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This issue of *US Oncology* covers a broad variety of topics. All of this knowledge is important for providing optimal care of patients with cancer. On the one hand, we oncologists can be proud of recent achievements that have substantially improved survival and quality of life; on the other hand, we experience everyday clinical situations where we lack data to support our decisions with a high level of evidence. This is especially true of decision-making for elderly patients with cancer, where we lack data on appropriate treatment of patients with comorbidities and impairments in the various categories of a comprehensive geriatric assessment.

Our aim as oncologists should be for every patient in need to receive treatment based on a high level of evidence that is optimal for the individual situation. Some of the areas where a substantial improvement of survival is possible are reported in this publication, including imatinib following complete resection of primary gastrointestinal stromal tumors (GISTs) (Eisenberg) or in the treatment of unresectable/metastatic GISTs (Patel), combination treatments for the treatment of colorectal liver metastases (Taylor), advances in the treatment of kidney cancer (Ratnayake), advances in the chemotherapy of head and neck cancer (Rodriguez and Adelstein), advances in the adjuvant treatment of breast cancer patients (Hines and Tan), current therapeutic approaches to castration-resistant prostate cancer (Saad), and recent improvements in the treatment of advanced pancreatic cancer (Harris and Goldstein).

Other articles cover improved supportive strategies for chemotherapy-associated nausea and vomiting (Matulonis), for post-operative pain management (Blackshear and Chamberlain), and for treatment of anthracycline extravasation and tissue protection (Langer). Additional articles cover recent developments in procedures to minimize surgical stress, for example through laparoscopic radical hysterectomy for early-stage cervical cancer (King and Ramirez), or to provide options for otherwise inoperable patients, such as radio-embolization for liver cancer (Roberts) or the development of vaccines for lung cancer (Beltrán et al.). Because our aim as oncologists should be for every patient in need to receive treatment based on a high level of evidence that is optimal for his or her individual situation, disparities in cancer diagnosis, treatment, and survival (Neal) and the use of various dosing regimens in ovarian cancer (Hoskins) are therefore of concern. Improvements to patient education are of major importance for improved cancer care in the future (Bober and Sanchez Varela).

As cancer is increasingly becoming a chronic disease, patients are becoming specialists in their disease, supported through physicians and their teams. The intention of this issue of *US Oncology* is to provide readers with up-to-date knowledge to allow them to deliver optimal care for their patients with cancer.

US Oncology would like to thank everyone involved for successfully providing interesting and informative expert discussion on a variety of issues relevant to those involved in the field of oncology. We would like to thank the organizations and media partners for their support, the Advisory Panel for their thoughts and suggestions, and the individual authors for their time and effort. The contribution of everyone involved has resulted in a selection of excellent articles. We trust that you will find *US Oncology* an informative and enjoyable read, and we look forward to bringing you the next issue. ■