



Introduction to the Inaugural Issue of Journal of Cancer Diagnosis

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Editorial

The inaugural issue of Journal of Cancer Diagnosis is coming to light. We are excited about this new journal related to cancer. Our intention is to publish a journal that is comprehensive and balanced, covering not just one field, but a wide range of cancer-related issues.

Cancer is not a new disease. Some of the earliest evidence of human cancer (bone cancer) was found in mummies in ancient Egypt. According to inscriptions, surface tumors were surgically removed in a similar manner as they are removed today [1].

The most fundamental trait of cancer cells involves their ability to sustain chronic and often uncontrolled proliferation. Malignant cells require unlimited replicative potential in order to generate macroscopic tumors. Cancer cells deregulate growth-promoting signals that instruct entry of cells into and progression through the growth-and-division cycle. So that, malignant cells become masters of their own destinies, thereby destroying proper control of cell number and maintenance of normal tissue architecture and function. This capability stands in marked contrast to the behavior of cells in most normal cell lineages in the body, which are only able to pass through a limited number of successive cell growth-and-division cycles [2].

In the United States, cancer is now the leading cause of death under age 85 years [3].

They have been documented substantial changes in both risk factor for cancer and in cancer incidence and mortality rates in the United States over the three past decades. In 1998, the American Cancer Society (ACS) set an ambitious challenge for the United States: to reduce cancer incidence rates from their peak in 1992 by 25% by the year 2015 [4].

The breast is the leading site of cancer incidence and the second leading site for cancer death among women in the United States. After 2000, breast cancer incidence began to decline. This average decline in breast cancer death rates of 2% per year since 1990 is the combined result of earlier diagnosis and better treatment [5].

The prostate is the leading site for cancer incidence and the second leading site for cancer death among men in the United States [4]. There is a 2.8% annual downward trend in prostate cancer mortality since 1990, but the reasons are uncertain [5].

The lung is the second leading site for cancer incidence and the leading site for cancer death among both men and women in the United States. There are now more deaths from lung cancer in the United States than from the sum of colorectal, breast, and prostate cancers. The major factor that will determine lung cancer incidence in the coming decade is the past history of tobacco use, but future screening will also reduce future mortality rates [5].

The colorectum is the third leading site for cancer incidence and the second leading site for cancer death in the United States. Decreasing rates of colorectal cancer incidence are occurring in spite of the obesity epidemic (obesity may account for as much as 20% of colorectal cancer in the United States [5]).

Even though mortality rates have been declining by about 2% per year from the four most common causes of cancer death (lung, colorectal, breast, and prostate), very little progress has been made in reducing death rates from the other half of all adult cancers in the United States. Melanoma incidence rates have been increasing substantially in recent years, but recent advances in therapy for metastatic melanoma may cause future declines in melanoma mortality. Declining rates of stomach cancer incidence and mortality over several decades have been reported. Perhaps, liver cancer will continue to rise in the United States over the coming decade. The incidence of thyroid cancer has been increasing in the United States for the past several decades, but thyroid cancer mortality rates have been stable [5,6].

For many of the other cancers, such as cancers of the pancreas, brain, ovary, and the hematopoietic malignancies, risk factors are poorly understood, and there are no effective early detection methods.

Progress in cancer prevention, early detection, and treatment since 1990 has been persistent, and there are many reasons to be optimistic about the future. The future downward slope in cancer death rates will depend on the extent to which we can discover new factors causing cancer. It is very important to better act on our current knowledge about how to prevent and control cancer [6-9].

The treatment paradigm of genomic-driven medicine and individualizing therapy has permitted the field of oncology to move beyond the limitations of nonselective cytotoxic therapy and toward the more optimal selection and dosing of oncology agents. The evolution of understanding cancer biology has yielded many advances that have been translated into cancer treatment [10].

In summary, cancer remains a very common disease that causes high morbidity and mortality. A proper diagnosis and selective treatments are key tools to combat it. In this sense, although many "cancer journals" currently exist, there remains "room" for a quality international journal; especially one with a diagnostic focus. We are especially excited that this new journal is being published in USA. The editor-in-chief, editorial board members, and publisher take great pleasure in presenting the Journal of Cancer Diagnosis. The journal features a distinguished editorial board covering multiple disciplines contributing to the field of cancer. This scientific journal is using Editorial Manager System for maintaining quality in peer review process. Minimum two independent reviewer's approval followed by editor approval is mandatory for acceptance of any manuscript.

Times have changed. With the increase in the rate of new information and the digital information revolution, the Journal of Cancer Diagnosis aims to provide innovative research in the field of oncology. For this reason, this scientific journal is using Editorial Manager System for maintaining quality in peer review process.

What are our expectations for the future? We trust that we will convince our readers that there are good reasons to submit manuscripts to the Journal of Cancer Diagnosis: the journal guarantees the publication of high-quality papers after rapid review and approval by expert referees. Although contributions can be available on the Internet many weeks after acceptance, we will put more emphasis on fast track publications, permitting an even earlier view of novel developments. Clearly, we will try to get a broad scope and an international character of the journal, and invite contributions from all over the world.

We are very thankful to all who supported the creation of the Journal of Cancer Diagnosis including editorial board members, staff, and publisher. It is our sincere hope that this journal will function as a forum for clinicians and basic scientists to share information, communicate, and collaborate in search of solutions to significant clinical issues as well as be an exciting addition to the existing cancer-related literature.

We believe that this journal will facilitate translation of outstanding basic science and clinical research, serve as a valuable resource for health care providers, and help to shape future basic science and clinical directions in the field of cancer.

References

1. Institut Jules Bordet (2009) The History of Cancer.
2. Gallucci BB (1985) Selected concepts of cancer as a disease. From the Greeks to 1900. *Oncol Nurs Forum* 12: 67-71.
3. Meyer L (2008) Timeline: Milestones in Cancer Treatment. *Cure*.
4. Hanahan D, Weinberg RA (2011) Hallmarks of cancer: the next generation. *Cell* 144: 646-674.
5. American Cancer Society Board of Directors (1998) ACS Challenge goals for U.S. Cancer Incidence for the Year 2015. Proceedings of the Board of Directors. American Cancer Society, Atlanta, GA.
6. Jemal A, Simard E, Dorell C (2013) Annual report to the nation on the status of cancer, 1975-2009, featuring the burden and trends in human papillomavirus (HPV)-associated cancers and HPV vaccination coverage levels. *J Natl Cancer Inst* 105: 175-201.
7. Berry D, Gronin K, Plevritis S (2005) Effect of screening and adjuvant therapy on mortality from breast cancer. *N Engl J Med* 353: 1784-1792.
8. Andriole G, Crawford D, Grubb R (2012) Prostate cancer screening in the randomized Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial: mortality results after 13 years of follow-up. *J Natl Cancer Inst* 104: 125-132.
9. Ogden CL, Carroll MD, Curtin LR (2006). Prevalence of overweight and obesity in the United States, 1999-2004. *JAMA* 295: 1549-1555.
10. American Society of Clinical Oncology (2009) Progress against cancer.