Lung cancer remains a worldwide healthcare problem. Major efforts in the preventive arena in recent years will have an effect on mortality from lung cancer in coming years, but much more must be accomplished. Screening technologies must be improved, studies of dietary factors affecting the genesis of lung cancer should be completed, and physicians must participate more aggressively in smoking cessation education for their patients. Prevention will have the most dramatic effect on mortality from lung cancer, but the research and medical community must commit themselves to embrace this concept more rigorously.

Certainly, our understanding of the molecular pathogenesis of carcinoma of the lung has expanded greatly and serves as a nidus for the development of future therapies and preventive measures. Advances in our understanding of the progressive accumulation of molecular defects in the process of tobacco-induced carcinogenesis should result in a variety of creative interventions to inhibit or correct the molecular pathology now being elucidated. The problem is a complex one, however, and thus progress has been slower than expected in this area.

Newer therapies have included the development of more potent chemotherapy, use of biologic and molecular modification, improved radiotherapeutic techniques, and application of refined surgical procedures. Prolongation in survival has been demonstrated through the application of these therapies in patients with both small cell and non-small cell carcinoma of the lung. Multidisciplinary approaches to the treatment of stage IIIA non-small cell carcinoma of the lung have resulted in decreased mortality and are being used with increased frequency for the treatment of this malignancy. More well-designed, randomized clinical trials will be needed in the future and answers to questions posed today require time to resolve. Translational research offers significant hope for better outcomes, but we must continue to train clinicians who can bridge the gap between bench research and clinical trials.

_Cancer of the Lung: From Molecular Biology to Treatment Guidelines_ was designed for oncologists and general internists who diagnose and treat patients with lung cancer. Our goal was to develop a text that would make the molecular biology of lung cancer understandable, while providing the current approaches to the diagnosis, evaluation, and treatment of this disease. We have attempted to include not only those approaches that have been rigorously tested, but also those currently are being evaluated in both the laboratory and the clinic.
The section on practice guidelines was included to educate the reader in the methodology for the creation of these guidelines and provide an understanding of how they are used in clinical practice. The use of practice guidelines offers the possibility of improving clinical outcomes while lowering healthcare costs. Although this has yet to be demonstrated definitively, their introduction into practice by third party payers has provided an impetus for increased education of physicians in this area. In addition, the role of practice guidelines in malpractice litigation is discussed as well as their future role as it affects the care of your patients.

The contributing authors have done an excellent job of presenting the most current information possible within the limitations of our publishing schedule. The primer on molecular biology is a readily understandable guide for the practicing physician and the discussions of new approaches to treatment of carcinoma of the lung provide a view of promising treatments on the horizon.

I hope the reader will use this book as a reference tool and access it often. Although information changes quickly in this highly technological age, I trust that this text will serve as a basis for your understanding of this subject as we enter the new millennium.

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