

Journal of Proton Therapy, a new kid on the block, or not

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Editorial

Proton therapy has seen tremendous growth in recently years in the U.S. as well as on a global level. In U.S., there were six proton facilities in operation in 2009. There are now 13 in operation and 12 more in the various stages of installation/construction/planning. Most of the new installations will have the ability of delivering intensity modulated scanning pencil beam (IMPT). This is not to say that passive scattering (PS) and/or uniform scanning delivery techniques are falling by the wayside. Indeed, in the first meeting of the Particle Therapy Co-operative Group-North America (PTCOG-NA) in Houston last October, a quick survey carried out at the end of the great debate on 'which modality reign supreme, PS or IMPT', more than 50% of the attendees were in favor of PS for at least five more years.

The number of disease sites treated with proton therapy has also expanded from the initial prostate-dominated patient population to now include brain, head-and-neck, base-of-skull, esophagus, breast, lung, and abdomen. A casual survey on PubMed revealed that there were close to 150 publications related to proton/particle therapy for the first four months of this year. The number is likely to exceed 200 when particle therapy-related papers published in other non-PubMed searchable journals are included. There are now more than 50 ongoing clinical trials with proton therapy, encompassing the array of malignancies mentioned above (<http://www.ptcog.ch/index.php/clinical-protocols>). It is expected that an extensive data will be generated and disseminated to the radiation oncology community in the years to come.

The Journal of Proton Therapy is a new kid on the block in the myriad of clinical oncology journals. However, this new kid on the block comprises of a group of experienced and dynamic practitioners in proton therapy on the editorial board. One of the concerns of potential contributors to a journal is the total length of time from receipt of a manuscript to its

publication in the journal, if accepted. Members of the editorial board will address this directly by ensuring that **peer reviews will be completed in 3-6 weeks.** Just as important as a fast turnaround time, the authorities in the relevant area of research in the review system are provided by the members of the editorial board and their selection of reviewers. **The open access system adopted by the journal but with no processing and publication fee should encourage submission of research studies by authors who may otherwise worry about the burden of having to pay a substantial publication fee.**

In the 2009 AAPM Symposium on the past, present and future of proton therapy, Dr. Michael Goitein concluded: 'Much has been done. Much remains to be done. It is important that what has been learned in the past be incorporated into the clinical work of the future - and not simply regarded as being of purely historical interest and hardly worth learning about.'

To be able to incorporate what has been learned in the past into clinical work of the future, we have to share our knowledge and research findings efficaciously. The best way to do this is through publication in peer reviewed journals. **The Journal of Proton Therapy endeavors to promote fast dissemination of research knowledge to the proton therapy community and the radiation oncology community as a whole.**

Conflict of Interest

Dr. Cheng is an Editorial Board Member of the Journal of Proton Therapy. The author alone is responsible for the content and writing of this article.