

EDITORIAL

Acta Oncologica – achievements during 2006 and a look at the future

An observant reader of the paper version of Acta Oncologica may have noticed that for some years, every issue was thinner than normal, but also that all issues except the first one during 2006 got thicker again. This is firstly a reflection of a much more restrictive attitude to accept many papers together with an unchanged volume of submissions, with the aim of raising the average quality of the published articles. This has happened, at least based upon the markedly increasing journal impact factor. Secondly, we have during the past year seen a substantial increase in the number of submitted manuscripts from an average of 200–250 for many years to 377 in 2005 and possibly above 500 during 2006. The introduction of the online submission system Manuscript Central® in mid 2005 has contributed to this increase, but greater attractiveness is also likely to be important [1,2]. The proportion of rejected manuscripts (now about 70%) has continued to increase, but the number that ultimately is accepted is higher, and the issues have become thicker again.

We believe that all readers of Acta Oncologica and the scientific community appreciate a higher quality on average. For subscribers, it is attractive to open the paper copy, read the content, go through it or bring it home to read, since the chances of finding high quality papers are higher. Although without scientific value, I hear comments like those often. An increased number of citations per article for the first two calendar years (presently 2.4) and many more downloads on the web are more solid evidence of greater attractiveness.

Broader competence in the editorial board

Acta Oncologica, being the periodical journal of the Nordic Oncological Societies and the Scandinavian Breast Cancer Group covers and accepts articles within all areas of clinical oncology, from basic science, aetiologic studies to the care of the patients in the end of life. In the past, the five Nordic editors collectively had a wide competence in most areas of clinical oncology. With increasing number of submissions, the workload has increased. I was considered important to strengthen the competence of the editorial board in an area not so well covered. We

are also pleased to welcome Dr Christoffer Johansen, Department of Psychosocial Cancer Research, Copenhagen, Denmark, as a new editor. He will particularly cover research papers within supportive care, including palliative care, psychosocial oncology, quality of life research, nursing, but also clinical epidemiology in a wider perspective. Authors submitting papers within these areas will likely get a more competent and rapid evaluation than in the past. We welcome such papers. In this issue, a series of such papers are also published.

Acta Oncologica is a widespread international journal with subscribers in 43 countries, although its base is in the Nordic countries. More than 76% of the submitted articles come from countries outside the Nordic countries. The rejection rate of these is higher, reflecting a lower average scientific quality from some parts of the world, but papers are more than welcome from all over the world.

Increasing the evidence-base

As further support to the distribution of new scientific knowledge within clinical oncology, the foundation has supported international symposia located in one of the Nordic countries. Two such symposia were organized in 2005, both with the primary aim to increase the evidence-base, and, above all, stimulate future collaborative research having better possibilities to perform conclusive clinical trials.

Stereotactic body radiotherapy

Stereotactic body radiotherapy (SBRT) is one logical step forward in the process of delivering the radiation more precisely. After pioneering work by Swedish scientists in the early and mid 1990s [3,4], its use has grown considerably, however, still without a solid scientific evidence-base. In order to evaluate the current knowledge and technology and facilitate the creations of multi-institutional and co-operative group studies, acquiring sufficient scientific evidence, a 3rd Acta Oncologica Symposium was organized in Copenhagen June 15–17, 2006 [5,6]. A broad international faculty constituting the key

persons participated and produced 29 original articles published in a special issue of *Acta Oncologica* within an exceptionally short time period. The symposium has truly 'been' instrumental in adding new fuel toward creating the emerging evidence for stereotactic body radiotherapy [5].

Cancer survivorship. Late effects from cancer and its treatment

Progress in oncology is a reality that we all can appreciate and be proud of. Progress means higher probabilities of cure, a longer life or better chances of symptom relief. Progress also means that the burden of cancer and its treatments can be less. We have seen more of the first but less of the second during the past decades. We would not want to see these development reverse rather we hope that the price certain individuals have to pay will be less over time. The 4th *Acta Oncologica* symposium, Long-term cancer survivorship – clinical problems, practical solutions and future challenges took place in Oslo, August 30 – September 1, 2006. Similar to the 3rd symposium, it had gathered an impressive international faculty. The problems cancer patients have to struggle with were discussed. Further, can we reduce existing and future cancer patients' long-term health problem – and how, and what are the most important topics of cancer survivorship research to be addressed during the next 5–10 years? Also similar to the preceding symposia a series of publications from the meeting will appear in a forthcoming issue of *Acta Oncologica*. There is no doubt that the radiotherapy possible to deliver in the past has contributed to a substantial part of the late problems that are now seen in cancer survivors [7–11]. The use of hypofractionated radiation due to lack of resources or ignorance has also contributed to these problems [12]. SBRT has so far virtually always been associated with hypofractionation, although it was discussed whether the use of multiple smaller fractions would improve also this radiation modality [13].

Swedish protons

Similar to the situation using SBRT, protons and other light ions (heavy particle therapy) have been used for a long time at several centres worldwide. Protons have dose distribution advantages over photons and electrons, but the clinical advantages motivating the heavy investments costs have a weak evidence-base. At the end of 2005, *Acta Oncologica* published a series of papers from a Swedish Proton Therapy Investigation, SPTC, which aimed to explore whether the potential gains would be suffi-

cient enough, i.e. with either improved tumour control or less normal tissue damage [14] in various tumour types [15–23]. The investigation had in a systematic way identified all comparative dose planning studies [14]. Since then, several new similar studies have been published, all with the same result revealing potential superiority of protons relative to intensity-modulated photon radiotherapy (IMRT) [24–29]. It was accompanied by two critical editorials [30,31], one with the title 'Swedish protons', pinpointing the lack of solid evidence. It can now be mentioned that the county councils of the seven university hospitals in Sweden in June 2006 decided to invest in a dedicated facility for heavy particle therapy in Uppsala, Sweden. It will be run according to a 'distributed competence concept', outlined in the investigation [32]. Thus possibilities exist to increase the scientific evidence-base for the value of a treatment, again used by many enthusiasts, that requires heavy investment costs but may be cost-effective in many clinical situations [33]. A decrease in disabling conditions in cancer survivors can save not only much suffering but also a lot of money.

Acta Oncologica will continue to play an important role in the future dissemination of scientific knowledge, particularly with a focus to increase the scientific evidence base. Suggestions for topics for future symposia, systematic overviews, reviews and controversies and clinical guideline recommendations are very welcome.

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