

Preface



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Guest Editors

Virtually every adult in the United States has been affected by cancer in some way. About 45% of men and 38% of women will be diagnosed with cancer in their lifetimes. Based on current trends, cancer will undoubtedly surpass cardiovascular disease to become the leading cause of mortality in the United States. It is already the leading cause of death for individuals younger than 85 years and the leading cause of years of life lost. Despite billions of dollars in research and many sources of hope and optimism, cancer remains a major, if not the greatest, threat to the health of the public.

Although progress has been slow, we are beginning to turn the tide in the war on cancer. Mortality rates peaked in 1990 and have been steadily declining since that time. Five-year survival rates have increased for virtually every cancer type. Some individuals who would have died within weeks or months of diagnosis are now living for years, a fact that helps to account for the growing number of cancer survivors. Eleven million cancer survivors are now alive and coping in the United States alone. The unique health care needs of this population of survivors, needs that will continue long after cancer treatments are completed, are just now beginning to be understood.

But prolonging survival time is not the only key outcome that is changing. Age-adjusted cancer mortality rates are declining. Mortality progress is a source of optimism, but this optimism must be tempered by the fact that these declining rates are confined to relatively few cancers—lung cancer in men, breast cancer, prostate cancer, and colon cancer. What do these 4 cancers have in common? Each of them is amenable to either prevention or detection of asymptomatic, curable disease. In fact, wise tobacco policies and cancer screening have saved more lives than any other aspect of cancer care.

The implications of these observations for the primary care clinician are profound and far-reaching. First, every primary care clinician is going to care for a great number of people who are coping with a cancer diagnosis. Each clinician needs to consider the diagnosis of cancer in patients who present with a diverse, far-reaching set of symptoms. And all clinicians need to figure out a way to institute preventive measures, including cancer screening, for all of their at-risk patients. Finally, the burgeoning group of cancer survivors pose a mounting challenge, which most primary care clinicians are not prepared to address at this moment.

Many of the future trends in cancer care will be determined by the success or failure of the primary care community. Will we be able to affect lifestyle choices to combat smoking and overweight? Will we be able to institute systems to reach all of our

patients with evidence-based screening, and will we be prepared to diagnose cancers for those who present with symptoms? The challenges defined by the cancer problem are daunting. The purpose of this issue of *Primary Care: Clinics in Office Practice* and the companion issue to be published in December is to provide an evidence-based review and a set of recommendations to help each practicing primary care clinician be the most effective cancer clinician possible. Though incidence and cancer death rates are decreasing, as Dr. Thun and colleagues illustrate in the first article, the impact of the growth and aging of the population will continue to present challenges to the medical, social, and economic support systems. These challenges underlie the problems that these two issues of *Primary Care: Clinics in Office Practice* seek to address. Our goal is to outline a comprehensive review of the issues related to cancer and to empower primary care physicians to excel in cancer-related care.

The first two articles in this issue examine epidemiologic trends related to cancer, nationally and worldwide. Primary care physicians are uniquely positioned to educate patients about their risk of cancer and about actions that can be taken to reduce these risks. The next three articles explore strategies of risk identification and reduction. In their article, Drs. Korde and Gadalla focus on clinical guidelines assessing familial or genetic risk and identifying environmental causes of cancer. The following two articles expand upon the opportunities primary care physicians have to educate patients about two controllable causes of cancer: tobacco and obesity.

In the next four articles, attention is given to cancer screening and prevention, a key responsibility for every primary care clinician, with a focus on cancers that have accepted screening strategies—breast, cervical, colon, and prostate. The last article in this issue discusses potential future applications of early detection methods, specifically for lung cancer, the leading cause of cancer death, and ovarian cancer, one of the major causes of cancer death in women.

We would like to thank our editor, Barbara Cohen-Kligerman, for her ongoing support and dedication to these two issues. Additionally, we are extremely grateful to the collection of authors who share our conviction that primary care physicians are vital in our nation's continuing battle to win the war on cancer. Their hard work has culminated in a collection of articles that will serve as a resource to physicians who attempt to deliver high-quality cancer care every day.

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