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This edition of *European Oncology & Haematology* has a leitmotif that accompanies patients and healthcare professionals on the path to cancer control, which is the quality of life of cancer patients, and the price that is continuously paid to improve the efficacy of treatment, to prolong survival and to increase the cure rate.

Let us remember the cases of breast cancer, of Hodgkin's disease and of acute lymphocytic leukaemia in children, which over the last 40 years became 'manageable cancers', where treatment was step-by-step 'maximised' until a cure rate of 80 % and more was achieved. This evolved into step-by-step 'optimised' care, in which surgery, radiotherapy and chemotherapy were adapted to risk, limiting the intensity of treatment, always keeping in mind the target of the cure, but weighing the probability of cure against the quality of life, the devastating effects of extended surgery and the risk of developing secondary cancers and life-threatening cardiovascular complications.

A special report by Elizabeth Moser and colleagues calls attention to the initiatives that have been launched in this area by the European Organisation for Research and Treatment of Cancer (EORTC), particularly on the first summit dedicated to cancer survivorship. The attention is not only on cancer survivors, but also on patients who are actively treated for cancer.

A paper by Garcia et al. reports on the potential of ghrelin, a drug that can increase the appetite and can stimulate the secretion of the growth hormone, in improving the conditions of cancer anorexia-cachexia sufferers. Another article reports on current trends and future directions in the management of delayed nausea and vomiting, a side effect that still complicates many cancer treatments, focusing on a single dose of several neurokinin-1 receptor antagonists – some old and some new.

Furthermore, other reports in gastrointestinal tumours in vulvar neoplasias and in male breast cancer focus contemporarily on the efficacy and on the side effects and the complications of surgery and chemotherapy. Delgado and colleagues provide a careful review of the new developments in the diagnosis of chronic lymphocytic leukaemia. They do not directly discuss treatment and quality of life, but their report underscores the importance of selecting the right patients for the proper treatment, which sets out to identify patients with aggressive disease where survival is the goal, and the patients with indolent, asymptomatic disease, where quality of life must be respected.

European Oncology & Haematology would like to take this opportunity to thank all participants on this edition, from organisations to individuals. A special thanks goes to our editorial board for their continuing support and invaluable guidance and the biggest thanks are reserved for the expert authors, who spared precious time and effort to produce a perceptive selection of articles. This expert discussion and the wide variety of topics covered ensure there is much of interest for every reader and we hope you find this edition as useful and insightful as those before it. ■