COMMENTARY

# Navigating Through the Dynamic World of Hematology and Oncology

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Back to school (and work)... with temperatures around 30°C in early October, one might think it's still summer – if it weren't for the fact that the congress carousel is once again in full swing. The quieter holiday period is definitely over. Today here... tomorrow there... the day after tomorrow somewhere else. Almost all major meetings are now back in person – and that is a good thing, as it allows for a more focused participation in the congress, shields us from the routine daily grind and provides an opportunity to exchange ideas with colleagues from near and far.

In addition to the major congresses, the number of smaller meetings, gatherings of professional societies, working groups and other associations – in both virtual and real forms – seems to be continuously increasing, at least in perception. It makes one wonder at times whether all of this is necessary and when regular work will actually get done.

On the other hand, new topics and content in oncology and hematology are proliferating rapidly. Even within these fields, we are no longer able to keep up with all the new data. Oncology and hematology still share a few therapeutic agents, but they have long diverged in everyday practice. And even within hematology, we no longer distinguish solely between benign and malignant hematology; no – we are specializing further, down to specific cell lines and types. For example, within the lymphatic cell lineage, there are experts in plasma cell diseases, lymphoproliferative neoplasms of both indolent and aggressive nature.

Fortunately, there is now a range of innovative and effective substances available for most malignant diseases, which, especially in combination, achieve much better responses than chemotherapy-based standard therapies did just a few years ago. However, this area is becoming increasingly complex with the introduction of new substances. Immunotherapy has long evolved beyond a single framework. And then there's the application of these new therapies: when to use immunotherapy? When to use targeted small molecules? Conjugates? When to resort to classical chemotherapy – and how do we combine them all? How should the therapies be sequenced? Chimeric antigen receptor (CAR) T cells before bispecific antibodies? Or vice versa? Clear answers are not readily available, and there are even fewer randomized studies directly comparing their efficacy. For some therapies (e.g., CAR T

cells), the data are more mature, while for others, they are very promising but still relatively new (e.g., bispecific antibodies in lymphomas). The decision of which CAR T cell product to use is currently easier due to factors such as availability and logistics playing a role. But when might it be better to start with bispecific antibodies, and when do we potentially diminish the efficacy of a later administration of CAR T cells? Developments and the availability of new data from studies, as well as experiences from the so-called "real world," expand our knowledge long before the publication of the full papers.

Do we need all these meetings to stay up to date? Perhaps to some extent, yes – because even the written guidelines of major professional societies can hardly keep pace with the new findings. How can we ensure that all treating physicians are up to date while still having someone at home providing patient care?

Here, I want to emphasize the importance of networking between larger and smaller institutions. The "broad" general hematologist or oncologist, and even more so, the hematologist-oncologist, is a rarity in large institutions, especially university hospitals. There are specialists for each disease entity and so-called "disease teams." Their task is to truly stay up to date and acquire clinical trials for large centers. Tumor boards, which have been held virtually or as hybrid events at most major centers since the COVID-19 pandemic, can easily be made accessible to smaller institutions or private practitioners. Every patient with a malignant disease should have the opportunity to be presented in such an interdisciplinary board at the time of diagnosis and for important therapy decisions. Furthermore, as part of this collaboration, access to diagnostic and therapeutic measures that are only possible in a university setting should be made easily available while simultaneously providing care and treatment to patients close to their place of residence.

In this way, we can ensure that knowledge is shared and new therapies, especially those in clinical trials, are made available to all patients.

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