

Is Ebola Scarier Than Cancer?



To judge from the media coverage and the slew of e-mails I have been receiving lately, one of my biggest worries right now should be Ebola. In fact, I spent part of last night completing a learning module on Ebola preparedness. (The module taught little more than what I have heard repeatedly on the news.) Of course, the United States needs to have protocols in place to prevent the spread of infectious disease in the community, to treat patients with life-threatening illness, and to safeguard the health care workers who put their own safety on the line. But why must a few cases of a highly infectious but not-very-contagious virus inspire so much hysteria in this country?

My concern is that nationwide efforts aimed specifically at Ebola preparedness will diminish the already-shrinking resources allotted for cancer, hampering cancer research for years to come. Why is the fear of cancer nowhere near that of a rare contagion? Invasive cancer will affect more than 1.6 million people this year and will kill more than half a million, according to estimates from the American Cancer Society. Clearly, we are not winning the battle. What if we could direct the urgency that the public feels about Ebola toward proven ways to reduce the risk of cancer, such as quitting smoking, losing weight, and getting eligible people vaccinated against hepatitis B and HPV? What if we could restore the hundreds of millions of dollars in research grants that were yanked from the National Cancer Institute under sequestration (the Budget Control Act of 2011)? Those steps may be too logical, however. The most effective way to reduce lung cancer rates in this country is probably to start a rumor that Ebola is transmitted through cigarettes.

Fortunately, I will have the opportunity to remove myself from all things Ebola-related as I make my way to Seoul in a journey that will last more than 20 hours. I plan to do several things during my flight, none of which will increase my risk of contracting Ebola on the plane.

First, I will read my preview edition of *Clinical Advances in Hematology in Oncology*. The November issue includes a lively debate between Drs D. Ross Camidge and Mark A. Socinski on whether targeted therapy or chemotherapy has contributed more to survival in lung cancer. We also feature an interview about translational research in the National Cancer Institute's cooperative groups with Dr W. Fraser Symmans, who shares my frustrations about the limited funding available for cancer research. In another interview, Dr Omid Hamid discusses the exciting area of immunotherapy for melanoma using programmed death 1 (PD-1) checkpoint inhibitors. Dr Dieter Hoelzer addresses dose-adjusted EPOCH-R for Burkitt lymphoma, and Dr Neil Goldenberg discusses the newest approaches to treating thrombosis and thrombophilia in children. This issue also features 2 timely review articles: one on the use of adjuvant bisphosphonates in the treatment of early-stage breast cancer, and another on the development of a platform for systemic antiangiogenesis therapy for advanced cervical cancer.

After I finish the issue, I will turn my attention to *The Boys on the Boat* by Daniel James Brown. This is the tale of 9 young men who won the gold medal in crew at the 1936 Berlin Olympics. If I like the book enough, I may try to work it into one of my future letters.

Finally, I will finish preparing my presentation for the Lymphoma Research Foundation's North American Educational Forum on Lymphoma in Manhattan Beach, California. Just think: a weekend spent with people concerned about more relevant health issues than Ebola.

Until next month...

A handwritten signature in dark ink that reads "Bruce D. Cheson". The signature is written in a cursive, slightly slanted style.

Bruce D. Cheson, MD