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Editorial Foreword

This article was published in the following Dove Press journal:
Clinical Pharmacology: Advances and Applications
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Clinical Pharmacology: Advances and Applications is now in its second year. The turnaround time for the publishing of manuscripts is a few weeks. Peer reviews are high quality, and the journal is open access, filling an important niche in academic medical publishing.

Specifically, the journal was designed to bridge the gap between basic science and clinical practice. Because of the explosion in the market of new drugs and biomarkers secondary to in silico drug design, high-throughput screens, large cooperative group clinical trials, and patient characterizations by genomic and proteomic analyses, we now have a huge amount of information on drug targets and host responses. Although such a plethora of knowledge should promise rapid advances, in fact in many cases it has led to a partial paralysis of action both by pharmacologists and by physicians. How do we make sense of this massive complexity? Will any action we take be seen as erroneous in weeks or months?

Because we have welcomed submissions on all fields of the pharmacology of human disease and treatment (from diabetes to seizure disorders and from the side effects of drugs to predictive biomarkers), the journal has made a special effort to publish rapidly a range of articles that use language that will engage a broad audience and clarify the pharmacodynamics and physiology of compounds. The editors believe that cross-fertilization between different fields will accelerate medical advances. The articles in Clinical Pharmacology: Advances and Applications vary from small patient series or case reports to larger clinical trials. The common theme is an effort to connect drug chemistry and biology with clinical effects.

In the coming year, with the help of Dove Medical Press, we hope to gain entry into larger science and medical literature search engines. We will continue to focus on studies that improve our understanding of medications in order to reduce side effects, improve response rates, and lead to better drug design. We anticipate better communication between research pharmacologists and clinical investigators and will seek to introduce “Letters to the Editor”, beginning next year. As our readership expands along with the breadth and depth of work in this area, please do not hesitate to contact me at any time to suggest improvements to Clinical Pharmacology: Advances and Applications and to help us grow the reputation of our journal.

Notes: 1. Clinical Pharmacology: Advances and Applications is eligible for online indexing in late 2010.

Clinical Pharmacology: Advances and Applications

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