Editorial

As I write this editorial, the feeling seems to be that the Eurozone is slowly getting its act together and will weather the future intact but the EU budget still needs to be finalised and America needs to avoid the fiscal cliff; hopefully the Democrats and Republicans have managed to sort out their differences. We need to hope that the financial situation of the world improves and more funds are made available for basic dental research and for the development of novel therapies and diagnostics. Although the recession is not over, scientific research gets ever more costly and the opportunities for asking detailed questions of the interactions between us and our environment are made increasingly possible with the advent of the 'omics era. The application of proteomic, metabolomic, genomic and transcriptomic methodologies to oral biology and to the biological processes involved in susceptibility to caries and erosion in particular promises to revolutionise clinical preventive practices of the dental profession.

Of course this will not happen overnight and perhaps not within the next decade but progress will be made and *Caries Research* is a suitable vehicle for the publication of such experimental data. Very likely a detailed understanding of the biological processes involved in tooth tissue loss will involve the development of new hypotheses testable experimentally and will rely on extensive descriptive studies identifying genes and proteins presumptively involved in caries or erosion. Steps may be small but many small steps will, I am convinced, be formulated synergistically to provide BIG answers for practical clinical questions and provide a comprehensive understanding of the biological processes involved in tooth tissue loss through caries, erosion and the host response to the microbial infections essential to caries initiation and progression. It must be remembered that host susceptibility to diseases may be modulated by unknown factors in the environment. For caries and erosion, many discrete environmental factors are well known but this will not neces-

sarily make the identification of genetic factors any easier. Of course, and this cannot be overemphasised, no matter how sophisticated or expensive the laboratory investigations, they will be of little value without the highest and most sophisticated clinical input. Clinicians must be integral, not peripheral.

I must just mention that reviews are published as open access papers in *Caries Research* and would welcome submissions providing a scientific review of any focussed aspect of caries and erosion. As Editor-in-Chief, I need to impress on potential authors, they need to read the instructions to authors for *Caries Research* and follow these implicitly regarding requirements for the description of investigations. And for those authors submitting papers to *Caries Research* that have been rejected elsewhere, PLEASE make sure you amend the reference list and textual citations to reference in the format as required by *Caries Research*. Failing to do so only slows down the review process, among other things.

Finally, I must thank all at Karger who have supported the move of *Caries Research* to ScholarOne manuscripts, while still keeping XpressTrack, the old system, functioning. This has not been a particularly easy time for the Associate Editors, having to deal with manuscripts going through the two systems. We are now almost finished with XpressTrack which has served *Caries Research* well for so many years. The others to thank are the Associate Editors who have handled so many submissions this year and the authors who continue to submit manuscripts which cover such a wide range of topics. The remaining group to thank are the many reviewers who have given freely of their time to review submissions. Without their input the production of *Caries Research* would not be possible. They are especially acknowledged on page 88 of this issue.

David Beighton, Editor-in-Chief