

## Chairman's Letter



Michael J. Hennessy, Sr

This month's issue of *The American Journal of Hematology/Oncology*<sup>®</sup> covers a range of tumor types including acute myeloid leukemia, breast cancer, head and neck squamous cell cancer, and colorectal cancer.

In "Emerging Molecular and Immune Therapies in Acute Myeloid Leukemia," Drs Boddu, Kantarjian, Ravandi, and Daver explore the rapid advancements in immune and targeted therapeutics, the genomic landscape, and clonal evolution in acute myeloid leukemia (AML). The result is the emergence of numerous exciting therapies for AML in the last decade. How each of these therapies affect the management of AML will be a matter for ongoing debate.

Cell-cycle inhibition is a new standard-of-care therapy in estrogen-receptor–positive (ER+) metastatic breast cancer (MBC). Drs Vasan and Dickler in their paper, "State-of-the-Art Update: CDK4/6 Inhibitors in ER+ Metastatic Breast Cancer," discuss the current state of palbociclib, ribociclib, and abemaciclib as CDK4/6 inhibitors in MBC, with an emphasis on ongoing clinical trials.

How positron emission tomography scans play a role in identifying those patients who could be followed by surveillance without additional surgery after chemoradiation is the focus of Drs Nagasaka and Sukari in "Can Positron Emission Tomography Scans Post Chemoradiation in Head and Neck Squamous Cell Cancer Spare Patients From Undergoing Salvage Surgery?"

The growth of therapies in the metastatic colorectal cancer arena is encouraging, with 10 new drug approvals, including targeted biologics and tyrosine kinase inhibitors in the past 20 years. In "Optimizing Sequencing Beyond Disease Progression After Second-Line Therapy in Metastatic Colorectal Cancer," Drs Mody and Bekaii-Saab review the current evidence on optimizing sequencing, particularly as it relates to regorafenib and trifluridine-tipiracil.

In this month's CME article, "Optimizing Sequencing in Patients With NSCLC and Actionable Mutations," Dr Karen Reckamp explains the key unmet needs in the treatment of advanced non–small cell lung cancer (NSCLC) for patients who have actionable mutations. She also discusses the advantages and disadvantages of molecular testing to identify patients with actionable mutations, along with the most common genomic alterations in NSCLC.

Thanks for reading.

**Michael J. Hennessy, Sr**  
*Chairman and Chief Executive Officer*

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