

EDITOR'S PAGE

Happy Birthday

With this issue, *JACC: Cardiovascular Interventions* completes volume five or the fifth year since our launch. Time surely does fly when you're having fun. It has been a very enjoyable ride, and I believe it has also been necessary for our specialty. When the idea of another journal dedicated to interventional cardiovascular medicine was floated at the American College of Cardiology, there were those who felt there were enough journals already. However, because of the growing number of submissions, it became painful to reject interventional papers from *JACC* that were of high quality. It was decided to start slowly with only six issues a year, but after the first year, it was clear that we would have to publish monthly to be able to accommodate papers of the highest priority. I thought you might be interested in some of the statistics the *Journal* has generated in its short history.

The submissions grew from 452 (2008), 656 (2009), 728 (2010), 883 (2011), to 924 through the third week of October in 2012. So now, with well over 1,100 submissions per year, where do they come from? This is truly an interventional journal and the 2012 submission statistics are revealing. The top 10 countries submitting papers so far this year are: the United States (250), Italy (102), Germany (74), the Netherlands (51), Japan (50), Canada (40), the United Kingdom (34), France (33), and China (26). Korea, Spain, and Israel are also on the top ten list when considering all five years. Seventy-two percent of all submissions this year have been from outside the United States. With so many submissions and a limit of about 9 to 10 original research papers published per month, we have not been able to get the acceptance rate above 15%. So far in 2012, the acceptance rate for original research is 11%. Some would say we are more successful the lower the acceptance rate is, but we have to reject perfectly good manuscripts that we would love to publish if we had the space to do so. With the increase in submissions, the circulation has also grown to over 14,000, and last year we were pleased when the first impact factor for the *Journal* was not only the highest in our field, but also the highest initial impact factor for a medical journal. Although we realize the impact factor is only one measure of quality, we were pleased with the further increase this year to 6.8, the ninth highest among all 117 cardiovascular journals in the world. The online full text downloads continue to grow with more than 250,000 this year via one source—ScienceDirect.

The success of the *Journal* is due in large measure to the diligence of the Associate Editors who help select the best manuscripts. Thanks go to Skip Anderson, John Douglas, David Holmes, Anna Kalynych, Walter Mashman, David Moliterno, Habib Samady, Sam Tsimikas, Chris White, and Stephen Windecker for the spectacular work they have done. Several of you have served as guest editors when we have had to recuse ourselves because one of the editors is an author, and you have been as fair and tough as the Associate Editors.

Of course nothing would go forward without Justin Byrne and Glenn Collins and their spectacular staff at *JACC* in San Diego, who are the best in the business, and Liz Wilson, who so superbly directs publishing for the College. The support of Tony DeMaria, editor of *JACC* and our father figure, and Cynthia Baudendistel, our publisher at Elsevier, has been essential to our success. I continue to be impressed with the dedication of the 809 reviewers who not only provide insightful criticism of the manuscripts, but supply enumerable suggestions to be considered in improving them. Many of you who review are also authors, and your willingness to, "review unto others as you would like to be reviewed," has, in addition to a biblical ring, a spirit of collegiality that is often missing in the competitive world of medicine in which we live.



Spencer B. King, III,
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Editor-in-Chief,
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The main focus of the *Journal* has been to publish the best original research in interventional cardiovascular medicine, as well as comprehensive state-of-the-art communications. Ongoing features include focused issues and mini-focus collections of articles pertaining to subjects of interest. Some recent concentrations have been on TAVI and the use of FFR in PCI. We anticipate focus issues on bioabsorbable scaffolding, as well as other subjects in the coming months. You will also notice there is now a CME program in each issue that you may find helpful in augmenting your continuing education and the certification process.

We are obviously very proud of this five-year-old child of the College. Having a five-year-old grandson, who I am also very proud of, will forever remind me of how old the *Journal* is and how fast time goes by. But what do we have in store for the future? There are several developments that you should be aware of. An online version has been available for quite some time that contains supplemental materials, slide sets, and cine images. Now the iPad app for *JACC: Cardiovascular Interventions* will join, parent, *JACC*, and the other members of the *JACC* family so that we can be viewed completely electronically. A very important development

that I believe you will enjoy is the decision to publish manuscripts online as soon as they have been accepted. These will be full, finished articles published ahead of print. This feature has been available for *JACC*, and now will be available for the other members of the *JACC* family of journals. Authors will be pleased with the ability to have their work available up to a couple of months before the print version, and it will be able to be fully referenced. As we embark on the next chapter in the development of this *Journal*, we are very interested in your suggestions as to how to serve you better. We also encourage you 14,000 subscribers to remind your colleagues who may not necessarily be interventionalists that they should also subscribe since the content of the *Journal* is central to understanding the practice of cardiovascular medicine today. As with my grandson, it's fun to be five.

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