New Directions for CA in 2001

A BIGGER AND BETTER JOURNAL

Here at the American Cancer Society, our mission statement is printed on the back of our business cards as a reminder of what we are working towards: “The American Cancer Society is the nationwide voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy and service.” The role of CA in this endeavor is to provide information to health care professionals about best practices in cancer prevention, early detection, and treatment in an effort to reduce cancer incidence and mortality rates and improve quality of life for people living with cancer.

The first task for our new editorial team last year was to assess how well CA was doing in advancing the ACS mission. Like many important medical and public health questions, the answer to this question is difficult and perhaps even impossible to answer directly. The best we can do is to use some surrogate markers of journal success. Thanks to the editorial vision of our predecessors, Drs. Gerald Murphy, Arthur Holleb, and Charles Cameron, CA is the most widely circulated and the most frequently cited oncology journal. This success notwithstanding, we have made some changes that are intended to make CA even bigger and better.

There is no question that we have been successful in at least the first half of our changes; this first issue of CA in 2001 is certainly bigger than any before it. The most obvious change is a larger journal size. This change makes it easier for us to present charts and graphs, and provides us with more flexibility in page layouts. The obvious consequence of larger pages is that there is more space for more information in a clear, easy-to-read format.

COMPREHENSIVE REVIEWS AND FOCUSED REVIEWS

The new CA will retain the most popular features of prior editions – the annual cancer statistics update in the January/February issue and comprehensive review articles on various neoplastic diseases. To complement these comprehensive peer-reviewed articles, we hope to add more focused and problem-oriented papers that address challenging clinical situations. These reviews will be selected for relevance to a diverse readership of oncology specialists and primary care providers. For example, we may periodically publish a comprehensive update on advances in prostate cancer treatment that would be complemented by a focused review on how primary care providers can help men with localized prostate cancer weigh pros and cons of various treatment options.

PREVENTION AND EARLY DETECTION

Despite the established effectiveness of known prevention and early detection strategies in reducing cancer incidence and mortality, many of these interventions are tragically underutilized.
Future issues of CA will contain articles intended to bridge this gap between public health and clinical practice. We plan to include:

• A review of current ACS early detection guidelines, the rationale for these recommendations, and discussion of recent research that might eventually influence these recommendations annually, in each January/February issue.

• More articles that address practical issues in implementing prevention and early detection recommendations. Examples of topics for the near future include implementation of office-based systems to monitor utilization of early detection services, practical tips for smoking cessation counseling, a review on early detection of head and neck cancers, and an article on cancer chemoprevention.

• An ongoing column on potential carcinogens that will summarize evidence regarding proven, uncertain, and disproven agents. Current epidemiological evidence suggests that tobacco, diet, and infections are the major environmental cancer risk factors. While it is difficult to quantify the causes of cancer with precision, exposures in the workplace and the general environment almost certainly account for less than 10% of overall cancer mortality. (Of course, the attributable risk may be higher for selected populations, such as asbestos workers.) Nevertheless, surveys of the general public indicate that many people significantly overestimate the role of environmental and occupational exposures in causing cancer.

Moreover, intense public concern sometimes focuses on exposures with dubious or no evidence of carcinogenicity. This is unfortunate as it causes needless worry and may divert attention and resources from more pressing health problems. On the other hand, members of the public may be unaware of exposures that are thought to be carcinogenic, and/or are uninformed about the quality of the supporting evidence.

With this in mind, we are pleased to launch an ongoing column that will summarize evidence on the carcinogenicity of various environmental and workplace exposures. We hope to help both primary care providers and oncologists answer queries from concerned patients: Did my exposure increase my future cancer risk? Did my cancer result from past exposures? What should I do if I’ve been exposed? Ultimately, we hope to reassure patients when their fears are unfounded, and to focus legitimate concern on known or suspected carcinogens.

Michael Thun, MD, MPH, ACS Vice President of Surveillance and Epidemiology, and Howard Frumkin, MD, DrPH, Chair of the Department of Environmental and Occupational Health at Emory University’s Rollins School of Public Health, will be co-editors of this feature.

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CANCER-RELATED QUALITY OF LIFE

In accordance with the ACS Board of Directors’ decision to establish as one of the organization’s top objectives “measurably improving quality of life” for people with cancer, CA will be adding:

• More articles on symptom management, on preventing and managing acute and chronic side effects of treatment, and on geriatric and psychosocial oncology. Increased participation
by patients in making decisions about their care is an important strategy for improving health-related quality of life. In addition to upcoming articles on side effects of treatment and on effective clinician-patient communication, reviews of cancer types and treatment modalities will be expected to address these important issues.

• An ongoing column on complementary and alternative methods (CAM) for people with cancer. The growing use of and interest in CAM is among the most significant challenges to providers’ skills in communication and collaborative decision-making. In addition, providers desperately need reliable information that they can share with their patients. The hesitancy of many clinical and basic researchers to study these therapies and the consequent shortage of reliable reports (in stark contrast to the abundance of unreliable information) has created significant quality-of-life and public health problems.

This column is being initiated with the goal of helping providers guide patients toward CAMs that might improve quality of life and away from those that are ineffective, toxic, and wasteful of patients’ time and money.

Co-edited by David Rosenthal, MD, Director of the Dana Farber Cancer Center’s Integrative Medicine Program, and Terri Ades, RN, MS, AOCN, staff director of the ACS CAM Advisory Group and Director of Health Content at ACS, this column will discuss individual methods and classes of methods, as well as CAM-related legislative and advocacy issues.

NEW SCIENTIFIC ADVANCEMENTS ARE ROUTINELY REPORTED ON EVENING TELEVISION NEWS PROGRAMS, AND GLOSSY MAGAZINES RUN ARTICLES ON CANCER TOPICS IN ALMOST EVERY ISSUE.

BASIC RESEARCH

The role of molecular and cellular research as the basis for clinical progress has never been more apparent than it is today. Research in molecular and cellular biology, immunology, radiation physics and radiobiology, information technology, and related fields begun decades ago is being translated into clinical practice at an accelerating rate. Although busy clinicians typically have limited time available for keeping up with research, remaining current with key basic science principles can help them make decisions concerning the clinical fruits these research efforts eventually bear. A related problem is that reports of basic research available to patients via mass media are not always clearly framed in the context of their short-term clinical implications (or lack thereof).

A column on basic cancer research for clinicians, edited by John Stevens, MD, ACS Director of Intramural Grants, will provide concise reviews of the practical implications of ongoing research.

NEWS & VIEWS

The “News & Views” feature, begun in late 1998, provides brief summaries of recent advances in basic, clinical, epidemiological, and psychosocial research, and comments on current cancer advocacy issues. Topics are chosen based on their broad interest to a wide range of oncology professionals and primary care providers, and are intended to stimulate awareness of key cancer issues among non-oncology generalists, as well as to help oncology professionals follow topics outside of their areas of specialization. Based on reader feedback, this popular feature will be expanded in upcoming issues.
CANCER AND THE MEDIA

Cancer is one of today’s hottest media stories. New scientific advancements are routinely reported on evening television news programs, and glossy magazines run articles on cancer topics in almost every issue. Patients obtain much of their information about health, including cancer, from such sources and may, therefore harbor potentially harmful misconceptions or beliefs.

In “Cancer and the Media,” CA will examine cancer stories in the lay press, in movies, books, newspapers, on television, and on the Web, to alert practitioners to what their patients may be absorbing from such coverage.

Moreover, we hope to look at how certain positive and negative lifestyle behaviors, such as exercise and smoking, are portrayed by the entertainment industry.

CONTINUING FEATURES

Two relatively recent additions to CA, the “Patient Pages” and the CME activity, have been favorably received by readers and will remain as important features. The Patient Pages will continue to summarize important patient education issues and suggest relevant services and resources. With health care professionals increasingly encountering (and dreading) patients carrying a stack of internet printouts of inconstant quality and dubious relevance to their conditions, we believe this is a valuable service to both physicians and providers and an extension of ACS patient and public information activities.

With demands on the time of health care professionals ever increasing, it is often difficult to choose between participation in CME programs and journal reading. Attaching CME value to at least one feature article in each issue of CA helps resolve this dilemma.

HOW ARE WE DOING?

Ideally, we would like to know the impact of information in CA on cancer incidence, mortality, and cancer-related quality of life. Acknowledging the impracticality of this type of feedback, we will be looking for other ways to assess this journal’s success. We hope that you will indicate your support by renewing your subscriptions and by participating in CME activities. We invite you to drop us an e-mail or letter with any suggestions. Most importantly, we hope that you will read and apply the information in CA to the benefit of your patients.

— The Editors