

EDITORIAL · EDITOR-IN-CHIEF

Integrated Oncology Diagnostics & Treatment: A Vision for Unified Cancer Science — Inaugural Editorial

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"Cancer does not respect disciplinary borders. Neither should the science that seeks to understand, diagnose, and defeat it."

1. A JOURNAL BORN OF NECESSITY

It is with great honour and a profound sense of purpose that I welcome readers, authors, and colleagues to the inaugural issue of *Integrated Oncology Diagnostics & Treatment* (IODT), a peer-reviewed, open-access journal published by Pinnacle Academic Publishing, London, United Kingdom. The launch of IODT is not merely the addition of another title to an already crowded scientific literature — it is a deliberate and considered response to a fundamental gap in the way oncology knowledge is currently disseminated and applied.

Cancer remains the second leading cause of mortality worldwide, accounting for an estimated 20 million new cases and 9.7 million deaths in 2022 alone¹. The last two decades have witnessed an extraordinary acceleration in our understanding of cancer biology — from the identification of driver oncogenes and tumour suppressor pathways² to the advent of immune checkpoint blockade³, antibody–drug conjugates, CAR-T cell therapies, and ultra-high dose-rate radiotherapy⁴. Yet, despite this scientific renaissance, a critical structural problem persists: the knowledge generated at each node of the oncology ecosystem — pathology laboratories, radiology suites, molecular profiling centres, surgical theatres, and medical oncology clinics — tends to be published in isolation, within specialty-specific journals that rarely speak to one another. The clinician managing a patient with newly diagnosed triple-negative breast cancer must synthesise data from pathology journals, genomics preprints, imaging literature, and clinical trial registries — a fragmentation that imposes a real and measurable cost on the quality of care.

IODT was founded precisely to address this fragmentation. We believe that the most transformative oncology science happens at the interface between disciplines: where a pathologist's molecular signature informs a radiation oncologist's treatment plan, where a radiomics algorithm anticipates a surgeon's operative findings, where a biomarker discovered in a preclinical laboratory reaches the bedside through a rigorously designed clinical trial. This journal is that interface.

2. SCOPE AND VISION

IODT is dedicated to publishing high-quality original research, systematic reviews and meta-analyses, clinical trials, case reports with educational value, technical and methodological innovations, editorials, perspectives, and correspondence across the full spectrum of oncology science. Our commitment is to the entire diagnostic-to-treatment continuum — from the first histopathological slide to the last cycle of adjuvant therapy and beyond into survivorship.

This breadth of scope is intentional. We are committed to publishing work from all oncology subspecialties without hierarchy — a breakthrough in digital pathology carries the same scientific weight as a phase III clinical trial, provided the methodology is rigorous and the question is important. We particularly encourage submissions that cross disciplinary boundaries: studies where the pathologist and the radiologist co-author a paper, where the oncologist and the immunologist jointly design a biomarker-stratified trial, where the surgeon and the molecular biologist interrogate resection specimens for translational insight.

3. THE ROLE OF PATHOLOGY IN INTEGRATED ONCOLOGY

As a pathologist, I believe deeply that pathology is the foundation upon which all oncology is built. The microscope remains — notwithstanding the sophistication of liquid biopsies, circulating tumour DNA, and whole-genome sequencing — the definitive instrument of cancer diagnosis. It is the pathologist who first sees the cancer cell, who characterises its architecture, grades its aggression, identifies its molecular alterations, and provides the biological context without which no treatment decision can be responsibly made.

Yet pathology is rapidly transforming. The emergence of digital pathology, artificial intelligence-assisted image analysis, multiplex immunohistochemistry, spatial transcriptomics, and whole-slide imaging⁵ has repositioned the pathology laboratory from a diagnostic endpoint to a dynamic hub of translational intelligence. IODT will serve as a premier platform for this evolving discipline, publishing studies that integrate traditional histopathological expertise with computational, molecular, and clinical data.

We recognise, too, that pathology does not operate in a vacuum. The advances made possible by next-generation sequencing, proteomics, and multiomics are only clinically meaningful when they are directly connected to patient outcomes — when a molecular signature identified on a tissue biopsy translates to a superior treatment decision, a delayed recurrence, a longer survival. IODT will bridge that translational gap.

4. EDITORIAL STANDARDS AND OPEN ACCESS COMMITMENT

IODT adheres to the highest standards of publication ethics, scientific rigour, and editorial transparency. All submitted manuscripts undergo rigorous double-blind peer review by a minimum of two independent experts with relevant domain expertise. Our editorial decisions are guided by scientific merit, methodological soundness, and relevance to the oncology community — not by geographic origin, institutional affiliation, or author prominence.

We adhere to the guidelines of the Committee on Publication Ethics (COPE)⁶, the International Committee of Medical Journal Editors (ICMJE) authorship criteria⁷, the CONSORT statement for clinical trials⁸, PRISMA guidelines for systematic reviews⁹, and the CARE guidelines for case reports¹⁰. Statistical reporting standards aligned with the EQUATOR Network¹¹ will be required for all quantitative submissions.

IODT is fully open access under the Creative Commons Attribution 4.0 International (CC BY 4.0) licence. We believe that scientific knowledge — particularly in the domain of cancer, which touches every family on every continent — must be freely available to researchers, clinicians, patients, and policymakers alike. Open

access is not merely a publishing model; it is an ethical imperative. In our inaugural period, article processing charges (APCs) will be waived for all accepted manuscripts, reflecting our commitment to equity in scientific publishing and our desire to encourage early submissions from researchers across all resource settings.

5. GLOBAL ONCOLOGY AND DIVERSITY OF VOICE

The burden of cancer is not uniformly distributed. Low- and middle-income countries (LMICs) bear a disproportionate share of cancer mortality, driven by limited access to early detection, diagnostic infrastructure, and multimodal treatment¹². At the same time, clinical and epidemiological data from these settings are systematically underrepresented in high-impact oncology literature, creating a dangerous blind spot in our collective understanding of cancer biology and outcomes across diverse populations.

IODT is explicitly committed to amplifying scientific voices from all regions and resource settings. We will actively solicit manuscripts from researchers in Africa, the Middle East, South Asia, and Latin America, and we will maintain an editorial board that reflects the geographic and disciplinary diversity of the global oncology community. We recognise that the next breakthrough in cancer science may come from a laboratory in Cairo or Nairobi as readily as from Boston or London — and we will ensure our pages reflect that reality.

6. AN INVITATION TO THE ONCOLOGY COMMUNITY

The inaugural issue of IODT — which you hold in your hands or read on your screen — represents the first step in what we intend to be a long and distinguished journey. The articles in this issue exemplify the breadth of science we aspire to publish: a rigorous systematic review of FLASH radiotherapy technology synthesising preclinical and first-in-human evidence, and a meticulous case report illuminating the diagnostic and therapeutic complexities of malignant struma ovarii. Both are models of the integrated, multidisciplinary science that defines our editorial vision.

I extend a warm and earnest invitation to the global oncology community — clinicians, scientists, pathologists, radiologists, surgeons, oncologists, nurses, data scientists, and patient advocates — to contribute to IODT. Submit your best work. Propose reviews of topics that matter. Share cases that educate. Challenge prevailing paradigms. Propose collaborations across your institution and across borders.

I am deeply grateful to the distinguished members of our founding Editorial Board — colleagues of exceptional calibre who have committed their expertise and their time to making IODT a rigorous and trusted scientific resource. I am equally grateful to Pinnacle Academic Publishing for their vision in establishing this journal and their unwavering commitment to open, ethical, and impactful scientific dissemination.

Cancer will not be defeated by any single discipline. It will be defeated by integrated science, collaborative practice, and the free exchange of knowledge across every boundary that once divided us. IODT exists to be part of that victory.

Welcome to our journal. Welcome to the conversation.

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