Welcome to December edition of the Society News!

Message from Editors Anna Ugalde and Anna Boltong

For the final issue of 2013, we are pleased to celebrate the 20th year anniversary of Supportive Care in Cancer with an interview with the very first Editor-In-Chief, Professor Hans-Joerg Senn, and the current Editor-In-Chief, Professor Fred Ashbury. These interviews describe the inception of the journal and outlines how far MASCC and the journal have come over the past two decades. In addition, we profile the International Cancer Information Service Group. MASCC members are also made aware of important changes to membership fees for 2014 in this issue. Furthermore, we have included a brief story about a new supportive care report published by McMillian UK, which describes and discusses the consequences of cancer treatment and is free to download. Finally, as with every edition, you can also review some recent publications by MASCC members. We hope 2013 has been fulfilling professionally and personally and we look forward to keeping you updated with MASCC news in 2014. If you’d like your publications added to the list, or have other stories or news, please email us at anna.ugalde@svhm.org.au or anna.boltong@cancervic.org.au

20th Year Anniversary for Supportive Care in Cancer

Here we interview Professor Hans-Joerg Senn, who founded the journal and who was the first Editor-In-Chief, and Professor Fred Ashbury, current Editor-In-Chief.

As first Editor-In-Chief of Supportive Care in Cancer, how did the journal start up in 1993?

Prof Senn: The Journal was created in 1993 in the context of a new international meeting about Supportive Care in Cancer Patients, that we started together with Dr. Agnes Glaus, head of our nursing oncology team in 1987 in the cancer center of the Kantonsspital St.Gallen in Eastern Switzerland. We had a first international supportive care meeting with around 700 participants in 1987. A few years later, MASCC was founded. This new society and the international meeting and its scope were actually a reaction to the growing palliative care movement in oncology.

How has the vision of the journal evolved over the last 20 years?

Prof Senn: The scope of the journal was quite broad from the very beginning, and wanted to cover all aspects of scientifically based elements of support to the cancer patient, in all phases of his disease process, from the troubles of diagnosis through the fears and sequelae of primary curative therapy and follow-up, through eventual phases of relapse and for many also through the troubles of terminal disease. Supportive Care was thought to be like a "big umbrella" sheltering the cancer patients in all phases and ups and downs of his or her disease. And I think we have been able to uphold and develop this vision through the 20 years of existence of the JSCC quite well.
20th Year Anniversary for Supportive Care in Cancer, continued

Describe the type of publications in 1993.

Prof Senn: From the beginning, the journal welcomed review and original papers in all aspects of supporting care in cancer patients, during active curative and also palliative cancer treatment, including medical and surgical measures of pain relief, combating infection (antibiotics, etc.), nutritional and fluid support, rehabilitation, social, psychological and spiritual support. Initially, the papers on pain relief and infection control were more numerous than the others, but this has gradually changed and equilibrated over time. It has been rewarding to see the impact factor rising over the years, making the journal one of the most important in this particular field of oncology.

With community support as indicated by a rising impact factor, increased MASCC membership and successful international symposiums, how do you think Supportive Care in Cancer will continue to develop over the coming years?

Prof Senn: The journal has certainly profited from the continuous growth of the MASCC society, and will hopefully continue to do also in the future. As the average life-span is increasing in nearly all areas of this world, it is to be expected that the diseases of the “second phase of our life”, (including cancers) will increase over the next 10-20 years. This will mean that more cancer patients will be in need of qualified support, during all phases of their disease. Altogether, this will greatly increase the need for professional medical and nursing support, and this not only in the West, but also in the East and in the third world countries. The need for qualified Supportive Care will continue to increase.

What changes have you implemented since you accepted your role as the journal’s second Editor-in-Chief?

Prof Ashbury: Let me start by saying that without the solid foundation upon which the journal was based, the changes that we felt were important would not have been successful. The journal had attracted senior experts from around the world in their respective fields. Reviewers have taken that role very seriously to ensure that the highest quality original papers and reviews reach our readers. The articles we had been publishing increasingly reflected the truly multidisciplinary nature, indeed requirement, of supportive cancer care to improve the lives of patients and the practice of those providing care. With these achievements in mind and to build upon the multidisciplinary of supportive care, I felt it was necessary to modify the editorial board structure to reflect this diversity. Sections editors were identified and recruited to manage the existing and emerging areas of supportive cancer care research, policy and practice. The section editors, themselves senior experts in their respective disciplines, stimulate their peers to submit relevant, innovative articles to advance the field, manage the increasing numbers of papers received through a rigorous peer-review process, and offer recommendations regarding these papers regarding possible publication. In addition, I revisited the reviewers’ database and worked with the section editors to include more reviewers that correspond to the areas of focus of our journal. Also, as would be expected, there have been some policy changes as well. The publishing world has had to evolve and we need to be sure in this changing context we maintain and enhance the core areas, identify emerging areas, standardize processes, and maintain consistency and responsiveness to our audience.

What indicators are you using to measure the success of the journal?

Prof Ashbury: In 2008, the journal received approximately 350 articles to review for publication consideration, the journal’s impact factor crossed over the magic “2.0” plateau, and our rejection rate was just under 50% of articles received. These are common metrics to assess a peer-reviewed journal’s performance. Some of the changes noted above along with other more recent strategies (e.g, dedicating sections of the journal to special topics, creating more supplements to stimulate interest, publishing more review articles, and broadening the reach of our journal to countries and constituencies that are developing a strong interest in supportive cancer care research, programs and policies) have been designed and implemented to maintain the upward momentum. We feel these are working when
**20th Year Anniversary for Supportive Care in Cancer, continued**

*Prof. Ashbury (continued):* we look at our recent statistics. For example, last year, the journal received more than 2x the number of articles submitted in 2008 and the impact factor has grown by more than 30% to over 2.6. We have increased the page size of each issue from 110 pages in 2008 to 270 pages (with apologies to postal carriers around the world). At the same time, we have purposefully increased our rejection rate (most agree it is a “nice” problem to have) and this will increase again.

**What does the future hold for Supportive Care in Cancer?**

*Prof. Ashbury:* We’re certainly not resting. In fact, the editorial board members and I continue to identify other opportunities for improvement and growth (e.g., approaching key leaders and research teams around the world to encourage papers on special topics of interest to our audience).

I cannot say thank you enough to members of our editorial board, or properly acknowledge MASCC’s support and that of our publisher, Springer. We will continue to look for innovation, stimulate existing and emerging areas of research, and evaluate what we do. Twenty years is an amazing milestone. I am very happy to be a part of it, and look forward with enthusiasm to the next five-year term of my appointment.

---

**Profile of the International Cancer Information Service Group**

Established in 1996, the International Cancer Information Service Group (ICISG) is a worldwide network of more than 50 cancer organizations that deliver information and support to people affected by cancer. Members share information and expertise and assist groups interested in starting a cancer information and support program. Here we provide an overview of this group and the role they have in promoting supportive care in cancer:

**What are the goals of ICISG?**

- Promote collaboration between Cancer Information Services in different countries throughout the world and act as a forum for exchange, discussion and support
- Share information and tools for management, evaluation, training and quality
- Increase awareness of Cancer Information Services
- Support the development of new services throughout the world.

**How does ICISG promote supportive care in cancer in a practical sense?**

ICISG have developed a Needs Assessment Tool and the Cancer Information Service ‘tool box’ to help countries without a Cancer Information Service (CIS) to establish one. A Cancer Information Service provides accurate and up to date information about cancer and cancer control to cancer patients, their family and friends, healthcare professional and the general public. Support is usually delivered via personalized interaction by telephone, email, instant messaging or in-person visit and may be delivered by trained cancer information specialists, oncology nurses, or other health professionals. Services are usually free and confidential.

The needs assessment tool and CIS toolbox are available on the ICISG website ([www.icisg.org](http://www.icisg.org)) and aim to provide practical assistance and guidance for developing appropriate program operations and options for CIS structures worldwide.

**Who governs the work of the ICISG?**

The ICISG is governed by an elected Board of Directors of up to 15 members. Current membership includes representation from the USA, Canada, Australia, UK, Germany, Belgium, Denmark, France, The Netherlands, Finland, Norway and Japan. The 2013 annual board meeting was hosted by the Danish Cancer Society in September 2013.

**What does the coming 12 months hold for the group?**

The group will focus on their contribution to the World Cancer Congress to be held in Melbourne, Australia in December 2014. A symposium regarding cancer information provision through multiple channels, including social media, will be delivered, and give perspectives from the UK, Australia, Europe and the USA. Additionally, there are some exciting developments planned for a new look ICISG website, as well as evaluation work to compare delivery and impact of Cancer Information Services worldwide.
Changes to MASCC membership costs

Due to increasing costs to produce the journal and the fact that it has been more than 10 years since our last increase, the MASCC Board of Directors has approved a new membership fee structure. There is also, for the first time, an additional fee to become an ISOO member. This will allow ISOO access to funding for special projects going forward. Beginning January 1, 2014 when you renew your membership, you will have the following options:

<table>
<thead>
<tr>
<th>Membership Options</th>
<th>One Year</th>
<th>Two Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership with print and online journal</td>
<td>$150</td>
<td>$275</td>
</tr>
<tr>
<td>Membership with online journal only</td>
<td>$75</td>
<td>$140</td>
</tr>
<tr>
<td>Trainee Membership with Print and online journal</td>
<td>$50</td>
<td>$90</td>
</tr>
<tr>
<td>(letter required from training program director)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third World Membership with print and online journal</td>
<td>$25</td>
<td>$45</td>
</tr>
<tr>
<td>ISOO Membership</td>
<td>$35</td>
<td>$65</td>
</tr>
</tbody>
</table>

**MASCC membership remains a tremendous bargain!**

There are numerous benefits to continuing your membership:

- Journal
- Book Discounts
- Member Directory to facilitate networking
- Significant discount on Annual Meeting registration
- Study Group membership (Able to join up to three study groups)
- Qualify to apply for Travel Scholarships and Scientific Awards
- Opportunity to join ISOO for small additional fee

**ISOO Member Benefits include:**

- Regular e-newsletters with ISOO
- Society updates
- Access to the ISOO CE Session held during the MASCC/ISOO Annual Symposium

**Throwing Light On The Consequences of Cancer And Its Treatment:**

New Supportive Care report published by MacMillan UK

MacMillan UK has published a report intended for healthcare providers to provide important information about the consequences of cancer and its treatment for people who are living with and beyond cancer. The report details the prevalence and impact of long-term physical and psychosocial consequences of a cancer diagnosis and treatments. Some of the topics covered include: increased risk of heart disease; osteoporosis; secondary cancers; chronic fatigue; mental health problems; pain; sexuality; urinary and gastrointestinal problems; and lymphoedema and the barriers these present for day to day activities such as going to school or work, shopping, socialising, being physically active, going on holiday, enjoying sexual intimacy and having children.

The report advocates more education and research to improve knowledge of, and establish the consequences of, cancer and its treatment. Interventions such as the stratification of patients and the use of biomarkers to predict the consequences of cancer and its treatment are required to guide further management. An urgent need for survivorship intelligence is stated, particularly in developing a better understanding of the population with unmet needs and how these needs can be addressed efficiently and cost-effectively.

Report Author, Lesley Smith, says:

“With the rapidly growing numbers of people living with and beyond cancer, and the prevalence of consequences being unlikely to reduce, the need to address debilitating chronic problems is becoming ever more important. Yet many professionals are unaware of the effects on people’s quality of life. We have a vicious circle wherein a lack of knowledge of the problems that people face has been translated into ‘there aren’t many problems’, which undermines attempts to increase knowledge and to develop services and solutions for people affected. This report aims to raise awareness so that this vicious circle can be broken, and that outcomes for the many thousands of people with consequences of treatment can be improved.”

For those interested, we encourage you to download the full report free of charge at the following link: www.macmillan.org.uk/throwinglight and for a summary version: ‘Cured – but at what cost?’ visit www.macmillan.org.uk/consequencesoftreatment
Some New Supportive Care Publications by MASCC Members


SAVE THE DATE
June 26-28, 2014 • Miami, Florida

Have any news items to share?
Please send contributions for the MASCC News to
MASCCnews@mascc.org
or the co-editors:
Anna Ugalde
anna.ugalde@svhm.org.au
Anna Boltong
anna.boltong@cancervic.org.au

For more information please contact:
Åge Schultz, MASCC Executive Director:
aschultz@mascc.org