



International Journal of Cancer and Clinical Research- Committed to Ensure Quality Publication in Cancer Research

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With great pleasure we welcome you to the inaugural issue of the International Journal of Cancer and Clinical Research. We envision this journal to provide a platform for all cancer researchers around the world to publish their high quality findings in cancer and clinical research as well as a venue to nurture researchers and young investigators in developing countries. The journal aims to accelerate the pace of research, discovery and innovation in clinical research around the globe.

The burden of cancer is on the rise around the world. An estimated 14.1 million new cancer cases and 8.2 million deaths occurred worldwide in 2012 according to the World Health Organization. However, this cancer burden is not distributed uniformly around the world. Cancer burden varies by geographical region and level of human and economic development [1] as more than half of all new cases and two-third of all cancer death occurred in the developing countries.

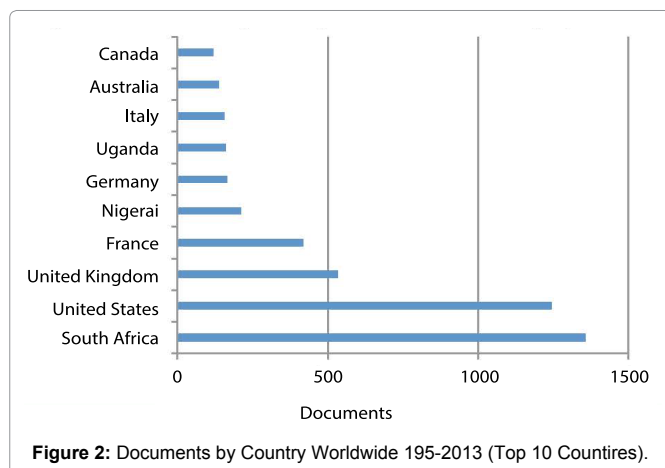
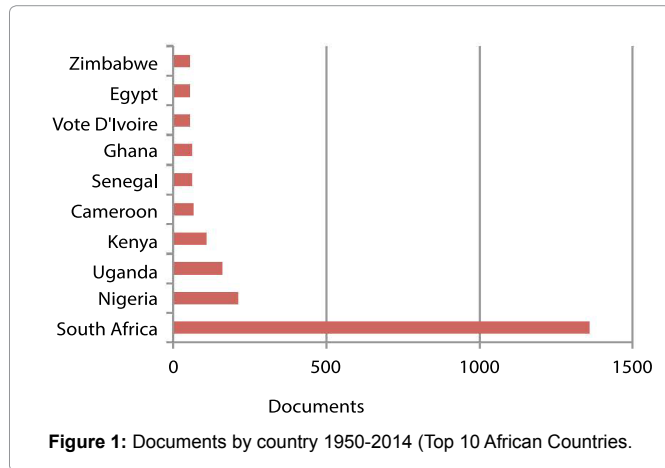
Variation in cancer burden is not the only disparity in cancer between developing and developed countries; there are disparities in health care, education, basic and clinical research and publications. During the last decades, due to advances in awareness, prevention, early detection, and availability of new and effective treatment regimens, the developed countries made great progress against certain malignancies that led to decline in incidence and mortality. However, these interventions, early detection and treatment are not available for many people in the developing countries [2]. Major advances in the field of molecular biology, coupled with advances in genomic technologies, proteomics and metabolomics and advances in imaging techniques have contributed to improved effectiveness in pharmaceutical drug development, molecular diagnostic and personalized medicine in the developed countries. While in the developing countries, research in disciplines such as descriptive and comparative epidemiology and case-control studies dominates the research literature. Although information from such studies is an important contribution, it does not provide enough base knowledge about all aspects of cancer for effective cancer control and treatment [3]. Currently, basic and clinical research is mostly performed in developed countries in mostly Caucasian populations. The cancer patients in the developing countries receive cancer treatment and care using what has been developed and adapted for patients

living in the developed countries. This treatment approach takes no consideration to differences in tumor biology and host as well as environmental and social factors or the health system status between both groups. Therefore, this “one shoe-fits-all” as it was coined by Dr. Love [3] may not work across the world and attention should be paid to such populations and other country-specific factors. Therefore, treatment within the context of the available health system and individuals in the developing countries should be taken in consideration when using US-developed treatment approaches. Cancer research, for instance, in an indigenous African population and their tribal composition has the potential to provide unique insight into the cancer etiology, prevention, and treatment that is very specific to the African continent and may provide some insight to understanding of cancer globally.

It is obvious that basic and clinical research require funds, well-equipped laboratories and health facilities as well as knowledge and time to collect and disseminate the research findings. Funding is a major impediment for cancer research in a majority of sub-Saharan Africa followed by lack of well or moderately equipped laboratories which result in having too little research done, and the future generations, the students, get little hands on practical research experiences; as most practical laboratory classes are observational in nature. These usually lead to less rigorous research, that is statistically not well designed and controlled coupled to unavailability of hard currency discourages investigators in disseminating their results. On the other hand, where research is affordable a great proportion of data and outstanding findings and number of masters and PhD theses are only kept in universities libraries. These dissertations and local conference proceedings constitute what is referred to as the “Grey Literature”. Paradoxically, these unpublished data may contain very valuable information that may contribute to our cancer understanding in the population studied. Most investigators in Africa lack time, and the encouraging environment and incentives for writing, as most of their time is spent securing a living for their families. Publications, a strong research focus, attracting extra and intramural funding, mentoring and internal interdisciplinary collaboration not evaluated as part of a promotion or tenure or salary raise in majority of African countries. These factors collectively resulted in less research publications by African Scientists. From 1950 to 2014, there were 5,298 publications from Africa on Cancer (scopus database). Top

published Countries in Africa are South Africa, Nigeria, Uganda and Kenya (Figure 1), however, if we look at this data worldwide, majority of the publications about cancer in Africa came from work conducted by investigators living in USA, United Kingdom, France, Germany, Italy and others (Figure 2). Therefore, we are challenging and encouraging investigators in the developing countries to submit their work to the International Journal of Cancer and Clinical Research.

Finally, on behalf of the editorial team, I welcome you to read the first issue of the International Journal of Cancer and Clinical Research. We hope that you will find interest in our journal and that you will consider submitting your important cancer and clinical research findings to us.



References

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