

3-2011

Year in Review

Scott A. Waldman

Department of Pharmacology and Experimental Therapeutics, Thomas Jefferson University, scott.waldman@jefferson.edu

Andre Terzic

Mayo Clinic, terzic.andre@mayo.edu

Let us know how access to this document benefits you

Follow this and additional works at: <https://jdc.jefferson.edu/petfp>

 Part of the [Medical Pharmacology Commons](#)

Recommended Citation

Waldman, Scott A. and Terzic, Andre, "Year in Review" (2011). *Department of Pharmacology and Experimental Therapeutics Faculty Papers*. Paper 8.

<https://jdc.jefferson.edu/petfp/8>

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Department of Pharmacology and Experimental Therapeutics Faculty Papers by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.

As submitted to:

Clinical Pharmacology and Therapeutics

And later published as:

Year in Review

VOLUME 89 NUMBER 3 | MARCH 2011

pp. 328-332.

doi:10.1038/clpt.2010.347

SA Waldman¹ and A Terzic²

¹Department of Pharmacology and Experimental Therapeutics, Division of Clinical Pharmacology, Department of Medicine, Thomas Jefferson University, Philadelphia, Pennsylvania, USA;

and

²Divisions of Cardiovascular Diseases and Clinical Pharmacology, Departments of Medicine, Molecular Pharmacology and Experimental Therapeutics and Medical Genetics, Mayo Clinic, Rochester, Minnesota, USA

Correspondence

Scott A. Waldman, MD, PhD
Thomas Jefferson University
132 South 10th Street, 1170 Main
Philadelphia, PA 19107
scott.waldman@jefferson.edu

and

Andre Terzic, MD, PhD,
Mayo Clinic
200, First Street SW
Rochester, MN 55905
terzic.andre@mayo.edu

Word Count: 1,307

References: 18

Figure: 1

If examination of journal performance is a surrogate for the vitality of a discipline, the continued ascension of ***Clinical Pharmacology and Therapeutics*** (***CPT***) bodes well for the evolution and practice of human therapeutics in this decade. ***CPT*** has excelled as the authoritative, cross-disciplinary journal in experimental and clinical medicine devoted to publishing advances in the nature, action, efficacy and evaluation of therapeutics in humans. Building on a foundation that established the core tenets, and a framework providing the structural integrity for the field, ***CPT*** was conceived by visionary precedent editors and editorial teams who were themselves leaders of this discipline.¹ Today, ***CPT*** is regarded as the premier international forum for the intersection of diverse communities of practice enriching the discovery and application of therapeutics in this new era of molecular science and translational medicine (Fig. 1).²

The vigor of ***CPT*** is evidenced by the increased enthusiasm of medical and clinical pharmacology communities to publish their work in this peer-reviewed communication medium. Indeed, ***CPT*** is over-subscribed, and submissions exceed available space. In 2010, there were a total of ~800 submissions, with an acceptance rate of ~20% for original research. Similarly, the content of ***CPT*** is widely disseminated, with more than 2,000,000 page views online and 150,000 access events in PubMed last year alone. Dissemination of journal content is remarkably facilitated by the evolution of the ***CPT*** website and its accessibility through the **Nature Publishing Group (NPG)** counterpart, which

sustains over 2 million visits daily. This exposure and access, coupled with the high quality of the content and its potential to transform practice within the discipline is reflected in the consistently high impact factor calculated by the **Institute for Scientific Information (ISI)**, which was 6.96 in 2009. Over the years, the sustained impactfulness has continued to position **CPT** as a top journal primarily publishing original research in the **ISI** category of pharmacology and pharmacy.

Beyond the impact of the primary research, **CPT** continues to strive to inform the readership through the evolution of innovative content. **Commentaries**³ and **Point-Counterpoint**⁴ shape the science and practice of clinical pharmacology by creating a forum for open debate on the most pressing and volatile issues in the discipline. **Macroscopy** attempts to contextualize the practice of clinical pharmacology within the larger framework of economic, social and political reality impacting our international community of practice.⁵ **Discovery** probes the cellular and molecular mechanisms emerging from enabling platform technologies that provide insight into pathophysiology and open new avenues with transformative clinical potential in diagnostics and therapeutics.⁶ **Translation** explores cutting edge diagnostic and therapeutic paradigms emerging from mechanistic insights in pathophysiology that bridge discovery science and clinical practice, new tools that optimize therapeutic decision-making, novel algorithms from development and clinical science that accelerate discovery of targeted interventions, and clinical observations that yield unexpected insights into fundamental mechanisms

underlying pathophysiology (reverse translation).⁷ **Development** highlights emerging innovations in tools, platforms, and applications that transform diagnostic and therapeutic development, new algorithms that optimize the clinical utility of patient- and population-based interventions, and evolution of regulatory and economic policies centered on optimizing disease management.^{8, 9} **Opinions** provide a forum for discussion of key issues central to the multidimensional nature of the discipline, including ethics, education, and public policy.¹⁰ **State of the Art** reviews continue to be one of the most popular and impactful elements in the journal, quantified by citations, providing detailed analysis and perspectives of emerging fields and their applications in diagnostics, therapeutics, and patient and population management that shape our community.¹¹

The success of **CPT** reflects the considerable talents of individuals who work collectively to ensure the highest quality, most engaging, and maximally informative product is achieved in each issue. The accomplished and talented Associate Editors conceive, select, and evolve the scientific and conceptual themes. They identify authors for invited contributions, issue those invitations, supervise the review process for invited manuscripts, and generate the editorial content for each issue. Moreover, they manage the review of all submitted manuscripts, performing the initial evaluation to determine suitability for review, analyzing those reviews, and preparing decisions on each manuscript. The Editorial Board is comprised of leaders in the field who provide context and

direction for thematic issues, suggest authors for invited contributions, and contribute reviews to each manuscript considered by the journal. The Publications Committee of the **American Society for Clinical Pharmacology and Therapeutics (ASCPT)**, the owner of **CPT**, ensures that the journal and its scientific leadership are unencumbered by fiscal considerations and policies of the Society, so that the scientific/technical content of the journal reflects the best available science and practice, and the editorial content reflects best ideas without undue influence. Production of each issue is supervised by the Managing Editor and her team in the journal office at **ASCPT** headquarters. These professionals perform the arduous task of tracking all manuscripts, authors, and editors to ensure that each issue is complete, adheres to rigorous production standards, and is produced according to schedule. Finally, we are grateful to our **NPG** colleagues who have provided generous intellectual and resource support in the design, production, and continued evolution of the journal. The organization, look, and tone of **CPT** largely reflect the processes in design, strategy and focus that leverage the rich history of **NPG** and its flagship journals.

CPT is a living entity, continuously adapting to the changing intellectual and informational landscape to remain current and relevant to its readership and the discipline. The field of human diagnostics and therapeutics is dynamic and evolving, and the rate of progress is exponential, entrained by new knowledge in health and disease produced by advances in medical and

biological sciences. To keep the readership abreast of these rapidly developing fields, *CPT* will increase invitations for the enormously popular **State of the Art** reviews for each issue, to better cover the broadening landscape of clinical pharmacology, from molecules to man to populations.^{12, 13} In addition, starting in 2012, the January issue of the journal will be devoted to **Therapeutic Reviews**, to best ensure that the latest innovations are available to our readership in patient management across communities of practice representing clinical specialties. This annual component will be conceived and assembled by a dedicated **Therapeutics Review Editor**. Also, following on the tradition of interacting with national consortia,¹⁴ *CPT* will work with the **Pharmacogenomics Research Network (PGRN)**¹⁵⁻¹⁷, the **Pharmacogenomics Knowledge Base (PharmGKB)**, and the **Clinical Pharmacogenetics Implementation Consortium (CPIC)** to produce a regular contribution for *CPT* to disseminate evidence-based guidelines on the application of pharmacogenomic knowledge to the therapeutic management of patients and populations¹⁸. Finally, there is an emerging recognition that one key element of the conceptual continuum for clinical pharmacology, including discovery, development, regulation and utilization, is the conduct and reporting of **Clinical Trials**. Indeed, clinical trials represent the essential bridge translating discovery science into patient-centered algorithms transforming the delivery of healthcare. In partnership with our colleagues at **NPG**, *CPT* is launching a concerted initiative to attract manuscripts developed from well-conducted, well-reported and impactful

clinical trials. This initiative will be supported by the appointment of dedicated **Clinical Trials Editors**. Moreover, a special fast track process that supports expedited reviews will be developed specifically for the timely consideration of manuscripts describing clinical trials.

Thus, ***Clinical Pharmacology and Therapeutics*** continues to be the leading journal in the field, highlighting the most impactful and transformative science underlying innovations in human diagnosis and therapy. The objectives going forward are to amplify the vibrancy of the content, enhance the excitement of the science, and expand the platform for open debate and discussion beyond traditional boundaries delineating our canonical communities of practice to engage policy and decision making both nationally and internationally. Innovations in content and production will be followed by data collection, assessment and evaluation, to develop the evidence base that defines the most impactful elements for the readership and discipline. We look forward to working with all of you in the continuing evolution of ***CPT***.

ACKNOWLEDGEMENTS

SAW is the Samuel M.V. Hamilton Endowed Professor of Thomas Jefferson University. AT is the Marriott Family Professor of Cardiovascular Research at the Mayo Clinic. The authors are supported by grants from the NIH.

FINANCIAL DISCLOSURES

The authors have no relevant disclosures.

REFERENCES

1. Waldman SA, Christensen NB, Moore JE, Terzic A. Clinical pharmacology: the science of therapeutics. *Clin Pharmacol Ther.* 2007;81:3-6.
2. Waldman SA, Terzic A. Molecular therapeutics from knowledge to delivery. *Clin Pharmacol Ther.* 2010;87:619-623.
3. Vitry AI. Reporting of studies on new medicines in major medical journals: A case study in breast cancer. *Clin Pharmacol Ther* 87:398-400.
4. Hockett RD, Close SL. Regulation of laboratory-developed tests: The case for utilizing professional associations. *Clin Pharmacol Ther.* 2010;87:743-745.
5. Hersh SP. Mitochondria: an emerging target for therapeutics. *Clin Pharmacol Ther.* 2010;87: 630-632.
6. Hsu JC. Multiplicity adjustment big and small in clinical studies. *Clin Pharmacol Ther* 88:251-254.
7. Waldman SA, Terzic A. Clinical and translational science: from bench-bedside to global village. *Clin Transl Sci.* 2010;3:254-257.

8. Kaitin KI. Deconstructing the drug development process: the new face of innovation. *Clin Pharmacol Ther.* 2010;87:356-361.

9. Molinoff

10. Caplan AL. Clinical trials of drugs and vaccines among the desperately poor in poor nations: Ethical challenges and ethical solutions. *Clin Pharmacol Ther.* 2010;88: 583-584.

11. Woodcock J. Assessing the clinical utility of diagnostics used in drug therapy. *Clin Pharmacol Ther.* 2010;88: 765-773.

12. Waldman SA, Terzic A. Translational medicine in the era of health care reform. *Clin Transl Sci.* 2009;2:96-97.

13. Arrell DK, Terzic A. Network systems biology for drug discovery. *Clin Pharmacol Ther.* 2010;88:120-125.

14. Wagner JA, Prince M, Wright EC, Ennis MM, Kochan J, Nunez DJ, Schneider B, Wang MD, Chen Y, Ghosh S, Musser BJ, Vassileva MT. The Biomarkers Consortium: practice and pitfalls of open-source precompetitive collaboration. *Clin Pharmacol Ther.* 2010;87:539-542.

15. Giacomini KM, Brett CM, Altman RB, Benowitz NL, Dolan ME, Flockhart DA, Johnson JA, Hayes DF, Klein T, Krauss RM, Kroetz DL, McLeod HL, Nguyen AT, Ratain MJ, Relling MV, Reus V, Roden DM, Schaefer CA, Shuldiner AR, Skaar T, Tantisira K, Tyndale RF, Wang L, Weinshilboum RM, Weiss ST, Zineh I; Pharmacogenetics Research Network. The pharmacogenetics research

network: from SNP discovery to clinical drug response. *Clin Pharmacol Ther.* 2007;81:328-345.

16. Waldman SA, Kraft WK, Nelson TJ, Terzic A. Clinical pharmacology: a paradigm for individualized medicine. *Biomark Med.* 2009;3:679-684.

17. Flockhart DA, Skaar T, Berlin DS, Klein TE, Nguyen AT. Clinically available pharmacogenomics tests. *Clin Pharmacol Ther.* 2009;86:109-113.

18. Relling

Figure Legend

Figure 1. *Clinical Pharmacology and Therapeutics* covers for the period 2007-2010 highlight the broad themes of discovery-development-regulation-use underlying the state-of-the-art in the principles and practice of human therapeutics.