
From the Editor

In the January 2015 issue, we cover new territory with topics not presented in previous issues. Cervical cancer remains a significant cause of cancer worldwide, even with highly successful screening. While it is hoped that wider screening, which has now been adapted to detect oncogenic papilloma viruses, along with papilloma virus vaccination, will reduce the incidence of this disease, our only effective treatments for early-stage disease are surgical or ablative. For many years, concurrent radiation and platinum chemotherapy remained the only effective therapy for higher-stage and nonmetastatic disease.

While advanced recurrent cervical cancer remains incurable, a review on this topic by Drs Steven Yu and Agustin Garcia highlight newer therapies that include bevacizumab added to chemotherapy, which received FDA approval last year. Immunotherapy is showing early promise, possibly due to the immunogenicity of a virally driven cancer, and larger scale trials are now under way.

Another feature review covers the difficult-to-manage syndrome of chemotherapy-induced peripheral neuropathy (CIPN), which is poorly understood physiologically and is clinically manifested in variable fashion in terms of onset and chronicity. Drs Trivedi, Hershman, and Crew provide a very helpful overview on the physiology and clinical spectrum of CIPN, with strategies on surveillance and grading—an approach that should become standard practice. The difficulty in managing CIPN is highlighted, with a review of approaches with demonstrated benefit, but an acknowledgment that responses are variable and far from adequate, highlighting the need for more research and awareness of this common treatment side effect.

A review on EGFR-targeting therapy for lung cancer from Drs Ogunleye, Ibrahim, Stender, Kalemkerian, and Jaiyesimi highlights how far we have come in genomic medicine in both understanding the molecular biology of cancer as well as harnessing drug development capabilities to develop small molecules targeting genomic lesions. Lung cancer rapidly transformed from a disease uniformly treated with upfront chemotherapy to one now approached with careful molecular characterization and customized therapy. The nature of drug-sensitizing and resistance-associated EGFR mutations is described along with the rationale for specific therapies and optimal sequences—all of which are still evolving in this rapidly changing field.

The much more established area of adjuvant therapy for HER2+ breast cancer is covered with a focus on the controversial topic of small node-negative (T1a/bN0) tumors, where the minor benefits must be traded off against side effects and cost. The lack of randomized trials, which would not be feasible to perform because of the large sizes needed, has led to the testing of a less-toxic trastuzumab-containing regimen using a single-arm trial that constitutes one of several options for this not-so-uncommon scenario, as described in a review authored by Dr Yap and myself.

The CME article in this issue uses a roundtable discussion format to navigate the intricacies of immunotherapy and signal transduction-targeting treatment for advanced melanoma. The nuances of real-life oncology practice that include choosing the best sequence for patients with BRAF-mutated melanoma, or how to manage brain metastases, are effectively covered. This format is ideal for airing expert opinions on how to assess and manage toxicities with dual BRAF and MEK inhibitor therapy, an area that requires experience and skill—a high priority for a CME activity.

Finally, it is a pleasure to introduce our newly appointed AJHO Associate Editor, Myron Czuczman, MD, from the Roswell Park Cancer Institute, who provides a review of key lymphoma abstracts from the 2104 American Society of Hematology (ASH) annual meeting.



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