

Editorial

Introduction from the new editors

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It is our great honour to introduce ourselves to you as the new co-editors of *The Australian Journal of Cancer Nursing*. The role of editor is one of considerable responsibility, with which comes many new challenges, and we are both very excited to have been selected for this important task. As both cancer nursing experts and academics, we are very aware of the need to disseminate high quality research and education to nurses working within the cancer field. With this goal, we will be continuing to share with you articles of high quality research and scholarship commensurate with the current issues relevant to cancer nursing.

We are very excited about the future of the journal and to building on the very positive work of the outgoing editors. With commitment and enthusiasm, Moira Stephens and Tish Lancaster have led the development of the journal, Tish since 2009 with

Moira joining in 2012. While Moira and Tish move to a new chapter in their lives, we are both looking forward to solidifying the journal's many existing strengths but also to leveraging new opportunities to take the journal in a new direction.

We are aware of the excellent editorial board and reviewers who have made a significant contribution to the journal over the years, and we will continue to welcome their input, while also seeking to expand members with expertise in cancer nursing. We also encourage new authors to submit their work and we will be pleased to work with them to develop their manuscripts in preparation for publication in the journal.

We are deeply honoured to take on the role as co-editors and look forward to working with you all to disseminate the rich body of research and scholarly works of the cancer nursing community.

Product news – advertorial

Lung cancer immunotherapy combination now PBS listed

In an Australian-first, an immunotherapy + anti-angiogenic + chemotherapy combination is now listed on the Pharmaceutical Benefits Scheme for lung cancer.^{1,2}

TECENTRIQ® (atezolizumab) in combination with AVASTIN® (bevacizumab) and a platinum doublet chemotherapy is now reimbursed for first-line metastatic, non-squamous non-small cell lung cancer (mNSCLC) and ALK-positive and EGFR-mutant NSCLC (after the failure of targeted therapies).^{1,2}

Reimbursement of the combination therapy is based on positive results from the phase III clinical trial, IMpower150, which showed reduced risk of death by 34% (median overall survival = 19.8 vs 14.9 months, HR=0.76, 95% CI: 0.63-0.93, p=0.006), in patients treated with TECENTRIQ, AVASTIN and chemotherapy (paclitaxel and carboplatin), compared to those treated AVASTIN + chemotherapy (paclitaxel and carboplatin) alone.²⁻⁴

TECENTRIQ, AVASTIN and chemotherapy are administered via IV infusion (hospital or in clinic) once every 3 weeks, for 4 - 6 cycles, after which TECENTRIQ and AVASTIN treatment continues every 3 weeks, without chemotherapy.²

For more information regarding TECENTRIQ, AVASTIN or other Roche products, please contact Roche Medical Information: 1800 233 950.

References

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