This year nearly 600,000 people—more than 1,500 each day—will die from cancer in the United States, and 1.5 million will be diagnosed. Cancer is often described by very large numbers like these, but such figures obscure a fundamental shift in thinking that has taken place in cancer research, and that is: there is no one denominator for cancer. Cancer is hundreds of different diseases and each must be evaluated—and treated—on its own.

Moreover, each patient with cancer has any number of complicating factors to consider—other chronic conditions, age, and the home environment—and must therefore receive an individualized treatment plan that involves the expertise of a range of specialists.

Take, for example, one recent case at The Tisch Cancer Institute at The Mount Sinai Medical Center. Experts in medical oncology, urology, and pathology came together to treat a 55-year-old man who was diagnosed with cancer invading into the muscle layer of the bladder. Chemotherapy followed by surgery has been recognized as the optimal treatment for such patients, but only about 10 percent of patients in the United States receive such care, due, in part, to difficulties in coordinating care among numerous specialties.

With an established team of specialists in urologic oncology at Mount Sinai, the patient completed chemotherapy without complications and underwent a highly specialized operation to remove the bladder and reconstruct a functional bladder from intestinal tissue, thus avoiding the need for an ostomy. Remarkably, the chemotherapy had eradicated the vast majority of the cancer from the bladder, a finding that predicts a high probability of cure.

In other major improvements in care, patients with head and neck cancers have historically been treated with surgery that often causes disfigurement, morbidity, and sometimes a life-long reliance on feeding tubes. Today, more patients are being treated with non-surgical techniques, such as highly targeted chemotherapy and radiotherapy, and with less-invasive, state-of-the-art procedures such as transoral robotic surgery, in which Mount Sinai was an early leader. In one exemplary case, a tumor was removed from deep within a patient’s tongue—without the surgeon ever touching the patient’s head or mouth. The surgery took less than two hours, and the patient went home the next day.

For patients who do require additional care or support after treatment, Mount Sinai has highly trained physical therapists, speech-language pathologists, nutritionists, social workers, and onsite support groups to provide the full continuum of care.

Relying on the seamless integration of care among experts, our goal is to develop treatments that help all patients optimize both quantity, and quality, of life.

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