EDITORIAL MESSAGE

APJCP Report - the Situation after Six Years

With publication of the present issue of the APJCP the APOCP has come to the end of its 6th year of existence. Over this period of time we have experienced two General Assembly and three Regional Conferences, two satellite meetings and many changes to the journal. We now have increasing contributions of countries in Western, South, South-East and North-eastern Asia to add to the strong base of support in Japan (see the Table for actual contributions to publication with reference to the areas of interest).

We have already stressed the role that the APJCP is playing in providing a forum for publication of work from our region (Moore and Tajima, 2002; Tajima and Moore, 2002). Fortunately, the success in becoming indexed on PubMed has helped convince scientists from across the region to use the journal for publication of original articles. Japan is playing a leading role by also providing a relatively high proportion of reviews. We have again applied for evaluation of our journal for possible coverage in the Web of Science (Science Citation Index) and the editors sincerely hope that the unique role of the APJCP in covering, specifically for the Asian Pacific area of the world, research in the five main areas of cancer prevention (Education; Epidemiology; Smoking; Toxicological Pathology [Carcinogenesis and Chemoprevention], Screening and Intervention) may now be viewed positively. Not all of the aims to ameliorate alleged 'defects' of scientific journals which were listed in 2000 (Moore, 2000) have been met, and a number of individuals have made constructive criticisms to myself as to the necessity for improvements. I will be appealing to the membership to fill in a questionnaire in the near future, the results of which will be reported at the Fourth Regional Conference in Nagoya, January 2006, and also in the first issue of the APJCP next year. One major criticism is that we accept papers that are of low scientific merit. I have 25 years experience of cancer prevention

research but I do not feel that I am qualified to judge all the different fields that we cover, except when the papers submitted are purely clinical, in which case recommendation is made to submit to a specialist journal. The problem that I have experienced with our reviewers is that they only recommend acceptance for a very small percentage of the manuscripts submitted, perhaps wishing to compete in quality with journals published in the United States or Europe, with their large established scientific communities. We can have a very thin journal but that is not the rationale for the APOCP/APJCP. Countries of Asia need an especial forum for publication of well-performed research, even when the technology applied is very basic and the level of English sometimes makes understanding difficult. Competition for inclusion in journals with high impact factors is increasing and it would not be in the interest of Asia for budding research potential to be stifled by the lack of any means to reach the international community. If it is not published it is not research, as they say, and this might have repercussions as to future funding. However, attempts are always made to optimize presentation and as Chief Editor I will naturally keep an open ear as to the views of the membership until the time comes to hand over to a successor in November of this year. Until then I ask for your continued support in submitting the quality papers without which we cannot ensure timely publication and maintenance of a solid reputation for scientific endeavour. This is particularly important if we are to provide a bimonthly publication which I would now like to propose.

As I have stressed many times in the APJCP, we can only hope to produce a high quality journal if we have a firm financial base and many of the questions to be asked relate to this point. Negotiations have been commenced with an international distributor of scientific literature to improve access to possible institutional subscribers but the advice

Table 1. Contributions to APJCP Publications

Fields	Turkey	Arabia	Iran	K Pakistan	Syrgyst	an India	Thailan	d SE Asi	Viet N a*	am Korea	China	Japan	West	IARC	Editors	Total	(%)
Education	6	0	1	2	0	5	0	0	0	0	0	1	0	1	12	28 ((7.7)
Epidemiology	0	1	16	9	5	31	15	3	5	3	13	53	4	2	7	167 (4	45.8)
Smoking	0	0	1	1	0	3	2	0	0	0	0	12	0	0	1	20 ((5.5)
Toxicological Pathology	4	2	5	0	3	26	20	1	0	3	0	32	2	3	3	104 (2	28.6)
Screening	4	0	1	0	1	5	11	0	0	1	1	10	5	2	4	45 (1	12.4)
	14	3	24	12	6	70	48	4	5	7	14	112	11	8	27	364 (100)

^{*}Myanmar, Malaysia, Indonesia, the Philippines one each

Malcolm A Moore

received was that we should now restrict free downloading of pdf files for a period of time after publication to ensure that interest in maintained in actually purchasing the APJCP by university and research institute libraries across the globe. We have been providing a large number of free copies, particularly to Cancer Registries in the Developing world, but postal costs are rising so that this will be difficult in the future. Clearly, changes are necessary, but decisions need to be taken by the general readership, while taking the realities of our situation into consideration. The journal has a full time secretary but my efforts as Chief/Managing Editor are almost entirely on a volunteer basis, which cannot continue indefinitely.

Our aim is to continue to build on the foundations already in place to ensure that the APOCP/APJCP can continue into the future as a collective effort by scientists across the Asian Pacific. There is still a great deal to be done and your voice should help determine the directions in which to go. I look forward to hearing your comments at the Fourth Regional Conference in Nagoya, January 2006, or the 3rd General Assembly in Bangkok in November.

Malcolm A Moore

apocp2000@yahoo.com

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