EDITORIAL

WILEY

How to manage the abundant COVID-19 submissions to a peerreviewed Scientific Journal

In January 2020, both authors became Editors of the peerreviewed European Journal of Clinical Investigation (EJCI). After 1 year, we feel it is time for a first balance of our activities. The COVID-19 pandemic deeply impacted not only on the editorial work, but also in all our professional and private lives. As medical doctors, every day we were involved in patients' care during this pandemic. As new scientific editors, we not only received a huge amount of COVID-19-related submissions (N = 195), but also non-COVID-19 submissions increased tremendously (N = 1101). It was quite challenging to edit this abundant number of articles that were submitted to our journal (more than double in 2020 as compared to 2019). Table 1 shows that the new editorial board excellently succeeded in handling all those submissions expediently. Despite the doubling of the number of submissions, the handling times in 2020 decreased tremendously as compared with the previous year. This holds not only for the median time to first decision (for all submissions 2020 vs 2019, respectively, 8 vs 10 days) but especially for the median time to final decision after external review (for all submissions 2020 vs 2019, respectively, 52 vs 118 days). There was a lower proportion of original and a higher proportion of letters/editorials/commentaries/perspectives type of submissions related to COVID-19 as compared to non-COVID-19. The handling time differs not that much between COVID-19 and non-COVID-19-related submissions in 2020, illustrating that sufficient time was devoted to the judgement of COVID-19 submissions as well. The accept ratio was also not different between COVID-19- and non-COVID-19related submissions. In fact, we had to prioritize de novo non-COVID submissions with similar scientific relevance against COVID-19 submissions regarding key expert opinions and new experimental treatments. 1-5 The tumultuous COVID-19 submissions were often less accurately written by authors may be because of a shortage of preparation time. We also observed that validated scientific methods acknowledged since many decades were often reversed. Our aim was to judge all submissions including the short-term COVID-19 experiments in an appropriate way, resulting sometimes in

multiple rounds of revisions. Fortunately, authors inclined at publishing in a fast track mode, thereby completing the revisions conveniently. So, despite these extra revisions we were able to make final decisions on time. We finally decided to compose a COVID-19 Special Issue, highlighting together the clinical and translational knowledge established from European countries firstly affected by the pandemic, such as Italy. The goal of the Special Issue was to share relevant information potentially helpful to other countries affected in a later stage or to fight the next COVID-19 waves. 6-8 Our conclusion is that after one year, we still have big scientific gaps on the COVID-19 pandemic and we often do not know how to manage patients suffering from COVID-19 with multiple comorbidities. Several unmet needs remain to be addressed, and our journal is widely open to all scientific contributions clarifying these issues. In the meantime, considering the non-COVID scientific production of EJCI, we attempted at highlighting new ESC guidelines in cardiovascular diseases, with the contribution of key opinion leaders. 9-11 Finally, we attempted at increasing the acceptance of basic research submissions, with particular interest for both cancer and cardiovascular domains. We are in debt with reviewers, editorial office, deputy editors and section editors for their great work for the journal. We acknowledge at the End of this Editorial and on the website of EJCI (https://onlinelibrary.wiley.com/ journal/13652362) the full list of colleagues who served as a reviewer for EJCI in 2020 [doi: 10.1111/eci.13621]. We are very grateful to their critical support and useful comments. Facing the pandemic with its complexities in 2020, we better learned to teach, meet, and manage scientific issues and collaborations from a remote mode. In retrospect, we are more than satisfied with the enormous amount of work that had been done by our editorial board in 2020. We wish our readers and collaborators a healthy future with hopefully some onsite meetings in the second half of 2021. Please, keep in mind that EJCI is a scientific space open to your commentaries, controversies, ideas and original research. Do not forget to submit your precious work to EJCI in order to improve knowledge and patient care!

FABLE 1 Submissions of manuscripts to EJCI from the first year of the new editorial board 2020 as compared to the previous year 2019

Year of submission	2020 (N = 1296)							2019 (N = 607)	
Subject	COVID-19			Non-COVID-19				Non-COVID-19 (All)	
Manuscript type	Number (%)	Accept Ratio	Turnaround time ^a (days)	Number	Accept ratio	Turnaround time ^a (days)	Number	Accept ratio	Turnaround time ^a (days)
Original	118 (60)	0.16	NA	886 (80)	0.14	NA	506 (83)	0.12	NA
Review	22 (11)	0.31	NA	116 (11)	0.32	NA	50 (8)	0.18	NA
Editorial/ perspective/ commentary	19 (10)	0.52	NA	39 (4)	0.51	NA	34 (6)	0.50	NA
Letter	31 (16)	0.16	NA	48 (4)	0.45	NA	12 (2)	0.76	NA
Other	5 (3)	0.00	NA	12(1)	0.33	NA	5 (1)	0.60	NA
Total	195	0.21	6 vs 39	1101	0.19	8 vs 54	607	0.15	10 vs 118

Note: The submissions from 2020 are also depicted as COVID-19- or non-COVID-19-related.

Fabrizio Montecucco^{1,2} D Hendrik Nathoe³

¹IRCCS Ospedale Policlinico San Martino Genoa – Italian Cardiovascular Network, Genoa, Italy ²First Clinic of Internal Medicine, Department of Internal Medicine and Centre of Excellence for Biomedical Research (CEBR), University of Genoa, Genoa, Italy

³Department of Cardiology, University Medical Centre Utrecht, Utrecht, The Netherlands

Correspondence

Fabrizio Montecucco, First Clinic of Internal Medicine, Department of Internal Medicine, University of Genoa, Genoa, Italy. Address: 6 viale Benedetto XV, 16132 Genoa, Italy.

Email: fabrizio.montecucco@unige.it

ORCID

Fabrizio Montecucco https://orcid.org/0000-0003-0823-8729

REFERENCES

- Bassetti M, Vena A, Giacobbe DR. The novel Chinese coronavirus (2019-nCoV) infections: challenges for fighting the storm. Eur J Clin Invest. 2020;50(3):e13209.
- 2. Ioannidis JPA. Global perspective of COVID-19 epidemiology for a full-cycle pandemic. *Eur J Clin Invest*. 2020;50(12):e13423.

- Monzani A, Genoni G, Scopinaro A, Pistis G, Kozel D, Secco GG.
 QTc evaluation in COVID-19 patients treated with chloroquine/ hydroxychloroquine. Eur J Clin Invest. 2020;50(6):e13258.
- Taramasso L, Di Biagio A, Mikulska M, et al. High doses of hydroxychloroquine do not affect viral clearance in patients with SARS-CoV-2 infection. Eur J Clin Invest. 2020;50(10):e13358.
- 5. Chen XJ, Li K, Xu L, et al. Novel insight from the first lung transplant of a COVID-19 patient. *Eur J Clin Invest*. 2021;51(1):e13443.
- Carbone F, Montecucco F. SARS-CoV-2 outbreak and lockdown in a Northern Italy hospital. Comparison with Scandinavian nolockdown country. Eur J Clin Investig. 2020;50:e13302.
- Di Ciaula A, Palmieri VO, Migliore G, Portincasa P. COVID-19, internists and resilience: the north-south Italy outbreak. *Eur J Clin Investig*. 2020;50:e13299.
- 8. Meschi T, Rossi S, Volpi A, et al. Reorganization of a large academic hospital to face COVID-19 outbreak: The model of Parma, Emilia-Romagna region, Italy. *Eur J Clin Invest*. 2020;50(6):e13250.
- Roffi M. What is new in the 2020 ESC NSTE-ACS guidelines. Eur J Clin Invest. 2020;7:e13422.
- Kraler S, Wenzl FA, Lüscher TF. Repurposing colchicine to combat residual cardiovascular risk: the LoDoCo2 trial. *Eur J Clin Invest*. 2020;50(12):e13424.
- 11. Ding WY, Lip GYH, Potpara TS. Atrial fibrillation: can it be as easy as CC to ABC? *Eur J Clin Invest*. 2020;50(11):e13413.

How to cite this article: Montecucco F, Nathoe H. How to manage the abundant COVID-19 submissions to a peer-reviewed Scientific Journal. *Eur J Clin Invest*. 2021;51:e13569. https://doi.org/10.1111/eci.13569

^aMedian turnaround times to first decision vs final decision after external review.