Editorial

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Greetings and welcome to the third issue of *Therapeutic Advances in Hematology*. This issue I would cache as a 'therapeutic road map' of sorts for a variety of difficult clinical situations- truly aiming to live up to our title! Again hats off to the editors and authors for their contributions, attention to detail, and enthusiasm to buoy this academic endeavor along. As editor-in-chief, I am grateful for the early momentum *Therapeutic Advances in Hematology* has and again welcome from all of us at the journal novel manuscript concepts and original research as we continue into 2011.

We begin with a comprehensive review by Drs. Koren-Michowitz and Chan, from Cedars-Sinai in Los Angeles, of the prolific area of JAK2 inhibitors for myeloproliferative neoplasms (MPNs)-first a summary of the mutations themselves and potential goals of therapy in the various MPNs, followed by a very complete run-down of agents in various stages of development and what is known to date. Drs Luger and Mangan from the University of Pennsylvania then tackle the difficult area of relapsed/refractory acute myeloid leukemia (AML) and highlight prognostics predicting success or failure and review the roles of 'conventional' or novel strategies and the role of transplantation in this setting.

Turning to Dr. Tyner from Oregon Health & Science University, the strategy of a 'personalized approach' to hematologic malignancies through

molecular diagnostics is unraveled with explanation of 'genetic lessons' learned, the types of markers queried (fusions, deletions, etc) and the technology available to identify them and put them to use with directed therapy. While on the topic of 'genetic lessons', Dr. von Bubnoff from University of Munich in Germany then reviews the rich area of prognostic significance of response in chronic myelogenous leukaemia (CML), covering the disease specific factors (risk score, degree of clonal evolution, etc) and imatinib response as well as how to rationally incorporate second-generation tyrosine kinase inhibitors (TKIs) now approved for front-line use.

In addition, Dr. Strauss from Memorial Sloan-Kettering Cancer Center in New York provides us then with a detailed and comprehensive strategy to follow the patient treated for Hodgkin's lymphoma and the post-chemotherapy and post-transplant risks including second malignancies, cardiovascular disease, endocrine, musculoskeletal and fertility issues as well as quality of life and psycho-social assessment. We then close with a very interesting letter to the editor from Dr. Deeren from Belgium regarding the importance of taking a good 'radiographic history' when a common infectious complication, invasive pulmonary aspergillosis, is the culprit.

Once again, as I certainly have, enjoy!

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