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## The rules of engagement

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**A**re we winning the war on cancer? I believe we are beginning to, because we now understand the rules of engagement. For the first time in history, we can truly design agents that target central processes and begin to turn the tide, not through a single large strike, to use the military analogy, but by launching precision raids that disrupt the enemy's basic structure.

### Show me the proof

All well and good you say, but where is the proof? You need look no further than this issue of *Community Oncology*. Our Community Translation on page 419 highlights results from studies of two small-molecule multitarget inhibitors—sorafenib and sunitinib—in the treatment of metastatic renal cancer. As someone who has treated many patients with high-dose interleukin-2 over the past 20 years, I regard these results with amazement. Relatively non-toxic oral agents prolonging disease progression in one of the most notoriously treatment-resistant cancers was previously beyond our imagination. As eloquently discussed by Dr. Nicholas Vogelzang on page 422, these agents were rationally designed to take advantage of pathways that are now known to be altered in this disease. These drugs add to bevacizumab, which has already demonstrated activity in kidney cancer. With these kinds of results, it's clear to me the war will be won.

### Winning the peace

To extend the analogy, it's not enough to win the war; we must win the peace as well. This means delivering humane care that takes into account patients and their families in a holistic way. On page 449, Carolyn Hendrix and Christina de Leon highlight the crucial role nurses play in providing educational resources and serving as emotional sounding boards for their patients. Sally Welsh extends this concept in her article on page 462, "Strategies for improving end-of-life care." She argues cogently for employing screening tools to identify patients who need additional resources and palliative care.

In our increasingly diverse country it is impera-

tive to understand cultural differences among ethnic groups and how these differences may affect access and attitudes regarding healthcare. Dr. Caryn Andrews has written a tremendously useful article in the Psychosocial Oncology section entitled "Modesty and healthcare for women: understanding cultural sensitivities," on page 443. The article contains a great deal of important and immediately useful information.

Finally, to win the war we must have an ongoing source of advanced intelligence (read: clinical trials), act in an ethical way, and maintain a state of readiness. Evaluation of clinical trial reporting through a registry is addressed in the Washington Update section by Cori Vanchieri on page 455 and in her fascinating interview with Dr. Phillip Pizzo on page 415. He recommends full disclosure, not only of all trial endpoints in this new registry effort but also of trial results as they become available.

In a point/counterpoint format initiated by Dr. Brian Klepper on page 411, he asks oncologists to prove that we put patients before profits. I have provided a rebuttal to Dr. Klepper's challenge, and hopefully this lively exchange will spark further discussion. This month's issue is rounded out by Mr. Steve Coplon's piece, "Emergency preparedness for cancer clinics," on page 432. He offers lots of practical suggestions for establishing procedures before the next disaster hits your practice—just as any effective military operation would do.

Undoubtedly, the war on cancer will be a long and costly one. But as demonstrated in this issue's articles—and, in fact, every month—we have an ever-growing collection of weapons and delivery systems to defeat cancer and defend those it strikes.



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