

Inaugural Editorial: Launching Nexus of Integrated Clinical Science

From Evidence to Care: The Role of Integrated Clinical Science

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Abstract

Biomedical science is rapidly expanding, generating increasingly complex evidence across clinical research, diagnostics, therapeutics, and health systems science. However, this growth has not been accompanied by a proportional improvement in translating evidence into consistent, context-sensitive, and patient-centered care. This disconnect reflects not only implementation failure but also a structural limitation in how evidence is generated, interpreted, and integrated into clinical decision-making. Clinical practice occurs in heterogeneous, resource-constrained environments where evidence must be interpreted within real-world complexity. The Nexus of Integrated Clinical Science (NICS) addresses this gap by reframing the evidence–practice relationship as a continuous, integrated scientific process rather than a linear translational step. NICS emphasizes clinical relevance, methodological rigor, and real-world impact, positioning evidence as actionable knowledge embedded within clinical reasoning. By promoting integration across disciplines and aligning research with decision-making needs, NICS aims to improve patient outcomes and healthcare system performance through a unified model of evidence generation, interpretation, and application.

Keywords: Integrated clinical science, Evidence-based medicine, Translational research, Clinical decision-making, Real-world evidence.

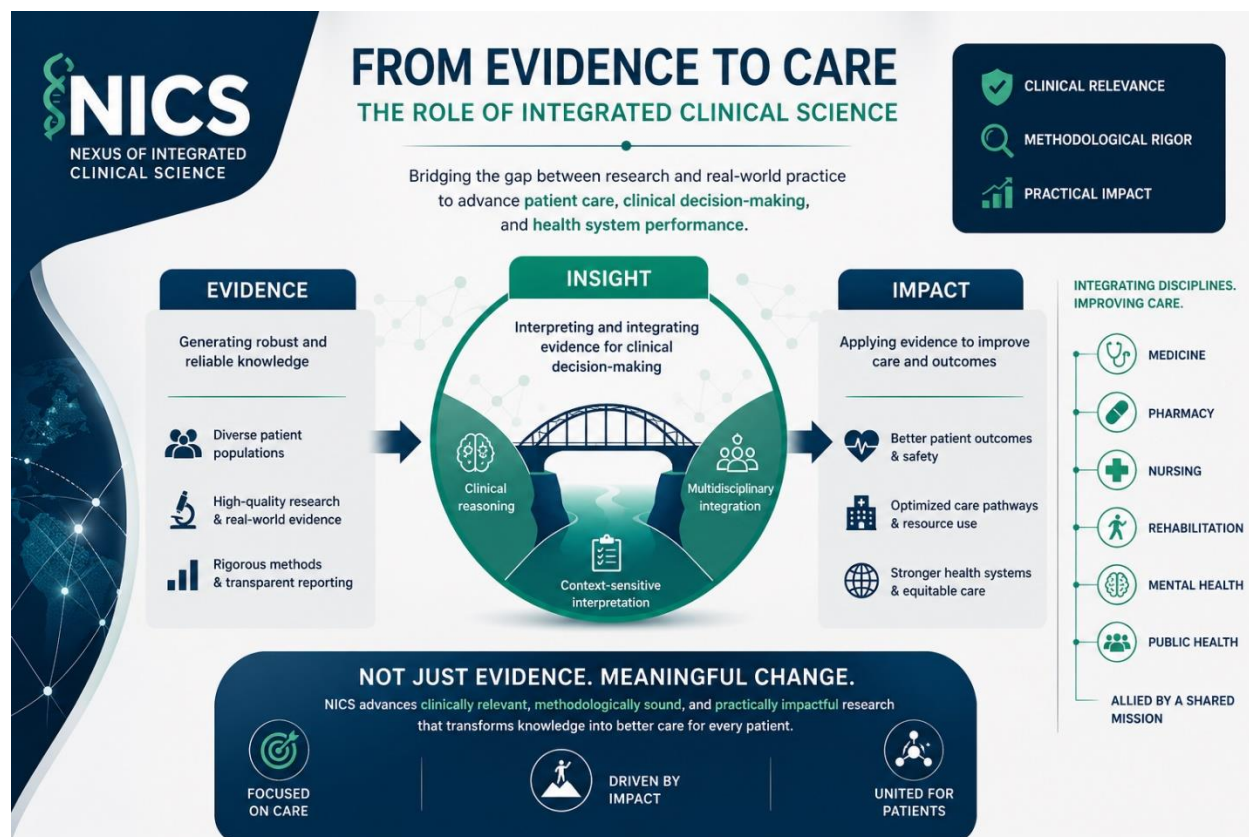


Figure 1. Conceptual framework of the journal. This figure illustrates a bidirectional system linking evidence generation, integration, clinical decision-making, and real-world outcomes. It conceptualizes clinical science as a continuous, iterative process in which evidence is interpreted and operationalized to improve patient care and healthcare system performance.

Biomedical science is expanding at an unprecedented rate, producing increasingly complex evidence across clinical research, diagnostics, therapeutics, and health systems science. However, this expansion has not been matched by an equivalent improvement in the translation of evidence into consistent, context-sensitive, and patient-centered care.

This persistent gap should not be viewed solely as a failure of implementation. Rather, it reflects a structural limitation in how evidence is generated, interpreted, and integrated into clinical reasoning. High-quality research does not inherently translate into high-quality care. Clinical decisions are made within heterogeneous, resource-constrained, and dynamically evolving environments that differ fundamentally from controlled research settings.

Consequently, the pathway from evidence to practice is non-linear, context-dependent, and often fragmented.

The Nexus of Integrated Clinical Science (NICS) is founded on the premise that this disconnect represents a central scientific problem in modern healthcare (Figure 1). Addressing it requires more than accumulating evidence; it demands a systematic framework that explicitly links evidence generation to clinical interpretation and real-world application.

Within this perspective, evidence is not an end in itself but a functional component of clinical decision-making. Its value is defined by its interpretability, contextual relevance, and actionable capacity within real-world care settings. Conversely, clinical practice must be continuously informed by rigorous, transparent,

and methodologically sound evidence. The interface between these domains should therefore be conceptualized as an active scientific space, not a passive translational step. Modern healthcare systems further intensify this need for integration. The growth of real-world evidence, pragmatic trials, and population-level analytics, alongside the increasing complexity of multidisciplinary care models, has created a landscape in which traditional disciplinary boundaries are no longer sufficient. At the same time, clinical decision-making must account not only for biomedical data but also for patient behavior, social determinants, and system-level constraints.

Despite this complexity, fragmentation remains a defining feature of clinical science. Evidence is frequently generated without sufficient attention to its clinical usability, while clinical decisions are often made without structured integration of the best available evidence. This disconnect does not reflect a lack of knowledge, but rather a lack of integration frameworks capable of converting knowledge into practice.

NICS is explicitly designed to address this limitation. Its scope is defined not by disciplinary boundaries, but by clinical relevance and translational value. The journal prioritizes work that demonstrates a clear and defensible link to patient outcomes, clinical decision-making, healthcare delivery, or system performance. Methodological diversity is welcomed, but relevance to practice is essential. A defining principle of this journal is integration. Effective clinical care is inherently multidisciplinary, requiring coordination across medical, pharmaceutical, nursing, rehabilitative, psychological, and public health domains. Moreover, non-clinical determinants such as behavior, environment, and system structure are integral to outcomes. Meaningful clinical science must therefore integrate these dimensions into a coherent analytical and practical framework.

At the same time, *NICS* maintains a strict commitment to methodological rigor and interpretive discipline. Clinical relevance must be justified, not assumed. The strength of conclusions must remain proportional to study design, data quality, and contextual limitations. Precision in interpretation is not optional; it is foundational. Editorial evaluation within *NICS* is guided by three core criteria: clinical relevance, methodological rigor, and real-world impact. The journal prioritizes studies that demonstrably contribute to improved patient outcomes, optimized care pathways, enhanced safety, or more efficient healthcare systems. Impact is understood not as immediacy, but as meaningful contribution to clinical practice and decision-making. A central challenge in contemporary clinical science is the conversion of growing data complexity into actionable knowledge. Without structured integration, evidence accumulation risks generating noise rather than insight. For this reason, *NICS* emphasizes work that clarifies clinical meaning, strengthens reasoning processes, and supports decision-making under real-world conditions.

Ultimately, *NICS* is grounded in a single principle: evidence generation and clinical application are not separate stages, but a continuous and interconnected scientific process. The goal is not merely to report findings, but to ensure that evidence becomes interpretable, usable, and capable of improving patient care. In an era defined by increasing clinical complexity and systemic pressure, the need for integrated, evidence-based, and operationally relevant clinical science is no longer optional—it is essential. *NICS* aims to advance a model of clinical research in which discovery, interpretation, and application evolve as a unified continuum, directly oriented toward improving patient outcomes and healthcare system performance.