

CALL FOR PAPERS

To date, combination of minimally invasive surgery (MIS), chemotherapy, radiotherapy, and/or other adjuvant therapies has been widely acknowledged in the treatment of solid tumors. Minimally invasive surgery originally refers to surgical procedures that limit the size of surgical incisions needed so that the blood loss, wound healing time, associated pain and scarring, hospitalization time, risk of infection, and postsurgical complications are usually much less. With the development of medical technologies and equipment, surgical treatment of tumors is much less invasive since it involves much smaller surgical incisions than the corresponding open surgery procedures, which were very popular in the past.

Nowadays, many conditions previously requiring open surgery could be treated with minimally invasive procedures. With the help of imaging techniques (such as arthroscopic or laparoscopic techniques) and radiologists, surgeons are able to make diagnoses, identify internal features, and perform surgical procedures with very small incisions. However, minimally invasive surgery seems not so welcomed or prevalent in several medical conditions, such as cancers. Cancerous tissues or cells could spread from an initial or primary site to a different or secondary site, sometimes distantly, within the patient's or host's body. Therefore, surgical treatment puts more emphasis on cleaning up the cancerous tissues rather than minor incisions, and omission of tiny cancerous tissues during surgical removal would lead to fatal results, even for preinvasive lesion or carcinoma in situ, while the concept, advantages, and benefits of minimally invasive procedures, which have been mentioned above, should not be ignored in the treatment of cancers. Moreover, a large amount of previous research has indicated that the enlarged extent of operating did not bring increased survival rate. On the other hand, cancer patients at advanced stages are usually poor candidates for more invasive procedures, who may be unable to tolerate open surgery or rounds of external beam radiotherapy. These patients usually suffer a lot during survival such as intense pain and paraplegia, if no surgical procedure was applicable besides conservative management. We need to find a way to satisfy these patients with relatively mild treatment strategies besides palliative treatment/conservative management.

We encourage original clinical research submissions (retrospective study, prospective study, or randomized controlled trial) or systematic or meta-analytic reviews, addressing innovative therapeutic strategies using minimally invasive surgical procedures to treat the cancer metastasis or satisfy cancer patients with metastases. Phase II trials are especially welcomed. All submitted manuscripts will undergo rigorous peer-review processes to evaluate their suitability for academic publication. This special issue is open for a limited number of papers, which describe and report significant clinical findings in the current state.

Potential topics include but are not limited to the following:

- ▶ MIS procedures for preinvasive lesion or carcinoma in situ
- ▶ MIS procedures in treatment of invasive tumors
- ▶ Cancer metastasis treatment adopting MIS concept/techniques
- ▶ MIS treatment versus palliative treatment for cancer patients at advanced stages

Authors can submit their manuscripts through the Manuscript Tracking System at <https://mts.hindawi.com/submit/journals/jo/mitt/>.

Papers are published upon acceptance, regardless of the Special Issue publication date.

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