

Editorial

***Gastrointestinal Disorders*—An Open Access Journal on Gastroenterology**

Richard W. McCallum ^{1,2}

¹ Professor and Founding Chair, Department of Internal Medicine, Director of Gastroenterology Research and Director of the Center for Neurogastroenterology and GI Motility, Texas Tech University Medical Center and the Paul L. Foster School of Medicine, El Paso, TX 79905, USA

² Honorary Professor, University of Queensland, Brisbane, Australia

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I am very excited about announcing the launch of a new Journal—*Gastrointestinal Disorders*. As Editor-in-Chief of this new venture, I can inform you that I am supported by a world class Editorial Board—selected because of their international stature and their well-recognized contributions to their specific fields of interest in the broad pantheon of gastroenterology. It is this flavor of an international “blend” that our journal’s leadership brings—I am an Australian from Brisbane and the University of Queensland and Director of Gastroenterology Research and the Center for Neurogastroenterology and GI Motility at Texas Tech University Health Sciences Center in El Paso, Texas, while my colleagues are from Europe, the United Kingdom, Japan, China, the United States, and Australia.

Why am I excited about this Journal? I myself have published over 450 articles in peer-reviewed journals and mentor medical students, residents, fellowship trainees, and junior and senior faculty as well as PhDs and basic scientists. A common thread here is the desire to publish in a great journal that will be widely distributed, read, and recommended so that findings and observations can be fully recognized with the objectives to improve the medical care and outcomes for our patients—that a bench to bedside and back to the bench approach addresses the questions that invariably arise from the initial report or discovery will be the translational thrust of the articles that we seek to publish. The bottom line is that I am first a clinician, seeing complicated patients referred daily. Therefore, we want to reach out to our clinical colleagues and make sure they know “this is your kind of journal”—“there is a place here for you”. I want to encourage the combination of a clinical–patient observation with a timely review article on that subject while also emphasizing how this particular case adds to the literature. A case series of an interesting or infrequently diagnosed entity would also be welcome—but not a standalone case report.

GI pharmacology is exploding and our journal will provide a forum for the spectrum of GI pharmacology and therapeutics—its Principles and Practices. This will include reporting on phase 1, 2, and 3 clinical trials, particularly analyzing how the implications of the results will impact the care of our patients. Studies on pharmacokinetics and predicting new directions for drug development, as well as papers analyzing adverse events, will be welcome. This opens up reports from inflammatory bowel diseases, to gastrointestinal motility disorders, functional gut problems of irritable bowel syndrome, peptic ulcer disease, gastroesophageal reflux, and pancreatic problems. The journal will not include hepatology, which has its own burgeoning literature on diseases, treatments, and outcomes. However, we will welcome endoscopic research and clinical “adventures” from interventional endoscopy, including the rapidly evolving world of endoscopic ultrasound. This field will therefore involve the diagnosis and treatment of GI cancers as well as any accompanying complications. This will include oncogenes, tumor suppressors, molecular targeting therapies, and various biomarkers.

One of my most rewarding research experiences is when I collaborate with colleagues from other clinical departments as well as basic scientists. Our Editorial Board was therefore invited

because of their multidisciplinary expertise. We want to see articles submitted on GI pathology, surgical research including special tissue analysis from biopsies during surgery, the innovations of surgery—e.g., robotic surgery, nuclear medicine research—particularly in gastric emptying and transit testing. Gut microbiota is the “hottest” topic in GI and we want to encourage studies of culture and PCR, including the evolving and expanding field of small bowel bacterial overgrowth. This field is linked to food science, nutraceuticals, probiotics, prebiotics, and naturopathic medicine—all of which will be welcomed. Other research areas of interest include stool transplantation for *refractory Clostridium difficile* and future indications for stool transplant. Our basic scientists are now focusing on stem cell therapies and how animal models can complement clinical challenges in the human setting. I also collaborate with biomedical engineers working on the gastric and intestinal electrical rhythm and the future of neuro stimulation and “pacing” of the gut for refractory gastrointestinal motility problems.

Colleagues, this is “my appetizer” for you. Our Editorial Board will be focused on publishing the best articles and will provide fair and appropriate critique and constructive input to help you revise your manuscript where appropriate and re-submit or complete further suggested experiments to make it a publishable contribution. At the present stage of my career, I bring senior “leadership” but remain in the trenches undertaking research and thus understand and particularly empathize with the challenges faced by clinical research. We want you to succeed and will support your submissions while also providing some direction and “mentoring”. The editorial Board will be busy but will also have “fun” in the knowledge that they are reviewing and publishing cutting edge research, while keeping in mind our primary objective as members of the medical profession—to help our patients.



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