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Editorial

Breast cancer and ovarian cancer: State of the art treatment approaches

Breast cancer is the most frequent female cancer, accounting for 23% of all cancers, and is the leading cause of cancer mortality in women worldwide. An astounding 4.4 million women are alive today with breast cancer.¹ Most of these women were diagnosed with early-stage (63%) or locally advanced disease (30%), but approximately 6% presented with metastatic disease.² Importantly, nearly half of women presenting with early-stage disease will ultimately develop metastases,³ making treatment of breast cancer an important worldwide health care concern.

Ovarian cancer is the seventh most common cause of cancer death in women. With 204,000 new cases and 125,000 deaths annually worldwide, it affects fewer women than does breast cancer,¹ but is associated with higher mortality.

The papers in this supplement address state of the art therapy for breast and ovarian cancers. Information is included on HER2-positive and HER2-negative metastatic breast cancer, early-stage and locally advanced breast cancer in the elderly, and partially platinum-sensitive relapsed ovarian cancer.

A recurring theme in each of these state of the art reviews is the importance of tailoring treatment to unique disease and patient characteristics such as HER2 status, hormone-receptor status, toxicities resulting from previous regimens, relapse-free interval, performance status, and when applicable, the results of a comprehensive geriatric assessment.

Anthracyclines and taxanes are the mainstay of antineoplastic treatment for breast cancer, with the addition of trastuzumab in women with HER2-positive disease. A platinum-containing combination is the best current treatment

for ovarian cancer. However, these treatments can be associated with troublesome toxicity, and resistance eventually develops in all cases. Alternative strategies, including the use of less cardiotoxic drugs such as pegylated liposomal doxorubicin or the anti-HER2 agent lapatinib, are expanding the number of patients who can benefit from the multiple lines of treatment that have become a standard strategy in the management of patients with breast or ovarian cancers.

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