Celebrating the New

An old saying my mother was fond of using suggests that for every door closed, a new one is opened. However optimistic that may be for doors, it is certainly true of years, with each end bringing an inevitable, and usually welcome, beginning. That welcome is especially true for many of us at JNCCN this year, and as we celebrate the new year, we cannot help but be mindful of important losses in 2007.

After Christopher Desch, NCCN Medical Director and new co-Editor-in-Chief of JNCCN, died unexpectedly in late 2006, founding Editor-in-Chief Rodger Winn memorialized him in the January 2007 editorial as a good friend and a good man. He wrote of Dr. Desch’s insight, compassion, and many accomplishments. He also wrote of his overriding zeal for improving patient care, a zeal that anyone who knew Dr. Winn recognized as a trait they shared.

So the oncology community lost another good and dedicated man in April 2007, when Dr. Winn died of esophageal cancer. In addition to a brilliant colleague, great physician, and loving family man, Dr. Winn was the “Father of the NCCN Guidelines” and critically important to shaping both NCCN and JNCCN into the influential resources that they have become.

Yet it is impossible to remember the losses of 2007 without also feeling a rush of gratitude for the opportunity to have known and worked with these remarkable men and for the many other generous colleagues who have stepped forward to keep the journal not just going but thriving as we search for a new editor-in-chief. That gratitude also extends to the accomplished physicians who have expressed the desire to serve as that editor-in-chief. We are gratified by the excellence of all the candidates and hope to have an announcement in the near future.

As 2008 opens, NCCN has another “new” to celebrate: a new address (please see the masthead for our mailing address; phone, fax, and e-mail remain the same). Moving into a beautiful and newly renovated building is enough to remind anyone of the value of the new, but the controlled chaos of the move itself also shows that accepting change is not always easy.

In oncology, perhaps one of the most difficult facets of change is determining when to adopt new strategies. For example, in this issue, Gold discusses increasing roles for newer imaging techniques such as PET-CT for patients with cervical cancer but also notes that false-negative and -positive scans document continuing limitations. Moscicki outlines new guidelines for the conservative management of adolescents with abnormal cytology and histology from the American Society for Colposcopy and Cervical Pathology.

Although cervical cancer screening is considered a success story for screening in the United States, much room for improvement still exists, as Kimball and Huh point out. For example, experts have yet to establish the best follow-up strategy for women with an abnormal Pap test and high-risk human papillomavirus (HPV) but normal colposcopy results.

Another question is what patient population is most likely to benefit from new therapies. In her article on managing early-stage cervical cancer, Gray touches on when to use conservative, fertility-sparing surgery.

More information may be needed before a new strategy can be clinically adopted, as Castle notes in his article on using HPV genotyping to assist in treatment decisions for women with cervical intraepithelial neoplasia. Although considerable evidence already exists that the risk for cervical precancer and cancer varies among specific genotypes, practical considerations must still be addressed before this strategy will be clinically useful.

Despite ongoing questions, the value of pursuing new strategies is self-evident when the prognosis is consistently poor using current therapies, as Moore notes in his article on chemotherapy for advanced, recurrent, and metastatic disease. Moore also discusses how new therapy is established, detailing a phase III trial the GOG is developing to externally validate a predictive model and noting, “this study has the potential to radically change standard care for cervical cancer chemotherapy.”

Perhaps even more importantly, however, the guidelines and articles in this issue highlight another fact about the “new”—it is inevitable.