
Chairman's Letter



Managing cancer can be difficult no matter what age the patient is, but managing disease in older patients can be particularly challenging. Compared with their younger counterparts, older patients have special needs, including increased likelihood of drug interactions, comorbidities, financial burden, and caregiver anxiety and strain. In Hodgkin lymphoma, which can be cured in the majority of younger patients, such factors tend to worsen the prognosis for older patients. In this issue of *The American Journal of Hematology/Oncology*[®], a peer-reviewed resource for oncology education and the official journal of Physicians' Education Resource[®], LLC, Reagan et al write that older patients with Hodgkin lymphoma have a poor tolerance for the standard combination of chemotherapy. They say that more efficacious, better-tolerated therapies are needed in this population, as well as approaches that identify those at highest risk of serious toxicities.

Also in this issue is a case report on a 64-year-old female patient with a new diagnosis of ovarian cancer and associated syndrome of inappropriate antidiuretic hormone secretion (SIADH). Nina Undevia Yedavalli, MD, MPH, and colleagues report that two days after her first cycle of carboplatin and paclitaxel, the patient developed laboratory abnormalities consistent with tumor lysis syndrome (TLS). However, the SIADH began to improve as shown by an increase in her serum sodium.

An interview with Sumonta Pal, MD, "Biomarkers for Renal Cell Carcinoma and Urothelial Cancer," and an accompanying commentary from Dizman et al indicate that the treatment results for urothelial carcinoma (UC) and renal cell carcinoma (RCC) have been disparate. Treatment of metastatic RCC (mRCC) has gotten better with the aid of multiple targeted therapies approved since 2005. In contrast, metastatic UC (mUC) has been less tractable, with treatment limited primarily to moderately effective cytotoxic therapies. However, notable developments in recent years are showing value in battling both these diseases. In particular, the approvals of nivolumab in mRCC and atezolizumab in mUC signal the age of checkpoint inhibitors has arrived.

The study, "Effect of Vitamin D Supplementation on Breast Cancer Biomarkers: CALGB 70806 (Alliance) Study Design and Baseline Data," represents one of the first chemoprevention trials done in the cooperative group setting with a focus on intermediate biomarkers of breast cancer risk. The design of this trial, which focuses on several key biomarkers, is novel, as testing can be accomplished in both academic and community settings with fairly short accrual time (23 months). The authors report that the study has an ethnically and geographically diverse population sample, making the results potentially generalizable to a broader population.

The emergence of checkpoint inhibitors and other immune therapies is generating excitement in the lymphoma treatment landscape. In this month's CME article, Anas Younes, MD, a medical oncologist and Chief of Memorial Sloan Kettering Cancer Center's Lymphoma Service in New York, provides his insights on this emerging mode of therapy.

We welcome your feedback on this issue of *The American Journal of Hematology/Oncology* as we strive to improve the reader's experience in ongoing oncology education.

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