J. DE GRÈVE

DEAR COLLEAGUES,

The first **Review** in this BJMO issue updates the **molecular profiling of non-small cell lung cancer (NSCLC)** and highlights the role of targeted therapies in locoregional lung cancer. It implies that **next-generation sequencing (NGS)** should be utilised early in the treatment process to inform therapeutic decisions, which could apply to various cancers. Baseline NGS offers insights into immediate or second-line treatment options and clinical trial eligibility in case of disease progression. It avoids scrambling for tissue for last-minute NGS when a patient progresses and avoids using targeted therapies only as a last resort. However, restrictive reimbursement policies hinder the broader application of NGS, particularly in early-stage cancers. At the same time, the cost of comprehensive genomic profiling (CGP) is relatively low—only a few hundred euros—compared to the expense of treatments. With only the reimbursement of panels of only a few genes, the RIZIV/INAMI can be perceived as short sighted.

The second **Review** focuses on managing **castration-resistant prostate cancer**, discussing how different treatment modalities can be tailored to fit individual patient profiles and preferences.

A third **Review** explores the surprising possibility for cancer patients who are considered cured to still serve as organ donors, detailing the selection criteria involved.

Clinical practice guidelines for **rectal cancer** stress the importance of testing every rectal tumour for dMMR/MSI-H at diagnosis. The paper quotes, "Nevertheless, **every rectal tumor should be tested for dMMR/MSI-H at diagnosis**, and an option for neoadjuvant checkpoint inhibition should be offered," highlighting the significant impact this can have on treatment morbidity. The rarity of this profile (only 1% of patients) should not be a reason to deny these patients access to beneficial options. Thus, some patients can avoid all other treatment modalities and their morbidities.

The **Oncocase** introduces a rare but severe triad of immune checkpoint inhibitor toxicities known as **Triple M Syndrome**: myocarditis, myositis, and myasthenia gravis, which can manifest after just one cycle of therapy. Awareness and prompt intervention are crucial.
It should not be confused with the genetic 3-M syndrome.

Lastly, the editor highlights topics at the **World Conference on Lung Cancer (WCLC)** in San Diego in 2024.

Reimbursement news is the approval of **durvalumab** for first-line therapy in **advanced or recurrent endometrial cancer**.

Looking ahead, you are invited to the **18th Belgian Symposium on the Integration of Molecular Biology Advances into Oncology Clinical Practice** on November 29-30, 2024, in Brussels and to the **BSMO Annual Meeting** on January 31 and February 1, 2025, in Bruges.

Yours sincerely,

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Editor-in-Chief