Journal of the National Comprehensive Cancer Network

A View Toward the Future

This year marks the sixth volume of JNCCN—The Journal of the National Comprehensive Cancer Network. What began as a quarterly publication has expanded to 10 issues per year with multiple additional supplements, with a subscription base of more than 20,000 oncologists and other health care practitioners per issue. JNCCN has been accepted for indexing in PubMed/MEDLINE since 2005, making the NCCN guidelines and original articles published in it available worldwide in the leading databases of medical research. I am honored to serve as the next editor-in-chief of JNCCN.

The NCCN includes 21 of the leading cancer centers in the United States, bringing together the multidisciplinary expertise of all types of cancer specialists. The “jewels in the crown” are the NCCN Clinical Practice Guidelines in Oncology, the most comprehensive, up-to-date guides for managing cancers of all types. These guidelines are authored by panels composed of experts from all cancer-related disciplines—pathologists, radiologists, surgeons, medical oncologists, radiation oncologists, cancer survivors, and other clinicians focused on cancer care and prevention. The breadth, depth, and timeliness of the NCCN guidelines, along with their origin from the outstanding cancer clinics in this country, give them unique authority in defining treatment standards.

JNCCN is committed to publishing these essential and scholarly cancer care documents and seeks additionally to create “value added” for the reader interested in understanding the evolving nature of cancer treatment. In the issues to come, we hope to expand the commentary that accompanies the guidelines, highlighting areas of disagreement or controversy or pointing to new recommendations. The NCCN institutions have extraordinary experience in establishing state-of-the-art multidisciplinary cancer treatment clinics, and we intend to describe the development and implementation of such programs.

Because of the comprehensive algorithms, the NCCN guidelines serve a special role in facilitating discussions centering on the patterns and costs of cancer care and on the impact of changes in health care policy on cancer treatment. We anticipate using JNCCN as a forum for enhancing dialogue on the real-world issues of cost, access, and quality of cancer treatment that matter to clinicians, patients, third-party payers, and regulators of health care.

Finally, JNCCN has the opportunity to extend the discussion of cancer care standards beyond the United States to other countries around the world. NCCN guidelines reflect the highest standards of care as defined by clinical science. There is global interest in achieving these standards and global participation in first-rate cancer research and treatment. But the recognition also exists that not all societies can implement or afford such levels of care. JNCCN can serve as a forum to help reconcile the ideal treatment plan with the achievable treatment plan in places with more-limited medical resources.

We invite you to participate in the life of this journal. We are interested in how you use JNCCN and what features would bring most value to that use. We would like to hear your thoughts on the role of JNCCN in the dynamic world of cancer treatment. In addition, we are interested in your scholarly contributions that touch on the central themes of NCCN and JNCCN—establishing high-quality, interdisciplinary, comprehensive, timely, effective, and accessible cancer care. Please send us your manuscripts, reflections, and ideas that will enhance and invigorate our ongoing efforts.

Harold J. Burstein, MD, PhD

Harold J. Burstein, MD, PhD, editor-in-chief of JNCCN, is an Associate Professor of Medicine at Harvard Medical School and a medical oncologist at Dana-Farber Cancer Institute and Brigham & Women’s Hospital. He is a clinician and clinical investigator specializing in breast cancer. Dr. Burstein attended Harvard College and earned his MD at Harvard Medical School, where he also earned a PhD in immunology. He trained in internal medicine at Massachusetts General Hospital and was a fellow in medical oncology at Dana-Farber before joining the staff.

Dr. Burstein’s clinical research interests include novel treatments for early- and advanced-stage breast cancer and studies of quality of life and health behavior among women with breast cancer. He has written widely on breast cancer in both traditional medical journals and on the web, including New England Journal of Medicine and Journal of Clinical Oncology. International committees focusing on cancer treatments that he has or continues to participate in include the NCCN Clinical Practice Guidelines Breast Cancer Panel, St. Gallen Breast Cancer Panel, CALGB Breast Cancer Committee, ASCO Health Services Research and Clinical Research Committees, the National Quality Forum Breast Cancer Technical Panel, and other ASCO expert panels.

The ideas and viewpoints expressed in this editorial are those of the author and do not necessarily represent any policy, position, or program of the NCCN.