A friend of my family recently developed cancer. He is an otherwise healthy 50 year old man with a good career and a happy family. He does not smoke and lived an active, healthy lifestyle. He has no significant family history of cancer. As recently as this past summer, he was a high-functioning, ambitious person. His largest concerns probably revolved around how he was going to fund his retirement and put his children through college. The only warning signs he had that an inoperable cancer was growing in the occipital lobe of his brain were brief episodes of visual disturbance. He tried to ignore them for a while, but they became more frequent and severe. He went to his family doctor and as he went through the various imaging studies and biopsies of a work-up, he gradually had to grapple with the fact that his life was going to become very different and potentially much shorter than he had ever seriously anticipated. After having endured several rounds of chemo, this once energetic, outgoing person appears drained of vitality. He does not have the presence of mind to make basic decisions and has stopped working months ago. All his family and friends can do is wait and hope that somehow he will recover or at least be able to enjoy his remaining days.

In Canada, 136 900 people were diagnosed with cancer in 2002 and 66 200 people died with the illness as the primary cause. 38% of Canadian women and 41% of Canadian men are expected to develop cancer over their lifetimes.[1] According to the recently released World Cancer Report[2], the global incidence of cancer is expected to rise 50 percent over the next seven years. The greatest single variable in this extrapolation is the expected increase in living standard in the underdeveloped world. This is partially accounted for by extended life expectancy as infectious disease and war play less of a role in mortality. More people will be able to live into the sixth decade and beyond, when cancer strikes the most. One third of the increase can be attributed directly to the adoption of a "western lifestyle" and all of the unhealthy consumptive habits this entails.

When faced with a new cancer diagnosis one might attempt to pinpoint a preventable provoking factor. The victim may have smoked or worked in a hazardous industry. Maybe he did not exercise enough or ate too many fatty foods. When one looks at the numbers, however, two-thirds of cancer cases cannot be directly attributed to such factors. This means that 25% of Canadian women and 28% of Canadian men can expect to develop a cancer over their lifetime that is not the direct cause of lifestyle. The instigating and perpetuating factors of cancer may be purely genetic, they may be the PCBs that were buried close to the patients' houses or they may be the pesticides on the spinach and broccoli they ate.

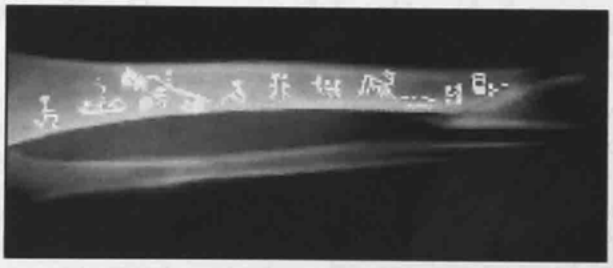
Being exposed to such figures about this random killer could affect your outlook on life. It might lead one to spend a little less time at work and a little more time with one's spouse, kids or motorboat. It has inspired some doctors and scientists to work harder, however. Cancer need not be a death sentence and hope is what a cancer victim needs the most when she is diagnosed. Cancers that were once fatal can now be cured with treatment ranging from a minor surgical procedure to a major ordeal by radiation and chemotherapeutic drugs. Hope for the cancer victim stems largely from research into cancer and techniques that are developed to slow or halt the progression of the illness. Cancer research, when successful, can be a triumph of human spirit over one of the most brutal aspects of nature.

In this issue, we have three articles on the topic of cancer and its treatment. Nick Power (Med III) presents the results of an investigation into the management of cancer of unknown primary ("Current Diagnosis and the Management of Cancer of Unknown Primary site in NS, Canada", page 7). Jonathan Gaudet (Med II) looks at the outcomes of the surgical management of brain metastases ("Outcomes of Patients Undergoing Surgical Resection of a Brain Metastasis", page 13). We also have a historical perspective on cancer treatment from Shannon Macdonald on page 31. We hope that the information from these articles will contribute to the reader's arsenal of knowledge against one of the worst killers we all must face in our careers and personal lives.

James Ross

References

1. Canadian Cancer Society website: http://www.cancer.ca
2. Boston Globe website: http://www.boston.com/dailyglobe2/094/nation/WHO_predicts_a_big_jump_in_cancerP.shtml



"Bone Stories"
X-ray film
By Robyn Harrison MD 2003

Omission from the Fall 2002 edition of the DMJ, "Keeping up with the evolution of healing: Attitudes of Dalhousie medical students toward the integration of CAM into the undergraduate medical curriculum", by Sarah J. Cook

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1. Johansson E, Aspirisi T. Missing cruciate ligament in congenital short femur. *J Bone Joint Surg* 1983; 65A(8): 1109-15.

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2. Hahn JF, Mason L. Low back pain in children. In: Hardy RW Jr, ed. *Lumbar disc disease*. New York: Raven Press, 1982: 217-28. (Seminars in neurological surgery).

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3. Katz, J. Common orthopedic problems in pediatric practice. New York: Raven Press, 1981: 125-7.

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