

## Foreword

# Cancer Screening: Finding the Path Forward



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Nothing should be more straightforward than screening for cancer, or so one might think. After all, is not early detection of cancer consistently associated with better outcomes? Are not serologic, endoscopic, and radiologic tests always objective and accurate. Decisions for cancer screening should be straightforward, but, of course, they are not. Why not?

First, there are harms associated with screening. These include the costs associated with screening protocols, the medical complications of the screening procedures and the treatments that may follow, and the psychological distress that can arise from knowing that one has an illness such as cancer, particularly if early treatment is not advantageous.

Second, there remains a disquieting lack of consensus on the most effective screening tests, the optimal interval for screening, and the threshold for a positive result. Add to that the variations in test interpretation, the operating characteristics of tests (sensitivity and specificity), and the panoply of socioeconomic, cultural, racial, genetic, and behavioral issues, that bear upon how and when to screen patients and populations. Decisions regarding cancer screening are complex and nuanced. But these decisions are critical, as doctors and patients must decide how to screen for malignancy and what to do with the results.

This issue of *Medical Clinics of North America* provides a sophisticated, up-to-date overview of cancer screening. It includes integrative articles on the criteria by which screening recommendations can be assessed, the strategies by which those recommendations can be implemented, and the standards that inform the formulation of screening guidelines. Information specific for screening elderly populations completes the integrative articles. Then, updated recommendations based upon the best available evidence, for screening for some of the most important and common malignancies— breast, colon, lung, cervical, and prostate cancers— are provided.

Experienced clinicians, of course, are prepared to handle less-than-straightforward recommendations and certainly that applies to cancer screening. The data regarding cancer screening are not always concordant; recommendations vary, and they change. Patient preferences amplify that complexity. But, in this issue, through the diligent work of the guest editors, Drs Robert Smith and Kevin Oeffinger, and their expert authors, readers will find the most valuable, current information available, information they will need to help guide their patients through the complex yet critical decision-making process of screening for cancer.

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