
From the Editor

This month's issue of *AJHO* provides a deep dive into several areas of contemporary oncology practice. Advances in melanoma are occurring on several fronts. After decades of little progress, durable responses are being seen with a panoply of targeted therapies. Accordingly, this field has accounted for numerous articles in the journal over the past few months. This issue brings a full collection of pieces on melanoma addressing surgery, radiation, and several targeted medical therapies, along with commentaries that provide insights into controversies and emerging new standards.

A review on the new generation of androgen receptor pathway inhibitors presented by Drs Ammanagari and George summarizes recent advances in hormonal therapies that demonstrated activity after chemotherapy, with ongoing trials that may reorder the sequence in which we use these drugs. A lung cancer update from Dr Lathan addresses the clinical consequences of disparities in both patient care and access, as well as biological differences among ethnicities and other population categories.

In the area of breast cancer, an original study questions the FDA-approved dosing of capecitabine, a drug that is most commonly used at lower dosages with similar outcomes. However, formal demonstration of equivalent efficacy of dosages used in the community is lacking and has led to wide variations in care patterns.

AJHO presents the second in a series of 56th American Society of Hematology (ASH) Annual Meeting highlights, this one from Dr Wetzler, focusing on leukemia advances with a range of new agents including sorafenib, IDH2-inhibiting AG-221, and FLT3-inhibiting quizartinib, as well as very exciting immunological engineered approaches using chimeric antigen receptor (CAR)-modified T-cells and the bispecific T-cell engager (BiTE) antibody blinatumomab.

The CME article this month reviews key abstracts presented at the 2014 San Antonio Breast Cancer Symposium that are potentially practice-changing, opening new research avenues. Specifically, will ovarian blockade become a new standard for premenopausal patients? Is immunotherapy coming of age as the first active nonchemotherapeutic approach demonstrated in triple-negative breast cancer?

As always, we welcome your comments.



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