

EDITOR'S PERSPECTIVES

Editor's Notes

In this issue, volume 4 # 1, we are initiating a publication schedule of six issues per year. In the first three volumes, we published quarterly. For those interested in submitting manuscripts, we estimate an average interval of 10 weeks from initial submission to potential publication determined by the review and copyediting processes, although we will expedite on an individual basis. The initial submission deadline for volume 4 # 2 was February 1. The next available submission deadline is April 1 for the volume 4 # 3, mid-June issue.

We have nine manuscripts in this publication. There are three research articles: an important survey of patient preferences (which are usually not considered in study design) regarding endpoints in cardiovascular clinical trials (1); a multicenter trial of the application of a new less invasive diagnostic approach to pulmonary nodule assessment (2); and an excellent graduate medical education study showing improvement in the approach to upper respiratory infection treatment by community hospital medical residents (3). There is a review on technological advancements in the percutaneous approach using atrial exclusion devices for stroke prevention in atrial fibrillation patients when chronic anticoagulation is problematic (4). There are four case reports: a complication related to abdominal aortography (5); the challenge in diagnosing the source of colonic perforation when stercoral colitis and diverticulosis co-exist (6); a remarkably illustrative presentation of skin, lung, and colon findings related to the same pathologic process (7); and a case of central post-stroke pain, demonstrating the challenges in diagnosis and treatment (8). The final paper is in the Clinical Images column (a column initiated in the December 2013 issue) with an image of classic tophaceous arthritis (9).

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