
Chairman's Note



As molecularly targeted and immunotherapeutic approaches for cancer continue to evolve, choice of treatment and personalization of therapy for individual patients is becoming more critical and more complicated. 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, several articles review these new treatment challenges. For the treatment of patients with metastatic colorectal cancer, Kanwal Raghav, MD, and Cathy Eng, MD, discuss the decision-making process for selection of appropriate first-line therapy from among the available cytotoxic and targeted therapies.

Tracey L. Evans, MD, reviews individualization of therapy for "special populations" in non-small cell lung cancer. Dr Evans makes the case for the use of platinum-based cytotoxic doublet therapy when targeted therapy is not appropriate for older patients and those with an ECOG performance status of 2 who wish to maximize overall survival.

Robert Dreicer, MD, MS, FACP, FASCO, discusses the limitations of "next-generation" hormone therapy for metastatic castration-resistant prostate cancer, following the FDA approvals of abiraterone and enzalutamide. Cross-resistance between abiraterone and enzalutamide has been observed, limiting routine sequential use of these well-tolerated drugs.

Significant breakthroughs in the adjuvant therapy of specific subtypes of breast cancer have led to improvements in relapse rates, though progress is still needed for balancing optimal treatment with treatment-related toxicity. Cesar A. Santa-Maria, MD, and William J. Gradishar, MD, focus on advances in optimizing adjuvant endocrine therapy for women with early-stage, estrogen receptor-positive breast cancer, and on research on developing less toxic regimens for women with small, node-negative, HER2-positive breast cancer.

Personalization of therapy is integral to the management of early-stage breast cancer, and Erin Roesch, MD, and Claudine Isaacs, MD, review novel molecular-based tests in development that may more accurately separate women into specified risk groups. The goal of these novel assays will be to determine which patients may benefit from a longer duration of adjuvant endocrine therapy.

Finally, this month our CME article focuses on immunotherapy in lung cancer, with Heather Wakelee, MD, discussing the tremendous progress that has recently been made in this area and that will likely spill over into other tumor types.

Your comments and suggestions are always welcome, and we invite you also to submit original articles and commentaries.

Michael J. Hennessy, Sr
Chairman and Chief Executive Officer



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