

LETTER FROM THE EDITOR



For young physicians who are debating which career to pursue, clinical research is often an attractive option. Clinical studies are essential to medicine, and engaging in such research offers doctors the opportunity to be involved in research while remaining in touch with clinical issues. Unfortunately, funding for clinical research is limited, so not all doctors are successful in such careers. While some clinical investigators are able to secure grants and pursue their research interests, others are unable to fund their research and often must seek careers in other areas of medicine.

In order to better advise young doctors who wish to pursue careers as clinical investigators, we must understand why some doctors are better able to secure funding. One possibility is that certain individuals succeed as clinical investigators because their education and training provided them with more exposure to the disciplines necessary to design and carry out successful studies, such as biostatistics and epidemiology. Not only is such a foundation inherently helpful, but demonstrating additional training in such areas might also improve a physician's chances of receiving research funding.

To test this hypothesis, Kapoor and colleagues retrospectively reviewed career outcomes among individuals who completed the Academic Clinical Research Track (ACRT) at Brigham and Women's Hospital in Boston, Massachusetts. (See page 810 for more details.) Implemented in 1995, the ACRT was designed to provide fellows with the skills they need to become successful researchers. Kapoor and colleagues looked specifically at whether ACRT fellows were successful in receiving external research funding within 3 years after completing this program.

The study by Kapoor and coauthors found that fellows who received a Master of Public Health (MPH) degree as part of the ACRT fellowship were generally successful in obtaining research funding; 10 of the 13 fellows who earned an MPH degree while enrolled in the ACRT received external funding within 3 years after completing their fellowship. In contrast, fellows who elected not to pursue an MPH degree or who had received an MPH degree prior to enrolling in the ACRT did not receive external research funding within

3 years; indeed, few of these individuals remained in academia and none attempted to receive external research funding.

What these results seem to suggest is that doctors must have a solid background in disciplines relevant to clinical investigation, *and* they must be motivated to pursue a career in clinical investigation. All fellows in the ACRT were required to take courses in clinical epidemiology and biostatistics (and some fellows had previously earned an MPH degree), but fellows who elected to pursue an MPH degree as part of the fellowship were most often successful in their subsequent pursuit of external research funding. Thus, the suggestion is that having a background in disciplines such as epidemiology and biostatistics may be helpful for doctors seeking to pursue a career in clinical investigation, but exposure to these disciplines does not guarantee success in this endeavor.

In addition to this insightful article by Kapoor and coauthors, this month's issue of *Gastroenterology & Hepatology* also contains a review of a wireless motility capsule, a relatively new technology that can be used to assess gastrointestinal motility. We also discuss and review bleeding following wide-field endoscopic resection in the colon, the role of serum biomarkers in hepatocellular carcinoma surveillance, the diagnosis and treatment of indeterminate colitis, and the potential relationship between proton pump inhibitor use and the risk of bone fractures. Finally, this issue includes a case report of a primary pancreatic lymphoma masquerading as carcinoma and a case report of severe acute hepatitis associated with adult-onset Still disease that was dramatically improved by high-dose steroid therapy.

I hope you find these articles illuminating, and I wish you all a happy holiday season.

Sincerely,

A handwritten signature in dark ink, appearing to read "Gary R. Lichtenstein". The signature is fluid and cursive, with the first name "Gary" being the most prominent.

Gary R. Lichtenstein, MD, AGAF, FACP, FACG