A Message from the Editor-in-Chief

We enter the fall of 2003 with exciting news about Clinical Cancer Research. In response to the growth and success of the journal, AACR has begun publishing issues twice monthly. The number of submissions has increased dramatically, and more frequent publication will allow us to publish papers more rapidly.

A continuing challenge created by the journal’s success is maintaining and improving review time despite increasing manuscript load. I am pleased to announce that the AACR has met this challenge by implementing online manuscript submission, tracking, and review. As of August 15, all manuscripts are now received and reviewed electronically, thus streamlining the exchanges between editors, reviewers, and staff and minimizing processing time. Authors are asked to submit manuscripts online at www.rapidreview.com/AACR2/author.html. If electronic submission is unavailable to an investigator the manuscript may be mailed to Dr. John Mendelsohn, Editor-in-Chief, Clinical Cancer Research, AACR Publications Department, 615 Chestnut Street, 17th Floor, Philadelphia, PA 19106-4404.

Clinical Cancer Research was initiated nearly 9 years ago with the goal of being the premier journal for reporting the most exciting research translating new knowledge about the genetic and molecular abnormalities in human cancers into preclinical studies and for reporting clinical trials of novel, targeted therapies. The quality of articles in the journal continues to rise, and its impact factor places it in the top 10 among 114 journals in the cancer field. We will continue to reduce acceptance rates to below 30% to ensure that our subscribers are reading about its impact factor places it in the top 10 among 114 journals in the cancer field. We will continue to reduce acceptance rates to below 30% to ensure that our subscribers are reading about the most innovative, high-impact research. Clinical Cancer Research welcomes manuscripts in three areas of research:

1. Innovative clinical trials, primarily Phase I and II, which explore novel drugs, especially trials that incorporate molecular/biological endpoints derived from studies on blood and tissue samples. “Smarter” clinical trials are critical to assess the many new targeted therapies entering the clinic. We need to identify and validate markers to better select the patients most likely to respond to treatment and to predict response early in the course of treatment. The recent increase in clinical studies involving novel anticancer agents and technologies in diagnostic imaging, especially positron emission tomography, is an important and encouraging development.

2. Experiments on tissues, including blood, that explore the molecular and genetic abnormalities in human cancer. These studies use technologies such as genomics, proteomics, and immunohistochemistry to identify key molecular changes in malignancy and to correlate these findings with diagnosis, prognosis, and response to therapy. For Clinical Cancer Research we are seeking novelty and validation in studies demonstrating correlations of molecular measurements on tumor tissue with clinical data. A major goal is to identify targets for therapy and markers to predict clinical course and response to treatment.

3. Studies that explore novel pathways and molecules in malignant cells as targets for therapy, as well as preclinical studies of experimental therapies that support their movement into the clinic. This section of Clinical Cancer Research has published increasing numbers of articles on new treatment approaches involving immunotherapy, radiation therapy, and surgery, in addition to novel drugs and biologic molecules. Manuscripts describing all of these approaches to cancer treatment are welcomed.

We are receiving an increasing number of papers on immunohistochemical markers; Allen M. Gown, a leader in this area, has been appointed to serve as Senior Editor. Likewise we are seeing an increase in the number of papers on radiation oncology; W. Gillies McKenna has agreed to serve as Senior Editor for these manuscripts.

The categorization of articles has also changed: Featured Articles will replace the Advances in Brief category. These articles are the most novel and have received the highest priority ratings from the Senior Editors and the Editor-in-Chief. They will be the lead articles in each issue, and starting in 2004, AACR will publish them online before they appear in print.

In the near future, AACR staff will develop a Highlights section for each issue, which will present brief summaries of Featured Articles. Highlights will explain the rationale for and potential application of the studies reported.

The number of Special Articles at the beginning of each issue will be increased. Twice monthly publication of the journal will provide more opportunities for these well-received educational reports and commentaries.

- Editorials usually target an innovative article in the same issue.
- Biology Behind . . . articles explore the molecular and biological background for research reported in the same issue.
- Perspectives (formerly Mini-reviews) reflect viewpoints of leaders in a particular area of research.
- Reviews provide comprehensive reports on the current status of an area of investigation.
- FDA Reports present background on newly approved anticancer agents with specific recommendations for their clinical use.

In addition, we will continue to publish special articles in areas such as controversies in clinical oncology, biostatistical considerations in clinical trials and in studies identifying markers, and new methods and technologies in clinical cancer research.

The Editor-in-Chief, Deputy Editors, and Senior Editors wish to thank members of the Editorial Board and the many others who have given of their time to provide expert reviews of articles submitted to Clinical Cancer Research. The high stature of the journal is attributable to their efforts and, of course, to the excellence of the manuscripts submitted by investigators in translational and clinical cancer research.

John Mendelsohn, M.D.
Editor-in-Chief
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John Mendelsohn


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