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Editorial

Changing frontiers of cancer care Towards prevention and focused personalised care

Cancer is a global health problem transcending national, gender, age, and socio-economic boundaries. From a global perspective, cancer is the second leading cause of death with 9.6 million deaths annually or one in six deaths. Following this global trend, cancer is the second leading cause of death in Sri Lanka too. Primarily the cancer patient suffers in many ways with major physical, emotional, and financial strains. Cancer also causes a tremendous strain on families, communities, and health systems.

Medical advances and inventions have made immense progress in the management of cancer and treatment strategies have become personalised to suit individual patient circumstances. A multidisciplinary approach helps in the provision of focused care. Early detection of cancer too is a key factor. Having a cancer is not the end of the road for a patient anymore. Genetic and receptor characterisation too helps in focused treatment. Cancer patients undergoing surgery are no longer experience severe structural disfigurement and functional impairment - now the accent is on structural restoration / reconstruction and rehabilitation. Patients with terminal cancer now get focused and humane palliative care. Cancer prevention focusing prone groups, genetically and otherwise is another key area and some prevention methods entail surgical interventions. e.g., prophylactic colectomy in patients with familial polyposis coli to prevent colorectal cancer, prophylactic mastectomy in selected patients with strong risk factors including mutations in the *BRCA1* and *BRCA2* genes.

This issue of *Galle Medical Journal* features many papers that deal with different aspects of cancer. Ranatunga and Jayasekera report on a case of deep venous thrombosis in a patient with rare duodenal cancer. Mudduwa *et al.*, reveal a higher incidence of papillary carcinoma and papillary microcarcinoma in thyroidectomy specimens in a recent cohort compared with an older cohort. This higher incidence may have a multifactorial basis - a true rise in incidence, improved diagnostic and histopathological techniques in the more recent cohort or both.

Quality of life (QoL) is a vital factor in the management of cancer patients - two papers by Weeratunga *et al.*, and Fernando *et al.*, focus on different areas QoL assessment in cancer patients.

While the future progress in cancer prevention measures would reduce the incidence of malignant disease, strides in cancer detection, treatment and rehabilitation is bound to give better survival and QoL to patients in the future. A purposeful and a well-coordinated firm commitment from families, communities, health systems (including all caregivers), policy makers and governments is vital in this endeavour.

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