It is now almost 4 years since I was appointed Editor-in-Chief of Annals of Oncology. I would like here to pause and reflect on what has been achieved.

The Associate Editorial team has been totally renewed and a number of changes in the journal have been profoundly modified over the course of these 4 years:

• The printed version of the journal has been updated, resulting in a more modern layout [4].

We have introduced new sections that encompass Oncology in a more modern layout [4].

The journal content has been refocused on systemic anticancer therapies [1].

We have introduced new sections that encompass Oncology in a more modern layout [4].

We have created dedicated forums, such as the Statistical Controversies in Clinical Research series [2], and Industry Corner: perspectives and controversies [3].

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Editorials

• With the help of Oxford University Press, the digital face of Annals of Oncology has been completely changed. We have thus achieved a broader and more attractive internet profile for our readers with improved graphics, enhanced free content and interactive features.

All these changes have led to an indisputable improvement of our impact factor, as detailed in Figure 1.

Annals of Oncology now sits as the 10th journal in the field, and is within the top 3% of all oncology titles. Its content is attractive and its reach is very significant with over 2 million unique users in 188 countries. The journal is accessed by 3569 institutions worldwide, and this has led to over 4.3 million downloads in 2016.

I would like to thank all those involved in helping me to achieve these changes: the superb team of Associate Editors (which is the key force behind this global enterprise), the Editorial Board, our committed reviewers, and mostly our authors and readers. I would also like to thank the Annals of Oncology Editorial Office staff members, who provide a wonderful and efficient support for all those involved with the journal.

The time has come for me to move on from this amazing position as Editor-in-Chief of Annals of Oncology. Indeed, I have requested and obtained a 3-year sabbatical from my university position and my role as Department Chair at Gustave Roussy. Effective September 14, 2017, I will join the pharmaceutical industry as Head of Research, Translational Science and Early Drug Development in Oncology at MedImmune-AstraZeneca in the United States.

I have received numerous messages from colleagues and friends who are surprised or do not understand this move (some of them even consider that I should be treated differently from now on, having left the collegial realms of science and knowledge to the adversarial confines of industry and commerce). This transition did not come as a surprise to me, and it seems natural enough. As a colleague, who has enjoyed your trust and knows how greatly resembling and precious it is, I owe you not only an explanation, but a clarification of my principles and of my position.

I see my life goal as putting my scientific and rational abilities at the service of those affected with serious diseases such as cancer. Science has never been my goal per se. Rather, I have always felt that my scientific abilities, originally a gift rather than the result of my effort, had been given to me as a tool to allow me to serve others. This is an invariable, it will not change.

Improving the condition of others, with science as the driver, was my goal in academia when developing new scientific concepts, building infrastructures, and implementing innovative clinical trials or editorial policies. But this will also be the case when identifying new relevant cancer targets, defining patient populations that are the most likely to benefit from new anticancer compounds, and developing smarter and more effective early clinical trials. Allowing science to be the major driver of drug development in industry may seem to be a simple goal but it is a complex task. Rarely in the history of systemic anticancer therapies has the medical community been faced with such a wealth and breadth of promising new anticancer compounds. This mandates the implementation of a rational framework for the prioritization of the most relevant targets and the definition of the optimal combinations of new anticancer candidates. I believe that trying to achieve such goals portends the same dignity as trying to improve cancer care as an academic player.

I am perfectly conscious that there is a set of specific constraints in the pharmaceutical world that could antagonize this vision. However, let’s not forget that there is also a significant level of complexity and intrinsic constraints in academia that are not, in and of themselves, facilitators of better patient care. The same holds true in the arena of public policies, on which we all depend, and that we try to direct or influence to the best of our abilities.

In short, I see cancer care and research as being sustained by a complex ecosystem where academia is not the only player, and where industry and political players are also key factors. As Department Chair of a Drug Development Department, I have interacted closely with various biotechs and pharmaceutical industries, and it became obvious to me that they can be real partners and that a lot could be achieved within their setting. There is little doubt in my mind that I stand to gain a completely new set of skills, knowledge, and vision by becoming an active participant in that world. My aim for the future is to translate science to medicine by facilitating the discovery and development of new drugs, and hopefully impacting positively on the lives of thousands of cancer patients.

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