Chairman's Letter

In this month's issue of *The American Journal of Hematology/Oncology®*, we provide a brief overview of gene profiling studies with commentary on the commercially available assays. Prospective validation has been carried out on many of these assays, especially for shorter-term recurrences and mortality. The authors note that given the long natural history of breast cancer, it will be critical to await additional data from prospective controlled trials linked to gene profiles and other bioassays to further optimize and personalize therapeutic decision-making.

Sequencing and cross-resistance continues to remain a thorny clinical issue in treating castration-resistant prostate cancer (CRPC), despite the improvement in patient outcomes afforded by next-generation hormonal therapies such as abiraterone and enzalutamide. Robert Dreicer, MD, MS, author of "Sequence and Cross-Resistance: Challenges for Optimal Use of Next-Generation Anti-Androgen Therapies," reports that 15% to 25% of patients are unresponsive to both of these agents up front, 20% to 30% have transient responses of 2 to 3 months, and the remainder have significant benefit, with median responses of 9 to 15 months. He calls for a nuanced approach in patients managed with either abiraterone/prednisone or enzalutamide as initial therapy.

Dreicer looks forward to several ongoing clinical trials that will hopefully inform some of the many ongoing management questions. Notably, The US Intergroup study A031201 (NCT01949337) recently completed enrollment of more than 1200 men with metastatic CRPC (mCRPC) who were randomized to receive enzalutamide or the combination of enzalutamide plus abiraterone/prednisone. Another important study is a randomized phase II study led by investigators of the British Columbia Cancer Agency in Canada, where patients are randomly assigned to abiraterone or enzalutamide and then switched to the alternative agent at time of disease progression.

Cook and Lynch, in "Targeting Bone Metastatic Castrate-Resistant Prostate Cancer," describe how understanding the process in which metastatic prostate cancer cells grow and interact with the surrounding tumor microenvironment can identify key circuits driving the progression of the disease. They note that research in this area has revealed targets for therapeutic intervention, the translation of which should enhance the overall survival of patients with mCRPC.

This month's CME article informs physicians about current and emerging data sets in in the context of optimizing sequencing considerations in patients with ALK-positive non–small cell lung cancer (NSCLC). Ross Camidge, MD, director of Thoracic Oncology at the University of Colorado, provides his insights and point-of-view, noting that most cases present with advanced disease. Treatment of advanced NSCLC has gone through a substantial paradigm shift in recent years as our understanding of "targetable" driver oncogenes has continued to grow. The presence of key oncogenic alterations, such as activating mutations and chromosomal rearrangements, can now help physicians predict responsiveness to specific targeted therapies.

Michael J. Hennessy, Sr
Chairman and Chief Executive Officer

Michael J. Hennessy Associates, Inc.