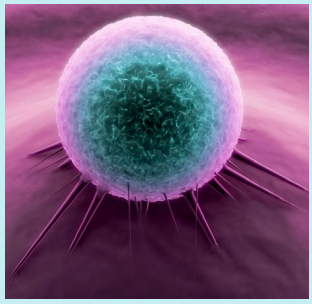

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Future Medicine publishes 8 journals that take a forward-looking stance at the treatment and management of cancer:

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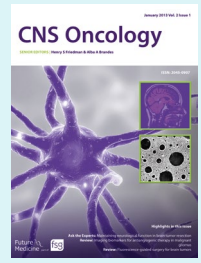
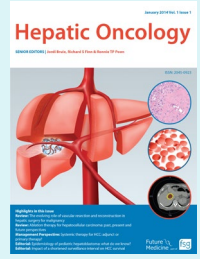
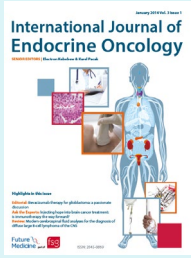


CNS Oncology presents clinical and translational research and management of tumors of the central nervous system.

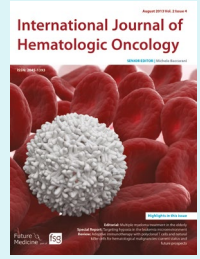
Colorectal Cancer is specifically tailored to clinicians in the field, and provides readers with a concise overview of current and future topics in this ever-evolving field, and presents important evidence-based clinical research.



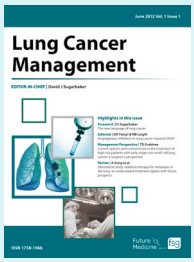
The audience for ***Hepatic Oncology***, one of the few titles that specifically focuses on liver cancers as opposed to hepatology in general, includes clinical oncologists making treatment decisions for all types of liver cancer and those involved in clinical research.



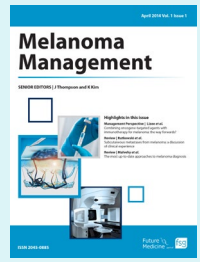
Supported by an international Editorial Board, ***International Journal of Endocrine Oncology*** is a unique resource for those working in the clinical and translational research and management of endocrine oncology, with articles targeted to the time-constrained clinician.



International Journal of Hematologic Oncology is a peer-reviewed publication that presents the most important advances in hematologic oncology research, providing a forum for discussion and analysis of emerging advancements in the field.



Tailored for the Lung Cancer Clinician, ***Lung Cancer Management*** focuses on the diagnosis, staging and treatment of the disease, presenting the latest advances in clinical practice in practice-oriented formats of direct relevance in the clinic.



Melanoma Management fills a market niche by looking specifically at the clinical aspects of treating a patient with melanoma and aims to bridge the gap between dermatology and oncology by providing timely and easily accessible content.

This document includes a summary of some recent top articles featured in the above journal. To ask questions about our journals or submit an article proposal, please e-mail Managing Editor Roshaine Gunawardana (r.gunawardana@futuremedicine.com).

Breast Cancer Management

Research Article

Immediate implant-based breast reconstruction using the TIGR® Matrix mesh

Peter Schrenk

Breast Cancer Center, Kepler University Clinic, Linz, Austria

Breast Cancer Management 5(2), 53–59 (2016).

www.futuremedicine.com/doi/10.2217/bmt-2016-0003

Background: Different types of acellular dermal, synthetic and biological matrices have been used in connection with immediate implant-based breast reconstruction. **Patients & methods:** A new long-term absorbable surgical matrix, TIGR® Matrix mesh was used in a total of 29 patients undergoing a total of 37 mastectomies and immediate reconstruction. **Results:** Early postoperative results showed no adverse reactions to the mesh and a good integration into the tissue. **Conclusion:** It may therefore constitute an alternative to acellular, dermal or other synthetic matrices currently available.

CNS Oncology

Editorial

The role of bevacizumab in recurrent glioblastoma: new insights from randomized trials

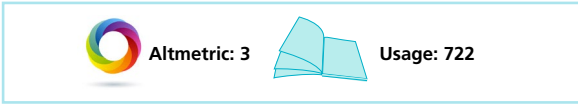
Enrico Franceschi[1] & Alba A Brandes[1]

[1]Bellaria Maggiore Hospitals, Azienda USL – IRCCS Institute of Neurological Sciences, Bologna, Italy

CNS Oncology 4(3), 117–119 (2015).

www.futuremedicine.com/doi/full/10.2217/cns.15.7

The role of bevacizumab in the setting of recurrent glioblastoma (GBM) is still an argument of debate. In Europe, the EMA did not approve this agent despite the promising results in terms of response rate and progression-free survival provided by early Phase II studies without a calibration arm. Therefore, new prospective randomized trials with bevacizumab in the recurrent setting have been conducted, and have been recently reported: the BELOB and the AVAREG trials.



*Usage refers to the no. of times the full text (HTML + PDF) of the article has been accessed as of 16th May 2016.

Colorectal Cancer

Management Perspective

BRAF-mutated colorectal cancer: clinical implications for a distinct subset of the disease

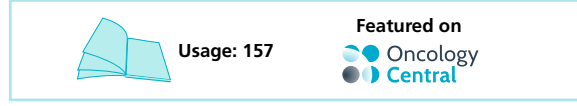
Jennifer Liang[1], Alok A Khorana[1], Matthew F Kalady[1]

[1]Cleveland Clinic, 9500 Euclid Avenue, A30, OH, USA

Colorectal Cancer 4(3), 125–133 (2015).

www.futuremedicine.com/doi/full/10.2217/crc.15.15

Colorectal cancer (CRC) is many diseases, with each case defined by the underlying genetic and molecular changes of that particular tumor. The heterogeneity of CRC emphasizes the need to understand this disease within the context of genetic subsets. BRAF mutations mark a subpopulation that arises through the serrated pathway to carcinogenesis. This subset of cancers is associated with unique clinical and histopathologic characteristics. BRAF-mutated CRCs have a worse prognosis compared with their wild-type counterparts, and may not be as responsive to chemotherapy. Target therapies specifically against BRAF and its related signaling pathways are under both scientific and clinical investigation. This article highlights the clinical relevance of the subset of BRAF-mutated CRCs.



Hepatic Oncology

Drug Evaluation

Chemoembolization of hepatocellular carcinoma with HepaSphere™

Katerina Malagari Anastasia Pomoni[1], Dimitrios Filippiadis[1] & Dimitrios Kelekis[1]

[1]University of Athens, Medical School, Greece

Hepatic Oncology 2(2), 147–157 (2015).

www.futuremedicine.com/doi/10.2217/hep.15.2

This review discusses the current data on Hepasphere™ in the treatment of hepatocellular carcinoma. HepaSphere is a drug-loadable microsphere that can be bound with doxorubicin, epirubicin, cisplatin or oxaliplatin. *In vitro* and *in vivo* studies confirm lower systemic exposure to the drug and fewer systemic doxorubicin-related side effects. Studies suggest that this technique is better tolerated than conventional lipiodol-based chemoembolization (c-TACE). In intermediate and early stage hepatocellular carcinoma – nonresponsive to curative treatments – complete response and partial response rates range from 22.2 to 48% and 43.7 to 51%, respectively. Studies with survival as an end-point are needed and head-to-head comparisons with other drug-eluting beads are necessary.

 Altmetric: 2  Usage: 212

International Journal of Endocrine Oncology

Review

Imaging in neuroendocrine tumors: an update for the clinician

Jessica E Maxwell[1] & James R Howe[1]

[1]University of Iowa Carver College of Medicine, A 52242, USA

International Journal of Endocrine Oncology 2(2), 159–168 (2015).

www.futuremedicine.com/doi/full/10.2217/ije.14.40

Neuroendocrine tumors are a heterogeneous group of neoplasms that are best worked up and managed using a variety of clinical and imaging studies. They are often diagnosed after they have already metastasized, though this does not necessarily preclude an attempt at curative surgical treatment or surgical debulking. Tumor burden assessment often requires use of multiple imaging modalities including computed tomography, magnetic resonance imaging and ultrasound. Somatostatin receptor-based imaging is also of great utility in looking for primaries and determining the extent of metastatic disease. This paper will review the most common imaging modalities used in the diagnosis and treatment of neuroendocrine tumors.

 Altmetric: 4  Usage: 342

International Journal of Hematologic Oncology

Review

Update on recurrent genetic aberrations in acute myeloid leukemia

Kareem Jamani[1] & Carolyn Owen[1]

[1]University of Calgary, Room 603 South Tower, Foothills Hospital, 1403 29 St NW, Calgary, Canada

International Journal of Hematologic Oncology 4(5), 179–190 (2016).

www.futuremedicine.com/doi/abs/10.2217/ijh.15.22

Recurrent chromosomal aberrations have long been recognized to influence prognosis in acute myeloid leukemia (AML), however, 50% of AML patients have a normal karyotype. The new millennium ushered in discoveries of gene mutations at the molecular level that predict outcome in patients with normal karyotype. Some recurrent mutations are already used in routine practice for AML risk stratification. With the development of high-throughput sequencing technologies, there has been a storm of new data, uncovering a complex genetic landscape in AML. In this review, we describe the significant progress in characterizing recurrent genetic abnormalities in AML in the last 5 years, focusing on prognostic significance and therapeutic implications.

 Usage: 27 Featured on Oncology Central

Lung Cancer Management

Clinical Trial Protocol

Community hospital experience using electromagnetic navigation bronchoscopy system integrating tidal volume computed tomography mapping

Abhijit A Raval[1] & Leah Amir[2]

[1]AnMed Health – Pulmonology, 2000 East Greenville Street, Suite 1100, Anderson, SC 29621, USA

[2]Institute for Quality Resource Management – Health Economics, 1 City Place Drive, Suite 285, MO, USA

Lung Cancer Management 5(1), 9–19 (2016).

www.futuremedicine.com/doi/10.2217/lmt-2015-0007

Results of the first 50 consecutive patients referred for bronchoscopy or surgery by the tumor review board to confirm suspect lung lesions identified by computed tomography. Electromagnetic navigation was used to biopsy peripheral pulmonary nodules, (19.3 ± 10.7 mm). An electromagnetic tracking system was used to detect miniature position sensors integrated directly into tip-tracked instruments advanced through a 2 mm working channel in a bronchoscope. Learning curve, diagnostic yield, safety and use of the 4D positional information on the patient's tidal volume expiration computed tomography map demonstrate a potential to improve the diagnostic yield of transbronchial biopsies of peripheral pulmonary nodules less than 30 mm reporting a diagnostic yield of 83.3% (40/48). Early experience was safe and effective, with a limited learning curve.

 Altmetric: 488  Usage: 138  Open Access

Melanoma Management

Editorial

Intratumoral talimogene laherparepvec therapy in melanoma

Kevin B Kim

California Pacific Medical Center, San Francisco, CA, USA

Melanoma Management 2(4), 297–300 (2015).

www.futuremedicine.com/doi/full/10.2217/mmt.15.28

Over the past several years, we have witnessed a boom in successful drug development for the treatment of patients with advanced melanoma. A number of novel drugs have demonstrated improved survival in these patients in large, randomized clinical trials. These include ipilimumab (an anti-CTLA4 antibody), vemurafenib and dabrafenib (selective BRAF inhibitors), trametinib (selective MEK inhibitor) and pembrolizumab and nivolumab (anti-PD-1 antibodies). As a result of these advances, we now anticipate a median survival of greater than 2 years in patients with metastatic melanoma when these drugs are given in combination,

especially in the case of dabrafenib with trametinib or ipilimumab with nivolumab. In addition to these systemic therapy drugs, a number of local therapies have been shown to be beneficial in a subset of patients with surgically unresectable melanoma. For example, hyperthermic isolated limb perfusion or isolated limb infusion therapy induce significant tumor reduction in a majority of patients with regional in-transit lesions occurring in the extremities. These treatments are capable of delivering high doses of cytotoxic drugs to the affected area with minimal systemic effects. The current limitation of perfusion/infusion therapies, however, is that they have not been shown to improve overall survival in patients.