

# LETTER FROM THE EDITOR



I have never seen a larger gathering of lonely souls. Although all dressed up, the party never really materialized. The echoes reverberated. The exhibit hall at the ASCO meeting was cavernous, with booths stretched out as far as the eye could see. But you could have cantered down the aisles on your mare or used the rows for an archery range with no one getting hurt.

I spoke with a few seasoned pharmaceutical representatives about their impressions regarding this year's meeting. One observation was that, for the first time, there was no queue waiting to storm the barricades at the opening bell, rushing around to acquire all sorts of unnecessary objects. The booths were empty, except for those serving espresso, frozen yogurt, water, or biscotti. Several of the companies tried to be more educational, with a bit of glitz as an attraction, but the sales representatives were having a difficult time hooking passers-by. One booth actually had a little computerized quiz which, if you completed it, led to their donating money to a worthwhile charity. Nice touch (I did it, got 4/5 correct), but there was no one else around. It is remarkable how so many attendees in the past appeared to crave a bunch of worthless gimmicks, pads, and pens. There is some useful information to be had in the exhibits: new drugs in the pipeline, ongoing clinical trials, and the like. But that does not appear to be enough.

Right or wrong, our meetings, publications, and charities depend in large part on our pharmaceutical colleagues. The new and ever changing PhRMA guidelines are impeding productive relationships. Now that we can see the impact of merely banning the trinkets from the exhibit hall, what will happen if the companies decide that coming to ASCO is an expense not worth making in the future? The cynical might rejoice. But, in reality, a positive relationship between the various sectors is needed for all of us to stay afloat. We need the advertising for our journals, they need the audience to read the ads. Subscriptions remain the life-line of many journals, and they are more stable, for now; however, it is the advertisements that keep things going.

We had our annual *Clinical Advances in Hematology & Oncology* editorial board meeting at 7AM Sunday morning

at ASCO. Thus, if my recollections are imperfect, that would be my excuse. We discussed a number of potential topics for future issues, including the impact of the new PhRMA guidelines on the pharmaceutical industry, clinical practice, academia, organizations such as ASCO, and the publishers. Several guest authors from the various sectors would be invited to share their views.

Other topics might include a review of toxicities of new classes of drugs, such as the tyrosine kinase inhibitors (TKIs) in renal cell carcinoma and their implications and management; heparin induced thrombocytopenia (HIT) and new coagulants; new statistical designs for expediting drug development; how to appropriately dose chemotherapy, especially in the obese patient; cost-effectiveness of drugs and devices; and the implications of the increasing age of the average oncologist. Other areas we may pursue include a regular column on pediatric oncology, a "Controversies in Hematology/Oncology" series, and perhaps one on "How to Treat". Not only will we be circulating a questionnaire to the editorial board members for their input, but we welcome any suggestions from our readers.

In the current issue, we can read about the development of drugs from natural marine products by Dr. Molinski, and Dr. Saltz's thoughts on the role of bevacizumab in colorectal cancer. Dr. Goldsmith and his team in the United Kingdom describe nephrotic syndrome and thrombophilia, and Dr. Horwitz updates us on research in the area of T-cell lymphomas. Our 2 features highlight the management of depression in head in neck cancer patients and pentostatin combinations in the treatment of chronic lymphocytic leukemia.

Until next month...

A handwritten signature in cursive script that reads "Bruce D. Cheson".

Bruce D. Cheson, MD