The evolution of the *European Respiratory Journal*: ready for the new decade!

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It has already been 2 years since we took the privilege of leading the *European Respiratory Journal* and we want to wish all of our readers, authors, reviewers and editors a very happy and successful 2020. It has been another busy and successful year at the journal.

Highlights from 2019

The year started with publication of the proceedings of the 6th World Symposium on Pulmonary Hypertension, providing key updates on pathogenesis, genetics, diagnosis and treatment of all classes of pulmonary hypertension [1–14]. The World Symposium has been held every 5 years since 1973 and the proceedings provide comprehensive guidance on the state of the art in pulmonary vascular disease. This series was published in the *ERJ* for the first time in its 45-year history, and perhaps the most impactful article of the series was that on the new haemodynamic definitions and updated clinical classification of pulmonary hypertension [5]. This document proposed a threshold of pulmonary artery pressure >20 mmHg to define clinically significant disease. Whether or not this new threshold should lead to a rewriting of the textbooks of medicine was addressed in a pro/con editorial a few months later, and generated significant debate [15–20]. The series further discussed future clinical trial design and also the critical impact of patient perspectives [9, 14]. The entire series was published open access in acknowledgement of the critical nature of these articles for the global pulmonary community.

The *ERJ* has two regular review series: "state of the art", which aims to give a high impact current update on key clinical and translational topics; and "back to basics", which provides accessible reviews of basic and translational science topics [21, 22]. 2019 saw a focus on COPD, with reviews and perspectives focused on controversial topics, including the role of inhaled corticosteroids, early COPD, and imaging and biomarkers [23–25]. Precision medicine in COPD and airways disease continues to develop and will have more and more impact on clinical respirology in the near future [26–28]. One major aspect is the question about how to assess airway inflammation in practice. The Global Initiative for Chronic Obstructive Lung Disease (GOLD) science committee published the justification for the recent GOLD strategy update in 2019, explaining the decision to include blood eosinophils in the decision-making process for use of inhaled corticosteroids for the first time [29]. Treatable traits, a concept originally

published in the *ERJ* in 2016, are not only of relevance for COPD, but also asthma, as reported by the Australian/New Zealand "Down Under International Workshop" [30–32]. Further, the Global Initiative for Asthma (GINA) executive committee published the highlights of their 2019 guidelines in an important editorial in June [33, 34]. These new guidelines describe a fundamental change in asthma management, with GINA no longer recommending treatment of asthma in adolescents and adults with short-acting bronchodilators alone. Instead, GINA recommended that all adults and adolescents with asthma should receive either symptom-driven (in mild asthma) or daily inhaled corticosteroid-containing treatment. In recommending these changes, GINA recognised that there are questions to be addressed, including the cost of implementation in low- and high-income countries [33].

The third area we wanted to highlight is the debate and new evidence on the risk of electronic cigarettes [35–40]. The second half of 2019 featured numerous reports about vaping-associated acute lung illnesses in adolescents and young adults, particularly in the USA [39]. Recent case reports also describe chronic respiratory problems, such as hypersensitivity pneumonitis, due to the non-organic components in e-cigarettes [38]. While a large number of fatalities seemed to be associated with vaping of marijuana-related products, the lack of awareness of the potential harm of vaping in general is becoming increasingly apparent. The ERS Tobacco Control Committee published a key document outlining the European Respiratory Society's official position on electronic cigarettes just as the year ended [41]. This document clearly states the society's position, that the tobacco harm reduction strategy is based on well-meaning but incorrect or undocumented claims. The Committee wrote that "human lungs are created to breathe clean air, not reduced levels of toxins and carcinogens"… and as such, concluded that "the ERS cannot recommend any product that is damaging to the lungs and human health" [41]. Of note, while the *ERJ* is published by the ERS, the editorial process is totally independent of the society, and the article, just like any other, underwent vigorous external peer review.

ERJ methods are taking off

A successful new feature in the journal is "*ERJ* methods" which was introduced in 2018 to give a guide to readers on the diverse and sometimes complex methodologies used in our speciality [42–49]. These are short mini-review papers intended to give non-experts the information required to understand and interpret the basics of cutting-edge methods. In 2019 these were among the most consistently well read and downloaded articles in the journal. We welcome unsolicited submissions and are happy to receive informal enquiries about potential topics for future *ERJ* methods papers.

Peer review

Peer review is the central pillar of the quality of the journal, and we are grateful to all of the reviewers that have given their time voluntarily to the journal over the past year. This year in Madrid at the ERS International Congress we recognised four excellent reviewers with the 2019 *ERJ* peer reviewer awards. These colleagues were Beatriz Amat, Wei-jie Guan, Erik Klok and Paolo Spagnolo. Each had contributed multiple high-quality reviews to the journal and were presented with a certificate recognising their outstanding work at the editorial board dinner in Madrid. The *ERJ* also has a mentoring programme for early career members of the ERS, in which we have formed several "teams" of an experienced associate editor and a "junior" associate editor, who assess papers jointly and navigate them through the peer review process. This programme has been very attractive to the community, such that we received a stunning 90 applications for the limited number of available teams. Keep tuned for further opportunities to get involved with the work of the *ERJ*.

Prepublication servers and preprints

Here at the *ERJ* we are committed to keeping peer review time frames to a minimum, because we know how important it is that our authors can disseminate their work quickly and have their articles published in a timely manner. The *ERJ* is quick, with an average time from submission to decision of 18 days, but by its very nature peer review introduces a delay to the publication process even for papers that are accepted. Recent years have seen a rise in popularity of the preprint: publication of a complete scholarly article, usually on a dedicated preprint server, before the work has been peer reviewed and, in general, before submission to a journal. This enables article preprints to be made available for immediate distribution, often being used by authors to gain early feedback on their work, which may then assist in refining works prior to a formal journal submission being made. Preprint servers are not a new idea, with the widely used bioRxiv.org being launched in 2013 and recently being joined by multiple alternatives. In June 2019, medRxiv.org was launched, and is a joint venture between BMJ Publishing, Cold Spring Harbor Laboratory and Yale University. The SSRN (Social Science Research Network) is a platform operated by Elsevier, established 25 years ago, but has recently added medicine as a new discipline to its preprint portfolio, as both MedRN and, later, as Preprints with *The Lancet*. The latter is available as preprint service for articles submitted to *The Lancet* journal family. While preprints have been well accepted in

other fields, such as physics, for many years, it has been controversial in the medical field primarily because of the risk of non-peer reviewed science being able to influence clinical practice. The major preprint servers, however, have safeguards in place, including clear statements that material is not peer reviewed. As a journal that adheres strongly to the recommendations and guidance of the International Committee of Medical Journal Editors, the *ERJ* willingly accepts submissions of articles that have appeared in preprint form, as will most other journals in our field. However, transparency when posting and citing works prior to peer review is essential. This will ensure researchers and readers have the information they need, in order to interpret and make informed opinions on the documents they read and cite in our field.

Looking forward to 2020

The *ERJ* is the flagship journal of the European Respiratory Society, the largest community of respiratory professionals in the world. As such, we have a responsibility to ensure that we publish the very best science and education and make the *ERJ* what its readers and authors want. We are proud of our current impact factor of 11.807, which is the second highest in the *ERJ*'s history. With the high level of the *ERJ* comes intense competition for space and the *ERJ* acceptance rate remains at around 10% for original research and reviews. So, to those who contributed to the *ERJ* in 2019 we say "congratulations!". For those high-quality papers we sadly have to decline due to lack of space, the growth of the ERS family of journals provides an increasingly attractive option. We cherish our strong relationship with our partner journals, especially the *European Respiratory Review* and *ERJ Open Research*. The *European Respiratory Review* publishes primarily review articles and has achieved a remarkable first impact factor of 4.929 in 2018, and we expect it to further increase. *ERJ Open Research* is an open access journal for basic, translational and clinical research which follows the same rigorous peer review process as the other ERS publications. The *ERJ* is selective in which papers we recommend for transfer to these journals, only selecting papers we consider to be of high quality and interest. We encourage authors to take advantage of this option to publish within the ERS family of journals.

2020 promises to be another exciting year for the *ERJ*, with an upcoming state of the art series on asthma planned for later in the year, new ERS guidelines including the first "short guideline", a new initiative from ERS to fast-track key clinical topics by producing guidelines in less than 1 year compared to the usual 2–3 year cycle, and our usual mix of outstanding original research and reviews. While the *ERJ* publishes across the length and breadth of respiratory medicine we have issued specific calls for papers this year. We are honoured to partner with *The Lancet Respiratory Medicine* and the *Journal of Cystic Fibrosis* to host a session at the European Cystic Fibrosis Society conference and so welcome submissions of original research and reviews for presentation in this session. We also seek proposals for high-quality state of the art reviews and the editors are happy to informally discuss these with prospective authors.

We feel honoured to have to have the opportunity to review your work and guide the journal at this exciting time for our speciality. Bring on the new decade, the *ERJ* team is ready for the future!

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