Spotlight on Clinical Response: Introduction

Studies in target-based treatment

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Molecular Cancer Therapeutics has inaugurated a new feature-Spotlight on Clinical Response-whose objective is the rapid publication of breaking discoveries regarding target- or mechanism-based clinical responses in cancer.

Targeted molecules are poised to alter the landscape of clinical cancer treatment. For example, because they can distinguish cancer cells from their normal counterparts, agents such as imatinib mesylate, a Bcr-Abl and Kit kinase inhibitor, can result in remarkable responses with minimal host toxicity in patients suffering from diseases characterized by abnormalities in the targeted kinases. Indeed, studies of imatinib mesylate in early-stage chronic myelogenous leukemia, whose hallmark is the aberrant Bcr-Abl protein, show response rates of more than 90%. Furthermore, gastrointestinal stromal tumors (GIST), a notoriously chemotherapy-refractory sarcoma, characterized by activating Kit kinase mutations, can show dramatic metabolic responses within days after initiation of treatment.

With the wealth of new knowledge in this field, and numerous novel targeted molecules entering clinical trials, the above examples are likely to represent the tip of the iceberg. In this issue, a patient with Castleman's disease who responded dramatically to an anti-interleukin-6 antibody (CNTO328) is reported. The patient had no side effects from therapy. Since preclinical research indicates that Castleman's disease is driven by interleukin-6, this reflects the success of a mechanism-based treatment.

In summary, the era of ''molecular cancer therapeutics'' has begun. Even so, results in the laboratory and in animals often do not translate into salutary effects in patients. However, when they do, it is important that the information be made quickly available to the investigative community. *Molecular Cancer Therapeutics* believes that providing a forum for the rapid dissemination of cutting-edge findings of successful, albeit early, clinical research should stimulate further study and will ultimately benefit patients with cancer.

Objective

The goal of this feature is rapid publication of breaking discoveries regarding mechanism- or target-based treatment responses in cancer. Appropriate papers should describe one or more patients or pilot/early-phase studies that show significant responses. The responses must be mechanism based. For the response to be mechanism based, it must meet the following criteria:

- Either the tumor of the patient(s) has been shown, via experimentation documented in the manuscript, to have a specific molecular aberration, or it must already be known, through citable literature reports, that that molecular aberration characterizes the type of tumor reported.
- Either the treatment used must be shown, via experimentation documented in the manuscript, to target the specific molecular aberration found in the patient(s)' tumor, or it must already be known, through citable literature reports, that that treatment impacts the molecular target.
- The response must be documented by tumor markers, imaging, and/or analogous modalities as appropriate.

In preparing manuscripts, authors should follow the guidelines for regular manuscripts (see Information for Authors). In addition, Brief Reports that are prepared in accordance with the following guidelines will be considered.

- <1,500 words for text (Abstract, Introduction, Methods, Results, and Discussion; does not include references, tables, and figures)
- ≤20 references
- ≤3 figures plus tables

All papers (both full clinical trials and preliminary results that fall under the Brief Report criteria outlined above) must include a statement regarding the patients' treatment and data collection being done in accordance with the guidelines of an appropriate surveillance committee.

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