Setting the Standard for Translational Cancer Research

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, *CCR* 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

© 2009 American Association for Cancer Research.
Clinical Cancer Research

Setting the Standard for Translational Cancer Research
Kenneth C. Anderson


Updated version
Access the most recent version of this article at:
http://clincancerres.aacrjournals.org/content/15/1/1

| E-mail alerts | Sign up to receive free email-alerts related to this article or journal. |
| Reprints and Subscriptions | To order reprints of this article or to subscribe to the journal, contact the AACR Publications Department at pubs@aacr.org. |
| Permissions | To request permission to re-use all or part of this article, contact the AACR Publications Department at permissions@aacr.org. |