Being Realistic and Optimistic in Curing Cancer

Ever since President Nixon declared war on cancer, giant strides have been made to conquer cancer. As 30%–50% of all cancers are preventable, according to the World Health Organization, primary preventive measures – including active immunization against human papillomavirus and hepatitis B virus and lifestyle changes such as cessation of tobacco smoking and alcohol use, increase in physical activity through moderate exercise, and dietary modifications to decrease the risk of obesity – have the potential to reduce the incidence of malignancy. In addition, secondary measures such as adherence to screening guidelines and improvements in diagnostic imaging and testing procedures enable health-care professionals to detect cancer and initiate treatment at an early stage. This approach disrupts or slows down the progress of the disease, which ultimately helps to minimize cancer-related mortality. And now, with the advent of immunotherapeutic agents and targeted therapies, durable and dramatic responses have been observed in several hard-to-treat malignancies, outlining a roadmap to conquering cancer.

However, the success in treating cancer has to be tempered with caution. The reality is that we still have a lot to do. Despite the significant advances in this era of personalized medicine, incidence of cancer remains high and is a leading cause of death worldwide. Further, as response to currently available treatment is limited to a subset of cancer patients and is associated with significant side effects, cancer remains a major public health problem.

In treating patients with such a challenging and life-threatening disease, health-care professionals and scientists are ever daunted by equally challenging questions. The approach of one treatment for all cancers – "one size fits all" – is now obsolete. Major hurdles that hamper progress in this area includes identifying patients who are likely to respond to treatment even before initiation of therapy and identifying patients who are at risk of developing side effects from the treatment. A better understanding of tumor biology and impact of treatment on the tumor microenvironment will enable physicians to make informed treatment decisions. Hence, there is an intense search to identify biomarkers of response and toxicity that would enable personalizing immunotherapy, targeted therapy, radiation therapy, or any modality of cancer treatment based on the genomic, proteomic, and immunologic landscape of tumor tissue. This approach is expected to enhance efficacy and minimize treatment-associated toxicity, resulting in complete and durable responses without recurrence, wherein lies the future of biomedical research. Thus, biomarker-focused translational research not only will optimize the use of targeted and immunotherapeutic agents to treat cancer but also will ultimately improve patient survival and patient satisfaction and reduce health-care-associated costs.

As members of the scientific community, we have a moral responsibility to share the findings of our research activities, including both positive and negative results. Dissemination of knowledge is critical for increasing awareness among health-care professionals. To this end, our mission at the *Journal of Immunotherapy and Precision Oncology* is to provide an opportunity for health-care professionals and scientists to share clinical and translational discoveries related to personalized cancer therapy. The journal welcomes manuscripts that focus on research reports of clinical trials, review papers, and case reports. Our review process is double-blinded as a fair review process is essential, and rapid dissemination of such knowledge is our goal.

In the current issue, Ameratunga et al. discussed the fine divide between optimistic future and the realistic challenges associated with treatment of cancer with personalized cancer immunotherapy.[1] The review by Zarifa et al. summarizes the incidence of rare but potentially fatal cardiotoxicity associated with immunotherapy.[2]

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On behalf of Associate Chief Editors, Jordi Rodon Ahnert and Timothy Yap, and members of the Editorial Board [Table 1], I hereby present the second issue of the *Journal of Immunotherapy and Precision Oncology*.

Table 1: *Journal of Immunotherapy and Precision* Oncology Editorial Board

Name	Title and Affiliation	Specialty	Twitter Handle
Editor in Chief			
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Jordi Rodon Ahnert	*Associate Professor, Investigational Cancer Therapeutics, The University of Texas MD Anderson Cancer Center, Houston, TX, USA*	Precision Oncology	NA
Timothy A Yap	*Associate Professor, Investigational Cancer Therapeutics, The University of Texas MD Anderson Cancer Center, Houston, TX, USA*	Drug Development, DNA Repair	NA
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Jennifer McQuade	*University of Texas MD Anderson Cancer Center, Houston, TX, USA*	Melanoma Medical Oncology	@mcquadeMDLAc
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Adi Diab	*University of Texas MD Anderson Cancer Center, Houston, TX, USA*	xxx	NA
Jennifer Gardner	*Associate Professor, Division of Dermatology, University of Washington, Seattle, WA, USA* *Director of Medical Education, Melanoma and Skin Oncology, University of Washington Center for One Health Research, Seattle Cancer Care Alliance, Seattle, WA, USA*	Melanoma, Skin Cancer, Medical Education	NA
Ignacio Garrido-Laguna	*Associate Professor, Gastrointestinal Oncology; Associate Director of Phase 1 Program, Division of Oncology, Dept. of Internal Medicine, Huntsman Cancer Institute, University of Utah School of Medicine, Salt Lake City, UT, USA*	Gastrointestinal Cancer, Clinical Trials	@GarridoLagunaMD
Joud Hajjar	*Assistant Professor, Service Chief of Adult Allergy and Immunology, Section of Immunology, Allergy, and Rheumatology, Baylor College of Medicine and Texas Children Hospital, Houston, TX, USA*	Clinical and Tumor Immunology, Primary Immune Dediciency and Immune dysregulations	@HajjarJoud
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Matthew Krebs	*Senior Clinical Lecturer, Division of Cancer Sciences, Dept. of Biology, Medicine, and Health, The University of Manchester Consultant in Medical Oncology, Experimental Cancer Medicine Team, The Christie NHS Foundation Trust, Manchester, UK*	Experimental Cancer Medicine	NA
Rebecca Kristeleit	*Dept. of Gynecological Oncology, University College London Hospitals, London, UK*	Gynecologic Oncology	NA
Chia-Chi Lin	*Director of Phase 1 Center, Dept. of Oncology, National Taiwan University Hospital, Taiwan*	Drug Development, Lung Cancer, Esophageal Cancer	NA

Table 1 continued on next page

Table 1: Continued

Name	Title and Affiliation	Specialty	Twitter Handle
Herbert Loong	*Clinical Assistant Professor, Dept. of Clinical Oncology; Deputy Medical Director, Phase 1 Clinical Trials Centre, The Chinese University of Hong Kong, Prince of Wales Hospital, Hong Kong, China*	Oncology, Clinical Trials	@herbloong
Juanita Lopez	*Consultant in Medical Oncology, Drug Development Phase 1 Unit, Royal Marsden Hospital and The Institute of Cancer Research, London, UK*	Medical Oncology, Drug Development, Clinical Trials	NA
Christophe Massard	*Senior Consultant, Dept. of Drug Development, Dept. of Medical Oncology, Gustave Roussy, Villejuif, France*	Drug Development	@drcmassard
Rowan Miller	*Consultant Medical Oncologist, University College London Hospital, London, UK*	Gynecologic Oncology, Early Phase Trials	NA
Paolo Nuciforo	*Principal Investigator, Molecular Oncology Group, Vall d'Hebron University Hospital, Vall d'Hebron Institute of Oncology (VHIO), Barcelona, Spain*	Molecular Pathology	@DrMiddlescent
Nir Peled	*Head, Oncolog Division, The Legacy Heritage Oncology Center & Dr. Larry Norton Institute, Soroka Medical Center & Ben-Gurion University, Beer-Sheva, Israel*	Lung Cancer, Genetics, Immunotherapy	NA
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Patricia Roxburgh	*Senior Clinical Lecturer, Experimental Therapeutics, Institute of Cancer Sciences, University of Glasgow, Glasgow, Scotland*	Experimental Cancer Medicine	@RoxburghP
Stefan Symeonides	*Senior Clinical Lecturer, Medical Oncology, Cancer Research UK Edinburgh Centre MRC Institute of Genetics & Molecular Medicine, University of Edinburgh, Western General Hospital, Edinburgh, UK*	Genetics	NA
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NA=Not available or not on Twitter

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