



2007: The year in review for *Leukemia and Lymphoma*

Aaron Polliack, Koen van Besien & John F. Seymour

To cite this article: Aaron Polliack, Koen van Besien & John F. Seymour (2008) 2007: The year in review for *Leukemia and Lymphoma*, *Leukemia & Lymphoma*, 49:1, 1-3, DOI: [10.1080/10428190801890544](https://doi.org/10.1080/10428190801890544)

To link to this article: <https://doi.org/10.1080/10428190801890544>



Published online: 01 Jul 2009.



Submit your article to this journal [↗](#)



Article views: 289



View related articles [↗](#)

EDITORIAL

2007: The year in review for *Leukemia and Lymphoma*

AARON POLLIACK, KOEN VAN BESSEN, & JOHN F. SEYMOUR

Medical science generally continues to progress rapidly, and perhaps no areas more so than the field of haematological oncology. International research output from basic science, translational research and clinical trials is substantial and it is necessary and appropriate that this novel data is subjected to careful expert scrutiny and widely disseminated to all researchers, clinicians, health administrators and consumers. *Leukemia and Lymphoma*, now in its 20th continuous year of publishing, continues to contribute to this international effort.

Just as medical science is changing, so the field of medical publishing must change with it and respond to the needs of authors and readers, while still mindful of the goals of the editors and publishers. Authors want ease of submission, prompt, fair and consistent reviewing and as brief a time gap as possible between the submission of their manuscript and ultimate publication, as well as a journal that delivers their work and novel observations to the widest possible audience. Readers, on the other hand, want to be assured that the material they are reading is reliable and unbiased, seek some perspective on how important observations fit into the broader body of information in the field, and want prompt access to new publications without necessarily waiting for the distribution of the hard copy journal issue.

All of these potentially competing goals must be juggled and monitored by the editors and publishers, while never compromising the standards of both scientific review and confidentiality of unpublished material. Fortunately we are in the era of web-based systems where electronic submission, distribution, notification and review are possible. *Leukemia and Lymphoma* made the transition to web-based manuscript submission and review through the Manuscript Central System in mid-2006 (<http://mc.manuscriptcentral.com/glal>) and this has greatly

facilitated the ease of access for authors and reviewers, and enhanced the timelines for review and communication of decision on acceptance.

In 2007 the journal received more than 1100 submissions, an increase of more than 25% from 2006. Very pleasingly these submissions were broadly spread both by field (of original research manuscripts submitted 62% were clinical and 32% basic science) and geographically from more than 50 countries (31% from Europe, 25% North America, 19% Asia, 3% each from South America and the Middle East). Due to the commitment and dedication of more than 650 volunteer reviewers who very generously and without hesitation gave their time, wisdom and insight to the journal (the names of those who reviewed 2 or more articles in 2007 are listed) the average time from submission to first decision on a manuscript was just 17 days, with the average time from initial submission to final decision on a manuscript just 34 days. These are exemplary figures which are only possible due to the hard work and dedication of our editorial board and reviewers, and the devoted editorial staff, and we are sure the authors, are truly grateful for this approach.

Although the journal is relatively large, publishing 2500 pages in 2007, both due to page restrictions and the increasing volume of submission received, we are now only able to accept for publication 41% of non-invited submissions, and this figure has reduced substantially in the past few years. We still believe there is a role for truly novel observations based on single patients (“case reports”) but, quoting from the journal’s instructions for authors, “*these must have unique scientific or educational value, which impact and enhance clinical practice or diagnostic understanding*”. While a small number of such submissions will continue to be accepted and published as Letters to the Editor, we encourage authors to carefully consider these stringent criteria prior to submission.

We continue to strive to ensure broad representation by field of expertise as well as geographical region among our enthusiastic and dedicated editorial board, and will continue to renew and invigorate this group with new appointments, replacing members after a 2–3 year period of voluntary service to the journal. A recent development has been the appointment of two highly skilled Associate Editors, Professor Leonidas Platanias (Chicago, USA) and Dr. Andreas Rosenwald (Wuerzburg, Germany), with the specific goal of enhancing the appeal of the journal as a target for submission of basic and translational research manuscripts. We will steadily expand the breadth of areas covered by such Associate Editors as similarly skilled individuals are recruited to the journal's editorial team.

Another recent enhancement to the journal in 2007 has been the regular inclusion of concise Commentaries chosen by the editors to accompany significant, provocative, or innovative articles in each issue. These are often solicited from reviewers of the manuscripts or members of the editorial board with specific expertise in the area of interest. The goal of these commentaries is to place the published findings in a broader perspective and explore the implications of the article for readers. These have been very well received by the authors of the accompanying articles and the general readership and will continue through 2008.

There have also been substantial enhancements in the processing of manuscripts following acceptance. We are now using a web-based system for distribution and correction of article proofs, which will shorten the time from acceptance to publication, which now averages approximately 100 days. Once proofs of accepted articles have been corrected and approved by authors, they will be made rapidly available as “pre-published” articles on the Journals' website. These pre-published articles have identical content to the ultimately published hard copy version, are fully searchable through PubMed, and can be cited using their unique Digital Object Identifier (DOI) number.

The users of medical literature are truly moving into the electronic age, with Web-based journal access and articles downloads now dominating the way we seek and obtain information. This is similarly true for *Leukemia & Lymphoma* with more than 10,000 abstract downloads and 3500 full article downloads each month, with these figures increasing steadily month by month.

The editors continue to solicit comprehensive reviews from experts in the field, and these are highly valued by our readers, with such reviews making up 7 of the 10 most downloaded articles from the journal

in the last year [1–10]. Perhaps surprisingly to some there was very little overlap between the journal's most downloaded and most-cited articles in the last year with 7 of these being original articles [2,11–19]. This exemplifies that the priorities and needs of interested clinicians and the general readership differ substantially from active researchers publishing in the field. One such example of these differences, and our continued emphasis on the educational role of medical journals, are the enormously valued, insightful and beautifully illustrated “teaching Cases” regularly features. We are enormously grateful to Professor Barbara Bain for her generosity in sharing more than 40 of these enlightening cases from St. Mary's and the Royal Marsden Hospitals over the years.

As expounded in many editorials the commonly used “Impact Factor” is a very incomplete measure of the quality of any journal [20]. However, many authors do consider the Impact Factor of a journal before submitting their work for consideration. Thus *Leukemia and Lymphoma* acknowledges that its impact factor does continue to rise, with a value of 1.559 (a moderate rise from 1.147 just 2 years previously). We optimistically anticipate further increases in the future. As mentioned above, we consider that many other factors such as the quality and timeliness of review and the rapidity of an editorial decision are at least equally important in determining the standard of performance of a journal, and by these and the other measures discussed, *Leukemia and Lymphoma* continues to improve its performance and earn its place as a vehicle for the dissemination of important biomedical research.

References

1. Kemp KC, Hows J, Donaldson C. 2005. Bone marrow-derived mesenchymal stem cells. *Leukemia and Lymphoma* 46(11):1531–1544.
2. Valent P, Akin C, Sperr W, Mayerhofer M, Födinger M, Fritsche-Polanz R, Sotlar K, Escibano L, Arock M, Horny H, Metcalfe D. 2005. Mastocytosis: Pathology, genetics, and current options for therapy. *Leukemia and Lymphoma* 46(1):35–48.
3. Terpos E, Eleutherakis-Papaïakovou V, Dimopoulos M. 2006. Clinical implications of chromosomal abnormalities in multiple myeloma. *Leukemia and Lymphoma* 47(5):803–814.
4. Nelson ME, Steensma DP. 2006. JAK2 V617F in myeloid disorders: What do we know now, and where are we headed? *Leukemia and Lymphoma* 47(2):177–194.
5. Ganjoo KN, An CS, Robertson MJ, Gordon LI, Sen JA, Weisenbach J, Li S, Weller EA, Orazi A, Horning SJ. 2006. Rituximab, Bevacizumab and CHOP (RA-CHOP) in untreated diffuse large B-cell lymphoma: Safety, biomarker and pharmacokinetic analysis. *Leukemia and Lymphoma* 47(6):998–1005.

6. Bouley J, Deriano L, Delic J, Merle-Béral H. 2006. New molecular markers in resistant B-CLL. *Leukemia and Lymphoma* 47(5):791–801.
7. Thiele J, Kvasnicka HM. 2006. A critical reappraisal of the WHO classification of the chronic myeloproliferative disorders. *Leukemia and Lymphoma* 47(3):381–396.
8. Zent CS, Call TG, Hogan WJ, Shanafelt TD, Kay NE. 2006. Update on risk-stratified management for chronic lymphocytic leukemia. *Leukemia and Lymphoma* 47(9):1738–1746.
9. Yanada M, Naoe T. 2006. Imatinib combined chemotherapy for Philadelphia chromosome-positive acute lymphoblastic leukemia: Major challenges in current practice. *Leukemia and Lymphoma* 47(9):1747–1753.
10. Corallini F, Milani D, Nicolin V, Secchiero P. 2006. TRAIL, caspases and maturation of normal and leukemic myeloid precursors. *Leukemia and Lymphoma* 47(8):1459–1468.
11. Tough DF. 2004. Type I Interferon as a Link Between Innate and Adaptive Immunity through Dendritic Cell Stimulation. *Leukemia and Lymphoma* 45(2):257–264.
12. Friedberg JW, Fischman A, Neuberg D, Kim H, Takvorian T, Ng AK, Mauch PM, Canellos GP, Abbeele A. 2004. FDG-PET is Superior to Gallium Scintigraphy in Staging and More Sensitive in the Follow-up of Patients with de novo Hodgkin Lymphoma: A Blinded Comparison. *Leukemia and Lymphoma* 45(1):85–92.
13. Gottschalk S, Heslop H, Rooney C. 2005. Adoptive Immunotherapy for EBV-associated Malignancies. *Leukemia and Lymphoma* 46(1):1–10.
14. Kim S, Chow K, Kukoc-Zivojnov N, Bohrer S, Brieger A, Steimle-Grauer S, Harder L, Hoelzer D, Mitrou P, Weidmann E. 2004. Expression of ZAP-70 Protein Correlates with Disease Stage in Chronic Lymphocytic Leukemia and is Associated with, but not Generally Restricted to, Non-mutated Ig V_H Status. *Leukemia and Lymphoma* 45(10):2037–2045.
15. Slape C, Aplan PD. 2004. The Role of NUP98 Gene Fusions in Hematologic Malignancy. *Leukemia and Lymphoma* 45(7):1341–1350.
16. Gleissner B, Schilling A, Anagnostopoulous I, Siehl I, Thiel E. 2004. Improved Outcome of Zygomycosis in Patients with Hematological Diseases? *Leukemia and Lymphoma* 45(7):1351–1360.
17. Gertz MA, Rue M, Blood E, Kaminer LS, Vesole DH, Greipp PR. 2004. Multicenter Phase 2 Trial of Rituximab for Waldenström Macroglobulinemia (WM): An Eastern Cooperative Oncology Group Study (E3A98). *Leukemia and Lymphoma* 45(10):2047–2055.
18. Matthews C, Catherwood MA, Morris T, Alexander H. 2004. Routine Analysis of IgV_H Mutational Status in CLL Patients using BIOMED-2 Standardized Primers and Protocols. *Leukemia and Lymphoma* 45(9):1899–1904.
19. Mainou-Fowler T, Dignum HM, Proctor SJ, Summerfield GP. 2004. The Prognostic Value of CD38 Expression and its Quantification in B Cell Chronic Lymphocytic Leukemia (B-CLL). *Leukemia and Lymphoma* 45(3):455–462.
20. Hakansson A. The Impact Factor – A dubious measure of scientific quality. *Scand J Prim Health Care* 2005;23:193–194.