Chairman's Letter

We are living in exciting times in our understanding of the biology of cancer. Each day brings new research, new insight, new gains, and new opportunities to face the disease. One of the overarching goals of this publication, *The American Journal of Hematology/Oncology®*, is to disseminate the research that informs clinicians as they deliver care to patients. We strive to be the vehicle to transmit that data through review manuscripts, medical meetings coverage, and original research.

We know that there are inequities in care, in access, and in outcomes. We also know that much of the progress that has been made has not reached all patients. What can we do better to ensure that all patients benefit from what we know is working? We can democratize knowledge—and make the information as widely available as possible.

I would encourage the readers of *The American Journal of Hematology/Oncology* to consider sharing their insights, research, and knowledge with our audience. It is only through the sharing of this knowledge that progress can be made.

Looking towards the current issue, we explore topics about monoclonal antibodies in acute lymphoblastic leukemia, the use of radiation therapy in older women with breast cancer, the potential for eliminating breast cancer surgery in exceptional responders, and a brief review of therapies for Waldenström's macroglobulinemia.

In "Incorporating Antibodies into Treatment Strategies for Acute Lymphoblastic Leukemia," Nicholas J. Short, MD, and Elias Jabbour, MD, explore the role monoclonal antibodies may hold in improving the outcomes of patients with acute lymphoblastic leukemia (ALL). The addition of rituximab to cytotoxic chemotherapy has been shown to improve overall survival in younger patients, and next-generation anti-CD20 antibodies also show promise in the management of ALL.

Is it time to reconsider the use of radiation therapy in older breast cancer patients? That's the question asked by Jennifer K. Plichta, MD, and Kevin S. Hughes in their manuscript, "Omitting Radiation in Older Breast Cancer Patients." There is now increasing interest in identifying patients who may avoid the cost, morbidity, and inconvenience of radiation after breast-conserving surgery without compromising their ultimate outcome. Plichta and Hughes write that the cost of medicine must be contained, and the actual benefit of each therapy must be weighed carefully against cost. They note that radiation for women aged 70 and above with clinical stage 1, ER+ cancers is expensive and has minimal benefit.

"These women have much greater risk to their lives and well-being from other causes, with 94% of women who died in CALGB 9343 dying of something other than breast cancer. It is time to consider whether healthcare dollars are better spent on other more deadly aspects of their health rather than on radiation," according to the authors.

Along similar lines, Henry M. Kuerer, MD, PhD, of the MD Anderson Cancer Network, proposes undertaking a feasibility study that suggests that the ultimate breast-conserving therapy might exclude the need for surgery, especially for patients who respond to neoadjuvant chemotherapy, both at the primary site and lymph nodes. He writes that with our understanding of breast cancer subtypes and response with better imaging, it becomes our obligation to test the hypothesis that surgery can be safely eliminated among patients with documented pathologic responses, a practice that has been utilized in other solid organ malignancies.

Our understanding of Waldenström macroglobulinemia has grown significantly in the last few years, writes Morie Gertz, MD. The introduction of new agents for the treatment of Waldenström macroglobulinemia has had a dramatic impact on survivorship in this disease. Earlier diagnosis has led to a reduced frequency of hyperviscosity. Currently active clinical trials include rituximab-bendamustine-ibrutinib, rituximab-ibrutinib, and lenalidomide-ibrutinib, which will further improve the outcomes for these patients.

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