Chairman's Letter

"Location, location, location." It's a mantra that is usually attributed to real estate and home buying. Who knew it might apply to cancer treatment as well? We have two manuscripts this month in *The American Journal of Hematology/Oncology*® in which location could play a role in outcomes.

King and colleagues explore the data about right- and left-sided metastatic colorectal carcinomas (mCRC), which appear to be different clinically and biologically. In "Frontline Strategies for Metastatic Colorectal Cancer: New Sides to the Story," depending on which side the tumor arises can convey significant prognostic and predictive value that could affect the management of mCRC and the conduct of future clinical research.

Similarly, in "Is the Reparative Efficacy of Adipose-Derived Stem Cells Affected by Anatomical Harvest Site?" Pennick and researchers explore a technique that enables the isolation and culture of adipose-derived stem cells from human lipoaspirate tissue. In their article, derived cells can be pushed and driven towards both adipegnic and osteogenic differentiation lineages. They propose that the regenerative quality of stem cells within lipoaspirate may differ as a function of the anatomical harvest site.

Our "non-location focused" articles this month explore the novel agents in multiple myeloma and current standards in HER2-driven metastatic breast disease.

Tremblay and Chari describe standard and novel targets in multiple myeloma. They note that in the past 10 years, the approval of proteasome inhibitors and immunomodulatory drugs have made significant contributions towards improving outcomes in patients with multiple myeloma. The approval of 4 new agents in 2015, including 3 agents in novel classes, is a remarkable achievement for any cancer, let alone a relatively uncommon one such as multiple myeloma.

Wang and Dang explore current standards and new treatment insights in HER2 breast cancer. Their review article recommends a taxane plus HP first-line therapy, with T-DM1 to follow in the second line after disease progression. In addition, multiple options are available for third line and beyond.

In this month's CME article, "Practical Clinical Considerations in Sequencing CLL Therapies," Susan O'Brien, MD, discusses factors that guide individualized treatment decision making in patients with newly diagnosed and relapsed/refractory chronic lymphocytic leukemia. In addition, the advantages and limitations of allogeneic hematopoietic stem cell transplantation in patients with CLL are explored, as well as novel agents that are currently under investigation as monotherapy or in combination with other agents in the treatment of patients with CLL.

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