The oncology landscape is moving, and moving fast. Major trends of this recent evolution include: a new classification of tumors based on oncogenic events as well as pathway activation, a robust growth of early drug development programs with the surge of large phase I–II trials, unprecedented advances in immunotherapy and implementation of precision medicine initiatives.

In order to face these changes, *Annals of Oncology* has to define clear priorities and shall clearly aim at being the reference European Oncology journal. First, in order to increase visibility, the scope of the journal will now be focused on systemic anticancer therapy, with molecular targeted agents and new immunomodulatory agents being important components of its content. Manuscripts on radiotherapy, surgery and pediatrics will be considered when they display a clear interaction with systemic therapy, or represent paradigm shifting work. Second, beyond the need to cope with the increasing number of early clinical trials and new targets, the journal will also aim to attract more randomized trials, including the negative ones. The publication of such negative trials in a shortened version (2000 words) will make critical the publication of *ad hoc* editorials that explain why and how such trials (even if negative) really affect the field. Third, *Annals of Oncology* must include a growing corpus of top-level guidelines and indisputable top-ranking reviews that will include high-quality figures. Fourth, *Annals of Oncology* needs to incorporate new fields such as onco-immunology, precision medicine, biotechnologies, bioinformatics, modern statistics and molecular pathology. Onco-immunology deals with tumor immunology and notably development of anticancer immunotherapies, and identification of prognostic or predictive immunological biomarkers. Precision medicine builds upon massive advances in basic science, to better characterize tumors and their environment. One of its key underlying principles is that high-throughput technologies will further characterize tumors for treatment optimization. Biotechnologies are innovative technologies that allow accurate measurement of biological processes. Those biological processes related to cancer and innovative technologies participating in the advancement of precision medicine will be part of this section. Bioinformatics here refers to approaches that allow the combination of molecular investigations, technology and mathematical modeling for further understanding of cancer. Modern statistics refers to innovative statistical designs as well as innovative strategic thinking and development of new paradigms for drug development. Molecular pathology refers to emerging and routine diagnostic and predictive molecular makers and their application for cancer management.

Our journal has to adapt to change, and evolve to excel, therefore enhancing its position as one of the most widely read and cited journals in oncology. The evolution will be substantial, as we compete with many excellent journals. Part of that evolution is a complete change of the Associate Editorial team. *Annals of Oncology* has been really well served by a great number of superb Associate Editors. I wish here to thank them all for their efforts and achievements. Under the leadership of Jan Vermorken, they have raised the journal’s impact factor from 4.935 in 2008 to 7.384 in 2013. In order to keep up with such a track of success, I am delighted to welcome to the journal an outstanding group of internationally renowned colleagues, who are indisputable leaders in their fields. Josep Tabernero, Andres Cervantes, Fabrice Andre, Christos Sotiriou, Gert Attard, Maria De Santis, Johan Vansteenkiste, Tetsuya Mitsudomi, Anthony Chan, Sandro Pignata, Caroline Robert, Pier Luigi Zinzani, Kunihiro Tsukasaki, Karin Jordan, Paolo Boffetta, Olivier Mir, Thomas Helleday, Charles Swanton, Elaine Mardis, Mauro Delorenzi, George Coukos, Marc Buyse and Ignacio Wistuba are our new Associate Editors. With this new team, some of the major areas that we wish to address will involve enhancing the impact factor of *Annals of Oncology*; increasing the awareness of the journal and desire to publish in it among top-level clinical and translational researchers; and improving the peer-review process by accelerating the review of high impact publications and increasing the number of outright rejections. This translates into some simple goals, such as raising the Impact Factor to 10 over the next 3 years, achieving an acceptance rate of 10%–15% by end of 2014, reducing our time to decision and time to publication, and improving our branding and perception among readers. *Annals of Oncology* needs a broader and more applicable Internet profile to increase the number of “hits” to the journal. This will be achieved in close collaboration with Oxford University Press. The online edition will develop a color display, an intelligent table of contents; and solicit-selected commentaries, discussions, debates and blogs about some of the articles that we publish. Increasing impact factor is however the corner-stone element to attract more randomized trials and top-level studies, and give our journal a higher visibility.

Cancer is a disease without borders, and so *Annals of Oncology* must also be without borders. However, it encompasses an important role to make sure that the European perspective in cancer care and health management is adequately represented and published.

Regarding publication guidelines, those summarized in Jan Vermorken’s editorial in 2012 remain largely valid [1]:

a) Reviews, consensus and guidelines
They are by invitation only, although presubmission queries are possible with the editorial team.
b) Phase I trials
Such studies will only be considered where there are additional translational research components (i.e. biomarkers analysis). In exceptional cases, specifically where a remarkable response rate (or a very unique pattern of toxicity) was observed, translational research will not be required.
c) Phase II trials
Reports of phase II studies should report the testing of novel and innovative ideas and provide data that form the basis for important randomized, controlled trials (RCTs), or data that clearly suggest the lack of potential for such RCTs. Single-arm phase II studies with combination schedules that include established drugs, but without additional translational research will not be considered. Negative phase II trials are welcomed if they impact the field in a clear manner.
d) Phase III trials
Submission of reports of prospective, randomized phase III studies is encouraged. Fast-track facilities for editorial handling and, potentially, publication (both online and to print) are available subject to agreement via a pre-submission query to the editors. Longer term follow-up reports of previously reported phase III trials are also welcome. CONSORT diagrams are mandatory. Retrospective analysis of biomarkers can be considered, if done within the framework of data collected from a prospective trial, with appropriate statistics and with multivariate analysis that includes established predictive/prognostic markers. Reports of prognostic tumor marker studies should follow the REMARK guidelines.
e) Letters to the editor
Letters to the editor are for correspondence relating to previously published articles, and only then within an appropriate time frame (not later than 3 months after publication), or interesting practice points, e.g. emerging side-effects of new drugs, rare diseases where there is a real practice issue. Case reports will no longer be considered for publication as Letters to the editor.
f) Editorials
The submission of an editorial remains by invitation only.

In summary, it is an honor and a privilege to assume the role of Editor-in-Chief of *Annals of Oncology*, and I express my gratitude to the ESMO Executive Board and JSMO for their trust and confidence. My role as the current Editor-in-Chief of *Annals of Oncology* is evolutionary rather than revolutionary, as my predecessor, Jan Vermorken, and his team have established the journal on very sound foundations. To end, I wish to highlight that success for our journal will only be achieved by having a cohesive and dynamic team of first-class, fully committed Associate Editors. I have been blessed by the fact that many colleagues, whose international recognition and intelligence surpass my own achievements, have accepted to join the fully renewed Associate Editorial team. I wholeheartedly acknowledge their dedication and help. I am deeply committed to the success of the journal. I know that the Editorial Board, our dedicated reviewers, and most importantly, our authors and readers are also committed to that same goal and strongly wish to have a top-level, modern, forward-thinking and vivid journal in their hands or at the tips of their fingers.

J.-C. Soria, on behalf of the Associate Editorial team

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