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Clinical and administrative issues: keeping current, changing hats

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Being a community-based medical oncologist in today's world means wearing a lot of different hats. One minute we have to pay attention to the latest mechanism of resistance to signal transduction pathway blockade, and the next minute, we must analyze the return on investment for an expensive piece of diagnostic equipment for our clinical laboratory. Such a variety of daily challenges is alternatively exhilarating and intimidating. Luckily, we have *Community Oncology* to help us keep abreast of new developments in various aspects of oncology practice.

This month, we turn our clinical attention to breast cancer again, which is appropriate, as the disease accounts for more than one-quarter of patient visits in the typical community practice. Our Controversies in Patient Care section addresses pregnancy after a diagnosis of breast cancer in a thorough review by Dr. Nabil Alkhouri and colleagues from West Virginia University (see page 331). Dr. Richard Theriault of M. D. Anderson Cancer Center offers his view on maintaining fertility after breast cancer treatment (see page 337), and our own Dr. Linda Bosserman brings the topic home with a personal account of a breast cancer patient who wanted to become pregnant (see page 339). This case exemplifies the art of shared decision-making when physicians and their patients face a complex issue.

Rounding out our focus on breast cancer, Dr. Edgardo Rivera provides an Original Contribution (see page 277) comparing two different systems of modeling the sequencing of aromatase inhibitors with and without tamoxifen in the adjuvant treatment of breast cancer. In the absence of eagerly awaited prospective trials, understanding the methodology, conclusions, and limitations of these models can help us enormously.

In this issue, Community Translations focuses on

bevacizumab (Avastin), the prototypic antiangiogenic agent. Beginning on page 290, we summarize the clinical trial data generated to date on colon cancer and non-small cell lung cancer. Dr. Matthew Jones provides the community perspective on incorporating this drug into clinical practice; Andrea Hartman and Tamara Ware, both oncology nurses, offer their viewpoints on caring for patients receiving bevacizumab. We are honored to include in this section the viewpoint of Dr. Judah Folkman on the current and future applications of antiangiogenesis in cancer treatment, a field he pioneered almost 40 years ago.

On the practice side, see the comprehensive update on electronic medical records (EMR) systems by Dr. Peter Tarr. This two-part report beginning on page 311 addresses virtually all the important questions on choosing a system and how best to implement it. Dr. Tarr's review is particularly timely: The latest polls suggest that up to one-third of oncology practices are now in the decision-making phase of purchasing an EMR.

Finally, don't miss an important study on page 350 analyzing the impact of telephone contacts between nurses and patients in a typical private medical oncology practice. This well-conducted survey by Dr. Victoria Lucia and colleagues from Cancer Care Associates and William Beaumont Hospital in Royal Oak, Michigan, confirms what most of us have long suspected: Our nurses save patients many office visits and a great deal of money while providing uncompensated care through these interactions. More empiric studies such as this one are needed for us to prove the value of community oncology to those who believe ever-shrinking reimbursement can maintain the current status quo.



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