## Finger's Essential Ophthalmic Ophthalmic Associate Editors Harsha S. Reddy Anna C. Pavlick Wolfgang A.G. Sauerwein Ankit S. Tomar Principles and Practice





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## Preface

The great physician and philosopher Maimonides once said, "Truth does not become more true by virtue of the fact that the entire world agrees with it, nor less so if the whole world disagrees with it." As an ophthalmic oncologist, I have seen a number of eye cancer scientific truths and disbeliefs come and go. Wrong or right, doctors act on what they think is best for their patients, with and without affirmation from peers. Maimonides also implored, "physicians to love their art, serve their fellow man, and take counsel from learned physicians that have an insatiable desire to acquire knowledge, correct errors, and re-examine their knowledge." Thus, note that the art of medicine has long been a dynamic skill that must be acquired, practiced, and refined over decades. It is our duty explore, critically analyze, and share our knowledge and skill for the benefit of both patients and their physicians. It is our duty to share our truth.

The first edition of *Finger's Essential Ophthalmic Oncology:* Principles and Practice is now published. My intention was to provide a unique text that ranges between foundational and aspirational elements. A resource that would both elevate and entertain eye cancer specialists, ophthalmologists, oncologists, and radiation therapists. Above all, I wanted this book to be useful for the care of patients. Therefore, you will find chapters ranging from eye tumor-specific methods of examination, informed consent, treatment (pharmacologic, surgical, radiological), and systemic follow-up. These chapters include mind map pathways to help organize your clinical care decision-making. The American Joint Committee on Cancer's ophthalmic oncology staging system has provided a common language and thus a foundational element. This text pushes further to explore and explain the need for universal eye cancer staging, local and international cooperation, education, and outreach.

The development of this book has afforded our editors and authors an opportunity to analyze state-of-the-art patient care and scientific knowledge in ophthalmic oncology to formalize our thinking and teaching processes. This has been a daunting task, to assemble the local experience, place it in the context of general knowledge, then rationalize it for the broader community.

My journey would not have been possible without an 8-year apprenticeship experience with renowned ophthalmic oncologist and ethicist, Samuel Packer, MD. In addition, my experience researching and writing numerous systematic literature reviews, investigating and learning to support my inventions/innovations in ophthalmic oncology, and my desire to stretch the limits of patient care have also laid the path to this text. I am particularly grateful to the individual patients who trusted me to find better treatments alternatives. This gratefulness extends to all my mentors, teachers, and students, whose shared passion for scientific inquiry has taught us all.

This written text, black and white, is now defined. However, in practice we all know that "state-of-the-art" knowledge is open to interpretation, creating gray areas in our approach to the diagnosis or management of any specific eye cancer patient. That said, it was our intent to provide a text that teaches anatomic and physiologic information, diagnostic methods, and the therapeutic tools necessary to help you treat ocular, adnexal and orbital cancer tumors.

Finger's Essential Ophthalmic Oncology: Principles and Practice presents my perspective and clinical approaches, melding that from the authors and associate editors, all experts from various disciplines. We all recognize increasing demands from socioeconomic and political forces that affect our ability to explore and manage eye cancer. However, we also recognize that those forces cannot diminish our foundational knowledge and analytic ability. Our challenge is to use evidence-based medicine to advocate for our patients and to provide the best possible patient care.

## Paul T. Finger