Embracing Change in Medical Publishing: An Insider’s Look at JAMA

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Professor of Medicine, University of Michigan
@PreetiNMalani
Disclosures: Salary Support from JAMA, no other disclosures
• First published in 1883
• General medical journal
• Appears 48 times per year
• Occasional theme issues and “clusters”
• Flagship publication of AMA
• Editorial independence
Story of Change

- February 2012 – creation of The JAMA Network
- May 2012 – new website launched (semantic tagging)
- July 2012 – announcement of name change for Archives journals
- December 2012 – single channel for submissions
- January 2013 – Archives journals renamed
- March 2013 – JN Reader (HTML5 app) debuts
- July 2013 – redesign of all 10 journals debuts
- December 2013 – offer state-wide CME for all physicians
- January 2014 – electronic/digital conversion complete
- February 2015 – launch of JAMA Oncology
- January 2016 – debut of US Preventive Services Task Force (USPSTF)
- February 2016 – launch of JAMA Cardiology
- Fall 2016 – redesign of author submission process & author love notes
- October 2016 – launch of “new” (newer) website
The JAMA Network

- JAMA
- Archives of Dermatology
- Archives of Facial Plastic Surgery
- Archives of General Psychiatry
- Archives of Internal Medicine
- Archives of Neurology
- Archives of Ophthalmology
- Archives of Otolaryngology—Head & Neck Surgery
- Archives of Pediatrics & Adolescent Medicine
- Archives of Surgery

- JAMA
- JAMA Dermatology
- JAMA Facial Plastic Surgery
- JAMA Psychiatry
- JAMA Internal Medicine
- JAMA Neurology
- JAMA Ophthalmology
- JAMA Otolaryngology—Head & Neck Surgery
- JAMA Pediatrics
- JAMA of Surgery
- JAMA Oncology (2015)
- JAMA Cardiology (2016)
The JAMA Network
April 2017 is an auspicious time to look back at the successful launch of JAMA Cardiology and our first year of publishing. We have been disseminating weekly online content since March 2016, and our first monthly print issue was published in April 2016. The editorial board and I are grateful for the interest, support, and uptake that the journal has received from the start from the cardiovascular community, and we are honored to serve as a medium for scientific progress and education in our field.

I should acknowledge, first and foremost, the time and effort of the dedicated, talented deputy editors and associate editors who have spent countless hours critiquing manuscripts and working together to select the best articles to generate the content of the journal. Our weekly discussions and debates have been enlightening—at times spirited—and have allowed us to finely tune the style and substance of JAMA Cardiology. I continue to learn immensely from each of them. The senior editorial board has provided helpful and critical oversight of operations while also serving as ad hoc reviewers and authors. We also have the privilege as a JAMA Network journal of working with the dedicated JAMA Network staff and benefitting from the multimedia opportunities this provides for disseminating our science, reviews, and data.

<table>
<thead>
<tr>
<th>Table. JAMA Cardiology Statistics for 2016</th>
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<tbody>
<tr>
<td><strong>Manuscript Data</strong></td>
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<tr>
<td>Major manuscripts received</td>
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<td>Acceptance rate, %</td>
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<tr>
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<tr>
<td>Recipients of electronic table of contents per week</td>
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<td>Twitter followers</td>
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<tr>
<td>Facebook followers</td>
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<td>Recipients of electronic table of contents per week</td>
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Top 3 articles with highest Altmetric score (a measure of news and social media coverage)

- Wang et al,1 Accuracy of Wrist-Worn Heart Rate Monitors
- Rodriguez et al,2 Association Between Intensity of Statin Therapy and Mortality in Patients With Atherosclerotic Cardiovascular Disease
- Sidney et al,3 Recent Trends in Cardiovascular Mortality in the United States and Public Health Goals

1 Wang et al. JAMA Cardiology. 2016;1:216-222
3 Sidney et al. JAMA Cardiology. 2016;1:233-241
### Table. *JAMA Cardiology* Statistics for 2016

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<thead>
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| Information Dissemination Data                        |        |
| Recipients of electronic table of contents per week   | 21,910 |
| Full-text/PDF downloads per year                      | 1 million |
| Twitter followers                                     | 5416   |
| Facebook followers                                    | 32,274 |
| Recipients of electronic table of contents per week   | 21,910 |

**Top 3 articles with highest Altmetric score (a measure of news and social media coverage)**

1. Wang et al,^1^ Accuracy of Wrist-Worn Heart Rate Monitors 1133
2. Rodriguez et al,^2^ Association Between Intensity of Statin Therapy and Mortality in Patients With Atherosclerotic Cardiovascular Disease 929
3. Sidney et al,^3^ Recent Trends in Cardiovascular Mortality in the United States and Public Health Goals 899
Other Changes

• Development of Viewpoints
• Content domains – research, opinion, review, humanities
• Championing A Piece of My Mind
• On-line first initiative
• Relevance added to abstract
• Tabstracts
• New relationships – Kaiser Foundation, CDC, Medical Letter
• New article types – longs (narrative reviews, diagnostic and therapeutic advances and shorts (CES, lab challenge, S&M, guideline synopsis))
• Cover illustrations
• Increase in number of podcasts and research letters
• Electronic initiatives – news@JAMA, JAMA Forum, microsites
• Author outreach
Effect of Moderate-Intensity Exercise Training on Peak Oxygen Consumption in Patients With Hypertrophic Cardiomyopathy: A Randomized Clinical Trial

Sara Saberi, MD, MS; Matthew Wheeler, MD, PhD; Jennifer Bragg-Gresham, MS, PhD; Whitney Hornsby, PhD; Prachi P. Agarwal, MD, MS; Anil Attili, MD; Maryann Concannon, MSW; Annika M. Dries, BA; Yael Shmargad, BS; Heidi Salisbury, RN, MSN, CNS; Suwen Kumar, MBBS; Jonathan Herrera, MS; Jonathan Myers, PhD; Adam S. Helms, MD, MS; Euan A. Ashley, FRCP, DPhil; Sharlene M. Day, MD
**RESULTS** Among 86,851 patients with poor-prognosis cancers, median time from first poor-prognosis diagnosis to death was 13 months (interquartile range [IQR], 3-34), and 51,924 (60%) entered hospice before death. Matching yielded a cohort balanced on age, sex, region, time from poor-prognosis diagnosis to death, and baseline care utilization, with 18,165 patients in the hospice group and 18,165 in the nonhospice group.

<table>
<thead>
<tr>
<th></th>
<th>Nonhospice Group (n = 18,165)</th>
<th>Hospice Group (n = 18,165)</th>
<th>Risk Ratio (95% CI)</th>
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<tr>
<td>Hospitalizations, % (95% CI)</td>
<td>65.1 (64.4-65.8)</td>
<td>42.3 (41.5-43.0)</td>
<td>1.5 (1.5-1.6)</td>
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<tr>
<td>Intensive care unit admission, % (95% CI)</td>
<td>35.8 (35.1-36.5)</td>
<td>14.8 (14.3-15.3)</td>
<td>2.4 (2.3-2.5)</td>
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<tr>
<td>Invasive procedures, % (95% CI)</td>
<td>51.0 (50.3-51.7)</td>
<td>26.7 (26.1-27.4)</td>
<td>1.9 (1.9-2.0)</td>
</tr>
<tr>
<td>Death in hospital or nursing facility</td>
<td>74.1 (73.5-74.8)</td>
<td>14 (13.5-14.5)</td>
<td>5.3 (5.1-5.5)</td>
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<tr>
<td>Costs in last year of life, $ (95% CI)</td>
<td>71,517 (70,543-72,490)</td>
<td>62,819 (62,082-63,557)</td>
<td>Difference, 8,697 (7,560-9,835)</td>
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</table>

After matching, 11% of nonhospice and 1% of hospice beneficiaries who had cancer-directed therapy after exposure were excluded. Median hospice duration was 11 days. Nonhospice beneficiaries had significantly greater health care utilization, largely for acute conditions not directly related to cancer and higher overall costs.
JAMA Content

• “Longs” – 48 x 5 ~ 240
  – Original Investigations
  – Special Communications
  – Clinical Reviews (Clinical Review and Education)

• “Shorts” – all authored pieces that are not longs
  – Increased from ~950 3 years ago to ~1450 in 2015
  – Clinical “shorts” include: Clinical Evidence Synopsis, Guide to Statistics and Methods, Clinical Guideline Synopsis, Diagnostic Test Interpretation, Clinical Challenge, “From the JAMA Network”
RCTs and Observational Studies

Effect of Noninvasive Ventilation on Tracheal Reintubation Among Patients With Hypoxemic Respiratory Failure Following Abdominal Surgery: A Randomized Clinical Trial

Efficacy and Tolerability of Evolocumab vs Ezetimibe in Patients With Muscle-Related Statin Intolerance: The GAUSS-3 Randomized Clinical Trial

Association Between Hypertensive Disorders of Pregnancy and Later Risk of Cardiomyopathy

Association of Red Blood Cell Transfusion, Anemia, and Necrotizing Enterocolitis in Very Low-Birth-Weight Infants

Association of Arrhythmia-Related Genetic Variants With Phenotypes Documented in Electronic Medical Records

Maintenance Therapy With Tumor-Treating Fields Plus Temozolomide vs Temozolomide Alone for Glioblastoma: A Randomized Clinical Trial
Epidemiology...Big and Little

Original Investigation

Relationship Between Cesarean Delivery Rate and Maternal and Neonatal Mortality

George Molina, MD, MPH; Thomas G. Weiser, MD, MPH; Stuart R. Lipsitz, ScD; Micaela M. Esquivel, MD; Tarsicio Uribe-Leitz, MD, MPH; Teg Azad, BA; Neel Shah, MD, MPP; Katherine Semrau, PhD, MPH; William R. Berry, MD, MFA, MPH; Atul A. Gawande, MD, MPH; Alex B. Haynes, MD, MPH

Original Investigation

Epidemiology, Patterns of Care, and Mortality for Patients With Acute Respiratory Distress Syndrome in Intensive Care Units in 50 Countries

Giacomo Bellani, MD, PhD; John G. Laffey, MD, MA; Tai Pham, MD; Eddy Fan, MD, PhD; Laurent Brochard, MD, HDR; Andres Esteban, MD, PhD; Luciano Gattinoni, MD, FRCP; Frank van Haren, MD, PhD; Anders Larsson, MD, PhD; Daniel F. McAuley, MD, PhD; Marco Ranieri, MD; Gordon Rubenfeld, MD, MSc; B. Taylor Thompson, MD, PhD; Hermann Wrigge, MD, PhD; Arthur S. Slutsky, MD, MA; Antonio Pesenti, MD; for the LUNG SAFE Investigators and the ESICM Trials Group

Original Investigation

Temporal Trends in Mortality in the United States, 1969-2013

Jemin Ma, PhD, MHS; Elizabeth M. Ward, PhD; Rebecca L. Siegel, MPH; Ahmedin Jemal, DVM, PhD

Original Investigation

Prevalence of Body Mass Index Lower Than 16 Among Women in Low- and Middle-Income Countries

Fahad Razak, MD, MSc; Daniel J. Corsi, PhD; Arthur S. Slutsky, MD, MSc; Anura Kurpad, MD, PhD; Lisa Berkman, PhD; Andreas Laupacis, MD, MSc; S. V. Subramanian, PhD

Original Investigation

Prevalence of and Trends in Diabetes Among Adults in the United States, 1988-2012

Andy Menke, PhD; Sarah Casagrande, PhD; Linda Geiss, MA; Catherine C. Cowie, PhD

Original Investigation

Prevalence and Correlates of Myocardial Scar in a US Cohort

Evin B. Turkbey, MD; Marcelo S. Nacif, MD, PhD; Mengye Guo, PhD; Robyn L. McClelland; Patricia R. P. Teixeira, MD; Diane E. Bild, MPH; R. Graham Barr, MD, DPH; Steven Shea, MD, MS; Wendy Post, MD, MS; Gregory Burke, MD, MS; Matthew J. Budoff, MD; Aaron R. Folsom, MD; Chia-Ying Liu, PhD; João A. Lima, MD; David A. Bluemke, MD, PhD
Policy Related Research

Original Investigation

In-Hospital Outcomes and Costs Among Patients Hospitalized During a Return Visit to the Emergency Department

Amber K. Sabbatini, MD, MPH; Keith E. Kocher, MD, MPH; Anirban Basu, PhD, MS; Renee Y. Hsia, MD, MSc

Original Investigation

Association of Admission to Veterans Affairs Hospitals vs Non-Veterans Affairs Hospitals With Mortality and Readmission Rates Among Older Men Hospitalized With Acute Myocardial Infarction, Heart Failure, or Pneumonia

Sudhakar V. Nuti, BA; Li Qin, PhD; John S. Rumsfeld, MD; Joseph S. Ross, MD, MHS; Frederick A. Masoudi, MD, MSPH; Sharon-Lise T. Normand, PhD; Karthik Murugiah, MD; Susan M. Rosenheim, MD, MHS; Les C. Soter, MD; Harlan M. Krumholz, MD, SM

Original Investigation

Appropriate Use Criteria for Coronary Revascularization and Trends in Utilization, Patient Selection, and Appropriateness of Percutaneous Coronary Intervention

Nihar R. Desai, MD, MPH; Steven M. Bradley, MD, MPH; Craig S. Parzynski, MS; Brahmajeet K. Nallamothu, MD, MPH; Paul S. Chan, MD, MSc; John A. Spertus, MD, MPH; Manesh R. Patel, MD; Jeremy Ader, AB; Aaron Soufer, MD; Harlan M. Krumholz, MD, SM; Jeptha P. Curtis, MD

Original Investigation

Variation in Dialysis Facility Referral for Kidney Transplantation Among Patients With End-Stage Renal Disease in Georgia

Rachel E. Patzer, PhD, MPH; Laura C. Plantinga, PhD, ScM; Sudeshna Paul, PhD; Jennifer Gander, PhD, MPH; Jenna Krisher, BA; Leighann Sauls, RN, CDN; Eric M. Gibney, MD; Laura Mulloy, DO; Stephen O. Pastan, MD
Special Communications

The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3)

Mervyn Singer, MD, FRCP; Clifford S. Deutschman, MD, MS; Christopher Warren Seymour, MD, MSc; Manu Shankar-Hari, MSc, MD, FFICM; Djilali Annane, MD, PhD; Michael Bauer, MD; Rinaldo Bellomo, MD; Gordon R. Bernard, MD; Jean-Daniel Chiche, MD, PhD; Craig M. Coopersmith, MD; Richard S. Hotchkiss, MD; Mitchell M. Levy, MD; John C. Marshall, MD; Greg S. Martin, MD, MSc; Steven M. Opal, MD; Gordon D. Rubenfeld, MD, MS; Tom van der Poll, MD, PhD; Jean-Louis Vincent, MD, PhD; Derek C. Angus, MD, MPH

Breast Cancer Screening for Women at Average Risk
2015 Guideline Update From the American Cancer Society

Kevin C. Oeffinger, MD; Elizabeth T. H. Fonenthal, MPH, DrPH; Ruth Etzioni, PhD; Abbe Herzig, PhD; James S. Michaelson, PhD; Ya-Chen Tina Shih, PhD; Louise C. Walter, MD; Timothy R. Church, PhD; Christopher R. Flowers, MD, MS; Samuel J. LaMonte, MD; Andrew M. D. Wolf, MD; Carol DeSantis, MPH; Joannie Lorret-Tieulent, MSc; Kimberly Andrews; Deana Manassaram-Baptiste, PhD; Debbie Saslow, PhD; Robert A. Smith, PhD; Otto W. Brawley, MD; Richard Wender, MD

Violence in the United States
Status, Challenges, and Opportunities

Steven A. Sumner, MD, MSc; James A. Mercy, PhD; Linda L. Dahlberg, PhD; Susan D. Hillis, PhD; Joanne Kleven, MD, PhD; Debra Houry, MD, MPH

Medicare and Medicaid at 50 Years
Perspectives of Beneficiaries, Health Care Professionals and Institutions, and Policy Makers

Drew Altman, PhD; William H. Frist, MD
Screening for Impaired Visual Acuity in Older Adults
US Preventive Services Task Force Recommendation Statement

DESCRIPTION: Update of the US Preventive Services Task Force (USPSTF) recommendation on screening for impaired visual acuity in older adults.

METHODS: The USPSTF reviewed the evidence on screening for visual acuity impairment associated with uncorrected refractive error, cataracts, and age-related macular degeneration among adults 65 years or older in the primary care setting; the benefits and harms of screening; the accuracy of screening; and the benefits and harms of treatment of early vision impairment due to uncorrected refractive error, cataracts, and age-related macular degeneration.

POPULATION: This recommendation applies to asymptomatic adults 65 years or older who do not present to their primary care clinician with vision problems.

RECOMMENDATION: The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for impaired visual acuity in older adults.

Screening for Chronic Obstructive Pulmonary Disease
D is the New F
David H. A., MD, MS

Screening for Autism Spectrum Disorder in Young Children
US Preventive Services Task Force Recommendation Statement

Albert L. Siu, MD, MSPH, and the US Preventive Services Task Force (USPSTF)

Review | EVIDENCE REPORT FOR THE USPSTF
Screening for Impaired Visual Acuity in Older Adults
Updated Evidence Report and Systematic Review for the US Preventive Services Task Force

Roger Chou, MD; Tracy Danz, MLS; Christina Bougatsos, MPH; Sura Grazing, BS; Iun Blazina, MPH
Clinical Reviews

Antibiotic Therapy for Adults Hospitalized With Community-Acquired Pneumonia
A Systematic Review
Jonathan S. Lee, MD; Daniel L. Giesler, MD, PharmD; Walid F. Geissad, MD, MPH; Michael J. Fine, MD, MSc

Management of Graves Disease
A Review
Henry B. Burch, MD; David S. Cooper, MD

Evaluation and Treatment of Pericarditis
A Systematic Review
Massimo Imazio, MD; Fiorenzo Gaita, MD; Martin LeWinter, MD

Constipation
Advances in Diagnosis and Treatment
Arnold Wald, MD
Reach of JAMA

• Readers
  • 310,000 subscribers
  • 150,000 MDs read weekly content in CMJ
  • 650,000 weekly eTOC alerts
  • 1.5 million weekly on-line alerts
  • 120,000 users TJN reader
  • 20,000 MDs view content on Univadis

• Social Network
  • Twitter 200,000
  • Facebook 400,000+

• Listeners (monthly)
  • 25000 listen to EICs podcast
  • 125000 listen to other podcasts

• Viewers
  • 2,000 view weekly author video
  • 6,000,000 see/hear weekly JAMA report video

• Learners
  • 3000 participate in weekly CME quizzes

We touch ~ 1.5M physicians each week with our content
2016 – 30 Million PDF/HTML downloads!!!
#2 HIGHEST-SCORING ARTICLE

Autism Occurrence by MMR Vaccine Status Among US Children With Older Siblings With and Without Autism

Published in JAMA — April 2015

WHAT'S THE STORY? This study was covered by several news outlets and science blogs, most of which featured headlines such as "No link between MMR and autism, major study concludes." The Guardian wrote that this research involving a cohort of 96,000 children "is [the] latest research to contradict findings of discredited gastroenterologist Andrew Wakefield.”

Read more on the Altmetric blog →

AUTHORS
Antje Jarr, Jaclyn Marshall, Arie Buikema, Tim Bencloot, Jonathan P. Kelly...

INSTITUTIONS
Drexel University, Optum (United States), The Lewin Group

COUNTRIES
United States

SUBJECT AREA
Medical & Health Sciences
Caring for the Critically Ill Patient

The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3)

Mervyn Singer, MD, FRCP; Clifford S. Deutschman, MD, MS; Christopher Warren Seymour, MD, MSc; Manu Shankar-Hari, MSc, MD, FFICM; Dillali Annane, MD, PhD; Michael Bauer, MD; Rinaldo Bellomo, MD; Gordon R. Bernard, MD; Jean-Daniel Chiche, MD, PhD; Craig M. Coopersmith, MD; Richard S. Hotchkiss, MD; Mitchell M. Levy, MD; John C. Marshall, MD; Greg S. Martin, MD, MSc; Steven M. Opal, MD; Gordon D. Rubenfeld, MD, MS; Tom van der Poll, MD, PhD; Jean-Louis Vincent, MD, PhD; Derek C. Angus, MD, MPH

[+] Author Affiliations


Abstract

ABSTRACT | INTRODUCTION | THE PROCESS OF DEVELOPING NEW DEFINITIONS | ISSUES ADDRESSED BY THE TASK FORCE | IDENTIFIED CHALLENGES AND OPPORTUNITIES | A NEED FOR SEPSIS DEFINITIONS FOR THE PUBLIC AND FOR HEALTHCARE PRACTITIONERS | RESULTS/RECOMMENDATIONS | RECOMMENDATIONS FOR ICD CODING AND FOR LAY DEFINITIONS | CONTROVERSIES AND LIMITATIONS | IMPLICATIONS | CONCLUSIONS | ARTICLE INFORMATION | REFERENCES

See Also...
The Association Between Income and Life Expectancy in the United States, 2001-2014

Raj Chetty, PhD; Michael Stepner, BA2; Sarah Abraham, BA2; Shelby Lin, MPhil3; Benjamin Scuderi, BA4; Nicholas Turner, PhD3; Augustin Bergeron, MA4; David Cutler, PhD4


Importance The relationship between income and life expectancy is well established but remains poorly understood.

Objectives To measure the level, time trend, and geographic variability in the association between income and life expectancy and to identify factors related to small area variation.

Design and Setting Income data for the US population were obtained from 1.4 billion deidentified tax records between 1999 and 2014. Mortality data were obtained from Social Security Administration death records. These data were used to estimate race- and ethnicity-adjusted life expectancy at 40 years of age by household income percentile, sex, and geographic area, and to evaluate factors associated with differences
## 2015 Media “Hits”* for JAMA/TJN

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**Cision: mention of the journal names in print, online and broadcast**

JAMA: NYT – 79; WSJ – 43; USA Today – 22
JAMA Internal Medicine: NYT – 26; WSJ – 14; USA Today - 8
Growing an “ecosystem” of products... not simply a list of journals
Our publishing model is in transition, from print first …
To digital first

Author Manuscript

Summaries
Images
Multimedia
Posts/Tweets
Inter actives
More…
What type of article should I write?

- Different formats fit different research questions (and different investigators)

- Type of articles
  - “Major” Articles/”Original” Articles (Clinical Trials, Cohort Studies, Epidemiology, etc.)
  - Review Articles (Narrative vs. Systematic)
  - Meta Analysis
  - Opinion Pieces, Editorials/Commentaries
  - Case Reports/Case Series
  - Letter to the Editor/Research Letter
Where Should I Send My Work?

- Publishing priorities vary at different journals
- Selecting the right journal is very important
- Be familiar with scope/types of articles published
- Review the journals you are considering (look at TOC)
- Is it worth shooting high, but failing? May depend in part on whether results are time sensitive?
- Most journals can reject without review—generally a subjective decision
Welcome to Jane

Have you recently written a paper, but you’re unsure to which journal you should submit it? Or maybe you want to find relevant articles to cite in your paper? Or are you an editor, and do you need to find reviewers for a particular paper? Jane can help!

Just enter the title and/or abstract of the paper in the box, and click on 'Find journals', 'Find authors' or 'Find Articles'. Jane will then compare your document to millions of documents in Medline, and find the best matching journals, authors or articles.

Keyword search

Instead of using a title or abstract, you can also search using a keyword search, similar to popular web search engines. Click here to search using keywords.

A new home!

JANE has moved to a new home for improved stability. Many thanks to the Observational Health Data Science and Informatics for providing the hosting! Please update your bookmarks.

Copyright 2007, The Biosemantics Group. Research funded by NBIC. Created and maintained by Martijn Schuemie. Hosting provided by the Observational Health Data Science and Informatics.
These journals have articles most similar to your input:
"Cognitive decline"

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<td>Mayo Clinic proceedings</td>
<td>1.51731</td>
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<td>Neurological sciences : official journal of the Italian Neurological Society and of the Italian Society of Clinical Neurophysiology</td>
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<tr>
<td></td>
<td>Journal of neurology</td>
<td>0.96435</td>
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</tr>
<tr>
<td></td>
<td>International journal of environmental research and public health Open access PubMed Central: after 0 months</td>
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<td></td>
<td>The American journal of geriatric psychiatry official journal of the American Association for Geriatric Psychiatry</td>
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<td></td>
<td>Movement disorders : official journal of the Movement Disorder Society</td>
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<td>European journal of neurology</td>
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<td>Schizophrenia research</td>
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<td></td>
<td>Epidemiology (Cambridge, Mass.)</td>
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</tr>
<tr>
<td></td>
<td>Parkinsonism &amp; related disorders</td>
<td></td>
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<td></td>
<td>Conference proceedings : ... Annual International Conference of the IEEE Engineering in Medicine and Biology Society. IEEE Engineering in Medicine and Biology Society. Annual Conference</td>
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<tr>
<td></td>
<td>Nutricio´n hospitalaria</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Canadian journal on aging = La revue canadienne du vieillissement</td>
<td>0.15063</td>
<td>Show articles</td>
</tr>
</tbody>
</table>
These journals have articles most similar to your input: "Cognitive decline"

<table>
<thead>
<tr>
<th>Confidence</th>
<th>Journal</th>
<th>Article Influence</th>
<th>Articles</th>
</tr>
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<tbody>
<tr>
<td>Neurology</td>
<td>PubMed Central: immediately</td>
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The confidence score for **Neurology** is based on these articles:

<table>
<thead>
<tr>
<th>Similarity</th>
<th>Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Liem MK, Lesnik Oberstein SA, Haan J, van der Neut IL, Ferrari MD, van Buchem MA, Middelkoop HA, van der Grond J</strong></td>
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<td></td>
<td><strong>Sumowski JF, Rocca MA, Leavitt VM, Dackovic J, Mesaros S, Drulovic J, DeLuca J, Filippi M</strong></td>
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<td></td>
<td>Brain reserve and cognitive reserve protect against cognitive decline over 4.5 years in MS. Neurology. 2014</td>
</tr>
<tr>
<td></td>
<td><strong>Buchman AS, Yu L, Boyle PA, Schneider JA, De Jager PL, Bennett DA</strong></td>
</tr>
</tbody>
</table>

Explore more in PubMed
Reaching Out to Editors, Cover Letters

• Editors are your friends—how to reach out effectively.
• Address it to the correct individual
• Indicate importance of the paper
• Suggest why this journal is a “good” fit
• If applicable, site some similar articles from that journal
• Reasonable to include suggested reviewers
Follow Instructions for Authors

- Article type – original, review, etc.
- Cover page – title, word count
- Length – different journals more or less strict
- Abstract – single most important page, pay close attention to format
- Data Displays: Tables and Figures
- References (landmark and recent)
- Supplemental materials
Major Themes

- What are your 2-3 most important points
- Emphasize these in Results section of Abstract
- Abstract Conclusion should also reflect
- Highlight these points in Results section of paper
- Emphasize in Tables/Figures
- Highlight again in Conclusion (similar to Abstract)
Abstract and Introduction

- 90% of readers only look at the abstract
- Structured, Concise
- Keep uncommon abbreviations to a minimum
- Include as much data as possible (accuracy of data)
- Conclusions (Main points here)
- Have an outside reader look this over

- Introduction should also be brief/focused (10-15 refs)
- 2-3 paragraphs is enough
Rejection without Review – Why?

- Wrong journal – journals have specific missions
- Incorrect format. You did not read the journal
- Data too old to be relevant (5 year rule at JAMA)
- Limited novelty
- Poorly written abstract
- Poorly designed/wrong analysis (validity)
- Sweeping conclusions (not supported by data)
- Case-report
- Editor having a bad day (this happens)
Paper Sent for External Review

- Assigned to editor (usually not EIC)
- Most editors have areas of expertise
- Editors may send article out for review (rejection without review can also occur here)
- No magic number of reviewers – usually 2-5
- At JAMA every research paper undergoes statistical review prior to manuscript meeting
Peer-Reviewers

- You can recommend reviewers and also individuals who should not review (depends on journal)
- Chosen from database of reviewers that journal uses
- Some subject areas difficult to find reviewers – editors might search reference list or Medline
- Not much difference between blinded and unblinded reviews. Transparency being debated
- Increasing concern about biases/conflicts of interest of reviewers
What Do Reviewers Assess?

- Importance (especially clinical importance)
- Clarity (does everything make sense)?
- Design and analysis
- Should review abstract, text, tables, figures, references, and acknowledgements
- Reviewers make **recommendation** to editor
- **Opinions** of reviewers are not binding
- Usually provide comments to authors and separate comments to editors
Editors (JAMA model)

- Review paper
- Review comments from peer-reviewers
- Request statistical review
- Make recommendation and participate in manuscript review meeting
- Discussed in regards to importance and validity
- Decisions: revise and reconsider; reject; revise to research letter; accept or provisional acceptance
Manuscript Processing at JAMA

Triaging Editor
(paper can be rejected)

Associate Editor
(paper can be rejected)

Assigned to 2-5 Peer-Reviewers
(paper can be rejected)

Triaged to Manuscript Meeting (stats review mandatory)

Rejected or Revised with or without ERBR*

Manuscript Returned to Author for Revision

ACCEPTED or REJECTED

Returns to Manuscript Meeting
JAMA – 2015 Key Data

• 4713 research submissions
  – 70% rejected without review within days
  – ~1300 papers sent out for review - decision in 2-3 months
  – 225 papers revision requested, 168 accepted (74%)
  – Overall acceptance rate – 3.6%
  – 197 total “long” papers accepted

• No delay from acceptance to publication

• Late-breakers - ~ 26 published in 2015

• 1500 VPs submitted, 215 accepted (14%)

• 112 editorials published
JAMA’s Interest

- Novelty
- Randomized clinical trials (all clinical trials)
- Effect on clinical care or population health
- Large effect – rare disease
- Small effect – common disease
- Public health emergency – infectious diseases
JAMA – Less Interest

• Basic science without clear clinical implications
• Small single site RCTs
• Surveys
• Older data
• Confirmatory studies without new insights
• Small slices of information
• Qualitative research
Responding to Reviews

- Answer completely, answer politely, answer with evidence. Data, not words, are a better response.
- Most times the reviewer/editor are correct
- Reviewers provided conflicting suggestions - ask editor
- You do not have to respond to every issue, but must articulate why you are not responding
- Follow directions – i.e. number responses, indicate changes in manuscript and where they can be found
- Long explanations to editor in cover letter is not the same as modifying the text
Common Mistakes (1)

• Circulating a draft before discussing authorship
• Rushing the abstract at the end (this should be perfect)
• Data in abstract that are not in the paper
• Data in abstract that are different from the paper
• Numbers don’t match (text/table/abstract)
• Emphasizing secondary rather than primary outcomes
• Spelling errors in text and references, too much first person
• Poorly referenced paper—too many references
Common Mistakes (2)

- Inconsistencies in Results (Abstract/Text/Tables)
- Lack of clarity—language should be precise
- Too many messages and comparisons
- Exaggeration of findings
- Methodological/statistical clarity
- Relative vs absolute differences
- Misuse of trend, marginal significance, or P value
- Response letter is poorly organized, not responsive