

## Why Was Our Manuscript Rejected?

Xavier Bosch<sup>a</sup>, Fernando Alfonso<sup>b</sup> and Javier Bermejo<sup>b</sup>

<sup>a</sup>Editor-Jefe y <sup>b</sup>Editores Asociados de REVISTA ESPAÑOLA DE CARDIOLOGÍA.

A year ago, William W. Parmley, in an editorial published in *The Journal of the American College of Cardiology*,<sup>1</sup> explained the editorial process that was followed in that journal and how they had been forced to accept fewer and fewer articles and, consequently, reject many good articles. Little did we imagine that one year later we would have to publish a similar editorial.

In recent months we have received letters from authors whose article has been rejected. After defending their point of view with respect to the merits of the work and rebutting the arguments of the experts consulted, they concluded that the comments of the evaluators were not overly negative and they formulated the question that figures as the title of this Editor's Page. This has motivated us to write this note to explain to our readers the editorial procedure followed in evaluating the articles, how this procedure has evolved in recent years, and the rationale of the final decision. We would like the authors who have articles that are rejected to better understand some of the reasons for this, especially when the comments from the reviewers have not been particularly negative.

### THE EDITORIAL PROCESS

All articles submitted for evaluation are sent to two experts who evaluate them based on the article's interest, originality, quality of methodology, clarity of writing and relevance of the results in relation to previous knowledge on the subject. Finally, they are asked to make a recommendation regarding its possible publication, and to provide a composite score of the points mentioned previously. In many cases, the article is also sent to an expert in statistics and research methodology for judgment of these specific aspects of the articles.

Once the evaluations are received in the stipulated time periods, the editors assess the different opinions, which often are contradictory, and decide if the article can be accepted in its initial version or must be rejected. Since we require that the criteria of the reviewers coincide, the editors are only infrequently asked to issue this opinion because reviewers coincide in only

30% of cases. On most occasions, the reviewers or editors express disagreement with methodological aspects, the presentation of results, writing of the discussion, or they request additional information. Occasionally, if the opinions are totally opposed, the opinion of a third reviewer is sought. In cases in which articles are not accepted or are initially rejected, authors are advised to change their papers and are offered a second opportunity. In other cases, authors are told that the article cannot be published in the journal in its current form, although will be accepted for a second evaluation if major changes are made and the expert evaluations enclosed in the letter are responded to. It must be emphasized that, in addition to the evaluation for authors, the reviewers submit confidential comments to editors summarizing their general opinion of the article and making more direct commentaries. On a few occasions, these comments differ from the comments that are sent to authors.

Until relatively recently, the editorial meetings at which the final decisions was made regarding the acceptance or rejection of articles were tranquil because, due to the small number of articles received, most of them to be published. Consequently, although the initial evaluation was not positive, authors were offered the possibility of a new assessment after changes had been made and an explicit statement recognizing the limitations of the study was added to the text. This editorial policy, meticulously explained to reviewers, has ensured that the evaluations of articles have always been excellent and, without doubt, are among the most explicit and detailed used by international cardiology journals.

### RATIO OF SUBMISSIONS TO PUBLISHABLE ARTICLES

The improved quality of the journal and its increased popularity have drawn a progressively larger number of article submissions. Consequently, the mean of 10 articles a month submitted in 1995 increased to 15 a month in 1999.<sup>2</sup> This caused an alarming increase in the time to publication, and decisions had to be adopted to correct these effects while safeguarding the inte-

rests of the authors and readers of the journal. For that reason, we decided to increase the number of published articles from 850 pages a year published in 1995 to 1000 pages in 1998 and more than 1500 pages in 2000.<sup>3</sup> In addition, we gave preference to the publication of original articles over brief communications or clinical cases. This allowed us to adhere to the same editorial policy and to continue to accept 70% of the original articles received.

Ultimately, since the journal began to be published in English, we have limited the extension of articles to enhance their concision and increase the number of published articles. In spite of this, the number of article submissions has continued to increase (18 a month in 2001 and 20 a month in the first semester of 2002). Since we cannot continue to increase the number of published pages (which is currently similar to that of journals like the *European Heart Journal*) due to problems of cost and the weight established by the postal service for sending journals, we have been forced to limit the maximum number of articles per month and increase the rejection rate.

Consequently, the publishers of the journal now have the same problem as the foremost international journals, they cannot publish all the good articles submitted. This has been forcing us for months to classify articles by their originality, clinical quality, and interest, and to reject those that do not have sufficient publication priority. Given our preference for original articles over other submissions, the rejection rate has particularly affected clinical cases and images in cardiology.

## PUBLICATION CRITERIA

Therefore, a rejected article is not necessarily a poor article, but an article that has not attained sufficient publication priority. In the case of images in cardiology, this priority is based essentially on the reproduction quality of the potential image and its educational value. For clinical cases, priority is placed on clinical educational value, such as descriptions of little known adverse drug effects or of situations from which something can be learned, which enable clinicians to better diagnose or treat patients in similar situations. In the case of original articles, the relevance in relation to the topic is evaluated, as well as how the number of

readers of REVISTA ESPAÑOLA DE CARDIOLOGÍA who may find it interesting. In addition, we look for variety in the topics addressed and try to avoid repeating articles on the same topic.

It must be recognized that the system of expert evaluation has many potentially weak points, but nonetheless continues to be the least bad of systems. We all know of articles that have had great impact and have been previously rejected in more prestigious journals. Therefore, the fact that an article is rejected does not reflect poorly on it, it simply means that we cannot publish all the good articles that are submitted.

However, it is important to explain that when articles are not simply awaiting a verdict of acceptance/rejection from a journal with a high rate of acceptance, but competing for the opportunity to be published in more restrictive journals, certain points are very important. Evidently, in such circumstances the articles that do not comply with all publication norms will be assessed less favorably. However, it is particularly important to stress the quality and extension of the responses to reviewers. When an author receives letter saying that an article has not been accepted in its present format, but will be admitted for a second evaluation if certain changes are made and the questions raised by reviewers are answered adequately, it means exactly that. The article has not been accepted in its initial form and has a 50% probability of being accepted depending on how authors respond to reviewers. The final decision will depend entirely on the quality of the changes and of the responses made to the questions raised.

Although we know that no argument will fully satisfy an author who has just had an article turned down, we hope that these explanations will help authors to understand the conditions involved and the editorial decision-making process.

## REFERENCES

1. Parmley WW. Why did JACC reject my manuscript? *J Am Coll Cardiol* 2001;37:323-4.
2. Bosch X, Villacastín JP, Alonso J. Reunión del comité editorial y asesor de Revista Española de Cardiología de 1999. *Rev Esp Cardiol* 1999;52:1165-6.
3. Bosch X, Villacastín JP, Alfonso F. Difusión, reconocimiento científico y repercusión internacional. *Rev Esp Cardiol* 2001;54:1463-5.