Celebrate hematology

Editorials in the pages of Blood over the past 5 years have included commentaries upon several disturbing events involving scholarly publications: a pernicious affront to the integrity of publications of multicenter hematology/oncology clinical trials, a frontal assault on the peer-review process, and growing concerns over the integrity of clinical and basic research brought to the fore by egregious examples of scientific misconduct. But other editorials have commented upon the major milestones of hematologic investigation and how, as we enter the third millennium, the future appears unlimited due to that rich history. With this last editorial I seek to celebrate hematology and count our triumphs, as well as look forward to passing the baton to an able new Editor.

One can make a compelling argument that there has been no better time for hematology than the present. Although practitioners of the clinical art must deal with diagnosis related groups, dwindling reimbursements, and ever-changing documentation and billing requirements, we also have unprecedented tools to diagnose and treat the ills of our patients. One only needs to look back 10 years, prior to the availability of sophisticated flow cytometry and polymerase chain reaction, to appreciate the skill with which we now diagnose hematologic malignancies and detect their early relapse. Or look back just 3 years to a time when a patient with chronic myelogenous leukemia faced the toxicities of either alkylating agents, hydroxyurea, or interferon therapy, with the hope (!) that the toxicity of transplantation awaited them, rather than taking a pill and going into remission. Targeted therapy is upon us, not just for CML but also for all sorts of malignancies. How many times have you heard someone state, “Molecular biology is the future of medicine”? In fact, such oracles are incorrect; molecular biology is the present of medicine. Look back to the 2001 annual meeting of the American Society of Hematology for proof: the plenary abstract presented by Yeoh and colleagues using gene-chip analysis to predict the response to standard therapy of childhood acute lymphoblastic leukemia. Look at the September 15 issue of Blood to find the molecular explanation for thrombotic thrombocytopenic purpura (TTP). These examples demonstrate that we have clearly entered the molecular age of hematology.

The present is also a golden age for hematologic investigation. With medical schools granting MD/PhD degrees at a solid pace, and many “late bloomers” (MD physician-scientists who received their scientific training after medical school) entering hematologic investigation and many other related endeavors, the future seems bright for further progress such as that highlighted above. Again, I do not intend to belittle the problems facing the clinical practice of hematology or internal medicine, only to praise the fabulous opportunities we now have at our disposal to help our patients overcome the morbidity and mortality of benign and malignant hematologic disorders.

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Although pure hematology has seen tremendous success, one can make the case that much of the future of the field will be mined from interdisciplinary opportunities. Just as medical investigation has evolved from the lone investigator entering the lab and emerging with a “hallelujah” discovery to an approach requiring multiple investigators each contributing their particular technical expertise, so too is hematology of the future likely to make critical leaps due to the key contributions of investigators in other disciplines of medicine. I speak not only of the obvious, learning iron absorption with gastroenterologists or studying cerebral vascular accidents in patients with sickle cell anemia with our colleagues in neurology, but perhaps more importantly I refer to relying on our colleagues in other disciplines of internal medicine for insights into the truly cross-disciplinary topics of vascular biology, cell cycling and apoptosis, signal transduction, and immunology and inflammation. In my new day-job heading a Department of Internal Medicine, I have learned that an investigator from one organ-based division in the department often has far more in common with another individual from a different division who happens to also study vascular biology or signal transduction, than with a colleague from the same division who has a different cross-disciplinary focus. Therefore, I believe that it behooves hematologists who study the immune basis of graft rejection or TTP to embrace hematologists who study autoimmune phenomena, or for oncologists who investigate the molecular mechanisms of growth-factor signal transduction to enter into collaborations with reproductive endocrinologists who study the actions of prolactin. To extend the analogy further, perhaps we will soon see review articles in Blood by noted medical geneticists or nephrologists or cardiologists. This argument aside, it must be said that both the state of hematology and Blood are strong. The journal has undergone many transitions over the past 5 years, from a migratory existence moving with each Editor to planting firm roots in Washington, DC, from being shepherded by a commercial publisher to self-publishing, from commercial management to self-management, from a labor-intensive, paper-based tracking system to a state-of-the-art, electronic submission and tracking system, and to our present capacity to nearly instantaneously publish accepted papers online. The impact factor of Blood has steadily increased for the past 4 years, and we remain the premier periodical for clinical and basic research in hematology, witnessed by a 55% rise in submissions over the past 4 years. None of these statistics would be possible if not for the outstanding substrate available, the research conducted by investigators who regularly submit their best work to Blood.

With this last editorial it is also fitting that I thank several individuals and their associates for making the last 5 years challenging and fulfilling. I thank my former mentors Clem Finch and John Adamson, for pointing me toward hematology and toward the career of a physician-scientist, Sabine Beisler and her staff at Blood, particularly Andrew Harmon, Todd Reitzel, and the newly indoctrinated Deb Zimmer, for their professionalism and devotion to crafting an outstanding product, to the current and 4 past-presidents of ASH, Bob Handin, Beverly Mitchell, Ed Benz, Harry Jacob, and Barry Collar, for their timely advice and even more timely beneficial neglect, to Marty Liggett, for making the transition to self-management of ASH seamless, to the Associate Editors with whom I have had the pleasure to serve, Fred Appelbaum,
Frank Bunn, Michael Caligiuri, Michael Cleary, Cynthia Dunbar, Connie Eaves, Dan Longo, Wim Fibbe, Tom Ganz, Jerry Groopman, Evan Sadler, Sandy Shattil, and Marty Tallman, whose intelligence, hard work, integrity, and devotion were essential to any success we have had over the past 5 years, to the many members of our Editorial Board and the reviewers, without whom the rigorous peer review responsible for the excellence that is Blood would cease to exist, and most of all to my spouse of 26 years, Lauren, and our progeny Alexis and Joshua, for loaning me out for a sizable portion of the past 5 years. As regards the future, I feel very reassured: with Sandy Shattil and his group of Associate Editors taking on the journal, Blood will be in great hands; and the future for hematology and Blood looks nothing less than spectacular.

Kenneth Kaushansky, MD
Editor-in-Chief
San Diego, CA