



It's a new year, looking back and looking forward

2023 on the world stage was not exactly an uplifting Oscar winner. But within the microcosm of medicine, we have at least for the moment weathered the worst of COVID-19. The packed ICU hallways with crumpled blue masks overflowing from trash cans and trailer morgues in our hospital parking lots are memories. And we celebrated key professional accomplishments, recognizing Drs. Katalin Karikó and Drew Weissman with the Nobel prize in medicine and physiology for their research that contributed to the creation and delivery of the successful RNA vaccines that played a major role in “flattening the curve” of the pandemic.

And in what may be the denouement to a long chain of increasingly sophisticated molecular studies devoted to understanding and treating sickle cell anemia, arguably beginning with the work of Linus Pauling and colleagues in 1949, the US Food and Drug Administration approved 2 gene therapies as potential cures of the disease. However, there is the yang to the yin. Vaccine hesitancy in the United States has grown, and these therapies are prohibitively expensive, are a physical challenge to tolerate, and require technical expertise and resources that are available in very few medical centers. Delivering the new gene therapies to the hundreds of thousands of people with sickle cell disease worldwide will be impossible.

We continue to face challenges in our healthcare system that impede widespread implementation of other available life-prolonging medical treatments that are less technology-dependent. Consider the practical cost impediments to disseminating some very effective therapies discussed by Alexander et al,¹ Badwan et al,² and Singh and Cho³ in this issue of *The Journal*. These challenges are extremely difficult to overcome for patients who are socioeconomically disadvantaged, further widening the inequity of medical care across the globe, including demographic groups in the United States. Societal evolution seemingly takes longer than scientific evolution.

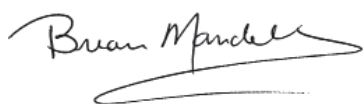
Moving from these global challenges to topics much closer to home, with the march of time into 2024 we have several impending changes of note at *The Journal*. Pelin Batur, 1 of our 2 physician deputy editors (Craig Nielsen is the other), is stepping down to devote more time to pursue her other clinical and educational interests. She will be the physician lead on a new project to expand midlife women's services throughout the Cleveland Clinic and aligned communities, with a special focus on optimizing connectivity between clinicians in the various specialties providing women's healthcare. As ongoing Professor of Obstetrics and Gynecology and Reproductive Biology, Pelin will continue her clinical practice within women's health, national lecturing, and writing. She is developing a new patient-centered educational program that includes shared medical appointments focusing on menopause. This will allow patients to have 90 minutes to discuss and really digest background information and their many options. This program represents a wonderful alternative to patients simply searching “Dr. Google” to order testimonial-based supplements online, and an anticipated effective adjunct to the time patients spend with their physicians at annual “wellness visits,” which is usually insufficient to permit meaningful dialogue. The women's health community's gain is *The Journal's* loss. Pelin has managed our Guidelines to Practice series,

doi:10.3949/cjcm.91b.01024

has personally shepherded the acquisition and editing of women's health (and many other) articles, and has been a superbly talented peer reviewer with a keen eye for identifying ways to enhance the educational value of all of the manuscripts she reviewed.

In another key transition, Dave Huddleston, our current Managing Editor, will be retiring from *The Journal*. He will be pursuing several personal interests, including continuing his musical career as an established guitarist and vocalist in the Cleveland area. Dave joined *The Journal* as Managing Editor in 1991 after more than a decade as a proofreader, general assignment reporter, and medical news magazine writer/editor. He left in 1995 for a 2-year stint in the United States Peace Corps, and he rejoined us in 1997 as Technical Writer and Editor, and then reassumed the role of Managing Editor. Dave has been an editorial rock throughout my 20 years as Editor in Chief. Dave initially worked with former long-time CCJM editors Phil Canuto and Ray Borazanian, and the 3 of them completely transformed the stylistic presentation of our articles into a consistently readable and accessible format. Dave's steady editorial hand and penchant for consistency have been evident in every piece he has touched, including my own commentaries and clinical publications, which (with I am sure a fair amount of frustration over my use of parenthetical comments) he has patiently "Englishized." Dave, thank you.

Finally, but not at all insignificantly, we welcome Robert Litchkofski as our new Managing Editor. Bob has spent more than 25 years editing peer-reviewed medical journals in both print and online formats, including the *Journal of Hospital Medicine*. He has extensive experience editing medical education materials for physicians preparing for board certification and recertification, attributes all useful in his new role with CCJM.



Brian F. Mandell, MD, PhD
Editor in Chief

1. Alexander JT, Singh SK, Shah SD, Lambert B, Smith JP. 2023 Update in ambulatory general internal medicine. *Clev Clin J Med* 2024; 91(1):40–46. doi:10.3949/ccjm.91a.23056
2. Badwan OZ, Braghieri L, Skoza W, Agrawal A, Menon V, Tang WHW. When should we consider SGLT-2 inhibitors in patients with acute decompensated heart failure? *Clev Clin J Med* 2024; 91(1):47–51. doi:10.3949/ccjm.91a.23034
3. Singh A, Cho LS. Nonstatin therapy to reduce low-density lipoprotein cholesterol and improve cardiovascular outcomes. *Clev Clin J Med* 2024; 91(1):53–63. doi:10.3949/ccjm.91a.23058



Pelin Batur, MD, FACP, MSCP



Dave Huddleston