



YOU AIN'T SEEN NOTHIN' YET!

LAWRENCE I. BONCHEK, M.D., F.A.C.S., F.A.C.C.

Editor in Chief



Pardon the vernacular, but it seemed the best way to grab your attention about all the new features coming to the Journal.

A SINGLE TOPIC

First is the obvious fact that we have condensed carloads of clinical concepts to create this copy of the Journal confined to a single topic. Here you will find summarized virtually all that is known about the role of Vitamin D in the body, so we hope you will share our pride that LGH has all the expertise needed to produce these comprehensive articles. That vitamin D conveys a cornucopia of benefits throughout the body is only now becoming clear, and new information accumulates almost daily. After the articles in this issue were completed, *Cancer Epidemiology Biomarkers & Prevention* published a long term Harvard study in which a mere 400 IU/day of vitamin D reduced the risk of pancreatic cancer by 43%.

We suggest you start this issue by reading the comprehensive overview by Richard Reese, follow up with the unique and catholic insights of our regular columnist Alan Peterson, and then move on to the specialty articles by Drs. Carroll, Lyet, and Small. Though we have endeavored to eliminate unnecessary repetition, mild redundancy is intentional so that each article can be read independently without flipping pages back and forth. One source of information on vitamin D that is not repeated is the Tables that complement Reese's article; to save space in an already expanded issue, these Tables can be found on our website (more about that below!).

We are also pleased that the subject we chose some months ago is suddenly receiving considerable attention in other medical Journals and is very much in the public eye.

PRESCIENCE?

Speaking of a prescient selection of topics, just two weeks after we published Joe Kontra's article on the new national guidelines for managing sepsis in the September 2006 issue, the *New England Journal of*

Medicine published a shrill opinion piece about those guidelines, which accused them of being a sop to the pharmaceutical industry (specifically that Eli Lilly had manipulated the guidelines to include recommendation of its product Recombinant Human Activated Protein C [rhAPC] on the basis of insufficient evidence). I highly recommend that you reread Kontra's article, which carefully laid out all the studies about rhAPC, the complications it can cause, and the need to limit its use to selected patients.

Further, have you noticed the recent flurry of media articles about the advisability of eating fish despite its often high levels of contaminants? No need to search through old newspapers; Alan Peterson discussed the uncertainty about fish in his column - *Top Tips from Family Practice* - in our first issue, and he reviewed the potential benefits of Omega-3 supplements in the second (September 2006) issue. I want to draw your attention to the fact that media reports about the benefits of consuming fish fail to note that these benefits were demonstrated *not* in the overall prevention of atherosclerotic cardiovascular disease, but in decreased mortality of myocardial infarction. (And as Peterson's article noted, even that effect was absent or contradicted in some studies.)

It is not news that fish oil and its Omega-3 fatty acids affect cardiac membrane potentials and in some studies decreased the incidence of fatal arrhythmias. (Other studies have found fish oil to be proarrhythmic in certain circumstances.) It's unclear why the Institute of Medicine has suddenly decided to emphasize the benefit of fish and to downplay the dangers posed by toxic substances found in many fish. Understandably, the IOM report has already generated considerable debate. We'll be sure to keep you posted.

PHOTOGRAPHS

Our second innovation is an obvious and esthetic one. We hope you enjoy the photographs that we will use when we have suitable "white spaces," and we encourage you to submit your favorites in digital format by email to

Gina Bissett, or on CD to my office. We can offer these enhancements because from the beginning we decided that the esthetic we sought for the Journal demanded that every page be produced in what the industry terms "4-color printing," which permits full color on each page.

ADVERTISING

You will also note that the back cover contains advertising; this is the only page on which we will accept it. We feel that the educational value of the Journal outweighs its production cost, but if any portion of that cost can be defrayed, allowing funds to be retained for health care, we should accept suitable advertisements. What do you think?

WWW.JLGH.ORG

Finally, the big news: by the time you read this, our website should be up and running at www.jlgh.org (URLs are *not* case sensitive). The site will provide numerous advantages and opportunities:

- 1) Most important, the site will provide an open, non-subscription, searchable archive of all issues of the Journal. Articles will be available in pdf format, so they can be downloaded and printed by

anyone. The text of all articles will be searchable by the usual search engines, which is not the case now, since at present the Journal is only accessible after entering the LGH website, and clicking on the link to Health Professionals/Physicians/JLGH. Those layers now conceal the text of JLGH articles from search engines, which means that our superb articles have been invisible to anyone researching a topic. This will all change when we have our own transparent web site.

- 2) The site will offer CME questions for completion and submission for credit.
- 3) The audio interviews will be archived, and will be available for listening or downloading.
- 4) The website will give us the option of posting supplemental material that we do not have space for in the print Journal. For example, as I noted above, Reese's article on Vitamin D includes some very useful Tables about Vitamin D that we have posted on the website. Please see the end of his article for details.

We are excited about all these innovations, and expect them to add further to the distinctiveness and utility of JLGH.