As we all know, this is an exciting time for cancer research. Owing to the efforts and dedication of individuals working around the globe, we are witnessing great progress in our understanding of the biology of cancer and unprecedented development of new cancer biomarkers and therapeutics. All of these advances will undoubtedly have a positive impact on the lives of cancer patients as these discoveries move into the clinic. Reflecting the massive efforts under way by the cancer research community, Clinical Cancer Research is on target to receive more manuscript submissions in 2008 than in any previous year. We are pleased with the quality of work that is submitted to the journal, and we hope that investigators consider CCR to be the premier journal for translational cancer research. We believe we have a unique “bench-to-bedside and back” focus, and that the work published in CCR has an important impact on patient diagnosis, prognosis, and treatment.

In the coming year CCR and the family of AACR journals will embark on two new services. First, authors’ copyedited final articles will be published weekly online before the monthly print issue. The date of online posting will be the official date of publication, and the monthly print issue will follow, with its articles citing the online publication date. This process will enable authors to communicate their research findings more quickly than in the past. Second, AACR will deposit accepted manuscripts to PubMed Central on behalf of authors reporting NIH-funded research. AACR will send to PubMed Central the final peer-reviewed manuscript for posting 12 months after final publication. After AACR’s deposit of the manuscript, NIH will communicate directly with the author regarding the submission. This process will free authors with NIH funding of one of the steps required of them by the NIH Public Access Policy.

Because of logistical and space constraints we must also become increasingly selective with respect to the manuscripts we accept for publication. To assure that authors have a clear understanding of criteria used to evaluate research manuscripts for publication, we have recently updated our guidelines for manuscripts involving biomarkers, preclinical therapeutics, and clinical trials. Editors and reviewers for the journal will be using these guidelines to help select the best manuscripts out of the thousands submitted each year, and we encourage authors to consult these guidelines before submission, to save their time and help ensure their work receives a favorable reception. The guidelines may be found in full on the Information for Authors page of our website at http://clincancerres.aacrjournals.org/misc/ifora.shtml. Briefly, we would like to summarize here some of the most important changes.

In the area of biomarkers, our focus is on prospective studies with definitive size and statistical strength, which can predict response to a therapy. In the case of retrospective studies, we believe it is important to include a validation study. Also, we give preference to biomarker studies that are supported by mechanistic biological data. In the area of preclinical therapeutics, we request that multiple cell lines be used (if available), and we strongly encourage in vivo confirmation of in vitro data. In addition, studies describing therapeutics for new targets and therapeutics with a mechanistic basis of action receive highest priority. For studies involving new members of an already established class of therapeutics, it is desirable to describe advantages over existing therapies. We recommend analysis to demonstrate that target modulation is observed at clinically achievable concentrations. In the area of clinical trials, we are generally not interested in Phase I or II studies that report only toxicities or responses. Phase 0, I, and II studies should include pharmacokinetic and pharmacodynamic assays that help explain the mechanism of action or toxicities; also, inclusion of pharmacogenetic or predictive biomarkers would be considered an advantage. A description of patient eligibility criteria, measured endpoints, statistical approach and analysis, and sample size calculations should be included as well. Phase III trials should follow CONSORT guidelines. Also, clinical trials must be registered at or before patient enrollment in an approved registry.

We hope that these guidelines are of value to authors when preparing manuscripts, and we expect that they will further raise the quality of the research that we publish. An additional step that we are implementing to evaluate work published in Clinical Cancer Research is a biostatistical review. Many areas of cancer research, from preclinical therapeutics to clinical trial design, biomarker validation, and, more recently, microarray data interpretation, rely strongly on biostatistics. Since many cancer researchers do not have formal expertise in statistics, manuscripts that receive favorable reviews from an initial set of reviewers will now receive an additional review from an expert in biostatistics. This additional review will add about one week to the review process but will ensure appropriate analysis and validity of data and related conclusions.

We hope that this information is useful to authors who submit work to Clinical Cancer Research. It is our desire to be as transparent as possible, to ensure that authors have appropriate expectations when submitting manuscripts and that readers are aware of our process for selection of research for publication. We expect that these higher editorial standards will improve the quality of research, ensure rapid and broad communication of the highest quality novel research, and fast forward the translation of scientific advances to improve patient outcomes.

Kenneth C. Anderson
Editor-in-Chief
Clinical Cancer Research

Setting the Standard for Translational Cancer Research
Kenneth C. Anderson


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