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# Preventive Medicine Reports

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## It takes a village: *Preventive Medicine* and *Preventive Medicine Reports* in the last decade

After a decade of services to *Preventive Medicine* (PM) and *Preventive Medicine Reports* (PMR), my tour of duty as Editor-in-Chief of these two journals came to an end. Leading them has been one of the best jobs in this public health researcher's career. I trust that I have upheld the values that I wished to bring to PM and PMR, as described in my opening pledges (Franco, 2013; Franco et al., 2014). I am very grateful to Elsevier for entrusting me with the important task of curating content for these two journals. I will be succeeded by Professor Luisa N. Borrell, Distinguished Professor, Graduate School of Public Health & Health Policy, City University of New York, NY. Dr Borrell brings to our duo of journals substantial experience as editor and her own academic acumen. PM and PMR are closely linked in workflows and adjudication processes, and are complementary in aims and scope, which is the rationale for having the same editor overseeing the pipeline of submissions for both journals.

My decade of services to PM and PMR would not have been possible if it were not for the contribution of many individuals. I am very grateful to Dr Gayle Shinder, my Deputy Editor since the beginning. She managed the day-to-day work overseeing the journals' pipelines, corresponding with authors, reviewers, and board members, and coordinating the post-acceptance production work with Elsevier in Chennai, India. Our Montreal-based Editorial Office included the essential role of Assistant Editors. We had several over the years, all of them bright and accomplished epidemiology graduate students who managed reviewer invitations, sent reminders, and dealt with timelines to keep our peer reviewer processes humming along. These brilliant individuals (and their years of service) are Joseph Tota (2013–2019), Sandra Isidean (2013–2017), Karena Volesky (2017–2021), Samantha Shapiro (2019–2021), Aaron MacCosham (2020–2021), Callum Mullen (2021–2022), Margaret Logel (2021–2022), Andrew Arthur (2021–2022), and Parker Tope (2021–2022). Engaging trainees in the process of curating content for a biomedical journal gives them a unique opportunity to see firsthand how scholarly publishing works behind the scenes. They gain an insider's appreciation for the value of constructive and insightful peer review and authors' dutiful revisions and rebuttals. They witness the day-to-day examples of do's and don't's in the life of an academic journal and take such lessons with them for their own careers as scientists.

Our two journals' teams of Associate Editors also played an essential role in the operation. They rescued us by reviewing unsolicited commentaries, providing a tie-breaker vote in adjudicating opposing reviewers' arguments, contributing special content, and providing input on editorial policy matters. Drs. Stephen Higgins, David Litaker, and

Salaheddin Mahmud served PM and Drs. Diane Harper, Darren Brenner, and Zeev Rosberger served PMR. I am very grateful for the contributions of such distinguished and devoted colleagues.

Many Editorial Board Members lent their gravitas to the stature of PM and PMR. Their names and affiliations are listed in the journals' respective websites<sup>1</sup> and archived in each volume of the journals in their sites in ScienceDirect™'s repository. Their dedication to the journals' mission is admirable and I am very grateful for their contributions. Their work was substantially amplified by the intellectual contribution of more than 2000 external peer reviewers from around the world, the unsung heroes who provided valuable and constructive insights on PM and PMR manuscripts, helping us to reach publication decisions on a timely basis and to assist authors in improving their work to enhance its value to readers. On behalf of PM and PMR, I register my debt of gratitude for their intellectual addition to so many authors' papers.

PM completed 50 years in 2022. Since its launch in 1972, it has been led by devoted scientists and great role models for me: Dr Ernst Wynder (1972–1999), Dr Erica Frank (1994–1999, as co-Editor), Dr Daniel Nixon (2000–2005), and Dr Alfredo Morabia with Dr Michael Costanza as Statistical Editor (2005–2012). PMR, the offspring journal I had the privilege to launch in 2014 (Franco and Rosberger, 2014) has gone far beyond its fledgling early years and is ready to reach maturity under Professor Borrell's able leadership of both journals.

It is not only the academic side of a journal that makes it relevant and influential. Over the years, we have been supported by dedicated Publisher Liaisons, who never failed to assist us in elevating the journal's stature. Ms Kaia Motter, Ms. Anne Ruimy, Ms Dolors Alsina, Ms Lucia Franco-Muñoz, Ms Donna Weerd-Wilson, and Ms Nicolette Van Dijk provided us with valuable guidance during the last 10 years. They managed the interface between the academic side of the journals' operation and the complex world of publishing at Elsevier, assisting the journal with dissemination, marketing, and with information on new standards of scholarly publishing. Elsevier also provided us with efficient journal managers from its offshore operation in Chennai, India. Over the years, we had a few such individuals, all serving PM and PMR with professionalism and competence. Ms Rowena Prasad, Mr Dinu Krishnan, Ms Julia Paulin, Ms Meenakkshi vS and Ms Padmapriya Karthik have been in this role assisting us in completing regular and special issues on time, overseeing what happens behind the scenes before an article reaches the adjudication stage and after it survives peer review and is accepted for publication. I owe a debt of gratitude to all these devoted Elsevier staff members for their competence and

<sup>1</sup> PM: <https://www.sciencedirect.com/journal/preventive-medicine/about/editorial-board>.

PMR: <https://www.sciencedirect.com/journal/preventive-medicine-reports/about/editorial-board>.

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professionalism, and for putting up with this editor's frequent demands.

**Preventive Medicine in numbers**

This year has been a special one, as we celebrated PM's Golden Jubilee (1972–2022), with special issues and specially commissioned editorials and articles by editorial board members and other contributors (Liu et al., 2022; Biddle, 2022; Castor and Borrell, 2022; Greenland et al., 2022; Yang and Friedenreich, 2023). In a few house editorials, we also covered highlights of the journal's history of contributions (Shinder et al., 2022; Logel et al., 2022; Arthur et al., 2022). This year we also published the largest special issue in the journal's existence, a collection of 33 articles on the epidemiology and prevention of gun violence, guest edited by Drs Eugenia South, David Hemenway, and Daniel Webster (South et al., 2022). Our devoted Associate Editor, Dr Stephen Higgins also gave us another excellent instalment of his annual series on behavior change, his ninth one stemming from the prominent annual conference he organizes at the University of Vermont (Erath et al., 2022).

As of November 6, 2022, our Editorial Office team had processed 17,595 new submissions to PM since January 1, 2013. Table 1 shows summary statistics for all PM submissions processed since 2005, the earliest year with detailed electronic records in the journal's portal. The number of new submissions has consistently increased since 2009. The initial year of the COVID-19 pandemic brought a surge in new submissions with 2775 papers reaching PM in 2020. The pandemic not only brought COVID-19-related content to our journals but also led to lockdowns that prevented researchers from going to their labs and offices and thus had to turn to analyses of data already collected and/or to complete manuscripts that had been in the 'back burner'. We have since seen a decline to pre-pandemic levels in PM. PM is a selective journal; it currently publishes less than 15 % of the papers received.

Fig. 1 shows the most common metrics of citations for PM and PMR, Clarivate Analytics' impact factors and Scopus' CiteScore. These metrics use different numerators and denominators and weigh in latency in citations in different ways. The two journals' portals provide details on how these measures can be used to gauge PM and PMR against their peers in medicine and public health.

**Preventive Medicine Reports in numbers**

By most metrics, PMR is now a successful academic journal in its category. As of December 1, 2022, our Editorial Office team had processed 3646 new submissions since the journal started its intake in June 2014. Table 2 shows annual statistics by final disposition and status at year end. Many of the early submissions were pre- or post-review transfers from PM, the parent journal, but over time PMR acquired its own pipeline of unsolicited submissions after it was indexed in PubMed and became more widely known. As mentioned above regarding the pandemic's impact, there was a substantial jump in new submissions in 2020. The publication by Clarivate Analytics' first impact factor (2.813) for the journal in June 2022 led to a surge in new unsolicited submissions and likely to a higher rate of authors accepting the transfer for their original submissions in PM. By projecting the number of new submissions processed thus far to December 31, 2022, we are likely to end the year with some 810 papers, which represents a 21 % growth over 2021's intake, up until then the highest in the journal's history. Unlike PM, which after seeing a big jump in new submissions in 2020, experienced a decline in 2021 and 2022, PMR's pipeline of new submissions kept increasing unabated (Table 2). Judging by the intake of annual submissions, the parent journal was 11 times bigger than its offspring in 2014. From 2015 to 2019, PM's pipeline was 5- to 6-fold larger than that of PMR. However, with the enormous growth since 2020, PMR is now only about half the size of its parent publication in terms of receipt of new papers. On the other hand, judging from the metric of published content, PMR has been nearly at par with its parent journal since 2020, publishing more than 350 papers per year.

**Eppur si muove**

The world of academic publishing is in a state of flux with many new innovative fronts that force journals to adapt. The advent of the Internet

**Table 1**  
Summary statistics on all submissions processed in Preventive Medicine since 2005.

Outcome metric	Year																	
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022*
Total received	629	573	640	586	678	819	928	956	1021	1219	1378	1562	1657	1859	2066	2775	2386	1672
Accepted	150	175	195	189	201	196	246	295	323	341	337	376	378	301	311	376	338	179
Rejected	458	389	424	384	461	588	645	642	680	869	1030	1180	1267	1543	1742	2350	2036	1297
Withdrawn	21	9	21	13	16	35	37	19	18	9	11	6	12	15	13	16	6	6
Pending	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	33	6	190
Total with disposition	629	573	640	586	678	819	928	956	1021	1219	1378	1562	1657	1859	2066	2742	2380	1482
Acceptance rate (%)	24.7	31.0	31.5	33.0	30.4	25.0	27.6	31.5	32.2	28.2	24.7	24.2	23.0	16.3	15.1	13.8	14.2	12.1
Published in Scopus	237	182	190	231	241	207	238	289	293	367	311	356	379	327	352	306	414	364

\*To November 6, 2022.

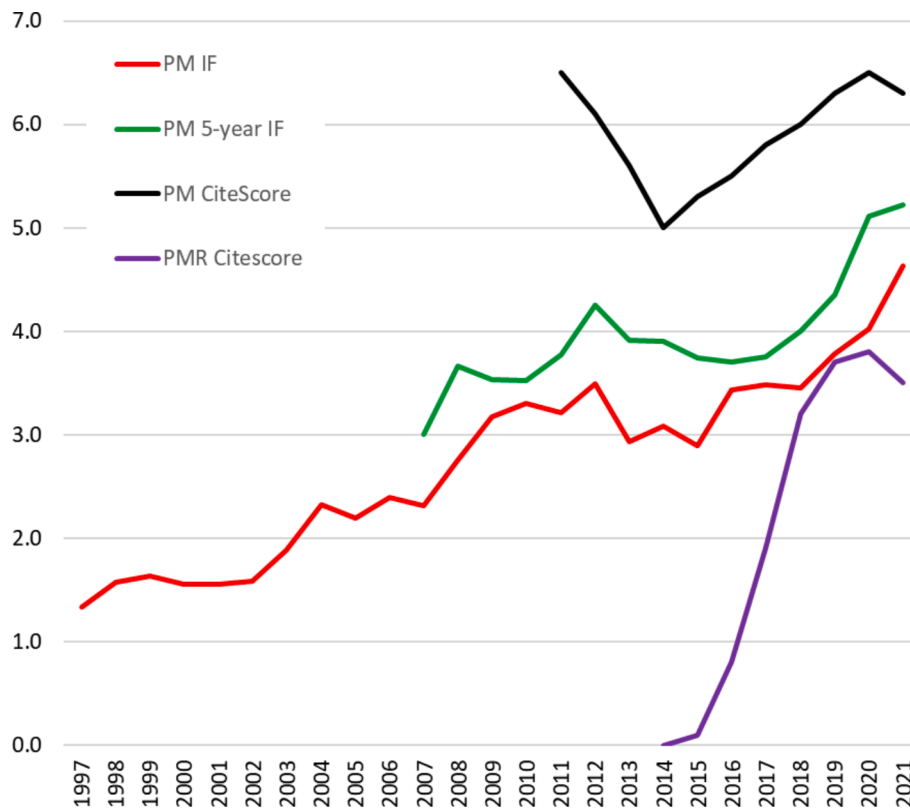


Fig. 1. Time trends in Clarivate Analytics' Journal Impact Factors and 5-year impact factors for PM and CiteScore statistics for both PM and PMR.

Table 2

Summary statistics on all submissions processed in *Preventive Medicine Reports* since launching in 2014.

Final Disposition/Editorial Decision	2014 (from June)	2015	2016	2017	2018	2019	2020	2021	2022 (to Dec 1)
Total received	109	253	288	253	352	372	604	667	748
Accepted	79	195	212	172	242	212	291	399	210
Rejected without review (desk)	9	9	18	18	39	82	174	142	233
Rejected post-review	13	24	30	34	42	59	99	101	60
Withdrawn	8	24	28	29	29	19	40	12	8
Total with disposition	109	252	288	253	352	372	604	654	511
Pending (being processed)	0	1	0	0	0	0	0	13	237
Acceptance rate (%)	78.2 %	85.5 %	81.5 %	76.8 %	74.9 %	60.1 %	51.6 %	62.1 %	41.7 %
% desk rejections overall	8.9 %	3.9 %	6.9 %	8.0 %	12.1 %	23.2 %	30.9 %	22.1 %	46.3 %
% desk rejections among all rejections	40.9 %	27.3 %	37.5 %	34.6 %	48.1 %	58.2 %	63.7 %	58.4 %	79.5 %
Published in Scopus	12	175	164	210	193	256	242	364	379
Ratio PM:PMR (submissions)	11.2	5.4	5.4	6.5	5.3	5.6	4.6	3.6	2.2
Ratio PM:PMR (published)	30.58	1.78	2.17	1.80	1.69	1.38	1.26	1.14	1.02

Abbreviation: PM = *Preventive Medicine*, PMR = *Preventive Medicine Reports*.

in the mid-1990s led to a revolution in bringing science to the public domain. The open access model is gaining momentum, preprint archiving is quickly becoming an accepted norm, new experiments in peer review are being tried by many life and health sciences journals, conventional metrics of impact and influence are being challenged, and social media is increasingly used for dissemination of research results.

With so much experimentation on innovative strategies, the traditional 300-year-old model of academic publishing is likely to look very different in the future. Ever-responsive to the changes in the industry, PM and PMR have dutifully served their communities with unwavering dedication to quality in curating the best possible scientific content to assist public health scientists and policymakers everywhere. PM has done so for 50 years based on the subscription model of publishing, having adopted the hybrid model that supports open access. Its offspring was born as an open access journal, the economic paradigm that is likely to prevail in biomedical and life sciences publishing. Ever responsive to the changes in the industry, PMR has enhanced the diversity of content

of its parent journal and has contributed to enlarging its geographical reach as well. Working in tandem, the two journals complement each other and will continue to serve the public health community with distinction regardless of the direction the winds of change blow.

**Disclosure**

This editorial is being published simultaneously in *Preventive Medicine* and *Preventive Medicine Reports*. The author served as Editor-in-Chief of *Preventive Medicine* from January 2013 to December 2022 and *Preventive Medicine Reports* from June 2014 to December 2022.

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