EDITORIAL

Legacies and Transitions

'ratitude. As I start my role as editor-in-chief of the Jglobal journal of implant dentistry, JOMI, it is important to recognize the strength and impact of legacies. From the start of the Academy of Osseointegration (AO), Professor William (Bill) Laney and Professor Steven Eckert have played pivotal roles in shaping the basic, clinical, and translational science(s) as they relate to tooth replacement therapies. In part, this was through their roles as editors-in-chief of JOMI. I assumed the new role within the month I moved to a new dean position and have tried to balance moving, a new job, patient care, onboarding, and thinking through new ways and approaches to take the journal. All of these transitions are building on legacies. Building on the strength of the journal, we are embarking on new approaches, including alternative means to show data (web-based modeling), social media, and other forms of outreach, especially closer connections to the AO membership through the DocMatter portal launched while I was AO president in 2020.

The journal has many goals, and part of my visioning process over the next year is to convene the editorial board and key stakeholders for both strategy and tactical deployment of the journal operations and efficiencies. One key aspect I have seen in my short time as editor is the large volume of new submissions and manuscripts under review for prolonged times. I have heard this as complaints from authors. Is this unique to JOMI? I'm not sure. Science is based on logic, rigor, and reproducibility, but most importantly, the assessment of research findings within the community of content experts. No one else can judge us but our collective professional colleagues. Thus, it is beholden to this community to assess and determine if research findings are valid, and if valid, do they apply to the questions of the day (ie, why should you, as the reader, care?).

Yet.

Authors want to know if their work meets the threshold in a timely manner, and reviewers want time to contemplate this answer. This inherent tension in peer review is one I've repeatedly seen. Authors submit a new paper and start asking about a decision in 48 hours. Others are upset (and vocal) when a paper is returned. To be fair to both the authors and the reviewers, it is key to set boundaries. Only with boundaries do we develop expectations. Thus, my goal is to shorten the review time for publication over the next year. This is fair to all parties; authors will know if they need to "move on" to another journal, and reviewers are not repeatedly pestered by this editor to return multiple reviews. To be honest, the entire review system is one of volunteerism. The reviewers are not compensated to perform their work; their value add (ie, reward) comes from knowing they have helped add to and clarify the body of knowledge, leading to better patient care. Honestly, this is a privilege of their time and energy. Isn't that why we are all here?

So, what are the downsides to this? Authors who are upset, as they do not feel their hard work is fairly reviewed for impact, relevance, accuracy, and validity. All legitimate concerns. Again, the goal of JOMI is to publish the strongest and most impactful research demonstrating a strong patient outcome. This is why some wonderful and insightful papers on the fundamental science on surface chemistry are referred to more relevant journals in the biomedical engineering space and why, on the other hand, small, retrospective serial case studies in a practice are summarily returned to the author without further review. Again, this is fair to both the authors, who want a timely review, and reviewers, who are overloaded with often three or four simultaneous articles to review.

This means that my goal is to summarily triage or reject about half of all new submissions to be fair to the process before full review; this triage being done in coordination with the associate editors. The remaining half will move on to full review; an associate editor will take the lead, and at least two content experts will review the paper in a redacted (anonymous) manner where the reviewers do not know the authors' identity, country of origin, or other demographic identifying information in the paper that may create bias in the review. Admittedly, no peer review system is perfect. We all strive to be better. Legacies have taught me that the power of collective thought seen through reproducibility of an outcome from a narrowly defined intervention, while never perfect, creates a harmony that begins to sound like the clinical "average" of a patient's outcome I would like to see when I deploy a strategy to help another human being. That is why I hope you read JOMI. JOMI is here to provide the best in basic, clinical, and translational science impacting patient care, today and in the future. It is my honor to play a small role in the transition to this new legacy.

Regards,

Clark M. Stanford, DDS, PhD, MHA Editor-in-Chief