Within these volumes and elsewhere, much has been written of late on the topic of population screening, particularly with regard to prostate and breast cancers. Screening may be seen as an individual decision or as a collective decision mandated on the health care system. As a practicing physician who often sees patients with prostate cancer detected by screening, I find it sometimes difficult to condemn prostate-specific antigen (PSA) screening as a whole simply because of the false positives and negatives reported from recent population studies. Similarly, anguished cries are being heard from women in the United States whose breast cancer was detected when they were in their 40s—an age range for which it is now suggested that screening is unnecessary, or at least fraught with the risk of false positives and attendant worry for those women, and with costs to health care providers.

For screening to be effective (and popular), the disease must be common or relatively so, potentially serious, with some sort of “lead time” within which detection is probable and intervention of value, and if possible, confined to one readily identifiable group or age range of the population. Whether mammography should be offered from age 40 or from age 50 to women with no other discernable risk may remain a moot point, and whether PSA testing should be offered to men without some sort of antecedent risk or suggestive clinical finding likewise a subject of debate, there can be little doubt to whom the screening “gold” should be awarded. Although the incidence of colorectal cancer has increased (perhaps because of screening), the prevalence of earlier stages in the diagnosed population has similarly increased, with a favourable impact on survival in a disease that remains high on the mortality lists for both sexes here in Canada and elsewhere. It was estimated that, in 2009, 22,000 new cases of colorectal carcinoma would occur in Canada and that 9100 individuals would die of the disease. Soon, Current Oncology will be publishing a dedicated supplement on the topic, and the manuscript titled “Screening for Colorectal Carcinoma” from Dr. Philip Gordon provides an excellent lead-in.

Finally, more of the journal’s manuscripts than ever are appearing in hybrid format, with extended abstracts presented here in hard copy, with the full text online at our comprehensive Web site, www.current-oncology.com. This concept has been well received and has allowed us to make meaningful inroads into our publication queue, with more timely publication and indexing of your contributions.