

Preface

It was almost 30 years ago that I began my training in hematology/oncology. I had a special interest in the emerging field of medical oncology. While hematology had a long and distinguished history as a subspecialty focus in medicine, oncology care had been primarily the domain of surgeons and radiotherapists, with a limited role for internists. Having spent my undergraduate years working in various cardiology research laboratories, my sudden interest in cancer medicine must have surprised those around me. Myocardial infarction was a common killer of men in their early fifties, and it was not unusual to have patients admitted to the hospital with irreversible brain damage after a full cardiac arrest in the field. I was discouraged that my patients with advanced cardiovascular disease had little therapy that could control their pain and symptoms, and that it was difficult to talk with them openly about the seriousness of their diagnosis and prognosis. Little did I know that major developments in understanding the mechanisms of atherosclerosis, along with important advances in preventive treatments, would lead to the dramatic decline in cardiovascular disease we see today.

In contrast, the patients whom I met on the oncology ward seemed more able to confront their diagnoses and to discuss the options for treatment that occasionally held the possibility of cure, sometimes disease control, and, at the minimum, palliation. Only about 35% of patients could expect to live for 5 years or more, but there was enormous excitement about new drug discoveries, the development of combination chemotherapy, and the emerging cures in patients with Hodgkin's disease and childhood leukemia. Somehow, I thought that in my lifetime cancer would have a greater prospect for cure than cardiovascular disease. Well, I guess I might have made the wrong bet, not appreciating the complexity of the enemy called *cancer*, which represents more than 100 specific diseases with different etiologies and risk factors. Nevertheless, we have made great progress in the prevention, detection, and treatment of cancer during these past 3 decades. With these advances, we have seen the expansion of the number of cancer survivors and the recognition of the unique medical and psychosocial needs of this patient population.

During the past few years, there has been an increasing focus on the needs of the cancer-survivor population, with three Institute of Medicine reports providing detailed reviews of topics relevant to childhood and adult cancer survivors, as well as to the psychosocial needs of breast cancer survivors. Other recent reports by the President's Cancer Panel and the Centers for Disease Control and Prevention highlight the plight of cancer survivors and how their needs are not being adequately met by the current healthcare system. Thus, a major goal of this volume is to provide a concise and focused resource for healthcare professionals. We describe the current state of knowledge regarding the medical and psychosocial issues related to cancer survivorship, which range from general (e.g., surveillance after primary therapy) to disease specific (e.g., testicular, gynecological, prostate, breast, colorectal cancers). We also focus on topics that range from the late effects of cancer treatments to insurance, employment, and job discrimination. As the title of this book implies, this is the state of our knowledge today, as well as our hope for greater knowledge tomorrow, as further systematic research is conducted on the health outcomes of long-term cancer survivors.

Producing this volume has provided an opportunity for me to call upon many long-term friends and colleagues in the survivorship community, including Susan Leigh, who I first met in 1986 at the founding of the National Coalition for Cancer Survivorship (NCCS), and Pat Fobair, an early pioneer in the survivorship movement as the social worker in the radiation oncology department at Stanford University Medical Center. Barbara Hoffman, a young lawyer, who took up legal advocacy for cancer survivors, was another NCCS founder. I also met Ellen Stovall in the early 1990s when she took over the helm of the NCCS, which she is now leading into its twenty-first year. Others, such as Julia Rowland and Becky Silliman, have been my research colleagues in recent years, while the remaining authors are all individuals with whom I have worked or collaborated with in various ways. This volume comes from the shared experience of having seen cancer-survivorship research and care emerge as a legitimate focus in medicine today.

I would like to thank several people for their role in making this work possible: to my parents for their constant support of me throughout my childhood and as my professional career developed; to my husband and best friend, Tom, who, in spite of being a physician and laboratory scientist, seems to understand what I have been doing all of these years; and to my children, David and Rebecca, for their patience in listening to me talk about the challenges I faced in my work, as I tried to measure quality of life in cancer patients and gain acceptance for something that nobody seemed to appreciate at the time. Finally, I want to extend my thanks to Paula Callaghan, my editor at Springer, who recognized the importance of cancer survivorship as a twenty-first-century issue and made production of this volume a reality.

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