

## EDITOR'S PAGE



# The Journal Is Now Biweekly



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I thought I understood what “biweekly” meant, but, on checking several dictionaries, I see it can not only mean every other week but twice a week. Rest assured that we are not planning on 104 issues per year, but 24 issues, that is every other week. Some have asked why we are doing this. It is for 2 reasons. We want to increase the number of manuscripts we can accept, but that increase will only be about 10%. Yes, there will be 24 issues but there will be 7 to 8 articles per issue, not the 10 to 11 that we had this year spread over 16 issues. The other reason to publish more frequently is to decrease the time to publication. In addition to the more expeditious time to print, we will be putting manuscripts online ahead of print as soon as they have final edits and any accompanying editorial is ready. There may be exceptions that will be published before their accompanying editorials, such as late-breaking trials that are published online at the same time as a presentation at a major scientific session.

We are pleased with the progress of the journal as it enters its tenth year of life. As with some pre-teens, it may become a little more edgy as we go forward and entertain various controversial topics from time to time. In the past year, several things have been accomplished:

1. The Clinical Perspectives for each paper began in April with each author asked to provide answers to:
  - a. What is known?
  - b. What is new (in this paper)?
  - c. What is next (i.e., how should these findings influence practice or further research?)?
2. Four additional issues were published over the year in an attempt to deal with an acceptance rate that had fallen to 9%.

3. Central illustrations putting into visual perspective the main features of the paper went into effect for State-of-the-Art papers in August.
4. Submissions increased and will top 1,800 by the first of the year.

What is to be expected for the New Year? As mentioned, an issue will appear every 2 weeks and we hope that the 7 to 8 articles will be even more digestible than the 10 to 11 per issue in the past. The journal will retain categories in the domains of Coronary Interventions, Structural Heart Disease Interventions, and Peripheral Vascular Disease Interventions with the best pre-clinical translational papers also appearing on occasion. The journal strives to publish the most pertinent papers of clinical interest, but we continue to look for those translational papers that have potential to move into the clinical realm. There are a couple of other things worth mentioning. *JACC* and daughter journals are developing an interest in using social media. Notice I said the journals. I, for one, am not even on Facebook or Twitter. In any case, the interest has been significant, and I was advised that the strongest post on Facebook for the *JACC* family was an Image in Intervention feature showing embolization of a portion of the radial artery into a coronary artery. People love to read about disasters, especially if they happen to others! There were 51,386 people reached with 3,180 post clicks (whatever that means!). Our Chinese colleagues plan a version of *JACC: Cardiovascular Interventions* to be launched and edited by Dr. YaLing Han, assisted by an outstanding editorial board. They will select articles and translate them into Mandarin, as well as provide unique commentary about the articles. A kick-off of this activity is projected for the CIT

(China Interventional Therapeutics) meeting in Beijing in the spring. Also in the spring, we will host *JACC: Cardiovascular Interventions* board meetings with *JACC* at the ACC Scientific Session, and as a standalone board meeting at EuroPCR (congress of European Association of Percutaneous Cardiovascular Interventions) in Paris. Board members will be invited and authors and reviewers are

welcome to attend and offer advice to us regarding raising this pre-teen journal so that it can mature gracefully and productively in the future.

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