

cer is primarily a disease of energy metabolism, then rational strategies for cancer management should be specifically targeted on tumor cell energy metabolism. Since glucose and glutamine are the major fermentable fuels for most cancer cells, dietary restriction would be a viable therapeutic strategy. Thus, implementation of a calorie-restricted ketogenic diet would be an effective initial treatment strategy. His protocols are introduced in several phases: initiation, surgery, and maintenance.

I am not an expert to challenge Seyfried's hypothesis, but we need to have a balanced insight. In the era of genome medicine, we have had a high expectation on bioinformatics but little has been applied in clinical practice. For example, we could get only little information regarding the comprehensive analysis of the ovarian cancer genome from the cancer genome atlas project. Moreover, it is very hard to identify a

targeted therapy using genomics due to inter-tumor and intra-tumor heterogeneity. At the 2011 meeting of the American Association of Cancer Research, Dr. Linda Chin mentioned in her plenary lecture that improved genomic sequencing speed was a major beneficiary of the cancer genome projects. Seyfried's view of cancer as a metabolic disease will provide us a new target for cancer management. I would like to recommend this book to other healthcare professionals, especially oncologists who are trying to find a groundbreaking new approach for cancer.

#### CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

## Correction

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## Correction: primary, secondary, and tertiary prevention of cervical cancer

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In this book review, Professor Michael Höckel was incorrectly spelled as Micahel Höckel.

Cervical Cancer. Childhood Cancer. Colon Cancer. As noted above, primary cancer refers to the initial cancer a person experiences, whether that is lung cancer, breast cancer, or another type of cancer. It's possible to have more than one primary cancer; sometimes these primary cancers are found at the same time, and sometimes they occur decades apart (see below). This isn't surprising, as some of the risk factors for cancer, such as smoking, raise the risk of several types of cancer. The distinction between primary and secondary cancer can make a significant difference in treatment options and approaches. Was this page helpful? Thanks for your feedback! Key words: screening, primary prophylaxis, early cancer detection, cervical cancer, algorithm of the screening program, socioeconomic feasibility of cancer screening. Experience of the countries (USA, Central and Western) developed in a socio-economic relation shows that systematic work in the direction of primary prophylaxis, allows objectively to reduce the level of oncological incidence and mortality rate. A major role this process replace a purposeful and persistent cancer control. One way around this problem is a primary and secondary prophylaxis. In every country the choice of priorities... 1.6. Denition of primary, secondary, and tertiary prevention. The WG adopted the prevention classication proposed by the Institute of Work and Health.<sup>1</sup> Primary prevention aims to prevent carotid and VA disease from ever developing (outside the scope of these guidelines). Secondary prevention aims at reducing the clinical impact of asymptomatic carotid and VA stenoses (i.e. stenoses are present and the aim is to prevent. Recommendation 11 Statin therapy is recommended for long-term prevention of stroke, myocardial infarction and other cardiovascular events in patients with asymptomatic carotid disease. Class I. Level A.