

Radiology will play a bigger role in the future

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SHORT COMMENTARY

In oncology, what role does radiography play?

Interventional oncology is a technology-driven subspecialty of radiology that is growing in popularity. Many important therapeutic improvements have offered patients hope in the fight against cancer in recent years, particularly where traditional treatment has failed or is deemed inadequate [1]. Because of its potential to predict tumour response faster than anatomical imaging and diagnosis early recurrence, functional imaging has emerged as an essential weapon in the fight against cancer in the field of diagnostic radiology.

The radiologist's role

When it comes to health care, radiologists have traditionally played a supporting role. The radiologist records the imaging analysis or performs an interventional treatment when the clinician orders it. Prior to the radiological study or involvement, the radiologist is also unaware of a complete view of the clinical state [2]. Radiologists are now taking a more active role in patient management, working as equal partners in more cases, as a result of more aggressive treatment of more demanding clinical situations, spurred by the arrival of highly advanced imaging and therapeutic technology [3]. Novel imaging modalities and treatment techniques will be made available to patients directly through the radiologist as a result of direct radiologist-to-patient connection, often nearly as soon as they hit the market.

CT scan using a cone beam

Another interesting area for expansion is imaging technology in the interventional suite. New imaging devices may make it easier to inject treatment drugs with greater accuracy. During localised chemotherapy, chemotherapeutic medicines are delivered directly to the arteries supplying blood to the tumour [9]. A higher dose of a medicine supplied to the tumour should theoretically result in a better cytotoxic effect. This has been demonstrated in pancreatic cancer, where dose-dependent tumour sensitivity has

been demonstrated [4]. Tumor vascularity has traditionally been defined by the development of 'tumour blush' or pathological neovascularity on conventional angiography. With a standard DSA, this can be problematic, especially when superselective cannulation is required if the vascular anatomy is intricate.

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