

Chairman's Letter



Michael J. Hennessy, Sr

This month's issue of the *American Journal of Hematology/Oncology*[®] addresses various topics involving breast cancer, including human epidermal growth factor receptor 2 (HER2) assays, pathologic complete response (pCR), and the potential role of immunotherapy in triple-negative breast cancer (TNBC). Rounding out the issue is a manuscript that addresses radiotherapy in gastric cancer.

In a commentary by Shelly Gunn, MD, PhD, of Targeted Genomics and Precision Pathology Services, the topic of HER2 testing that results in an “equivocal” assessment is discussed. Her manuscript, “Redefining HER2-Equivocal Breast Cancers: Lessons Learned From Genomic Pathology,” raises the following questions: are immunohistochemistry and dual-probe in situ hybridization tests giving the wrong answer 20% of the time or, could these tests be giving the correct answers and we are misinterpreting the data? Dr Gunn suggests that a strategy for reporting unequivocal biologically accurate results using existing FDA-approved testing methods is preferable to developing new HER2 assays.

Isolina R. Rossi, BS, a student at Rush Medical College, Chicago, and colleagues describe a case report in which a patient experienced a pCR following systemic neoadjuvant therapy. The investigators note a high rate of pCR in HER2-positive, hormone receptor-negative patients with breast cancer who are treated with neoadjuvant docetaxel (T), carboplatin (C), trastuzumab (H), and pertuzumab (P) (TCH+P). Because of adverse events, the TCH+P treatment was aborted, but resulted in a pCR of grade 2 invasive ductal carcinoma.

Drs Dua and Tan explore the role of immunotherapy in TNBC. They note a lack of actionable targets, minimal targeted therapies, and a relatively poor prognosis associated with this clinical setting. In “Immunotherapy for Triple-Negative Breast Cancer: A Focus on Immune Checkpoint Inhibitors,” the investigators focus on the emerging data of immune checkpoint inhibitors in the treatment of TNBC.

Although there has been great progress in the management of gastric cancer, Repka and colleagues write that there is clear opportunity for improvement. Their manuscript, “The Role of Radiotherapy in the Management of Gastric Cancer,” provides a comprehensive discussion about advances in radiotherapy techniques and their applicability to gastric cancer.

The CME article this month focuses on current treatment options for patients with marginal zone lymphoma (MZL). Peter Martin, MD, MS, an associate professor of medicine in the Division of Hematology/Oncology at Weill Cornell Medicine discusses the unmet needs of patients, particularly those with localized intestinal MZL who may not be symptomatic, but who are at risk of having worsening symptoms. In this setting, providing occasional therapy to prevent symptoms might be an option over rituximab plus chemotherapy. For patients who are refractory or relapsed, there is a need for identifying therapies that work in ways different than chemotherapy.

Thank you for reading.

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Chairman and Chief Executive Officer

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