From the editor

The ability to identify cancer in its earliest stages represents a Holy Grail for oncologists, for the chance for a successful outcome is greatest then. However, in 2007, detection of minimal disease in the setting of recurrence or relapse offers a mixed picture. For the most part, we do not yet have the anticancer therapies that can eradicate cancer after it has recurred, no matter how early we detect the recurrence. While we hope that early detection of recurrence will improve outcome, we have no evidence of such, and at the moment, early detection of recurrence can introduce lead-time bias that may confuse our understanding of the efficacy of a given therapy. More to the point, who has not been in the unlucky situation of describing a positive FDG-PET study to an asymptomatic patient with no other evidence of disease? Nonetheless, we continue to seek methods of detecting cancer before clinical therapeutics have caught up with that capability.

In this issue of CCR Focus, “Imaging Update: New Windows, New Mirrors”, Guest Editor Ronald Blasberg has assembled a talented group of contributors to consider emerging technologies and strategies for improved imaging of cancers as a means of identifying disease and as a means of detecting response to therapies. In addition to a clear and concise overview of the ever-changing imaging landscape, Blasberg also gives us his expert opinion on the translation of various imaging strategies to the clinic. Herein the reader will find skilled descriptions of DCE-MRI and its use in documenting blood flow following antiangiogenic therapy. (Jackson et al.); the use of 18F-FDG-PET and its role in staging cancer and in monitoring recurrence of disease (Mankoff et al.); new probes for PET imaging, including multiple example of probes already translated to the clinic (Wester); the use of MRI in a therapeutic maneuver—MRI-guided ultrasound to raise temperature at a tumor site to achieve an anticancer effect (Moonen); and the use of optical imaging derived from transfer of reporter gene constructs in animal models (Kaijzel et al.).

Collectively these articles represent convincing proof that as new therapies do arrive, the windows and the mirrors will be there already. Perhaps that is as it should be.

As with all issues of CCR Focus, it is hoped that these reviews will educate the interested non-expert and stimulate interest, encouragement, and inspiration for those laboring in the field.

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CCR Focus
From the Editor

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