Chairman's Letter

Resistance to therapy that arises from genetic mutations in tumors continues to be a significant challenge to clinicians, especially in lung cancer. In their article, "Best Initial Treatment Strategies for *EGFR*-Mutant Lung Cancer," Barber and Reckamp address the issue with a focus on *EGFR* mutations and tyrosine kinase inhibitors (TKIs). Resistance develops most often because of T790M, but molecular analysis of circulating tumor cells or cell-free DNA may provide a strategy worth pursuing that monitors changes in tumor genotypes and the development of drug-resistant mutations during treatment. They note that a number of clinical trials investigating *EGFR* TKIs in the frontline setting are ongoing and the results are forthcoming. These trials will help clarify the optimal use of TKIs in *EGFR* mutation positive non–small cell lung cancer. Future studies will address the question of proper sequencing of therapy to provide the best outcomes for patients.

Cervical cancer is the third most common cancer in women worldwide and can be mostly prevented with vaccination; however, the prognosis of advanced, recurrent, or metastatic cervical cancer remains poor, according to Fuentes and Garcia, in their article, "Advancements in Cervical Cancer Prevention and Management of Persistent, Recurrent, and Metastatic Disease: 2016 Update." They note that several chemotherapy regimens have demonstrated success, but cisplatin and paclitaxel remain the most effective treatments and the standard of care. The authors review treatment options for advanced cervical cancer, recent developments for the management of locally advanced tumors, potential preventive strategies, and promising targeted therapies in advanced and recurrent cervical cancer and their implications in clinical practice.

Gene expression analysis remains a valuable tool, especially in the breast cancer field, as a predictive marker for determining benefit when clinicians are recommending the various chemotherapy regimens to patients. In their article, "Updates on Adjuvant Therapy for Early Stage Hormone Receptor-Positive Breast Cancer," Cavalcante and Santa-Maria, address recent results from the TAILORx and MINDACT studies, which provide the first prospective data that are designed to give more conclusive guidance on assays. Their article provides updates on approaches to gene expression analysis and extended aromatase inhibitors in early breast cancer, focusing on several recent presentations and publications.

The case report in this issue focuses on systemic mastocytosis, a rare hematologic neoplastic disease with a poor prognosis. Cáceres-Nazario and colleagues present the case of a Hispanic man diagnosed with the aggressive subtype of the disease in "Case Report: Unusual Manifestation of KIT-Negative Systemic Mastocytosis." The disease typically manifests with symptoms associated with mast cell release of bioactive substances, causing anaphylaxis, flushing, autonomic and hemodynamic instability, gastric distress, and headache.

The CME in this issue highlights a discussion with Toni Choueiri, MD, director of the Lank Center for Genitourinary Oncology, associate professor of Medicine at the Harvard Medical School and co-leader of the Kidney Cancer Program at Dana-Farber/Harvard Cancer Center. In "RCC New Drugs—Where Do They Fit? What Does the Future Hold?" he provides his insights and point of view on the recent and emerging advances in the treatment of renal cell carcinoma.

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