

Editor note for journal of clinical oncology and cancer research.

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Editorial

The "Journal of Clinical Oncology and Cancer Research" publishes significant and up-to-date articles within the fields of experimental and clinical oncology. The journal, which is chiefly devoted to Original papers, also includes Reviews as well as Editorials and Guest editorials on current, controversial topics. The section Letters to the editors provides a forum for a rapid exchange of comments and information concerning previously published papers and topics of current interest. Meeting reports provide current information on the latest results presented at important congresses.

Journal of Clinical Oncology and Cancer Research is a timely resource on cancer pathobiology, benign tumors will not metastasize or locally invade tissues, and some types may still produce negative health effects. The growth of benign tumors produces a "mass effect" that can compress tissues and may cause nerve damage, reduction of blood flow to an area of the body (ischaemia) [1], tissue death (necrosis) and organ damage. The health effects of the tumor may be more prominent if the tumor is within an enclosed space such as the cranium, respiratory tract and sinus or inside bones. Numerous studies have confirmed the existence of two main patterns of cancer cell invasion by cell migration [2] collective cell migration and individual cell migration, by which tumor cells overcome barriers of the extracellular matrix and spread into surrounding tissues. Each pattern of cell migration displays specific morphological features and the biochemical/molecular genetic [3] mechanisms underlying cell migration. Two types of migrating tumor cells, mesenchymal (fibroblast-like) and amoeboid, are observed in each pattern of cancer cell invasion. This review describes the key differences between the variants of cancer cell migration, the role of epithelial-mesenchymal, collective amoeboid [4], mesenchymal-amoeboid, and amoeboid- mesenchymal transitions. Cancers are often managed through discussion on multi-disciplinary cancer conferences where medical oncologists, surgical oncologists, radiation oncologists, pathologists, radiologists, and organ specific oncologists meet to find the best possible

management for an individual patient considering the physical, social, psychological, emotional, and financial status of the patient [5]. It is very important for oncologists to keep updated with respect to the latest advancements in oncology, as changes in management of cancer are quite common.

References

1. Nagini S. Breast cancer: current molecular therapeutic targets and new players. *Anti-Cancer Agents in Medicinal Chemistry (Formerly Current Medicinal Chemistry-Anti-Cancer Agents)*. 2017 Feb 1;17(2):152-63.
2. Sachs N, de Ligt J, Kopper O, et al. A living biobank of breast cancer organoids captures disease heterogeneity. *Cell*. 2018;172(1-2):373-86.
3. Ghartey-Kwansah G, Li Z, Feng R, et al. Comparative analysis of FKBP family protein: evaluation, structure, and function in mammals and *Drosophila melanogaster*. *BMC Developmental Biology*. 2018;18(1):7.
4. Ebong IO, Beilsten-Edmands V, Patel NA, et al. The interchange of immunophilins leads to parallel pathways and different intermediates in the assembly of Hsp90 glucocorticoid receptor complexes. *Cell Discovery*. 2016;2:16002.
5. Loh HY, Norman BP, Lai KS, et al. The regulatory role of MicroRNAs in breast cancer. *International Journal of Molecular Sciences*. 2019;20(19):4940.

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