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The sixth edition of *US Oncological Disease* is designed to summarize developments in cancer care, create insights, and provide a platform for the discussion of healthcare needs in oncology.

The invited authors summarize advances in the treatment of cancers that are commonly encountered in the general practice of oncology: hematological, breast, gynecological, lung, prostate, and neurological cancers are among the areas covered. Tantalizingly, we are also introduced to new developments in the laboratory, which may lead to yet more progress in the diagnosis and treatment of cancer.

This edition disseminates important information about the diagnosis and treatment of cancer. The authors assume that clinicians will not mistake this for progress in all parts of clinical oncology. I am always chagrined when I hear jokes and snide remarks that satirize us as treating the cancer while ignoring the person with the cancer.

Since the beginning of medical history, the physician has professed to diagnose, prognose, and treat the whole person. It is only in comparatively recent times, as a consequence of the increase in knowledge, that the intellectual absorption with the biology and pathophysiology of the disordered cell physiology we call cancer has split off from the psychology, sociology, and theology of the person with the cancer.

Thoughtful people build cancer programs that compensate for this increase in knowledge and its consequent subspecialization. Comprehensive cancer programs are designed around the principle that the person with the cancer is the object of treatment, not just the cancer. Such programs also recognize that it takes a team to realize this principle. Not one oncologist, whether medical, radiation, or surgical, can meet all of the needs of the person with cancer. Too often, the term 'interdisciplinary cancer care' is misinterpreted to mean only the physician disciplines. We now know that interdisciplinary cancer care requires attention by specialized nurses, social workers, chaplains, and other therapists to achieve comprehensive care. Happily, the newly recognized physician subspecialty of palliative medicine joins the cancer care team in many of the leading centers to ensure that the latest developments in the relief of suffering are combined with the latest developments in treating the cancer.

We are all compelled by a vision of finding 'the silver bullet' that will remove the cancer and its related suffering in one simple action. The cure of hairy cell leukemia with a single, symptomless infusion of 2-chlorodeoxyadenosine is the modern paradigm. However, mature oncologists recognize that until that day comes for all of the common cancers, we need to attend to the suffering of the person with cancer with the same attention as to the biology of the person's cancer. ■