

From the Editor

Dear Readers,

The European Journal of Breast Health is celebrating its 20th anniversary. We want to thank our editors, editorial advisory board members, reviewers, authors, and you, our readers, and our publisher, who have contributed to our journal during this process.

The European Journal of Breast Health (Eur J Breast Health) is an international, scientific, open-access periodical published by an independent, unbiased, double-blinded, peer-reviewed journal. It is the official publication of the Turkish Federation of Breast Diseases Societies, and the Senologic International Society (SIS) and the National Consortium of Breast Centers (NCBC) are the official supporters of the journal. Our journal is indexed in PubMed, PubMed Central, Web of Science (ESCI), Scopus, DOAJ, EBSCO, Embase, CNKI, TURKMEDLINE, EBSCO - CINAHL Complete, Embase, and Gale, and the articles accepted in our journal are published free of charge. Our estimated Journal Impact Factor (JIF) Value for 2024 is 1.64.

Breast cancer treatment has always been a pioneer for other cancers throughout history. The hypothesis of radical surgical intervention in every patient, which started with WS Halsted in the 1870s, turned into a systemic treatment hypothesis in the 1970s, which proposed a multidisciplinary approach to each patient with surgery, chemotherapy, radiotherapy, and endocrine therapy. In the last millennium, thanks to a better understanding of the molecular biology of the tumor and tumor genetics, and treatment have started to be personalized medicine, the importance of immune checkpoints and immunotherapy in treatment has increased, and the life expectancy of patients has been prolonged.

One of the most significant changes in the treatment of breast cancer today is that nearly three-quarters of patients, including patients diagnosed at an early stage, start their first treatment with chemotherapy. The increase in the number of patients who respond entirely to neo-adjuvant chemotherapy and the survival time of the studies conducted with new modern therapies has made chemotherapy the first treatment, especially in breast cancer, which has a poor prognosis such as HER-2 positive and triple negative.

The disappearance or shrinkage of the tumor with neo-adjuvant chemotherapy and the conversion of the axilla from positive to negative have increased the rate of breast-conserving surgery and oncoplastic surgery for breast cancer. Studies also show that axillary dissection can be avoided in cases where the axilla is negative or axillary involvement significantly reduced after chemotherapy.

We want to thank everyone who has contributed to our journal's 20 years of existence. We wish to continue successfully serving breast health and science for extended periods.

Warm regards,

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Professor of Surgery

Editor-in-Chief

European Journal of Breast Health