

Chairman's Letter



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In this month's issue of the *American Journal of Hematology/Oncology*[®] we cover a diverse group of tumor types—neuroendocrine tumors, prostate cancer, breast cancer, and head and neck squamous cell cancer. The number of potential therapies continues to grow in each tumor type, which is an encouraging and important sign. Questions about optimal treatment sequences remain, however, and may only be answered through carefully detailed clinical trials, as many of our authors have suggested.

In the article, “Are We Making Progress in the Treatment of Neuroendocrine Tumors?” Drs Byer and Strosberg note that although new, targeted treatments have transformed the treatment landscape for patients with advanced neuroendocrine tumors there are few predictive biomarkers that can help the clinician choose an appropriate treatment and determine the optimal sequence of therapy. The investigators are hopeful, however, because there are several randomized clinical trials that directly compare therapies with each other, rather than using placebo controls.

Amandeep R. Mahal, BS, and James B. Yu, MD, MHS, review new developments in prostate cancer treatment in their article, “Current and Emerging Standards in Radiation Therapy for Prostate Cancer.” They discuss the evolving paradigms that use rapid fractionation, stereotactic body radiation therapy, proton beam radiotherapy, high-dose rate brachytherapy, and prostate-rectum hydrogel spacing.

Triple-negative breast cancer (TNBC) disproportionately affects young, African American women, particularly those with a *BRCA1* gene mutation, and it carries a poor prognosis—indicating a large unmet medical need. In “Current Approaches to Triple-Negative Breast Cancer,” Drs Berrocal and Chagpar point out that while no targeted therapies are currently available for TNBC, platinum-containing drugs, inhibitors of poly (ADP-ribose) polymerase, VEGF inhibitors, and most recently, immunotherapy are under investigation as potentially promising agents.

The morbidity and mortality of recurrent/metastatic head and neck squamous cell carcinoma is still high, despite advances in treatment. Tejas Suresh, MD, and Barbara Burtness, MD, in “The Emerging Role of Immunotherapy in Head and Neck Squamous Cell Cancer,” review checkpoint inhibitors, combinations of checkpoint inhibitors, and therapeutic vaccines, as well as co-stimulatory agonists in their article.

In the Continuing Medical Education article this month, Adam M. Brufsky, MD, PhD, professor of medicine, University of Pittsburgh School of Medicine, discusses biosimilars in breast cancer, specifically, the importance of equivalence data in physicians adopting biosimilars and key takeaways from last year's HERITAGE trial evaluating a trastuzumab biosimilar.

Thank you for reading.

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Chairman and Chief Executive Officer

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