

*Inside this issue*

## Broadening our reach

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**A**t *Community Oncology*, it has been a year of growth and maturation. Each month, we receive an increasing number of submissions and we've successfully broadened our talented writing pool. It's particularly gratifying when these efforts are acknowledged. I'm very pleased to announce that *Community Oncology* was selected as Healthcare Publication of the Year by *Medical Marketing & Media* in a category recognizing a medical journal that has made the most impressive gains in editorial quality and readership. *Community Oncology* was cited for "superior look and content that matches scientific rigor and integrity with unusually pleasing graphics." Kudos go first and foremost to our outstanding staff whose creativity and dedication never cease to amaze me. The award suggests we are on the right track as the multidisciplinary and multidimensional voice for practicing oncologists.

This year brings two important events that will further broaden the journal's reach. First, *Community Oncology* will publish monthly, starting with this issue. There simply was no way to accommodate the number of excellent articles we've received without expanding to 12 issues per year. This frequency of publication allows our editorial team to address in a more timely fashion the rapidly moving targets of reimbursement and legislation. Moreover, the lag time between submission and publication will shorten substantially, allowing valuable information to be in your hands faster.

Second, *Community Oncology* is proud to sponsor the first annual Community Oncology Conference, to be held in Washington, DC, February 8-10, 2006. Co-sponsored by the Community Oncology Alliance, this meeting will parallel the journal in focusing on issues of practical importance for oncology healthcare providers and administrators. The confirmed speaker list is outstanding, including key governmental, third party payer, academic, and community leaders. Their focus will be the most pressing concerns facing our discipline now and in the future. The format is sure to generate both controversy and insight. I guarantee that attendees will be participating in a provocative

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and unprecedented forum. To register, please see the insert in this issue, or go online to [www.community-onc.com](http://www.community-onc.com). We hope to see you there.

One of the goals of this journal is to get us thinking outside the comfort zone where our practices usually reside. I draw your attention to this issue's Community Dialogue with Stephen Schneider, PhD (see page 13), who eloquently describes his struggles with mantle cell lymphoma and a medical delivery system poorly equipped to answer his questions. In his position as an outsider, but a clearly informed stakeholder, Dr. Schneider makes several important recommendations that we would all do well to heed. He counsels that treatment guidelines be used as a starting point, not a restrictive impediment, to innovative care; that cost of therapy should be considered globally, including private and social costs to determine true cost-effectiveness; and that private physicians be given incentives for keeping up with new advances in their field.

These recommendations resonate with the work described in this issue by John Fried about using individual patient data from EMRs rather than aggregating for the hypothetical "median patient" (see page 51). They are also reflected in the thorough review of capecitabine as an alternative to intravenous 5-FU by Jody Pelusi, PhD, which integrates patient preferences and cost into the treatment equation (see page 19). Following Dr. Schneider's lead, it is clear that our treatment decisions must take real world factors into account for every patient who sits before us, trusting us to make the right choice for that individual, not just for his or her cancer.

Finally, I would like to take this opportunity to wish all readers, their staff, family, and especially their patients, a happy, healthy, and productive new year. We are confronting a great deal of change in oncology; doing it together always makes the burden lighter.



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