Current Clinical Oncology
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To our families, whose support made the creation of this book feasible.

To our colleagues, whose research findings we incorporated in writing this book.

To our patients, whose care this book is intended to improve.

To Judith Ann Feldworth, the Saint Louis University editor, whose skill, tenacity, and creativity over several years made this book a reality.

Preface

Cancer remains a major cause of death worldwide. With modern therapy, millions of patients can expect (or at least hope) to be cured. With the passage of time, a proportion of these cancer survivors experience recurrence. Some die and some are rescued by further interventions. Some sustain complications of treatment which are merely annoying; others are fatal. These considerations show that cancer patient care is an important topic, but it is presently underresearched and underappreciated. The primary focus of this book is patient surveillance after curative-intent initial treatment. It is my second book devoted to this topic. The format is somewhat different from the first (*Cancer Patient Follow-up*, Mosby, 1997). The secondary focus of the book is to publicize the need for well-designed, adequately powered randomized clinical trials comparing two (or more) surveillance strategies for each type of cancer. Currently the National Institutes of Health and other major sources of funding in America do sponsor research about the clinical course of cancer patients after treatment but do not support such trials. Clinicians, patients, and society as a whole are harmed by this. Clinicians lack high-quality evidence upon which to base surveillance for their patients. Patients are subjected to diagnostic tests that are utilized at remarkably different rates, even by expert physicians. This is prima facie evidence of overuse and/or underuse of resources, with significant risk of misuse as well. In order to rationalize surveillance, we believe that patients, physicians, the public health community, advocacy groups, payers, and others will need to advocate for enabling legislation that requires such trials. The Medical Research Council of the United Kingdom and similar agencies in other European countries have already accepted this premise, and the trial results have changed medical practice. Such trials are expensive. They typically take years to accrue a sufficient number of patients, and several more years to mature and yield results. Successor trials will be required as new salvage therapies enter clinical practice, better methods of prevention and early detection are devised, toxic effects of therapy are avoided or mitigated, and so on.

Saint Louis, MO, USA — Frank E. Johnson, MD

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