Editorial

Dear Colleagues, Readers and Authors

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Mechanical assisted circulation is the most rapidly developing area of cardiology. Meanwhile, there is no journal dedicated to papers in this area. Currently, papers on mechanical assisted circulation are published all over the place.

The Journal of Heart and Lung Transplantation is mostly oriented to transplantation but also publishes articles on ventricular assist devices (VADs) as this branch of heart failure has experienced such exponential growth in recent years. Likewise, ASAIO was started as a bioengineering journal but also publishes articles on VADs, for the same reason. Journal of Cardiac Failure, JACC HF, Circulation HF – papers on VADs can be found everywhere.

I think there is good potential for a specialized VAD journal. We do not want to make it exclusive of other papers on heart failure, but its primary focus will be mechanical assisted circulation.

As you all know, VADs were first approved by FDA in 1996, but the current models that allowed them to become a readily available treatment option, were approved only in 2010. Since then, VADs have taken off. As you can see on Figure 1, the number of implanted VADs is growing rapidly while transplants are somewhat stagnant.
The VAD Journal: The journal of mechanical assisted circulation and heart failure

Fig 1. Number of heart transplants and VADs in the USA

The same trend can be seen in publications. I put “Ventricular assist device” and then “heart transplantation” in a PubMed search, and counted publications by year. The results are on Figure 2. As you can see, publications on VADs are skyrocketing (Figure 2).

Fig 2. Number of publications on heart transplantation and VADs
Meanwhile, there is currently not a single journal focusing on VADs. I also looked at the journals where the last 100 papers on VADs were published. There were 38 (!) different journals. The biggest share of 21 articles belongs to two journals, both with a primary focus on bioengineering (Figure 3).

![Pie chart showing the distribution of journals that published the last 100 papers on VADs.]

**Fig 3. Journals that published the last 100 papers on VADs**

There are hundreds of open access journals emerging daily. Every week, I receive multiple invitations to submit manuscripts, and I usually hit delete without even reading them. I am sure you receive the same invitations and treat them similarly. But we have to make our Journal stand out.

Several features, hopefully, will make it special.

First, because of my arrangements with the publisher, we will have a nominal fee of $200 per article for publication. We do not pursue any financial gains, but we have to pay a maintenance fee for the website, hire a managing editor, and provide for such things as copy-editing services, etc.

Second, the peer review process will be double blinded. Reviewers will not be able to block papers because they dislike authors/institutions. This will provide maximal fairness of the review process. Besides, we will discourage reviewers’ requirements to modify manuscripts. Authors have a right to publish their data/opinions the way they see it. I know too well how painful it is to maul over your work in order to please the reviewers, because otherwise the manuscript won’t get published. We will strive to preserve authors’ texts (as opposed to a forced compromise between authors and reviewers).

Third, we are going to create an incentive for reviewers publishing their most interesting reviews of submitted manuscripts. If they disagree with the authors, and we find it justified, we will publish their commentaries next to the paper they reviewed, and the readers may judge for themselves.
Fourth, we will publish rapidly as soon as copy-editing is completed. And we do not have to wait until the whole issue is filled.

Of course, we want to be listed in PubMed, but we need to publish our first 50 manuscripts before we can apply. After we are listed, all of those first papers will be retrospectively included in PubMed as well. The sooner we publish the required number of papers, the sooner we’ll be on PubMed.

So please submit your manuscripts. Our rules are simple. Being a young journal, we are willing to publish more unorthodox views, paradoxical opinions, and innovative hypotheses, than more established conservative journals. I believe we have good potential to open the field of scientific discussion surrounding mechanical assist devices and heart failure, and hope for your support. Thank you for your interest and we welcome any ideas you might have for improving the journal.