

Preface



Stephen M. Pastores, MD,
FACP, FCCP, FCCM



Neil A. Halpern, MD,
FACP, FCCP, FCCM

Guest Editors

Providing critical care to patients with cancer was once considered inappropriate because their prognosis for long-term survival was perceived to be poor. Over the past few decades, however, significant strides have been made in reducing the overall mortality from cancer while simultaneously improving the quality of life of survivors. Recent evidence now supports the expanded use of critical care resources for selected patients with cancer and shows a modest increase in their survival rates in the intensive care unit (ICU). It is crucial for intensivists to be familiar with the progress in critical care of oncologic patients. The projected “numbers” for 2009—1,479,350 new cancer cases and 562,340 deaths from cancer in the United States—speak for themselves.

Many of these cancer patients will end up in our already crowded ICUs for cancer-related illnesses, treatment-associated side effects, or other underlying clinical problems that are not cancer-related. Distinguishing among these possibilities and prioritizing care in the ICU setting is quite challenging. Furthermore, the intensivist is faced with the added burdens associated with caring for the ICU patient with cancer. These include the endless array of possible oncologic treatment offerings; the increasingly complex nature of cancer protocols; the potentially unrealistic expectations on the part of the patient, family, and oncologist or oncologic surgeon; the frequently shifting goals of care between aggressive therapy and palliative care; and the emotional difficulties of addressing end-of-life issues.

In this issue of the *Clinics*, we have gathered an excellent group of practicing clinicians and investigators devoted to the care of the cancer patient. Our authors have strived to highlight the serious and life-threatening syndromes that occur in ICU patients with cancer and to underscore their diagnostic and management dilemmas. We hope the reader will gain insight into this unique and complicated group of critically ill patients.

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Stephen M. Pastores, MD, FACP, FCCP, FCCM
Department of Clinical Anesthesiology
Weill Medical College of Cornell University
New York, NY, USA

Critical Care Medicine Fellowship and Research Programs
Department of Anesthesiology and Critical Care Medicine
Memorial Sloan-Kettering Cancer Center
1275 York Avenue, C-1179, New York, NY 10065, USA

Neil A. Halpern, MD, FACP, FCCP, FCCM
Weill Medical College of Cornell University
New York, NY, USA

Critical Care Medicine Service
Department of Anesthesiology and Critical Care Medicine
Memorial Sloan-Kettering Cancer Center
1275 York Avenue, C-1179, New York, NY 10065, USA

E-mail addresses:
pastores@mskcc.org (S.M. Pastores)
halpernn@mskcc.org (N.A. Halpern)