

REVIEW

Open Access

2020 - State of our *JCMR*



Warren J. Manning*

Abstract

There were 79 articles published in the *Journal of Cardiovascular Magnetic Resonance (JCMR)* in 2019, including 65 original research papers, 2 reviews, 8 technical notes, 1 Society for Cardiovascular Magnetic Resonance (SCMR) guideline, and 3 corrections. The volume was down slightly from 2018 ($n=89$) with a corresponding 5.5% increase in manuscript submissions from 345 to 366. This led to a slight decrease in the acceptance rate from 25 to 22%. The quality of the submissions continues to be high. The 2019 *JCMR* Impact Factor (which is published in June 2020) increased from 5.07 to 5.36. The 2020 impact factor means that on average, each *JCMR* published in 2017 and 2018 was cited 5.36 times in 2019. Our 5 year impact factor was 5.2. We are now finishing the 13th year of *JCMR* as an open-access publication with BMC. As outlined in this report, the Open-Access system has dramatically increased the reading and citation of *JCMR* publications. I hope that our authors will continue to send their very best, high quality manuscripts for *JCMR* consideration and that our readers will continue to look to *JCMR* for the very best/state-of-the-art publications in our field. It takes a village to run a journal. *JCMR* is blessed to have very dedicated Associate Editors, Guest Editors, and Reviewers. I thank each of them for their efforts to ensure that the review process occurs in a timely and responsible manner. These efforts have allowed the *JCMR* to continue as the premier journal of our field. My role, and the entire process would not be possible without the dedication and efforts of our managing editor, Diana Gethers (who will be leaving the journal in the coming months) and our assistant managing editor, Jennifer Rodriguez, who has agreed to increase her responsibilities. Finally, I thank you for entrusting me with the editorship of the *JCMR*. As I begin my 5th year as your editor-in-chief, please know that I fully recognize we are not perfect in our review process. We try our best to objectively assess every submission in a timely manner, but sometimes don't get it "right." The editorial process is a tremendously fulfilling experience for me. The opportunity to review manuscripts that reflect the best in our field remains a great joy and a highlight of my week!

Keywords: Cardiovascular magnetic resonance, Review, Editorial process, Imaging

Background

In accordance with Open-Access publishing guidelines of our publisher, BMC, the *Journal of Cardiovascular Magnetic Resonance (JCMR)* articles are published on-line in a continuous fashion in chronologic order of acceptance, with no collating of the articles into sections or special thematic issues. For this reason, the Open-Access Editors had felt that it was useful for the *JCMR* audience to annually summarize the publications into broad areas of interest or themes, so that readers could view areas of interest

in a single article in relation to each other and contemporaneous *JCMR* publications. Though I feel this information is quite valuable for our readership, this year I have chosen not to include this section so as to decrease our self-citation rate. I will instead, focus as before on conveying information regarding the editorial process and as a "State of our *JCMR*" summary.

The *JCMR* is the official publication of the Society for Cardiovascular Magnetic Resonance (SCMR). There were 79 articles published in *JCMR* in 2019, including 65 original research papers, 2 reviews, 8 technical notes, 1 Society for Cardiovascular Magnetic Resonance (SCMR) guideline, and 3 corrections. The volume was down slightly from 2018 ($n=89$) with a corresponding

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6% increase in manuscript submissions from 345 to 366 (Fig. 1). As a result, there was a slight decrease in the acceptance rate from 25 to 22% though this is somewhat skewed in that manuscripts published in the first half of 2019 were likely submitted in 2018.

For the first time, in 2019, the largest country source of annual submissions was China (n=77). This was followed closely by the United States (n=75) and then by the United Kingdom (n=44) and Germany (n=42) (Fig. 2). The top four publication countries were the United States (n=18), United Kingdom (n=14), Germany (n=10), Switzerland (n=7) and the Netherlands (n=7) (Fig. 2). SCMR members continue to receive a substantial (80% discount) in the \$2500 article processing charge (APC). Reduced APC fees are also available to those from BMC membership institutions, submitting authors from lower income countries, and for those who request a waiver due to financial hardship.

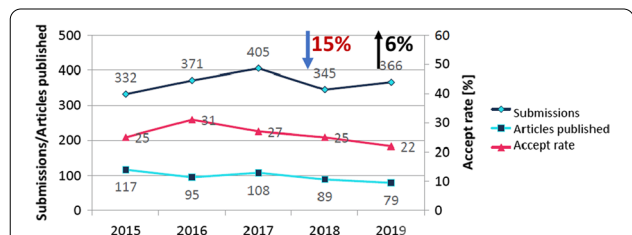


Fig. 1 2015–2019 *JCMR* annual submissions, acceptances and acceptance rates. There was a 15% decrease in submissions in 2018, the year the article processing charge (APC) was changed to \$500 for SCMR members. The submission volume increased by 6% in 2019

Though not the only journal success metric and not a consideration in our review process, the Impact Factor is nonetheless a well-known metric with which many are familiar and often considered for by both authors and readers. I am pleased to report that the 2019 *JCMR* Impact Factor (which was published in June 2020 and is based on manuscripts published in 2017 and 2018 that were cited in 2019) increased to 5.36 (vs. 5.07 for 2018). The 2019 impact factor means that the *JCMR* papers that were published in 2017 and 2018 were cited on average 5.36 times in 2019. This puts *JCMR* well positioned in the top quartile of journals in the broad categories of “Cardiac and Cardiovascular Systems (23/138)” and “Radiology, Nuclear Medicine and Medical Imaging (13/133).” I fully anticipate that our 2020 Impact Factor will *decline* due to the change in the format of this manuscript and my decision to not include a thematic organization and overview of each of the prior two year’s publications. Most importantly, the open-access format allows for much greater visibility for our authors with *JCMR* annual digital accesses continuing to exceed 1,000,000—a threshold/visibility simply not achievable with a subspecialty journal as a subscription print publication. Open-access “leveled the playing field” so that an electronic search allows *JCMR* manuscripts to rise to awareness and to be downloaded without cost.

JCMR Leadership

Dr. Gerald Pohost from the University of Alabama at Birmingham and University of Southern California, Los Angeles, California, USA was the *JCMR* inaugural editor-in-chief. In 2006, Dr. Pohost was succeeded by Professor

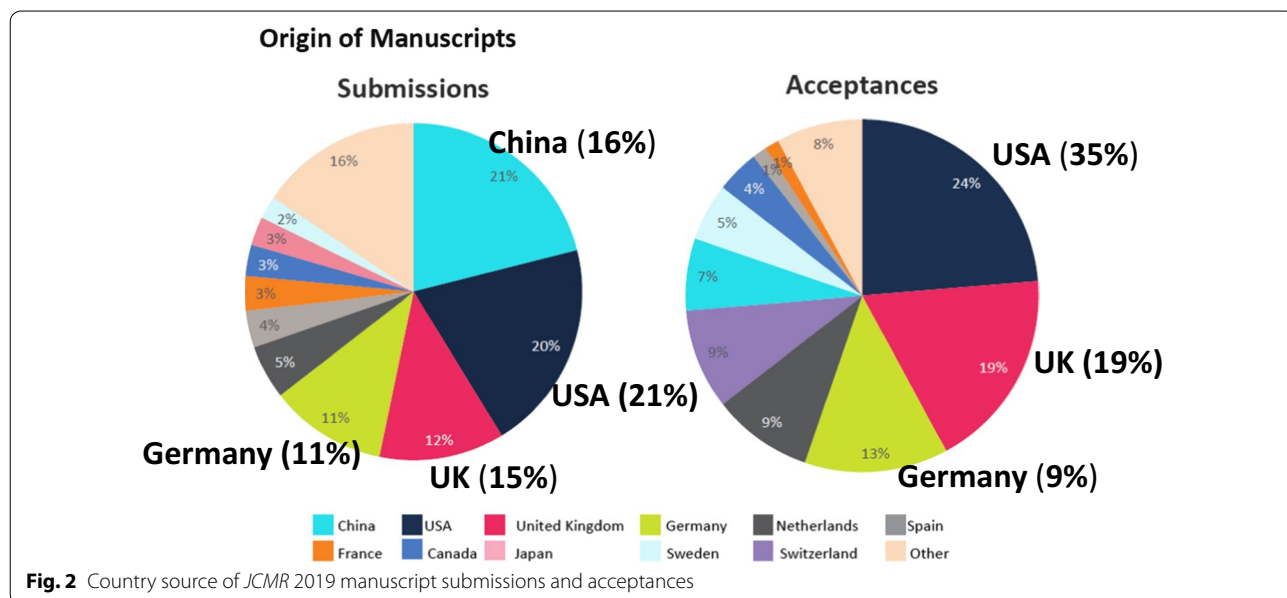


Fig. 2 Country source of *JCMR* 2019 manuscript submissions and acceptances

Dudley Pennell of the Royal Brompton Hospital, London, England. Since December 2016, the *JCMR* editorial office has been located at the Beth Israel Deaconess Medical Center, Boston, Massachusetts, USA under the leadership of its third editor-in-chief, Dr. Warren J. Manning.

2020 *JCMR* Team and Personnel changes

The current *JCMR* Associate Editors reflect the international and diverse spectrum of the SCMR. This past year, Dr. Tim Leiner stepped down from his associate editor *JCMR* position to undertake his term as the president of the International Society of Magnetic Resonance in Medicine (ISMRM). We have missed Tim, though he has graciously served as a Guest Editor for several manuscripts this year. This year we were fortunate to attract Drs. Amit Patel (USA) and Connie Tsao (USA) to the associate editorial team (Fig. 3); with a focus on cardiomyopathies and epidemiologic studies, respectively. Our other Associate Editors include Drs. Rene Botnar (UK/Chile), John Greenwood (UK), Yuchi Han (USA), Dara Kraichman (USA), Robert Lederman (USA), and Reza Nezafat (USA). In addition, Dr. Long Ngo (USA) serves as our statistical editor. Drs. Juan Lopez-Mattei (USA) was joined by Dr. Purvi Parwani (USA) as our Social Media/Twitter editors. Jennifer Rodriguez joined our managing editorial team mid year and our managing editor, Diana Gethers (jcmroffice@scmr.org) has announced she will be leaving the *Journal* in the coming months. All correspondence to the *JCMR* managing office should continue to be sent to jcmroffice@scmr.org. The use of this “generic” email address allows for seamless communication during these transitions.

Manuscript review process, omissions, and suggestions

I reviewed the manuscript submission process in my report last year [1] and will expand on this.

All manuscripts are submitted and processed through the <http://www.jcmr-online.org> website. I encourage all authors to closely follow the guidelines so as not to delay the review process. By far, the most common omission is to include the names and contact information for *at least two suggested reviewers* in their cover letter. I also ask authors to use *JCMR* preferred abbreviations (<https://jcmr-online.biomedcentral.com/submission-guidelines/preparing-your-manuscript/abbreviations>) and to use the terms “CMR” and cardiovascular magnetic resonance rather than cardiac magnetic resonance. While the abbreviation issue does not delay the review, it adds additional burden to the the prepublication editing process.

I also encourage all authors to carefully consider the number of significant digits and reported p values in their manuscripts. For example, when reporting native T1,



Fig. 3 New members of the *JCMR* Associate Editorial board include Drs. Amit Patel (USA) and Connie Tsao (USA). Dr. Purvi Parwani joined as our new Social Media/Twitter Co-editors. Continuing members include Drs. Rene Botnar, John Greenwood, Yuchi Han, Dara Kraichman, Robert Lederman, Reza Nezafat, and Joshua Robinson

values and standard deviation to the nearest ms should be reported and not to the X.X or X.XX ms which have no real substance. Similarly, when reporting p values for the sample sizes of most *JCMR* publications, a value of <0.001 is a reasonable limit.

After manuscript submission and BMC office confirmation that the manuscript is in the appropriate format (abstract, text, references, figures, tables, supplements), the manuscript is sent to the Boston office for initial review. Within 48 business hours, I assess the manuscript for its appropriateness for the *JCMR* readership and a determination as to its overall likely priority for publication. Approximately 5% of submitted manuscripts are deemed inappropriate for the *Journal* audience (non-CMR topic) or very unlikely to reach sufficient priority for acceptance (e.g., case reports/very small case series, unsolicited reviews). These manuscripts are returned to the author(s) within a week so as to expedite submission to a more appropriate journal. If appropriate, the authors are offered the opportunity to directly forward their manuscript to another BMC open-access publication.

For manuscripts deemed appropriate for consideration, an associate editor is assigned and reviewer assignments are then requested. Manuscript evaluations are simultaneously requested from up to 5 reviewers (with special consideration for the 2 author suggested reviewers) until confirmed acceptance has been received by 3 reviewers. Reviewers are asked to follow a specific format [1] and to return their review within 2 weeks of acceptance. We are fortunate to have nearly > 1000 registered reviewers (but

are continuously interested in expanding our reviewer pool and encourage all members/innovators/leaders of the CMR field to apply to be a reviewer. If you are interested in becoming a *JCMR* reviewer, please contact our managing office: jcmroffice@scmr.org.

When at least two (of 3 agreed) reviews have been received by noon Friday, the manuscript is scheduled to be discussed at our associate editorial board meeting which is held every Tuesday from 9:30 to 10:30 a.m. ET. When I am out of town/unavailable, the associate editors continue to meet at that time so as to not delay the publication process. At each meeting, 4–12 manuscripts may be discussed. The manuscript decisions at that meeting include.

- 1) *Accept*
- 2) *Minor revision* No new experiments are requested, relatively minor text changes or analyses are requested; 30 day turn-around. These manuscripts are generally *not* returned to the reviewers for their assessment. We expect >98% acceptance.
- 3) *Major revision* Substantial text and/or analyses are needed, a few additional experiments; 90 day turn-around. These manuscripts are sent back to the original reviewers to confirm that their concerns have been adequately addressed and ~60% acceptance is anticipated
- 4) *Denovo resubmission* Substantial new experiments/analyses are needed or change in manuscript focus; unlimited turn-around time. These manuscripts are sent back to the original reviewers to confirm their concerns have been adequately addressed and ~40% acceptance is anticipated.
- 5) *Decline* Authors are offered the opportunity to have their manuscript considered by another journal in the BMC family with inclusion of the *JCMR* reviews to expedite the process.

When a manuscript is accepted, I then edit the submission for *JCMR* style/abbreviations (see <https://jcmr-online.biomedcentral.com/submission-guidelines/preparing-your-manuscript/abbreviations>) before final submission to BMC for galley production. The galleys are first sent to the corresponding author and finally to me for final sign-off. I then identify a fingernail image for publication in *JCMR* and to accompany the @JournalofCMR twitter handle. The manuscript is usually published on-line within a week of my final sign-off.

Our target goal is that 60% of manuscripts will have a submission to first decision within 40 days of receipt, a process that is very dependent on timely reviews. If the two reviews markedly differ in their assessment/recommendation (~25% of the time) or the associate editor feels

we need additional information, we may delay a decision until the third review has been received or solicit a fourth reviewer – a process that unfortunately can add a month or more to the review process. At our editorial meeting, we may also seek the counsel of our statistical reviewer, Dr. Long Ngo. We try to alert the corresponding author if any of these situations occur or the unusual occurrence of our not being able to discuss all of the manuscripts on our weekly agenda (or the assigned associate editor is unable to participate).

We recognize that the process is not perfect. We may have not sent to the best reviewers (your suggestions help), or the best reviewers were unfortunately not available. Sometimes you will find the editorial decision is different from your perception of the review(s). This is because we do our best to objectively assess the science, presentation, and appropriateness for the *JCMR* audience. The review(s) help, but we also ask ourselves these four questions:

1. Is the study scientifically sound?
2. Are the Methods, Results, and Discussion appropriately presented?
3. Is the work novel? Does the study extend or clarify our current understanding or is it a confirmation of a prior report?
4. Will our readership be interested or informed by the topic?

Anonymized reviews are returned to the authors and are currently not available to our readers. We are currently working with BMC to be able to have *anonymized* reviews for published manuscripts available to you. I do not anticipate publication of submitted (but not accepted manuscripts) or inclusion of prior versions of an accepted manuscript with reviews as I am concerned this may be confusing to the reader.

Conflict-of-interest, Reviews, SCMR Guideline/ Position manuscripts and SCMR Committee papers

Conflict-of-interest manuscripts, those for which a member of the associate editorial board is either an author or closely associated with an author, are independently handled by a Guest Editor (Table 1) chosen by me. Neither I nor any of the associate editorial board are involved with reviewer selection or with manuscript decision. Our managing editorial office assists the Guest Editor with the administrative software/Editorial Manager. If a conflict-of-interest manuscript is accepted, the Guest Editor is recognized in the *JCMR* publication.

The *JCMR* does not accept unsolicited reviews. Authors are encouraged to contact me before submitting any reviews. In general, reviews are authored by individuals considered experts in the field [2] and receive

considerable attention/downloads. All solicited reviews follow the usual peer-review process. Several reviews are planned for 2021.

The *JCMR* is the official publication of the SCMR. As such, SCMR Guidelines and Position papers [3] endorsed by the Full (or Executive) SCMR Board(s) do *not* undergo peer review. I review these manuscripts for consistency with *JCMR* style and abbreviations. They are then published in an expeditious manner. We published several Covid-specific SCMR position papers this year [4–6].

In contrast to SCMR Guidelines and Position papers, SCMR Committee approved manuscripts undergo the usual *JCMR* peer review process albeit with an anticipation that they will ultimately be published in the *JCMR*.

All Manuscripts Submitted to the Journal CANNOT be under Simultaneous Consideration by Another Journal

All work submitted to the *JCMR* must be original and not under consideration by another journal. While we encourage you to submit your work that may have been declined by another journal with the associated reviews and response to the reviewers, *manuscripts cannot be under simultaneous review by another journals*. This past year we had the very unusual situation where we became aware of a manuscript that was under simultaneous consideration by the *JCMR* and another cardiac imaging journal. After consultation and confirmation with the Editor-in-chief of the other journal, the manuscript was immediately withdrawn from further consideration and the corresponding author contacted.

Reviewer Recognition—Gold Star Reviewers

Reviewers are a key component to the success of the *JCMR*. As a recognition of reviewers, at the 2020 SCMR Annual meeting in Orlando, Florida, USA we recognized

our 124 “Gold Star” Reviewers for 2019 (Table 2). Gold Star reviewers are those individuals who reviewed at least 3 *JCMR* manuscripts in 2019, with reviews both of high quality and submitted on-time. In addition to public recognition at the meeting (Gold Star ribbon, *JCMR* booth listing, and intermission slide listing), each Gold Star Reviewer was offered a small gift (Fig. 4) as a token of our appreciation. Please join the ranks of *JCMR* reviewers and strive to be a Gold Star reviewer! As an added incentive, reviewers have the option to receive continuing medical education (CME) credit for providing a review!

Continuing Medical Education (CME) *JCMR* Journal Club

In late 2017, we introduced on-line CME credit for the benefit of our clinician readers. This program has been a great success and now includes over 30 manuscripts members including 6 in 2019 [7–12] (Table 3). See <http://scmr.peachnewmedia.com/store/provider/custompage.php?pageid=20> for the entire listing. In general, CME is offered for clinically oriented manuscripts. CME credit is provided at no cost for SCMR.

A highlight of 2020 was the introduction and great success of our monthly one-hour webinar *JCMR* Journal Club held on the 2nd Wednesday of the month at 11am. The *JCMR* Journal Clubs are hosted by one of our 3 inaugural Journal Club Editors, (Fig. 5) Drs. Scott Flamm (clinical), Raymond Kwong (clinical) and Matthias Stuber (non-clinical). On a rotating basis, each editor chooses a manuscript that was recently published in *JCMR*. After an author's 25 min presentation, there is a spirited 30 min discussion. We currently offer CME for the chosen manuscript and hope to provide CME for Journal Club *attendance* in the coming year. Please join >100 of your colleagues every month for an informative presentation and discussion! I very much have appreciated the strong administrative assistance of Lauren Small (Fig. 5) from the SCMR managing office in coordinating the speaker presentations, Zoom operation and recording, and subsequent posting of the monthly *JCMR* Journal Club recording on the SCMR website.

SCMR Case of the Week Series

While the *JCMR* does not accept case reports, for many years, the SCMR web site has an active “Case of the Week” (<https://scmr.org/page/caseoftheweekLDGPG>) series, currently coordinated by Dr. Sylvia Chen. In 2020, we will be publishing the 2019 Case series as a single manuscript. We plan to make this unified publication an annual occurrence in *JCMR* to allow for these illustrative cases to be more widely available to search engines.

Table 1 2019 *JCMR* Guest Editors

Mark Fogel

Matthias Friedrich

Robert Judd

Hildo Lamb

Debiao Li

Guy MacGowan

John Oshinski

Dana Peters

Martin Prince

Nathaniel Reichek

Michael Salerno

Matthias Stuber

Anne Marie Valente

Robert Weiss

Table 2 2019 JCMR Gold Medal Reviewers**Anthony Aletras**

Andrew Arai
 Per Arvidsson
 Ryan Avery
 Adrianus Bakermans
 W. Patricia Bandettini
 Nicoleta Baxan
 Rebecca Beroukhim
 Ronald Beyers
 Robert Biederman
 Giovanni Biglino
 Kenneth Bilchick
 Konstantinos Bratis
 Adrienne Campbell-Washburn
 Andrea Cardona
 Raymond Chan
 YuCheng Chen
 Byoung Wook Choi
 Michael Chuang
 Henry Chubb
 Jeremy Collins
 Christakis Constantinides
 Francisco Contijoch
 Erica Dall'Armellina
 Rohan Dharmakumar
 Chong Duan
 Michael Elliott
 Daniel Ennis
 Emil Espe
 Ahmed Fahmy
 Li Feng
 Juliano Fernandes
 Pedro Ferreira
 Paul Finn
 Mark Fogel
 Julio Garcia
 Pankaj Garg
 Nilesh Ghughre
 Olaf Grebe
 Lindsay Griffin
 Lars Grosse-Wortmann
 Ying Guo
 Christopher Haggerty
 Hassan Haji-Valizadeh
 Ahmed Hamimi
 Markus Henningsson
 Lazaro Hernandez
 Bobak Heydari

Table 2 (continued)**Anthony Aletras**

Peng Hu
 Chenxi Hu
 Nazia Husain
 Adrian Ionescu
 Tevfik Ismail
 Ning Jin
 Jason Johnson
 Avinash Kali
 Dinesh Kalra
 Maria Kiaffas
 Won Yong Kim
 Gert Klug
 Grigorios Korosoglou
 Johannes Kowallick
 Ramkumar Krishnamurty
 Deborah Kwon
 Raymond Kwong
 Seung-Pyo Lee
 Minjie Lu
 Viviana Maestrini
 Jeff Maki
 Peirre-Yves Marie
 Anthony Merlocco
 Mehdi Moghari
 Umberto Morbiducci
 Av Naumova
 Tomas Neilan
 Thomas Neuberger
 TD Nguyen
 Declan O'Regan
 Laura Olivieri
 Eric Osborn
 Jose Palomares
 Farhad Pashakhanloo
 Amit Patel
 Ian Paterson
 Eva Sophia Peper
 Dana Peters
 Stanislas Rapacchi
 Shams Rashid
 Kanishka Ratnayaka
 Nathaniel Reichek
 Toby Rogers
 Idan Roifman
 Sebastien Roujol
 Tobias Rutz

Table 2 (continued)**Anthony Aletras**

Hajime Sakuma
 Francesco Santini
 Tobias Schaeffter
 Andreas Schuster
 Dipan Shah
 Sujata Shanbhag
 Sahar Swoleimanifard
 David Sosnovik
 Pascal Spincemaille
 Monvadi Srichai-Parsia
 Jordan Strom
 Matthias Stuber
 Peter Swoboda
 Connie Tsao
 Elizabeth Tunnicliffe
 Martin Ugander
 Ruud Van Heeswijk
 Ralf Wassmuth
 Gregory Wehner
 Davide Wendell
 John Whitaker
 Timothy Wong
 Yibin Xie
 Hui Xue
 Yang Yang
 Alistair Young
 Chun Yuan
 Filip Zemrak
 Chengcheng Zhu

Stefan Neubauer, Roderic Pettigrew, Nathaniel Reichek, and Matthias Stuber. Many thanks to these leaders-in-the-field for lending us their expertise!

Social media

I am very much a social media novice, but the *JCMR* continues to be very active on Twitter with the handle “JournalofCMR.” Tweets go out with the publication of each manuscript publication and announcing each Journal Club. This activity is coordinated by our two Social Media editors, Drs. Juan Lopez-Mattei and Purvi Parwani. According to Dr. Parwani, as of 12/10/2020, we had 3204 followers (a 32% increase over last year). For comparison, the *Journal of the American Society of Echocardiography (JASE)* has 2145 followers, the *Journal of Cardiac Computed Tomography (JCCT)* has 2483 followers, and the *Journal of Nuclear Cardiology* has 988 followers.

Pohost and Pennell Awards

In recognition of the efforts of our inaugural editor-in-chief, Dr. Gerald M. Pohost, for the past 13 years, the *JCMR* has awarded the Pohost Prize to that manuscript deemed by the associate editors and editorial board to be the best/most important manuscript published in the prior year. The associate editors and I select the Pohost finalists (Table 4) and the entire editorial board votes on the top prize. At the 2020 SCMR annual meeting in Orlando, Florida, the 13th Gerald M. Pohost Prize was awarded to Dr. Thompson for their manuscript “Quantification of lung water in heart failure using cardiovascular magnetic resonance imaging.” [10]. The Pohost Runner-up Prize was awarded to Dr. Nickander for “The relative contributions of myocardial perfusion, blood volume and extracellular volume to native T1 and native T2 at rest and during adenosine stress in normal physiology.” [15].

At that meeting, we also presented the 2nd Pennell Award in recognition of the foresight of our 2nd Editor-in-Chief, Professor Dudley J. Pennell to transition the *JCMR* to the open-access platform. This decision (spearheaded by then SCMR Publications Committee chairman, Dr. Matthias Friedrich) markedly improved *JCMR*’s visibility and impact factor. The Pennell award is for that *original manuscript* that has most contributed to the *Journal*’s impact factor for the calendar year 3 years prior to the award. The 2nd Dudley J. Pennell Prize was awarded to Dr. Captur for the publication, “A medical device-grade T1 and ECV phantom for global T1 mapping quality assurance—the T-1 Mapping and ECV Standardization in cardiovascular magnetic resonance (TIMES) program.” [20] with the runnerup prize awarded to Dr. Khan for “Top 100 cited articles in cardiovascular magnetic resonance: a bibliometric analysis” [21].



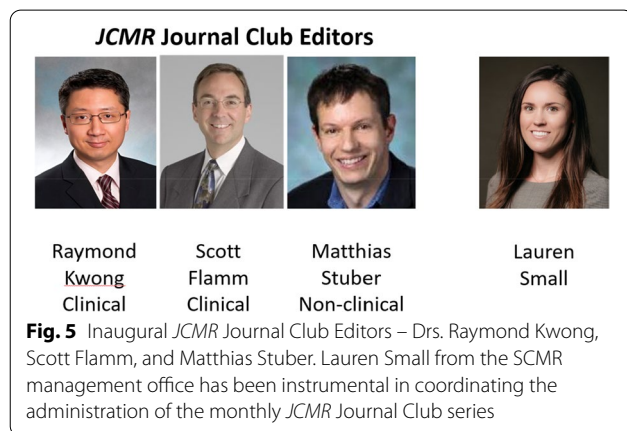
Fig. 4 2019 *JCMR* Gold Star Reviewers and Guest Editors were offered their choice of an umbrella or phone holder pop-up; both embossed with the *JCMR* name and SCMR logo

Editorial board

JCMR editorial board members are leaders in the CMR field and are expected to review up to 4 manuscripts/year. In 2020, we expanded the *JCMR* Senior Advisors group to now include Drs. Robert Edelman, Zahi Fayad, Victor Ferrari, Scott Flamm, Matthias Friedrich, Robert Judd,

Table 3 2019 JCMR CME manuscripts

Khan et al.	Association of left atrial volume index and all-cause mortality in patients referred for routine cardiovascular magnetic resonance: a multicenter study [7]
Gräni et al.	Comparison of myocardial fibrosis quantification methods by cardiovascular magnetic resonance imaging for risk stratification of patients with suspected myocarditis [8]
Freitas et al.	The amount of late gadolinium enhancement outperforms current guideline-recommended criteria in the identification of patients with hypertrophic cardiomyopathy at risk of sudden cardiac death [9]
Thompson et al.	Quantification of lung water in heart failure using cardiovascular magnetic resonance imaging [10]
Dabir et al.	Multiparametric cardiovascular magnetic resonance imaging in acute myocarditis: a comparison of different measurement approaches [11]
Holtackers et al.	Clinical value of dark-blood late gadolinium enhancement cardiovascular magnetic resonance without additional magnetization preparation [12]



Stay tuned for the 14th Pohost and 4th Pennell Awards that will be presented at the 23rd Scientific Sessions of the *Society* this February!

Survey Results for JCMR

The thoughts of our readership and suggestions for improvement are a constant source of reflection. This past summer, the SCMR and *JCMR* surveyed the membership with regards to their assessment of our *Journal*. We had nearly 170 respondents (80% clinicians or clinician-scientists) of which 75% reported reading the *JCMR* at least monthly and 80% felt that we had the right balance between clinical and technical publications. The most common access point was the SCMR

Table 4 2020 Gerald M. Pohost Award Finalists in alphabetical order by first author

Dabir et al.	Multiparametric cardiovascular magnetic resonance imaging in acute myocarditis: a comparison of different measurement approaches [11]
Femia et al.	Long term CMR follow up of patients with right ventricular abnormality and clinically suspected arrhythmogenic right ventricular cardiomyopathy (ARVC). [13]
Gotschy et al.	Characterizing cardiac involvement in amyloidosis using cardiovascular magnetic resonance diffusion tensor imaging [14]
Gräni et al.	Comparison of myocardial fibrosis quantification methods by cardiovascular magnetic resonance imaging for risk stratification of patients with suspected myocarditis [8]
Holtackers et al.	Clinical value of dark-blood late gadolinium enhancement cardiovascular magnetic resonance without additional magnetization preparation [12]
Nickander et al. **	The relative contributions of myocardial perfusion, blood volume and extracellular volume to native T1 and native T2 at rest and during adenosine stress in normal physiology [15]
Rodrigues et al.	Repaired coarctation of the aorta, persistent arterial hypertension and the selfish brain [16]
Seitz et al.	Impact of caffeine on myocardial perfusion reserve assessed by semiquantitative adenosine stress perfusion cardiovascular magnetic resonance. <i>J Cardiovasc Magn Reson</i> . 2019 Jun 24;21(1):33 [17]
Shusterman et al.	High-energy external defibrillation and transcutaneous pacing during MRI: feasibility and safety [18]
Thompson et al. *	Quantification of lung water in heart failure using cardiovascular magnetic resonance imaging [10]
Walheim et al.	Multipoint 5D flow cardiovascular magnetic resonance—accelerated cardiac- and respiratory-motion resolved mapping of mean and turbulent velocities [19]

* 2020 Pohost Award Winner

** 2020 Pohost Award Runner-up

website. Over 95% found value in the open-access format with 23% using *JCMR* as a source for CME and over 75% finding benefit of using the SCMR membership benefit for an 80% discount in the article publication fee (APC). 75% of respondents were highly likely or likely to submit their CMR research to *JCMR*, though competing imaging journals of *JACC: Cardiovascular Imaging* and *Circulation: Cardiovascular Imaging* were more appealing and the *European Heart Journal/Cardiovascular Imaging* was ranked similar to *JCMR* for clinical/translational manuscripts. The *Journal of Magnetic Resonance Imaging* was preferred for basic science/methods manuscripts with *JCMR* similar to *Magnetic Resonance in Medicine*. Suggestions for the future were for more reviews and a faster time to decision and these will be our focus in 2021.

Manuscripts—WordPress

As I mentioned in the introduction, this year's *JCMR* Annual Review is different from the format initiated by Dr. Dudley Pennell in 2010, as I am not including a thematic review of the prior 2 years of publication so as to minimize the resulting journal self-citation. As a global summary, methods, cardiomyopathy, vascular imaging, congenital heart disease and machine learning manuscripts predominated followed by flow, coronary artery disease, and population studies. To give you another overview perspective, I created a Wordplot of the 2019 titles (Fig. 6). The most common words were magnetic, cardiovascular, resonance, patients, imaging, myocardial, flow, cardiac, and mapping.

I hope you have found this ‘‘State of our *JCMR*’’ informative. I am the current captain, but as members of the *SCMR*, it is really your journal for which I thank you for allowing me to provide stewardship. I close

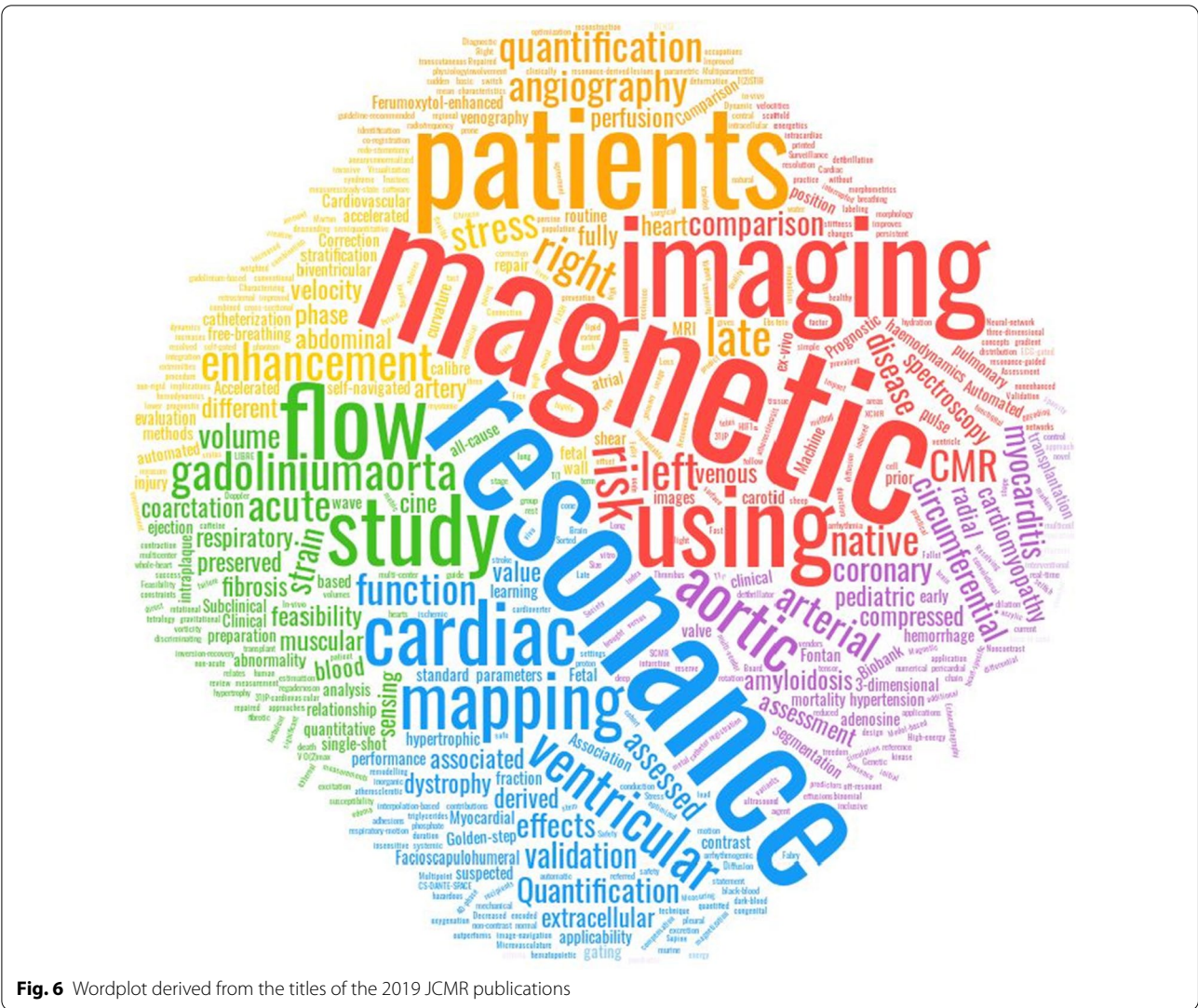


Fig. 6 Wordplot derived from the titles of the 2019 *JCMR* publications

by again thanking the entire *JCMR* team and you, our readership. We will try to get things better in 2021. I hope you that will continue to join us for the journey as we enter our 25th year. Wishing you a happy, healthy, and safe 2021.

Abbreviations

APC: Article processing charge; CME: Continuing medical education; *JCMR*: Journal of Cardiovascular Magnetic Resonance; SCMR: Society for Cardiovascular Magnetic Resonance.

Authors' contributions

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On request:

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The author declares that they have no competing interests.

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