

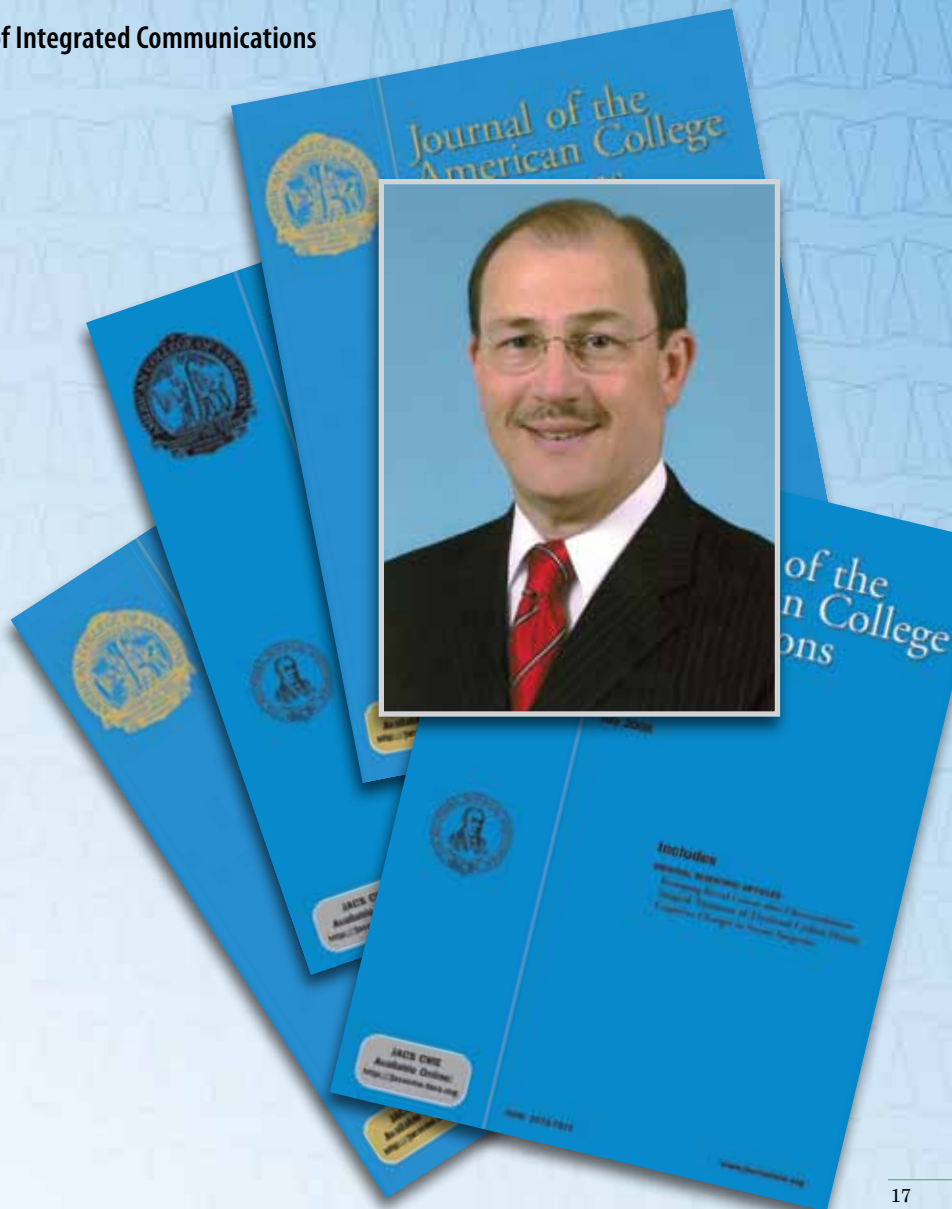
JACS continues to gain recognition as an influential surgical journal

An interview with Timothy J. Eberlein, MD, FACS

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This past summer, the Special Libraries Association (SLA) recognized the *Journal of the American College of Surgeons (JACS)* as one of the 100 most influential journals in biology and medicine published over the course of the last century. Other prestigious publications that made the cut include the *Journal of the American Medical Association*, *The Lancet*, *Nature*, the *New England Journal of Medicine*, and *Science*; however, *JACS* was the only surgery-specific journal to receive this recognition. Publications that focus on medical and surgical care in urology and obstetrics-gynecology also were on the SLA's list.

This list of influential journals was compiled by the more than 680 members of the SLA's Division of Biomedical and Life Sciences (DBIO). More specifically, in 2008, the SLA DBIO convened an international panel of nine eminent subject experts to compile a ballot for an electronic poll of SLA members concerning the 100 most influential journals of biology and medicine to be recognized at the SLA centennial conference this past June in Washington, DC.



In light of this important achievement, the staff of the Division of Integrated Communications decided that *Bulletin* readers were due for an update on the status of *JACS*. With this objective in mind, the *Bulletin* interviewed the current Editor-in-Chief, Timothy J. Eberlein, MD, FACS. The following are highlights of that discussion.

Why do you think the SLA singled out *JACS* from other surgical journals for this commendation?

This award recognizes the most influential journals in the fields of medicine and science. Independent surveys—that means studies that were commissioned by neither the publisher, Elsevier, Inc., nor by the College—indicate that *JACS* is far and away the most widely read surgical journal in the nation. That may have something to do with the fact that *JACS* has such a large circulation, since it has been sent to all members of the ACS in recent years. In any event, these numbers indicate that it has a high influence factor for surgeons who are in community practices as well as in academic settings.

What does receiving this honor mean for *JACS*?

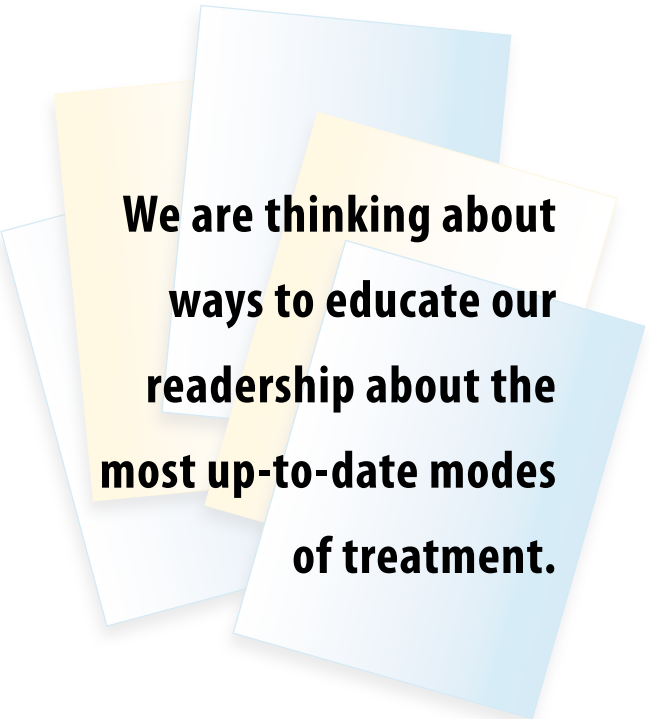
Winning this award is a validation of the tremendous amount of “sweat equity” that editors-in-chief, editorial boards, and the *JACS* editorial staff have put into the publication over the years. I’d like to think that this recognition also reflects on the quality of the work that is published in the *Journal* and demonstrates that *JACS* is an important asset to the American College of Surgeons.

What was your vision when you assumed the editorship of *JACS* in 2004?

I wanted to see it become the best and most influential surgical journal in the world. That’s really been the goal.

What steps have you taken to achieve this ambitious goal?

The first thing we did was to eliminate any copy that was not peer-reviewed. The *Journal* used to publish items like “What’s New in Surgery,” which were very educational but were not



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peer-reviewed contributions. So, over the years, we’ve increased the number of peer-reviewed submissions to *JACS*.

Second, we were among the first journals to switch to an entirely electronic submission process. The reason for this change was to ensure that new submissions would be quickly peer-reviewed and published in a timely manner. For most of our submissions, a first decision about whether to publish is made within two-and-a-half weeks of the date of submission. This rapid turnaround time has been possible because of the fantastic editorial staff at the ACS [Managing Editors Anne Magrath and Anne Wolfe] and at Elsevier, but it is also possible because we have used a large number of outside peer reviewers. Last year we used about 1,100 ad hoc reviewers.

So, it’s not just the editorial board members who are making decisions about whether an article will be relevant to your readership.

Obviously, the editorial board members' opinions take precedence, and then we usually recruit a couple of outside reviewers to evaluate the submissions. This combination ensures that the quality of the reviews fit the *Journal's* standards. This process also is a good way to "audition" potential new members of the editorial board.

How many submissions does the *Journal* receive each month, and what is the acceptance rate?

Currently, we receive approximately 100 original scientific articles each month. We're down to about a 15 percent acceptance rate, which is another big change. When I first joined the *Journal*, the acceptance rate was around 40 to 50 percent.

To what do you attribute the large number of submissions and the ability to be so selective in what *JACS* publishes?

I would attribute it to a couple of factors. First of all, we were very fortunate to be able to become the official publication for the Southern Surgical Association about two years ago. The manuscripts that emanate from the Southern Surgical Association are of very high quality, so I think that collaboration has been a real boost to our journal. Also, we have been receiving a much larger number of excellent manuscripts from surgeons across the country, which have improved the caliber of what we can publish in the *Journal*.

What are the criteria you use to determine what does or does not get published?

What we're really looking for are articles that will have a high-impact or high-influence rating among our readership. We determine the likelihood that an article will meet this criterion based on the level of enthusiasm expressed by the peer reviewers for the original submission. If an article centers on a randomized trial and is setting a new standard of care, that's going to have a high influence rating in contrast to an item that is a retrospective, descriptive look at a series of patients. *JACS* seeks to publish articles that are potentially paradigm-changing or that offer a new direction in treatment.

Would you say that the *Journal* has developed a more scientific focus than it had before?

I would say it is scientific in the broad sense of the word because the vast majority of our papers are clinically related and/or provide information that can be translated to clinical practice. But, we also publish some high-caliber basic science articles that may eventually lead to new treatment paradigms, the identification of new markers for disease, and so on.

What are your plans for the future of *JACS*?

Primarily we are thinking about ways to educate our readership about the most up-to-date modes of treatment. And, we're not focused on one particular specialty. We're looking for high-impact articles that look at a broad range of topics. So, we may have papers in cardiothoracic, vascular, breast, colon-rectal, or trauma and critical care operations. The College's membership is very broad and diverse, so we need to keep in mind that we need to publish papers that will influence the full range of surgical disciplines, as opposed to a specific subspecialty. But overall, our goal continues to be the rapid dissemination of information signaling new directions in treatment and/or significant advances that will lead to earlier diagnoses.

It's a work in progress, but I think it is great that all of the efforts and all of the investments that the Board of Regents has made in the *Journal* are paying off in the sense that *JACS* is improving in quality and better meeting the needs of our membership. Hopefully, over time we'll get more and more citations, and that will improve our impact factor. Over the past five years, we have significantly improved the stature of our journal and are now ranked 12th out of 148 surgical journals in terms of impact factor, so it continues to improve. We are committed to continuing to enhance the quality of *JACS*. [Q](#)