

Why Send Your Paper to *Gastroenterology*: Global Outreach and Partnerships With Sister Journals, *CGH* and *CMGH*, Among a Menu of Offerings



First published in 1943, *Gastroenterology* remains the premiere journal in the field of digestive diseases. The original mission of *Gastroenterology*, as envisioned by its founding editors, was to disseminate advances in the field to a thriving community of gastroenterology and hepatology practitioners and researchers.¹ Moreover, the first editors and American Gastroenterological Association (AGA) leaders wanted *Gastroenterology* to be a home for translating state-of-the-art basic, translational, and clinical research findings and concepts for readers so that such findings could be of practical use and advance the science of gastroenterology at large. Today's editors uphold these goals, striving to meet the needs of vast domestic and international audiences.

To achieve *Gastroenterology*'s mission, and throughout its history, the boards of editors have focused on providing fair, high-quality, and consistent reviews, which has resulted in publishing the most influential research in the field. Over time, the proportion of papers accepted by the journal gradually decreased from an astounding 81% in 1945 to nearly 10% in recent years. This decline in the acceptance rate demonstrates the increasing expectations by journals that focus on publishing the best of the best and the editors' continued commitment to excellence.

Since its emergence in 1985, the Impact Factor has been a benchmark in biomedical journal publishing, despite recurrent discussions and publications about how this measure has inherent

flaws and distortions.²⁻⁵ Although we fully acknowledge the misuses of the impact factor to evaluate scientific research, *Gastroenterology* has consistently held the highest Impact Factor (13.9 for 2013) in an ever-growing field of gastrointestinal, hepatology, and pancreatology journals (currently there are 74 such journals; as recently as 2008, there were only 55 journals in this category). Putting the Impact Factor aside, our overall goal is to publish the highest quality research that encompasses all the subdisciplines in our field.

Over the course of its 7-decade history, *Gastroenterology* has not only led the field in terms of the quality of content it publishes, but also in the way it disseminates such content. With the evolution of computers and the advent of the Internet, *Gastroenterology* quickly adopted a digital presence and was no longer confined by the challenges of distance and time. For example, content is made available to the community earlier than ever before (within 3 days of acceptance), and all 3 AGA journals (*Gastroenterology*, *Clinical Gastroenterology and Hepatology* [*CGH*] and *Cellular and Molecular Gastroenterology and Hepatology* [*CMGH*]) have continued to build their digital portfolio by developing multiple social media outlets such as Facebook and Twitter and offering new modes of distribution like tablet apps, podcasts, video abstracts, and a blog. As the Information Age rapidly evolves, so will the dissemination of *Gastroenterology* in an effort to meet the ever-changing needs of its readership—scientists, clinicians, and trainees, among others.

What Types of Original Research Papers Does *Gastroenterology* Publish?

Gastroenterology seeks to publish influential, original research and brief reports that are basic, clinical, and translational in nature and that span the subject areas of the alimentary tract and the liver, pancreas, and biliary organ systems. Historically, the balance between clinical and basic content has

been nearly evenly split (with slight variations between years), which is also true for the alimentary tract as compared with the combination of liver, pancreas, and biliary systems (with liver-related papers predominating as expected).

For clinical content, the editors focus specifically on publishing randomized, controlled trials (typically, phases II–IV), high-quality observational studies, disease burden studies, high-quality meta-analyses, and novel case series. *Gastroenterology* publishes all aspects of clinical trials, including treatment, prevention, diagnosis, screening, and quality of life. Publication priority is determined by factors such as novelty and prospective nature of the study, impact on clinical practice, strength of the experimental design, and mechanistic insight.

Gastroenterology looks also to publish all aspects of influential basic and translational studies that are of interest to the journal's broad readership. These aspects include defining a critical physiologic or disease process or pathway, mechanism for disease progression or prevention; identifying a genetic cause, modifier, or association with disease; describing a novel experimental disease model with new findings; characterizing a novel GI-related mechanism of drug action; and preclinical studies that describe a potential novel therapy, diagnostic or prognostic marker, or tool that is related to a disease. We cover all basic science disciplines that are related to gastroenterology including (alphabetically) biochemistry, cancer, cell and molecular biology, development, genetics, genomics and proteomics, immunology, metabolism, microbial gastroenterology, neurogastroenterology, pharmacology, physiology, signal transduction, and stem cells. We are also interested in the bridge of investigation from basic science to disease application.

Upcoming New Features

New this year, *Gastroenterology* will be increasing the total word limit per manuscript while setting a minimum of 1000 word limit for the "Methods" section as a way to ensure that sufficient

experimental details are included in the main body of the manuscript (rather than the supplemental section, which will still allow space for overflow material) for ease of access and to maximize the ability of others to utilize the experimental protocols. Also new this year, *Gastroenterology* (together with *CGH* and *CMGH*) will introduce ORCID (Open Researcher and Contributor ID), which encourages authors to obtain a unique alphanumeric code to assign to all of their research, so that it can be collected in a single location and name ambiguity can be avoided.

What Happens When a Manuscript is Submitted to *Gastroenterology*?

Manuscripts submitted to *Gastroenterology* via its online submission site are processed by the editorial office within 24 hours. Manuscripts that meet all the requirements of the selected article type (see the journal's Instructions to Authors for more information about specific article requirements) are then sent electronically to the editor-in-chief. Within 24 hours of receiving a newly submitted manuscript, the editor assigns it to an associate editor with the necessary expertise (this may include guest editors, as is the case for all papers submitted by members of our board of editors in order to eliminate potential bias). Typically, 2 editors review a submitted manuscript and make a decision within 2–5 days on whether to send a paper for external review. Internal review takes place most of the time in less than a week, although on rare occasions more time is needed if an editorial board member or other experts are consulted. In 2014, 62% of submitted original manuscripts were declined internally without formal external review.

For externally reviewed manuscripts, *Gastroenterology* assigns 2–3 peer reviewers (which may include or may be supplemented by a biostatistical review), and asks them to submit their reviews within 14 days. Once all reviews are complete, the associate editor either recommends Accept with Revision (meaning the paper is provisionally accepted, but further edits must be made before final

Table 1. The Five Countries With the Most Submitted Manuscripts to *Gastroenterology* for the years 2006, 2008, 2010, 2012, and 2014^a

Year	Countries with Highest Submissions to <i>Gastroenterology</i>	No. of Submissions	% of Overall Submissions
2006 ^b	1. United States	565	31.0
	2. Germany	155	8.5
	3. Japan	149	2.7
	4. Italy	119	6.5
	5. United Kingdom	118	5.4
2008 ^c	1. United States	599	30.1
	2. Japan	167	8.5
	3. Germany	147	7.5
	4. United Kingdom	144	7.3
	Italy	105	5.3
2010 ^d	1. United States	662	30.6
	2. China	181	8.7
	3. Japan	156	7.2
	4. Germany	131	6.1
	5. United Kingdom	113	5.2
2012 ^e	1. United States	652	32.9
	2. China	183	9.2
	3. Japan	160	8.1
	4. Germany	131	6.6
	5. France	103	5.2
2014 ^f	1. United States	551	29.8
	2. China	211	11.4
	3. Japan	118	6.4
	4. Germany	97	5.2
	5. United Kingdom	95	5.1

^aThese numbers include only original research studies, and do not include reviews, editorials, commentaries or other special section type manuscripts.

^bIn 2006, France was 6th with 92 and China was 7th with 66 submitted papers.

^cIn 2008, France was again 6th with 103, but China rose to 102 submitted papers.

^dIn 2010, Italy and France tied with 103 and the Netherlands rose to 90 submissions.

^eIn 2012, submissions from Italy decreased to 70, behind the United Kingdom with 85 and Taiwan with 79.

^fIn 2014, the remaining countries with the 10 highest number of submissions were France, Taiwan, The Netherlands, South Korea, and Italy.

acceptance—first drafts are almost never accepted without further revision); Reject with Hope (meaning the paper is provisionally rejected but the authors have the opportunity to make changes that could lead to acceptance), or Reject. As an additional decision type, the editors of *Gastroenterology* reject a manuscript but on some occasions consult with 1 of our 2 sister journals, *CGH* or *CMGH*. This relationship is discussed in detail elsewhere in this commentary. Decisions on externally reviewed manuscripts are then discussed during a weekly conference call, after which the final decision is sent electronically to the authors within 1–2 days. All editors participate in rendering the final decision for externally reviewed manuscripts.

In 2014, the entire submission process for manuscripts that underwent external peer review, from first assignment to sending a decision letter to authors, took an average of approximately 35 days (6 days, on average, for manuscripts that are not reviewed externally). It is important to highlight that this is the time from when authors push the 'submit' key to the time they receive our decision letter. Many journals do not present these numbers separately and it is important to emphasize that, although efficiency in rendering decisions is important to us, some decisions are delayed because the quality of assessment and decision making are equally important for our board of editors. *Gastroenterology* currently has an

overall 9.4% acceptance rate (during 2014) for original manuscripts.

International Outreach and Reach of *Gastroenterology*

For journals at large, global outreach can contribute to the dissemination of knowledge and information. An important role for journals like *Gastroenterology* is to attract readers globally and to encourage the submission of high-quality papers from all countries where scientific and technology research is flourishing, and from investigative teams anywhere in the world that have important gastroenterology-related studies to showcase. In recent years, the greatest increase in submissions to *Gastroenterology* has come from People's Republic of China, whose manuscript submission rate has more than tripled

from the periods 2006 to 2014 (66 to 211 submissions, respectively; [Table 1](#)). The Chinese government in 2006 announced its "indigenous innovation" plan to turn the country into one of the world's largest sources of scientific and technology research by 2020.⁶ Since then, China last year become our journal's second highest source of manuscript submissions, after the United States ([Table 1](#)). In addition, the number of accepted manuscripts from China last year was fifth, and the percent of accepted international papers per country has surpassed the United States during 2010, 2012, and 2014 ([Table 2](#)). It is also worth noting that nearly 70% of submissions to *Gastroenterology* and nearly 55% of acceptances are from abroad, with many manuscripts from colleagues in Europe and Japan, and these numbers have remained relatively stable over the past 10 years. Submitted manuscripts to *Gastroenterology*

originate from nearly 60 countries worldwide; acceptances are from nearly 30 countries, and we hope that these numbers will increase, particularly for the accepted manuscript category!

Gastroenterology engages in other measures to expand its international reach and relevance. For example, the AGA works with regional medical education companies to publish local editions of *Gastroenterology*. These local editions are in the language spoken in that region and include content from *Gastroenterology* that is relevant to practicing physicians in that area. Currently, *Gastroenterology* has local editions in several countries including India, China, Mexico, The Netherlands, and Italy. Furthermore, for its video abstracts program, *Gastroenterology* encourages authors to submit their videos in both English and in their native language. In addition, *Gastroenterology* retains a group of international consultants and plans to enhance the representation of international experts in its editorial board.

Table 2. The Five Countries With Most Accepted Manuscripts by *Gastroenterology* for the years 2006, 2008, 2010, 2012, and 2014^a

Year	Countries With Highest Accepted Manuscripts by Rank	Number Accepted	% of Accepts From Country's Submissions
2006	1. United States	115	20.4
	2. United Kingdom	20	16.9
	3. Germany	19	12.3
	4. France/Japan (tie)	18	19.6/12.1
	5. Italy	13	10.1
	(China: 3 accepted papers)		
2008	1. United States	167	25.2
	2. Germany	28	19.0
	3. Japan	23	13.8
	4. France/Italy (tie)	17	16.5/16.1
	5. United Kingdom	16	11.1
	(China: 4 accepted papers)		
2010	1. United States	168	25.4
	2. United Kingdom	21	18.6
	3. France	20	19.4
	4. Canada	17	28.8
	5. Japan/The Netherlands (tie)	15	9.6/16.7
	(China: 4 accepted papers)		
2012	1. United States	93	14.3
	2. Germany	20	15.3
	3. France	14	13.6
	4. United Kingdom	13	15.3
	5. Japan	12	7.5
	(China: 11 accepted papers)		
2014	1. United States	80	14.5
	2. Spain	12	18.5
	3. The Netherlands	11	14.9
	4. Canada/United Kingdom (tie)	9	13.6/9.5
	5. China	7	3.3

^aThese numbers include only original research studies, and do not include reviews, editorials, commentaries, or other special section type manuscripts.

An Efficient Pathway for Authors from *Gastroenterology* to *CGH* and *CMGH*

Gastroenterology has a daily relationship with its sister journals, *CGH* and *CMGH*. *CGH* publishes a broad spectrum of papers in clinical gastroenterology and hepatology, and *CMGH* publishes digestive biology research that ranges from mechanisms of normal function to pathobiology. *CGH* ranks 7th among the 74 journals in gastroenterology and hepatology (with a 2013 Impact Factor of 6.5) and has an increasing number of original research submissions (1259 submissions in 2013 and 1473 submissions in 2014); *CMGH* is the AGA's new and exciting basic science journal that published its first issue in January 2015. All 3 journals have a commitment to publish the highest quality research, and as such, have in place two author-friendly mechanisms by which highly meritorious basic science or clinical manuscripts, which do not meet the acceptance bar for *Gastroenterology*, can in a limited number of cases be sent to

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the editors of *CGH* or *CMGH* for evaluation. The transfers to *CGH* or *CMGH* make up nearly 20% of the manuscripts that *Gastroenterology* turns down, either before or after external peer review.

The first transfer mechanism is referred to as “Fast Track,” and it includes papers that have already undergone outside review (Figure 1). The second transfer mechanism is referred to as “Guaranteed External Review Track” (Figure 1) and it includes meritorious papers that *Gastroenterology*

editors do not want to delay by an outside review (because such manuscripts are deemed by the reviewing editors to not meet the necessary impact or scope for outside review), but still feel are deserving of evaluation for outside review by the *CGH* or *CMGH* editors. Should the *CGH/CMGH* editors agree to evaluate the manuscript for publication, the authors are invited to have their manuscript transferred to the appropriate journal and in the appropriate track. Manuscripts being considered for

either the “Fast Track” or the “Guaranteed External Review Track” options are sent to the *CGH* or *CMGH* editor-in-chief daily to expedite decision times for our authors. The response time by the *CGH/CMGH* editors is typically within 2 days, which allows us to move the final decisions to our authors as efficiently and fairly as possible.

From the author’s perspective, one need only contact the editorial office to accept the transfer invitation (details are provided to the authors in the

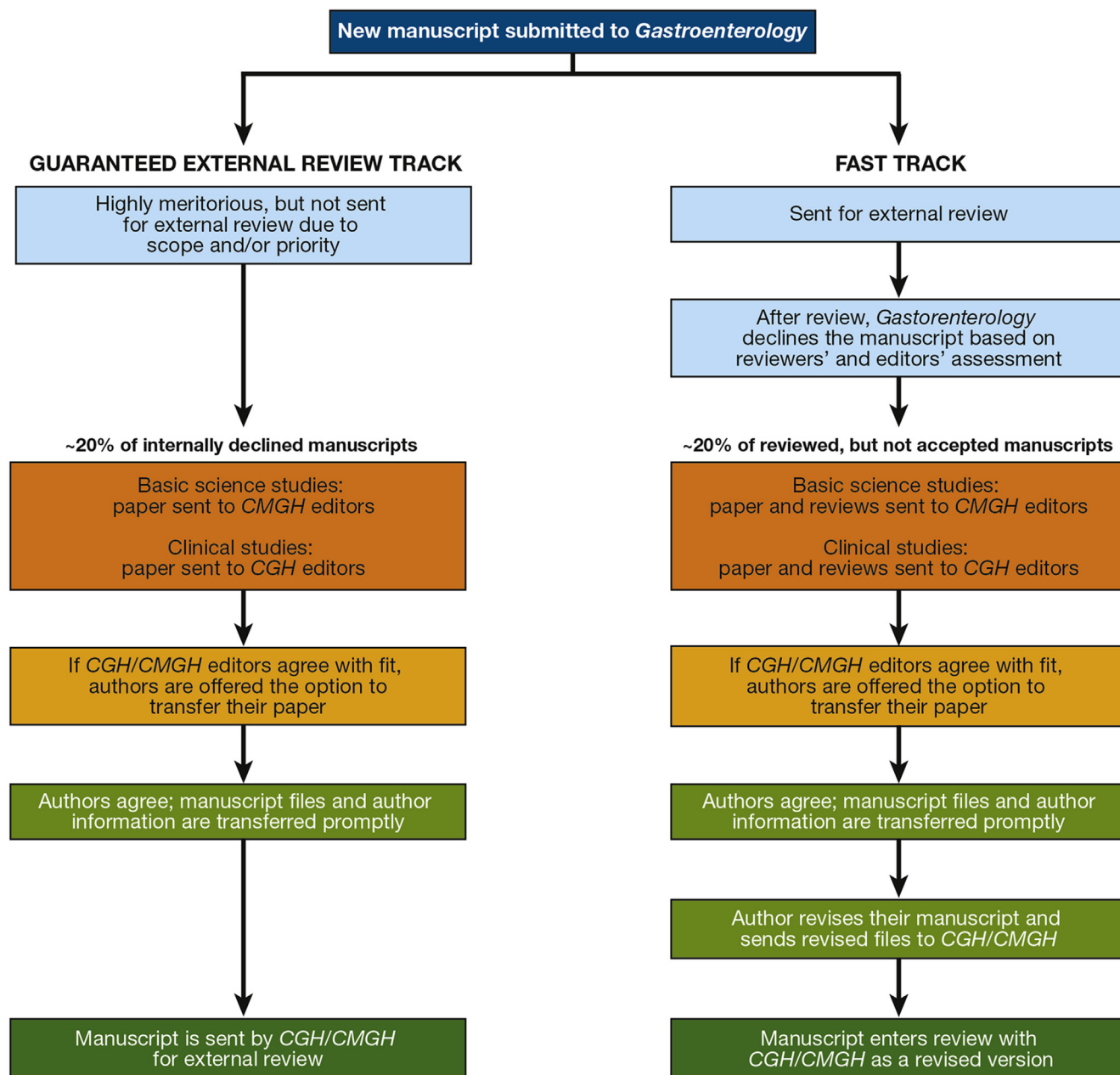


Figure 1. A flow diagram showing the process of original manuscripts referred from *Gastroenterology* to its sister journals for the “Fast Track” or “Guaranteed External Review Track.”

decision letter). Once the transfer is accepted by the authors, the editorial office immediately transfers the entirety of the submission, including all files and 2 reviews, on behalf of the authors. For papers that have been reviewed externally at *Gastroenterology*, the authors are given the opportunity to revise their manuscript according to these comments (and possibly additional clarifying comments provided by the *CGH/CMGH* editors), effectively placing the transferred manuscript into the revision stage at the receiving journal—these revised “Fast Track” manuscripts are either sent back to the original reviewers from *Gastroenterology* for reevaluation or, in some cases, receive an immediate decision. Manuscripts not externally reviewed by *Gastroenterology*—“Guaranteed External Review Track”—go through the standard external peer-review process once transferred, though there is no guarantee of acceptance (Figure 1).

Gastroenterology and *CGH* have enjoyed this symbiotic relationship for several years. In 2014, 86 manuscripts were transferred from *Gastroenterology* to *CGH* after the authors agreed to the transfer. Of the 86 manuscripts transferred, 65 were eligible for “Fast Track” (52 have been accepted) and 21 were eligible for “Guaranteed External Review Track” (8 have been accepted). Although a total of 60 articles were accepted for publication, 4 are still under review, which gives the transfers from *Gastroenterology* to *CGH* an acceptance rate of 80% for “Fast Track” manuscripts and 38% for the “Guaranteed External Review Track” manuscripts. These acceptance rates could become as high as 83% and 47%, respectively, depending on the outcome of the remaining 4 manuscripts. In addition, the decision time for the “Fast Track” option averages 25 days and the decision for the “Guaranteed External Review Track” is 33 days.

The AGA’s newest journal, *CMGH*, began accepting submissions in June 2014, including transfers from *Gastroenterology*. During that time, 14 manuscripts were transferred to *CMGH*, although the individual number of “Fast Track” and “Guaranteed External Review Track” articles for *CMGH* are too small to analyze independently. These manuscripts received their initial

decision collectively in an average of 18 days. Of the 14 manuscripts transferred to *CMGH*, 4 have been accepted for publication and 6 manuscripts are still under review. Although it is still too early to tell, the overall acceptance rate of manuscripts transferred to *CMGH* may be as high as 71%.

The collaborative review process described above offers our authors an efficient transfer mechanism that saves them time. Importantly, we do provide our authors feedback on papers we refer to *CGH* or *CMGH*, as to whether their editors have agreed to offer them the transfer or not.

Turned Down by Another Top-Tier Journal? Next Stop: *Gastroenterology*

Starting in April, *Gastroenterology* is introducing an “Expedited Review” manuscript category for basic science or clinical articles that were previously submitted to and rejected by similar high-profile journals that publish cutting-edge, impactful research. This new manuscript submission mechanism encourages authors who face this situation to submit their manuscript to *Gastroenterology* as is, but together with the decision letter (that includes all the reviewer comments) from the other high-profile journal (a scan of the entire original decision letter email would need to be included without any changes to the decision letter). We leave it to the authors to determine what they consider “high-profile” journals, based on knowing the type and high quality of manuscripts we publish. Of note, we are not able to evaluate presubmission inquiries regarding routine papers, so the new mechanism we describe here is unique in that it requires submitting the manuscript and the prior reviews through our website.

Gastroenterology’s Board of Editors will then make a decision, within 5-14 days, that includes one of the following outcomes. (1) The authors can submit a revised manuscript to *Gastroenterology* based on the reviews of the other journal and any additional comments raised by the board of editors of *Gastroenterology* (including our statistical editors). In this context, the

manuscript will likely be accepted, provided that all the requested comments are addressed. Such manuscripts will be handled internally and expeditiously, because external review will not be required (although we may consult with more members of our editorial board). (2) The authors can resubmit their manuscript to *Gastroenterology* in the usual manner with a guarantee of external review (the reviewers will not see the reviews from the other journal) but without guarantee of ultimate acceptance. (3) The authors will be informed that their manuscript did not meet the selection criteria for *Gastroenterology* that is needed for further evaluation. For these papers, we will also inquire with our sister journals, *CGH* or *CMGH* (depending on the focus of the manuscript), whether they would like for them to be transferred should the authors agree. We aim to make this process as swift as possible so our authors receive a prompt but thoroughly vetted decision.

Why Send Your Paper to *Gastroenterology*

We are very proud of *Gastroenterology*’s distinguished history and continuing flourishing status, and are honored to have the privilege to serve our authors and readers. We wish to let our past, current, and prospective authors and readers know that, although our acceptance rate is low, we have many appealing features to encourage investigators throughout the world to think of *Gastroenterology* when they want to publish their highly influential studies. Special advantages to consider include (i) the opportunity to publish important research findings in the top journal in our field, (ii) the opportunity to publish articles in the form of either full papers and brief reports (see our Instructions to Authors), (iii) taking advantage of an efficient internal review mechanism with option to promptly provide a “Guaranteed External Review Track” option with *CGH* or *CMGH* for some of the manuscripts that we do not send for outside review, (iv) taking advantage of an efficient and thorough external review process provided by outstanding

reviewers, with the option to promptly provide a “Fast-Track” option with *CGH* or *CMGH* for some of the manuscripts that are externally reviewed but deemed by the reviewers and our Board of Editors to be better suited for a more specialized journal, (v) taking advantage of a new “expedited review” option to publish important studies that have been turned down by other high-profile journals, (vi) the availability of your accepted paper online within 3–5 days of acceptance, and in print within 3–4 months, (vii) highlighting our published work within the journal and on the AGA journal website. Highlights within the journal include being featured on our cover or even securing a cover image, or being included in our *Covering the Cover* section, and (viii) having more than one-half of our published papers (up to 9 manuscripts per issue) be made available as open access manuscripts.

We look forward to continuing to serve you. Please do not hesitate to send us any feedback you may have to gastro@gastro.org.

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Acknowledgments

The authors thank the Board of Editors of *Gastroenterology*, Anil Rustgi, and Robert Sandler, for their helpful suggestions and careful reading of the commentary. We are also indebted to the staff of *Gastroenterology*, *CGH*, and *CMGH* for collecting the data we presented and for their hard work to ensure that these 3 journals operate effectively for our authors and readers.

Conflicts of interest

The authors disclose no conflicts.

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0016-5085/\$36.00
<http://dx.doi.org/10.1053/j.gastro.2015.02.027>