



Clinical Practice: a new direction

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The *Clinical Practice* Editorial Team*

Welcome to the first issue of the new look journal for 2012 – as we begin Volume 9, *Therapy* becomes *Clinical Practice*. The new title is designed to more aptly reflect the needs of the readership and the future direction that the journal should take. As well as the new name, cover design and page layouts, readers will also find an exciting range of new article types presented in the journal in future. Over the past 8 years *Therapy* has established a solid readership as a general medicine title. The journal covers a broad spectrum of medical disorders and reaches out to a wide audience including clinicians, decision-makers, researchers and a range of professionals in the healthcare community. The new title will build on the success of *Therapy*, and we hope that readers of *Clinical Practice* will find the content to be focused, topical and relevant, and readily accessible.

The new article types included in the journal will focus specifically on expert opinion from key individuals on approaches to managing and treating disease, identifying clinical burden and unmet needs, as well as analyzing the implications of recently published guidelines for daily practice.

One thing that will not change is the high editorial standard to which the journal

aspires. All substantive articles – original research, review and perspective articles – continue to be subject to rigorous peer review, with three independent evaluations per article.

On the occasion of the first issue of *Clinical Practice*, we would like to take this opportunity to thank the Editors-in-Chief and Editorial Board for their support and enthusiasm for the relaunch project and for all of their hard work over recent months.

Elisa Manzotti, Editorial Director of FSG, comments, “We are delighted with the new look and direction of *Clinical Practice* and look forward to working with the Editors-in-Chief, Editorial Board and referees, and our author base of internationally renowned clinicians, to provide a platform for expert opinion, commentary and debate across the full spectrum of modern medicine in the coming years.”

The Editors-in-Chief, Editorial Board and editorial team welcome proposals and suggestions for future coverage in *Clinical Practice*. Prospective authors are requested, in the first instance, to propose a working title and very brief outline together with anticipated submission date to help us to assess the suitability and schedule appropriately. If you have any queries about

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submitting an article to *Clinical Practice*, please do not hesitate to contact us directly.

We hope that you enjoy the new coverage over the coming issues and we welcome your input and any feedback that you may have about the journal at any time.

Introducing the Editors-in-Chief

■ **Samy I McFarlane, State University of New York, NY, USA**



Samy I McFarlane MD, MPH, MBA, FACP is a Professor of internal medicine, emergency medicine and radiology. He joined SUNY-Downstate Medical Center in 1990 where he completed his internal medicine residency, endocrinology fellowship and chief medical residency. He is certified in internal medicine, endocrinology, emergency medicine and hypertension. He served as Program Director and Chief for the Division of Endocrinology, Department of Medicine and as Medical Director of Clinical Research in the College of Medicine and as the Director for Medicine Clerkship at SUNY-Downstate.

As a researcher, McFarlane's projects included investigator-initiated studies that are nationally and internationally funded in the area of diabetes and cardiovascular disease as well as osteoporosis. He also served as the site PI on several landmark clinical trials, and has been very successful in recruiting large numbers of patients to these trials that included the DREAM study, which is an international trial to determine whether or not commonly prescribed drugs could prevent diabetes, and the ORIGIN trial, which is aimed to answer the question of whether insulin-mediated euglycemia would reduce cardiovascular disease in high-risk populations. He serves on national committees including the National Kidney Foundation's Kidney Early Evaluation Program (KEEP) and was recently appointed for a second 4-year term for the NIH, National Institute of Diabetes and Digestive and Kidney Diseases.

As a scholar, he has authored or coauthored over 250 publications in major scientific journals with some cited over 500-times and others were among the most frequently accessed. He also edited or served as a coeditor of several books.

"*Clinical Practice* is designed for busy practitioners to put imminently relevant information at their fingertips. This is particularly vital given the increasing workload and the dwindling time that healthcare providers have to keep up with the plethora of medical information emerging on a daily basis."

■ **Gregory YH Lip, City Hospital, Birmingham, UK**



Gregory YH Lip is Professor of Cardiovascular Medicine, at the University of Birmingham, UK. In addition, he is Consultant Cardiologist and Director of the Haemostasis Thrombosis and Vascular Biology Unit in the Centre for Cardiovascular Sciences at City Hospital, Birmingham. His present appointment allows full clinical responsibilities in cardiovascular medicine (including invasive and noninvasive cardiology); as well as teaching and cardiovascular research. His research interests include atrial fibrillation, hypertension, heart failure, thrombosis and antithrombotic therapy, and ethnic differences in vascular disease. In addition, he leads a laboratory-based research group into thrombosis and vascular biology in cardiovascular disease, stroke and cancer. Lip has been on the writing committee of various national and international guidelines on the management of atrial fibrillation. He has published and lectured extensively on the clinical epidemiology of atrial fibrillation and hypertension, as well as on the pathophysiology of thrombosis in cardiovascular disease.

"*Clinical Practice* offers insights into contemporary practice in clinical medicine, and all clinicians involved in managing patients will find the scope and insight of high relevance."

■ James Larkin, Royal Marsden Hospital, London, UK



James Larkin FRCP PhD is a Consultant Medical Oncologist specializing in the treatment of patients with cancer of the kidney and cancers of the skin, including melanoma.

Larkin took a first in Natural Sciences from Cambridge University and undertook clinical training at Oxford University, qualifying in 1996. He underwent general medical training in London and in 2001 won a Medical Research Council Fellowship for a Clinician, carrying out

laboratory research at The Institute of Cancer Research. He completed specialist training at The Royal Marsden and was appointed a Consultant in 2008.

His research interests include the individualization of patient treatment in renal cancer and melanoma, the identification of mechanisms of sensitivity and resistance to systemic therapies and the combination of novel targeted therapies to treat these diseases.

He is UK Chief Investigator for a number of clinical trials in melanoma and kidney cancer and has been awarded research grants from bodies including Cancer Research UK and the European Framework Programme 7.

“*Clinical Practice* is exciting and unique because it cuts across the whole of the medical field, providing detailed but incisive coverage of relevance to practicing clinicians. I am delighted to be joining the journal as an Editor-in-Chief.”