

*Inside this issue*

# The long path from Petri dish to patient

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

I just spent 3 days as a rare community oncologist in a sea of PhD researchers, academics, and industry scientists at the annual American Association of Cancer Research meeting in San Diego. They presented some of the most elegant science I have seen, focused on the myriad ways that cancer cells subvert the cellular machinery to suit their own whims. The exciting news is that large numbers of molecular targets are being identified, which lead to the development of new therapeutics capable of arresting cancer better and with fewer side effects than ever before.

Still, it's a long path from the Petri dish to the patient. The biomedical establishment is truly a complex and amazing enterprise. A change in a piece of DNA captured by the newest imaging technology ultimately enables a grandmother with advanced breast cancer to live long enough to see her granddaughter marry. Organizing delivery of care is the focus of several articles in this issue of *Community Oncology*; making sure drug technology gets to the patient safely and effectively is just as important as the biology.

Delivering drugs safely is a primary concern in all oncology practices. On page 250, Linda Dohse, RN, BSN, CRNI, provides an excellent review of processes that can ensure certain toxic and potentially life-threatening chemotherapeutic drugs are administered to the right patient in the right dosages at the right time, every time. It's essential reading. One complication of drug delivery is extravasation associated with anthracyclines. In our Community Translations column on page 229 we review a new local treatment—dexrazoxane (Totect)—for this potentially devastating side effect. Often, toxicities occur after new agents are introduced. If an alert nurse picks up a potentially new toxicity from a drug, Dr. Aleta Hong describes how to submit a report to either the pharmacovigilance program RADAR or MedWatch at the US Food and Drug Administration. For more on that, see page 255.

It's intriguing to note that our growing commu-

nity of oncologists is not restricted to the United States. This month's Challenging Cases/Rare Cancers article on page 258 comes from our colleagues in Japan, with expert commentary from colleagues at the University of Oklahoma. Their topic is a single case of idiopathic thrombocytopenia purpura associated with endometrial adenocarcinoma and a systematic review of all case reports. From Israel comes an article describing institutional implementation of sentinel node biopsy for breast cancer (page 271).

We also have in this month's issue a report on page 245 about a new type of community partnership forged between the Dana-Farber Cancer Institute in Boston and a longstanding New Hampshire community practice. This partnership leverages the best assets of both groups to further cancer care.

For an excellent review of the current use of radiation therapy in malignant melanoma see Dr. Paul Read's article on page 236.

And don't miss two illuminating interviews conducted by our editor Dr. David Henry. The first is with Lawrence Goodnough, Director of Transfusion Services at Stanford University, beginning on page 225. Dr. Goodnough talks about changes in the use of erythropoiesis-stimulating agents, new pressure on the blood supply, and the risks of transfusions for cancer patients. David Henry also interviews Senator Arlen Specter, who recently learned he had to battle Hodgkin's lymphoma again (page 277).

Our worldwide community, amply represented in these pages, reflects expert opinion alongside informed practitioner opinion. That's the editorial balance we strive for to provide value to you, our readers.



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

© 2008 Elsevier Inc. All rights reserved.