

# World Journal of *Translational Medicine*

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2012-2016

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# World Journal of Translational Medicine

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The aim of *WJTM* is to report rapidly new theories, methods and techniques for prevention, diagnosis, treatment, rehabilitation and nursing in the field of translational medicine, focusing on information derived from human experimentation so as to optimize the communication between basic and clinical science. *WJTM* covers animal and human studies, applied physical sciences, behavior, bioengineering, biomarkers, cancer, cardiovascular disease, cell culture, chemical genomics/drug discovery, data mining, drug delivery, gene therapy/regenerative medicine, imaging, immunology/vaccines, infectious diseases, medical informatics, medical nanotechnology, metabolism/diabetes/obesity, neuroscience/neurology/psychiatry, other interdisciplinary approaches to medicine, physics, policy, toxicology and pharmacokinetics, and translational medicine-related traditional medicine, integrated Chinese and Western medicine. The journal also publishes original articles and reviews that report the results of translational medicine-related applied and basic research in fields such as immunology, physiopathology, cell biology, pharmacology, medical genetics, and pharmacology of Chinese herbs.

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## What is the purpose of launching the *World Journal of Translational Medicine*?

Alfonso Dueñas-González

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**Figure 1** Editor-in-Chief of the *World Journal of Translational Medicine*. Alfonso Dueñas-González, MD, PhD, Institute of Biomedical Research, National Autonomous University of Mexico and National Cancer Institute of Mexico, Epigenetics Laboratory, San Fernando 22, Tlalpan 14080, Mexico City, Mexico.

### Abstract

Congratulations to the publisher, members of the editorial board of the journal, all the authors and readers on the launch of the *World Journal of Translational Medicine (WJTM)* as a new member of the World series journal family! Translational medicine is a complex field in which ethical, regulatory and economic issues are integral to efforts to close the circle of translational efforts by bringing diagnostic or therapeutic products to the market, that is, to the patient. *WJTM* is a peer-reviewed open-access periodical centered in translational medicine but with multidisciplinary coverage primarily intended to facilitate the translation of biomedical knowledge into improved human healthcare, and covering every element involved in the field. A special emphasis of the *WJTM* will be the publication of novel or revolutionary ideas, even if these are not contemplated within the current molecular research paradigm, as long as they are scientifically sound.

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**Key words:** Translational medicine; Biomedical sciences; Peer-reviewed; Open-access; Journal

Dueñas-González A. What is the purpose of launching the *World Journal of Translational Medicine*? *World J Transl Med* 2012; 1(1): 1-3 Available from: URL: <http://www.wjgnet.com/2220-6132/full/v1/i1/1.htm> DOI: <http://dx.doi.org/10.5528/wjtm.v1.i1.1>

### INTRODUCTION

I am Alfonso Dueñas-González (Figure 1), a researcher at the National Autonomous University of Mexico at the Institute of Biomedical Research and at the National Cancer Institute of Mexico. Together with Dr. Ruggero Ridolfi, MD, Director of Immunotherapy and Somatic Cell Therapy Unit, Romagna Cancer Institute, Italy; we will be the co-Editor-in-Chief of *World Journal of Translational Medicine (World J Transl Med, WJTM)*, online ISSN 2220-6132, DOI: 10.5528). I am very pleased to announce that the first issue of the *WJTM*, preparation of which was initiated on June 22, 2011, is officially published on June 12, 2012. The *WJTM* Editorial Board has now been established and consists of 103 distinguished experts from 27 countries. It is my great honor to introduce the *WJTM* as a new forum for all professionals working in the field of translational medicine. I congratulate the journal's publisher, the mem-

bers of editorial board, and all of our authors and readers for this memorable event.

Defining “translational medicine” is complicated. Although there are many definitions most agree that translational medicine is a young or relatively new area of Biomedicine that is devoted to the effective application in the clinic of knowledge generated in the laboratory, that is, bench to bed. However, as we know, when a therapeutic or diagnostic procedure is first applied to patients, this is just the beginning of the journey, as many unknowns remain at this juncture. Hence, translational medicine also seeks to return bed- to bench- to further research in the laboratory, given that new clinical findings emerging from early results in patients require corroboration or expansion in the laboratory. Furthermore, emerging results in patients may give rise to new hypotheses to test, contributing to the attainment of comprehensive knowledge that will facilitate and optimize the effective application of the translated procedure to the patients.

Conducting translational research in medicine is not simple as it requires a full understanding of both basic research and clinical medicine. Traditionally, it was thought that basic and clinical researchers are somehow divorced from each other, toiling in different fields although, indeed, pursuing a shared aim. Fortunately, this is changing, at least in part, due to the increased awareness in the scientific community of the importance of translational medicine, whose nature implies that these two equally important scientific communities, basic and clinic researchers, must work in a concerted effort if the ultimate research goals are to be met for the benefit of the patient.

Beyond the aspects of “science” and “patients”, translational medicine is a complex field in which ethical, regulatory and economic issues are integral to efforts to close the circle of translational efforts by bringing diagnostic or therapeutic products to the market, that is, to the patient. It is unrealistic to expect that an individual researcher will possess all the knowledge and expertise required for bringing about the development of a product. However, he or she must at least have an understanding of the entire process and the steps to be completed, and be prepared to seek advice and aid from colleagues with particular expertise in specialist areas and from institutional resources on matters of intellectual property and collaboration with industry. Thus, it is clear that successful translational medicine can only be achieved in well-organized and highly efficient research institutions. Otherwise, even extremely valuable ideas and/or research findings may end up as just that: good ideas, good efforts, or good intentions.

The practice of “translational medicine” does not in itself guarantee success. Current biomedical research is often non-innovative and driven principally by commercial forces. It has been said that the research agenda is dictated by industry rather than by the investigator and that patient-centered research belongs to the past. In reality, and quite “paradoxically”, many diagnostic and therapeutic procedures in use today were brought to light and put into practice between the 1940s and 1970s. In addition,

the current paradigm of biomedical research relies heavily on the molecular approach as the only way to understand disease processes and discover new drugs and disease markers. Furthermore, molecular research is performed using increasingly expensive, complex, and sophisticated marker-driven technologies. This has brought to the fore a type of science that often requires little creative imagination and few *a priori* hypotheses, but which possesses the capacity to readily yield copious volumes of data that in turn solely yield more promises for the “future”.

These views on the complexity of translational medicine help us to understand why a new journal that addresses this field is needed, in spite of the fact that a non-exhaustive search for journals containing the word “translational” in their title retrieved 21 titles. The *WJTM* is primarily intended to facilitate the translation of biomedical knowledge into improved human healthcare, covering every aspect of the field. A special emphasis of the *WJTM* will be the publication of novel or revolutionary ideas, even if these are not contemplated within the current molecular research paradigm, as long as they are scientifically sound.

May I be among the first to welcome you aboard the flagship issue of *WJTM*.

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## AIMS AND SCOPE

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The aim of *WJTM* is to report rapidly new theories, methods and techniques for prevention, diagnosis, treatment, rehabilitation and nursing in the field of translational medicine, focusing on information derived from human experimentation so as to optimize the communication between basic and clinical science. *WJTM* covers animal and human studies, applied physical sciences, behavior, bioengineering, biomarkers, cancer, cardiovascular disease, cell culture, chemical genomics/drug discovery, data mining, drug delivery, gene therapy/regenerative medicine, imaging, immunology/vaccines, infectious diseases, medical informatics, medical nanotechnology, metabolism/diabetes/obesity, neuroscience/neurology/psychiatry, other interdisciplinary approaches to medicine, physics, policy, toxicology and pharmacokinetics, and translational medicine-related traditional medicine, integrated Chinese and Western medicine. The journal also publishes original articles and reviews that report the results of translational medicine-related applied and basic research in fields such as immunology, physiopathology, cell biology, pharmacology, medical genetics, and pharmacology of Chinese herbs.

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## CONTENTS OF PEER REVIEW

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In order to guarantee the quality of articles published in the journal, *WJTM* usually invites three experts to comment on the submitted papers. The contents of peer review include: (1) whether the contents of the manuscript are of great importance and novelty; (2) whether the experiments are complete and described clearly; (3) whether

the discussion and conclusion are justified; (4) whether the citations of references are necessary and reasonable; and (5) whether the presentation and use of tables and figures are correct and complete.

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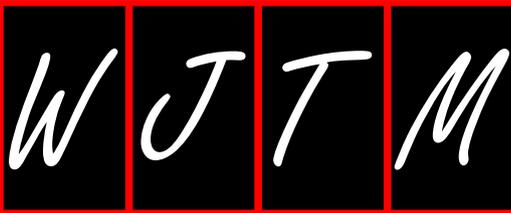
## COLUMNS

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The columns in the issues of *WJTM* will include: (1) Editorial: To introduce and comment on major advances and developments in the field; (2) Frontier: To review representative achievements, comment on the state of current research, and propose directions for future research; (3) Topic Highlight: Three formats, comprising (A) 10 invited review articles on a hot topic, (B) a commentary on common issues around this hot topic, and (C) a commentary on the 10 individual articles; (4) Observation: To update developments concerning old and new questions, highlight unsolved problems, and provide strategies on how

to solve the questions; (5) Guidelines for Basic Research: To provide Guidelines for basic research; (6) Guidelines for Clinical Practice: To provide guidelines for clinical diagnosis and treatment; (7) Review: To review systemically progress and unresolved problems in the field, comment on the state of current research, and make suggestions for future work; (8) Original Articles: To report innovative and original findings in translational medicine; (9) Brief Articles: To briefly report novel and innovative findings in translational medicine; (10) Case Report: To report a rare or representative case; (11) Letters to the Editor: To discuss and make reply to contributions published in *WJTM*, or to introduce and comment on a controversial issue of general interest; (12) Book Reviews: To introduce and comment on quality monographs of translational medicine; and (13) Guidelines: To introduce consensus and guidelines reached by international and national academic authorities worldwide on translational medicine research.

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Many reviewers have contributed their expertise and time to the peer review, a critical process to ensure the quality of *World Journal of Translational Medicine*. The editors and authors of the articles submitted to the journal are grateful to the following reviewers for evaluating the articles (including those published in this issue and those rejected for this issue) during the last editing time period.

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### Events Calendar 2012

March 19-21, 2012

2012 Summit on Translational Bioinformatics

San Francisco, CA, United States

May 7-8, 2012

LIPID MAPS Meeting 2012 - LIPID MAPS Annual Meeting 2012: Impact on Cell Biology, Metabolomics and Translational Medicine

La Jolla, CA, United States

May 10-11, 2012

4th Annual Translational Medicine Conference

City Hotel, Derry/Londonderry, Northern Ireland

May 11-12, 2012

Integrative Network Biology 2012: Network Medicine

Helsingør, Denmark

May 23-25, 2012

Association for Cancer Immunotherapy (CIMT) Annual Meeting 2012

10th CIMT Annual Meeting  
Mainz, Germany

June 11-12, 2012

The Lung - a Pivotal Player in Systemic Inflammatory Disorders

Solna, Sweden

June 28-29, 2012

Worldwide Innovative Networking (WIN) Consortium WIN 2012 Symposium

Paris, France

July 13-14, 2012

13th Annual Bioinformatics Open Source Conference

Long Beach, CA, United States

September 13-15, 2012

2012 Breast Cancer Symposium

San Francisco, CA, United States

September 17-19, 2012

International Conference on Translational Medicine

Holiday Inn San Antonio, TX, United States

September 20-22, 2012

Temporomandibular Joint Disorder Bioengineering Conference

Pittsburgh, PA, United States

October 11-13, 2012

Markers in Cancer 2012

Hollywood, FL, United States

October 12-14, 2012

European Society for Organ Transplantation-American Society of Transplantation Joint Meeting: Transformational Therapies and Diagnostics in Transplantation

Nice, France

October 14-17, 2012

Current and Future Applications of Focused Ultrasound 2012

Washington DC, United States

November 7-9, 2012

3rd AMA-IEEE Medical Technology Conference: Translational Engineering in Health and Medicine: the Intersection of the Lab, the Clinic and the Community

Texas, United States

November 16-18, 2012

Conference on Instrumentations and Biotechnologies 2012

Shanghai, China

**GENERAL INFORMATION**

*World Journal of Translational Medicine* (*World J Transl Med*, *WJTM*, online ISSN 2220-6132, DOI: 10.5528) is a bimonthly peer-reviewed, online, open-access (OA), journal supported by an editorial board consisting of 103 experts in translational medicine from 27 countries.

The biggest advantage of the OA model is that it provides free, full-text articles in PDF and other formats for experts and the public without registration, which eliminates the obstacle that traditional journals possess and usually delays the speed of the propagation and communication of scientific research results. The open access model has been proven to be a true approach that may achieve the ultimate goal of the journals, i.e. the maximization of the value to the readers, authors and society.

**Maximization of personal benefits**

The role of academic journals is to exhibit the scientific levels of a country, a university, a center, a department, and even a scientist, and build an important bridge for communication between scientists and the public. As we all know, the significance of the publication of scientific articles lies not only in disseminating and communicating innovative scientific achievements and academic views, as well as promoting the application of scientific achievements, but also in formally recognizing the "priority" and "copyright" of innovative achievements published, as well as evaluating research performance and academic levels. So, to realize these desired attributes of *WJTM* and create a well-recognized journal, the following four types of personal benefits should be maximized. The maximization of personal benefits refers to the pursuit of the maximum personal benefits in a well-considered optimal manner without violation of the laws, ethical rules and the benefits of others. (1) Maximization of the benefits of editorial board members: The primary task of editorial board members is to give a peer review of an unpublished scientific article via online office system to evaluate its innovativeness, scientific and practical values and determine whether it should be published or not. During peer review, editorial board members can also obtain cutting-edge information in that field at first hand. As leaders in their field, they have priority to be invited to write articles and publish commentary articles. We will put peer reviewers' names and affiliations along with the article they reviewed in the journal to acknowledge their contribution; (2) Maximization of the benefits of authors: Since *WJTM* is an open-access journal, readers around the world can immediately download and read, free of charge, high-quality, peer-reviewed articles from *WJTM* official website, thereby realizing the goals and significance of the communication between authors and peers as well as public reading; (3) Maximization of the benefits of readers: Readers can read or use, free of charge, high-quality peer-reviewed articles without any limits, and cite the arguments, viewpoints, concepts, theories, methods, results, conclusion or facts and data of pertinent literature so as to validate the innovativeness, scientific and practical values of their own research achievements, thus ensuring that their articles have novel arguments or viewpoints, solid evidence and correct conclusion; and (4) Maximization of the benefits of employees: It is an iron law that a first-class journal is unable to exist without first-class editors, and only first-class editors can create a first-class academic journal. We insist on strengthening our team cultivation and construction so that every employee, in an open, fair and transparent environment, could contribute their wisdom to edit and publish

high-quality articles, thereby realizing the maximization of the personal benefits of editorial board members, authors and readers, and yielding the greatest social and economic benefits.

**Aims and scope**

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3 **Tian D**, Araki H, Stahl E, Bergelson J, Kreitman M. Signature of balancing selection in Arabidopsis. *Proc Natl Acad Sci USA* 2006; In press

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5 **Vallancien G**, Emberton M, Harving N, van Moorselaar RJ; Alf-One Study Group. Sexual dysfunction in 1, 274 European men suffering from lower urinary tract symptoms. *J Urol* 2003; **169**: 2257-2261 [PMID: 12771764 DOI:10.1097/01.ju.0000067940.76090.73]

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6 21st century heart solution may have a sting in the tail. *BMJ* 2002; **325**: 184 [PMID: 12142303 DOI:10.1136/bmj.325.7357.184]

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8 **Banit DM**, Kaufer H, Hartford JM. Intraoperative frozen section analysis in revision total joint arthroplasty. *Clin Orthop Relat Res* 2002; (**401**): 230-238 [PMID: 12151900 DOI:10.1097/00003086-200208000-00026]

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9 Outreach: Bringing HIV-positive individuals into care. *HRS A Careaction* 2002; 1-6 [PMID: 12154804]

**Books**

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10 **Sherlock S**, Dooley J. Diseases of the liver and biliary system. 9th ed. Oxford: Blackwell Sci Pub, 1993: 258-296

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11 **Lam SK**. Academic investigator's perspectives of medical treatment for peptic ulcer. In: Swabb EA, Azabo S. Ulcer disease: investigation and basis for therapy. New York: Marcel Dekker, 1991: 431-450

*Author(s) and editor(s)*

12 **Breedlove GK**, Schorfheide AM. Adolescent pregnancy. 2nd ed. Wiczorek RR, editor. White Plains (NY): March of Dimes Education Services, 2001: 20-34

*Conference proceedings*

13 **Harnden P**, Joffe JK, Jones WG, editors. Germ cell tumours V. Proceedings of the 5th Germ cell tumours Conference; 2001 Sep 13-15; Leeds, UK. New York: Springer, 2002: 30-56

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**Electronic journal** (list all authors)

15 Morse SS. Factors in the emergence of infectious diseases. *Emerg Infect Dis* serial online, 1995-01-03, cited 1996-06-05; 1(1): 24 screens. Available from: URL: <http://www.cdc.gov/ncidod/eid/index.htm>

**Patent** (list all authors)

16 **Pagedas AC**, inventor; Ancel Surgical R&D Inc., assignee. Flexible endoscopic grasping and cutting device and positioning tool assembly. United States patent US 20020103498. 2002 Aug 1

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