From the Editor

This issue of *The American Journal of Hematology/Oncology*® was not necessarily planned to feature 3 articles on multiple myeloma, but we reviewed submissions whose content happened to cover distinct and diverse topics within this field. There is no doubt that the area of myeloma has witnessed a transformation over the last decade from a disease with few options beyond cytotoxic drugs to 1 that can be addressed with several biologically targeted agents of diverse mechanisms of actions—proteasome inhibitors that mortally fill cells with antibody and other protein debris, antibodies against receptors that have both signaling and immune effect, histone deacetylase inhibitors that depress the expression of genes silenced with malignant progression, and immunomodulatory drugs that modulate the microenvironment through angiogenesis and immune reactions. More drugs have been approved for myeloma in the last decade than for many of the more common cancers, with resulting improvements in longevity and sustained remissions (even though many specialists still refrain from using the word "cure"). Drs Guang and Bianchi describe the elegant biology that makes protein trafficking and degradation a key target for myeloma. As these more differentiated malignant plasma cells churn out large amounts of antibody and related fragments, they present several therapeutic opportunities related to these pathways.

Debu Tripathy, MD
Editor-in-Chief

An explosion in new therapies is invariably associated with questions regarding optimal initial and subsequent therapies and combinations. Several trials have combined biological therapies to not only improve effectiveness, but lessen side effects of cytotoxic therapies. While clinical trials can guide us in best practices, every patient's clinical trajectory is unique. Advocacy and patient organizations serve as support, sounding boards and movers of policies, and research agendas—exemplified by organizations such as the Multiple Myeloma Research Foundation (MMRF). A survey by Giusti and colleagues provides evidence of the adage that "knowledge is power;" in this case, patient comprehension about various aspects of clinical care, research and decision making, test results, and their willingness to share information and contribute tissue for research were all enhanced on the basis of their affiliation with MMRF. This tells us that patient communities and supportive organizations should be an integral part of the healthcare system. Perhaps this is self-evident, but in this time of rapid changes in healthcare policy, it may serve us well to remember that research, informed decision-making, and patient representation all contribute to optimal care.

AJHO® is accepting manuscripts for immediate consideration. Articles of interest include:

- Original research
- Reviews
- Emerging guidelines
- Case reports
- Pivotal trials

Please send manuscripts to Tony Berberabe (aberberabe@mjhassoc.com).