Welcome to the 14th volume of *Future Oncology*

Rachel Jenkins*,¹

¹Future Science Group, Unitec House, 2 Albert Place, London, N3 1QB, UK

* Author for correspondence: r.jenkins@futuremedicine.com

“2017 was another exciting year for the journal with the continued publication of timely, high-quality manuscripts. We are proud to present some of our content highlights within this article.”

First draft submitted: 1 November 2017; Accepted for publication: 1 November 2017; Published online: 15 December 2017

Keywords: biomarkers • cancer • clinical trials • genetics • immunotherapy • oncology • personalized therapy • research • social media

To all our readers, we are delighted to welcome you to the 14th volume of *Future Oncology*. 2017 was another exciting year for the journal with the continued publication of timely, high-quality manuscripts. We are proud to present some of our content highlights within this article.

We would also like to take this opportunity to thank all of our valued Editorial Board members, readers and contributors for the continued support. As we move into 2018, we very much look forward to seeing the journals' continuous progression and development.

Content highlights of 2017

At the time of writing (October 2017), our most read article was a review entitled 'Novel therapeutic approaches in chondrosarcoma'. The paper was authored collaboratively by authors from the University College Hospitals NHS Foundation Trust (UK), the Fred Hutchinson Cancer Research Center (USA), the Institute of Cancer Research (UK) and the Royal Marsden Hospital NHS Foundation Trust (UK). The authors discuss the preclinical and early clinical data on novel targeted therapeutic approaches in chondrosarcoma, giving recommendations for future approaches [1].

Another one of our most popular articles was a clinical trial protocol that outlines the Phase II EudraCT 2011–002912–12 trial (NCT01506609); the authors describe the design and rationale of this trial investigating whether the addition of veliparib to temozolomide or carboplatin/paclitaxel provides clinical benefit over carboplatin/paclitaxel with placebo in patients with locally recurrent or metastatic breast cancer harboring a deleterious *BRCA1* or *BRCA2* germline mutation [2].

Also highly read was a special report entitled 'Exploiting natural killer group 2D receptors for CAR T cell therapy' by a collaboration of authors from Belgium and the USA. They discussed the concept of exploiting natural killer cell receptors as an approach that could broaden the specificity of CAR T cells and potentially enhance the efficacy of this therapy against solid tumors [3].

An editorial published in June of this year and authored by Sedrak M *et al.* was another popular article, providing a unique insight into the role professional social media can play in improving cancer patient care, increasing trust in the profession and providing education opportunities [4].

The successful special focus issue, guest edited by Ryan Sullivan, focused on immunotherapy and how it has and will continue to evolve [5]. Our November special focus issue centered on cancer imaging and how it is utilized in diagnostics, surgery and various therapies.

Special mention goes to the following articles, which have achieved the highest Altmetric scores in the journal during 2017, as we continue our successful partnership with the platform:

Figure 1. Proportion of readership demographics for *Future Oncology* in 2017.

- Our highest scores were for the previously mentioned special report ‘Exploiting natural killer group 2D receptors for CAR T cell therapy’ and editorial ‘The emerging role of professional social media use in oncology’ [3,4] – Altmetric scores: 88 and 55, respectively;
- Another editorial that scored highly was an article by Sannino, Orth and Grünewald discussing recent studies investigating the genetic and epigenetic architecture of Ewing sarcoma, paving the way for future research toward personalized medicine [6] – Altmetric score: 20;
- We also received high scores for a perspective article discussing the ‘Servier oncology pipeline in 2017’ [7] – Altmetric score: 16.

Readership demographics

It is great to see that in 2017, our journal is being read throughout the world, with the highest number of readers being from North America (37%) and Europe (34%) (Figure 1). In terms of individual countries, the highest volume of readers originated from the USA (34%). It is great to see an increase in the number of readers from Asia, and a continuous emerging readership in Africa and Australia.

Authorship demographics

It is interesting to see where the journal is receiving its content from; in 2017, authors from Asia submitted the highest volume of content (47%), followed by Europe (34%) (Figure 2). In terms of countries, the highest numbers of submissions were received from China (37%), the USA (13%) and Italy (10%). We continue to receive high-quality content from across the globe, including an emerging authorship in South America and Africa.

We also welcomed Robin Jones to our Editorial Board in January 2017. Robin is a Medical Oncologist specializing in the treatment of bone and soft tissue sarcomas and Head of the Sarcoma Unit at The Royal Marsden and is a great addition to the board.

Social media

Future Oncology continues to be active across social media including on our LinkedIn Future Science Oncology Group [8] and Twitter, @fsgfon [9]. Our regular posts include journal highlights such as newly published content and the latest oncology news. This year, we have thoroughly enjoyed engaging with oncology professionals across the field and continue to grow our network presence. We welcome our readers to connect with us on various forms of social media going into 2018.

Conclusion

We appreciate all feedback from the oncology community regarding the direction of our content such as ‘hot topics’ in the field and trends that you feel should be covered in *Future Oncology*. We welcome unsolicited article proposals,

Figure 2. Proportion of authorship demographics for *Future Oncology* in 2017.

and would be delighted to hear from you. In particular, we encourage submissions on novel and translational work such as:

- Selective and ‘personalized’ approaches
- Immunotherapy
- Integration of diagnostic and therapeutic approaches
- Profiles of new anticancer drugs
- Biological processes involved in cancer and how new understanding will impact treatment
- Clinical implications and applications for new biomarkers
- Screening programs and methodology
- Impact of molecular genetics on prevention, screening, diagnosis and treatment

We greatly look forward to collaborating with you all over the next year and hope *Future Oncology* continues to fulfill its role in the medical community and grow and develop as a journal.

Disclaimer

The opinions expressed in this article are those of the author and do not necessarily reflect the views of Future Medicine Ltd.

Financial & competing interests disclosure

R Jenkins is an employee of Future Medicine Ltd. The author has no other relevant affiliations or financial involvement with any organization or entity with a financial interest in or financial conflict with the subject matter or materials discussed in the manuscript apart from those disclosed.

No writing assistance was utilized in the production of this manuscript.

References

1. Polychronidou G, Karavasilis V, Pollack S, Huang P, Lee A, Jones R. Novel therapeutic approaches in chondrosarcoma. *Future Oncol.* 13(7), 637–648 (2017).
2. Isakoff S, Puhalla S, Domchek S *et al.* A randomized Phase II study of veliparib with temozolomide or carboplatin/paclitaxel versus placebo with carboplatin/paclitaxel in BRCA1/2 metastatic breast cancer: design and rationale. *Future Oncol.* 13(4), 307–320 (2017).
3. Demoulin B, Cook W, Murad J *et al.* Exploiting natural killer group 2D receptors for CAR T-cell therapy. *Future Oncol.* 13(18), 1593–1605 (2017).
4. Sedrak M, Dizon D, Anderson P *et al.* The emerging role of professional social media use in oncology. *Future Oncol.* 13(15), 1281–1285 (2017).
5. Sullivan R. The evolutionary nature of the cancer immunotherapy revolution. *Future Oncol.* 13(18), 1565–1567 (2017).
6. Sannino G, Orth M, Grünewald T. Next steps in Ewing sarcoma (epi-)genomics. *Future Oncol.* 13(14), 1207–1211 (2017).

7. Therasse P, Perron B, Novack S, Abastado J. The Servier oncology pipeline in 2017. *Future Oncol.* 13(17), 1527–1536 (2017).
8. Future Science Oncology LinkedIn Group. LinkedIn (2017). <https://www.linkedin.com/groups/8234713>
9. Future Oncology Twitter Handle. Twitter (2017). <https://twitter.com/fsgfon>