

IN EVERY ISSUE

Message from the Editor

Making medical decisions grants patients power—and uncertainty.

Ever since I joined CURE shortly after the first issue launched in 2002, I've received thousands of e-mails from readers on a variety of topics. Many, as you might imagine, are medical questions about treatment options: Which chemotherapy drug would be most effective against my tumor? Is surgery the best option? Should I enter a clinical trial? Since choosing a treatment is the most crucial decision when it comes to fighting cancer, I'm always glad to see a newly diagnosed reader take the proactive step of hunting down advice. But as writer Marc Silver explains in "Power to the Patient", advice is just that—while often helpful, it seldom eases the uncertainty when patients find themselves at this critical crossroad.

Unlike previous generations—when patients, for the most part, passively nodded while listening to their doctors pick a battle plan—patients today are more informed, involved and in charge of treatment selections. Of course, with that empowerment comes the stress of making what everyone hopes will be a life-saving decision. That's where we hope CURE comes in—to give you a better understanding of the situation you're now facing.

When we first decided to do an article on decision-making, it became a matter of figuring out what we wanted to convey to the reader—telling you what to do wasn't the point. Like the headline says, it's more about making clear that you decide the course of action. The path should be about whatever works for you, whether it's making a choice autonomously or simply trusting the person in the white coat. The theme of medical decision-making carries over into our cover story "In Situ Breast Cancer: Is It Really Cancer?" by Beverly A. Caley. I hope these articles help you see how others came to their treatment decisions, and maybe even give you a little guidance.

Speaking of breast cancer—yes, we're doing another feature on the disease. Based on the letters and phone calls we often receive, this probably doesn't sit well with some of you with rarer or less-publicized tumor types. And, truthfully, I can't say I blame you. My own family has been affected by pancreatic cancer and cancer of unknown primary, so I know there are plenty of other tumor types that deserve a share of the spotlight. At CURE, we don't feel that any single cancer deserves more attention or more pages in our magazine. Veteran readers know that we've featured less-common cancers like kidney cancer (Spring 2006), head and neck cancer (Fall 2005) and numerous others (back issues are available [here](#)). We even have a feature on myelodysplastic syndromes in this issue and a bladder cancer spread in the works for our next issue. So while more than a third of our readers

are breast cancer patients and survivors, we don't feel any less loyalty to the 8 percent of lymphoma readers or, say, the 4 percent with ovarian cancer.

But we know we can and should be doing more for you. If you're reading this magazine, you're most likely among the 1.4 million patients who will be diagnosed this year or are one of the 10 million survivors living in the United States. That's a big target audience—too big for our liking, in fact. But isn't that why we're here in the first place?

Melissa Weber
Editorial Director & Managing Editor