

Notes from 2017, hopes for 2018

The February issues of the Nature Reviews titles are perhaps among the most eagerly awaited by our readers because they feature summaries of the major findings in clinical research reported in the previous year. When we commissioned the 2017 Year in Review articles for *Nature Reviews Clinical Oncology*, we knew we would not be able to include all the tumour types in which relevant advances have been made, owing to the limitation in the number of articles, and certainly not because of a lack of breakthrough results. Nevertheless, we believe our choices reflect some exciting developments, and the experts who have written the articles have provided excellent summaries of these findings and their context. Among these advances, 2017 marked the end of a long period in which no novel treatments had been approved for patients with acute lymphoblastic leukaemia or urothelial carcinoma. New opportunities also became available for patients with non-small-cell lung carcinoma or melanoma, for whom immune-checkpoint inhibitors were shown to improve outcomes in earlier disease stages than those for which they were originally approved. Several findings regarding the importance of disease setting were also made that will benefit patients with colorectal or breast cancer. Undoubtedly, these findings will stimulate future research to improve the outcomes of patients with these or other malignancies.

Next month, our readers will be able to further appreciate the advances from 2017 when we publish a Comment about the agents approved by the FDA in the field of haematology and oncology. 2017 was a year of 'first-time' approvals, such as those granted to chimeric antigen receptor (CAR) T cell-based therapies, the tissue-agnostic use of pembrolizumab, and biosimilar anticancer agents.

Many key clinical studies published in 2017 were discussed in our pages throughout the year, either by specialists or by the editorial team. We also reported news from many conferences, in which we witnessed discussions about end points and survival curves (sometimes too close to each other), heard the results of gene-profiling studies of hundreds of patients, and admired phylogenetic trees showing tumour evolution. One of the most outstanding stories we covered was that presented at the ASCO Annual Meeting showing that the collection of patient-reported outcomes and the subsequent adjustment of care delivered to patients with cancer receiving chemotherapy

resulted in prolonged overall survival. The good news about this study is that such an intervention can be easily implemented in many community practices with little additional infrastructure or cost. In the months to come, we hope to hear more good news centred around patients — the increase in the number of publications about patient-reported outcomes observed in the past few years indicates that we might.

From the ESMO Congress, we highlight the presentation of an update of the ESMO Magnitude of Clinical Benefit Scale (MCBS). The new version of the MCBS includes several amendments, perhaps the most important being the possibility of incorporating results from single-arm studies. In practical terms, the MCBS can now be applied to a broader range of antitumour agents in decision-making processes, with either a regulatory or a clinical intent. Of note, in 2017, many articles published in this and other journals questioned whether the anti-cancer treatments approved in the past few years meet the meaningful clinical benefit threshold defined by the MCBS or other frameworks. Inevitably, and because they were developed in different contexts, these frameworks do not apply identical criteria. What makes us worry, however, is that no doubt should exist about the benefit that patients would derive from an antitumour agent that is approved for use in routine clinical care.

For *Nature Reviews Clinical Oncology*, 2017 was a year of change. Many readers will have noticed the new look and new functionalities of our website. Perhaps less visible is the fact that Lisa Hutchinson, former Chief Editor of the journal, is no longer part of the editorial team. We wish Lisa all the best in her new ventures, greatly miss her passionate style and innovative ideas, and aim to build on the foundations she laid for the journal. Rest assured, the core principle of *Nature Reviews Clinical Oncology* remains the same: we will only publish articles in which 'patient' is a keyword. We want to aid clinicians in their conversations with patients and their families. Therefore, we want to ensure that all therapeutic options, as well as the particular hurdles associated with each treatment, are considered in the journal. *Nature Reviews Clinical Oncology* would not be possible without the wonderful support teams at *Nature Reviews*, our authors, peer-reviewers, advisory board members and, most importantly, our readers. We are grateful to you all, and hope to share exciting new advances in 2018.

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