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Clinical Pharmacology & Therapeutics: The Next Five Years

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Abstract

It has been nearly ten years since we joined the editorial organization of *Clinical Pharmacology & Therapeutics (CPT)*, as part of the American Society for Clinical Pharmacology and Therapeutics (ASCPT) family. During that tenure, the primary mandate has been the growth of *CPT*, recognized as one of the key voices of the discipline and the Society. Set goals were realized in concert with a strong editorial team, a diverse editorial board, a dedicated editorial staff, and outstanding authors, leveraging a leading publishing infrastructure and responding to the needs of a global readership, expanding membership, and the discipline as a whole. The impending decade anniversary, and the transition to a new publisher, offers a natural juncture to reflect on progress, and chart plans for the future of the Journal.

We must always change, renew, rejuvenate ourselves; otherwise we harden

–Johann Wolfgang von Goethe

CPT is recognized as the premier source of information in the dynamic field of human therapeutics. It is established as the authoritative, multi-disciplinary journal in translational and applied medicine, publishing advances in the nature, action, efficacy, and evaluation of therapeutics with impact on human health. Continuing to build on a framework of central principles that forms the core values in clinical pharmacology and therapeutics, *CPT* has matured as a global forum at the nexus of diverse communities of practice facilitating and potentiating discovery, development, regulation, and utilization of therapeutics in this evolving era of molecular medicine, with individualized and regenerative therapy at the core of future healthcare. While maintaining editorial objectivity guided by best industry practices, the Journal's scope has been closely aligned with the overarching strategic vision of ASCPT.

CPT continues to grow in popularity, evidenced by robust submissions, which in 2013 exceeded 800 papers. While submissions have increased, the Journal maintains a rigorous

peer review policy, publishing manuscripts that reveal novel therapeutic principles, identify new mechanistic insights, or otherwise have broad impact on practice. In that context, the current acceptance rate for original research is ~15%. The impact of the content of *CPT* can be appreciated in the context of its expanding audience, with 90,000 average web visits and 60,000 article downloads each month, and an audience of more than 30,000 receiving the electronic table of contents. The quality of the papers and their potential to influence the practice of therapeutics is highlighted by the growth of the impact factor calculated by the Institute for Scientific Information (ISI), from 6.38 in 2010 to 7.39 in 2013. This consistent impact sustains *CPT* as a top journal in the category of pharmacology and pharmacy publishing original scientific research.

Beyond primary research, we have implemented a deliberate strategy to position *CPT* as a trusted source to educate and inform practitioners and investigators alike, across national/international communities of practice, of scientific trends, emerging fields, and controversies. In that regard, the last few years represent an ongoing experiment in innovative content that continues to evolve. “Commentaries and Point-Counterpoint” maintain a community dialogue, serving as a forum to debate cutting-edge issues and highlight the emerging discoveries. “Discovery” highlights the latest breakthroughs in new biology that form the enabling technology platforms of the future that will transform patient management paradigms. “Translation” offers a required linkage between discovery science and clinical application, showcasing new approaches that optimize therapeutic decisions, and clinical observations that yield fundamental insights in disease causes and cures.

“Development” presents advances in applications, paradigms, and platforms that maximize the impact on patient- and population-based disease management algorithms and their associated regulatory and economic policies. “Opinions” offer a forum for dialogue surrounding the application and practice of the discipline including ethics, education, and public policy. “State of the Art” reviews continue to be one of the most popular elements in *CPT*, assessed by citation rates, offering perspectives on emerging fields of current or future importance to investigators and practitioners.

The satisfaction of working on *CPT* in large part reflects the enormously talented team members that work assiduously to publish each issue. This team works together seamlessly to produce the highest quality, most engaging, and maximally informative journal in the discipline. The Associate Editors (AEs), each of them leaders in their respective areas of expertise, are the backbone of the Journal content, developing and evolving the monthly scientific and conceptual themes. They conceive and organize each themed issue, securing authors for invited contributions, supervising the review of those manuscripts, and assembling the editorial content. Further, they manage the review of all research articles, determining their suitability for review, analyzing those reviews, and rendering decisions on every paper. The Editorial Board is comprised of leaders in the discipline who provide guidance, suggest content, and review papers considered by *CPT*. They ensure that the scientific content represents the best available science and practice. The quality of the published research is enhanced by biweekly AE team teleconferences, in which the merits of each manuscript are discussed to collectively identify the best, most transformational science in clinical pharmacology. Production is coordinated in the journal office at the headquarters

of ASCPT, by the Managing Editor and dedicated team. This expert working team tracks all submitted and invited manuscripts, authors, and editors to ensure that each issue meets the Journal publication guidelines and production adheres to very tight timelines.

CPT continues to evolve to accurately reflect the dynamic scientific and clinical landscape in which we practice. Diagnostics and therapeutics are rapidly changing, engaged by advances in fundamental biology and the emerging technology platforms poised to transform the way medicine is practiced today. Therefore, *CPT* has implemented an annual tradition of highlighting Therapeutic Innovations in the first (January) issue of each year to capture the most recent advancements in therapeutic patient management across clinical specialties. Indeed, the current issue highlights the translation of molecular insights into novel management paradigms in pulmonary hypertension, inflammatory bowel disease, asthma, and viral infections,^{1–4} emerging technologies that will revolutionize human therapeutics,⁵ and the evolution of fundamental clinical pharmacology platforms that optimize the efficiency of bench to bedside translation of therapeutic discoveries across the continuum of development, regulation, and utilization.^{6,7} Beyond this special annual issue, *CPT* has been interacting with national consortia, establishing a formalized working relationship with the Pharmacogenomics Research Network (PGRN), the Pharmacogenomics Knowledge Base (PharmGKB), and the Clinical Pharmacogenetics Implementation Consortium (CPIC). These interactions produce contributions that define evidence-based guidelines on the application of pharmacogenomic knowledge to the therapeutic paradigm. Finally, a key component of the continuum of discovery, development, regulation, and utilization is the execution of Clinical Trials, the essential bridge translating laboratory-based insights into validated health care paradigms for patient management. In that context, *CPT* launched an initiative to attract impactful clinical trials, supported by dedicated Clinical Trials Editors.

CPT, as the leading journal in the discipline, presents the translation of transformative science into innovations in human diagnosis and therapy. Objectives have focused on establishing a publication strategy and editorial team that enhances impactfulness of the content, timely dissemination of the excitement in the science, and discussion of issues that are central to our communities of practice. Looking into the future, publication and organizational strategies will evolve to continue to maximize the value of *CPT* to the discipline. In that context, there are clear short, mid, and long-term opportunities for growth and enhancement of success.

Short term (6–12 months)

The transition to Nature Publishing Group (NPG) eight years ago produced a remarkable metamorphosis in *CPT* in content, organization and appearance which was enthusiastically embraced by the clinical pharmacology community. The decision by NPG to divest its society-owned journal business provided a unique opportunity to prospectively identify a new scientific publishing partner who can continue to innovate strategies that maximize the reach and influence of the Journal. In that context, working closely with the leadership of ASCPT, the Editors of the Journal were part of the team that vetted the leaders in academic scientific publishing with a commitment to continue the growth of *CPT*, and the expanding portfolio of ASCPT publications. The unanimous choice by the vetting committee was

Wiley, reflecting a broad success and leadership in scientific publishing; commitment to transformational electronic platforms that provide access to, and disseminate, scientific content; keen insight into developing tailored publishing strategies that continue the upward trajectory of the scientific content of *CPT*; and creative strategies to expand the domain of ASCPT scientific publications, creating an integrated portfolio that leads the discipline. The editorial leadership of *CPT* is particularly well-suited to facilitate the transition to Wiley, having similarly implemented the transition to NPG in 2006. The objectives are to use this transition as an opportunity for exponential evolution, preserving features that have made the Journal successful while implementing new elements, guided by Wiley, that will keep it vibrant and at the very vanguard of the field. Components that have required particular attention in the short-term have included establishing workflow processes that make this transition seamless to the readership, authors, and reviewers; and evolving the structure (“look and feel”) of the journal to enhance the user experience without negatively impacting the established brand. Going forward, the editorial leadership will work with Wiley to evolve electronic and social media strategies to disseminate content that improves outreach into new communities of practice; develop strategies to identify the most impactful fields and authors; evolve the content with new elements that inform and attract readership; and develop real-time tools to critically evaluate editorial strategies, sunseting unsuccessful approaches while developing potential improvements.

Mid-term (1–2 years)

Clinical Pharmacogenetics Implementation Consortium (CPIC) guidelines were initiated in 2010 as in collaboration with the Pharmacogenomics Research Network (PGRN) and the Pharmacogenomics Knowledge Base (PharmGKB) to provide a forum for disseminating expert information on integrating pharmacogenomic testing into the routine management of patients to optimize therapeutic utility while minimizing adverse events. These contributions have become particularly popular and impactful components of the Journal. This theme has been successfully extended by implementing CPIC Updates which provide the newest information to evolve established CPIC guidelines, on a biannual basis. The success of these contributions and their value to the Journal suggests that an editorial strategy should be developed that diversifies the portfolio of impactful guideline-type contributions. That strategy will be developed drawing on the considerable expertise of the Associate Editors and Editorial Board.

Long-term (continuous)

The success of the Journal is, in part, rooted in the distributed leadership reflected by the Associate Editor (AE) group, a deliberate strategy implemented in 2007. The AEs are recognized experts in key knowledge domains in clinical pharmacology, with broad and deep scientific experience across the continuum of drug discovery, development, regulation, and utilization. It is their individual wisdom that guides the review of each manuscript, and their joint wisdom in biweekly meetings that defines the scientific content of the Journal. Their collective efforts have contributed to a steady rise in the Journal impact factor, showcased by the most recently available numbers. In that regard, one key long-term strategy must be the continuous development of the AE team. Indeed, the AE group has

become one primary source to fill leadership positions in the Society, which removes them from the AE team due to considerations of conflict of interest. Consequently, an essential long-term strategy must be the continuous development of the AE-eligible pool with respect to subject matter expertise, workload, and value-addition. In turn, this requires the ongoing development of the Editorial Board, from which AEs typically emerge.

The continuation of the upward trajectory of *CPT* as the leading journal in our discipline will require strong strategic management, through the publishers' transition and beyond. We look forward to our partnership with the Associate Editors, production team, authors, reviewers, Society, and the scientific communities at large in the continuing evolution of *CPT*.

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