

A Singleness of Purpose— A Spectrum of Expertise and Care— What Will the Future Bring?

The great coach Vincent Lombardi once said, “success demands singleness of purpose.” Anyone involved in either the basic or clinical science of cancer research or in the care of the patients with cancer, has clearly learned by now that cancer research and care is a multidisciplinary team effort—with a singleness of purpose. Our singleness of purpose is to prevent and cure cancer; however, it takes a spectrum of expertise to do it.

The first year of publication of *ONE—Oncology Economics* has been a great success. Of interest, however, in the first year, was the spectrum of articles being submitted for editorial consideration to *ONE*. Indeed, in addition to excellent submissions in the area of oncology economics and outcomes research, we found submission of excellent articles in cancer prevention, new targets for anticancer drug development, oncogenomics, quality of life, cancer pharmacy, cancer nursing, oncology practice, and supportive care. Actually this should not be a surprise at all, given the spectrum of disciplines required to conduct outstanding basic and clinical cancer research and patient care. With these excellent submissions from a spectrum of specialties and success in the first year of *ONE* (and after very careful thought as to how to best serve our readers) we have decided to expand the scope of *ONE* to include a greater spectrum of specialties involved in cancer research and care. The new name for the journal will be *Oncology Spectrums—The Journal of Integrated Cancer Medicine*. The main mission of *Oncology Spectrums* is to publish articles on the theme of integration of cancer research and cancer medicine. This change from *ONE* to *Oncology Spectrums* with the revised mission to include more aspects of cancer research and care, should enable the journal to better serve our readers, including oncology physicians, basic investigators, cancer nurses and practitioners, pharmacists and decision makers in the health care system—in short, the entire team which has the responsibility for preventing and curing cancer.

What will the future of integration of cancer research and cancer medicine (care) bring and how will we deal with it in *Oncology Spectrums*? It will certainly bring the following which will be emphasized in *Oncology Spectrums*:

1. Greater individualization of treatment of an individual patient’s tumor.

This will be based on a particular target or targets present in the patient’s tumor. We already have several FDA approved examples of this such as: (a) herceptin, a monoclonal antibody against Her 2/neu present in some patient’s breast cancer; (b) rituximab, a monoclonal antibody against CD20 positive lymphoma cells; (c) mylotarg, a monoclonal antibody against CD33 positive leukemia cells; (d) tamoxifen for patient’s estrogen or progesterone positive breast cancers; and a multitude of others in the pipeline.

The greatest challenges ahead for individualization of treatment of patient’s tumors includes patients and physician access to the technologies to characterize their tumors, developing and matching new therapies to hit the targets present in individual patients tumors, and development of regulatory strategies to have new therapies approved for use against a particular target present in many different histologic types of tumors (eg, EGF receptor) rather than have the drug approved against only one histologic type of tumor (eg, breast cancer). We will strive to address the importance of individualization of patient treatment in future issues of *Oncology Spectrums*.

2. Great strides in cancer prevention (now better referred to as treatment of intraepithelial neoplasia, IEN).

It is becoming increasingly clear that the development of cancer is really a series of events which leads to frank, invasive cancer. One important new finding along the way to treating invasive cancer is the development of intraepithelial neoplasia (IEN). IEN

includes such precancerous lesions as colon polyps, prostatic intraepithelial neoplasia (PIN), cervical intraepithelial neoplasia (CIN) and others. Many of these lesions have a high tendency to proceed on to invasive cancer. Treatment of IEN will be an ever-expanding area of oncology. Just in the last year and a half, we have seen two drugs approved to reduce the risk of IEN proceeding to cancer. These agents include the cyclooxygenase 2 (COX2) inhibitor, celecoxib, approved to prevent polyp recurrence in patients with familial polyposis, and the estrogen receptor antagonist tamoxifen, approved for reducing the risk of breast cancer for women who are at high risk for developing the disease. There is no doubt that there will be more and more advances in the areas of treatment of IEN, and *Oncology Spectrums* will strive to publish articles describing these advances.

3. Explosion of information in genomics of cancer—oncogenomics.

This will occur in 3 major areas including: (a) identification of new prevention and treatment targets through (DNA, RNA or protein sequencing) present in tumor cells versus normal cells—against which new therapeutic agents can be developed; (b) identification of prognostic factors to help determine which patients should receive therapy for their tumors—this will have a major economic impact; and (c) identification of different genetic polymorphisms as to how different patients will handle drugs differently. This will also have a major impact on patient care. *Oncology Spectrums* will strive to accept manuscripts in this burgeoning area.

4. Major advances in supportive care for patients with cancer:

There is no question that greater strides will be made in this area. The most likely areas for impact include major new treatments for fatigue. These treatments will be mechanistic-based and should impact what is now the most common symptom that patients with cancer have—namely fatigue.

Additional advances are also anticipated in alleviating mucositis, pain, constipation, depression and other cancer and treatment-induced symptoms. *Oncology Spectrums* will strive to review manuscripts in these areas of supportive care.

5. Health outcomes and pharmacoeconomic research in cancer medicine.

As the genomics era evolves and begins to provide the structure for highly advanced drug therapy possibly to cure specific cancers, then health outcomes and pharmacoeconomic research will be critical. These tools will assist in justifying to payers and other health-care decision makers the overall value of such radical therapies. It is projected that these new therapies may be as 10 to even 100 times more expensive. The challenge will be to communicate not only to payers but providers of care (our readers of *Oncology Spectrums*) with regard to the most current outcomes research. The integration of thoughts, concerns, needs, and wants across all participants of oncology care (including the patient) will be essential to achieving quality and safe treatment. We want to assure the many decision makers that we will continue to publish articles that address prevention and cure that utilize the “cost-effectiveness” perspective. We are committed to keeping you abreast of this information in each monthly issue of *Oncology Spectrums*.

There is absolutely no doubt that the future will bring exciting changes in cancer research which will impact on patient care. A singleness of purpose—preventing and curing cancer, a spectrum of individuals to do it. We hope *Oncology Spectrums* will serve as a great vehicle to improve communication among the spectrum of individuals and individual specialties needed to accomplish the prevention and cure of cancer.

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