

EDITORIAL

Oral Diseases: Being Better at Adolescence

Oral Diseases, founded in 1995, is entering its 16th year and approaching adulthood in a very healthy state, with an increasing number of submitted manuscripts, a typically interesting table of contents, a good Impact Factor, and experiencing an increasing number of downloads by its readers. Additionally, *Oral Diseases* has new society affiliations, being now affiliated with the American Academy of Oral Medicine, the European Association of Oral Medicine, and the Oral Medicine Society of Australia and New Zealand. Things seem to be looking good for the journal.

At this watershed time, the Editors have nonetheless elected to discuss with the Associate Editors and Publisher, strategies for the journal's future development. We summarise here the decisions made for *Oral Diseases'* future directions, based on these discussions.

Over the years, the focus of *Oral Diseases* has been broadly directed to oral medicine and pathology, and related scientific disciplines. In response to a number of significant advances in diagnosis and therapy, we have decided that the journal's focus should be on clinical studies and translational research findings (*in vivo*, animal models) with an emphasis on the aetiopathogenesis, diagnosis, prevention and treatment of key areas for the future of oral medicine: (i) mucosal disorders; (ii) salivary gland disorders; (iii) oral, systemic and environmental interactions; (iv) bioinformatics; (v) oral fluid diagnostics; (vi) genetics and (vii) novel biological therapies (e.g., stem cells, tissue regeneration, gene therapy, bioengineering).

The decision to publish any submitted manuscript, however, will remain on the basis of the paper being of highest quality. Indeed, we are aiming for the top (15%) of articles in these areas. Additionally, after surveying attendees at the recent World Workshop on Oral Medicine and congress of the European Association for Oral Medicine, we appreciate the demand from readers of *Oral Diseases* for more review articles.

Thus, we will increase our review: original article ratio, particularly endeavouring to attract reviews on subjects that are really important for or controversial in, oral medicine and pathology. Starting in 2011, we intend to include in *Oral Diseases* a Brief Communications option (to include no more than 1 figure and one table - or two of either), for papers that are deemed especially important and novel, as well as commentaries for selected significant original articles of special interest. We also have a new Associate Editor joining the editorial team with expertise in biostatistics. Finally, the editorial and publishing team will make every effort to increase the speed with which papers accepted for publication in *Oral Diseases* appear online.

Overall, we hope that these changes, though modest, will lead to a strengthened journal, that will be considered increasingly valuable by its readers, and will contribute to the continued growth and impact of oral medicine in biomedical science and healthcare.

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