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Precision Oncology: A Strategy we were not Ready to Deploy

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Precision oncology: A strategy we were not ready to deploy

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The turn of the century brought to oncology a perfect storm: Smart scientists working on a simple cancer (CML) deployed a very effective and tolerable drug (imatinib) that achieved nearly miraculous results [1]. The enthusiasm of this discovery soon led to the prediction that the demise of cancer was at hand, and this theme was featured prominently at cancer meetings. The next decade brought with it the targeted therapy era in cancer, and the concept of druggable mutations. Now, as immunotherapy emerges as the next promising dragon slayer, many remain convinced the majority of cancers harbor critical, druggable mutations, a concept that anchors the enthusiasm for “Personalized or Precision Oncology”. In this commentary I will argue that the evidence in support of the “Precision Oncology” concept is weak and furthermore that we have deployed this approach widely in the community despite evidence that questions its value. I recognize the danger is that I will be accused of lacking vision, but I prefer to think I have a realistic vision. Cancer, many of us believe, remains a difficult, complex and all too often deadly disease. Simplifying it does not render it more vulnerable; in fact, it renders it less. In thinking about cancer we should

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