As *Current Oncology* negotiates its seventeenth year of publication, the journal continues to attract a high standard of submissions of varying content—as evidenced by the current issue.

Our apologies go to Dr. Eric Bouffet, whose guest editorial was—for technical reasons beyond our control—unable to be included alongside the manuscript to which he refers in his opening statement. Nonetheless, he presents an excellent standalone review of current critical issues in the management of medulloblastoma in infancy. In citing “evidence ... that medulloblastoma is not a single disease entity, but rather a complex group of molecularly distinct tumours despite their morphologic similarities under the microscope,” in suggesting individually tailored treatment, and in lamenting the relatively low accrual rate (about 20%) of such cases within clinical trials that test new therapies, he makes a compelling argument. I am pleased to note a veritable plethora of letters to the editor, and we continue to urge readers to share their concerns about or to comment on the manuscripts found within these pages. The appearance here of several practice guidelines endorses the position of *Current Oncology* within the Canadian oncology community. In addition, and of particular interest to me, is the review from Dr. Rebecca Wong and colleagues of the potentially huge value of video consultations within the oncology specialty. Although their study reflects the potential for this concept within Ontario, the approach clearly applies in all of Canada’s provinces in which distances involved in seeking consultations—about, for instance, the value of radiation treatments—can otherwise result in many hours of travel and possibly overnight stays for symptomatic patients. The benefits of pre-screening are therefore significant, and future reports of the efficiency of remote consultation are awaited with interest.