Editorial

Things We Learned Along the Way: Content Enhancement, a Constant Evolution

My first issue as Editor in Chief of the American Journal of Roentgenology was published in July 2008. At that time, there were 11 subspecialty section editors and an editor for AJR Integrative Imaging. The latter was a quarterly issue devoted to continuing medical education (CME) and self-assessment articles. There were about 80 competing imaging journals at that time [1]. Little did we know the magnitude of changes that would occur over the next 12 years. We had been alerted to the pending challenges by Robert N. Berk, who served as Editor in Chief from 1985 to 1995. Berk stated, “future changes in the journal will be both astonishing and substantially more complex than challenges faced in the past” [2]. To his point, there are now over 150 society-based and more than 800 open-access imaging journals [3]. This level of competition is truly a challenge, but we must accept the challenge and find content opportunities to remain the must-read journal for imaging professionals.

Cutting edge clinically useful content has long been the mantra of our journal. We continually evaluate our article categories and their utility for our readers, while at the same time improving the visibility and impact of AJR. Therefore, over the last decade, we have strived to continually improve the scientific nature of our articles. This requires searching for the new hot-topics articles. One of our first initiatives was to encourage section editors to recruit these articles. To achieve our goal, we provided each section with a highlighted issue beginning in January 2009 [4]. The system included a rotating monthly target for each section to provide five to seven recruited clinically practical articles for our readership. This process is still in place today.

During the Robert J. Stanley editorship, there were multiple improvements, including electronic submissions, weekly meetings to prioritize manuscripts, and adding the Women’s Imaging section in 2005. Also, there were 100 web-exclusive pages added to the print journal, resulting in availability of the entire content online. Case reports were no long accepted as of November 2005 [5]. These changes provided great flexibility and latitude for our future opportunities.

An additional content improvement step also occurred in 2009 with the goal of enhancing our journal content, increasing its impact, and meeting the needs of our readers [6]. There were 12 article categories in 2009. We modified Perspectives to Clinical Perspectives, providing an avenue for “how or why I do it” articles requested by responses in our readership survey. Technical Innovations was modified to include techniques, procedures, and equipment innovations, including computer and software innovations. Therefore, the category Computers in Radiology was deleted. We also deleted Clinical Observations because they were not supported by the readership and closely resembled Case Reports, which were deleted in 2005. We also deleted Illustrated Letters to the Editors and Radiologic-Pathologic Conferences because they were also case reports. Original Research, Reviews, Pictorial Essays, Opinion Papers, and Letters to the Editor and Replies remained the same.

In 2011, there was a significant structural and content modification by incorporating AJR Integrative Imaging into AJR. In 2013, all CME products in AJR were qualified by the American Board of Radiology (ABR) for ongoing self-assessment activities. Self-assessment CME was important to meet the requirements of the ABR for Maintenance of Certification. Key modifications occurred in 2014. CME consulting editors were also put in place to assist section editors with selection and question writing. Over time, the subspecialty CME consulting editor list has expanded. There are now 29 editors listed on the masthead page in each issue of AJR. There are eight credit (self-assessment CME) articles in each issue of AJR. Thus, there are 96 credit articles each year, providing a specialty related list for our readers to easily meet the ABR requirements.

A new special article type, Best Practices, began in 2014 under the leadership of Pari V. Pandharipande, special consulting editor [7]. Pari developed a template for meta-analysis articles in the special solicited only article type. Working with the section editors, the original goal was to provide one article in each issue of AJR. The complexity of author selection and preparing these articles is such that we have not achieved our original goal. Therefore, in July 2018 we opened the article type so authors could submit proposals for Best Practices articles. Thus far, there have been 51 submissions and, if accepted, the number of articles could increase significantly. Pandharipande has been joined in her efforts by Stella Kang. Together, the special consulting editors will lead article expansion into the future. These articles are among the most popular and most cited in the journal. Best Practices is in our online collections. In 2018, the articles had 22,064 full text reads.

Our efforts to enhance our content have been a priority of this editorial team [2]. Content enhancement has been a key initiative since 2009. In 2017, we introduced several new article types for submissions to AJR. Our goal was to increase our diagnostic accuracy (Standards for Reporting Diagnostic Accuracy [STARD]), observational studies (Standards for Reporting Observational Studies in Epidemiology [STROBE]), prospective studies and trials, and evidence-based medicine categories. As a result, we modified the author guidelines to encourage these submissions and provided links to the full EQUATOR Network checklist used for creating and optimizing these articles [8]. In addition, we provided modified checklists that were more imaging friendly for our authors for STARD and STROBE articles, as well as new templates for Original Research and Review Articles. To date, we have received 81 diagnostic accuracy submissions and 23 observational studies. These combined data accounted for only 6% of total submissions in 2018. Therefore, reaching our goal will require increased efforts on the part of all AJR editors. All section editors are encouraging submissions in these categories, especially in their highlight or focused issue.

The challenges of the electronic era continue to expand [3]. Thus, there has been little time for us in the comfort zone. However, we trust that the lessons learned and our
continued efforts will enhance the visibility, impact, quality, and scientific integrity of *AJR*. Perhaps our new activities outside the comfort zone will allow us to find more critical growth and improvement opportunities than we ever thought possible [3].

Thomas H. Berquist  
*Editor in Chief*  
ajrsubmit@arrs.org

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**References**

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