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FROM THE EDITOR-IN-CHIEF

Beyond the Cure: Advancing Towards Holistic Oncology Care Through Multidisciplinary Interventions

I warmly welcome you to this latest edition of our journal—an issue that promises to be engaging and thought-provoking. We are confident that the diverse range of articles and perspectives presented here will offer valuable insights and stimulate meaningful reflection among our global readership. We deeply appreciate the collective efforts of all our stakeholders—authors, reviewers, editorial board members, administrative staff and the college leadership—whose dedication and collaboration have made this edition possible. Your unwavering commitment to scholarly excellence ensures that the journal continues to serve as a credible and enriching platform for the exchange of ideas, research findings, and innovations in healthcare.

In recent decades, significant progress has been achieved in the diagnosis and treatment of cancer, leading to enhanced survival rates and increasing hope for patients globally. Nevertheless, these advancements have not been without their drawbacks. These include the significant adverse impacts of chemotherapy, radiotherapy, and other contemporary oncological treatments—side effects that can severely affect the quality of life for patients and potentially undermine the overall effectiveness of the treatment. (1) In this issue of the journal, a number of articles explored some of the often-overlooked complications, with a particular emphasis on the oral and cardiac toxicities that can occur during and after cancer treatment. They highlight not only the prevalence and

complexity of these complications, but also the emerging tools—both technological and conceptual—that hold promise for earlier detection, risk assessment, and personalized intervention. Importantly, these contributions emphasize the necessity of interdisciplinary collaboration and context-specific research in settings with limited resources.

The study by Mogaji et al. shines a much-needed spotlight on a frequently under-recognized complication of cancer chemotherapy—oral changes that significantly impair quality of life and may compromise treatment outcomes. Among the 82 participants involved in the study in a Nigerian tertiary health facility, over half reported severe symptoms, including dysgeusia, oral pain, and mucositis. These statistics not only reflect a high incidence but also align with global prevalence trends, highlighting the widespread nature of this issue. Importantly, the study revealed that mucotoxic agents, particularly those based on methotrexate, along with solid tumours, significantly elevated the risk of severe mucositis. Remarkably, the association between solid tumours and oral changes was found to be stronger than that with haematological malignancies, a revelation that challenges existing beliefs and emphasizes the importance of conducting context-specific research across varied populations.

Of particular concern is the high prevalence of fungal infections in patients with mucositis, which underscores the need for robust infection

control and prophylactic measures. The absence of significant associations with age, cancer type, or treatment duration suggests that all patients are at risk and should be proactively monitored. There is a need for integration of structured oral assessments into routine oncology care, backed by multidisciplinary collaboration and strong policy support to ensure oral health is prioritized in cancer management, particularly in resource-constrained settings.

In their insightful review, Otakhoigbogie et al. highlight the growing interest in metabolomics as a promising tool in managing oral mucositis (OM). The development of oral mucositis is driven by factors like oxidative stress, immune responses, and infection. Traditional treatments mostly focus on symptom relief but often fall short because the condition is complex and varies between individuals. Metabolomics involves studying small molecules in the body to understand disease processes more precisely. (2) This approach can help identify early biochemical changes that signal the onset or severity of OM, even before symptoms appear. Such early detection could allow doctors to adjust treatments or begin preventive care sooner. It could also help monitor the condition in real-time during therapy.

Beyond diagnosis and monitoring, metabolomics may guide the development of better, more targeted drugs that treat the root causes of OM rather than just relieving pain. Though still emerging, this field holds great promise for improving outcomes and personalizing care for cancer patients

suffering from this debilitating condition. (2, 3) As emphasized by the authors, metabolomics is a potentially transformative tool in the management of chemotherapy and radiotherapy-induced oral mucositis. As we continue to move toward precision oncology, integrating metabolomics into clinical workflows holds the promise of not only alleviating patient suffering but also enhancing the efficacy and tolerability of cancer treatments.

In a similar vein, the use of medical technology in early detection of chemotherapy-related complications in breast cancer treatment was studied by Orimolade et al. The study provides valuable insight into the early detection of anthracycline-induced cardiotoxicity using 2D speckle tracking echocardiography (STE) in Nigerian breast cancer patients. It followed up 62 women undergoing anthracycline-based chemotherapy and compared them with matched healthy controls. Through serial echocardiographic assessments, the researchers tracked heart function over three months. They found that more than half of the patients showed early signs of heart damage, even though they had no symptoms. Importantly, changes in global longitudinal strain (GLS) appeared before drops in the more commonly used measure—left ventricular ejection fraction (LVEF). This shows that STE is more sensitive and effective for spotting early heart injury. The study highlights the need for regular heart monitoring during chemotherapy, using advanced tools like STE, to detect problems early and prevent long-term damage in cancer survivors. (4, 5)

A key takeaway from the study is that, as cancer treatments become more effective and survival rates increase, equal attention must be given to protecting long-term heart health. It is essential to prioritize the early identification of cardiac complications

alongside the implementation of strategies aimed at preserving cardiac function, ensuring that patients not only survive but also maintain a high quality of life following treatment. (5)

The case report presented by Albuquerque-Melgarejo et al. provides a significant and cautionary narrative regarding the cardiotoxic effects resulting from repeated chemotherapy in a patient diagnosed with non-Hodgkin lymphoma (NHL). The case highlights a critical issue in contemporary oncology: the need to find a balance between aggressive treatment approaches and the long-term safety of cardiovascular health. The authors emphasized the need for increased attention to the prevention, diagnosis, and management of cardiovascular complications associated with cancer treatments. Multidisciplinary collaboration between oncologists and cardiologists is crucial, especially in resource-limited settings where cardiac complications may go unrecognized until late stages.

These contributions highlight the importance of recognizing that the burden of complications arising from oncological care should not be regarded as secondary. Rather, they deserve equal attention in research, policy, and practice. It is clear that the future of oncology lies not only in curing cancer but also in caring for the whole patient—before, during, and long after treatment ends. This calls for investment in supportive care infrastructure, adoption of emerging technologies for early toxicity detection, and the fostering of multidisciplinary teams that place patient-centered care at the heart of every treatment plan. (4-6)

We sincerely acknowledge and commend the authors whose diligent efforts, insightful research, and unwavering commitment have been instrumental in shaping this edition. We look forward to more submissions from

authors in our sub-region and from across the globe.

Professor G. E. Erhabor

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