Medical technology is available that allows internists to treat patients with advanced malignancies, cardiovascular diseases, and other diseases; however, the cost of such medical care continues to rise, reinforcing the need to identify medical problems for which there are effective, low-cost interventions. Internists must develop a practice approach that integrates screening for these problems in a time-efficient manner and update this approach as new information from ongoing research emerges. Additionally, through the media and internet, patients now have easy access to the latest medical information related to disease risk factors and interventions, and look to their primary care physician to guide them in making personal decisions related to screening. It is a challenge for the internist to stay ahead of patients in assimilating this new information.

We have devoted this issue to screening in an attempt to provide the best available evidence to guide screening decisions in clinical practice. We acknowledge that this is a dynamic field and that new information will continue to modify screening recommendations in the future. We also realize that there are several areas in screening in which controversy exist among various professional organizations and societies about what constitutes the best practice.

We have chosen to focus this issue of the *Medical Clinics of North America* on those clinical areas most relevant to the primary physician. The first article reviews principles of screening and provides guidance as to appropriate selection of screening tests. Cardiovascular disease is covered in two articles, one on risk factor screening and the other on screening for coronary artery disease. A series of articles related to screening for common cancers then follows: prostate cancer, breast cancer, and other gynecologic cancers. Important screening issues faced in the evaluation of the menopausal and geriatric patients are covered in separate articles, followed by articles on two important areas that are often not on the patient's agenda, and thus overlooked—nutritional and alcohol screening. Finally, two common clinical scenarios faced by internists are covered in articles on screening patients prior to surgery and screening patients at the time of
employment. We have assembled a talented group of authors from various institutions in the hope that the information presented here will allow internists to improve their clinical practice.

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