
Chairman's Letter



Cancer has made a lot of headlines lately. Of the many celebrity deaths that have unfortunately occurred thus far in 2016, some have been attributed to cancer.

The upshot of these tragedies is that they bring more attention to research, and efforts to find more effective treatments, sustain lives, and ultimately, find a cure. The Moonshot program is only one example of the ever-increasing attention being paid to cancer research these days.

All of this shines a light on what you, our nation's leading hematologists and oncologists, do every day. Hopefully, this increased media profile and public interest in your work translates into more funding and support for your valuable, valiant efforts.

Here in the pages of *The American Journal of Hematology/Oncology (AJHO)*, we are doing our part to further your cause with top-flight, peer-reviewed articles concerning some of the most prevalent tumor types affecting the population today—and the innovative strategies recently emerging to treat them.

The first story in this issue, “Personalizing Therapy for Acquired Resistance to EGFR Kinase Inhibitors in Advanced NSCLC,” looks at how treatment of advanced epidermal growth factor receptor (*EGFR*) mutant NSCLC has been revolutionized by developments of new targeted therapies such as EGFR kinase inhibitors—but the benefits of such agents are limited by the development of acquired resistance in some patients. Managing this resistance to these therapies has therefore emerged as a key clinical challenge in the treatment of advanced *EGFR* mutant NSCLC. The authors review strategies for optimal management of acquired resistance.

In 2013, the American Society of Clinical Oncology (ASCO) recommended the avoidance of routine staging in patients with newly diagnosed early-stage breast cancer as part of the Choosing Wisely initiative. “Utility and Costs of Routine Staging Scans in Early-Stage Breast Cancer” examines the impact of adopting these imaging recommendations in a retrospective cohort at the University of Vermont Cancer Center. Probing this research, the authors take a stance on the potential benefits, in terms of patient care and cost reduction, of adopting ASCO's imaging recommendations.

Talimogene laherparepvec (T-VEC) is a genetically engineered oncolytic virus used in intralesional therapy for stage IIIB/C and IV melanoma. Currently, T-VEC is being studied in combination with other immunotherapies and preliminary data show promising results. In “An Update on Talimogene Laherparepvec,” the authors discuss the latest innovative therapeutic strategies in which T-VEC plays a vital role.

“Contralateral Prophylactic Mastectomy: Pros and Cons” is a discussion of the growing practice of contralateral prophylactic mastectomy (CPM)—removing a healthy breast in a patient undergoing mastectomy for ipsilateral cancer. The authors examine the possible causes for the increasing utilization of this strategy, and present its benefits (increased patient satisfaction/peace of mind) and possible shortcomings (longer operations and hospital stays/higher costs). Reviewing CPM's cost-effectiveness and survival benefits, the authors offer recommendations on guiding patients in making the decision for or against CPM.

This month's CME article is a discussion with Mario Lacouture, MD, an expert dermatologist from the Memorial Sloan Kettering Cancer Center, New York, NY, who offers insight and practical tips on the management of immune- and targeted therapy-related adverse events.

We hope you benefit from this month's informative, insightful issue of *AJHO*.

Michael J. Hennessy, Sr
Chairman and Chief Executive Officer



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Michael J. Hennessy Associates, Inc.

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