

Chairman's Letter



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This issue of *The American Journal of Hematology/Oncology*[®] focuses on 2 manuscripts on breast cancer, 1 case reports involving small lymphocytic lymphoma/chronic lymphocytic leukemia (SLL/CLL), a review of immunotherapy in bladder cancer, and a review of Bruton tyrosine kinase inhibitors in CLL.

Selecting the most appropriate patients with breast cancer to receive HER2-targeted therapies is a key rationale of determining *HER2* gene amplification status. Michael F. Press, MD, PhD, and colleagues discuss the current American Society of Clinical Oncology-College of Pathology (ASCO-CAP) guidelines for *HER2* testing in their article, “Controversies in *HER2* Oncogene Testing: What Constitutes a True Positive Result in Patient With Breast Cancer?” Although these guidelines are widely accepted by pathologists and clinicians, according to the researchers, there continues to be inconsistencies with the available data for at least 5% of patients. The researchers summarize the issues related to the current ASCO-CAP guidelines for *HER2* testing by fluorescence in situ hybridization.

In a case report, Neil Nagovski, MD, and colleagues discuss a patient with SLL/CCL who presented with skin lesions that were not attributable to the local presence of cancer cells. The researchers recommend that clinicians remain vigilant for unusual presentations beyond the classical symptoms of underlying or newly diagnosed hematologic disorders, while maintaining a high-level of suspicion for potential disease progression.

Ductal carcinoma in situ (DCIS) is a common preinvasive breast disease that is detected through screening mammography and often treated similarly to invasive breast cancer. One of the most controversial aspects in the management of breast diseases, and specifically breast cancer, is the appropriate management of DCIS, writes Henry M. Kuerer, MD, PhD, FACS, in “Controversies and Clinical Trials for DCIS: Margins and Active Surveillance.” Dr Kuerer reviews important data regarding what constitutes an acceptable negative margin for patients treated with breast-conserving therapy and who receive radiotherapy. Not all patients with negative margins less than or equal to 2 mm require repeat surgery when receiving radiotherapy, as the local control is extremely high.

In “Basic Concepts in Bladder Cancer Immunotherapy,” J. Ryan, Mark, MD, and coauthors discuss the successful treatment of bladder cancer with bacillus Calmette-Guérin, which hints at the promise immunotherapy holds for the treatment of this disease. In the manuscript, they review the basic concepts behind the development of newly available checkpoint inhibitors.

Sarmen Sarkissian, MD, and Susan M. O’Brien, MD, provide an overview on the use of Bruton tyrosine kinase (BTK) inhibition in CLL and other B-cell lymphoproliferative disorders. They note that despite the high response rates, subsequent resistance and adverse effects remain challenges. Many second-generation BTK inhibitors are in clinical trials at varying stages of development. In the review, they discuss 3 of these compounds: acalabrutinib (ACP-196), BGB-3111, and ONO/GS-4059.

Due to a printing error, the July CME article, “Checkpoint Inhibitors: Where Have We Been and Where Are We Going in Advanced NSCLC?” was not fully printed. The full CME article and activity is available online at gotoper.com/link/2691.

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