Can JASN Better Serve the Clinical Community?

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Different medical publications have different missions that guide the process of manuscript selection and set editorial policy. These missions are driven by several factors, including the goals of the organization that sponsors the journal, the interests and priorities of the current Editor and editorial staff, and the needs of the readers of the final product. JASN is no exception to these rules. The journal is the official and flagship journal of the American Society of Nephrology, and it must serve the society’s mission and goals. These have been clearly outlined in a recent mission statement, which reiterates the importance the Society places on the support and dissemination of renal research. As a primarily research journal, JASN is central to fulfilling that mission. The priorities of the current editorial staff have also been clearly articulated in an editorial that accompanied the February 2002 issue, the first issue of JASN for which we were responsible (1). That editorial stated that it is the goal of JASN “to publish the best clinical and basic renal research available.” The fact that our 2002 impact factor of 6.4, calculated by the Institute of Scientific Information, continues to increase and to be the highest of the 21 journals evaluated in the Kidney/Urology area suggests that we are being successful in achieving those goals. But how well do we serve our readers, the membership of ASN, and the other nephrologically oriented individual and institutional subscribers?

There is relatively little data to accurately answer that question. Previous surveys of ASN members have indicated a high satisfaction rate with JASN, as most of our informal feedback would suggest. In 1997, JASN ranked second only to the annual meeting in its popularity as a member benefit/service. However, there remain concerns that in an era in which increasingly sophisticated science and technology is applied to the study of renal disease, too much of the published content of the journal is not readily understandable or relevant to the majority of our readership, those who primarily identify themselves as clinicians. In response to these concerns, JASN has made a number of changes in the past 2 years to better serve the clinical readership. Most importantly, we added an additional category of “Epidemiology and Outcomes” to our Table of Contents, reflecting our stated commitment to publishing the best clinical research in nephrology; we also recruited an eighth Associate Editor (William McClellan) to handle these manuscripts. We also added the “Highlights” section at the front of the journal to provide a one-paragraph summary of particularly interesting articles in each category of the Table of Contents. “Highlights” is designed to make the significance of the research findings easily appreciated by any reader. Each issue now includes at least two editorials that comment in more detail on two papers, usually one more basic and one more clinical in nature. Under the direction of our Deputy Editor, Allison Eddy, we have devoted space in four issues per year to a new feature called “Frontiers in Nephrology.” Each installment provides in-depth coverage of a topic of clinical interest, starting with a clinical review and progressing to examples of cutting-edge research that are written to be illuminating to the reader who does not work in that particular area (2). We have also continued to publish one “Disease of the Month” in each issue, reflecting the energetic efforts of another Associate Editor, Eberhard Ritz.

The Table of Contents of this month’s JASN reflects yet another change designed to better serve our clinical constituency. We now display articles in categories divided into two broad areas: Basic Science and Clinical Science. The new Clinical Science section is designed to provide the clinical reader with easier access to those articles of immediate clinical relevance rather than requiring readers to locate them in broader categories such as Transplantation or Cell and Transport Physiology. The new Table of Contents makes it apparent at a glance that JASN is now publishing an increasing amount of clinical science. In fact, Epidemiology and Outcomes is now second only to Dialysis in the number of manuscripts submitted. The submission of articles classified by authors as clinical has increased almost 50% since 2000 and now accounts for about half of all submissions; the acceptance rate for clinical submissions is also exactly the same as for basic science papers at 25%. An obvious consequence of this increase is that the number of pages devoted to clinical material has also increased from 33% in 1999 to over 42% currently, whereas basic science content has decreased from 67% to 58% of the most recent volume.

I want to emphasize that these changes not only reflect JASN’s continuing commitment to meeting the needs of our clinical readers, they also reflect the remarkable increase in the quality of clinical research in nephrology that is now being submitted for publication. We have had the pleasure of publishing research papers from most of the large collaborative study groups in nephrology, which are characterized by very
sophisticated methodologies for study design and data analysis that now confer on clinical research studies much of the rigor previously seen primarily in laboratory research. These changes have occurred with no compromise in our stated goal of publishing the best in renal research regardless of whether it is basic or clinical in nature. We have no quota for any type of papers, and will never have one.

It is unlikely that this change in the Table of Contents of *JASN* will be the last of our ongoing efforts to fulfill our mission statement and serve our readers. The downside of separating clinical and basic research papers is that it creates an illusion that somehow they are different and unrelated. We know the opposite is true; the basic scientist derives ideas from clinical observations, and that the clinician’s tools to provide better clinical care derive primarily from the fruits of basic research. As the sophistication of both areas continues to increase, they will move closer together. A third category of “translational” research is going to grow and expand as that happens, formally linking the basic and clinical categories. That category is also one in which *JASN* intends to have a major presence, and we look forward to watching it evolve. Indeed, it is one of the great pleasures of producing a journal of *JASN*’s quality to see that it does evolve to accurately reflect the changes in the area it serves, in our case research on the kidney and its diseases. We think that this latest change reflects that evolution in a way that will continue to keep our diverse readership in closer touch with the enlarging spectrum of science that now characterizes our discipline.

**References**