



# Turning thirty: evolution but not revolution at the *ERJ*

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The new chief editor team outlines how they'll continue the journal's great journey, started by the previous leaders <http://ow.ly/1VRd30hi6F3>

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The new editors, Martin Kolb and James D. Chalmers

The *European Respiratory Journal* was officially born in 1988 when the *European Journal of Respiratory Diseases* was merged with the *Bulletin Européen de Physiopathologie Respiratoire*. This was 2 years before the European Respiratory Society was founded (and 2 years before the worldwide web!). Peter Howard was one of the driving forces for the merger and he expressed in a report from 1986 that "... it will soon be possible to use a microcomputer to put the scientific papers on a floppy disc, which can be inserted into the back of a printing machine to produce perfect print..." [1]. Just imagine how the scientific world has changed in the 30 years since the first edition of the *ERJ*. "Papers on a floppy disk" may cause nostalgic feelings to the older editors, authors and readers of the journal, but probably sounds ancient to the younger ones.

The *ERJ* began with a humble 250 manuscript submissions in its first year but has steadily grown to achieve the stunning number of 2721 manuscripts in 2017. In 1988 these papers were initially delivered as

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hard copies to the editors and reviewers, with average turnaround times of 10–12 months. Nowadays, we are used to speed with everything we are doing, and if a large high resolution image doesn't get uploaded to Scholar One within 30 s we get very impatient. Fortunately the *ERJ* now has a rapid time to first decision of 17 days.

Before we present our vision for the journal in our rapidly evolving scientific and medical world, we want to show our deepest respect to the outgoing Chief Editor, Marc Humbert, and his Deputy, Anh Tuan Dinh-Xuan. Five years ago, Marc Humbert started his tenure by quoting counterculture icon Timothy Leary who said that “women who seek to be equal with men lack ambition” [2]. He stated that “the ambition of the journal is not to seek to be equal with other respiratory publications but to be the best possible publication available.” The metrics speak for themselves: the impact factor has risen consistently, reaching 10.57 in 2017, which made the *ERJ* the third highest ranked respiratory journal in the world. The numerical value of the impact factor is obviously very important, but it does not necessarily equate to the term “best possible”. To us, the *ERJ* has indeed become the best possible publication under the leadership of Marc and Anh Tuan as it serves the members of the ERS first and foremost, offering a high level and rigorous publication platform to all of them, regardless of the respiratory subspecialty. As incoming Chief Editor and Deputy Chief Editor we bow our heads to our predecessors.

The ERS chose a team of a Bavarian-born German–Canadian and a Scotsman to lead the *ERJ* over the next 5 years. One a clinician scientist with basic science background, the other rooted in epidemiology and clinical trials: two rather different individuals indeed. Interestingly, there are several characteristics that unite Bavaria and Scotland: both are former ancient kingdoms with mountains, their own national dress and world famous beverages, and intermittently dream of independence. In the end, both Bavarians and Scottish have always celebrated their individuality but stood with the team.

The *ERJ* currently faces numerous challenges similar to most of the traditional medical journals which will need solid team work and strong partnership with the ERS. The pressure on researchers to publish has led to a dramatic proliferation of numbers of journals with a growth rate of around 3.5% each year. The number of articles has been growing at around 3% each year [3]. The impact factor and other journal metrics may eventually help to separate the journals by quality, but this will take many years. Until these metrics identify a new journal as an underperformer, many articles of low scientific quality will be published and will forever be available on the web. In our opinion, peer review has been and will remain the most important pillar in determining the scientific value, methodological rigor and degree of novelty for the best work and this is what the *ERJ* aims to support and publish. Author choices in an increasingly competitive publishing environment and the “need for speed” as mentioned above have to be addressed.

Our leadership for the *ERJ* in the next 5 years can be framed with the phrase “evolution but not revolution”, just as one would expect from a Bavarian and a Scotsman. We were delighted to retain the majority of the existing associate editors for the editorial board and will bank on the passion and the expertise that these wonderful colleagues have demonstrated in the past years. We acknowledge that the associate editors deserve as much credit for the success of the *ERJ* in the past years as the past leaders do. We aim for speed and highest quality of peer review. In order to accomplish these goals, we have installed section editors for the busiest fields of respiratory medicine. Our section editors are all international leaders and will support us with deciding very quickly whether a submitted manuscript will be sent for peer review or not. This will usually happen within 3–4 days, and often much quicker. This approach will allow the authors to redirect their manuscript towards another journal and will also mean that invited reviewers will get the chance to assess top quality work of their peers. Further, the review process will be complemented by rigorous statistical reviews for papers that rank high enough to be considered for publication. The work of the editorial board is supported by over 1750 peer reviewers, who give their time generously to the activities of the journal, and help us to maintain a speedy workflow. Recently, the *ERJ* office began working with Publons (publons.com), a service that allows peer reviewers to publicly receive credit for their peer review work, and we will aim to further promote this in the coming year.

The ERS has a primary mission to provide education to respiratory physicians and trainees across Europe. The *ERJ* also takes this mission very seriously and in the last 5 years has been working to engage younger ERS members in the life of the journal through an associate editor mentoring programme. The new editorial team feels strongly that the journal should help to nurture and encourage the next generation of *ERJ* associate editors, and respiratory scientists more broadly.

The *ERJ* moved towards a continuous publication model in 2017. Despite best efforts there is still a lag time of up to 10 weeks between acceptance of an article and its online appearance. In order to address the author feedback about this issue we have decided to introduce an “early publication” model (called Early View) through our website, where we will post the uncorrected final version of accepted papers.

All of the existing article formats will remain and we have updated the author instructions on the *ERJ* home page with more information on what we are looking for from original research in the *ERJ*. As respiratory medicine becomes increasingly subspecialised and medical technology advances rapidly, manuscripts submitted to high impact journals like the *ERJ* are increasingly employing complex statistical techniques, novel methods of imaging, physiology and genomics. To help our readers stay up to date, and to improve the accessibility of respiratory science, we have introduced a new article feature called “ERJ Methods”. This will be focused on key techniques, skills, technologies or new developments in respiratory medicine. These are not standard review articles, but are instead designed to give non-experts a clear understanding of how the method works and how it can be applied. Authors should also be aware of changing requirements for the sharing of data from clinical trials, as reported by the International Committee of Medical Journal Editors (ICMJE) [4]. In summary, as of July 2018, manuscripts reporting results of clinical trials submitted to journals that subscribe to the ICMJE principles should have a data sharing statement. In addition, clinical trials that enrol patients on or after January 1, 2019 should include a data sharing plan in the trial registration. The *ERJ* will be aiming to help authors make appropriate declarations on their published manuscripts by capturing a data sharing statement at the point of submission.

In closing, we are very excited to take over the leadership of the *ERJ*, which is the flagship journal of the ERS. We are committed to work closely with the ERS and our sister journals, particularly the *European Respiratory Review* and *ERJ Open Research*. The *ERJ* has made it far in the “Champions League of Medical Journals” and we do not intend that the journal will get relegated during our tenure. With this metaphor from sports we quote the football coaching legend Bill Walsh (American Football to be precise, and to highlight the strong international mandate of the *ERJ*). Walsh led the San Francisco 49ers to three Super Bowls in 8 years in the decade when the *ERJ* was born, and realised that “winning teams are not run by single individuals who dominate the scene and reduce the rest of the group to marionettes. Winning teams are more like open forums in which everyone participates in the decision-making process, until the decision is made. Others must know who is in command, but a head coach must behave democratically” [5].

Let the *ERJ* evolution continue!

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