

Inside this issue

Community-based investigators: our vast talent pool

Lee S. Schwartzberg, MD, FACP, Editor-in-Chief | The West Clinic, Memphis, TN

One of the most gratifying aspects of editing this journal is the opportunity to be educated by other community-based oncologists. Sometimes I think we take for granted the enormous depth and breadth of talent spread across our country.

Increasingly, community oncologists serve as principal investigators for industry-sponsored trials and their own investigator-initiated trials. This phenomenon represents a growing and welcome trend away from the traditional model of single-site academic center trials. While there is nothing wrong with the old system, a great need exists for more community-based practitioners to design, oversee, and participate in research protocols. The explosion

of biologic insights into cancer has provided hundreds of candidate agents for human clinical studies, which must proceed through orderly testing.

This issue features several reports from leading

clinical investigators in diverse diseases that are of interest to every oncologist. John Hainsworth and collaborators present the results of a large prospective study of chemoradiation with or without esophageal resection for locally advanced esophageal cancer (see page 431). While the original intent of randomization after induction therapy was not met, the study's results remain illuminating and provide tremendously valuable information on which to base clinical decision making.

Our own David Henry and his associates provide a retrospective review of the use of a novel schedule of pegylated liposomal doxorubicin in a variety of

malignancies, providing oncologists with an alternative method of delivering this valuable agent (see page 441). Complementing this study is the brief report on page 464 by Leslie Laufman and colleagues, who explore the successful outcome of appropriate therapy for extravasation of liposomal doxorubicin.

Jeffery Kirschner and colleagues from the Central New York Community Clinical Oncology Program provide a fascinating prospective survey of patients in their practice, with various cancers, who received pegfilgrastim for the first time (see page 455). Their report on the incidence and management of this commonly encountered toxicity is extensively explored.

Rounding out these studies is a wonderful review of the current status of treatment in patients with hormone-resistant prostate cancer, focusing particularly on the completed and ongoing trials of active immunotherapy with two investigational agents (see page 447). This controversial topic has been hotly debated by patients, clinicians, investigators, and the US Food and Drug Administration recently, so Roy Berger's summary is a great way to get up to speed on this issue.

I'd like to encourage our readers to submit case studies with literature review, retrospective and prospective trials of therapeutic and supportive care agents, and disease or treatment reviews—or a manuscript on any other aspect of community oncology that would be of interest to your peers. Help us continue to be a premiere resource for all those taking care of people with cancer.

Dr. Schwartzberg is Medical Director of The West Clinic in Memphis, TN; Clinical Professor of Medicine, University of Tennessee; and principal investigator of the Baptist Cancer Institute's Community Clinical Oncology Program.



Lee S. Schwartzberg, MD, FACP
Editor-in-Chief

© 2007 Elsevier Inc. All rights reserved.