contributors about the possibility of listing 2 individuals as first authors, and a dichotomous system would allow us to list a “first” author in the category of the work in which each contributed most. After pondering these systems, I have decided, for the time being, to keep our traditional, simple, 1-level author listing. In order for dichotomous or trichotomous listings to be meaningful, promotion committees and funding agencies would have to recognize these first. One last system has been suggested at the author level: weighing of contributions by a “third” disinterested party. This method may fall into the responsibilities of specific offices of research conduct.

Last century, deconstructionists attempted to break down texts to observe who coveted power and how.17 In science, we all have witnessed power struggles when it comes to credit for publications. The responsibility of journals for bylines is difficult to assess and impose. Confronting author credit and responsibility is a daily predicament for editors. I have been pleased by the fact that when asked about long bylines, our contributors have always responded responsibly by shifting an excessive number of individuals into acknowledgments or by clearly justifying their degrees of involvement. Author responsibility should be shared by authors, their institutions, and journal editors. Our credibility as researchers depends on this type of responsibility and avoiding abusing it.

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EDITORIAL

Collaboration between the Journals Interventional Neuroradiology and American Journal of Neuroradiology

It is our pleasure and privilege to comment on the recently announced cooperation between the journal Interventional Neuroradiology (INR) and the American Journal of Neuroradiology (AJNR). This collaboration has the potential to significantly impact the functioning of INR, its editorial office, and the evolving interrelationship between neuroradiology and interventional neuroradiology.

INR’s Perspective

Operating Principles. INR was created almost 15 years ago to provide the international community involved in the practice of neurointerventional therapy with a scientific forum to exchange ideas, results of therapy, and research carried out in this rapidly growing field. Its mandate was endorsed by the World Federation of Interventional and Therapeutic Neuroradiology, the South American Working Group in Interventional and Therapeutic Neuroradiology, the Asian and Australian Federation of Interventional and Therapeutic Neuroradiology, and the Japanese Society of NeuroEndovascular Therapy. Collaboration between INR and AJNR will combine the worldwide experience in INR with the academic excellence in neuroradiology publishing as exemplified by AJNR. Future strengthening of the relationship between the journals is expected to occur and to result in excellence of scientific exchange at a global level.
Editorial Office Communications. The editorial office of INR will be modified to reflect the cooperation of the 2 journals, and its functioning unit will be changed to facilitate access and integration in line with current practices at AJNR. This should lead to a user-friendly submission and exchange of homogeneous information between the journals, signifying their alliance. It will facilitate a strategy enabled to accommodate the higher caliber submissions to be published in the most appropriate environment.

Neuroradiology/Interventional Neuroradiology Benefits. From its beginning some half a century ago, neuroradiology has included and fostered research in all aspects of imaging of the central nervous system. This included advances in neuroimaging and new techniques proposed not only by neuroradiologists but also by practitioners with a background in the various aspects of the neurosciences. Advances in neuroimaging facilitated the feasibility of image-guided therapy and treatments performed by specialists in neuroimaging. This in turn resulted in the evolution and establishment of interventional neuroradiology as a distinct specialty. At the same time, interventional neuroradiology benefited greatly from the participation of neuroscientists with different backgrounds (neurology, neurosurgery, and radiology), which enhanced the specialty and facilitated its introduction into the realm of multidisciplinary patient care. Guidelines for standards of training and standards of practice in interventional neuroradiology will benefit greatly from endorsement by neuroradiology. A close link between neuroradiology and interventional neuroradiology will ensure advances in the field are the result of high-quality scientific exchange of information and lead to excellence in patient care.

AJNR’s Perspective
At the beginning of this year, Dr. terBrugge approached the American Society of Neuroradiology with the idea of establishing a collaboration between INR and AJNR. This idea was first floated by ASNR’s Publications Committee and afterward gained approval by the Executive Committee. A letter of agreement was developed, and I flew to Toronto to personally speak to Karel and discuss the details of our collaboration. Karel responded to our ideas in his usual gentlemanly form, and I feel very pleased that our agreement was signed with enthusiasm from all parties involved. Dr. terBrugge and I feel very optimistic and invite all of our readers and authors to participate and embrace this alliance.

Operating Principles. AJNR receives a significant number of interventional-related submissions, which are handled by 2 dedicated Senior Editors. Because of limited space, many excellent manuscripts are rejected; this is particularly true of Case Reports. The INR/AJNR collaboration opens the possibility of offering publication to a wider number of these papers. AJNR’s subscriber base lies predominantly in the Americas while INR’s enjoys wide readership in Europe, Asia, and Oceania. We are working out discounted fees for subscribers and advertisers in both journals. Dr. terBrugge and his editorial team are working with AJNR’s Web designer to modify their Website so it will have a similar functionality to that of AJNR. A link to INR may already be found on our Website. Last, our future series of Special Collections dealing with interventional articles will benefit from containing articles from both journals.

Editorial Office Communications. Dr. terBrugge and Mr. Castillo have already reviewed collection and dissemination of information that our collective medical knowledge advances. If trial results are not

EDITORIALS

Buried Treasures: Unpublished Results of Industry-Sponsored Neurointerventional Trials

Clinical trials are conducted to advance medical knowledge and thereby improve patient care. The results of clinical trials are generally published in the peer-reviewed medical literature, which provides physicians with easy access to this important information. Physicians can then assess the trial results themselves, decide how to incorporate them into patient care, and plan future research. It is through this peer-reviewed collection and dissemination of information that our collective medical knowledge advances. If trial results are not