

## Chairman's Letter



Michael J. Hennessy, Sr  
Chairman and CEO

Identifying the right patient to receive the right treatment at the right time is a situation often discussed by clinicians and administrators in the halls and conference rooms of cancer centers in the United States and internationally. It is also a common theme for a majority of the manuscripts in this issue of *The American Journal of Hematology/Oncology*<sup>®</sup>.

In “Clinical Commentary: The Use of Clinical Biomarkers to Inform Treatment Decisions in Advanced Renal Cell Carcinoma,” Daniel J. George, MD, notes that although targeted therapies have vastly improved outcomes in patients with advanced renal cell carcinoma, identifying patients who respond to specific treatments will only grow in importance. Dr George comments that for VEGF-targeted therapies, specific treatment-emergent adverse events are believed to act as surrogate markers of the activity of the drug, with the most data available for hypertension. But more studies are needed.

Malin Hultcrantz, MD, PhD, and Ola Landgren, MD, PhD, provide an overview of the complex genetic landscape and the mechanisms of disease evolution and progression in multiple myeloma. Their review focuses on the genomic events of tumor cells, but also touches on the bone marrow microenvironment and the host immune system in their manuscript, “Genomic Landscape and Mechanisms of Disease Evolution and Progression in Multiple Myeloma.”

A better understanding of biomarkers in hepatocellular cancer will help identify patient populations who can benefit the most from such promising therapies as immunotherapies and targeted treatments, according to Merly Contratto, MD, and Jennifer Wu, MD, in “New Therapies and Potential Biomarkers for Hepatocellular Carcinoma.”

Over the past decade in the metastatic castration-resistant prostate cancer (mCRPC) arena, 6 agents have been approved by the FDA in the broad categories of androgen-directed therapies, immunotherapy, chemotherapy, and bone-targeting agents. However, there remains a lack of consensus on optimal sequencing of these therapies in mCRPC, write Yadi Li, BSc, and coauthors. In “An Integrative Approach for Sequencing Therapies in Metastatic Prostate Cancer,” they note a paucity of data regarding optimal therapy for patients with mCRPC who have progressed on androgen-directed therapy and chemotherapy. Genomic sequencing and enrollment in clinical trials is the way forward, write the researchers.

*RET*-rearranged lung cancers represent a small subset of lung cancer, most commonly observed in patients with adenocarcinoma and minimal or no exposure to tobacco. In “*RET*-Rearranged Lung Cancer,” Fernando C. Santini, MD, and Artur Katz, MD, review the main aspects of the biology of *RET*, the challenges of *RET* inhibition in lung cancer, and future perspectives.

This month's continuing medical education features an interview with Arturo Loaiza-Bonilla, MD, MSED, FACP, chief of medical oncology and medical director of research at the Cancer Treatment Centers of America at Eastern Regional Medical Center. Dr Loaiza-Bonilla discusses the current status of biomarkers and precision medicine in gastrointestinal cancers, detailing methods to target HER2, VEGF, PD-1, and more.

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