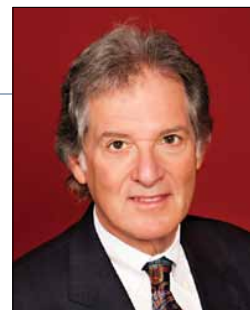


LETTER FROM THE EDITOR



Over my career, I have acquired a bunch of letters after my name: first was the MD, which was bloody well-earned. Later on, I became an FACP, which I was told was good for my career; however, all it got me was a journal which I rarely ever peruse. A few years ago, I was awarded the FAAAS, which, again, attracts little attention or recognition. But now, I have decided to add FMR (ie, former, not to be confused with the myriad of less relevant things it might stand for!). Through the years, I have served on the Board of Directors of ASCO, chaired the Scientific Advisory Board of the Lymphoma Research Foundation, was a member of the Oncologic Drug Advisory Committee to the FDA, and was Associate Editor of the *Journal of Clinical Oncology*, amongst other positions, such that now I consider myself FMR for each.

However, on 15 March 2013, I acquired perhaps my most meaningful FMR to date. At the end of the Core meeting of the Lymphoma Committee of Alliance (formerly the CALGB), I announced that I was stepping aside from my chairmanship after holding that position longer than anyone in recent memory. The reasons, I explained to my team, were as follows: When I took over the position a decade ago, I set 3 major objectives for myself. First, to form the best committee I could. And, indeed I did. I have spent a decade working with some of the most outstanding clinical investigators and human beings, dedicated to improving the lives of patients with lymphoma. Second, to lead them in a unique direction for such a group: to eschew the large, randomized trials that cooperative groups are known for and which have, more often than not—at least in lymphoma—been negative. Instead, we decided to focus on novel phase I and II trials with the goal of a chemotherapy-free approach to these diseases. We have conducted trials of doublets of monoclonal antibodies as initial therapy for follicular lymphoma, and were the first to study the so-called R² regimen (rituximab and lenalidomide [or Revlimid]), initially in the relapsed setting, and subsequently upfront. Our results with these studies have been quite impressive. We have continued in that direction in numerous ongoing and proposed trials, expanding

beyond the follicular lymphomas to other histologies, with the potential to truly move the field forward. My third goal was to grow the careers of young investigators, and

I am incredibly proud of those in my gang, including Ann LaCasce, Kristie Blum, Soni Smith, Peter Martin, and so many others whose CALGB/Alliance experiences have “jump-started” their careers, as they described it to me. I feel certain that the future of lymphoma research is secure with this next generation. But, when you dedicate yourself to mentoring, at some point you have to realize that it is time for the mentee to take the reins. I was very fortunate to have exceptional colleagues and friends from which to select my successor. Thus, over the next few months, I will be transitioning the leadership to John Leonard, who I am confident will be superb in that role. I will be participating as another Committee member, offering my help and support as needed.

Following my rather emotional announcement, I was deeply moved by the outpouring of gratitude and affection from my little lymphoma family. Several touching tributes were made. I received lots of hugs and many subsequent e-mails congratulating me on the job I had done and the indelible legacy I had left behind (whether that is good or bad only time will tell).

But, in the end, it is I who should be issuing the congratulations and thanks. I could never have worked with a more wonderful group. To lead them for a decade has been my honor.

To add the FMR means that a phase of your career is over, but it also means that you had the privilege of having those opportunities in the first place. For that, I am truly grateful.

Until next month . . .

A handwritten signature in black ink that reads "Bruce D. Cheson". The signature is written in a cursive, flowing style.

Bruce D. Cheson, MD, FMR