

## Preface



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Guest Editor

It is with tremendous optimism that I welcome you to this issue of *Gastroenterology Clinics of North America*, which is devoted to esophageal cancer. Esophageal cancer is on the rise in terms of incidence in the Western world, and survival rates have not improved much in the last 30 years. This lack of progress in survival rates is mainly because, unfortunately, most individuals only develop symptoms after the cancer has already metastasized to other organs, by which time a cure is usually out of the question. Esophageal cancer is a devastating disease. As Lyman A. Brewer III said, “No patients with malignancy are more miserable than those suffering unrelieved malignant obstruction of the esophagus, because they ultimately die of slow starvation” (*Am J Surg* 1980;139:730–43). Esophageal cancer is a major public health problem, and the time has come for funding bodies (in particular, cancer organizations) to take greater notice and dedicate increased funding to all aspects of esophageal cancer research.

The topics selected for this issue of *Gastroenterology Clinics of North America* have been chosen for two reasons. The first is to fill gaps in knowledge. Thus, new information is presented on cutting-edge topics, such as genetic polymorphisms, and on topics unfamiliar to many in the field, such as the use of Chinese herbal medicines. The second reason is to provide the latest information on advances in such areas as clinical pathology, epidemiology, positron emission tomography, ultrasonography, and environmental causes of esophageal cancer. It has been a true pleasure reading and editing this outstanding collection of articles written by leading authorities in the field.

As I was preparing for this issue, I found some interesting trivia about people who had developed esophageal cancer. Two actors had made comments about what they “jokingly” thought might have been the cause of their esophageal cancer. The first was Humphrey Bogart (1899–1957), who was diagnosed with esophageal cancer in 1956. He was a heavy drinker and cigarette smoker. He had surgery that involved an esophagectomy, removal of two lymph nodes, and a rib, and he also had a course of postsurgical chemotherapy. He had radiation therapy due to recurrence of the cancer 6 months after surgery. He died at home after falling into a coma. His last words were: “I never should have switched from scotch to martinis.” The second was Jack

Soo (1917–1979), a Japanese-American actor who was cast in the 1970s television comedy *Barney Miller* as the laid-back, but very wry, Detective Nick Yemana, who was also responsible for making the awful coffee that everyone in the office had the misfortune to drink every day. Just before he was taken into the operating room before his death, his last words to his *Barney Miller* co-star Hal Linden were: “It must have been the coffee.” Some other well-known people who had esophageal cancer include Japanese children’s author Kenjiro Haitani (1934–2006); University of Miami basketball legend Dick Hickox (1938–2006); actor Makoto “Mako” Iwamatsu (1933–2006); Jaap Penraat (1918–2006), who helped 406 Jews escape the Holocaust; Texas Governor Ann Richards (1933–2006); and Larry Stewart (1948–2007), who anonymously gave away \$100 bills to the needy each December as “Secret Santa.”

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One of the main reasons for developing this issue on esophageal cancer was not only to update and educate, but more so to invigorate, not just those clinicians and researchers currently treating esophageal cancer patients or conducting medical research on esophageal cancer, but also those young investigators who want to make a difference in the lives of those with cancer. I strongly encourage you to come forward and join the battle against this devastating yet interesting disease.

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