

## EDITORIAL

### Progress in oncology and progress for Acta Oncologica

I have recently reviewed one of the large comprehensive textbooks in oncology, Cancer Medicine, edited by Holland & Frei, for an American medical journal. It is a thick book of almost 3 000 pages, weighing both several kilos and a few grams as an easily accessible CD-ROM. It gives detailed descriptions of all aspects of relevance for oncology from the cell biological lab-bench to care in the terminal phase. The reviewing has clearly illustrated a rapidly expanding field of basic and clinical knowledge of great relevance for the public at risk of cancer and for cancer patients. This knowledge of substantial and rapid progress in most areas of oncology was definitely not new to me, although all the reading has resulted in much new knowledge (only a minor fraction of which has been retained) and many 'aha!' experiences that I would not have known about without accepting the task. The textbook generally is of very high quality and yet, even if the latest version, it lacks the most recent progress, progress we sometimes informally hear about at seminars, listen to at scientific meetings, or read about in the scientific periodicals. This most recent progress is frequently already being implemented in ongoing scientific projects or in daily clinical routines. It is obvious that one needs more information than is present in textbooks.

The very first information on progress is generally provided at scientific meetings and then in the abstract books from these meetings. It is to be hoped that new directives on the contacts between academy and industry, recently implemented in Sweden, will not abolish our opportunities to attend these meetings; the county councils in Sweden or corresponding financiers of healthcare in other countries must also take their full economic responsibility for this part of self-education. The information provided at the meetings, or in the abstracts, is, however, not sufficient. We need to be able to study all the details of the studies in adequately refereed scientific journals, readily available on the Internet and, still for many of us, on paper. The question is: do we need textbooks?

#### *The role of Acta Oncologica*

I have previously discussed the role of the periodical journal for the Nordic oncological societies, Acta

Oncologica [1]. Its attractiveness continues to rise, with an ISI impact factor of 2.5 in 2003, and improved ranking. Still, Acta Oncologica is not attractive enough to publish the most important papers in oncology. My efforts to improve the journal, as discussed previously [2], continue, since we should not be complacent as to the achievements made so far. The possibilities to arrange Acta Oncologica lectures at scientific meetings in the Nordic countries, with financial support from the foundation, and subsequently to publish the content as an article (most recently [3,4]) in the journal continue. During 2004, the 2nd Acta Oncologica Symposium was arranged, dealing with controversial issues in prostate cancer, and the publications will follow in a forthcoming issue. Suggestions from all readers of a topic for a third Acta Oncologica symposium are welcome. We have recently decided to support and publish 'Expert Consensus Recommendations' on specific topics of great immediate relevance for the oncological society. These should be written by one distinguished scientist from each of the Nordic countries (Iceland will be invited too). The first of these reports, concerning the use of aromatase inhibitors in breast cancer, appears in this issue [5].

#### *Rare cases: Case reports or letters to the Editor*

During the time of my review of the cancer medicine textbook, I saw two new cases of rare gastrointestinal cancer types where I needed updated clinical information in order to be able to give adequate information, including treatment recommendations, to the patients. Both types were mentioned in the textbook, but without any further details. Thus, even a comprehensive textbook of 3 000 pages is insufficient for routine clinical work, and other information sources had to be used. These cases/clinical presentations are rare, but collectively rare cases are not at all infrequent in clinical routine. They are sometimes, at least in the initial phases, published as case reports. In an early phase of development, case reports may give valuable information not provided elsewhere, although case reports have the lowest level of scientific evidence. There is a trend that many international journals today publish no or very few case reports. This also relates to Acta

Oncologica. Case reports are frequently read but seldom cited. *Acta Oncologica* continues to welcome reports on rare cases/presentations, but we are very restrictive in publishing them as 'Case reports' unless they contain new information of great general interest. Some such information can better be published as a 'Letter to the Editor'.

#### *Evidence-based medicine*

One of the main changes in clinical practice is the advent of evidence-based medicine. It is now not only inconceivable to propose a new treatment without firm evidence of sufficient activity and/or safety, but also urgent to re-challenge the use of many old routines of questionable value. *Acta Oncologica* is strongly promoting the distribution of evidence-based medicine and has been fortunate to be able to publish the entire Swedish Council on Technology Assessment in Health Care's (SBU) reports on chemotherapy [6] and radiotherapy [7]. They provide the best available evidence at the time of the reports and have been subject to a critical review process. Although many interventions in oncology, particularly in the use of chemotherapy, are based on the highest level of evidence, this is not always a case. Therefore there is room for uncertainties in what to recommend as routine therapy and, above all, a need for much more clinical research. The challenge to obtain higher levels of evidence is more pronounced in radiation therapy than in medical oncology [8]. In a previous editorial [9] to the SBU report on the radiation therapy effects in prostate cancer [10], we anticipated (in April 2004) that we today (November 2004) would have the highest level of evidence for a small, albeit potentially clinically relevant, survival benefit of docetaxel in hormone refractory metastatic prostate cancer [11,12] whereas we continue to have less evidence of much greater incremental gains in survival from different radiation therapies in primary prostate cancer.

#### *Evidence-based medicine in oncologic textbooks*

Most of the chapters in oncology textbooks are reviews written by an expert in the field. Case reports and expert opinions as reviews are ranked at the bottom in most systems grading the strength of evidence from clinical trials [13]. Holland & Frei's *Cancer Medicine* is in this respect no exception. The quality of the various chapters varies substantially, but a few of them are unfortunately mainly a description of the present therapy tradition at one

or at the best a few major American cancer centres. In this respect, the other major American textbook, DeVita's *Principals and Practise of Clinical Oncology*, is not different. The corresponding European comprehensive textbook, Souhami's *Oxford Textbook of Oncology*, is more evidence-based than the two American textbooks. If comprehensive oncologic textbooks are to be used in the future, the various chapters must be written so that the best available evidence is evident. This probably requires a more rigorous procedure in the writing and in the quality control of the content by an external review process. If not, the answer to my question raised above will be a clear 'no'.

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Bengt Glimelius  
*Editor-in-chief*