Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company’s public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
An Overview of Transforming Changes at Mayo Clinic Proceedings During 2005

For the past year, the Editorial Board, staff, and publisher of Mayo Clinic Proceedings addressed improvements that will transform our interactions with authors and readers during 2005 and beyond. Although these efforts are ongoing, I want to share with you projects that we are currently unveiling or will release by mid-2005.

A NEW WEB SITE
In late November 2004, we unveiled our new Proceedings Web site (www.mayoclinicproceedings.com). This site will enhance dissemination of print journal content, allow more effective searches of archived articles, and permit online purchases of subscriptions and printed materials.

The principal motivation for this change is the increasing reliance of our readers on Internet access to journal content. For example, from 1999-2004 (inclusive), our Web site experienced a more than 220-fold increase in visits. A portion of this traffic likely represented the increasing comfort of general/internal medicine readers with electronic access; however, we also believe that improving the quality of journal content, expanding coverage of time-sensitive materials, and generating media coverage of our articles brought readers to our Web site. As traffic increased, we began identifying limitations to our former Web site. These have been improved, and the new Web site has the following features:

- Individual subscribers to the print journal or those who have access to an institutional subscription (eg, at a university or medical center library) have immediate electronic access to journal content, as soon as the print journal is available. The former will involve using a password, which is printed above the subscriber’s name on the mailing address label of each Proceedings issue. The latter approach should not require use of an individual password.
- For everyone, whether a subscriber or not, the Web site has the following:
  - Immediate, unrestricted (ie, no password needed) access to time-sensitive articles of importance to national or international health care
  - Unrestricted access to all content 6 months after publication of the print journal
- Advanced search features and a state-of-the-art XML library
- Mechanisms for immediate online purchases of subscriptions, articles, symposia collections, and books

The improved Web site will feature new artwork each month, consisting of either figures from our Medical Images section or from articles in the monthly print journal.

During 2005, the Proceedings will work with the World Health Organization’s Health InterNetwork Access to Research Initiative (www.healthinternetwork.net) to ensure that qualifying medical schools and medical centers in developing countries are afforded the same access privileges, either free of charge or at very low cost, otherwise reserved for full-pay institutional subscribers.

Introduction of our state-of-the-art Web site should improve the dissemination of journal content to many international subscribers. At present, international mailing of a print journal issue results in delays in content reaching readers, and the cost of mailing the subscription often approximates the production cost of the printed copy. Migration toward Web site use will hopefully overcome some of these hindrances so that journal readership will increase.

ELECTRONIC MANUSCRIPT SUBMISSION AND REVIEW
Mayo Clinic Proceedings has contracted with ScholarOne, Inc (Charlottesville, Va), to introduce an electronic manuscript submission and review system. We were attracted by the number of prestigious journals using this system and ScholarOne’s ability to provide a remarkable amount of customizing for our particular needs. Hence, we can retain many of the wholesome, personal features of conventional manuscript processing that you appreciate at the Proceedings, but with the speed and convenience of the Internet.

The reason for moving to electronic submissions is somewhat obvious. Since beginning the “evolution of Mayo Clinic Proceedings” initiative in 1999, the journal has experienced an 84% increase in manuscript submissions and a 113% increase in original articles, and submissions are currently increasing at a historic annual rate. Hence, some of our motivation for introducing the new system is simply to better manage traffic. In-house research has determined that increasing the number of submissions is key to improving journal quality. It is no coincidence that recent improvements in the Proceedings impact factor (ISI, Thomson ISI, Philadelphia, Pa) are

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tightl y coupled to the numbers of submissions. Although less tightly coupled, changes in journal readership, as assessed by PERQ/HCI Research (Princeton, NJ), are also related to the number of submissions.

Mayo Clinic Proceedings has reduced the time from receipt of a manuscript to first decision to authors in each of the past 6 years. At the time this editorial will go to press, we project an average first-response-to-authors time of 5.8 weeks in 2004, or a 45% reduction from the 10.6 weeks recorded during our 1998 baseline year. Much of the current review time is spent contacting reviewers and sending hard copies of articles to them to review. Absent fundamental alterations in our review logistics, these manual-processing delays will limit our ability to further reduce minimal review time. We believe that, from this point forward, improved processing time is possible only by migrating to electronic submissions. We anticipate that days formerly lost with telephone calls, mailings, and faxes can now be reduced substantially.

In recent years, the Proceedings has had a dramatic increase in the numbers of manuscripts submitted from outside the institution (see subsequent discussion), including a considerable fraction of international submissions. Despite these shifts in author demographics, the journal has limited the input from international reviewers (eg, because of mailing delays) to save time. With the introduction of ScholarOne’s Manuscript Central system, submission and review times involving international authors and reviewers should be as rapid as those received from authors and reviewers from within the United States. Hence, we can anticipate increasingly diverse input from experts from around the globe as a result of expanded electronic communications.

Within our customized Manuscript Central system, we will provide background information on the qualities we look for in a given category of article (eg, Original Article, Review, Commentary), and this will, in turn, give authors and reviewers insights into the standards we will use to adjudicate acceptance or rejection. Additionally, we will be able to expand and clarify the journal’s policies concerning conflicts of interest and mechanisms for disclosure.

Authors can access our electronic submissions system through the above-mentioned Mayo Clinic Proceedings Web site, once Manuscript Central is launched in mid-January 2005. We expect a grace period of a few months during which we will accept manuscripts either through Manuscript Central or via our traditional submission techniques. Authors requesting information about or assistance with the Proceedings electronic submission system are encouraged to use the “Get Help Now” feature, which includes FAQ and online user support, or to call the journal office (507-284-2094) to speak to trained staff members.

A NEW SERIES ON MEDICAL GENETICS
Encouraged by the considerable success of our 2002-2004 Primer on Medical Genomics series,3,4 the Proceedings will introduce in 2005 a new series, Genetics in Clinical Practice. Articles within this series will discuss how genetic information can be exploited to diagnose and treat disease as well as to counsel patient s and their loved ones. The series, which uses a disease-by-disease organizational approach, begins in this issue, with an introduction by Ayalew Tefferi, Associate Editor of the Proceedings and the driving force behind this initiative, followed by the first article, “Genetic Testing: Practical, Ethical, and Counseling Considerations,” by Ensenauer and colleagues.6

Genetics in Clinical Practice articles will be published bimonthly through 2005 and 2006.

A NEW SYMPOSIUM ON CANCER
In mid-2005, we will complete publication of the existing Symposium on Cerebrovascular Diseases7 and, immediately thereafter, we will begin a new series entitled Symposium on Cancer. Part 1 will address hematologic malignancies, and part 2 will discuss solid tumors. Our goal is to describe state-of-the-art techniques for diagnosing and treating the 25 malignancies most likely to result in death. Hence, when the series is completed and the material collated in book form, readers will have the most up-to-date and clinically relevant printed material available on cancer, the second most likely cause of death in industrialized nations.

The Symposium on Cancer articles will be published monthly until the series is completed.

NEW BOUND COLLECTIONS OF JOURNAL CONTENT
In mid-2004, Mayo Clinic Proceedings published bound collections of its Symposium on Geriatrics, Supplement on Androgen Therapy for Women, and Primer on Medical Genomics articles, all of which are currently available for purchase through our Web site. As the calendar turns from 2004 to 2005, we will publish our first hardcover book, Medicine & Stamps, a 215-page collection of stamp vignettes intended to please philatelists, students of medical history, and the merely curious. Edited by Drs Marc A. Shampo and Robert A. Kyle, longtime supporters of the Proceedings, it contains morsels8,9 from their Stamp Vignette series published in the journal since 1985.

In mid-2005, we will continue with tradition and publish a bound collation of the Symposium on Cerebrovascular Diseases series.7 We also intend to publish similar collations of the Symposium on Cancer plus the Genetics in
Clinical Practice series, both of which will be introduced in 2005 but not completed until 2006 or later.

Optimizing Communication for the Practicing Clinician

*Mayo Clinic Proceedings* has long been one of the world’s most venerated medical journals, in large measure because it has been able to place authoritative, clinically relevant information in the hands of practicing physicians. In former decades, it was sufficient for the journal to review past discoveries and provide recommendations for the present. However, with the current rate of change in medicine, the Editorial Board has determined that we must do more: We must inform physicians about the present and give them realistic insights into the future of medicine. We have done this with our articles on severe acute respiratory syndrome (SARS),10-13 West Nile virus,14 bioterrorism prevention and control,15,16 molecular autopsy,17,18 medical ethics related to unenabled embryo use,19 the possibility of a future influenza pandemic,20 and many other topics.

With each of these forward-looking articles, as well as with others directed more toward the immediate needs of clinicians, the Editorial Board has held ongoing discussions on how we can better communicate journal content to practitioners. Our recently introduced Medical Images section and the increased use of flow diagrams and color illustrations, both within the print journal and on our Web site, are a few changes we have implemented. The Editorial Board has also recommended that, for any article having clinical implications, we attempt to provide summary tables or figures that describe treatments and dosages, preventive health measures, and other information that can be photocopied and placed in the workplace for the immediate benefit of either prescribing physicians or patients.

In 2005, we will conduct market research and additional Editorial Board discussions to determine how we may continue improving communication while retaining the core values of the journal. Readers are encouraged to contact us with any improvement ideas they wish to share.

Clarifying Our Identity

Students of the history of *Mayo Clinic Proceedings* will remember that the journal began in April 1926 as the *Bulletin of the Mayo Clinic and the Mayo Foundation.*21 From its inception, the journal has had difficulty synchronizing its name and function. Perhaps this is why the journal has had 6 different names to date, of which the first 4 were forced into the journal’s first 10 months of operations. Throughout the past 8 decades, the journal’s name and mission have probably been in best agreement with the introduction of the self-explanatory title, *Proceedings of the Weekly Staff Meetings of the Mayo Clinic,* in January 1927, and later *Mayo Clinic Proceedings* in January 1964. The latter title was intended to imply that content was provided by Mayo Clinic authors and reflected their clinical experiences.

The modern divergence of journal name and function had its origin in 1992 when the Editorial Board allowed extramural authors to contribute to the *Proceedings* and in the Editorial Board’s 1999 “evolution” initiative in which contributions by extramural authors were actively encouraged.21 Today, it is a source of immense pride, among board members, authors, and readers (including those from Mayo Clinic), that 57% of submissions during 2003 and 2004 originated from authors not affiliated with Mayo Clinic. Indeed, extramural authors are now submitting manuscripts and are being published within the *Proceedings* at historic rates.

Given the considerable fraction of extramural contributions and the restructuring of the *Proceedings* as a major educational effort under the newly formed Mayo Clinic College of Medicine, one might argue that *Mayo Clinic Proceedings* has now outgrown its name and should be relabeled. However, to do so would abandon the immensely popular and respected brand name that serves us so well. We recognize that growth industries often outlive a literal interpretation of their names. Hence, while it may appear to some a stretch to retain the *Mayo Clinic Proceedings* name, we will do so, with some refinements in our branding.

Beginning with the introduction of our Web site in late 2004, our masthead logo now proclaims that *Mayo Clinic Proceedings* is “A peer-reviewed medical journal sponsored by Mayo Clinic College of Medicine and authored by physicians worldwide.”

We hope these changes, although small, will help capture the altruistic spirit of Mayo sponsorship and the expectation that the journal will sample from the very best content available, regardless of authors’ institutional or geographic affiliation.

Summary

For the past 6 years, the Editorial Board and staff of *Mayo Clinic Proceedings* have dedicated ourselves to the progressive evolution of this journal. During this period, and for the foreseeable future, we have embraced change and improvement as themes for our daily efforts. As such, the changes identified in this communication are not a leap forward for the journal, they merely represent the next logical step in the growth of the journal. Given the momentum that has developed during the past few years, readers should expect to see further changes, all intended to better communicate with our principal readers, practicing physicians.

In the final analysis, we are driven by a rededication of the journal to the primary value of Mayo Clinic: “The
needs of the patient come first.” While the journal’s leadership has long looked to this statement for guidance, our approach to addressing this value in 2005 will require a considerable number of innovations. We look forward to sharing with you, our readers, these next steps in the journal’s history. We trust that we will be able to learn and grow together so that, in the final analysis, the journal will build on its reputation as an authoritative and respected source of information.

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Editor-in-Chief