

iVIEW

EDITOR'S PAGES

Vini, Vidi, Vici... Restructured Format for Condensed Abstracts

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“**T**o the Physicians, of the United States...this is no other than an endeavor to obtain *an accurate & annual account of those general diseases which reign each season, over every part of the United States.* [Subjects to include] The State of the Atmosphere...New methods of curing diseases...Accounts of new discovered & applied remedies—either in the cure of common or of rather & hitherto incurable diseases... [and] Medical News. . . . It is intended to issue the first volume of the Collection in the month of May 1797, under the title of the *Medical Repository*” (1).

This announcement, which appeared in a circular for the general public, preceded the creation of the first medical journal in 1797 and blossomed from the intellectual isolation of the American Revolution (1775 to 1783). However, despite the 216 years that have intervened between then and now, the goals of medical publishing have remained largely unchanged. Medical journals still seek to report “Accounts of new[ly] discovered and applied remedies” and provide “New methods of [diagnosing and] curing diseases.” However, in the interim and with the explosion of technology that has created a state of information overload in 2013, the medical journal has become more than just a way to disseminate information; it has become a way to foster discussion and push the frontier of medical research forward.

Yet the format for doing so has become increasingly complex: technology has made the dissemination of information speedy and seamless at a time when the constant inundation of our senses has resulted in attention spans that are shorter than ever (2,3). The explosion of research studies and published reports being produced today has led to unprecedented competition for tightly budgeted and valuable

pages in print publications. Therefore, authors have been forced to move more material online; editors have been forced to be more and more selective; and the highlights of a scientific report must emerge within the first few sentences of the abstract to seduce readers before yet another report grabs their attention. Within this culture, the role of the printed abstract has become even more important to the publication. The abstract was originally intended as a way to facilitate the simple and rapid dissemination of information, summarize the key findings for readers, and allow easier indexing and referencing of the scientific content (4). The popularity of the structured abstract, a summary of the complete published report, gained momentum in the mid-1990s, after recommendations in 1987 from the Ad Hoc Working Group for Critical Appraisal of the Medical Literature that all journal articles include abstracts to improve communication (5,6). This was followed in 1993 by a report from the International Committee of Medical Journal Editors that a formal structured abstract format be used (7). However, even by 2005, about 38% of the highest impact factor general medical journals had failed to adopt structured abstracts for a variety of reasons (8). Of those journals that did have structured abstracts, 66.5% of the abstracts used the format of introduction, methods, results, and conclusions sections, and 63 (33.5%) used the 8-heading format proposed by Haynes et al. (4,8), highlighting the heterogeneity of formats that existed.

The *JACC* family of journals has catered to the shifting landscape of medical publishing by shrinking the structured abstract and creating the condensed abstract within the Table of Contents in order to streamline rapid communication. Other medical journals, such as *JAMA*, have incorporated tables within the results section to accomplish the same (9). However, it has become apparent that rapid information dissemination or scientific indexing through summary abstracts has now become less of an issue in

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the current age of technology. Instead, the implications of a study, what it adds to the growing body of medical literature, and sparking discussion now appear to be the paramount goals for medical journals.

The editors of *iJACC* have long wrestled with making the abstract more meaningful than a mere miniature thumbnail of the full report that does not necessarily initiate discussion points surrounding the study of interest. We wanted readers perusing each issue to find interesting content more readily, become intrigued by it, and perhaps jump into the fray of discussion. Similarly, adhering to our mission of education, we wanted the abstract to provide useful nuggets to even the most flitting of readers who land on our page. In this issue of *iJACC*, we begin with the condensed abstracts and have re-engineered them to a novel, lively format: “What is known (vini), what is done (vidi), what is coming (vici)” (with apologies for mutilating the spelling of *veni* to *vini*). The editors of *iJACC* will work with authors to provide the contents of their reports in succinct informational capsules. By highlighting what is known about the field, how each report expands on the existing knowledge base, and what unanswered questions remain, we hope that the vini-vidi-vici format will allow each and every reader of *iJACC* to gain insight into our decision-making process and, in doing so, virtually “join” us on the editorial board. It will help our readers know why we choose the reports we choose, what we feel they add to our field, and the areas we think future studies might focus on.

The November issue of *iJACC* has provided you with the first look at the vini-vidi-vici format of

the condensed abstracts in the brief Table of Contents. It will also appear on our Facebook page (JACC Journals) and Twitter feeds (follow us on Twitter! @JACCImaging #ViniVidiVici). Vini-vidi-vici brings you a digested, “byte”-sized summary of an entire issue of *iJACC* that you can read while sipping a cup of coffee, waiting for the elevator, or between patients. It will allow you to correlate the past, the present, and the future. We expect it to be a proverbial approach (10) wherein you sit down to read the report, having already been exposed to the background knowledge, review the findings presented in the study, and leave feeling victorious, with a big picture outlook as to what to expect in the future or what you could do to add to the field in planning your next study.

We are grounded enough to realize that this is a break from the norm, and it remains a pilot offering that may not excite readers as much as it did the editors. Nevertheless, we believe that it is worth a shot, and reader feedback will quickly reform us, if needed. After all, to paraphrase General MacArthur, we never retreat but always advance in another direction! As the structured abstract has evolved from its infancy in 1987 to its adulthood, we believe that the introduction of the next generation of condensed abstracts will also gain popularity across a broad spectrum of medical journals over the coming years.

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