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In Reply to Malicki

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To the Editor: We would like to thank Dr. Malicki for his compliments, encouragement, and perspective (1). We agree that the traditional collaborative interaction of radiation oncologists, medical physicists, and radiobiologists within the radiation therapy planning process can be threatened by a variety of factors, including increasing technical complexity, automation, and changes in staffing practices and responsibilities. Although the Integrated course in Biology and Physics of Radiation Oncology has proven a successful intervention for initiating and fostering multidisciplinary collaboration, one need not rely on such one-time interventions to improve collaborative practice within the radiation oncology department. We suggest that departmental emphasis on ongoing collaborative education can achieve the interdisciplinary aims we seek. Indeed, in our department, the presence of medical physics graduate and residency programs operating side by side with a radiation oncology medical residency program greatly enhances opportunities for interdisciplinary collaboration. However, the absence of this academic infrastructure does not preclude such opportunities. The collaborative engagement of clinicians and scientists in interdisciplinary conference is possible in any clinical department. The attendance of medical physicists and radiobiologists, for example, at chart rounds, morbidity and mortality conferences, and tumor boards can create opportunities to increase our ability to speak each other's language in an effort to improve research and clinical care. Such educational collaboration should naturally lead to clinical collaboration, and although the treatment planning process is the most obvious opportunity for clinical collaboration, it need not be the only one. A great example is the direct patient care initiative recently implemented at the University of California San Diego, whereby the physicist is incorporated into the entire patient interaction process beginning with the initial consultation (2). Weaving medical physics and radiobiology into the fabric of clinical radiation oncology increases our ability to collaborate, make our scientific endeavors more clinically relevant, and apply our scientific advances to clinical problems. Such efforts help us achieve our ultimate aim of improving the quality of the care we provide and the experience of the patient who receives it.

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