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Cost-effective analyses in *Breast Cancer Research and Treatment*

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Since its inception, *Breast Cancer Research and Treatment* (*BCRT*) has been a publication source for manuscripts that describe new laboratory, clinical, or epidemiologic data regarding breast cancer. In addition, the Editors have encouraged thoughtful state-of-the-art reviews and commentaries. During this time, the field has witnessed remarkable progress in our understanding of the genetics and molecular biology that drive the breast cancer phenotype and in the evaluation and treatment of patients with this disease. Indeed, these successes have led to a plethora of new diagnostic and treatment strategies that have been accompanied by a dramatic decline in breast cancer mortality in the Western world over the last 30 years [1, 2].

However, these new advances are not without cost. Concomitant with progress has come a concern over the financial implications of supplying these new treatments to patients. This concern has led to an entirely new field of research: analysis of cost effectiveness in medicine in general and oncology specifically [3]. *BCRT* has, like many journals with clinical content, included manuscripts in which the cost effectiveness of a new treatment has been compared to an existing one [4–18]. Recently, though, the Editors have noticed a disturbing trend in that the submitted manuscripts appear to have been mainly or totally prepared and written by pharmaceutical companies. In these manuscripts, a new therapeutic agent produced by the sponsor is usually compared to other treatments and, not surprisingly, usually with favorable results.

After careful deliberation, the Editors have decided that although we remain interested in scholarly cost-effectiveness studies, the rigor of review of such manuscripts will be elevated. In the future, any such study will require a documented statement that either the study was not supported by a pharmaceutical company or if so, that the sponsor had no input into design or analysis of the cost-effective analysis, nor did they have final review. Rather, each author will be asked to document his or her role in the study, and in the future potential authors are encouraged to decline if they feel that their role is insufficient to merit their inclusion. The Editors of *BCRT* are not alone in our concern regarding apparent or real pharmaceutical influence over manuscript preparation. Recently, editors of *The Oncologist*® expressed similar apprehension, concluding that they will "accept papers for review only if the article was written, endorsed, and proffered for publication by the authors identified in the byline" [19].

We hope that this new policy will enhance the quality of the journal without inhibiting submission of well-designed, and unbiased, manuscripts.

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