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## **Foreword**

It is a great pleasure for us to introduce this Special Issue of the European Journal of Cancer on the topic of Multidrug Resistance in Cancer. When we were first asked to take on the task of editing the issue, we drew up a list of topics which we believed would truly represent the very best 'state-of-theart' account of the field. We were delighted (and somewhat surprised) to receive acceptances from virtually all the invited contributors or their very close colleagues and collaborators. The schedule for production of manuscripts was unusually tight and we are, therefore, particularly grateful to the contributors for helping us to keep on schedule despite the many other competing demands on their time. We are consequently able to bring this issue to the reader within 5 months of the closing date for contributions which compares favourably with the time course for most multi-author endeavours of this type.

The field of multidrug resistance is at an exciting stage of development. Almost all aspects of the field, from the basic molecular and cell biology to the clinical detection and therapeutic significance of the various mechanisms, are covered by the papers in this issue. Modulators of P-glycoprotein-mediated resistance are now in phase II and III clinical trials around the world and many hundreds of patients will enter these trials over the next few years. The biology of MRP and LRP is a matter of intense interest, and it appears likely that strategies to circumvent resistance mediated by these proteins will be developed and enter the clinic in the not-too-distant future. It is timely, therefore, that several contributions

address different aspects of resistance related to drug transport involving these proteins. A number of new drugs which target topoisomerase II are now in clinical trial, as are agents intended to interfere with drug detoxification pathways involving glutathione or related enzymes. These topics are also, therefore, included.

There has been an explosion of interest over the last few years in the possibility that truly pleiotropic therapeutic resistance can result from molecular changes which allow cells to avoid programmed cell death ('apoptosis'). The contribution from John Hickman explains the experimental basis for this idea and holds out exciting prospects for future developments leading to clinical interventions.

On a personal note, for one of us (PT) involvement in the editing of this Special Issue is something of a swan-song in that I am about to leave active participation in the field of drug resistance in order to take up a post in cancer research administration in London. I am grateful to all my friends and colleagues in the field for many stimulating and enjoyable interactions over the years.

We hope (and believe) that the efforts of all our authors has resulted in a Special Issue which will form a valuable source of information and reference in 1996 and for some time to come.

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