

EDITORIAL

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# Emergency Cancer Care: inaugural editorial



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On behalf of our editorial board, I would like to welcome readers to *Emergency Cancer Care*, the first scientific journal dedicated to the interface of cancer and emergency care. Given the growing volume of oncologic emergency care research, we feel that it is the right time to establish a single journal dedicated to this emerging subdiscipline. It is my honor to serve as founding editor-in-chief for this initiative, and I am pleased to be joined by an outstanding group of editorial board members, representing a broad range of clinical and research expertise (<https://emergcancercare.biomedcentral.com/about/editorial-board>).

*Emergency Cancer Care* aims to publish and disseminate original research and timely high-quality reviews to advance the science and practice of oncologic emergency medicine. The journal will serve as an international platform to promote new knowledge and scholarly exchange between the multiple disciplines providing emergency care for those with cancer, as well as cancer survivors.

The need to increase the emergency cancer care capacity of our health care systems stems from multiple factors. Advances in cancer diagnosis and treatment have increased life expectancy for patients, and an overall increase in life expectancy and decreasing fertility has increased the average age of the world population. The rising number of cancer care emergencies attributable to an aging population and increasing rates of survivorship will inevitably increase the demand for emergency cancer care. Toxicities arising from cancer treatments, including surgery, cytotoxic chemotherapy, radiation, and novel molecularly-targeted therapeutics, also increase the complexity of caring for these patients.

Currently, approximately 4% of all adult ED visits in the USA are for cancer-related complaints [1]. Reports from Australia, the UK, Brazil, and South Korea highlight concerns about the growing number of cancer patients and the increasing burden of urgent and emergent

care [2–5]. A 2017 National Health Service (UK) report emphasized the dramatic increase in ED presentations related to cancer and concomitant high rates of inpatient admissions—often associated with poor patient experience, poor coordination of care, poor communication, and fragmented patient care pathways [6].

To better understand the increasing significance of emergency cancer care research, we conducted a brief search of PubMed citations that included both of the keywords, “cancer” and “emergency,” and found an approximate 350% increase in the proportion of this keyword combination among all PubMed citations over the past 20 years (Fig. 1).

Recent institutional developments presage a rapid growth in oncologic emergency medicine scholarship. In 2010, The University of Texas MD Anderson Cancer Center established the first academic department of emergency medicine (including an oncologic emergency medicine fellowship) within a comprehensive cancer center. As yet, there are only two oncologic emergency medicine fellowships in the USA; however, each of the 51 academic medical centers with NCI-designated comprehensive cancer centers also house thriving academic emergency medicine training programs, and we expect the number of oncologic emergency medicine training opportunities to expand in the coming years. In 2015, the National Cancer Institute established the Comprehensive Oncologic Emergencies Research Network (CONCERN). This multicenter network serves as an accelerator for oncologic emergency care research, as evidenced by an increasing number of oncology-emergency medicine collaborators and research studies.

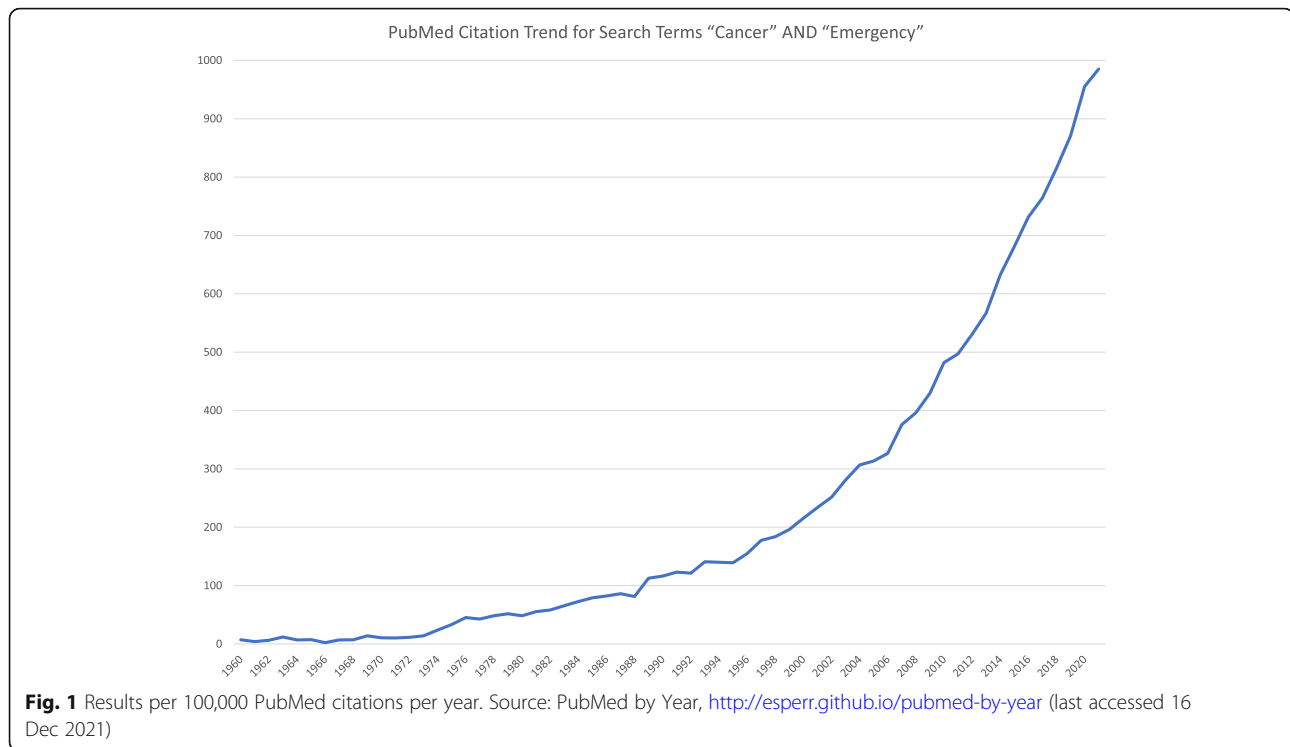
In terms of developing academic careers, cancer research offers obvious advantages to emergency medicine. Consider the relative funding climates for emergency care versus cancer research. While the National Heart, Lung, and Blood Institute (NHLBI) and National Institute of Neurologic Disorders and Stroke (NINDS) have been major federal funders of past emergency care research, the proposed 2022 budget for the National

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Cancer Institute approximates that of NHLBI and NINDS combined [7]. Foundation funding is even more promising, with 260 US nonprofits providing a combined \$2.2 billion in cancer research support. This foundation funding exceeds that for heart disease, stroke, AIDS, and Alzheimer's disease combined [8].

*Emergency Cancer Care* will focus on the interface of oncology and emergency care; however, the journal's scope is broader than might be suggested by this seemingly narrow niche. In addition to the evaluation and treatment of oncologic emergencies, including the prevention and management of treatment toxicities (e.g., chemotoxicity, radiotoxicity, post-surgical complications, transplant-related issues), the journal will address the emergency care provider's role in primary and secondary prevention (e.g., smoking cessation, minimizing ionizing radiation, cancer screening). Although not explicitly a cancer issue, the journal will also consider contributions related to sickle cell disease. Palliative care research is an important and growing areas of emergency care research. We plan to devote a considerable portion of the journal to symptom management, end-of-life care, communications, and resource utilization.

More broadly, we hope to provide a platform for scholars exploring new models of care, informatics, operations, and quality improvement, as well as health services research and health economics. Contextually, we plan to promote scholarly work involving ethics and

health disparities, curriculum development, career development, and narrative medicine.

*Emergency Cancer Care* is now open for submissions from authors world-wide and we will strive to provide rigorous reviews of the highest quality conducted in a timely fashion. We hope that you will join us in this effort and we greatly value your feedback.

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#### Author's contributions

The author read and approved the final manuscript.

#### Availability of data and materials

Not applicable.

#### Declarations

##### Ethics approval and consent to participate

Not applicable.

##### Consent for publication

Not applicable.

##### Competing interests

The author declares that he has no competing interests.

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