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# Thorax update: October 2007–September 2008

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We have now completed our sixth year as *Thorax* editors and are delighted that the Journal has continued to be so successful. As usual, the annual round of impact factor announcements was eagerly awaited by the editorial team and we were all delighted with the news that our impact factor for 2007, published in June 2008, had risen to the highest ever for *Thorax* at 6.226. The impact factor for 2007 reflects the number of citations in 2007 divided by the number of original papers and reviews published in *Thorax* in 2005 and 2006. We have thus maintained our position as the second highest ranked respiratory journal in terms of impact factor, behind the *American Journal of Respiratory and Critical Care Medicine*. This increase in the *Thorax* impact factor is a result of the high quality papers and reviews that you have all submitted to the journal for publication.

Perhaps the most visible change has been (we hope!) the change of front cover and our successful introduction of images to illustrate each issue (figs 1–3). These images were selected by the COPD research team at UCL Medical School, according to some democratic process! As they have to be of high quality, they come from the Science Photo Library. In addition, the inside page format has changed, and this is consistent with the new house style of BMJ Journals.

The number of submissions over the past year has remained steady compared with previous years at 1434, with 872 full original papers submitted to the journal. The time to the first decision on an original paper that has been through a full peer review is now a median of 50 days, but this also includes statistical review for all potentially acceptable papers. *Thorax* has a policy of rejecting papers without review that will not do well in the peer review

process or are outside the scope of the journal. This means that authors can rapidly submit their work to another journal for consideration. However, the large number of submissions—particularly for original papers—means that our acceptance rate for original research papers now stands at around 14%, although for case reports and Images in *Thorax* the acceptance rate is lower. During the past year we have also received an increased number of letters for publication at 115, and this has consisted of both correspondence about previously published papers and also research letters, all of which undergo peer review as for original papers.

We are grateful to all our reviewers who have taken time to review *Thorax* papers. The rigorous standard of peer review has helped to achieve the high quality of papers published in the journal. However, we have a significant number of review requests that are declined and sadly this figure is creeping up, with 37% of review requests declined over the past year.

Since the start of our editorship, we have always tried to ensure that there is something in *Thorax* each month of interest to all readers and thus educational features are important. The “Images in *Thorax*” series<sup>1</sup> and the Lung Alerts,<sup>2</sup> both published monthly, have proved very popular and the Alerts are serviced by our younger readers. In view of the large number of case reports submitted to the journal, we have decided to start a new feature called “Pulmonary Puzzles”.<sup>3</sup> These “Puzzles” consist of two parts, one providing details of the case and the other the answer, published in a different place in the journal. Over the last year we have had 47 articles submitted as “Pulmonary Puzzles” and a total of 117 articles for the “Images in *Thorax*” section, emphasising the popularity of these educational features.

A highlight of the past year was the 25th anniversary of the British Thoracic Society (BTS) and, to celebrate this event, *Thorax* published seven articles by BTS members highlighting achievements in respiratory medicine and some of our aspirations for the future.<sup>4–10</sup> We also published a report on the BTS Winter meeting held in London in December 2007.<sup>11</sup> A number of important guidelines and consensus statements have also been published, including the British guideline on asthma management,<sup>12</sup> BTS statement on malignant mesothelioma,<sup>13</sup> BTS criteria for specialist referral, admission, discharge and follow-up,<sup>14</sup> guidelines on the management of cough in children,<sup>15</sup> interstitial lung disease guideline<sup>16</sup> and a consensus statement on pulmonary hypertension.<sup>17</sup> We have published some excellent reviews during the past year; we have completed the series on exacerbations of cystic fibrosis<sup>18–19</sup> and interstitial lung disease<sup>20–24</sup> and started an interesting series on obesity and the lung.<sup>25–26</sup>

During our editorship we have had a series of very productive annual meetings for the Associate Editors, the most recent of which was held in November 2007 in London. We were delighted to be joined by editors of both the *British Medical Journal* and the *Lancet* who gave us



Figure 1 *Thorax* cover.

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Figure 2 *Thorax* cover.

excellent presentations. We then held our usual breakfast meeting of the *Thorax* International Advisory Board at the American Thoracic Society in Toronto, Canada in May 2008 which, as usual, was very well attended, and we thank the Advisory Board members for their support and contribution to the lively debates.

There have been a number of changes to our editorial team this year. During the year David Mitchell announced his resignation from the *Thorax* editorship after 5 years of contribution. After many years as our statistical editor, Sarah Lewis has decided to step down and will be very much missed by us all. Sarah has been a statistical editor for *Thorax* since 1996, starting during the preceding editorship, and over the past few years sharing the role with Tricia McKeever. Our statistical editors have been responsible for the high quality of data analyses published in the journal. *Thorax* was the first of the respiratory journals to include comprehensive statistical reviewing of all potentially acceptable papers, and this has no doubt improved the quality of the final accepted manuscript. We are very grateful indeed for all the time and expertise Sarah has given to the journal. Our new statistical editors are Laila Tata and Roger Newson who share the role with Tricia. We have appointed two new associate editors—Jerry Brown with an interest in lung infections and John Hurst with an interest in COPD and who is also our letters editor. Jenni Quint has joined Angshu Bhowmik as Lung Alert Editor.

Over the past year there have been some major changes in the staffing of the



Figure 3 *Thorax* cover.

editorial department at BMA House. At the end of 2007 we said goodbye to Alex Williamson, Publishing Manager of BMJ Journals, and wished her a long and happy retirement. A number of *Thorax* editors have had the immense privilege to work with Alex over the years; she was very fond of the journal and gave us all much valued wise advice. She was instrumental in developing *Thorax* into the high quality international journal it is today. Earlier this year we also said farewell to Andrea Horgan who had been our experienced Managing Editor for the past 5 years and who will be very much missed by the whole team. Andrea has left publishing to pursue a new career and we wish her the very best in her future endeavours. Peter Ashman is the new BMJ Journals Publishing Manager, with Julie Solomon as the Publisher.

We would like to thank Claire Folkes, who has been the *Thorax* Journal Manager for the past 2 years and Julia Dimitriou, our Editorial Assistant, for all their hard work in the daily running of the journal. The editorial team has recently been joined by Kathryn Walsh who is our new Production Editor. We are also grateful to Sheila Edwards, John Macfarlane, Howard Hosker and the BTS for their support of the journal over the year.

Finally, we would like to wish all our *Thorax* readers all over the world a very Happy Christmas and Successful and Productive New Year in 2009.

**Competing interests:** None.

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