

Editorial

9/11: War on Terrorism and War on Cancer

Most of us still have vivid memories of the September 11 attacks on the World Trade Center and the Pentagon. On that day, I boarded a 6 a.m. flight from Boston's Logan Airport to Washington National Airport to attend the National Cancer Advisory Board (NCAB) meeting. The meeting began uneventfully with a report from the National Cancer Institute Director, Dr. Richard Klausner. He was interrupted minutes later, handed a note, had a brief discussion with the messenger, and announced that an aircraft had crashed into the World Trade Center. I was puzzled about the relevance of this information to NCAB until the attacks on the Pentagon and the second tower of the World Trade Center were reported minutes later. We sat in stunned silence until several people simultaneously remarked that our world had changed permanently.

The NCAB completed essential business and adjourned, but not before Dr. Klausner announced his resignation as National Cancer Institute Director. We were then informed of the closing of government facilities in the Washington area, including the NIH campus. I called my family in Boston to tell them that I was well but could not reach other relatives living in lower Manhattan. NCAB members returned to the hotel to begin the arduous task of finding lodging and transportation home. All flights and rail services in Washington were cancelled, and rental cars could not be found. Fortunately, all meeting attendees eventually arrived home safely. Thereafter, threats of anthrax epidemics, bioterrorism, nuclear terrorism, and other unconventional tools of mass destruction became part of our everyday lives.

The response from the American people and President Bush was decisive and prompt. America declared War on Terrorism, even as we mourned the senseless loss of several thousand lives. This war is different from others we have fought. The enemy and battle lines are often invisible, and times and places of any future assaults on America cannot be predicted. The fighting in Afghanistan is going well, although it is ironic that we drop both bombs and food packages on this tragic nation. At home, isolated attacks have occurred against Americans of Middle Eastern descent and their property. These actions must stop, or we will be no better than the terrorists who have taken the lives of innocent people.

To date, the United States government has spent billions of dollars on the War on Terrorism. The extent, duration, and cost of this war cannot be predicted, although news reports have speculated that the total cost might exceed \$100 billion. While the War on Terrorism rages, the War on Cancer cannot be neglected. Cancer deaths are daily occurrences in the United States and worldwide. More than 10,000 Americans die from cancer each week, more than twice the number of American lives lost in the September 11 attacks. However tragic, wars come and go; cancer has always plagued humans regardless of their race, religion, gender, and social status. We cannot pause in our efforts to unravel the mysteries of cancer, including identification and elimination of the causes of cancer worldwide. We also need to find better tools for cancer detection at early stages, as well as curative treatments.

The War on Cancer in the United States is led by the National Cancer Institute, which had \$3.7 billion available to support our national cancer program in fiscal year 2001. In addition, the American Cancer Society and other nonprofit organizations such as the American Association for Cancer Research raise and distribute funds to support cancer awareness, research, and/or patient services. Cancer is likely to

replace heart disease as the leading cause of death among Americans within the next several decades, and we need to accelerate progress in the War on Cancer.

Combatants in the War on Cancer include innumerable clinicians, researchers, advocates, research subjects, cancer survivors, and government leaders in the United States and worldwide. Our mission as investigators is to generate new knowledge to reduce cancer morbidity and mortality and share peer-reviewed data through journals such as *Cancer Epidemiology, Biomarkers & Prevention*. Our editors and reviewers contribute their time and expertise to ensure the excellence of published manuscripts. Over the last 4 years, the number of manuscripts submitted for publication has increased by more than 50%, whereas time from initial review to acceptance for publication has been reduced by more than 25%. Our acceptance rate has dropped from 64% to 48%, increasing the quality of the papers that are published monthly. According to Science Citation Index, *Cancer Epidemiology, Biomarkers & Prevention* is currently ranked 2nd among 89 public health journals, up from 4th place in 1996. Among more than 100 oncology journals, *Cancer Epidemiology, Biomarkers & Prevention* advanced from 13th to 10th place in the last year. Also, our Impact Factor (the average number of times recent *Cancer Epidemiology, Biomarkers & Prevention* reports were cited in subsequent publications) rose from 2.7 in 1995 to 4.4 in 2000. *Cancer Epidemiology, Biomarkers & Prevention* has an outstanding group of senior editors (John Potter, Fred Kadlubar, David Alberts, and Ellen Gritz) and editorial staff (David Livewell and Cecilia Gallo) who collectively handled nearly 500 manuscripts in 2001. The journal is also privileged to have an expert panel of Associate Editors as well as outside reviewers who carefully evaluate each submission (their names are listed on the masthead and page 1311 of the December 2001 issue, respectively). Our editorial staff has been further strengthened by the recent appointment of Dr. Edward Giovannucci (Associate Professor of Nutrition and Epidemiology, Harvard School of Public Health and Associate Professor of Medicine, Harvard Medical School) as *Cancer Epidemiology, Biomarkers & Prevention* deputy editor.

The events of September 11 prompted many of us to reevaluate our priorities and heightened our desire to spend more time with family and friends. In recent years, my workload has increased steadily, and thoughts of slowing down were appealing. However, one of my nieces was recently diagnosed with breast cancer. She is a young, slim, active, health-conscious professional woman with two young children and no family history of breast cancer. Nevertheless, she is now in the throes of multimodality therapy. This painful event reminded me that we are all at risk of cancer, and I cannot be certain that my wife, three children, and other family members will be spared. I now realize that my participation in the War on Cancer is also a personal commitment to those I love most.

Frederick P. Li, M.D.
Editor-in Chief

Dana-Farber Cancer Institute
Boston, Massachusetts 02115

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AACR American Association
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Frederick P. Li

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