

# Preface

The origins of this project began when I was approached by Beverly Griffin, who suggested that I put together a volume on Burkitt's Lymphoma, a problem which is still as dominant in Equatorial Africa as it was 50 years ago. Burkitt's lymphoma was first brought to the spotlight and recognized as a major cancer in the human population in the late 1950s to early 1960s by Dr. Denis Burkitt, a missionary surgeon in Equatorial Africa. The incidence of this disease can vary in different parts of Equatorial Africa, and is epidemic in proportion in this region of the African continent. It is quite concerning and disheartening that this treatable disease is still an epidemic in susceptible African children.

This project aims to bring together a spectrum of ongoing efforts by having a patient-oriented focus from physicians, to diagnostics and clinical implications of the disease as mostly seen in the Equatorial African setting. Importantly, the chapters cover the breadth of studies in Burkitt's lymphoma with some clues for the potential future of studies that can have therapeutic benefits for patients. A volume like this has not been previously completed; so this represents a unique text of its kind.

Additionally, we are grateful for the video documentary on Burkitt's lymphoma that is included in this volume as a compendium to the text. The documentary will give readers a real-life account of the clinicians' and scientists' fight against this deadly cancer, in areas of the world that have less access to first rate medical care. It is still heart breaking to know that in developed countries, where patients have access to the best medical care (if detected early), Burkitt's Lymphoma is over 90% curable. However, in countries where access to good medical care is limited or non-existent, the survival rate is sometimes less than 50%. More tragic is the fact that the time period most affected is during early childhood where most of these patients are from families that are less capable of providing the best medical care. How do we deal with this devastating disease in this setting when we have the ability to enhance care and survival of these young patients? Developed countries in the West have a moral imperative duty to support efforts that substantially minimize and hopefully eliminate this disease in our world.

I'm dedicating this volume, in part, to Dr. Beverly Griffin who has been tireless in her pursuit to improving global exposure to Burkitt's lymphoma. She eventually convinced me that this project should be done, especially with a focus on highlighting the quest of clinicians and researchers in this field which would eventually bring better access to care and greater visibility to this devastating disease.

I would also like to thank the contributing authors who have provided insights and suggestions for topics that should be covered and to take time out of their hectic lives to contribute a chapter. I am grateful to all of them for their tireless pursuit to find therapies and develop vaccines to treat Burkitt's lymphoma.

I suspect that Denis Burkitt would be happy that his initial contribution continues to be pursued, although he may have more immediate questions as to why the available therapies are not available to the population most at risk. I hope that patients, physicians, and scientists are able to use the up-to-date information from this volume, and that it provides a helpful guide to novices including students, residents, and junior investigators who are now thinking about entering this field hoping that they may be able to have an impact.

Finally, a special thanks to Rosemary Rochford for her encouragements, Beverly Griffin for her efforts even during difficult times, and Harald Stein for working with Lorenzo Leoncini in completing their chapter even after having major difficulties which minimized his ability to use his hands. This was admirable and shows the enormous conviction of this group of individuals to one of the world's most devastating diseases affecting mostly children in Africa.

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