

IN EVERY ISSUE

Message from the Editor

BY DEBU TRIPATHY, MD

Population and personal impacts of hormone replacement therapy.

In my inaugural column as *CURE*'s new editor-in-chief, I think it is appropriate to discuss trends in breast cancer incidence and possible causes, both of which have been in the news lately.

But first, by way of introduction, I am a medical oncologist with a focus in breast cancer research and new therapies. My career has included serving on the faculty at the University of California at San Francisco and the University of Texas Southwestern Medical Center in Dallas, where I was active in the development of each institution's breast centers and championed the links between research, clinical care, and patient advocacy—the common thread of empowerment being information.

Information can be either constructive or destructive depending on the context, interpretation, and most importantly, how it is applied. Information about breast cancer incidence, hormone replacement therapy, and the use of mammography have coalesced recently and demonstrated how the same information can be interpreted differently, with calls for action that can be quite diverse. In "[The HRT Connection](#)," assistant managing editor Elizabeth Whittington provides some clarity on the HRT debate.

When the data came out on falling breast cancer incidence between 2002 and 2003, I was cautious—not knowing if this was a good thing. I felt decreased HRT use was probably the major explanation, but could it also be the effect of fewer women getting mammograms? And did that mean the breast cancers not diagnosed during that period might just be diagnosed later and possibly at more advanced stages? These points were raised at the initial presentation of the data late last year, but I agreed with many of my colleagues that fewer mammograms wasn't a big enough factor to account for the breast cancer drop.

Either way, many of us are concerned that what seems like a favorable statistic could be a wolf in sheep's clothing. Hopefully, things that truly prevent breast cancer, or even stop or slow down undiagnosed microscopic cancers, will be

discovered. This moment in time illustrates the value of peering deeper into information and understanding its significance and how to interpret it.

Perhaps the big issue is not if the rates are dropping, but what it means to the public. There should be neither relief nor alarm, but a calm adaptation to what we know for certain. The message here is not so much the conclusion as it is the importance of interpreting and applying the data carefully. If you have questions about your situation, talk to your doctor. Today's information can only be used based on its current strength, and it will become clearer as it matures.

In an effort to keep you informed between issues about maturing data and important research findings, we're expanding our reporting online. In December, we will provide breaking news coverage from the 2007 San Antonio Breast Cancer Symposium with our new e-updates, an initiative done in partnership with our sister magazine for cancer survivors, *Heal*.

My goal is to continue to present you with stories that demystify and clarify complicated issues at a complicated time in your life. I'm enthusiastic about what we have to offer to you as well as what you offer to us.

Debu Tripathy, MD
Editor-in-Chief