Annals of Palliative Medicine (APM) is going to publish bi-monthly starting in September 2019!

Editorial Office

AME Publishing Company

Correspondence to: Editorial Office. AME Publishing Company. Email: apm@amepc.org.

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Since its launch in 2012, Annals of Palliative Medicine (APM) has been published quarterly with both online and printed copies. With the journal receiving its first official impact factor earlier this year (1), submissions to APM has been rapidly increasing. This is a reflection of the ever-increasing recognition of APM and continuing support by our authors. As a high-quality academic exchange platform, we would like to assist more and more clinicians and researchers in showcasing their scientific achievements. We are also committed to publishing articles quickly, allowing for impactful and potentially practice-changing articles to be available to readers soon after acceptance. Therefore, we are delighted to inform you that the APM will begin bi-monthly publications beginning in September 2019. The regular publication months will be January, March, May, July, September and November.

APM is now indexed in Science Citation Index Expanded (SCIE), PubMed and Scopus (2). We welcome all manuscripts focusing on symptoms management (pain, fatigue, vomiting, delirium, etc.), palliative medicine in different diseases (cancer, AIDS, and other diseases), palliative care in elderly and young, and end-of-life health care, etc. that provide current and practical information on palliative medicine. There are also six focused issues mentioned below that will be featured in future journal issues.

Focused issues in preparation


(II) Integration of palliative care into oncology (link: http://apm.amegroups.com/post/view/focused-issue-on-integration-of-palliative-care-into-oncology);

(III) The role of radiation therapy in palliative oncology (link: http://apm.amegroups.com/post/view/focused-issue-on-the-role-of-radiation-therapy-in-palliative-oncology);

(IV) Palliative care for Parkinson’s disease and related disorders (link: http://apm.amegroups.com/post/view/focused-issue-on-palliative-care-for-parkinson’s-disease-and-related-disorders);

(V) Hastened death;

(VI) Opioid utility: the other half of equianalgesia.

Acknowledgments

None.

Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

References