

EDITOR'S PAGE



Medical Editors' Grand Rounds

A Discussion of Timely Topics and Editorial Emergencies



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Each year we devote one Cardiology Grand Rounds to the topic of medical journals and cardiology section editors. In this capacity, we discuss, analyze, and thoroughly review the role, processes, and effect that medical editors have on the advancement of scientific knowledge. This year we had an exciting panel discussion among 6 top medical editors, including Stuart Spencer, Executive Editor, *The Lancet*; Eric Peterson, Associate Editor for Cardiology, *JAMA*; Howard Rockman, Editor-in-Chief, *Journal of Clinical Investigation*; Daniel Mark, Editor-in-Chief, *American Heart Journal*; Galen Wagner, Editor-in-Chief, *Journal of Electrocardiology*; and myself for *JACC: Heart Failure*. We asked the editors to discuss 6 critical topics in the field of publishing that they faced on a daily basis. The topics were:

1. *Impact Factor*. The collective opinion of this group of editors was that the impact factor is not an especially useful tool in evaluating journals and papers. There are methods to game the analysis by reducing the number of papers accepted to augment the impact factor. Some journals increased their impact factor 2-fold, from 20 to 40, and some have doubled their impact factor from 0.6 to 1.2. What does this really mean? The editors commented that it is not the impact factor, but instead the concept, value, and science of the paper that is most important. It is important to note, for example, that a Nobel Prize winner published his signature paper in a journal with an impact factor of 3.0. I noted that, despite its significant imperfection, it is better to be higher, rather than lower, in this imperfect world of comparing journals. Additionally, the panel discussed the role of impact factors for individual papers and citations, and expressed concern about the use of the impact

factor for promotion and payment of investigators throughout the world. Such an imperfect metric is easier to assess than actually delving into the paper, the science, and the value of the experiment itself. Overall, we agreed that the impact factor should be re-evaluated and that we must look for better metrics of evaluation such as the H-index, or the adjusted impact factors minus guidelines and review papers.

2. *Integrity of scientific papers*. This poses an even greater threat, as the number of publications throughout the world increases. There is pressure on faculty members to publish in highly-prestigious journals. It is possible to subtract a few observations here and there to get a positive result. The panel agreed that there is a bias that papers with positive results are often published in more prestigious journals than papers with negative results, and this may influence the pressure on the investigators to have positive results. The panel strongly recommended that it would be useful to have the actual datasets for review. Although tedious, difficult to analyze, and burdensome, a cursory review and inquiry of the dataset may actually allow for examination of the total integrity of the submitted paper. For example, we had a case of a randomized controlled trial of an investigational drug which improved peak oxygen uptake to an extensive degree in a small number of patients. Upon requesting the dataset, the investigators retracted the paper and went elsewhere. In addition, it has been noted, if more than several errors exist between the tables and figures, the likelihood that the data could be fraudulent is significantly increased. Thus, the panel agreed that we need to have better methods for ensuring the integrity of data. One proposed method was providing the primary data, and

another method was eliminating the financial impetus for publishing papers.

3. *Ghostwriters.* There was unanimous agreement that ghostwriting needs to be eliminated and that all authors and coauthors should declare their contributions to the paper. Investigators who make no contribution should not be listed as coauthors. We cited the enormous irregularities of some papers where there could be 40 to 50 coauthors, and it is seemingly impossible that many of these investigators could be contributing significantly to the report.
4. *Open access.* Although the group of medical editors believed that this was a good process due to the increased transparency, it could also cause peer review to deteriorate, which would allow the publication of papers and experiments that could be erroneous and fraudulent.
5. *Peer review.* The panel felt that continued efforts to have rigorous peer review was perceived to be an important role of the editorial process. The editors discussed the role of peer review and whether payment should be made for peer review. We agreed that reviewers should not be paid, but reviewers should be recognized for the process and excellence in this area. For example, *JACC* recognizes excellent peer review with the Simon Dack Award at its annual meeting. Indeed, this award and letters from the editor have supported these reviewers in their promotion

and tenure process. In addition, excellent review metrics have been used to evaluate candidacy for associate editors and editors, and the panel believed that this recommendation should be standardized across journals. Finally, reviewers are often asked to write editorial comments, which are highly recognized and cited. The group of editors felt that the peer review process is important in “giving back” to the academic community.

6. *Conflict of interest.* Lastly, but importantly, the group discussed the concept of conflict of interest and concurred that it is important to have transparent conflict of interest statements, not only from the investigators, but also from the journals. They maintained the need to be transparent in conflict of interest statements including the editors and journals.

We concluded the grand rounds of the medical editors, and to this I say, let us continue the dialogue and harmonization of medical editorship across all disciplines of cardiology and heart failure in an effort to best help our patients.

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