Future Medicine Oncology Journals

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

**Breast Cancer Management** provides oncologists and other health professionals with the latest findings and opinions on key issues in disease management as well as significant advances.

**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.

**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.

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

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.

**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.

**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.

Research Article

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

Editorial

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

Colorectal Cancer

Management Perspective

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

Drug Evaluation

Chemoembolization of hepatocellular carcinoma with HepaSphere™
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www.futuremedicine.com/doi/10.2217/hep.15.2

This review discusses the current data on Hepaspheretm 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 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.
**Review**

**Imaging in neuroendocrine tumors: an update for the clinician**

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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.

**Clinical Trial Protocol**

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

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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.

**Review**

**Update on recurrent genetic aberrations in acute myeloid leukemia**

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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.

**Editorial**

**Intratumoral talimogene laherparepvec therapy in melanoma**

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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.

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