

## EDITOR'S PAGE

# Editorial Board Retreat: An Interim Report

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Shortly after my selection as Editor-in-Chief of *JACC*, the notion of a retreat for the Editorial Board began to take shape. Several considerations favored such a retreat. We in San Diego were establishing a new Editorial Office for the *Journal*, the first change in editorial leadership in 10 years. In addition, given the rapid growth of the internet and on-line communications, it appeared clear that medical journals were at a point of seminal change. It therefore seemed sensible to gather those people most involved with the work of the *Journal* to discuss its current status and future growth.

We had a number of objectives in mind in organizing this retreat. We wanted to review our existing format with the Board and consider any alternative options. We were anxious to solicit completely new ideas regarding *JACC*, our equivalent of the overused "thinking outside of the box." We wanted to provide the Board the opportunity for greater input into the *Journal* and engender a sense of ownership on their part. To keep the attending group small enough to allow meaningful interchange, we divided the U.S. Editorial Board members in half, each to attend a separate retreat. The first one was held in the middle of July in San Diego. While we await the second Editorial Board retreat to formulate complete results, the animated discussions that took place prompted this interim report.

In opening the conference, I shared with the attendees some of my own motivations for being an Editor. Clearly, editorship is a unique task that affords an early and almost unlimited exposure to the discoveries taking place within cardiology. Leading *JACC* places one in the epicenter of all that is new and evolving within the discipline. In addition, editing a medical journal affords the opportunity to exert a broad influence within medicine. By adjudicating reviews and prioritizing manuscripts, one can exert significant influence over what is being read by the cardiologic community. Finally, although the format of medical journals is relatively established, the current march into electronic publishing creates an enormous opportunity for innovation. It seemed reasonable to believe that these same considerations should make it attractive to be a member of the Editorial Board. Therefore, we needed only to provide an opportunity for the Board to have input into *JACC* and innovate, and that could be well achieved by the retreat.

The retreat itself started with an inspiring presentation by

Dr. Richard Horton, the Editor-in-Chief of *Lancet*. Richard discussed a wide range of issues related to medicine and society, pointing out the role that medical journals played in this interaction. Subsequently, there were five short sessions that formulated the topics to be discussed in breakout groups, including: ethics and conflict of interest, original research versus non-research material, basic science versus clinical investigation content, attracting the best research, and the future of *JACC*. Each of these topics was addressed at a breakout session, and a full report of the discussion was presented the next morning. As a rough gauge of the success of the meeting, virtually all discussions had to be terminated in the interest of time, while people still wished to speak.

While no firm conclusions were drawn or positions adopted, waiting instead for both retreats to be completed, I thought it would be worthwhile to review the considerations regarding content. Clearly, the two most important functions of an editor are to oversee the content of a journal and administer the peer-review process. Although content is determined primarily by the nature of the manuscripts submitted for publication, prioritizing those manuscripts and determining the nature of non-original research material can have a substantial impact. Therefore, we embarked upon discussions regarding the amount and type of non-original research material that should be published and the ratio of basic science to clinical investigation.

We began with the concept that the major purpose of the *Journal of the American College of Cardiology* is to publish original peer-reviewed research. It is certainly my opinion, and seemed to be the general consensus, that this will always be the primary mission of *JACC* and should outweigh any other considerations. Since the *Journal* currently has an acceptance rate of approximately 15% and must decline papers of value, one might ask whether non-research content has any place in *JACC* whatsoever. Not surprisingly, opinions on this question differed; however, the differences related not to whether any non-research material should be published, but to how much and what type. Virtually everyone acknowledged that non-research content could provide valuable synthesis, perspective, and liveliness to the *Journal*.

In my mind, the nature of the non-research material to be published in *JACC* remains uncertain. There is no question that State-of-the-Art or review articles will continue to be

an important staple of the *Journal*. A good review article can collate several publications and synthesize new information from disparate reports. Such manuscripts are an effective way for busy clinicians to keep abreast of topics with which they deal only rarely. In a similar fashion, editorial comments will clearly always be an important contribution to *JACC*. A good editorial serves not only to put new research findings in their proper perspective but also to delineate limitations of the work or uncertainties regarding clinical application that might otherwise not be apparent. In my opinion, there is always a danger that readers may turn to an editorial to determine how to interpret new research findings, rather than reach their own interpretations. Editorial comments should be viewed as opinions rather than absolute truth. In the same vein, *JACC* prints Letters to the Editor, although these are not featured with the same prominence as in other medical publications.

A variety of other formats could be utilized for non-research content in the *Journal*. We have already initiated a section termed "Viewpoints." These papers represent short opinion pieces dealing with topics about which the author feels very strongly. It is our hope—and belief—that such opinion pieces may provide a useful flavor to the *Journal*. Similarly, manuscripts could be presented as controversies—a very popular format at the national meetings. We discussed the potential for *JACC* to provide clinical trial updates, new drug information, or even summaries of the proceedings of major medical meetings. In this regard, the twice-monthly publication rate and current time required for typesetting and printing would create an unfavorable delay relative to other forms of communication. The *Journal* could also be a forum for the presentation of legislative, reimbursement, and health policy issues, topics of great relevance to practicing cardiologists. Finally, general community news such as promotions, relocations, and deaths could be contained within *JACC* and might be of interest to the readers. Clearly, more thought is required before any of these alternate venues are introduced into the *Journal*.

The Editorial Board confirmed the concept that *JACC* was a journal dedicated to clinical investigation in cardiovascular medicine. In fact, the policy we are currently following is to publish only those basic science manuscripts having direct clinical relevance. However, clinical relevance is often in the eye of the beholder. There are a number of reasons to favor the inclusion of basic science in *JACC*. Doing so might increase the readership to include more basic scientists, would likely be of value in increasing the impact factor of the *Journal*, and might result in an overall increase in prestige. In addition, many of the new techno-

logical advances require an understanding of basic science concepts in order to be incorporated into clinical practice. Achieving the proper balance between primarily experimental manuscripts and clinical investigation will continue to be a challenge to the Editorial Board. That some basic science should be an important part of *JACC* seems incontrovertible. That the bulk of the manuscripts published, however, should be clinical, is equally certain. My associates in San Diego and I are attracted to the concept that review articles may provide an excellent forum to deal with basic science in *JACC*. In addition, short overview statements that put new basic science manuscripts in perspective for the clinician would also seem to be of value. In fact, some implementation of the latter concept will be seen in forthcoming issues.

The foregoing considerations regarding content all revolve about the central issue of diversity. Clearly, the readership of *JACC* consists of individuals whose interests, and even clinical activities, are widely divergent. Fields such as electrophysiology and interventional cardiology have developed vocabularies of their own. As in other aspects of content, the question is not whether diversity of topic is important, but rather of how great an importance. The opinions we expressed at the retreat, which were generally well received by the Editorial Board, were that quality of manuscripts should come first and foremost and that diversity should play a role in the acceptance of manuscripts only when quality is equal. Fortunately, that has thus far not been a dilemma.

Based upon the informal comments made to me after the retreat, most Board members felt it had been well worth giving up a weekend to attend. The participation was active and the discussion serious. Most participants commented that they felt a new sense of ownership of the *Journal* based upon the input afforded. As the major research organ of the American College of Cardiology, we have the responsibility of reflecting the interests and needs of our reader members. Assembling the Editorial Board in this fashion helps us to achieve this goal. While we have not formulated many decisions at this time, such determinations will definitely be reached in the future. The success of the *Journal* and its impact on cardiovascular specialists and their patients will depend upon the choices we make.

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