Fifteen Years of *Breast Care*

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This year, *Breast Care* celebrates its 15-year anniversary. After a constant journey of learning, improvement, and success, we have become established in the field of breast-oriented medical journals, crossing the impact factor milestone of 2 in 2018. An anniversary provides a great opportunity to thank all contributors and readers but also to reflect on the past and envision the future.

When *Breast Care* was founded in 2006 (Fig. 1), only 3 other journals were listed as peer-reviewed journals that were dedicated directly to breast diseases: *Breast*, *Breast Cancer Research*, and *Breast Cancer Research and Treatment* – all of them focusing mainly on breast cancer.

Thus, 15 years ago, the *Breast Care* founding editors wanted to start an *interdisciplinary* journal as a platform to present and discuss perspectives on current topics in breast health, breast ailments, and breast cancer. The term “care” does explicitly not focus on cancer only but also on breast health in general, acknowledging the breast not only as the origin of a malignancy but also as an important part of a woman’s health and integrity.

In 1975, Klaus Thomsen [1], Professor of Gynecology and Obstetrics at the University Hospital of Hamburg-Eppendorf, Germany, reported about his promising experiences with breast-conserving therapy, stating that this approach may only be done if “closest cooperation between surgeon, radiologist and pathologist is guaranteed. Ideally, they work consolidated in one building.” However, the birth of the modern concept of breast units is referred to Prof. Luigi Cataliotti with the launch of the 1998 first European Breast Cancer Conference Florence Statements (EBCC-1998) [2]. Both initiatives have in

Fig. 1. Cover page of the first issue of *Breast Care* (volume 1, issue 1, March 2006).

common that interdisciplinaryity is required for successful diagnosis and care of breast diseases including breast cancer. Between 2000 and 2005, the first formally board-certified interdisciplinary breast centers were established in Europe, and particularly also in the German speaking countries. But interestingly, a joint communication platform was lacking. Thus, a translational researcher and gynecological oncologist, i.e., Nadia Harbeck from Munich, Germany, a surgeon and active clinical trialist, i.e., Raimund Jakesz from Vienna, Austria, and a pioneer in

Fig. 2. Susanne Meister (Karger); in the background Raimund Jakesz; Nadia Harbeck, Michael Gnant, Steffi Hentzelt (Karger), and Christoph Thomssen (at the ABCSG 30-year anniversary).

breast imaging, i.e., Sylvia Heywang-Köbrunner from Munich, Germany, took the initiative to create a joint interdisciplinary journal that would be a platform to exchange ideas on breast health, breast ailments, and breast cancer care. With Sibylle Gross from Karger, they found a visionary publisher, who supported their plan and helped to transfer the founders' vision and ideas into a professional interdisciplinary journal (Fig. 2).

Breast Care contains some popular standard sections. Generally, a guest editor invites 3 or 4 specialists to prepare state-of-the art articles with regard to several aspects of a selected topic and contributes an appropriate editorial. A second section is open for peer-reviewed original publications. With the increasing success of *Breast Care*, the number of submitted manuscripts has been increasing, and the acceptance rate has decreased to further improve the quality of the journal. In a report section, breast centers can describe their models and experiences. Here, the affiliated professional organizations, guideline, and study groups such as ABCSG, AGO, AGO-B, DGS, GBG, ÖGS, Senaturk, and WSG can also report their news.

Two additional unique features render *Breast Care* a special journal: an expert discussion enables a group of invited international experts to present their opinion regarding a set of predefined currently interesting clinical questions. It is worthwhile to compare the approaches and opinions of different countries and opinion leaders. Furthermore, in the earlier issues from 2006–2008, the journal contributed to another important aspect: the female breast in art and literature.

For example, in the first issue, as a sparkling diamond of the journal, an essay on the breast in art and literature entitled “Look, Touch, Name It: Little Rondo on a Round Matter” presented semantic, historical, and philosophical wanderings from the Paleolithic figurine to modern advertising industries. It will remain important for us to maintain such contributions as part of a truly interdisciplinary approach [3].

Today, *Breast Care* is not a mere central European journal anymore. We have now contributors and editorial board members worldwide, particularly from Italy, Turkey, and China. We are grateful for this intense cooperation as well as for all of our colleagues and authors who have made the success of our journal possible.

We invite you to proceed with us on this great journey of *Breast Care*, offering an interested audience a somewhat different but nevertheless truly scientific journal.

With very best regards,
Christoph Thomssen, Halle an der Saale
Nadia Harbeck, Munich
Michael Gnant, Vienna

Conflict of Interest Statement

C. Thomssen received compensation for advisory boards and lectures (H, SAB) from Amgen, AstraZeneca, Celgene, Daiichi Sankyo, Eisai, Lilly, MSD, Mylan, Nanostring, Novartis, Pfizer, Pierre Fabre, Puma, Roche, and Vifor, as well as research support (RF, by discount prizes) from American Diagnostica, Affymetrix, and Nanostring.

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Author Contributions

The authors contributed equally to the concept and writing of this work.

References

- 1 Thomsen K. Möglichkeiten und Grenzen der brusterhaltenden Behandlung des Krebses. *Arch Gynecol*. 1975 Nov;219(1-4):99–105.
- 2 European Society of Breast Cancer Specialists. The EUSOMA position paper on the requirements of a specialist breast unit. *Eur J Cancer*. 2000; 36(18):2288–9.
- 3 Müller HJ. Blicken, Berühren, Benennen: kleines Rondo über eine runde Sache. *Breast Care (Basel)*. 2006;1:52.