Where Were You in November 1991?

Timothy R. Rebbeck

Twenty years ago, in 1991, the first issue of 
Cancer Epidemiology, Biomarkers & Prevention (CEBP) appeared, with Pelayo Correa as founding Editor-in-Chief. When the first issue of CEBP came out, gas cost about $1.09 per gallon; Mikhail Gorbachev was in his final days as leader of the soon-to-be-dissolved Soviet Union; and the first nicotine patches to be used for smoking cessation (Nicoderm, GlaxoSmithKline, and Habitrol, Novartis) were just approved by the FDA.

Cancer research has also changed since 1991, as has CEBP. In 1991, much of the buzz in our research community was focused on the promise of technologies that could help population research. The first restriction fragment length polymorphism marker had been described less than a decade earlier (1), PCR had been developed only a few years before that (2), and applications of these molecular technologies to population science were just starting. The first 5-year plan for the Human Genome Initiative of the U.S. Department of Energy and NIH had just begun to move into full gear. But the state of science at that time was not entirely focused around these technologies. In 1991, we didn’t know the following (for example):

- That postmenopausal hormone replacement therapy (HRT) increased breast cancer risk (HRT was still widely used and studies that suggested negative effects were a decade off);
- That a vaccine could be used to prevent cervical cancer (the definitive evidence for a causal link between human papilloma virus (HPV) infection and cervical cancer was just being assembled);
- That cancer preventive agents and therapies could be developed based on biological knowledge (Tamoxifen (AstraZeneca) as a breast cancer therapy would not be approved by the FDA for a few years, and its role in primary prevention was not established); and
- Which genes were responsible for hereditary cancer patterns, and what use these would be in cancer prevention (APC had just been cloned; BRCA1 was not to be isolated for 3 more years).

Since that time, we have made significant progress in cancer etiology, prevention, and control. Some areas still confound and challenge us. We’ve had some successes (e.g., genetic testing for BRCA1 and BRCA2 mutations and application of primary prevention in mutation carriers), some surprises (e.g., retinoids used in chemoprevention may actually increase lung cancer risk in smokers), and some new turns (e.g., a vaccine could be used to prevent cervical cancer; pharmacologic interventions may work better than behavioral interventions to get some people to stop smoking; and exercise may prevent lymphedema in breast cancer survivors).

During the past 20 years, CEBP has contributed substantially to cancer research in these and many more areas. What impact has CEBP had? In terms of numbers, CEBP has published 4,494 research articles and reviews from November 1991 through November 2010. Of these, 43% have been cited more than 20 times, and the top 10 cited pieces published in CEBP have each been cited more than 300 times. Some suggest that articles cited over 500 times have fundamentally changed a field, and a number of CEBP articles have reached this magic number of citations. Impact Factor is often used to assess a journal’s value to the field, but other metrics are also telling. Between October 2009 and October 2010, CEBP articles were the subject of 34 press releases and generated almost 8,400 media hits. These data strongly suggest that CEBP has a major impact on cancer researchers. However, quantitative information can only give so much insight into the impact of a journal. CEBP has also contributed as the official publication of the American Society of Preventive Oncology and the Molecular Epidemiology Working Group of the American Association for Cancer Research. The impact of CEBP can also be measured in its publication of important science that has advanced important areas of cancer research. To cite only one example, CEBP has published a large number of articles on the role of HPV infection in cancer. The approximately 136 studies that have addressed HPV in the past decade include some of the most cited articles published in CEBP. These highly cited primary research articles include studies that systematically evaluated the role and types of HPV in head and neck squamous cell cancers (3), provided an improved understanding of the role of HPV types in the natural history of cervical cancer (4, 5), and described new laboratory methods for detection and analysis of HPV infection (6–8). Examples of important

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research can be similarly found among CEBP publications on genetic susceptibility to cancer; nutrition and energy balance; cancer survivorship; biomarker discovery and characterization; behavioral interventions; and many other areas that contribute to our understanding and elimination of the cancer burden.

Given the contributions of CEBP in the past 20 years, what can our field do to continue this legacy of contribution to important cancer research? The editors of CEBP have asked a number of leaders in the disciplines covered by CEBP to provide some insights about what lies ahead—these short pieces appear in this issue. In addition, leaders of specific fields represented by CEBP comment more specifically on the state and future of their fields in the coming months.

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References

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