Dedicated to evidence-based medicine and the evaluation of new therapeutic approaches in the field

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I welcome you to the first issue of the journal *Therapeutic Advances in Endocrinology and Metabolism* under my editorship. I have taken over from Glenn Matfin beginning July 2011 and would first of all like to take the chance to thank him for the excellent work for the journal which has been done since its foundation in 2010.

Therapeutic Advances in Endocrinology and Metabolism is aimed at clinicians and researchers from the field and will be a forum for all views and reviews relating to this diverse discipline. The Editorial Board, the Associate Editors and I are committed to developing this journal as a source for timely analysis of new therapies, the candid discussion of issues that impinge upon the translation of molecular mechanisms of metabolic regulation to the practice and prevention of diseases such as obesity, diabetes mellitus type I and II, metabolic bone disease, adrenal disorders, hyperlipidemia and endocrine hypertension, and the publication of original findings in the areas of metabolic epidemiology, physiology and clinical research.

The landscape in scientific publishing is changing very fast in times in which all kinds of information have been made easily available electronically via the World Wide Web. Print issues

become increasingly less important and the younger generation of scientists and clinicians in particular often prefer to read articles on mobile phones or tablet computers. Therefore, this journal aims also to be an international communication platform especially for this younger generation working in the field of metabolic medicine. Still today, publishing remains the single most effective way of transferring important medical and scientific information. This journal is currently indexed at Chemical Abstract Service (CAS) and on Scopus, and will shortly be indexed on PubMed, guaranteeing worldwide visibility and recognition. All of the journal's content will be freely accessible on PubMedCentral, as well as on Sage Journals Online and via Stanford University's HighWire platform.

Sage Publications, the international publisher of this journal, has been in existence for almost half a century, and they are a world leader in their chosen professional markets, currently with over 500 journal titles. I am very fortunate that Sage Publications, and the managing editor, Matthew Thorne with whom I already work very successfully together for the sister journal *Therapeutic Advances in Cardiovascular Disease* since its foundation in 2007, have decided to diversify into this important field of endocrinology and metabolism.

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I am convinced that there is still space in the scientific landscape for a journal that aspires to be a communication platform for evidence-based medical strategies in metabolic medicine, including the term ‘intelligence-based medicine’ which has been originally impressed by my colleague and friend Carlos M. Ferrario [Ferrario *et al.* 2007]. This means the application of well-acquired and validated scientific knowledge to translational medicine. In concert with these considerations, we welcome all articles in the field of metabolic medicine, as well as commentaries, hypothesis-driven reviews, and position statements regarding therapeutic guidelines, treatment algorithms, and prevention measures.

As a clinical pharmacologist, my personal specific interest is dedicated to the evaluation of new drugs and optimal drug treatment. Clinical pharmacology is commonly accepted to be a bridging discipline between basic science observations and clinical practice. As such, it forms the core of clinical therapeutics and the basis for outcomes-based medicine [Schindler, 2008]. Drug development in the diabetes and metabolic field has been a ground-breaking and most active area during the last couple of years, but we must not forget that the metabolic and diabetologic drug development community has had to cope with several especially severe backslashes. For the indication of anti-obesity treatments, the selective CB₁ receptor antagonist rimonabant, initially celebrated as groundbreaking innovation, and the monoamine reuptake inhibitor sibutramine have had their market authorization suspended due to increased incidence of serious adverse events [Topol *et al.* 2010; Sayburn, 2010]. Approval applications for the combination phentermine/topiramate, the selective 5-HT_{2c} receptor ligand lorcaserine and the combination bupropion/naltrexone have been recently rejected by the US Food and Drug Administration (FDA) due to safety concerns. Currently the lipase inhibitor orlistat is the only available drug licensed for long-term therapy of obesity in the USA. For the indication of diabetes, after withdrawal of rosiglitazone due to increased cardiovascular mortality, PPAR γ agonists as a major drug class in metabolic medicine teeter on the brink of collapse since a recent meta-analysis suggested an increased risk for bladder cancer in patients treated with pioglitazone [Lewis *et al.* 2011; FDA, 2011]. Reflecting these disillusioning very recent developments, it is now time to call

for a sustainable concept for effective risk management in drug development in order to guarantee drug safety even in the long run.

The hopes for new successful therapy approaches in the area currently rest on the further clinical development of synthetic analogues of gut hormones, such as pancreatic polypeptide, obinipide, combined GLP-1 and glucagon agonists, peptide YY, pramlintide/metreleptin, oxyntomodulin and ghrelin for the treatment of obesity [Schindler *et al.* 2011]. For the indication of diabetes and metabolic medicine, SGLT II-inhibitors [Abdul-Ghani *et al.* 2011], bardoxolone [Pergola *et al.* 2011], salsalate [Hotamisligil, 2006; Cai *et al.* 2005], PCSK9 inhibition for low-density lipoprotein (LDL) reduction [Ason *et al.* 2011] and the anti-IL-1 receptor antagonist anakinra [Larsen *et al.* 2007] have so far shown promising study results. *Therapeutic Advances in Endocrinology and Metabolism* will closely follow the development of these and other promising therapies.

We hope that you as readers support us to become a vehicle for the dissemination of new knowledge including critical comments and discussions in the area of diabetes and metabolic medicine and thanks to the authors-to-be for sending to us their best contributions. On behalf of the Editorial Board and staff of the journal we thank you for your interest in the journal and are looking forward to serving your knowledge needs.

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