

# Inside My File Cabinets



We finally have emerged from the dungeon, and are glad to once again see the sunlight. For several months, the physicians and staff inhabiting our corridor were quartered in the long unused basement of our cancer center while renovations took place in our offices 3 floors above. In order for the construction workers to move my overflowing file cabinets, the contents had been dumped into blue bins in a haphazard manner. While reassembling my things, I took it upon myself to do some spring-cleaning.

The disarray turned out to be a blessing because it allowed me to have a few moments of unstructured thought and flights of recollection. Leafing through the pages rekindled memories of events and patients who were impacted by the medical advances of these last few decades, and reinforced how I wish I knew then what I know now. Oh, the lives that could have been saved!

The bins were filled with items that brought back memories of talks given, meetings attended, and manuscripts published (including stacks of reprints never requested). There were thin pamphlets and formidable binders from numerous national and international meetings where I had given speeches and made many friends. There are numerous people I have worked with and learned from in our joint efforts to make some progress in the treatment of hematologic malignancies. I unearthed photographs that reminded me of those who had been so kind to me, including some with whom I maintain contact, such as Dr George Canellos, and others with whom I have lost touch, including the remarkable Dr Clara Bloomfield.

There were folders of papers that reminded me of when I joined the National Cancer Institute. The first drugs I was assigned to develop included pentostatin—which, for a while, revolutionized the treatment of hairy cell leukemia—and fludarabine, which for decades has been the leading agent to combat chronic lymphocytic leukemia. When cladribine came along, there was a virtual beauty contest for the preferred purine analogue. Although these agents did change the world of hematology, a new wave of small molecule agents has taken over the spotlight.

I found an old paper on differentiating agents in the treatment of cancer, an ill-fated concept. However, analyzing the data led to a recognition of the importance of standardizing response criteria in leukemias and lymphomas,

and all the subsequent series of recommendations published by various working groups I had the good fortune to participate in. I found the brochure from the 2000 German Cancer Congress in Berlin where I first learned about bendamustine, a drug that was being distributed in Germany by the Ribosepharm company. I also unearthed the issue of *Seminars in Oncology* that I edited with Dr Volker Diehl in which we reported on the activity of that compound—the first time this had been done outside the confines of the Berlin Wall.

In a black binder were the minutes I compiled at the 2003 American Society of Hematology meeting in San Diego, during which Ribosepharm convinced the US company Salmedix of the potential of bendamustine. This allowed the drug to make its way across the Atlantic and into trials that confirmed its activity and led to US Food and Drug Administration approval, to the benefit of many patients. Now it remains the only chemotherapy drug still in active development for lymphomas.

I found a 2002 issue of the *New England Journal of Medicine* featuring a randomized trial by the Groupe d'Etude des Lymphomes de l'Adulte (GELA) demonstrating benefit from a new monoclonal antibody, rituximab, in the treatment of patients with diffuse large B-cell lymphoma. This seminal paper has favorably impacted thousands of lives. I saved the journal because I had written the commentary, in which I was—a bit uncharacteristically—more cautious than I am these days about accepting novel therapeutics.

And of course, there were some back issues of *Clinical Advances in Hematology & Oncology*, in which I publish my monthly ramblings.

Perusing these piles of paper was an experience that would be difficult to reproduce in the current, sterile, digital age. It would be nearly impossible to sift through the decades, capturing the nostalgia of where we were and how far we have come, but with still so far to go.

Until next month . . .

A handwritten signature in dark ink that reads "Bruce D. Cheson". The signature is written in a cursive, slightly slanted style.

Bruce D. Cheson, MD