Increased survival from cancer has been a result of improved treatment and the earlier detection of cancer. This column will provide a focus on wellness for patients with cancer, their caretakers, and health professionals. This inaugural column provides a review of a basic epidemiologic principle—risk assessment, which is central to wellness.

Life is risky business. Although the world is filled with various risks, never before has more been known about how to manage them. People take risks every day, at times worrying more about certain risks than about others. Sometimes worry is appropriate; other times, it is not. Often, little or no thought is given to the dangers associated with activities. People choose to take certain risks. Every morning, millions of workers make decisions about how to get to work. Should they take a car, bus, or train; walk; or bike? Dangers are associated with each, but statistically, a bus is safest (Pringle, 1989).

Risk is an elusive concept for professionals and the public. As oncology professionals identify their personal risks for cancer as well as provide risk assessments to patients and their loved ones, they must consider the science of risk assessment.

**Conceptualization of Risk**

Experts in risk usually are more concerned about the quantity of risk, whereas the public often is more concerned about the quality of risk. If only a few lives per hundred thousand are at risk from a particular exposure, concern about the risk may be minimal for public health officials. For those exposed, however, the risk and its associated fears may be very real. Thus, interpretation about various risks is very personal. Almost everyone who has been diagnosed with cancer will affirm that, in retrospect, it did not matter what their personal risk for developing the malignancy was, once diagnosed. The only important aspects after diagnosis are whether the disease was detected when still amenable to effective, tolerable treatment. If knowledge of risk resulted in improved screening and earlier diagnosis, accurate perception and assessment of risk were clinically valuable.

The dread factor greatly influences perception (Pringle, 1989). Some events, such as nuclear weapon attacks, natural disasters, and terrorism, score higher on the dread factor continuum. Cancer is particularly feared and, for many, still is erroneously associated with protracted suffering and certain death.