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Universal appeal? Junior trainee to Professor

The December edition of *360* is, as I write this, on your doorstep, and hopefully on your coffee table or better still, having been thoroughly read, being pulped and reused. Having survived (nay enjoyed) editing my first edition of *360* I tentatively enquired about the status of subscriptions with *360* HQ. I have to admit to being more than slightly relieved to find the office wasn't sinking under a sea of cancellation letters and delighted to find we are still growing rapidly in readership, both in numbers of readers and in geographic location.

Whilst not quite the same setting as Richard Villar's 'backpack spot', I have had two similar experiences recently: one during a meeting with an old mentor of mine who is a razor-sharp professor of orthopaedic surgery, and the second with one of our junior trainees. Both had read my first edition as Editor. When I tentatively asked the professor her views I got the same response I had from the trainee – "I love it, it's easy to read and I enjoy the occasional bit of humour". *360* is a journal conceived with this in mind and I hope that under new stewardship it will continue to have such universal appeal.

In this edition of *360* you will find one of the 'dark arts' of orthopaedic surgery demystified. We are fortunate to be able to present a pair of articles on stem cell therapy, both from world-leading units in the field. The very enjoyable article from Andrew McCaskie[1] who leads the ARUK stem cell research centre in Newcastle explains clearly and precisely the state of play in stem cell therapy and demystifies what to the uninitiated often seems impossibly complex to understand. In the second, an exciting article from Dr Saw and colleagues at the Sports Medicine Centre in Kuala Lumpur[2], we see the potential application of stem cell therapies. They describe their experience of the application of stem cell therapy, even in medal-winning athletes from the London 2012 Olympics. I truly hope you will enjoy these articles as much as I have.

With new treatments available, and the world economy in recession, we as clinicians are becoming increasingly aware that the pace of world events is ever more relevant to healthcare provision and clinical medicine. The evolution of social reform continues apace and justifying the treatments we give is going to become more and more important. As clinicians we are called to answer this challenge and to provide the evidence basis for our treatments. Every lecture I have attended on research methodology features the 'Evidence Pyramid' with expert opinion at the bottom and a level I RCT at the top. It caused me to think, where exactly on the pyramid can you get to? The levels of evidence are useful tools designed to inform the reader about the study design. However, most conditions we treat cannot be studied with an RCT. In this month's *360* we see fantastic research from Denmark,[3] describing the outcomes of over 400 peri-acetabular osteotomies and inviting us to think about potential outcome prior to surgery. Researchers in Sweden find an association with accidental injury in over 2500 cases of Legg-Calvé-Perthes disease shedding new light on potential causation.[4] From one of the world's leading hand centres we share the results of just 18 patients with complex malunion of the distal radius undergoing combined intra- and extra-articular osteotomies.[5] These and all of the other 80 articles selected for inclusion in this month's *360* are some of the best available evidence. Many are not level I or even level II evidence. Archie Cochrane defined evidence-based medicine as the synthesis of expert opinion and the best available evidence. More randomised controlled trials for common interventions in common conditions are doubtless needed, but I would make my plea for more case-matched, prognostic and comparative studies. Admittedly, these would only be level II and III evidence studies, but they are likely the best we will ever have and the peak of the evidence pyramid for these conditions.

This edition of *360* is a landmark; it is the seventh full edition, and hence a year since the journal first appeared. As our parent journal (the newly christened *The Bone & Joint Journal*) stands at a crossroads, so do we at *360*. The next 12 months will be an exciting year in which we have great plans for *360* but we welcome the input of our readership. This journal is unique in that it exists only to be of interest to you, the reader. We are not the platform for any society or research body, we do not rely on advertising or industry; we rely on our reader appeal. I hope you still find lots to like in *360*; this month sees the addition of Meeting Roundup's, summarising some key global meetings. The first of these is a roundup of the Orthopaedic Trauma Association and I would welcome your feedback, not just about what's in *360* but more crucially what's not in *360*. Please drop me a line and share your thoughts.

My very best wishes to you all.

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