

2015 Annual Report of the Editor, *Radiology*

Journal Highlights

Based on projections from the first eight months of 2015, total number of submissions to Radiology will result in a similar number of total submissions for 2015 as in 2014 (there were 2,843 total submissions in 2014). In 2015, 35% of submissions were received from North America, with 65% coming outside of North America (equivalent to 2014). The average time to first decision for the first eight months of Journal Year 2015 was 30 days.

Of decisions made in the first eight months of 2015, 2.9% were made more than 59 days after manuscript receipt and 10.2% were made more than 49 days after manuscript receipt. Overall, for the first eight months of 2015 approximately 90% of all decisions were made within 49 days of manuscript receipt.

Our overall acceptance rate for the first eight months of Journal Year 2015 remained at 15%. The overall acceptance rate for major manuscripts (includes meeting original research papers, non-meeting original research papers, scientific posters, technical developments, case reports) was 10.8%. The acceptance rate for meeting papers (original research papers presented at the meeting, but not the scientific posters that are tracked separately) was 13% and for non-meeting papers (original research not presented at the meeting, technical developments, case reports, but not scientific posters that are tracked separately) was 10.4%.

The overall acceptance rate for North-American submissions for the first eight months of Journal Year 2015 was 22.2%, while that for all International submissions was 11.2%. Those acceptance rates include items that are solicited and also items that are not original research type manuscripts. However, of all original research type manuscripts accepted for publication, approximately 47% are North American and 53% International.

For the first eight months of Journal Year 2015, of the total number of submissions, 92% were major (original research type) manuscripts. The sections with the highest number of submissions for Journal Year 2014 include, in decreasing order: Neuroradiology, Abdominal Imaging, Vascular and Interventional Radiology, Breast Imaging, Musculoskeletal Imaging, Thoracic Imaging and Genitourinary Imaging.

Editorial Policies

We have continued our editorial pre-review. Pre-review continues to be well received; when authors dispute the decision we have accommodated their request for full peer review. This is a rare occurrence.

This year we have employed the iThenticate plagiarism software for manuscripts only once they have been provisionally accepted. We use the iThenticate reports for educational value and to guide the authors in reducing unnecessary word overlap, and appropriately citing passages from their own work if these are repeated.

This year there have been 22 requests for Fast-Track processing in the first eight months. Nine of these have been approved; five of the nine have been accepted for publication. Of the twelve not approved for Fast-Track processing all were processed using our regular procedures. Two of these twelve have been accepted for publication. In addition, three additional manuscripts which were originally not processed on the Fast-Track were expedited to publication at the time of provisional acceptance.

In January of 2015, we implemented a new editorial policy which allowed recognition of equal author contribution. Many submitting authors have indeed requested this designation this year.

Toolkit for Authors

This year we have added a Toolkit for authors. The tool kit is part of the “Publication Information for Authors.” It includes links to a variety of useful information for authors including ICMJE (International Committee of Medical Journal Editors) authorship criteria, STARD (Standards for Reporting Diagnostic Accuracy Studies), CONSORT (Consolidated Standards of Reporting Trials), and PRISMA (Preferred Reporting Items for Systematic reviews and Meta-analysis) guidelines, as well as editorials we have written on ethical and statistical issues. We hope that the material will be a useful resource for our authors and serve to further clarify our expectations for submitted manuscripts and improve the overall quality of the studies we publish.

Checklists for Submitted Manuscripts

The updated STARD (Standards for Reporting of Diagnostic Accuracy) document was published online October 28, 2015 in *Radiology*, *Clinical Chemistry*, and the *British Medical Journal*. The update includes clarification on issues that were a source of confusion in the prior guidelines and will provide more discipline-specific guidance for manuscripts in the major disciplines reporting diagnostic accuracy studies, which includes radiology, clinical pathology, neurology, and cardiovascular medicine. The STARD initiative has been helpful in improving scientific quality of manuscripts published in our journal and I am pleased to support its ‘continuing development.

This year we have developed a new RSNA refresher course that will be presented at the 2015 Annual Meeting, "Understanding and Using the STARD and PRISMA Guidelines: Introduction." We are delighted to have Patrick Bossuyt, PhD, the principle architect of the STARD guidelines, and Mathew Mc Innes, MD our 2014 Eyler fellow join Deborah Levine MD and me in presenting this course. Our editorial group believes that efforts to improve the quality of scientific reporting are important in our efforts to reduce unrecognized bias and improve the ability to generalize from the reported results in our journal. In 2016 we will be requiring submission of a checklist of reporting items (e.g., STARD, PRISMA, CONSORT) as appropriate at the time of manuscript submission. We will also begin asking reviewers to use and complete the checklist as an aid to their reviews.

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