Radiology seeks to publish the best of the submissions it receives regarding imaging, imaging related, radiation oncology, and medical physics research that is conducted worldwide and to offer information that is of practical value to its readers.
Overview

• ~3000 submitted manuscripts per year
• ~ 1000 active reviewers
• 1 Senior Deputy Editor, 5 Deputy Editors
• 1 Editor-in-Chief
• ~360 Original scientific manuscripts published per year
• Circulation ~50,000 worldwide
• Issues 12 / year
• Decision Time Average of 29 days
Submissions
North American submissions 35%
International submissions 65%

Acceptance
Overall acceptance rate 15%
Accept rate for major manuscripts 12%
What we are looking for…

• Novel
• Important
• Interesting and/or Informative
Novel: does it...

• Add new information
• Provide new concepts
• Describe new technology
• Define new diagnostic or therapeutic approaches
• Resolve existing controversies
Important: Does it…

• Change practice: “News you can use”
• Help us understand biology or technology?
• Generate a new hypothesis and stimulate further research?
Interesting/Informative:

Does it...

• Add to considerably to our available information
• Have conclusions that provide clear direction
• Provide useful information
Triage of manuscripts

• Blinded triage by DE/editor of all research manuscripts

• Common reasons to decline to formally review a manuscript:
  – Limited new information
  – Inadequate sample size
  – Major methodologic issues
  – Subject outside our readers’ interests

• About 20% of manuscripts are rejected by this mechanism after review by 2 of our editorial group
Manuscript review

Double blind process: Neither reviewers nor authors are identified

- MS set up
- Blinding
- 3-5 Reviewers invited

- At least 2 Reviews received

- Deputy Editor makes decision

If decision to reject, sent to Editor, who makes final decision
If possible accept, presented at Editorial meeting

Statistical review

Manuscript edited

Letter to authors

Congrats!!!!
Editorial Decisions

• Accept pending revision: “We’ll take it!”
  Some work is needed

• Under Consideration: “We’d like to take it but we need additional information, experiments, and or analysis before making a decision.”
  ~ 90% accept rate
Editorial Decisions

• Reject/ Resubmission allowed:
  “There is some merit here but it needs a major overhaul.” Essentially a do-over.
  • If re-submitted, about 1/3 get accepted

• Reject:
  “Sorry, no further consideration.”
iThenticate Software

• Starting 2014 we use this on all potentially accepted articles
• Word matching – Similarity report generated
• Materials and Methods most common area for overlap with prior publications
  – Most important message to authors is to appropriately reference previously published material, even if it is from your own research group
Advances in Knowledge

1. First study evaluating musculoskeletal ultrasound reliability among multiple investigators using unsophisticated internet tools

2. First study focusing upon reliability testing for hand’s tendons disease in rheumatoid arthritis

3. Separate reliability testing for hand’s dorsal and volar US evaluations of joints and tendons pathology
Original Research

Advances in Knowledge

1. The application of iodinated contrast agents during chest CT scans significantly increases the amount of DNA radiation damage.

Implications for Patient Care

1. The radiation dose in contrast-enhanced examinations cannot solely be assessed by conventional dosimetry.
2. Individual patient characteristics and biological dosimetry applications, such as the analysis of γH2AX foci, must be considered when assessing radiation effects.
3. The application of contrast agents must considered even more carefully.

Summary Statement: our study showed that the application of iodinated contrast agents during chest CT scans clearly increases the amount of DNA radiation
Left Ventricular Function Improves Risk Stratification

Left ventricular (LV) dysfunction and volumes measured with cardiac CT angiography augment risk prediction and discrimination for future mortality. In a study by Arsanjani et al, 7758 patients from the CONFIRM registry without known coronary artery disease (CAD) underwent cardiac CT angiography, LV ejection fraction, LV end-systolic volume (LVESV), LV end-diastolic volume (LVEDV), and CAD extent and severity were categorized. Moderately and severely abnormal LV ejection fractions were associated with a greater than threefold and fivefold risk, respectively, of incident 2-year mortality. In a subgroup of 370 patients, abnormal LVESV and LVEDV helped predict mortality and showed improved discrimination than CAD risk factors or CAD extent and severity. Physicians may use the functional data from cardiac CT to augment risk prediction over CAD findings alone, the researchers concluded.

MR Elastrography Helps Stratify Hepatic Fibrosis in Patients with Chronic Hepatitis B Virus

MR elastography demonstrates excellent performance for distinguishing the stages of hepatic fibrosis in patients with chronic hepatitis B virus (HBV) infection. In a prospective study of 113 patients with chronic HBV infection, stiffness measurements were obtained at MR elastography. METAIVR scoring was used to assess fibrosis and necroinflammation. Shi et al found MR elastography to have excellent capability for characterizing fibrosis and moderate capability for characterizing necroinflammation. Multiple linear regression analysis showed that fibrosis, necroinflammation, and sex were independently associated with hepatic stiffness. The variable contribution of necroinflammation to hepatic stiffness can be a confounding factor that can cause overestimation of nonadvanced fibrosis (fibrosis stage ≤ 2), the researchers concluded.
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October 2014

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Video Podcast Contents

00:00 – 01:02: Introduction by Herbert Y. Kressel, MD, Editor of Radiology

Overview—Radiology uses a double-blinded peer-review process. The journal is published under the supervision of the Board of Directors of the Radiological Society of North America, Inc, which appoints the editor, who selects all material for publication and also approves advertisements. No responsibility is accepted by the board of directors or the editor for the opinions expressed by the contributors. The instructions for Radiology submissions are in accord with the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals” of the International Committee of Medical Journal editors (ICMJE; http://www.icmje.org). Although Radiology will accept material prepared and submitted according to these requirements, the right is reserved to introduce any changes to the manuscripts necessary to conform to the editorial standards of this journal.

The text of Original Research and Technical Developments manuscripts should be arranged in sections under the following headings: Introduction, Materials and Methods, Results, and Discussion.
• Collection on theme for clinicians and researchers:
  • Selection of 20-35 articles published in Radiology in most recent 5-7 years, chosen by guest editors, who are experts in the field
  • Augment these with podcasts, conversations, videos, and CME and SA-CME
• Print on demand for single bound version with all of the articles