Internists, family physicians, and other physicians providing primary care are in the forefront of the war on cancer. This is because primary care physicians are responsible for the majority of doctor-patient contacts. Improving cancer morbidity and mortality statistics will come about mainly through application of effective screening and preventive measures rather than through breakthroughs in biomedical research.

For this issue of *The Medical Clinics of North America* we have chosen several cancer screening and diagnosis topics relevant to the practices of primary care physicians, including the principles of cancer screening and specific common cancers that contribute substantially to cancer deaths and may be amenable to early detection. Understanding the value and limitations of cancer screening is fundamental to the appropriate selection of tests that patients should undergo. Increasingly finite health care dollars make such an understanding of test utility even more imperative. Even with an understanding of which tests should or should not be recommended to patients, we must realize that several barriers may prevent the accomplishment of effective screening. Drs. Robin Womeodu and James Bailey have provided us with an excellent discussion of this critical issue. One of these barriers is the lack of available time for physicians to adequately discuss screening measures with patients. A means of overcoming this barrier is to consider the place of nonphysicians in cancer screening. Drs. Cheryl Reed and Cynthia Selleck thoroughly review the role of health care extenders (nurse practitioners, physicians' assistants, and others), demonstrating that such providers can competently provide cancer screening in the office setting with minimal supervision.

The last four articles are included to aid the clinician who is confronted with the patient who has an undiagnosed cancer. Here the issue is not screening but achieving a diagnosis in a timely manner while minimizing patient discomfort and expense. Finally, let us remember the personal and humane side of cancer detection—how do we "tell" the patient? Too often, physicians, forgetting the profound impact of their words, will discuss the diagnosis of cancer with the patient in an improper setting, when the diagnosis is uncertain, or using obfuscatory language. Drs. John Carnes and H. James Brownlee, Jr, present an excellent discussion about the disclosure of the diagnosis of cancer, which is surely one of the most difficult tasks that the clinician has to face.

We wish to thank our contributors for their complete and thoughtful presentations, as well as J. Heather Cullen at W.B. Saunders for her guidance in assem-
bling these materials. We are honored to have been given the opportunity to
guest edit this issue, and we hope that the material is useful to the readers.

For additional reading on these and related topics, we suggest the following:


ARTHUR H. HEROLD, MD
LAURIE J. WOODARD, MD

Guest Editors

Department of Family Practice
University of South Florida College of Medicine
MDC Box 13
12901 Bruce B. Downs Boulevard
Tampa, FL 33612-4799