

Ocular oncology - A multidisciplinary specialty

Dear Friends,

It has been my endeavor to bring to our readers a wide array of articles from authors of eminence in their field. This issue is dedicated to a specialized field still evolving rapidly. Unlike any other sub-specialty of ophthalmology, ocular oncology is unique. Ocular oncology involves not just the oncologist but a team of highly specialized physicians – ophthalmologists, radiologists, medical, and radiation oncologists. Often times, ocular tumors require radical treatment in the form of mutilating surgeries which later require cosmetic rehabilitation; thus, requiring the expertise of ocularists as well.

Tumors of the eye may be diverse and varied in their clinical presentation. Equally diverse are the diagnostic modalities and treatment options for them. In the 1980s and early 1990s, all that was available for retinoblastoma was radiation and radical surgery like enucleation. From those days, treatment has evolved today to become not only more effective but also have minimal collateral damage and systemic side-effects. Treatment of retinoblastoma has progressed with the aim of treatment no longer being “life salvage.” Today, the aim is “globe salvage” or even “vision salvage” in retinoblastomas; more of which Kaliki *et al.* have discussed in detail this issue. Selective intra-arterial chemotherapy, intravitreal chemotherapy, neo-adjuvant chemotherapy, and plaque brachytherapy are some of the newer advances in the field of ocular oncology.^[1-4] The treatment of uveal melanoma too has changed – newer reports of endo-resection in cases of choroidal melanoma are indicative that surgery may still be an option.^[5]

Carol and Jerry Shields in their article, “trends in the management of intraocular tumors over 40 years” have very eloquently captured the evolution of treatment options and increasingly improving outcomes in the management of intraocular tumors. In this issue, Rishi *et al.* have discussed the use of radiological, molecular, and cytological features of uveal melanoma in enhancing the accuracy of early diagnosis and improved prognosis.

While this issue largely focuses on intraocular oncology, we hope to publish, in the future articles and issues on orbital and ocular surface tumors as well.

Evidence-based data are not abundant in ophthalmic oncology; this issue was envisaged and compiled with the purpose of bringing together relevant original articles that reflect current research in ocular oncology as well as clinical pearls from experience of specialists who have dedicated years in his field.

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