



## The First Year of Publications in Journal of Cancer Diagnosis

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Received date: November 08, 2016; Accepted date: November 10, 2016; Published date: November 12, 2016

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Citation: Molina-Garrido MJ (2016) The first year of publications in Journal of Cancer Diagnosis. J Cancer Diagn 1: e104.

### Introduction

Since one year, the Journal of Cancer Diagnosis is ongoing. Since then, many experts have relied on this journal to publish their scientific work, and we want to thank them. The main intention of the publisher of the Journal of Cancer Diagnosis was to publish a journal well balanced, covering a wide range of cancer-related issues, and we are very glad to announce that this objective has been reached. We are very grateful to all who have made possible this start, including the editorial board, the editor-in chief, the editorial assistant, staff and publisher, and all authors. Just with a steady and hard work has been possible to reach such a goal.

We want to position the Journal of Cancer Diagnosis as on leading journal of Oncology, and seek to increase our international impact and visibility. At the moment, they have been published four research articles, two editorials and one case report. The variety of all these manuscripts is very wide. One of the research articles is related to breast cancer screening [1], another one, about the treatment of extensive small cell lung cancer [2] and two manuscripts were related to cancer diagnosis, one of them, about ultrasound vs. gene expression classifier in thyroid nodules [3] and another one, about the value of allelic variants of KLK2 gene to detect prostate cancer [4]. The case report is an interesting case about a patient with rectal carcinoma with osteosclerotic metastases [5].

Oncology is a discipline in continuous rise and evolution [6]. For years, Oncology professionals demand strategies to individualize treatment, not only because of the economic implications of administering a drug which may not be effective in a particular subgroup of patients, but also because in some cases, the prognosis of a given patient is conditioned directly by the biology of the tumor [7,8].

There is a huge knowledge about cancer genes and about the interaction between the tumor and its microenvironment. This fact has facilitated the development of treatments directed specifically against tumor cells, and even from the immune system. Immunotherapy and immunomodulatory agents have made a revolution in this field [9].

Another major revolution which has changed cancer treatment paradigms in the past few years is targeting actionable alterations in oncogene-driven cancers, and the EGFR is the paradigm of one of them [10].

At the moment, we must highlight many advances: a) liquid biopsy: formalin fixation and paraffin embedding, which had long been the default pathological biopsy medium, has now being supplemented with liquid biopsy, a way to profile the cancer genomes of patients; b) nanotechnology in diagnosis and treatment of cancer; for example, many authors have focused on the development of miRNA nanoformulations to achieve accumulation at the tumor site [11]; another authors have focused on lipid nanoparticles, a non-viral

vectors for gene transfection, as an effective and safety alternative to potentially treat different diseases, such as cancer [12]; and c) cancer stem cells resistance to treatment [13].

Another field of Oncology which is in progress is the Geriatric Oncology. The association between ageing and cancer seems to be more than apparent. There are many possible molecular mechanisms influencing rapid spreading of tumors in the elderly population, such as the reduction of the activity of DNA repair machinery, that is a likely genetic cause, or even epigenetic mechanisms which influence this process [14]. There are many advances in Geriatric Oncology, but it is necessary to clarify many aspects, such as the best scheme of chemotherapy which should be used in each patient and which are those older patients who could tolerate better the treatment. Older adults with cancer represent a complex patient population. Comprehensive Geriatric assessment (CGA) is the recommended tool to evaluate the medical and supportive care needs of this group. However, the role of CGA with management in the older adult with cancer is little established, and it is necessary to develop clinical trials of CGA to manage the routine care of older adults, as there are many gaps in CGA for older patients with cancer.

It must also be promoted the progress in all areas, and not only in diagnosis and treatment, such as prevention and supportive care.

In summary, cancer remains a very common disease whose management is in development, and the Journal of Cancer Diagnosis is a scientific journal that covers all those disciplines related to the field of cancer which we have cited. We are looking forward to receive and evaluate the results of the many investigations being carried out in Oncology, in terms of diagnosis, treatment, prevention and supportive care.

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