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EDITORIAL

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***Welcome to the second edition of the CMReJournal!***

Last December in Paris, the International Chair on Cardiometabolic Risk held a very successful meeting that several outstanding speakers attended. The morning session honoured two pioneers in the field of adipose tissue physiology and its regional distribution: the late professors Jean Vague and Per Björntorp. I had the opportunity to meet these two outstanding clinicians and scientists early in my career, and I have always considered them as mentors. Jean Vague, who had a distinguished career at the University of Marseille, France, was really the first to foresee the importance of regional body fat distribution when, in 1947, he coined the term “android obesity” to describe the high risk form of abdominal obesity. Several decades later, in the early eighties, Per Björntorp from the University of Gothenburg, Sweden, published solid epidemiological and metabolic evidence that Jean Vague was right. Both were astute clinicians and scientists and, above all, outstanding individuals. I have learned a lot from these two gentlemen and I have always felt that something should be done to recognize their landmark contributions. Although other organizations have acknowledged the work of these two scientists, we are proud to announce that the International Chair on Cardiometabolic Risk has created the “Jean Vague – Per Björntorp Lecture”, which was given at the Paris meeting by a colleague and friend of Per Björntorp: Professor Ulf Smith from the University of Gothenburg. His paper, which appears in this issue of the **CMRe**-Journal, captures the key elements of his lecture and emphasizes the notion that visceral fat could be a marker of ectopic fat.

At the Paris meeting, Dr. Irène Juhan-Vague, Jean Vague’s daughter, graciously agreed to give a lecture on the relationship of body fat distribution to alterations in hemostasis. Irène has had a distinguished career at the University of Marseille and is a world authority on the relationship of abdominal obesity to impaired fibrinolysis and increased susceptibility to thrombotic events.

After these two superb lectures, the icing on the cake was a lecture given by the father of syndrome X, Dr. Gerald M. Reaven, from Stanford University. I am personally grateful to Professor Reaven for his many seminal contributions. Hundreds of investigators, myself included, are indebted to the notion that insulin resistance is central to a constellation of metabolic abnormalities that increase not only type 2 diabetes risk but also cardiovascular disease risk. I have even proposed recently that syndrome X should instead be named the Reaven syndrome. In this issue of the

CMReJournal, Gerald points out that not every obese patient is insulin resistant, a concept that we, too, have emphasized in numerous publications by documenting that obesity is a very heterogeneous condition.

Lastly, we are grateful to Chair member Professor Robert Ross, who took on the monumental task of reviewing the literature on waist circumference and its relationship with clinical outcomes. The conclusions drawn by the sub-committee chaired by Professor Ross are summarized in this issue of the **CMReJournal**.

The Chair is proud to share this second issue of the **CMReJournal** with you. We hope you enjoy reading it!

