

### **Editor's Report on Volume 76, 2005**

#### **Production**

The 6 regular issues of volume 76 (75 2004, 74 2003) contained 951 (784, 719) printed pages with 143 (123, 124) Articles (12 of them case reports and technical notes) 6 (3, 6) Editorials, 4 (3, 0) Reviews, 10 (10, 7) Book reviews and 3 (1, 4) Letter to the editor. We have published 5 (3, 4) Supplements (4 doctoral theses). The total number of pages printed in 2005 was 1158 (1035, 893), regular issues 951 pages, supplements 207 pages.

One reason for the increase in printed is a backlog of accepted manuscripts, to decrease this backlog issues during 2005 have been larger than usual; our Dec 2005 issue comprised 217 pages!

#### **Submission of manuscripts**

626 manuscripts were submitted in 2005 (2004 645, 2003 414, 2002 417, 2001 444). Half of them were clinical, almost one third case reports (5% accepted, 11 published 2005), and 15% experimental.

One quarter (one fifth 2004, one quarter 2003) of the manuscripts were submitted from Scandinavia and The Netherlands. Sweden submitted 53 (38, 37), The Netherlands 40 (45, 26), Denmark 18 (25, 24), Finland 23 (19, 13), Norway 18 (18, 7) and Iceland 2 (1, 0) ms. Thus, the absolute number of ms submitted from The Netherlands and Scandinavia has increased from 108 year 2003 to 154 year 2005.

Most manuscripts were submitted from UK 89 (68 2004, 27 2003), Sweden 53 (38, 37), Japan 49 (56, 65), Turkey 42 (66, 36), Germany 42 (42, 41) and The Netherlands 40 (45, 26), and South Korea 27 (13, 14).

#### **Handling times and acceptance rate**

The handling times have decreased thanks to Manuscript Manager (see below) and were about the same as in 2004. During 2005 the mean time from submittance to first letter from co-editor was 5–6 weeks. Excluding case reports the time was 7–10 weeks. The mean time from submission to publication has since several years been between 1 and 1.5 year. It was less than 1 year 2005. The mean time from acceptance to publication was 2005 6 months. We strive for a decrease of both times.

The acceptance rate 2005 was 20%, the same as 2004 but have decreased from the 30% we had 1997–2003.

#### **Subscriptions**

On Dec 2005 we had 4598 subscribers (2004 4830, 2003 4639, 2002 4580, 2001 4859). 3335 were collective subscribers, 1154 institutional (mainly libraries), and 85 personal (Tables 1 and 2).

Institutional (mainly libraries) subscriptions have decreased by 27% during 1999–2005, from 1703 to 1154 (Table 3). This is a general phenomenon, not unique for Acta, because of the stretched economy of the libraries caused by the substantial increases of the subscription prices for many journals owned by the large, for-profit, publishers (Acta is an exception being a non-profit journal owned by NOF, subscription cost for collective subscribers has been unchanged since several years and is as low as 60 Euros). A still larger decrease will probably follow over the next years because Acta since 2005 is an Open Access journal, free on the Net immediately after publication. The previous 3 years, 2002–04, Acta was free 6 months after publication.

#### **Finances**

Our economy is good, see separate report from Peter Frandsen.

#### **eACTA/Open Access**

Full text Acta articles are from 2005 free for all on the Net at the same time as the paper publication. (Many journals have a 6–12 months delay.) They are easy accessed via PubMed where abstracts are marked with an icon “Open Access. Full content available free online” linked to an electronic library managed by our publisher, Taylor and Francis. This library contains all Acta articles published since 2000.

The next step will be online Preview (Preprint) publication of accepted articles which have been fully processed to their final form. These Preview articles will also be free on the Net. This means that the time from acceptance to formal paper publication will not be critical.

#### **Impact factor**

Acta's impact factor was 10 years ago 0.6, for 2002 it was 1.2, year 2003 it was 0.8, year 2004 1.0 (JBJS Am 1.9, JBJS Br 1.3, CORR 1.4).

#### **Manuscript Manager**

Our electronic manuscript system (Manuscript Manager, MM) for electronic handling of manuscripts, including the review process, started Feb 2004 and now functions without problems. Especially authors are satisfied; online submission with MM is considerably easier than with many of the other systems used by other journals.

## **Seppo Santavirta**

Co-editor Seppo Santavirta died Jun 22, 2005. Seppo was co-editor in Acta since 1989 until his death. During this time he edited hundreds of manuscripts and raised enthusiasm in a lot of international researchers to write articles and reviews for Acta. Seppo was honoured by an obituary in Acta's 2005 Oct issue.

Yrjö Konttinen, Helsingfors, has been elected new co-editor to replace Seppo Santavirta

## **Editors' meetings**

The Editors have had 2 meetings, March in Nyborg, Denmark, together with James Scott, editor of JBJS (Br), and September in London, at the JBJS office. Frank Horan, emeritus editor at JBJS, attended part of that meeting. Some issues discussed at these meetings are summarized below.

### *Nyborg*

JBJS (Br) is our closest journal; a "cross-referencing index" shows that the two orthopedic journals which cite each other most are Acta and JBJS

James Scott said that JBJS (Br), with 17,000 subscribers, gets 1100 ms a year, accepts 15% and will increase from 8 annual numbers to 12. JBJS has an Editorial Board of 25 distinguished orthopedists who serve for 3 years, do a lot of the review work, and meet 4–6 times a year to discuss problematic manuscripts. Once a manuscript is accepted it is editorially revised by either JS or Frank Horan or one of the 6–8 associate editors who each spend half or a full day once a week to revise ms. The other editorial work, including processing manuscripts into printed articles, is managed by 15 persons in the office at Buckingham Street. It is no exaggeration to say that JBJS office is more extensive than Acta's!

We discussed the "Level of evidence" classification of articles as used in for example the American JBJS. We agreed on the usefulness of this classification and that sooner or later probably many journals will adopt it. However, there is a risk that the classification is misused to indicate the quality of a specific article; not all orthopedic (or medical) problems can be solved by, or require, an 1A (randomized clinical trial, RCT) study.

### *London*

Bart Swierstra reported from the 2005 Congress on Peer Review and Biomedical Publication with a guest lecture by Eugene Garfield (the inventor of the impact factor): "The agony and the ecstasy, the history and meaning of the journal impact factor". EG said (as he has repeatedly done) that the impact factor was never meant to be (mis)used for evaluation of individual researchers.

Jonas Ranstam lectured about hypothesis testing and the multiplicity problem. Part of the lecture was based on the not always respected fact the clinical significance of a finding is not even remotely related to its statistical significance

## **The Future**

Open Access has come to stay; an increasing number of the large international grant givers now require funded authors to publish their research results in Open Access journals or, in other ways, make publications immediately available on the Net, for free. Acta is now an Open Access journal. This means that we slowly lose library subscribers, today our main source of income. Many believe that journals in the future will be author-paid but reader-free. Already today some journals, owned by commercial publishers and not free on the Net, offer authors to have their specific article laid free on the Net for a cost around 1000–1500 USD. Obviously some authors are already prepared to pay for Open Access publication.

Another Scandinavian journal, Acta Dermatologica-Venerologica, introduced in 2006 page-charges and special fees for Open Access publication and Acta will follow this experiment with interest.

Anders Rydholm

Lund 2006-05-19

