
Chairman's Letter



Virtually every great discovery in human history began with one person asking a question. “Is the earth truly flat?” “Why did that Apple fall downwards from that tree?” “Why is there lightning, and what can it do?”

That spirit of inquisitiveness lives on today in the pages of *American Journal of Hematology/Oncology*, where, each month, our physician authors raise incisive questions about new techniques that may ultimately guide the cancer treatments of tomorrow.

This issue kicks off with “Neoadjuvant and Adjuvant Chemotherapy Considerations for Triple-Negative Breast Cancer.” Despite recent strides in adjuvant chemotherapy regimens, the prognosis for patients with triple-negative breast cancer (TNBC) continues to lag behind. Chemotherapy remains the standard of care because no targeted therapies have been proven to be effective for TNBC. The authors review the viability of platinum agents in the neoadjuvant setting, poly ADP ribose polymerase inhibitors, immune checkpoint inhibitors, and biomarkers as potential treatment regimens.

“Fibroblast Growth Factor Receptor (FGFR) as a Therapeutic Target in Lung and Head and Neck Cancer” looks at the FGFR aberration, which has been identified in various cancers, and speculates on the potential roles of FGFR in treating head and neck and lung cancers. The author also examines therapies that are currently in development to target the FGFR pathway through a discussion of FGFR inhibitor clinical trials.

Our third story, “Protein Pathway Activation Mapping for Multi-Omic-Based Precision Medicine,” presents two clinical case studies that illustrate the clinical potential for utilizing functional proteomics data into the precision medicine workflow. The authors focus on high-throughput proteomic platforms able to capture changes within signaling networks such as the Reverse Phase Protein Microarray, a widely used proteomic platform for signaling network mapping of biological samples.

Management of chronic lymphocytic leukemia (CLL) has improved significantly in recent years, with chemoimmunotherapy emerging as a commonly used treatment of patients with CLL, using fludarabine, cyclophosphamide, and rituximab (FCR) or bendamustine and rituximab (BR). But, significant morbidity has been associated with the utilization of these drugs. In “Management of Patients With Relapsed Chronic Lymphocytic Leukemia,” the authors discuss recent explorations of chemotherapeutic and targeted therapy options directed against relapsed CLL, summarize factors that may predict resistance to therapy, and highlight future directions.

In this month's CME section from Physicians' Education Resource Group, we present an interview with John Marshall, MD, Chief, Division of Hematology/Oncology, Georgetown University Hospital, and Director, Ruesch Center for the Cure of GI Cancers. The treatment of colorectal cancer (CRC), including metastatic CRC, continues to evolve at a rapid pace, and Dr. Marshall has been a prime mover and shaker in the development of new regimens. In this conversation, he shares his thoughts on recent advancements in CRC treatment.

We hope you find this issue thought-provoking and educational. We welcome your opinions on the content, as well as your suggestions for topics to cover in future issues, and your participation as authors and peer reviewers is welcomed, as well.

Michael J. Hennessy, Sr
Chairman and Chief Executive Officer



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