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iVIEW

EDITOR'S PAGE

Publishing the Most Impactful Imaging Papers

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Over the last 6 years, the tremendous support from our authors and readers has made *iJACC* a valuable knowledge source for advances and applications in cardiovascular imaging. Its impact factor is among the highest for imaging journals and is growing consistently, placing it in the top bracket of all cardiovascular journals, which attests to the quality of papers published in *iJACC*.

The improvement in our profile has been matched by a significant growth of submissions over the last 6 years. We have welcomed this growth—it reassures us that *iJACC* is an attractive platform for an increasing number of investigators and that we get the chance to display only the very best among imaging papers. However, this success has been at the cost of falling acceptance rates—now to below 10%. This brings concerns that we may miss the opportunity to showcase some good papers. The editorial judgment of what priority to assign for potentially equally meritorious papers is not taken lightly, but is as fallible as any human judgment. Nonetheless, published pages are unlikely to increase and the competition is likely to get keener. It, therefore, seems like a good opportunity for the editorial group to discuss the method of selecting papers, to solicit feedback from the readership, and especially, to provide some guidance to our authors.

The foremost goals of the journal are to present new information and accompanying expert editorial pieces, to provide an opportunity for scientific exchange, and to provide an educational forum for material that is in translation from researchers to clinicians. Underpinning all of this (at the risk of stating the obvious), is that we are an imaging journal. It is very difficult for the editors to have confidence that studies of various disease entities with parenthetic involvement of imaging will be of direct interest for our readership.

For new research papers, we seek definitive works in the topic of interest. Authors should keep in mind that, as a peer-reviewed journal, the editors mediate between the authors and the reviewers. Inadequate presentation, including poor expression and analytic errors, antagonizes reviewers, sometimes to the point of making the work unsalvageable. The limited available number of pages has created pressure on the length of papers, which should not exceed 5,000 words (including references and figure legends)—a surprising number of longer papers are submitted and duly returned to the authors by the editorial office. Material that is confirmatory, or adds a relatively modest increment of information on what has gone before, is unlikely to be able to successfully compete for a limited number of available pages. Observational studies are the foundation of much of our scientific evaluation of cardiovascular imaging. They are useful because they tell us about current practice or outcomes, and can guide the selection of an optimal approach (1). However, retrospective studies can be misleading because of unmeasured confounders, and for this reason, observational studies struggle to attain priority unless they are large and supported by effective quantitative approaches. Conversely, the imaging literature has insufficient randomized controlled trials—we would like to see more of them, and sometimes wish that our reviewers were less critical of this particular group of studies. Despite all of these observations, there is no space for many good papers (**Table 1**), although many rejected papers go on to publication at worthy journals (2). Papers describing normal ranges can be a problem, especially if the information is incremental. We have made exceptions

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TABLE 1 Total Submissions to *iJACC* and Acceptance Rates of Papers in Each Category Over the Last 6 Years

	2008-2009	2010-2011	2012-2013
Total submissions, n	1,495	1,924	2,485
Original Research papers	23%	16%	10%
Transferred papers	69%	63%	74%
Editorial Comments	100%	93%	100%
State-of-the-Art Reviews	53%	47%	77%
iPIX	22%	15%	7%
Letters	57%	45%	47%

TABLE 2 Proportion of Papers According to Imaging Modality and Acceptance Rate Over the Last 6 Years

	2008-2009	2010-2011	2012-2013
Computed tomography	18% (7%)	22% (11%)	16% (9%)
Echocardiography	30% (15%)	45% (11%)	40% (7%)
Cardiac magnetic resonance	27% (18%)	12% (12%)	29% (11%)
Nuclear	11% (16%)	15% (11%)	7% (11%)
Atherosclerosis and other	14% (18%)	6% (5%)	8% (6%)

Acceptance rates are indicated in parentheses.

when they relate to a new modality or application (3). Over the last couple of years, we have also taken a few papers with a single or simple message in the form of a letter to the editor. Some meritorious imaging papers that are not able to make it to the parent journal *JACC* are offered publication in *iJACC*. The close involvement and communication among the *JACC* family editors ensure that a transfer offer recognizes the importance of the work and its value to the imaging community as a whole and indicates interest in publishing the work in *iJACC*; thus, over two-thirds of these papers are accepted. Any author receiving an offer of transfer to *iJACC* should take it!

The aim of editorial comments is to contextualize and balance primary research papers. Although almost all of these invited papers are accepted, editorials are reviewed and many have required revision. The readership should be reassured that the editorial team is committed to having balanced editorial pieces, and a handful of editorials not attaining this goal have been rejected.

The educational role of the journal is fulfilled by space devoted to state-of-the-art reviews (iREVIEW), debates and controversies (iNEWS), and imaging vignettes (iPIX). State-of-the-art reviews and debates have been among our most widely-read pieces, especially reviews on integrated and multimodality imaging (4). Many of these have been invited, but a significant number of them are received as independent proposals by the authors. We work with the prospective authors to optimize the final product; the acceptance rate of such review papers has been approximately 50%. The best reviews should bear the hand of a senior investigator to ensure that the work provides synthesis and insight and is not just a compilation of studies/facts. Not surprisingly, reviews lacking a critical appraisal, unsolicited reviews on topics that have not been coordinated with the editors' requirements, and reviews by nonexperts have been associated with low acceptance rates. A successful iPIX conveys important concepts using a series of images; these are review papers in pictures that focus on education for cardiology, imaging, and radiology fellows. This is a popular section with our readership as well as our authors; we see many such submissions (Table 1), and the acceptance rate has been less than 10%. Unsuccessful submissions are often characterized by limited novelty and lack of comprehensiveness.

The letters (to the editor) section is an important barometer of the health of a journal in providing scientific discussion. We are pleased about the increasing submission of letters—although these should be timely in relation to the original submission. Approximately one-half of submitted letters are published and almost all rebuttals have been published.

Is there any evidence that submission in 1 modality is more likely to generate acceptance than in another? Although most editors are multimodality imagers, they review topics within 1 of the major modalities—cardiac magnetic resonance, computed tomography, nuclear imaging, coronary imaging, and echocardiography. Although the proportion of papers reviewed by modality has fluctuated, the acceptance rate within each time frame has been similar. This has allowed us to maintain a policy of covering all modalities in all issues. Nonetheless, our initial coverage of atherosclerosis imaging has waned, probably in parallel with other outlets for these papers (Table 2).

In the current era, clinicians have to navigate a tsunami of publications in order to keep current, and all of us struggle with a finite amount of time for this task. The task of editors is to select the most reliable new knowledge, contextualize it, and support it by helping to make it accessible by the clinician. This is our goal at *iJACC*, and to whatever extent it has been achieved, it reflects the efforts of our authors, reviewers, and readers. We very eagerly welcome suggestions, critiques, and any other thoughts or contributions that will strengthen your journal.

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