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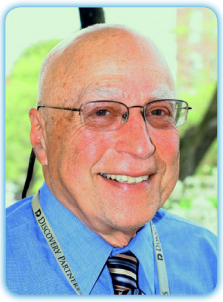

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BABE is a beautiful science but why is very infrequently used in oncology?

As Editor in Chief of the Journal of Bioequivalence and Bioavailability (BABE) I see many papers that show beautiful examples of how, using laboratory tests and small clinical studies, one drug is shown to be as effective as another drug in treating a certain malady. But in oncology, my field of endeavour, clinical trials that can take a decade are needed. This clearly delays progress toward developing new and improved therapies. Why it is that BABE is not more useful in oncology? I published an editorial in a European journal in July 2014 that suggests at least one reason. There seems to be a serious and fundamental flaw in our understanding of how tumors grow. This is traceable to work done in the 1960s and 1970s. In order to make use of BABE, there needs to be a fairly detailed knowledge of the disease process. I will present a short discussion of this subject and what this may lead to. Perhaps there may be a future for BABE in oncology.

Biography

Michael Retsky (PhD in Physics from University of Chicago) made a career change from physics to cancer research. He is Editor-in-Chief of Journal of Bioavailability and Bioequivalence, on staff at Harvard School of Public Health, faculty at University College London, and Prof. Adj at UANL, Monterrey, Mexico. He was on Judah Folkman's staff at Harvard Medical School for 12 years. He is on the board of directors of the Colon Cancer Alliance and has published more than 60 papers in physics and cancer. He has a patent pending for treatment of early stage cancer.

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