EDITORIAL

The 1998-1999 Period in Cancer Prevention Publication: Lessons for the APJCP in 2000

As we move into the new millenium and start a new venture in Cancer Prevention in the Asian Pacific area, it is appropriate that we take a look at what has attracted most interest in the various aspects of the field over the last two years to provide a basic prospective for efforts in 2000. To answer the question of what emphasis is being placed on different areas, perusal of the publications which have appeared in relevant journals can perhaps give the most accurate picture, despite the inherent time lag before papers appear in print and the possible bias in what is accepted. I have therefore assembled data on the percentages of papers concentrating on the different specialist fields, epidemiology (E), molecular epidemiology (ME), toxicological pathology (TP), carcinogenesis (C), chemoprevention (CP), screening and intervention (SI), smoking (SM) and education (ED), in a selection of the major journals covering cancer prevention. Naturally the assignment of individual papers into the different categories must be to a large extent subjective, with many overlaps, for example between carcinogenesis and chemoprevention regarding how chemical agents exert their protective effects, and concerning behavioural aspects of screening, smoking and education efforts, but a general picture can nevertheless be generated. The general criteria adopted for the present purpose are summarized in Table 1. These correspond roughly to the areas covered by the sections for which individual Editorial Team members are responsible and thus provide an idea of the envisaged scope of the Asian Pacific Journal of Cancer Prevention (APJCP) and the activities of the Asian Pacific Organization for Cancer Prevention (APOCP).

Table 1 Areas within the Scope of the Asian Pacific Journal for Cancer Prevention

Epidemiology (E): studies of human populations for cancer prevalence, pathological, viral, nutritive and behavioural factors contributing to risk and benefit.
Molecular Epidemiology (ME): studies of human populations for genetic susceptibility to neoplasia, including single gene abnormalities and polymorphisms in genes encoding proteins relevant to carcinogenesis.
Toxicological Pathology (TP): studies of both humans and experimental animals in the areas of environmental carcinogens, risk assessment and tumour pathology.
Carcinogenesis (C): studies of mechanisms underlying neoplastic development, including initiation, modulation (promotion and inhibition) and progression stages.
Chemoprevention (CP): experimental and clinical studies of chemical agents capable of inhibiting cancer induction or development.
Screening and Intervention (SI): studies of detection of early lesions, and appropriate intervention to reduce neoplasia or mortality.
Smoking (SM): studies of all aspects of the smoking problem.
Education (ED): studies of medical school curriculum for cancer prevention, information transfer to all sections of the public and investigations of determinants of behaviour (other than in smoking or screening)

A list of the journals evaluated and the findings for an approximately one year period, back-dated from the most recent issue available at the time of writing, are given in Table 2. Clearly, with the exception of general publications like the Journal of the National Cancer Institute, Cancer Research and the International Journal of Cancer, the last two having only a relatively small proportion of papers with a prevention slant, the different journals place different stress dependent on their target audience, Cancer Causes and Control being predominantly devoted to publication of epidemiological findings whereas Carcinogenesis naturally concentrates on mechanisms underlying neoplasia. Those covering health education in particular, are relatively few and somewhat distinct from the others selected for inclusion. Cancer Epidemiology Biomarkers and Prevention, the Journal of the National Cancer Institute and the European Journal of Cancer Prevention are notable exceptions in providing a general view of all aspects of prevention.

What we can conclude, other than that there are a large number of publications already dedicated to some extent to the field, is that there are two general journals published in the United States, one in Europe and none in Asia, by far the biggest of the continents with by far the largest population. This lack is compounded by the fact that access to the journals in individual medical school libraries and research institutions is limited by financial resources, a particularly keen problem in the developing world. Even in Japan, one of the richest nations in the world, the percentage of libraries subscribing to cancer prevention

Table 2. Percentage Coverage of Specialist Fields in Cancer-Related Journals

Journal/Field	E	ME	TP	C	CP	SI	SM	ED	Total
Am J Epidemiol	9.2	2.0	0.0	0.0	0.0	1.0	1.5	0.0	13.7
Am J Prev Med	0.0	1.3	0.0	0.0	0.0	7.4	4.8	2.6	16.1
Cancer Causes Control	81.4	1.0	2.0	1.0	1.0	4.1	6.2	0.0	96.7
Cancer Detect Prev	9.0	2.7	3.6	6.3	7.2	8.1	0.9	0.0	38.9
Cancer Epidemiol Biomarkers Prev	24.8	26.7	19.3	1.9	7.5	3.1	8.7	0.6	92.0
Cancer Letters	0.4	2.3	8.0	5.7	6.5	0.4	0.0	0.0	23.3
Cancer Prevention Control	7.0	1.2	0.0	0.0	1.2	8.1	2.3	26.7	47.5
Cancer Res	0.4	1.9	0.4	2.6	1.2	0.2	0.0	0.0	6.7
Carcinogenesis	0.3	4.7	7.4	65.4	12.1	0.0	0.6	0.0	91.5
Eur J Cancer Prev	50.8	5.4	24.2	0.9	7.2	9.0	2.5	0.0	100
Int J Cancer	14.2	3.3	0.4	1.2	0.4	1.6	0.0	0.0	21.1
Int J Epidemiol	13.1	0.6	2.3	0.0	0.0	1.1	1.1	0.0	18.2
Jpn J Cancer Res	4.7	1.0	5.7	6.2	5.7	1.0	0.5	0.5	25.3
J Cancer Educ	0.0	0.0	0.0	0.0	0.0	27.8	3.7	27.8	59.3
J Natl Cancer Inst	13.9	3.6	4.0	2.2	4.0	10.8	6.7	0.0	45.2
Nutr Cancer	23.4	0.0	14.0	12.5	27.3	0.8	0.8	0.0	78.8
Prev Med	0.7	0.0	0.0	0.0	0.7	12.1	18.9	12.9	45.3

as opposed to general cancer journals is very low. As summarized in Table 3, official penetration as listed in the 1999 version of the 'List of Current Periodicals Acquired by Japanese Medical, Dental and Pharmaceutical Libraries', published by the Japanese Society for Medical Libraries, is abysmal (Moore et al., 1999). It can readily be imagined that the situation is far worse in many other lands. While Medline and related services play an admirable role in giving access to titles and abstracts, the limited availability of detailed but concise reviews presents as a major hindrance to transfer of information. This then is a niche that the APJCP can fill.

The question of the future of dissemination of medical research findings was the subject of an interesting and provocative recent editorial by Delaroche and Smith in the BMJ (1999). The authors convincingly argue the need for new approaches to overcome what they describe as the 'defects' of journals at present. On the BMJ website they supply a list which it well rewards us to consider in launching our own scientific journal. I have taken the liberty here in Table 4 of providing possible answers to how the APJCP hopes to overcome existing problems. Perusal of the present contrived Volume 1, Number 1, should give an idea of how we envisage that effective communication can be achieved. Essentially, a user friendly, informative, attractive and affordable journal is the aim. Together with the editorial team, regional and honorary advisors and most important, the entire scientific community active in Asian Pacific cancer prevention, my hope as APOCP coordinator is to make a contribution to its realisation, while providing 'evidence' for effective health promotion efforts (WHO, 1997; Nutbeam, 1999).

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Table 3. Penetration (%) of Japanese Medicine-Associated Libraries by Major Journals

General Prevention	(%)	Cancer Prevention	(%)	General Cancer	(%)
Am J Epidemiol.	70	Cancer Causes Control	8	Cancer Letters	24
Am J Prevent. Med	4	Cancer Detect Prev	3	Cancer Res	96
Int. J Epidemiol	24	Cancer Epid Biom Prev	7	Carcinogenesis	37
Prev Med	20	Cancer Prevent. Control	<1	Int J Cancer	35
Health Educ Behaviour	4	Eur J Cancer Prev	<1	J Natl Cancer Inst.	71
Health Promotion Int	41	J Cancer Educ.	<1	Nutr Cancer	8

Table 4. Alleged 'Defects' of Scientific Journals and their Proposed Amelioration

Defect 1: Make doctors feel guilty. **Measure 1**: The APJCP aims to give those doctors involved in clinical preventive efforts a forum to see how their own work meshes with those of the general scientific community, and thereby engender a spirit of collaboration.

Defect 2: Too many of them. **Measure 2**: This is hard to refute except that supply and demand economics, with the prevailing paradigm, will eventually cull superfluity. Our rationale for adding another to the list is that the unique innovative approach will allow the APJCP to pass the test of 'Survival of the Fittest'.

Defect 3: Nobody reads many of them. **Measure 3**: The envisaged format involves translation into native languages for abstracts, or visual 'sound bites' to facilitate broadening awareness and simultaneously attract interest.

Defect 4: Too boring. **Measure 4**: The emphasis on tables and figures in the APJCP, with low cost colour photographs, married to a simplified format for construction of research articles and an amply illustrated news section, should relieve the tedium.

Defect 5: Too pompous. **Measure 5**: The APJCP policy is to provide detailed explanations in the unlikely event that a paper cannot be published after peer review – along with critiques by reviewers who advise rejection.

Defect 6: Too establishment. **Measure 6**: All authors/readers will have the opportunity to add their voice in the APJCP, independent of the establishment to which they belong.

Defect 7: Too awful to look at. **Measure 7**: Beauty is in the eye of the beholder, but every effort will be made to surmount this problem by enlivening the APJCP with colour photographs and figures.

Defect 8: Don't meet information needs. **Measure 8**: The emphasis of the APJCP is on up-to-date review articles, covering all areas of cancer prevention, to fill an Asian Pacific information niche.

Defect 9: Too much rubbish. **Measure 9**: Subjective feelings apart, findings relevant to cancer prevention warrant publication, utilizing the most effective presentation, with the opportunity for dissent to be aired in the APJCP.

Defect 10: Too hard work to access. **Measure 10**: By setting the price at a sufficiently low level that all university and research institute libraries, if not individual researchers, can afford to subscribe to the APJCP, access should be within the realms of possibility for all interested scientists.

Defect 11: Not relevant. **Measure 11**: The emphasis of the APJCP/APOCP is on practical necessities for prevention.

Defect 12: Too much duplication. **Measure 12**: APOCP members will be urged to participate in the IARC/DKFZ Directory of On-going Research in Cancer prevention (Sankaranarayanan et al., 1999) to minimise duplication of effort. In addition the APJCP will provide a forum within the Asian Pacific area to facilitate contacts between groups, with the aim of collaborative rather than competitive science.

Defect 13: Don't change practice. **Measure 13**: The aim of the APJCP/APOCP is facilitation of practical intervention and with the cooperation and feedback of members this will be continuous process of realisation.

Defect 14: Too concerned with authors rather than readers. **Measure 14**: With the viewpoint that readers are also researchers when not also authors the emphasis of the APJCP will be on a source of readily amenable information.

Defect 15: Slow every thing down. **Measure 15**: The APJCP review process will be within one month. By scheduling meetings/symposia at regular intervals the hope is to maintain a lively momentum.

Defect 16: Too biased. **Measure 16**: Any paper with accurate recording of facts and data for appropriate parameters, within one of the envisaged areas of interest, should receive an emphasis on acceptance with optimal presentation, provide easily assimilable updates to allow busy scientists to keep abreast of research developments, related news, employment opportunity, technical advances and possibilities of collaborative research.

Table 4 (cont). Alleged 'Defects' of Scientific Journals and their Proposed Amelioration

Defect 17: Anti-innovatory. **Measure 17**: With a positive pricing policy, abstract translations into regional languages, news and notice of collaborative research proposals, the APJCP aims to continously interact with the scientific community in any form leading to enhanced cancer prevention.

Defect 18: Too wasteful of academic time. **Measure 18**: The assembled APJCP editorial team expertise in all areas of cancer prevention to facilitate rapid manuscript assessment and provide timely reporting of advances in prevention.

Defect 19: Can't cope with fraud. **Measure 19**: APJCP provision of a forum for collaborative projects with information exchange which is open to scrutiny from all sides should minimize damage of this type.

Defect 20: Too corrupt. **Measure 20**: This serious charge can only apply to situations where secrecy and bias can prevail. The aim of the APJCP is to maintain an open policy in terms of review, with affiliations and funding/interests clearly stated.

Defect 21: Too expensive. **Measure 21**: The price of the journal set at or below cost for the third world and in the Western world is at less than that for the vast majority of equivalent publications, with the aim of introducing a wealth support factor. As a non-profit-making concern, any excess funds will be used to hold symposiums and enhance the information transfer role of the Asian Pacific Organisation for Cancer Prevention.

Defect 22: Rip off authors. **Measure 22**: APJCP exercise of the copyright laws will be to the advantage of the authors, who will also receive credits for accepted manuscripts, for attendance at meetings to the extent that financial wherewithal allows.

Defect 23: Don't add value. **Measure 23**: APJCP aims to provide easily assimilable updates to allow busy scientists to keep abreast of research developments, related news, employment opportunity, technical advances and possibilities of collaborative research.

Defect 24: Don't reach the developing world. **Measure 24**: APJCP pricing and policy is essentially targeted at the developing countries of the Asian Pacific region, it is to be hoped with the financial assistance of the economically more advantaged members.

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Conflict of Interest Statement

The author of this editorial wishes it to be known that success of the journal will result in his being paid a salary from the APOCP, some time in the future. He is presently devoting his time to the APJCP on a volunteer basis and clearly would greatly benefit from such a change in status. Therefore he is keeping his fingers crossed for your hearty cooperation.

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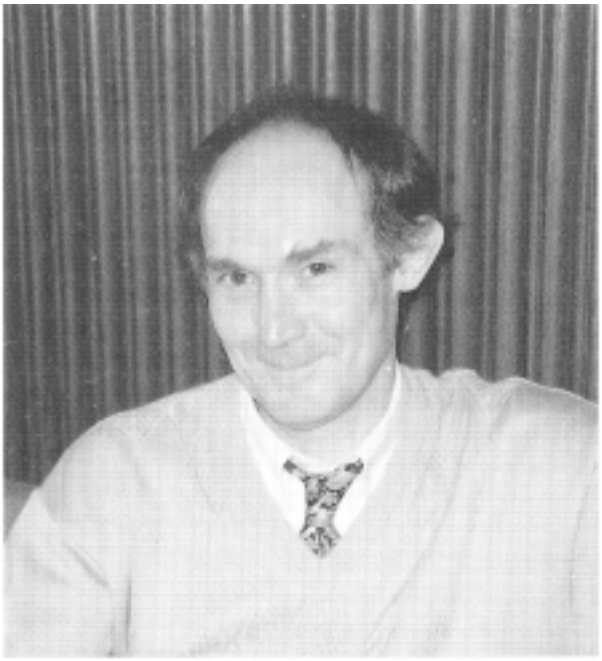

Malcolm Anthony Moore was born in South Shields in the North-east of England in 1951. After obtaining a degree in Zoology at Leeds University and being awarded his Ph.D. for research on pancreatic carcinogenesis in the Department of Pathology, Bristol University in 1973, he spent time as a post-doc in the German Cancer Research Center in Heidelberg with Peter Bannasch and then Nobuyuki Ito in Nagoya performing experimentation in the area of toxicological pathology. He has also worked in Australia and Thailand and during a recent period as a guest at the National Cancer Center Research Institute in Tokyo with Hiroyuki Tsuda became interested in pathophysiological epidemiology and the necessity for a broad-based approach to cancer prevention. This is the reason for his present involvement in the APJCP/APOCP. Married to a Japanese physician and with two sons, he appreciates wine (including all its wonderful Asian variants along with the delicious cuisine), women (for their company, for holding up the gracious half of the sky, and for enhancing art and the aerobics class) and song (British folk on an accordion), as well as making wooden furniture.

Since this is hopefully the first of many editorials and there will only be one such personal profile, it is fitting that the opportunity is taken to thank the individuals who have moulded the career of Malcolm Moore. Heartfelt gratitude is due to Bojan Flaks, providing the right mix of science and philosophy for an overaged PhD student, Peter Bannasch for his generosity and sure guiding hand during the first post-doc years and Nobuyuki Ito for seeing a seed that might germinate in Asian soil. Without his fatherly help this journal would simply not exist.To erstwhile senior colleagues Takatoshi Ishikawa and Hiroyuki Tsuda, your help is greatly appreciated. Last but not least, to Shinkan Tokudome, for a comfortable home and support when it really counted, thank you.