

Proceedings in oncology: Aren't we back to the future?

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Dear Colleagues,

Three weeks ago Pamir Atagunduz, the Chief Editor of Marmara Medical Journal, talked to me about his plans for the Journal in the upcoming years with great excitement and enthusiasm. I felt honored when he asked if I would be interested in becoming the invited editor for the first of the "Special Issue" series of Marmara Medical Journal. The same day I started to plan how to accomplish an oncology issue in a very short period of time. When I called Esra Saglam, asking for a review due in 3 weeks, not only she said yes, but also encouraged me with her great ideas. Here, I would especially thank to all of the authors in this issue for writing these manuscripts despite their very busy schedule. Also, I owe special thanks to Bruce Minsky for his positive approach in contributing to our Journal.

In addition to the current information regarding positive interaction between immunotherapy and radiotherapy you will find the latest developments on treatment of various cancers in this "Special Issue - Oncology".

Gastrointestinal tumors are major health concerns in our population. In this issue Bruce Minsky prepared a comprehensive review about the advances in the management of esophageal carcinoma [1]. Faysal Dane outlined the importance of HER-2 targeted therapies on gastric carcinomas [2]. Zuleyha Akgun and Esra Saglam reviewed their recent data and literature on neoadjuvant treatment in rectal carcinomas [3].

Prostate cancer is also a major concern in the male population. Sefik Igdem and Sevil Bavbek summarized the recent advances in hypofractionated radiotherapy for local and management of castrate-resistant prostate cancer [4,5].

Breast cancer is the most frequent cancer in females in the world and in Turkey as well. Palbociclib, a selective cyclin-dependent kinase-4 (CDK-4) and CDK-6 inhibitor, has achieved accelerated approval designation by the United States Food and Drug Administration (FDA) for breast cancer treatment on February 3rd, 2015 [6]. Palbociclib is indicated in combination with letrozole for the treatment of postmenopausal women with estrogen receptor positive, human epidermal growth factor receptor-2 negative advanced breast cancer as initial endocrine-based therapy for their metastases. Bilge Aktas summarized these new drugs that inhibit CDK [7].

Immunotherapy is the rising star of the last few years. New data are emerging day after day and you can find these latest developments in immunotherapy and radiotherapy interaction in the last topic of this issue by Yavuz Anacak, Serra Kamer and Fatma Sert [8].

As my primary research interest is lung cancer, I cannot end my editorial without outlining FDA approval of nivolumab in patients with non-small cell lung cancer (NSCLC) on March 4th, 2015 [9]. We all know that lung cancer is the leading cause of cancer death in men around the world and also in our country. More than 30 percent of NSCLC patients have squamous cell histology because of smoking addiction. Nivolumab is one of the new immunotherapies that blocks programmed death (PD) pathway. It is a PD-1 inhibitor. CheckMate 017 trial enrolled 272 patients with advanced or metastatic squamous NSCLC who progressed on or after platinum-based chemotherapy [10, 11]. Patients

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were randomized to either nivolumab 3mg/kg every 2 weeks or docetaxel 75 mg/m² every 3 weeks (control group). Patients who received nivolumab lived median of 3.2 months longer than control group (hazard ratio 0.59, 95% CI 0.44-0.79; p=.00025). Most common side effects of nivolumab are reported as fatigue, shortness of breath, musculoskeletal pain, loss of appetite, cough, nausea and constipation. Most serious ones are immune-mediated side effects involving healthy organs, including lung, colon, liver, kidneys, and endocrine glands. Results of this trial was shared with FDA as soon as they were available before they are presented in a congress or published. FDA will re-evaluate the application of nivolumab for squamous cell NSCLC on June 22, 2015.

Nivolumab is the first immunotherapy to be available for use in the treatment of lung cancer with promising results. Selection of best patients who will respond to immunotherapy and best treatment combination is still to come. I feel very optimistic again and this time I do not want to say "I have seen this movie before!". Instead, I would like to tell this story with a happy ending to my fellows in the future.

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