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## The editorial process and evaluation of a manuscript

**Prof Siepe:** Good evening to everybody. I'm really honoured to speak in this forum, this very nice forum of the e-ESO. And if you allow, I will share my presentation and I will. I especially, want to thank Luca Bertolaccini to invite me to this session.

**Dr Bertolaccini:** It was a pleasure to have Professor Siepe here.

**Prof Siepe:** Okay, I'm talking to you in my role as the Editor-in-Chief of the European Journal of Cardio-Thoracic Surgery, which is the official journal of the EACTS and ESTS. And I want to go a little bit through the editorial process, what happens to your manuscripts when you submit them to our journal. And it will be like in many other journals as well. And only to remind you, you are always free to post questions. And Luca is instructed to ask me any time and also, afterwards. So, of course, the editorial process always starts with your submission and this submission can take a few days, and it can also take a lot of your nerves because in the submission, sometimes the paper goes back and forth, back and forth with the editorial office for formalities. And when you have finished this process, the Associate Editor will get it for a first evaluation. And sometimes, your manuscript might enter a sudden death process, which is of course not a positive thing. But on the other hand, you will get your rejection within a few days and can ask another journal to look at your paper. So, I think it is in a way also good for the authors to know it very early. If sudden death is not done, it enters the first revision round where we have three reviewers and one statistician. And after those, the Associate Editor gets it again and after his evaluation, I get it. So, you might expect the first decision after three to six weeks, this might take you to a revision. And I remember almost no original paper, which has received no revision in the whole process. So, it never happens that you have a super-shot. And then, you might enter a second or a third review round. And sometimes, it is sent back to the reviewers but sometimes, the AE or myself, we decide it's not needed because it's only a very small thing that has to be corrected and we don't need the reviewer to evaluate it again. But on the other hand, if the reviewer says, well, I need another group of experiment or a group of patients, then it will be normal to send it back to the reviewer for evaluation. The possibilities of decisions can be accept, revision, either minor or major revision, rejection, and also transfer, transfer to our sister journal, the ICVTS or MMCTS for more technical papers or reformat. Reformat could be from an original article to a brief communication or from a case-report to a video that would be normal options. So, let's take the best case here. Paper gets accepted, and then we go, we changed our model, that we go right to a publication of your original file. Your original PDF is now after I think one day or a couple or maybe, two days can be seen on our homepage and on PubMed. And in the meantime, we enter the typesetting and the proofreading, and so that it gets a nice looking, the paper. And then, it will appear online and in our system like this. That is then the final publication. And the final publication date is usually like four to five months after your acceptance date. And to have a little bit of a feeling how we work in the editorial process, I want to get you inside the system. We have an editorial manager system, okay. And all the papers that are submitted and enter my queue appear in this. And I talked to all people involved in

this paper, and I want to take you in this paper, it's from a Congenital Cardiac Surgery. And there you see what I see at the final stage of editor's decision. I see four reviews giving these recommendations, and I see the Associate Editor giving his recommendation. That is only, that is in a nutshell, but I can also read their remarks. They are in here and well, it's meaningless to go into detail, but I can show you some options like the history. And that is what I told you just in the last few minutes, here's the history of the paper. It was submitted in May 20th. And it took seven days. You see it here, or even a little bit longer, to fix all the format problems.

**Dr Bertolaccini:** Matthias, sorry, but the history is a pop-up so, we cannot see it.

**Prof Siepe:** Okay, okay, it's hidden. Okay, it took, so, I will only explain it. It took seven days to fix all the problems and ten times forth and back with the author to fix all formalities and then get it to the AE. And then the review process took four weeks or five weeks. And so, now we are here with me to take a final decision. And what helps me is some rankings and what helps our system is the rankings of our reviewers. It would be possible now to show you the reviewer, how we select reviewers but I guess it will not appear on your screen. But finally, that is our process to finally, I can maybe show you what I should do now. I should select accept minor revision or transfer options, and that it would automatically be sent back to the authors for, well, let's say, revision. So, that is how a system from inside works. So, I will switch it again to my presentation unless there's no questions so far. Okay, and of course you are also very interested in what I'm as an Editor-in- Chief looking for when you submit your work. And the first thing is, of course, I look for valuable content and also, the papers should meet the high-format requirements that we finally have. And that most of the big authors in large journals have. And also, a very important point is that you have to adhere to international scientific reporting standards. Then, I will go into detail a little bit further down the line and maybe some personal points, which makes me happy or unhappy. And that are also some little helpers for you. So, valuable content, you always have to ask yourself, will anybody care? Don't publish only because you have series, but will anybody care, will patients get treated better? Do they change guidelines or do they initiate follow-up studies? And all those work will attract our reviewers and also readers' attention. If it is only a footnote, or the footnote in the history of something, it will most likely not be accepted because it's not important work. So, when you start projects, I think you always have to remind yourself that you concentrate on something really important. And of course, something that is possible in the environment that you are in. Of course, it is always better to have large scale prospective trials, but sometimes, that's not possible. And so, you should do what is doable in your education level and the environment. So, let us go a little bit further deep into what I mean with formative good papers. And I love concise titles that summarise what you have done, a comparison, for example, between this and that group. And sometimes you can also highlight your main findings in the title, but the title should be concise and spend a lot of time to create the title. And also, the abstract, abstract is important, but also, important is right now the visual abstract. People will take your visual abstract to take them to their presentations. So, that is something important when you think about, well, how other people will use your data. And for the introduction, all the readers and reviewers love short introductions. And of course, a very clear hypothesis, if possible, in one sentence, and then the study of the example. The aim of the study is to evaluate our results after direct and side-graft cannulation of the right axillary artery. That is a short hypothesis, which we like. And to go further with the text in the abstract and also in the paper, your conclusions should always match the results. Don't make conclusions that have more or less nothing to do with the results, but stay with your results and conclude from there, that's a very often remark from the reviewers When you create the paper, it is important that you use modern methods and statistics. I always recommend to involve a real bias statistician because the requirements are so intense for our papers at the moment. And also, papers must be well written. There's no other way, so I can recommend, or to have always one native speaker or professional language editing service looking at your journal, at your paper. At everybody of us, we are surgeons, we love drawings. This is from 30 years ago, and it's a wonderful operation. And I think it is also so successful because the publication was so great and the drawings were great. It's 30 years ago. Nowadays, the drawings must also be perfect, but I think it is also

good that you add a video. People love to watch videos, and it is also very educational when you have surgical technique and you show how you do it and how you perform it. And it makes your paper more lively, and it increases the likelihood to be accepted. Luca, is there any question so far, so that I need to stop?

**Dr Bertolaccini:** No, we could move on.

**Prof Siepe:** Okay, thank you. When you create plots, figures, tables, there you have to spend time. Until now for showing a dater, I prefer this type of box and whisker plot because it shows a lot of in one graph without exaggerating some graphical highlights. So, it shows the median, lower and upper quartiles outliers. And so, it's a simple but scientifically very well. Don't add 3D graphs or funny graphs that do not help. I think this is one way. A lot of publications right now have Kaplan-Meier curves with it. And one of our statisticians gave me this slide. It's very difficult to create a really good Kaplan-Meier curve. And I will go into this bad and good example in a little bit more detail. In the left side, you have undefined statistics, you see it here. It just gives you a P value. You have unlabelled axes. The font size is unreadable. You have unclear axes here. It might be days or weeks and inappropriate axes breaks. So, in this good example, you have the supporting data spots and easily distinguishable lines. You have some grid marks in between. And also, this supporting data is very important that you have the number of patients at risk down the line. And of course, a good legend, so, which line is good. I want to give you an example of a bad table and go into some frequent mistakes. So, this is now getting a little bit busy, but missing statistics, for example, standard deviation are not the same statistics in all the parameters, then inappropriate precisions, look, here's 1 after the comma and here's 4, then you have inconsistent precisions, like here. It makes no sense for these data here to have... for precision here. And sometimes, the percentages, I just simply incorrectly calculated because I guess this one... more patients coming to statistics. And then, you forget to recalculate the percentages. And sometimes the numbers here do not match-up to the total, which is a disaster. And of course, missing measurement units, undefined statistics as well, and undefined variables is not good. So, when you have reached the second step and you are in the revision, this is now the next step and a very important step as well. And I think it is, if you follow the rules, you can really predict that your paper might be accepted. So, if you respond to the reviewers always repeat exactly what the reviewer has written, then respond to all his comments. It always needs a response, and then, state what you have changed in the manuscript. And it can only say to you that almost all of the comments need to have some form of change in the manuscript as well. And then, add, of course, a marked-up version of the paper. And if you respond to all the reviewer comments and most of them leads to a changing of your manuscripts, I think the chance that it is rejected is very unlikely. I want to go into some International Reporting Standards. And one of this is very important because some papers just get rejected because of this. We need, before you start the first patient in a clinical trial, you need to register the study, look at this ICMJE definition which defines a clinical trial, where you prospectively assign people or a group of people to an intervention, with or without a concurrent comparison group. So, if you have a prospective trial where you assign people to an intervention and it can be, the intervention can also be a CT-scan before the operation. So, that changes something. Then, you need to register it. If it is not registered, it will be rejected, regardless of if it is the best study you ever seen. And of course, you need an ethical approval and you have to follow the checklists that are required by the journal that you submit to. And I want to conclude with some points that make me especially happy. Of course, I'm hunting for a good impact factor, by the way our journal just got the new metrics. So, we will end up with 4.6, which I love. It's a nice increase for the European Journal. So, but that's what's a cite note. I look for the impact factor and what increases the impact factor of our journal is cross citations to our own publication. So, if I have ICU, if you submit to another journal, look into that other journal, what they published on your area, and then include some of the citations from this respective journal that will make the editor happy. And also, self-promote your work. If it was accepted, please put it on Twitter, put it on LinkedIn and say, well, look at our new great study because people will like it, will maybe look into it and say that's good for you and good for us. And always respond to all commentaries to your work because people will get crazy if you don't answer the questions. And my final remark is, create no problems. Plagiarism and false data will be spotted sooner or later. It's possible that it

goes through the review process. And nobody noticed that this was false data, but at a later stage, it is even worse. And it can destroy careers. So, there's no need to, you do good work and defend your good work, but don't put false data or plagiarism. And usually, if you complain, if you complain about, oh, the rejection is unfair, it never works. It never works. I can remember only one case where we changed our decision. We will usually not change our decision. So, I know it's frustrating sometimes. And sometimes, the review process is unfair. We experience it as well, papers get rejected even though we think, and we know it is very good work, but it happens. It is sometimes in our review this review-based evaluation is sometimes not optimal. And sometimes, there is fights in your units. And this is brought to publications and you are asking the editor to, well, erase one of the authors. I think these fights should be kept local and minimised, and it shouldn't be part of the publishing process. So, that were my final remarks. And then, I thank you for your attention, and I'm very open for your questions with this nice picture of the Alps in Bern, Switzerland.

**Dr Bertolaccini:** Thank you so much, Professor Siepe. Thank you so much Matthias for your clear presentation. We have some questions from the floor and the first one is about European Journal and I think this asks us, the review process in European Journal, is blinded to the reviewer or not-blinded?

**Prof Siepe:** Well, to the reviewer it is not-blinded. They see the names or they see the institution, they see everything. We were thinking about that. But for the abstracts to the meetings, we blind it, there it is possible to go through the slides. For the papers, we tried it to blind it, but it was almost impossible because the readers, the reviewers spotted it anyhow, because it was hidden some information in the methods, or they referred to old data from themselves in the introduction is not hideable or it takes a lot of time and therefore money. So, we don't blind it. The reviewers are right now blinded, but we ask the reviewers, if they allow us to name them personally below the manuscript. And now, we publish the names of the reviewers if they allow to after the manuscript. Some journals switched over to an open review system or a crowd review system for papers, which is a good model as well. But so far, we stick to the old one because we gathered information that it is not so convincingly improving the quality.

**Dr Bertolaccini:** Thank you, Matthias. Another question is, how should I choose the right journal to send my paper for evaluation?

**Prof Siepe:** That's a difficult and important question. And usually, what I did when I was a young researcher, I asked my more experienced buddies because they have a better feeling of where it might suit and where the interest of the readers is highest. And when you have a paper and you want to have a shot in a very high journal, just try it. Because most of the higher-rank journals, let's say, Circulation or Lancet or whatever, they have also this sudden death model that you do not lose a lot of time when you just try it. And more or less you level out in the area where your paper is best suited. And you can also, when you create your paper, look into PubMed and see where papers from the same topic have recently been published. If I see papers that had created a lot of content in the last two years, it is more likely that I'm interested in the work, because I love discussion around the same topics, because it makes a lot of sense to discuss these in depth. And also, it makes sense for cross citations and in terms of impact factor improvement. That's also one argument.

**Dr Bertolaccini:** And another question is about the impact factor, how relevant is the impact factor for my career?

**Prof Siepe:** So, when I applied for positions and created CVs, it was the only marker that was asked for. Right now, a lot of universities use other metrics, other metrics that are maybe better than the impact factor. The impact factor has a lot of imperfections in it. And it's also easy to manipulate. So, a lot of universities use now metrics that are more linked to citations to your work. How many citations did your work create? So, the impact factor, but well, nevertheless, people still submit their best work to the highest possible rank journal and the ranking, even though we have tons of other metrics, the most important one still is the impact factor. I have to be honest.

**Dr Bertolaccini:** I agree with you. We have another question from the floors. Sometimes, the request of the reviewer leads to substantial changes in the manuscript, changes that authors are not often willing to make. What would you suggest in these cases? Comply with the reviewer's suggestion or protect the integrity of one's work?

**Prof Siepe:** Difficult, difficult. Of course, it depends. And Luca, you are a very experienced Associate Editor and I am happy to say that among our absolute best ones, I love your recommendations and you know how hard it is. If a reviewer recommends to add a very different statistical model, then, it might be possible with a lot of work. And you also have to think, is this meaningful? Will this make my paper better? If you decide, well, let's take a different example. If the reviewer, if one reviewer says, well, the control group is missing, please add a control group. This happens a lot. If this comes from one reviewer and the others are fine with your setting, there might be an option to argue against it, but take good arguments against it. If you do not follow the reviewer advice, find good arguments. But if it comes from two or even three reviewers, you will not get out of it. You will not get out of it. If they ask to change the statistic to a propensity score comparison, I think you have to do it, otherwise it will be rejected.

**Dr Bertolaccini:** Yeah, absolutely, I agree with you. Another question from the floor is, why, Professor Siepe, a lot of journals publish papers with editorial commentaries opinion published with the paper?

**Prof Siepe:** Sorry, I didn't get it.

**Dr Bertolaccini:** So, the question is, why a lot of the journals publish papers and publish editorials or commentary with the paper in the same time?

**Prof Siepe:** That was started some years ago by our American friends and they were quite successful with it. And to be honest, in the beginning, I thought that's far exaggerated that all papers get a commentary, but finally, if I went through the JTCVS and the Annals, I experienced that I read more commentaries than papers finally, because they were really good. So, I think a good selection of a commentary makes a paper more valuable. And we also sometimes try to invite the most critical reviewer for this paper because we actually would launch some open discussion around the data. So, in the optimal world that would open even more discussion and create more scientific activity. But the downside is if you have many boring commentaries that only adds useless papers. So, I think that it's really our task to select those ones who are able to create valuable content or critical evaluation of this paper. And not just publish a few words with their name, which you sometimes see. So, what we are right now doing is that we change to the model that we would combine each paper with one commentary of an expert in the field.

**Dr Bertolaccini:** Two questions from the floor. The first is, Professor Siepe, why the case report is so difficult to be accepted in a journal? Yeah.

**Prof Siepe:** Yeah. It is difficult. We decided to have case reports only accepted if it is really very new content. And if it is only a very big tumour again and again, or a disease that is known, I feel that it is not a sufficient scientific content. Sometimes I agree case reports it's a lot of fun to read. I particularly love to read them sometimes because it's good photos, maybe good video, but it is rare that real new stuff arises in a case report. And so, we want to save our limited space for really new scientific content. That is a reason [Audio Not Clear]. The reason is not for the impact factor because it is not counted anyhow. So, it's a little bit costly because it costs the journal for content. And we, well, in this cost, we want to focus on scientific content. But as a matter of fact, that is also one parameter. We ask our Associate Editors to have an acceptance rate of this and that. And Luca might agree that it is the easiest way to get this done in rejecting a lot of not well-written case reports.

**Dr Bertolaccini:** Yeah, absolutely, I agree with you. And we have the last question, Professor Siepe, how could I increase the citations of my published article?

**Prof Siepe:** Yeah, one factor I mentioned. I mentioned that you self-promote your data in Twitter, LinkedIn, and you can also there's no bad thing about it to cite your own work so that it maybe gets more citations. And whenever you give talks, it's also possible to show some of your work that it's legal. No problem about that, but there's, I think there's no other way to manipulate how they appear in PubMed or Google Scholar that they appear high-up. If you enter a keyword, but of course, concerning keywords that is important because the search machines will find only your paper when the keywords are matching, because that's the link for PubMed search machine.

**Dr Bertolaccini:** Thank you so much to Professor Siepe for this beautiful presentation and for your time. In a past session, we have invited Alan Sule, one of the Associate Editors of European and Alan compared the editorial staff to some cast of Star Wars and compared the Associate Editor and Editor-in-Chief to the Darth Vader, to the dark side of the force. So, I hope that this evening for the online session or this morning or afternoon for the recorded session, we have demonstrated that we are not Darth Vader but we are not the dark side of the force.

**Prof Siepe:** No, and I hope I convinced that we want to help you creating better manuscripts. And also, we love good content. We love to have good papers. And so, we work a lot in our free time to get your best papers and to improve your papers and publish seminal journal.

**Dr Bertolaccini:** Thank you so much, Professor Siepe, thank you so much, Matthias. Thank you everybody for your attendance and have a good morning, afternoon, evening.

**Prof Siepe:** Bye, thank you.