

Inside this issue

Spotlighting radiation therapy

David H. Henry, MD, FACP, Editor | Pennsylvania Hospital, Philadelphia, PA

Because radiation plays such an important role in cancer treatment, we are devoting our October issue to this topic. It's an especially good time to focus on this subject as the major radiation oncology meetings are about to convene and the January 1, 2007 deadline looms for medical imaging reimbursement cuts by Medicare. But are radiation oncologists partly responsible for the bloated costs that Congress is attempting to curb?

Dr. Margaret Barnes believes that to be the case. In a very provocative editorial on page 625, Dr. Barnes details her concern that profit margins, and not the patient's safety or the best outcome, sometimes dictate care.

In response to her sobering description of abuses she's observed as a locums radiation oncologist, Drs. Michael Steinberg and Paul Wallner admit that deviating from guidelines might have occurred, but it is much more anecdotal than Dr. Barnes suggests. Beginning on page 629, they detail the high standards of care practiced by radiation oncologists and promoted by the premier radiation oncology organizations. I urge you to read both of these thought-provoking, point-counterpoint editorials and invite you to join the discussion by sending your thoughts to Randi Gould at r.gould@elsevier.com.

The human costs

Although radiation therapy plays an important role in the treatment of colorectal and cervical cancer, it exacts a heavy toll on patients. Up to 88% of women treated with pelvic radiation must deal with vaginal stenosis, a devastating consequence. On page 665, Dr. Judith Wolf gives a thorough and candid discussion of this toxicity.

Perhaps worse is the short-term toxicity of pelvic radiation: mucositis of the vaginal and rectal areas. Shockingly, there has been little useful information available to help patients deal with this painful and debilitating condition—that is, until now. Dr. Linda Bosserman has written a companion piece to

Dr. Wolf's article (see page 669) with many useful and practical suggestions for patients.

Head and neck cancer patients often present with locally advanced tumors that need a combination of surgery, chemotherapy, and radiation therapy, but how and when to time these three modalities? On page 644, Dr. Mitchell Machtay reviews four key areas, with helpful tables to guide the community oncologist in choosing treatment.

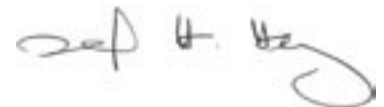
We can't discuss chemoradiation therapy in head and neck cancer patients without addressing oral mucositis. On page 653, nurse practitioners Suzanne McGettigan and Carrie Tompkins Stricker review this important topic with a discussion of pathophysiology and much practical advice.

Forward thinking

On page 659, Drs. Courtney Bui and John Glassburn discuss the pros and cons of IMRT in the treatment of clinically localized prostate cancer. The debate surrounding this technique continues.

For glioblastoma, the mainstay of therapy is still surgery followed by temozolomide and radiotherapy. On page 678, Dr. Geetika Mohin et al, review postsurgical therapies and how and where some of these new targeted treatments might work. Dr. Myrna Rosenfeld provides expert commentary on page 684.

As always, our goal is to offer as much practical information as possible. With all that is keeping you busy, you'll want to read our technology column on page 674 in which John Fried describes how you and your practice partners can keep your schedules "in sync" with Web-based exchange servers and other techniques.



David H. Henry, MD, FACP
Editor

© 2006 Elsevier Inc. All rights reserved.