

Hunting for evidence – a plea for clinical research

Be honest – what is easier to publish: in vitro or clinical research? But let's start from the beginning. The “pyramid of evidence” ranks like this:

- 1a: Systematic reviews (with homogeneity) of randomized controlled trials
- 1b: Individual randomized controlled trials (with narrow confidence interval)
- 1c: All randomized controlled trials (or none)
- 2a: Systematic reviews (with homogeneity) of cohort studies
- 2b: Individual cohort study or low-quality randomized controlled trials (eg, <80% follow-up)
- 2c: “Outcomes” research; ecological studies
- 3a: Systematic review (with homogeneity) of case-control studies
- 3b: Individual case-control study
- 4: Case series (and poor quality cohort and case-control studies)
- 5: Expert opinion without explicit critical appraisal, or based on physiology, bench research or “first principles”.

Thus, when we hunt for a maximum evidence level of our published research, clinical research should be the no. 1 goal. Unfortunately, our experience is somewhat different. It is sometimes much easier to get sound in vitro research published, whereas the submission of clinical research data is often arduous. This is also caused by more and more complicated position papers and experience-based recommendations in the literature. It is further

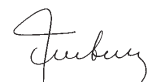
hampered if the authors of such recommendations have never carried out a single clinical long-term study. Every researcher who ever planned and conducted a clinical trial over several years of clinical service knows exactly how much hard work this involves. Just thinking about the huge commitment to bind patients over 10 or more years must elicit our respect for any attempt to perform clinical research.

On the other hand, we often receive clinical papers without any clinical images. At first sight, such papers often look fine, but when reviewers ask the justified question to include clinical images for illustration, the quality of the pictures regularly discloses that fundamental requirements of preparation design, for instance, were not fulfilled.

In short, we want to invite our potential authors to send us their clinical research, irrespective of its evidence level: besides randomized long-term clinical trials, also case series and innovative case presentations are very welcome. As Editors, we are very happy about the in vitro performance of our journal, but given the importance of the clinical world, we would be even happier to receive more clinical research.



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