

available at www.sciencedirect.comjournal homepage: www.ejconline.com

Editorial

Communication as important as cure

“L'utilité du vivre n'est pas en l'espace, elle est en l'usage; tel a vécu longtemps qui a peu vécu ... Il gît en vitre volonté, non au nombre des ans, que vous ayez assez vécu

The value of life lies not in the length of days but in the use you make of them; he has lived for a long time who has little lived. Whether you have lived enough depends not on the number of your years but on your will”. Michel Eyquem de Montaigne; 1533–92; French Moralist.

Happy New Year – I hope it will be! The start of a New Year is a time for reflection as well as anticipation and planning ahead. The above quote, from one of Montaigne's *Essais* written over 400 years ago, reminds us that man's goals change little over the centuries – but we so readily forget the lessons and experience of history. The recent developments in oncology have been truly remarkable – some diseases cured, but above all, real progress in extending life of good quality for patients living with cancer – and that surely is the realistic goal. ‘There is no cure for life – death and taxes are the only certainties!’

We know from readership surveys that one of the most popular aspects of EJC are the Special Issues and we are delighted with the reception for two of 2008's issues, no.8, *Palliative Medicine: The Art and the Science*, edited by Marie Fallon, and no.10, *Cancer Control in Europe: State of the art in 2008*, edited by Jan Willem Coebergh and Tit Albreht. In the latter, Coebergh and Albreht brought together a series of papers summarising data on incidence, survival and mortality for 17 cancer sites since the 1990s, and current thought on causes, prevention and cancer screening in Europe. Europe is truly facing a cancer epidemic with rapidly increasing incidence rates made worse by population growth and aging. However, incidence, survival and mortality vary greatly across the 27 member states and an estimated one third of the cancer burden is preventable. In their challenging editorial, Coebergh and Albreht remind us about the comparison between the ‘Europe against Cancer’ programme (1986–2002) and the American ‘War against Cancer’ launched in 1971. As epidemiologists they highlight the importance of gathering comprehensive, accurate statistics as a tool with which politicians and health care providers can base difficult decisions when budgets cannot provide for everyone's wishes. Examples are given of the ‘staggering variations’ in the application of screening programmes across Europe, for example, in cervical cancer. They conclude that there is no one example for everyone to follow and that a different approach is necessary in advanced and less advanced countries.

How wonderful that evidence-based epidemiologists put emphasis not only on the need for forward planning in the introduction of new technologies, but also on the value of palliative care and the adaptation of organisation ‘always driven by a compassionate and caring attitude’. For anyone who missed issue no. 10 (July 2008), it really is a ‘must read’.

Issue no. 8, last May, was devoted to the ‘Art and the Science of Palliative Medicine’. The catalyst for asking Marie Fallon to commission these papers was a discussion held between the ECCO and ASCO leadership during the 2007 ASCO meeting. Our American colleagues are increasingly aware of the advanced development of palliative medicine in Europe as compared to the USA and this collection of 16 papers has been very well received on both sides of the Atlantic. The opening paper on terminology addresses the widespread confusion in describing supportive care, symptom management and end-of-life care. Papers on specific topics such as pain management, fatigue, breathlessness and cachexia are balanced by excellent papers on the management of emotional issues such as distress and depression. Above all, the emphasis is on communication and the importance of applying the lessons learnt from palliative medicine research to the holistic care of patients at each and every stage of disease from diagnosis onwards. This applies most specifically to the ‘survivorship issues’ of caring for patients after primary treatment and before relapse or progression. Another ‘must read’ is the paper by Owen and Jeffrey on ‘Communication: Common challenging scenarios in cancer care’, pages 1163–68. One of the great challenges for the next generation of oncologists will be to choose when to stop ‘active therapy’. The more drugs there are, the more patients and doctors may expect third, fourth and fifth line therapies, and with the rapid introduction of new drugs in these settings, this is already a strong trend in the USA. Professionals must weigh the balance of benefit versus cost – the latter not so much financial as emotional. ‘So what's next?’ is not always answered by ‘medication’. Knowing when to stop and having the communication skills to help patients and

their families move appropriately to an acceptance of the inevitable is challenging indeed, but is an essential and rewarding aspect of modern European oncological practice.

2008 was a very good year for EJC and for the fourth year running our impact factor has increased and is now 4.454. We are grateful for the large volume of very good manuscripts submitted and apologise to the disappointed that we can only accept 20% of these for publication. The balance between submitted copy and acceptance rate is under constant review by the editors and the publisher. With electronic peer-review our average 'submission to decision' time is 18 days, which we believe to be very competitive. We were pleased that of the 15 most highly cited papers in 2007, six were clinical, three were translational and six were experimental, suggesting a good balance for a multidisciplinary journal such as ours.

Having just retired after 30 years as the Professor of Medical Oncology in Edinburgh, I have indulged myself in more reflection than usual as this New Year begins. I am inspired by the speed of developing knowledge and its scientific application to cancer management. Science has always fascinated me and the potential application of science to clinical medicine was a major factor in my choice of oncology as a medical speciality. But how fortunate I was to be trained by Gordon Hamilton-Fairley who inspired me and many others at St Bartholomew's Hospital in London with his ability to communicate with cancer patients. Empathy, humour and honesty relieved far more suffering than the (few) medicines that were available then. Gordon Hamilton-Fairley was a naturally talented communicator and an excellent teacher. Good commu-

nication is at the epicentre of good oncology. Journals play their part in promoting communication and we were pleased last year to introduce, for the first time, a correspondence facility for comment on papers published in the EJC via the ECCO website, as detailed on page 1482, and we are grateful to ECCO for making this possible.

On behalf of all the editors we wish you a very happy and communicative New Year!

Conflict of interest statement

None declared.

Editor-in-Chief
John F. Smyth
European Journal of Cancer,
The Boulevard, Langford Lane, Kidlington,
Oxford, OX5 1GB, UK
Tel.: +44 01865 843282; fax: +44 01865 843977
E-mail addresses: ejcancer@elsevier.com,
john.smyth@ed.ac.uk

Available online 29 November 2008

0959-8049/\$ - see front matter
© 2008 Elsevier Ltd. All rights reserved.
doi:10.1016/j.ejca.2008.08.022