



# ULTRASONOGRAPHY: changes in editorial policy necessary to lead global trends

# ULTRASONOGRAPHY

JEONG-SIK YU

**Editor-in-Chief**  
ULTRASONOGRAPHY

## EDITORIAL

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Last June, *Ultrasonography* received a 2020 Journal Citation Reports (JCR) impact factor (IF) of 3.675, an increase from its 2019 IF of 3.075. Given the current trend, we expect the 2021 IF to jump well above 4.0. The steady increase in journal's citation rate since its re-launch in 2014 indicates that its development continues to progress. Given the limited status of clinical ultrasound in the medical field as a whole, the IF of *Ultrasonography* seems encouraging. Acknowledging that the journal's parent society is still regionally-based, as an editor, I am proud of the journal's status, as shown by its high IF. To be honest, however, we cannot be satisfied with this achievement, as we do not yet view *Ultrasonography* as being in a position to lead worldwide trends in clinical ultrasound [1]. After *Ultrasonography* was listed in Science Citation Index Expanded (SCIE) in 2019, two editorial workshops were held in conjunction with the annual scientific meeting of the Korean Society of Ultrasound in Medicine (KSUM) to discuss the future directions of *Ultrasonography*, followed by a separate meeting of the extended editorial committee [2]. As the editor-in-chief, I would like to summarize the conversations held at that time to find solutions to some problems that the journal editorial team is currently facing.

First, as briefly mentioned in an editorial in the first issue of *Ultrasonography* last year about the submission status and changes in the publication pattern 1 year after being listed in SCIE, the number of paper submissions has increased in absolute terms [3]. The increased number of submissions has placed a greater strain on the selection of experts and the review process than before. This is not a problem faced solely by *Ultrasonography*—as the number of scientific articles has increased throughout the world, the acceptance rate for peer reviews has decreased accordingly. It was expected that the acceptance rate would improve after *Ultrasonography* was listed in SCIE, but in reality, this was not the case. International researchers are very unlikely to agree to conduct peer review for submissions, and even if they do so, the review is often not completed before the deadline. Appropriate peer review and revision processes will inevitably improve the quality of the final published papers compared to the content of the initial submission. If the number of papers to be assessed per person from a limited assessment pool increases, the number of papers that are rejected only based on a preliminary assessment by the editorial committee without peer review increases, and there is also the possibility that an optimized revision cannot be achieved even after

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Jeong-Sik Yu, MD

Department of Radiology, Gangnam Severance Hospital, Yonsei University College of Medicine, 211 Eonju-ro, Gangnam-gu, Seoul 06273, Korea Tel. +82-2-2019-3510, Fax. +82-2-3462-5472, E-mail: yjsrad97@yuhs.ac

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peer review. From this point of view, increased submissions do not necessarily guarantee the quality of published papers. In order to prevent this problem, it is necessary for editors to have insight into the potential value of submitted papers. Specifically, quantitative and qualitative improvements in the reviewer pool are essential. So far, all relevant researchers around the world have been requested to review manuscripts on an *ad hoc* bases, but to conduct higher-quality review process, we need to secure a solid pool of reviewers. In particular, authors who have published their articles in *Ultrasonography* in the past few years are encouraged to participate in the peer-review process. Section editors currently only comprise Korean scholars organized into working groups, but this role could be expanded globally, and editors could be recruited according to their relevant academic achievements in the journal. In addition to reviewing papers, it is necessary to encourage them to participate directly or indirectly in making editorial policy in *Ultrasonography*. Meanwhile, we have adhered to a double-blind review policy, but in the future, we can consider providing reviewer information to authors and disclosing the review process to readers to improve the quality of reviews and provide academic recognition to reviewers.

Second, nearly 300 papers are now submitted annually, and I think this trend will continue as long as the IF of *Ultrasonography* remains high. In this situation where the number of submissions, which remained in the double-digit range for several years after the re-launch of the journal, has increased dramatically after the journal was listed in SCIE, it is difficult to artificially adjust the acceptance rate for publication by collectively raising the screening standards without fundamental changes in the review system. Although the number of original and review articles published increased from 40 per year to 60 in 2021, the period during which the papers remained in the "ahead-of-print" status after electronic publication (ePub) was extended. Although PubMed indexing enables papers in ePub status to be read and cited, this process lacks full integrity in the sense that there remains room for final revisions before official publication, and there have been complaints from some authors who require timely official publication depending on personal circumstances. Although it is not easy under present circumstances, where KSUM pays for all the editing, publishing, and open access costs with limited editorial staff, it is necessary to reduce the time from submission to review to publication for more papers. As the number of publications increases, publication costs increase accordingly, and when it becomes difficult for KSUM to pay all the costs, authors may have to bear some of the costs for article processing charges and open access. Until this limit is reached, the support from KSUM and the journal's human resources must be sufficient. This issue (Vol. 41, No. 1) contains 20 original and review articles, and we plan to proceed with official publications of all

papers that have remained in "ahead-of-print" status in the first half of this year.

Third, as mentioned before [3], the number of submissions by international authors increased after *Ultrasonography* was listed in SCIE, but there was also a more prominent increase in submissions by Korean authors. There is no denying the positive aspect of this phenomenon, since the quality of papers in *Ultrasonography* has been improved by the publication of high-quality papers by Korean researchers, which would otherwise have been published in other journals. However, an inevitable consequence of this change is that the proportion of authors of various nationalities in all papers has decreased. This phenomenon contradicts the trend of globalization after being listed in SCIE. Publications by Korean authors in 2019 accounted for 45% of all papers, increasing to 59% in 2020 and 79% in 2021. However, out of 20 papers in this issue (Vol. 41, No. 1), 10 papers (50%) were written by Korean authors, indicating that the proportion of overseas authors is recovering over time. This also means that the quality of papers submitted by international authors has improved. For *Ultrasonography* to become a journal that can truly lead global trends, it is essential to publish original articles by researchers with outstanding research achievements. The coronavirus disease 2019 (COVID-19) pandemic has temporarily halted large-scale, in-person academic conferences, but online scientific conferences have now become a global trend. Online conferences make it possible for a greater number of diverse scholars to participate without being hindered by the problem of distance between countries. It is undeniable that review articles written by well-known guest speakers have led the increase in the citation rate of *Ultrasonography*. Active researchers frequently cite their published papers in *Ultrasonography* when they write new papers, and general readers can access *Ultrasonography* by viewing their papers and cited papers. The role of KSUM as a venue for ongoing close exchanges with these researchers is important. Through this, if the status of *Ultrasonography* is solidified by maintaining a high IF, it is expected that the publication of original articles leading global trends will be more active.

Fourth, the scope of *Ultrasonography* broadly includes diagnosis and treatment in clinical ultrasound and covers almost all clinical areas except for echocardiography, which is currently handled by cardiologists. However, attracting the attention of readers from various fields through a broad scope of coverage is not itself a viable strategy for increasing the journal's influence. In the short term, in order to stand out from existing journals, we need to learn about and focus on our strengths. For example, the studies published in *Ultrasonography* on thyroid imaging and ablation therapy are quantitatively and qualitatively superior to those published in other clinical ultrasound journals, and their citation rates are high,

so they play a major role in maintaining and improving the high IF of *Ultrasonography*. In China and India, there are many young academics in this field with a strong research background and a high level of interest. Furthermore, researchers from East Asia—with its specific disease background—have made many outstanding achievements in research on cirrhosis and cancer of the liver, leading global trends in this field. I think that it is the journal's job to plan special features in these areas on a regular basis and to recruit these researchers as editorial board members to actively offer them a platform to demonstrate their capabilities. It is still difficult to say that KSUM is a society that leads global trends, but it is a society that leads the guidelines at the academic level and attracts publications to *Ultrasonography* through bold investments to take the lead in its field. Randomized controlled studies or systematic reviews, which have been submitted to a limited extent, can play an important role in improving the quality and reputation of *Ultrasonography*. It is important to maintain a high IF so that many of these studies will be submitted, but editors and reviewers still play an important role in recognizing the value of submitted papers and improving the quality of papers through appropriate revision during the review process.

Meanwhile, the COVID-19 pandemic remains a global problem, and related papers in Korea and abroad are increasing explosively, but *Ultrasonography* is retreating from this heated field due to the limited role of ultrasound diagnosis in COVID-19. Under these circumstances, where lung ultrasound has not become common, is there any direction for us to lead a change in trends of this magnitude? Alternatively, we should consider whether there may be a possibility to lead such a field in a forward-looking manner. For ultrasound diagnosis with artificial intelligence (AI) applied, Korean researchers have started to make a special feature of current status and directions for future development in early issues of *Ultrasonography* this year [4], but there are still very few submissions and publications of AI-related original articles. While it is unclear who will take the lead in these fields in the future, it is necessary to continue thinking about how and why researchers around the world will prioritize submissions to our journal.

Lastly, the editorial system of *Ultrasonography* established at the time of the journal's re-launch at the end of 2013 has not substantially changed in terms of human resources and editorial processes except for continuously updating the editorial standards

to meet the constantly added requirements of publication ethics. We are proud that in the last 8 years, we have succeeded in minimizing errors through the deep professionalism and sense of duty of the working staff responsible for homepage management, manuscript/layout editing and printing, as well as the dedication of editors and reviewers. For example, since the re-launch, there has been no event requiring retraction or warning to the author after publishing an unethical paper due to carelessness in the editorial process, and there has been no need to add any errata at all after the official publications. In order to solve the above issues while maintaining what has been done well so far, it is necessary to efficiently divide the roles of specialized personnel from the moment an author submits an article. As with many medical journals, the editors and reviewers lack the time and mental energy for the increasing demands of hospital work, office work, and personal academic needs. It is unreasonable in the first place to demand unconditional and continuous dedication from acting clinicians, not personnel specializing in editorial work. With the ever-increasing number of submissions, it takes courage to break the existing framework to organically respond to changes in global trends and lead the changes. Recalling the old adage, "where there's a will, there's a way" in both East and West, I conclude this article by reflecting upon what is needed to maintain and develop the journal through the power of a stable and sustainable system rather than viewing the process of journal publication as a task that requires only the personal sacrifice and prioritization of the people involved in the journal work.

ORCID: Jeong-Sik Yu: <https://orcid.org/0000-0002-8171-5838>

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