Editorial

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Welcome to the June 2011 issue of *Therapeutic Advances in Hematology*! As this spring marks the ten-year anniversary of a therapeutic advance near and dear to me, the FDA approval of imatinib mesylate for patients with chronic myeloid leukemia, we are reminded of how much we depend on deeper understanding of disease pathogenesis, benefit from expansion of drug discovery and rapid clinical trial efforts, and how rapid numerous developments in ‘targeted’, or more specific therapeutics- relative to ‘conventional’ therapeutics- have emerged and been integrated into our field. In this issue we have both sides of the coin represented- query into the collateral effects of such therapies and observations potentially driving subsequent work into novel pathways balanced with comprehensive reviews of specific disease entities and advances in each area.

This issue commences with Dr. Walker and colleagues from the ACORN research group in Memphis providing a retrospective analysis of the effect maintenance rituximab had on quality of life (QOL) in follicular lymphoma patients, noting psychological benefit without adversely affecting QOL, an important observation given the common use of this therapeutic strategy. Next comes a case-control analysis from Dr. Tedesco and others from Vanderbilt University on patients with acute promyelocytic leukemia (APL) treated at their site, concluding a significant proportion were obese as defined by a body mass index >30; this confirms a prior study and supports the hypothesis that the metabolic

syndrome (obesity, diabetes mellitus) may also be driven by the same retinoic acid receptor (RAR) pathway as APL and that common defects and treatment effects should be further explored.

Drs. Hewamana and Dearden from the Royal Marsden Hospital (Sutton, UK) then nicely summarize the dilemma of high risk chronic lymphocytic leukemia (CLL), highlighting the poor prognosis of the p53 deletion/mutation group and the potential of alemtuzumab in this group as well as updating the list of novel therapeutics in development in CLL. In the area of advances for nonmalignant hematology we then welcome Dr. Rybak and colleagues from the Brigham and Women’s Hospital in Boston who provided a review of novel oral anticoagulants and a detailed look at comparative efficacy, noting their ease of administration and favorable risk/benefit ratio in comparison to conventional heparin compounds and warfarin. The issue then closes with Dr. Foss’ review of peripheral T-Cell lymphomas, highlighting the impact of the favorable prognostic marker ALK (anaplastic lymphoma kinase), the challenge of treating NK/T-cell lymphomas and the role of novel therapeutics and stem cell transplantation in these diseases.

We thank the authors for their high quality work and continue to welcome others. We are pleased to see an increasing amount of original research submitted and invite all to use *Therapeutic Advances in Hematology* as a forum for novel concepts and observations, a journal to explore thoughts both inside and outside the box. Enjoy!

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