To Publish or Not to Publish: That Is the Question

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Each manuscript received by JACC is sent out to two or more reviewers and is also reviewed by the Editor (or Associate Editor) to whom it is assigned. Each Tuesday morning at our weekly Editors’ meetings, manuscripts are reviewed relative to suitability for publication. We always have more manuscripts with good reviews than we can publish. Such manuscripts are prioritized, thus resulting in the rejection of some manuscripts that are quite good. This is a painful process for the Editors, but is required by the fixed limitation of publication pages, which are contractually agreed upon by the ACC and Elsevier. When the recommendation of two reviewers is to reject a manuscript, and the Editor concurs, it is very straightforward to reject that manuscript. On the other hand, if a manuscript receives high marks from both reviewers, and the Editor concurs, then this manuscript is considered eligible for publication if its priority ranking relative to other such manuscripts is high enough. Most of the manuscripts, however, are in the gray zone between these two extreme examples. One reviewer may give it high marks, whereas the other one gives it low marks. In this circumstance, the input of the assigned Editor and possibly a third reviewer is critical, although the consensus judgment of all the Editors plays a major role when the manuscript is presented at the Tuesday meeting.

Implicit in the above ranking process is that a manuscript will not be accepted if both referees recommend rejection. However, on rare occasions such a manuscript ends up being published. Such is the case for two manuscripts published in this issue of JACC (1,2). These are two of a series of articles published by this group on nitrate tolerance. The conclusion of one manuscript (1) is that carvedilol essentially prevented the development of nitrate tolerance in patients with chronic heart failure. This provocative finding is thought to result from the antioxidant properties of carvedilol. One of the key assays in this interpretation is platelet cyclic guanosine-3’,5’-monophosphate (GMP). Both referees who reviewed this article indicated that they tried to reproduce this assay and could not do so, thus leading to their recommendation for rejection. A third referee, who reviewed all of the materials, recommended publication. All three referees are experts in the area of heart failure and nitrate tolerance. Because JACC has no mechanism for independently verifying the accuracy of an assay, we must make an independent decision based on our review of the article itself, together with the referees’ comments. We were somewhat reassured with this article by the concordance of forearm blood flow measurements and the platelet cyclic GMP measurements, but remained concerned with the reviews of the two experts who apparently could not reproduce the assay.

After consulting with editors of two other journals, and discussing this situation in detail with the Associate Editors, I elected to accept the articles, and accompany them with this Editor’s Page. The data are potentially of great importance to the management of heart failure and deserve to be published. Furthermore, the data have considerable importance in the area of angina and ischemic heart disease, where nitrates and beta-adrenergic blocking agents are used together frequently. By calling attention to concerns regarding the assay, however, it is hoped that this issue can be resolved by other investigators evaluating the reproducibility and utility of this assay. As always, I welcome your comments on issues like this that relate to our acceptance policies of the Journal and ways by which they can be improved.

References


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