical oncologist is changing. Neoadjuvant or "primary" chemotherapy allows an in vivo assessment of response to cytotoxic drugs further warranting its use or not postoperatively. Additionally, reduction of tumor burden may make the surgical procedure more successful and potentially less radical. Consistent with this trend, it is likely that more cases will be seen by a medical oncologist first and that person will increasingly act not only as chemotherapist or immunotherapist, but also as the coordinator of the treatment plan. Thus, patient selection and client education will become more and more important in helping to achieve an excellent outcome.

It was our initial expectation in preparing this issue of *Veterinary Clinics of North America: Small Animal Practice* that we should find a considerable divergence of opinion on the selected topics. In reality, more consensus was found than expected. Multimodality treatment was the preferred approach regardless of the specialty of the author. The controversies revolve around issues of which treatment comes first, what is the subsequent order of treatment modalities, which surgical approach is best, which radiotherapy protocol is appropriate, and which chemotherapy protocol is the most efficacious. It might, therefore, have been more appropriate to title this issue "Uncertainties in Veterinary Oncology," keeping in mind that the ability to deal with uncertainty is a characteristic of experienced clinicians.

It is our hope that the reader will find this collection of articles a useful addition to the continually growing body of veterinary oncologic resource material found in both texts and the periodical literature. The challenge of finding the "best" treatment for any of the myriad of neoplastic diseases confronting those clinicians whose daily practice includes cancer management continues to be significant. The emergence of a multimodality philosophy as expressed
herein, as well as other insights on clinical oncology, will make that challenge an ongoing intellectual problem. We appreciate the input of our authors and wish our readers the enjoyment and satisfaction we have in our practices.

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