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We are delighted to present this month our fourth clinical research supplement to the *Journal of Dental Research* (JDR). This issue encompasses the complete spectrum of oral, dental, and craniofacial investigation. In this current era of increased emphasis on clinical application and relevance of the biomedical research enterprise, we recognize as oral health researchers that the landscape of embarking on patient-based studies is becoming increasingly challenging. Researchers have more regulatory burdens at local and national levels. The difficulties with funding and specific mandates on greater and greater regulation of the clinical research enterprise, as well as management of the protections necessary in controlling sensitive patient information, increase the workload and responsibility of clinical investigators (Selby *et al.*, 2013; Pollack and Roderick, 2014). Despite all these burdens, the central focus on the design of high-quality clinical trials and observational research has to continue to revolve around asking important clinical questions and then applying these to our clinical scenarios, where our patients need our support to help find the best options for managing their diseases with them (Horwitz *et al.*, 2014).

In this newest supplement, we are extending our tradition to publish cutting-edge advances in oral health research with ramifications to the clinical practice setting and the clinical community. To date, our clinical research supplements have been well received according to our traditional metrics of page views and citations, especially when recognizing that this is just the third year of the publication of our clinical research series. In this issue, we showcase a few other firsts. In the lead article by Hal Slavkin (2014), we have a corresponding podcast interview on the great potential of using genomics to help advance oral health care. Slavkin's leadership as a former director of the National Institute of Craniofacial Research offers unique insights into the future of genetics and oral health care in the global context.

The Breadth of Oral Health Research: Translating to Clinical Practice

If we think for a moment about the story of the 6 blind men presented with an elephant, we remember that the one at the side says, "I touched a wall." The one who reaches down says, "I felt a tree," and then another describes the tusk as a "spear." They argue over what it is they have in front of them: Is it a cow? A piece of rope? A snake? But it is only when they share their experiences and talk that they begin to piece together the vision of what they have in front of them. As scientists in increasingly complex and narrowing fields, we see the point of the story reflected in this clinical supplement; communication is expanded across scientific and topical disciplines as well as across the translational continuum. We do all this inquiry with the major advances in genomics, proteomics, clinical trial methodology, and imaging technologies that allow for a greater efficiency of scientific inquiry, while a highly careful analysis is required when managing big data interpretations (Solomon, 2014). These advances provide an opportunity for us to look at the other areas of oral, dental, and craniofacial research and glance at the bigger picture of dentistry, oral health/disease, and clinical investigation, giving us some context for our own work.

So, in this clinical research supplement, we showcase reviews in the area of TMJ therapy (Al-Baghdadi *et al.*, 2014), cancer biology (Sathish *et al.*, 2014), and rare bone diseases (Foster *et al.*, 2014). Then, through early and late translation stages, we present clinical trials and observational research answering clinical questions, such as how we assess caries activity and prevention (Cagetti *et al.*, 2014; Kuper *et al.*, 2014), implant dentistry (Galindo-Moreno *et al.*, 2014), saliva diagnostics for oral cancer (Momen-Heravi *et al.*, 2014), and cardiovascular diseases (Miller *et al.*, 2014).

This group of articles exemplifies the great breadth of oral health science research. Despite the diversity in topic areas and their ranging across the translational continuum, they share the goal of innovation to advance our knowledge. By looking at the different approaches taken by others to answer their research questions, we can appreciate the variety of tactics, types of thinking, and expertise. This in turn will stimulate the generation of new strategies to address research questions in our own work.

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Onward! Your continued interest in the *JDR* has resulted in the progressive increase in the number of manuscript submissions. Through the month of April of this year, we have received greater than 500 new submissions to the journal (more than a doubling of total submissions since 2010). We have reduced our time from submission to first decision to 13.43 days. Approximately two-thirds of the manuscripts received are returned following internal editorial review based on publication priority, which has improved the turnaround time significantly. As of the last Publications Committee meeting in Charlotte, North Carolina, the *JDR* has now expanded the word limit for research reports to 3,200 words, 40 references, and 5 figures (see *JDR* SAGE Track website for the revised instructions to authors). This increase in space available should (hopefully) elevate the continued interest in submissions to the journal from our clinical communities in basic, translational, and clinical research arenas. Again, we thank you for your support of the *JDR* and our clinical research supplements.

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