This textbook was written and edited by a community of eye cancer specialists. It offers a combination of mainstream and unique "community" opinions usable by the wider ophthalmic oncology community. It was supported by The Eye Cancer Foundation and thus open-access available as part of The Eye Cancer Foundation's international outreach program. This "community-based" work represents an extension of my leadership philosophy employed as Chair of the 7th and 8th editions of the AJCC staging systems, and as Chair of the American Brachytherapy Society (ABS)-American Association of Physicists in Medicine (AAPM) consensus guidelines for ophthalmic plaque brachytherapy.[1-4]

The reader will find that each chapter goes beyond basic diagnosis and treatment to reveal a synthesis of that knowledge, as exemplified by the incorporated "mind-map" decision-making flow charts created to aid your treatment decisions. It includes new and exciting chapters on informed consent, surgical techniques, international outreach, and future directions. ***Finger's Essential Ophthalmic Oncology*** was edited and reviewed by a broad spectrum of subspecialists (medical, radiation, oculoplastics, and ophthalmic oncology) to be useful for all eye care specialists (e.g., novice, practitioner, and subspecialist). It includes essential information that will be helpful for pediatric, adult, and radiation oncologists. In addition, I have carefully curated each chapter.

1. Communication: Do You Speak Ocular Tumor?

1.1. Universal Eye Cancer Staging

In "Do You Speak Ocular Tumor", the 2003 editorial I penned for the American Academy of Ophthalmology's journal *Ophthalmology*,[5] I offered a new future for ophthalmic oncology. Shortly thereafter, I was asked to chair the AJCC Ophthalmic Oncology sections and thus given the opportunity to lead the eye cancer community toward creating the most useful language (cancer staging systems) possible. In that the AJCC shared its staging systems with the Union for International Cancer Control (UICC), this was a unique opportunity to help shepherd ophthalmic oncology into international cancer care. To prepare for the 7th edition AJCC-UICC staging, I formed the multicenter, international OOTF, consisting of over 50 eye cancer specialists drawn from all continents.[6] Each participating eye cancer specialist was invited based on their written review articles and cutting-edge research on those specific cancers covered in the AJCC chapters. Care was taken to create a balance between clinicians and pathologists. Then, these specialists were put into groups by cancer type, and tasked to perform up-to-date literature reviews. Each tumor group used its reviews for group analysis. Preference was given to publications that included significant medical evidence, as they would become the foundation for the 7th edition AJCC-UICC tumor staging.

This was not a quick process. The 7th and 8th AJCC editions required 4-year writing cycles. Each included hundreds of virtual and face-to-face group meetings, the formation of writing committees, then peer-review committees, and revisions for each AJCC chapter. The final product was the most comprehensive, consensus-driven, ophthalmic oncology chapters ever published. It is no wonder that this work was and continues to be accepted or required by most ophthalmic and medical oncology journals and their associated societies. However, it is essential to note that, unlike most other ophthalmic staging systems, the AJCC systems are living documents that undergo periodic re-evaluation and updating. The predictive power of the AJCC ophthalmic oncology staging systems is continually being tested by clinical and registry studies. Each publication is enhanced by including the new medical evidence available since the prior writing cycle. Thus, we expect continuously improved 9th, 10th, 11th, 12th, and electronic editions.

1.2. The Gift of Universal Staging

AJCC-UICC tumor staging is one of the most important "Foundational Elements for Collaboration in Ophthalmic Oncology."[7] It has improved research and clinical care in ophthalmic oncology.[8] Although AJCC-UICC TNM staging has long been established as a standard of care in medical oncology, its use in ophthalmic oncology has brought our specialty into the mainstream of international oncology.

The AJCC, UICC, ABS, and The Eye Cancer Foundation have worked to sponsor and support the OOTF's efforts toward collaborations in our field. For example, subsequent multicenter international cooperation has created eye cancer tumor registries that have used real-world data-pooling to test the predictive value of AJCC-UICC staging and answer previously unanswered clinical questions.[9-26]

In addition, the AJCC allowed the OOTF to add a new biomarker, "H" (for the heritable trait), to form TNMH for RB staging. The seminal decision to add heredity as part of cancer staging was based on significant medical evidence provided by the RB pooled registry presented to the AJCC Editorial Board.[2,27] Just as the Knudson hypothesis had done, ophthalmology has pioneered the way into a new world of cancer staging.[28]

Patients have directly benefited from their eye cancer specialists adopting AJCC-UICC staging. AJCC-UICC staging has provided a snapshot of the patient's condition before, during, and after treatment. It has improved our ability to communicate with our local oncology team, as well as compare our patient care, research, and results. "Speaking ocular tumor" enables us to be understood by our nonophthalmic colleagues worldwide. Thus, AJCC-UICC staging allows ophthalmic oncology access to the mainstream of cancer care.

2. "Made by the Community, Used by the Community"

2.1. The First Eye Cancer Working Day

Motivated by success with the 7th edition AJCC project, The First Eye Cancer Working Day[29] was offered to coincide with the 2015 International Society of Ophthalmic Oncology Meeting in Paris, France. The First Eye Cancer Working Day received endorsements from the International Society of Ophthalmic Oncology (ISOO), the European Ophthalmic Oncology Group, the AJCC, the US Commission on Cancer, the ABS, the American College of Surgeons, and the International Council of Ophthalmology.

After The First Eye Cancer Working Day was not allowed to occur as part of the 2015 ISOO in Paris, one board member, Laurence Desjardins, MD, appreciated the importance of working together and contributed a separate meeting space within the Curie Institute (Fig. 1-1). The Eye Cancer Foundation and the AJCC contributed financial support for the open-access meeting. In addition, The Eye Cancer Foundation contributed 20 need-based travel scholarships for young investigators who were treating eye cancer patients in unserved or underserved countries.

Convened on June 15th, 2015, at 9:00 AM, it featured section moderators who, after a short coordinating presentation, undertook interactive group sessions to brainstorm, complete work, and plan for the future (Fig. 1-2). The day was divided into several sections, each dealing with a critical problem facing our specialty. Each section focused on projects that no single center or person could accomplish alone. The First Eye Cancer Working Day was created to build international, multicenter cooperation in ophthalmic oncology.

The First Eye Cancer Working Day exceeded everyone's expectations. In fact, so many people promised to attend the event that the location venue was changed three times to increase capacity. It became apparent that eye cancer specialists were eager to learn of and participate in new, interactive programs to improve eye cancer care.

Fig. 1-1. (*Left*) Paul T. Finger, MD, next to a picture of Dr. Madam Curie. (*Right*) The Curie Institute entrance to The First Eye Cancer Working Day.