

The *Netherlands Journal of Medicine*: seven years editorial office in Nijmegen, entering a new era

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This December issue of the *Netherlands Journal of Medicine* ends the special 50th anniversary year in which we gave former editors in chief the opportunity to describe the history of the journal from its birth, backgrounds and development to its present shape.¹⁻⁵ In my opinion, this series of reports has become a valuable personal account of the great efforts, large personal input and difficulties in publishing an international scientific medical journal of high quality in the Netherlands, and reflects the enormous changes that took place during these years from the transition from handling hand-typed manuscripts sent by ordinary mail to the modern electronic era in a different world. It is now my turn as the current editor in chief to give a report of the last four Nijmegen years (2005-2008). The former editor in chief, Jos van der Meer, has already described the reshaping of the journal, starting from scratch because of the change in publisher, after we took over the editorship from our colleagues in Utrecht in January 2002.⁵ After Jos van der Meer resigned as editor in chief and I took over, we were lucky to find Joost Drenth willing to join the editorial board as associate editor; he has been crucial in bringing the journal into the modern electronic era.⁶ From 2007, Paul Smits was replaced by Jack Wetzels, while Theo Thien and our editorial assistant Geeralien Derksen-Willemsen remained on board during the whole period.^{7,8}

One of the key milestones for the *Netherlands Journal of Medicine* was its immediate appearance online on PubMed and obtaining the status of 'Open Access' journal in 2005. In addition, we implemented an online submission and reviewing system (Manuscript Central) in February 2006. This has led to a substantial increase in submissions, especially from abroad, to around 300 in 2007 (*figure 1*). The rejection rate has increased considerably to more than 50%, and we have become much more selective in accepting papers. More efficient handling of submissions

shortened the reviewing time from submission to final decision to an average of 38 days in 2007. Our greatest achievement has been to break the impact factor barrier of 1 in 2007. It was with great pride that we were able to announce an impact factor of 1.548 in July 2007 (*figure 2*), accompanied by the fact that the journal was moving up fast in the ranking of regional general medical journals. To reach that goal we do, of course, depend on the input from our contributors. In *table 1*, the ten best-cited articles during the Nijmegen editorship over a period of seven years are presented.

To provide insight into the background of the articles that we published during the entire Nijmegen editorial period, details are presented in *figure 3*. Between 2002 and September 2008 we published 774 papers that were written by a collective of 1916 authors (2.47 authors per article). Nine Dutch scientists published more than ten articles each in the journal and were responsible for 129

Figure 1. Number of submissions to the *Netherlands Journal of Medicine* during the Nijmegen editorial board period

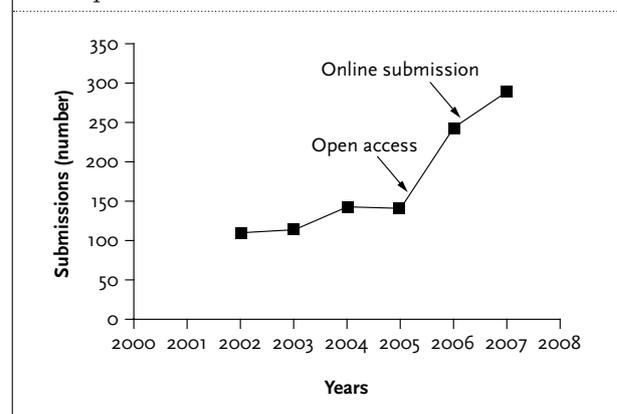
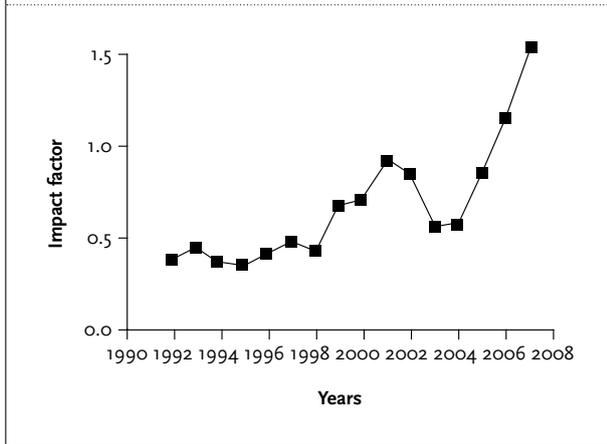


Figure 2. Impact factor of the Netherlands Journal of Medicine over the years, reaching 1.548 in 2007



manuscripts. The large majority of the published papers (68%) originated from the Dutch university medical centres. Physicians from 30 different district general hospitals from the Netherlands contributed 26% of the papers published in the journal (*figure 3A*). Authors from 32 countries submitted articles to the journal. As to be expected, the large majority of publications (80%) were of Dutch origin, but we received many submissions from Turkey, USA and Belgium (*figure 3B*).

Figure 3B shows the subdivision in the types of publications. We published 171 editorials and special reports during the Nijmegen years. Although it was sometimes difficult to fill these pages, we found this part of the editorial job very satisfying, as it made the journal more lively and attractive. Remarkable is the increase in the number of letters (both national and international) that we have witnessed over the years, indicating that the journal is viable and well read in a large number of other countries, no doubt due to the open access format.

Looking back at the last years of the editorial office in Nijmegen, I think it is fair to state that we as editors have collectively set in place the requirements for a professional journal, which should provide an opportunity to grow even further. On the other hand, there are also a number of threats which could hinder further improvement and need to be resolved: the number of good original papers and reviews that are submitted is still far too low, and the appearance of subspecialty journals in Dutch, sponsored by industry, may guide potential good material away from our journal, as pointed out earlier.⁵ In addition, it is sometimes rather difficult to find reviewers who are willing to spend enough time and effort in writing critical reports. The further increase in impact of our journal may help us to cope with these problems. The number of submissions as case reports, on the other hand, is relatively large and still increasing, and the rejection rate rose to 75% in

Figure 3. The number of published articles from the Netherlands Journal of Medicine

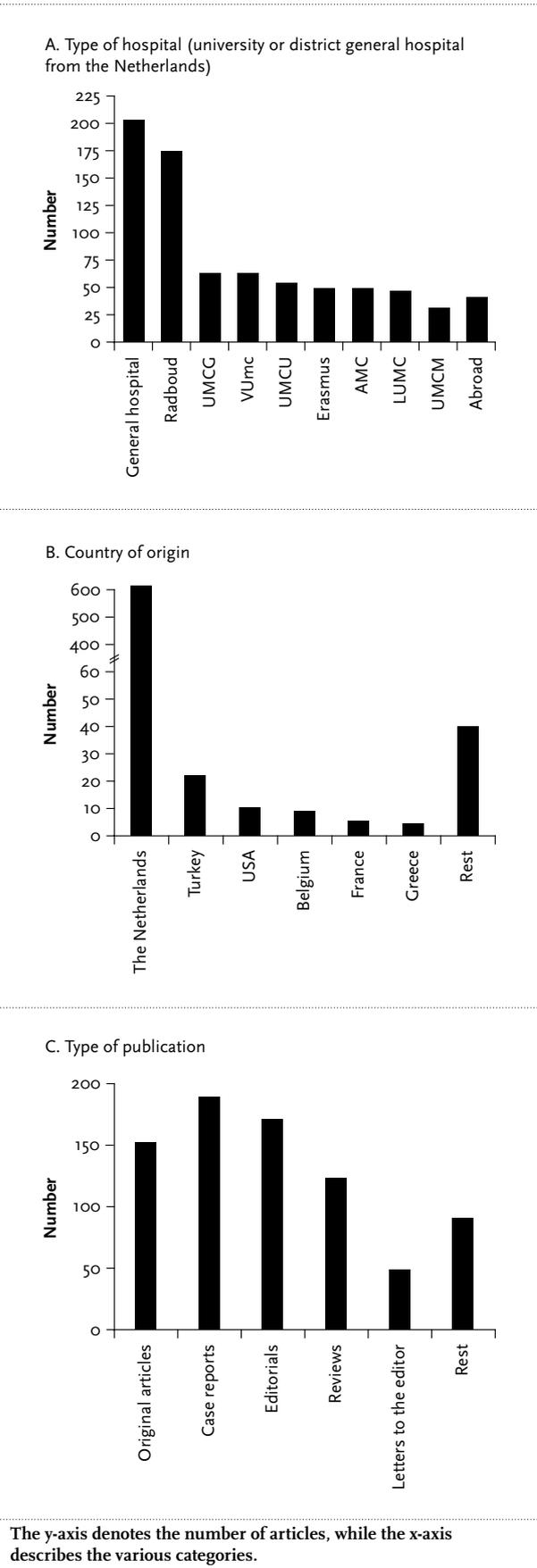


Table 1. Ten best cited articles in the Netherlands Journal of Medicine from 2002-2008

Authors	Title	Publication date	Total citations 2002-2008
Van Venrooij WJ, Hazes JM, Visser H	Anticitrullinated protein/peptide antibody and its role in the diagnosis and prognosis of early rheumatoid arthritis	November 2002	46
Jazet IM, Pijl H, Meinders AE	Adipose tissue as an endocrine organ: impact on insulin resistance	June 2003	31
Bodar EJ, van der Hilst JCH, Drenth JPH, et al.	Effect of etanercept and anakinra on inflammatory attacks in the hyper-IgD syndrome: introducing a vaccination provocation model	July-August 2005	29
Netea MG, Ferwerda G, de Jong DJ, et al.	NOD2 3020insC mutation and the pathogenesis of Crohn's disease: impaired IL-1 beta production points to a loss-of-function phenotype	September 2005	23
Bleeker-Rovers CP, Bredie SJH, van der Meer JWM, et al.	F-18-fluorodeoxyglucose positron emission tomography in diagnosis and follow-up of patients with different types of vasculitis	October 2003	22
Van Bommel EFH	Retroperitoneal fibrosis	July 2002	21
Riksen NP, Smits P, Rongen GA	Ischaemic preconditioning: from molecular characterisation to clinical application - part I	November 2004	19
Hommes DW, Oldenburg B, van Bodegraven AA, et al.	Guidelines for treatment with infliximab for Crohn's disease	July-August 2005	17
Arend SM, Breedveld FC, van Dissel JT	TNF-alpha blockade and tuberculosis: better look before you leap	April 2003	17
Klein SK, Slim EJ, de Kruif MD, et al.	Is chronic HIV infection associated with venous thrombotic disease? A systematic review	April 2005	16

2007.⁹ In order to improve the standard of the submitted case reports, especially for the young colleagues for whom writing a case report is frequently their first scientific exercise, we have produced detailed guidelines, which we urge prospective authors to take note of.^{9,10} Eventually, this should also benefit the journal.

After seven years of editorial board in Nijmegen, it is time for a change. The editorial board is moving to Amsterdam under the leadership of Professor Marcel Levi as of 1 January 2009. I wish him and his team a lot of success, and hope that they will find working for the journal as enjoyable as we have done and that the Amsterdam team will succeed in getting our journal to climb even higher in the ranking.

I thank my colleagues and all our contributors for helping to bring the journal to its present standard!

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