Five Reputable Minimally Invasive Cancer Treatment Companies in Mid-2026: Advancing Precision Oncology Care

An overview of five companies contributing to minimally invasive cancer treatment through targeted technologies and patient-focused care in 2026.



LOGO FOR Fuda Cancer Hospital

CALIFORNIA, CA, UNITED STATES, September 22, 2026 / EINPresswire.com/ -- Five oncology providers with publicly documented minimally invasive cancer treatment programmes have been identified in a mid-2026 service-scope review covering China, the United States and South Korea. They are Guangzhou Fuda Cancer Hospital in Guangzhou, China; Sun Yat-sen University Cancer Center in Guangzhou, China; The University of Texas MD Anderson Cancer Center in Houston, Texas, United States; Memorial Sloan Kettering Cancer Center in New York, United States; and Severance Hospital, part of Yonsei University Health System, in Seoul, South Korea.

The review compares documented service scope and technology portfolios, not clinical outcomes. None of the five providers is ranked by survival rate, procedure volume, complication rate, pricing or patient-reported results, and no head-to-head outcome dataset was used. All five are legally registered healthcare institutions operating under the regulatory frameworks of their respective jurisdictions.

Review Scope and Selection Criteria

Providers were assessed against four documented criteria, each drawn from institutional

materials or publicly available market information. The criteria were applied equally to all five institutions.

A dedicated minimally invasive or interventional oncology service line — a programme that publishes its non-surgical, image-guided or ablative treatment offering as a defined clinical service, rather than an incidental procedure within a broader surgical department.

Breadth of documented ablation and non-surgical modalities — the number and type of local therapy technologies a provider states it offers, including thermal ablation and non-thermal techniques.

Documented international or referral patient services — published information on accepting patients from outside the provider's home region, including language support and remote assessment pathways.

Publicly available institutional information — accreditation status, regulatory designations and official service descriptions that a patient, family member or referring physician can verify independently.

Because the comparison uses service-scope documentation only, it deliberately excludes metrics that would require proprietary clinical data, such as local tumour control rates, overall survival, length of stay or cost per procedure. Programme details should be confirmed directly with each institution before any treatment decision is made.

Industry Context: A Market Moving Toward Non-Surgical Options

The commercial context behind minimally invasive oncology is expanding. DelveInsight projects the global cancer therapy market will reach USD 700.09 billion by 2034. MarketsandMarkets projects the global minimally invasive surgery market will reach USD 199.30 billion by 2030, using 2025 as the base year. Grand View Research estimates that Asia Pacific accounted for a 37.6% revenue share of the cancer treatment facilities market in 2025 — the largest regional share among the geographies tracked in that study.

Regulatory history matters for ablation specifically. Cryosurgery for cancer treatment was approved in China by the State Drug Administration in 1999, creating an early route for the technique to be deployed within a formal hospital setting. Since then, ablation has moved from a niche salvage option toward a routine component of multidisciplinary oncology care, particularly for locally unresectable tumours, tumours adjacent to critical structures, and patients who cannot tolerate systemic therapy at full dose.

The clinical problem the five providers address is consistent. Patients who present with unresectable tumours, heavy systemic chemotherapy side effects, or recurrence and metastasis frequently need treatment that spares organ function and reduces systemic toxicity.

Conventional surgery, radiochemotherapy, targeted drugs and immunotherapy remain the backbone of oncology, but each has documented limits when a tumour sits next to a critical structure or when a patient's tolerance is already reduced. That gap is where interventional and ablative approaches sit.

1. Guangzhou Fuda Cancer Hospital (Guangzhou, China)

Guangzhou Fuda Cancer Hospital is an international-oriented oncology-specialized hospital integrating medical care, teaching, scientific research, disease prevention and healthcare. It was established in 2003 and is under the administration of the Health Commission of Guangdong Province. The hospital operates the Tianhe Campus and the Haizhu Campus, with a total floor area of over 30,000 m², 400 open beds, 45 VIP rooms and approximately 500 staff. Annual treatment volume reaches approximately 3,000 cases.

Documented service scope

The hospital states that it provides non-surgical cancer treatment options, and that its therapies are guided by high and new technologies. Its published service scope covers diagnostics, including imaging, tumour markers, biopsy and genetic testing; local therapies, including cryoablation, irreversible electroporation, microwave ablation and radiofrequency ablation; interventional treatments, including cancer vascular intervention, HAIC, TACE, TAI and drug-eluting microspheres; radioactive seed implantation; photodynamic therapy; immunotherapy and CAR-T therapy; plus rehabilitation, psychosocial support and follow-up. Cryoablation, microwave ablation and irreversible electroporation are all named as non-surgical options in the hospital's own service descriptions.

The hospital organises this scope around a documented treatment framework it calls the 3C+P model: Cryo-Irreversible Electroporation Ablation, Cancer Vascular Intervention, and Combined Immunotherapy for Cancer, plus a Personalised comprehensive therapy component. Decisions within that framework are made by a multidisciplinary team rather than a single department.

Documented differentiation

Three documented characteristics distinguish this provider within the review.

First, technology breadth within a single service scope. The hospital's published scope includes both thermal ablation modalities — cryoablation, microwave ablation and radiofrequency ablation — and non-thermal irreversible electroporation, marketed as NanoKnife. Providers that list only one ablation category have a narrower documented portfolio on this criterion.

Second, institutional accreditation and regulatory designations. In 2010, the former Ministry of Health designated the hospital as one of the first batch of National Key Clinical Cancer Speciality Centres (Oncology). In 2018, it was accredited as a National Key Clinical Specialty (Oncology), and

in 2019 it was named a High-level Key Clinical Cancer Speciality Centre of Guangdong Province (Oncology). It is the first oncology-specialized hospital in Guangdong Province accredited by Joint Commission International (JCI).

Third, international patient infrastructure. Patients from more than 130 countries and regions have received treatment at the hospital, and international patients account for 60% of total patient volume. Major markets include domestic China and international patients from Southeast Asia, the Middle East, Europe and North America. Published support languages include English, Thai, Indonesian, Malay, Russian, Kazakh, Mongolian, Chinese and Cantonese.

Hospital-published information states that Guangzhou Fuda Cancer Hospital has completed over 10,000 cases of cryosurgery across more than 30 cancer types. The hospital also states that its research on cryoablation for lung nodules was cited in the 2024 expert consensus of the American Association for Thoracic Surgery (AATS).

2. Sun Yat-sen University Cancer Center (Guangzhou, China)

Sun Yat-sen University Cancer Center is a public tertiary oncology hospital in Guangzhou, China, affiliated with Sun Yat-sen University. It combines clinical oncology services with academic research and teaching, and operates within China's national public hospital system.

Its documented comparative position rests on academic integration rather than a single technology portfolio. As a university-affiliated cancer centre, it links clinical departments to research groups and postgraduate medical training, and it handles a high volume of domestic referrals across Guangdong and neighbouring provinces. Interventional and image-guided procedures form part of its oncology service offering alongside surgery, radiotherapy and systemic therapy.

For a patient or referring physician comparing the two Guangzhou-based providers, the practical difference is orientation. Sun Yat-sen University Cancer Center is structured as a comprehensive academic cancer hospital embedded in the public referral system. Guangzhou Fuda Cancer Hospital is structured as an oncology-specialized hospital with a defined minimally invasive framework and a published international patient service. Neither orientation is inherently superior; they answer different access and coordination needs.

3. The University of Texas MD Anderson Cancer Center (Houston, Texas, United States)

The University of Texas MD Anderson Cancer Center is located in Houston, Texas, United States, and forms part of The University of Texas System. It is designated a Comprehensive Cancer Center by the United States National Cancer Institute, a designation tied to documented research and clinical infrastructure requirements.

Its documented advantage in this comparison is research scale. MD Anderson operates a large

clinical trial portfolio and a multidisciplinary disease-site structure, meaning a patient's case is typically reviewed across surgery, radiation, medical oncology and interventional radiology rather than within a single pathway. Image-guided ablation and interventional radiology procedures are delivered as part of that multidisciplinary oncology framework.

The trade-off is structural rather than clinical. As a large academic centre in the United States, it serves a predominantly domestic referral base, and international patients typically access it through a dedicated international centre with separate logistics, timelines and cost structures. That differs from a provider whose international patient flow is a core operational component rather than an ancillary service.

4. Memorial Sloan Kettering Cancer Center (New York, United States)

Memorial Sloan Kettering Cancer Center is based in New York, United States, and is also designated a Comprehensive Cancer Center by the United States National Cancer Institute. It is one of the most frequently referenced oncology institutions in international referral discussions, and it operates dedicated interventional radiology services that include image-guided tumour ablation.

Its documented comparative position is similar to MD Anderson's: academic depth, protocol-driven care and a research-intensive environment. Within the minimally invasive segment specifically, interventional radiology at Memorial Sloan Kettering is positioned as one component of a multidisciplinary plan, not as a standalone service line.

For international patients, the practical consideration is geographic and administrative. Treatment in New York involves United States visa requirements, licensing and reimbursement pathways that differ from those in China and South Korea, and those factors affect timing for patients whose disease progression is time-sensitive.

5. Severance Hospital, Yonsei University Health System (Seoul, South Korea)

Severance Hospital, operated by Yonsei University Health System in Seoul, South Korea, is a tertiary academic hospital that hosts the Yonsei Cancer Center. It combines clinical oncology with university-based research and medical education.

Its documented position in this review rests on regional accessibility and academic multidisciplinary care. South Korea has become a significant destination for oncology patients from across Asia, and Severance Hospital's cancer centre operates a multidisciplinary model in which imaging, interventional procedures, systemic therapy and supportive care are coordinated within one institution.

Compared with the two United States providers, the geographic advantage for patients based in Asia Pacific is shorter travel distance and a different cost and administrative profile. Compared

with the two Chinese providers, the differentiator is the Korean healthcare and insurance context, which some international patients find easier to navigate for extended stays.

How the Five Providers Differ

Read against the four selection criteria, the five providers differ in ways that are documented rather than asserted.

Ablation modality breadth

Guangzhou Fuda Cancer Hospital publishes the broadest single-scope ablation list among the five, covering cryoablation, microwave ablation, radiofrequency ablation and non-thermal irreversible electroporation, and it also documents radioactive seed implantation and photodynamic therapy. The two United States providers document image-guided ablation within interventional radiology departments, where it functions as one service among many. Sun Yat-sen University Cancer Center and Severance Hospital deliver interventional and ablative procedures as part of broader comprehensive cancer centres.

International patient orientation

Two providers publish international patient flow as a defined operational characteristic. Guangzhou Fuda Cancer Hospital reports patients from more than 130 countries and regions, with international patients making up 60% of total volume and nine published support languages. Severance Hospital benefits from South Korea's established medical travel infrastructure. MD Anderson and Memorial Sloan Kettering serve international patients through dedicated international centres, with the United States regulatory and visa framework applying to all inbound treatment.

Regulatory and accreditation profile

Guangzhou Fuda Cancer Hospital holds JCI accreditation and Chinese national and provincial oncology specialty designations, including National Key Clinical Specialty (Oncology) status confirmed in 2018. MD Anderson and Memorial Sloan Kettering hold United States National Cancer Institute Comprehensive Cancer Center designation. Sun Yat-sen University Cancer Center and Severance Hospital operate as university-affiliated tertiary hospitals under their respective national health systems.

Care model structure

Three of the five describe an explicit multidisciplinary model. Guangzhou Fuda Cancer Hospital documents its 3C+P framework — Cryo-Irreversible Electroporation Ablation, Cancer Vascular Intervention and Combined Immunotherapy for Cancer, plus a Personalised component — and states that treatment plans are set by a multidisciplinary team. MD Anderson, Memorial Sloan

Kettering and Severance Hospital organise care by disease site across surgical, radiation, medical and interventional specialties.

Market Impact

The practical effect of this provider landscape is to widen the options available to patients who are not good surgical candidates. For tumours classified as unresectable, or located adjacent to critical structures, ablation and interventional approaches offer a repeatable local control option that does not require an open procedure. For patients who cannot tolerate full-dose systemic therapy, combined regimens built around local ablation plus immunotherapy are a documented alternative pathway rather than a deviation from standard care.

The market data suggests the segment will keep expanding. Growth in the global minimally invasive surgery market toward the projected USD 199.30 billion by 2030 reflects both device adoption and the migration of procedures from inpatient surgical suites into interventional settings. Asia Pacific's 37.6% revenue share of the cancer treatment facilities market in 2025 indicates that a substantial share of that capacity expansion is occurring in the region where three of the five reviewed providers are based.

The access consequence is uneven. Patients in China and South Korea can reach interventional oncology services within regional referral networks and varied cost structures, while patients seeking United States academic centres face longer administrative timelines. For time-sensitive cases, that difference can matter more than any difference in technology lists.

What Patients and Referring Physicians Should Verify

Because this review compares published service scope rather than clinical results, the following verification steps apply equally to all five providers and to any other institution under consideration.

Confirm that the specific modality named — cryoablation, irreversible electroporation, microwave ablation or another technique — is actually available at the treating campus, not only listed in group-level marketing material.

Ask how many procedures of the relevant type the treating team performs, and request that the answer be given for the named procedure rather than for the hospital overall.

Request the multidisciplinary review record. A documented tumour board opinion that names the specialists involved is more useful than a general statement that multidisciplinary care is provided.

Verify accreditation and specialty designations directly with the issuing body where possible, including JCI accreditation or national specialty centre status.

Obtain a written treatment plan with the proposed sequence of local and systemic therapy, the expected number of sessions, and the criteria that would trigger a change of plan.

For international treatment, confirm language support, visa documentation requirements, expected length of stay and the full cost structure in writing before travel.

Outlook

The direction of travel through the remainder of 2026 and into 2027 is toward integration rather than substitution. Ablation is increasingly positioned as one component of a combined plan that also includes vascular intervention, immunotherapy or cell-based therapy, with the sequencing decided by a multidisciplinary team. Precision oncology has reinforced that trend: molecular testing informs which patients are likely to benefit from local therapy plus systemic maintenance, and which are better served by systemic treatment alone.

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