

The Oncologist v2.0: Building on a 27-Year Legacy of Accomplishment

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Editor-in-Chief

After being at the helm of *The Oncologist* for more than 25 years, Bruce Chabner decided it was time for new challenges. He has entrusted the journal to a new publisher, Oxford University Press; to its authors, editors, and readers; and to me, its new Editor-in-Chief. We are entrusted to continue the mission of *The Oncologist*—providing outstanding content: review articles, original research, analytical pieces, and commentary. Dr. Chabner leaves at a time of tremendous upheaval in the world—a time when there are simultaneous crises, at home and abroad, of a magnitude greater than any in recent memory. Big solutions will be needed to bring resolution to the crises of climate, geopolitics, gun violence, reproductive rights, opioids, democracy, and societal injustice. Such problems might make arguments over clinical trial design seem rather quaint. Then we turn to our patients, for whom a cancer diagnosis is sometimes the personal equivalent of a global or national calamity. Often an existential crisis in the lives of our patients, cancer puts their health, their family life, their relationships, and their finances, all at risk.

With this in mind, our mission as physicians and scientists is to bring to bear the best therapies to the clinic and to be educated and wise with regard to the application of those therapies. That is the dual mission in which *The Oncologist* has always excelled—to be as academic as possible while being grounded in the clinic. I am very grateful to be entrusted with the Editorship of this journal. It is an outstanding journal—one that has brought remarkable content to clinicians and researchers alike. It has proven excellence in publishing original research as well as reviews, has attended to the lived experience of patients and physicians, and has been steadfast in a commitment to the concept that every clinical trial enrollment matters. With the Clinical Trial Results section, the journal provided space and resources to back up the concept that every clinical trial should be reported, even if that trial has disappointed its instigators and even if that trial will not help the impact factor.

Our mission will be to maintain excellence in these areas and to grow our forward-looking content. We want to publish manuscripts that will help clinicians be better clinicians, investigators be better investigators, and scientists be better scientists. We can learn from each other, and our goal will be to strengthen our skill sets. We need manuscripts with

expert opinion and advice, with critical analysis, with the long view. We need to face the truth that even in difficult-to-treat cancers we cannot honestly score a one-month increase in survival a success. We need to help drive investigation away from the latest trend toward the next seminal area of research. Sir Michael Stratton and colleagues of the Wellcome Sanger Institute in Cambridge, UK, reported in studies of the human GI tract that one oncogenic driver mutation could be identified in approximately 1% of 15 million normal colonic crypts in adults aged 50–60 years.¹ That means 150 000 oncogenic drivers. In other words, cancer will always be with us. We need to understand the underlying mechanisms and figure out how to identify and reverse founder mutations before they lead to tumor formation. Until then, we need better and less toxic therapies and better ways to develop those therapies.

Our commitment with *The Oncologist* is to the dual mission of academic and clinical excellence. Uniquely, impact factor has never been the driving force for *The Oncologist*, despite its ubiquity in our field as a measure of success. Biomedical publishing has by many measures gone off the rails—with a dizzying number of oncology journals—650 listed in PubMed, at last count. We will keep our eye on the prize—we will focus on our dual mission, asking our editors and readers to send us your work, read and share and cite our papers, and yes, follow us on Twitter!

Conflict of Interest

Susan E. Bates: Pfizer Inc., Pancreatic Cancer Action Network, Merck, Amgen, RenovoRx, Agios (RF—inst.), Servier, Elmedix, Pegascy, Ipsen (H, SAB), Acrivon (other—Data Safety Monitoring Board).

(C/A) Consulting/advisory relationship; (RF) research funding; (E) employment; (ET) expert testimony; (H) honoraria received; (OI) ownership interests; (IP) intellectual property rights/inventor/patent holder; (SAB) scientific advisory board.

Reference

1. Lee-Six H, Olafsson S, Ellis P, et al. The landscape of somatic mutation in normal colorectal epithelial cells. *Nature*. 2019;574(7779):532–537. <https://doi.org/10.1038/s41586-019-1672-7>.

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