The Editorial Board of *The Journal of Thoracic and Cardiovascular Surgery*

Andrew S. Wechsler, MD

In 2004, we received more than 1200 submissions in our office: a 10% increase over last year (and a 35% increase over 2001). Given the fact that most published articles undergo at least one and frequently two or more revisions, it is clear that we owe a huge debt of gratitude to those individuals, highlighted on the following pages, who serve so ably on our editorial board.

Individuals are nominated to the editorial board by a process of consultation between the Editor and the Associate Editors that results in recommendation of names to the Council of The American Association for Thoracic Surgery for approval. Individuals who are asked to serve on the editorial board must have displayed competence and timeliness as a peer reviewer, evidence of important contributions to our field, and good common sense. Editorial board members review on the average about 21 manuscripts per year; assignments range from 3 to 35 manuscripts, depending on one's area of expertise and the mix of manuscripts received by the *Journal*. Most of our board members are busy clinicians who carve time from evenings and weekends to perform this vital function. I can only state, quite simply and sincerely, the *Journal* and their colleagues are very much in their debt.

This year we wish to note the departure from the editorial board of Donald Glower. Frank Sellke, whose term was also scheduled to end this year, graciously agreed to serve a second term. We note that Dr Sellke has never held an article for review for more than 24 hours—a most remarkable achievement!

We welcome to the editorial board Eric Butchart and Philippe Menasché. We are also pleased to announce that Richard Weisel moved from the editorial board to accept the position of Section Editor for Translational Research. Dr Weisel brings to his new position a history of excellent reviews and a uniquely broad knowledge base that make him perfectly suited to provide the special attention needed by the manuscripts he will be assigned. The addition of this position reflects the increasing breadth of our specialty and our desire to keep the *Journal* in the forefront of clinical and scientific advances.

Many of you, our readers, are asked from time to time to provide peer review as a service to your colleagues. In previous editorials,^{1,2} I defined both the responsibilities and benefits of being a reviewer. To the latter, we plan to offer in the coming year continuing medical education credits for reviewers who meet the necessary criteria. Expect more information about this project in upcoming issues. The high impact factor of the *Journal* and its prestigious position in the top 3.4% of all published journals are the consequence of our rigorous peer review process. For those readers who have not been called upon to provide peer review but who have contributed to the literature and would like to participate in the process, we encourage you to log on to our Web site (<http://jtcvs.editorialmanager.com>), register as a reviewer, and self-classify your interests. I offer you my thanks in advance for any help you provide to us in the future.

References

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