

Journal of Trauma and Acute Care Surgery



EDITORIAL BOARD REPORT WAIKOLOA, HAWAII SEPTEMBER 14, 2016



Wolters Kluwer

Health

Lippincott
Williams & Wilkins

TABLE OF CONTENTS

Summary.....	1
Content.....	3
Editorial.....	6
Production.....	9
Reviewers & Editorial Board.....	10
Impact Factor.....	12
Citation Analysis.....	13
Alternative Metrics.....	17
Supplements.....	19
Theme Issues.....	20
Media.....	21
Online.....	21
Systems.....	23
Benchmarks.....	24
Contacts.....	24
Appendix I: AAST Papers Published in 2016.....	25
Appendix II: Highly Cited Papers, 2013-2015.....	29
Appendix III: Relative Citation Ratio, 2012-2014.....	32

SUMMARY

Continuous Publication

In late September 2015, Wolters Kluwer implemented continuous publication for the *Journal*, directly after the feature was requested at the last editorial board meeting.

Papers are now published in manuscript form after submission, complete with DOIs and indexed entries in PubMed. If all copyright forms are complete—and depending on staff time available to finalize files and transmit to production—online publication can be as fast as 1 week post-acceptance.

An unforeseen repercussion is that of authors requesting temporary removal or errata for online ahead-of-print articles. Unfortunately, this cannot occur with current workflows. Editorial staff advise authors to ensure that final revisions are free of errors before resubmission — continuous publication is swift.



Simple Submission



Earlier this year, *Journal's* assistant editor modified the workflow for new submissions.

Rather than returning incoming manuscripts for minor formatting correction, papers are immediately transmitted to the editor — if the file is in the right format and can be read, it will be reviewed. For papers that are not rejected (either editorially or with external review), technical check recommendations are placed in the first decision letter.

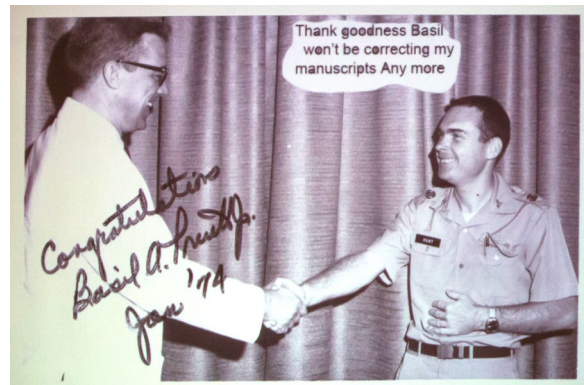
With a higher rate of editorial rejection, authors will no longer experience the frustration of perfecting reference style or margins only to receive a rejection letter days after successful submission. Fine-tuning is already required at revision, when image manipulation and text overlap are also addressed.

Festschrift for Dr. Pruitt

In April 2016, the AAST honored Dr. Basil Pruitt with a Festschrift to recognize his distinguished service to the *Journal* — from associate editor under Dr. John Davis, to editor-in-chief and editor emeritus — and 50+ years of scientific contributions to the field at large.

The Festschrift took place at UT Health Science Center in San Antonio. Drs. Ronald Stewart and William Cioffi organized the event, assembling an exceptional roster of presentations by Dr. Pruitt's current and former colleagues and students. Speakers included Drs. Todd Rasmussen, Daniel Dent, David Herndon, David Harrington, Leopoldo Cancio, James O'Neill, John Hunt, John Holcomb, Timothy Fabian, Ernest Moore, David Feliciano, and Tetsuo Yukioka.

Two papers arising from this event are available online — organizers are in the process of collecting manuscripts for publication in a future issue of the *Journal*.



Peer Review Week

Peer Review Week 2016 is coming soon, September 19-25, 2016. This year's theme is "Recognition for Review" — perhaps a good time to sign up for [Publons](#) to track reviews filed across publications.

PEER REVIEW WEEK 2016 | 19TH TO 25TH SEPTEMBER 2016
Theme: Recognition for review

SUMMARY

Open Data

In January, the International Committee of Medical Journal Editors (ICMJE) released a proposal for mandatory data sharing of all published reports of clinical trials. Published in *Ann Int Med*, the proposal reads:

“As a condition of consideration for publication of a clinical trial report in our member journals, the ICMJE proposes to require authors to share with others the deidentified individual-patient data underlying the results presented in the article (including tables, figures, and appendices or supplementary material) no later than 6 months after publication...”

This proposal, if implemented, will affect studies in all ICMJE member journals (such as *JAMA*, *NEJM*, *Lancet*, et al), and likely extend to other outlets that follow the body’s recommendations. The *Journal* itself is a supporter of ICMJE, but editors and the authorship will have to decide whether to also endorse the proposal.

Journal staff participated in the 2nd annual National Data Integrity Conference this summer, discussing issues such as data privacy, degrees of openness, institutional/journal policy, education and the impacts of sharing data. Although the *Journal* systems are not formally integrated with data repositories, staff are ensuring that groundwork is laid for appropriate data citation and archiving.

News in Brief

This year, the *Journal* joined the [Contributor Roles Taxonomy project](#) (Project CRediT), which emerged to refine the concept of ‘authorship’ in science. By way of a set of 14 roles, CRediT aims to improve the mechanics of attribution, credit, and accountability in published articles. With an assist from Wolters Kluwer, JTACS was given a beta version of Editorial Manager’s next version fine-tune the first implementation of CRediT. See p. 23 for more detail.

Example of #statcheck results (c. Sept 3, 2016)

The scan detected 62 statistical results in APA format, of which 6 contained potentially incorrect statistical results, of which 4 may change statistical significance (alpha = .05). Potential one-tailed results were taken into account when ‘one-sided’, ‘one-tailed’, or ‘directional’ occurred in the text.

The errors that may change statistical significance were reported as:

F(1933) = 3.24, p = .00012 (recalculated p-value: 1)
F(1938) = 3.40, p = .000061 (recalculated p-value: 1)
F(85, 3977) = 1.36, p = .16 (recalculated p-value: 0.01644)
F(82, 1973) = 1.32, p = .20 (recalculated p-value: 0.03101)

The errors that may affect the computed p-value (but not the statistical significance) were reported as:

F(12, 4922) = 251.71, p = .011 (recalculated p-value: 0)
F(84, 3561) = 1.68, p = .05 (recalculated p-value: 0.00012)

Note that these are not definitive results and require manual inspection to definitively assess whether results are erroneous.

More recently, a Dutch researcher used a program called [Statcheck](#) to scan more than 50,000 published papers for statistical errors. On August 23, the researcher posted results of this operation to PubPeer — every scanned article now sports a publicly available statistical report card detailing detected errors (see left).

The *Journal* will continue to prophylactically address possible statistical and methodological errors via robust statistical review. However, as sophisticated software tools are applied to the literature, increased rates of correction (or retraction) may occur across all fields.

Conflict of Interest Update

Author instructions will feature an updated section on conflicts of interest (COI) in 2017.

The core policy remains unchanged—authors must disclose all possible conflicts in the manuscript at the outset; reviewers should consider self-recusal if COI is in play—but the added text will explicitly note that conflicts uncovered after publication may warrant erratum, notification of institutional bodies, or retraction

The Board may consider whether undisclosed COI is a retractable offense. The *Journal* recently issued an erratum in a case of undisclosed COI uncovered by an author after publication. The publishing community is divided — should all undisclosed conflicts result in retraction?



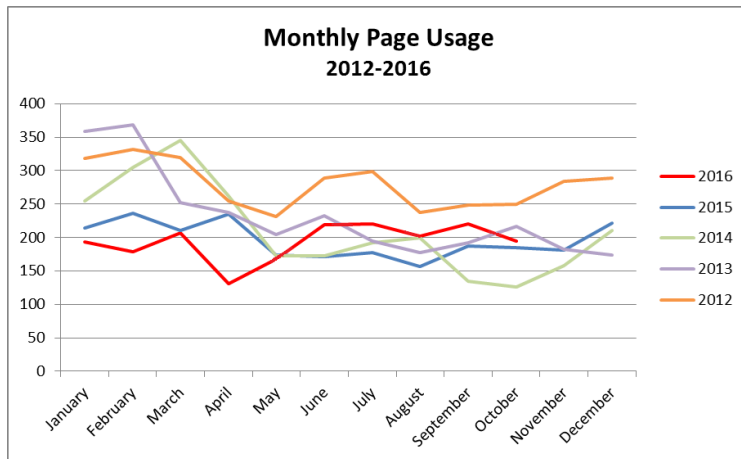
CONTENT

2016 Published Content

Twelve issue lineups have been created as of 5 September 2016. Nine issues have printed, and two supplements are in final production. Although the lineup is not complete for the December issues, approximate size is estimated below.

	Regular issues (Volumes 80-81)													Supplements	
	80.1	80.2	80.3	80.4	80.5	80.6	81.1	81.2	81.3	81.4	81.5	81.6*	IFCK	MHSRS	
Editorials	2				2	1	3					1	1	1	
Society Plenary Papers	9	8	11	5	11	8	26	10	3	7	2	25			
Original Articles	8	14	9	7	6	12	4	12	17	10	14		11	14	
Editorial Critiques							17								
Review Articles	3	1	5	1	1	4		2	4	3	3			4	
Guidelines/Algorithms			1	1			1	1			1	1			
Current Opinions	3			2		3		1	2	2	3				
Procedure & Techniques						1			1		2			2	
Brief Reports					1			1							
Consensus/Proceedings	1									1					
Special Reports						2							1	4	
Book Reviews		1													
Surgical History		1													
ACS Challenge		1		1		1	1	1	1	1	1	1			
In Memoriam					1										
Letters		4	2	2	6	1		4	6	4	6				
Errata/Corrigenda		2	2			1		3			1				
Items published	26	32	30	19	28	34	52	35	34	28	33	28	13	25	

*Dec issue is currently in progress -- final lineup enters production 9/14/2016.



In terms of page usage, all issues in 2016 have come in under 250 pages. As illustrated at left, issues were not frontloaded this year.

Failure to frontload is primarily due to the later submission of AAST 2015 papers, which then underwent more rounds of revision and received final decisions in the first quarter of this year.

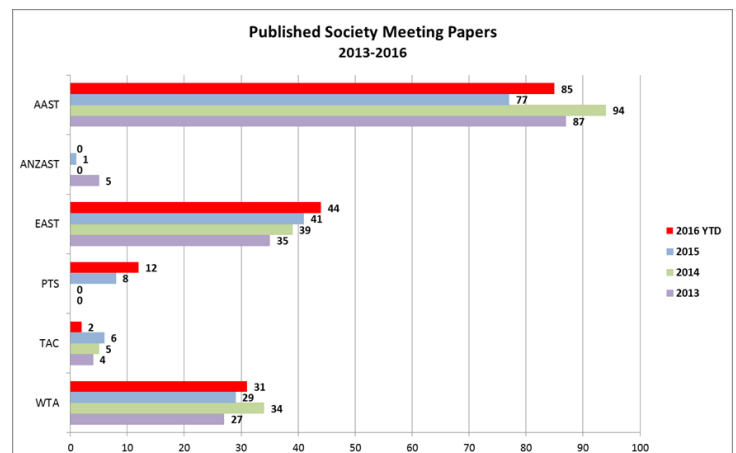
Frontloading, however, is no longer a primary aim. All papers are now published online well ahead of print, printing papers earlier for citation gain is not pressing — availability online obviates this tactic. Overall, we are striving to keep the average issue size around 200 pages.

Society Content

AAST meeting papers are spread fairly evenly through issues this year. A total of 85 papers have either printed, placed in an upcoming issue, or published online (awaiting print publication in January 2017).

The first batch of Pediatric Trauma Society (PTS) papers published in May. The PTS lineup included a presidential address by Dr. Richard Falcone and a key note lecture by Dr. Joseph Tepas.

The largest EAST issue to date appeared in July. The WTA issue, containing 26 articles, is scheduled for December.



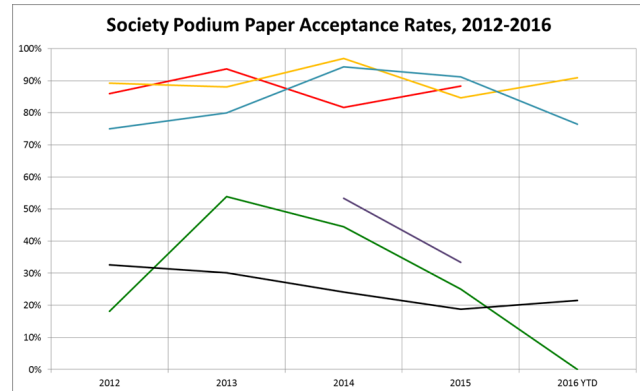
CONTENT

Affiliate Society Content

Fluctuations in published society papers mirrors changes in podium paper acceptance rates, as illustrated at right.

Podium papers from the AAST's 74th meeting were accepted at a higher rate than in 2015, leading to this year's bump in published content. The record number of AAST articles published in 2014 can be traced to the high acceptance rate in 2013.

EAST and WTA acceptance dropped slightly this year and last, which was primarily due to higher rates of rejection by the society publications committees. PTS and TAC continue to display variable rates of acceptance.



	2012	2013	2014	2015	2016 YTD
AAST Podium Papers	86%	94%	82%	88%	In progress
EAST Podium Papers	89%	88%	97%	85%	91%
PTS Podium Papers	--	--	53%	33%	In progress
TAC Podium Papers	18%	54%	44%	25%	0%
WTA Podium Papers	75%	80%	94%	91%	76%
Independent Submissions	33%	30%	24%	19%	21%

Status of AAST 2016 Papers (as of September 14, 2016)

Podium Papers

5	Accept
16	Revise
2	Reject
48	Under Review
<u>1</u>	Submitted to Journal
72	Total submissions

Quick Shots

1	Accept
2	Reject
7	Under Review
<u>1</u>	Submitted to Journal
11	Total submissions

Poster Papers

1	Accept
2	Revise
15	Reject
2	Under Review
<u>1</u>	Submitted to Journal
21	Total submissions

ANZAST Session Papers

2	Under Review
<u>4</u>	Submitted to Journal
6	Total submissions

110 TOTAL SUBMISSIONS

AAST 2016 Content

The rate of submission of AAST 2016 papers has been higher than ever this year. As noted in the chart below, this is a record-breaking year for podium paper submissions and quick shots. If the acceptance rate resembles previous years, the highest concentration of AAST papers could publish in 2017.

Comparison of AAST Meeting Submissions, 2014–2016

Meeting Year	AAST Plenary (& ANZAST)	AAST Poster	AAST Quick Shot	Total Rec'd
2016*	73	21	11	105
2015**	50	10	9	69
2014†	46	22	7	75
2013‡	35	27	5	67
2012§	54	14	-	-

* Submission counts as of September 7, 2016.

** Submission counts as of September 7, 2015.

† Submission counts as of September 7, 2014.

‡ Submission counts as of September 7, 2013.

§ Submission counts as of September 7, 2012.

Manuscripts submitted by August 1st receive expedited review and thus become the first eligible for publication. While 110 meeting papers have been submitted to date, 37 submissions were received by August 1st — a vast improvement over last year. To compare, 16 submissions were received by the August deadline in 2015.

Of the 110 submissions received for the AAST's 75th annual meeting, nine have been accepted. Any other papers accepted by October 12, 2016—and for which copyright forms are complete—will be scheduled to publish in the January 2017 issue.

If the robust receipt rate is matched with swift return of revisions, we anticipate that the first 2017 issues will feature more meeting papers than in previous years.

CONTENT

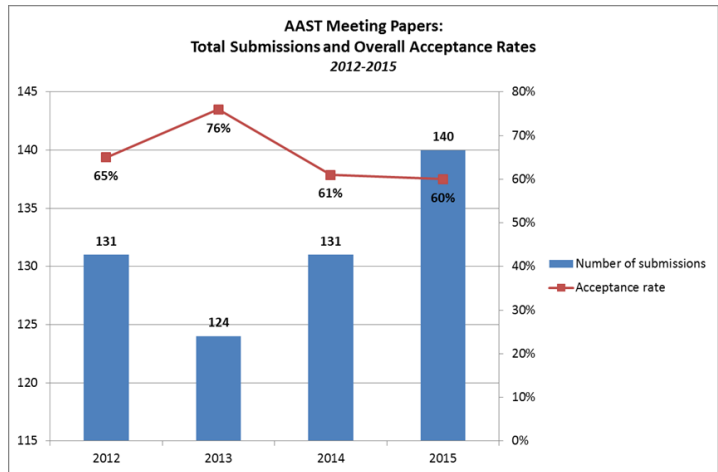
AAST 2015 Content

The *Journal* has received 140 plenary, poster and quick shot manuscripts from the 2015 meeting. This is similar to the number received this time last year from the 2014 meeting (i.e. 130 papers).

Of the submitted 2015 meeting papers, 121 have received final decisions. Overall, 60% of submissions have been accepted.

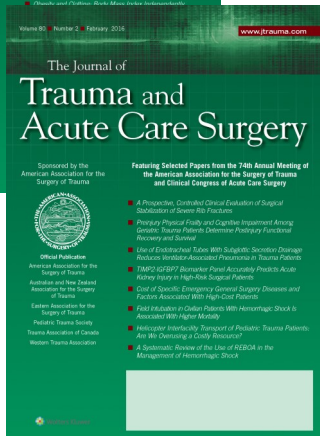
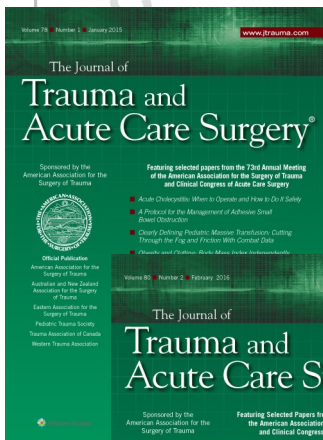
Plenary papers have been accepted at rate of 88%. Quick shots from the 2015 meeting have been accepted at a much higher rate than poster papers.

Please note that the 'plenary papers' category in the table at right also includes presidential, master surgeon, special session (i.e. ANZAST in 2012), and Fitts Oration papers.



Meeting Year	AAST Plenary		AAST Poster		AAST Quick Shot	
	Received	% Accepted	Received	% Accepted	Received	% Accepted
2015	69	88%	49	24%	22	56%
2014	70	82%	53	34%	18	72%
2013	69	94%	67	51%	18	72%
2012	83	86%	62	40%	-	-

* Submission and decision counts as of September 6, 2016.



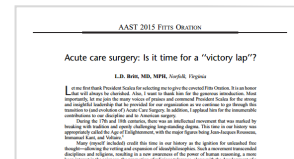
Notably, all AAST 2015 papers published online ahead of print. This is due to the publisher's rapid enactment of publishing pre-typeset manuscripts in September 2015, directly after the request was made at our last editorial board meeting.

This has given authors (and, by extension, the *Journal*) a strong citation advantage. Any citations received while an article is available online will be credited to the *Journal* by Thomson Reuters upon print publication.

As in past years, we promoted meeting content with a tagline on issue covers. AAST 2015 meeting papers were featured on covers from January through April. Pediatric Trauma Society 2015 articles were bundled into the May issue. EAST 2016 was featured in July, and WTA 2016 is set for December publication.

The presidential address and Fitts Oration published in the January 2016 issue of the *Journal*. Past President Scalea's address is free to access online.

Please see Appendix I for a complete account of AAST papers that have published (or are scheduled to publish) in 2016.

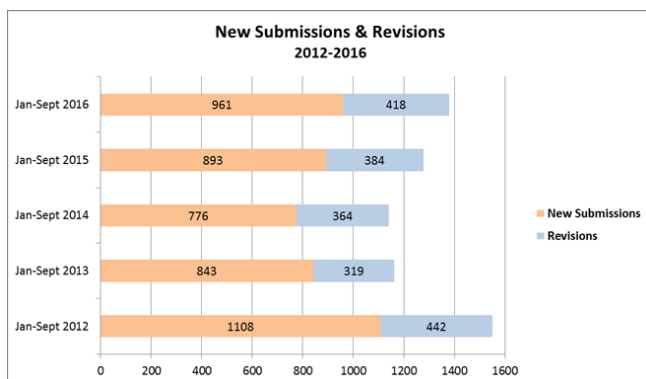
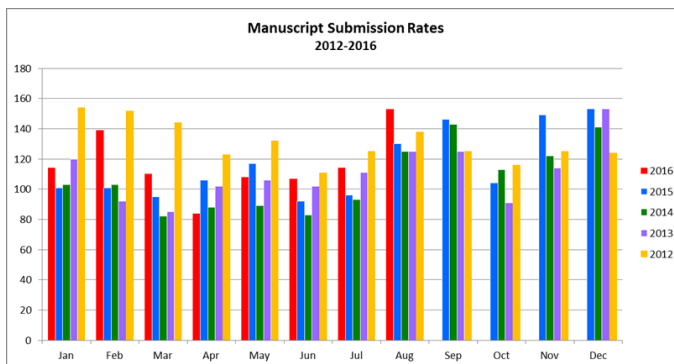


EDITORIAL

Submission Trends

As of September 7, 2016, the *Journal* has received 961 new submissions, an increase over the three previous years.

The submission rate appears to be rising to levels last seen before 2012. A spike of new submissions in August 2016— primarily due to the record number of AAST meeting papers— is the highest the *Journal* has experienced in six years.



Revisions have increased in step with the new submission rate. We also continue to monitor the rate of papers lost to follow-up. In 2015 (full-year data), 573 revisions were requested and 542 were returned — only 5% did not complete the cycle. This year, we enjoy a 98% revision response rate .

As noted last year, several publishing startups are developing metrics to grade the rigor of peer-review. One such initiative, the Peer Review Evaluation (PRE) Program, has created software to collect peer review

data (e.g. number of review rounds, extent of comments, number of reviewers) and assign a score indicating the overall quality of review.

With backing from the American Association for the Advancement of Science, the PRE-Score will be integrated into the next version of Editorial Manager. Due to our tiered editorial structure and multiple rounds of revision, the *Journal's* peer review process will likely receive a favorable rating.

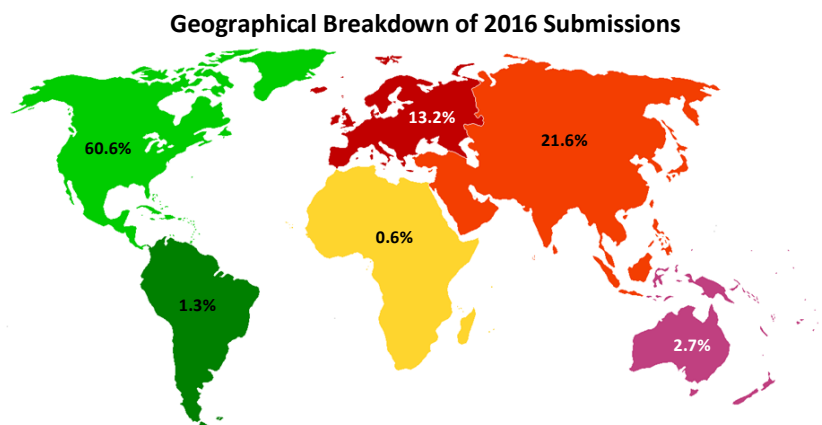
Submission Demographics

North American authors currently account for 61% of new submissions (up from 57% in 2015). The United States accounts for 92.4% of North American submissions. Canadian authors submitted 7.4% of new papers in 2016, and one submission from Mexico accounts for the remaining 0.2% .

Asia continues to supply the next highest percentage of submissions—currently about 22% overall. Most new manuscripts originate in China (33.5%), Japan (22.7%), and Korea (7.4%).

In 2016, authors from Europe have contributed 13% of manuscripts received to date, which is a slight drop from last year. Top submitting countries include the United Kingdom (23%), Germany (19%), and France (13%).

Submissions from South & Latin America, Africa, Australia and Oceania regions have remained constant (1-2%), as illustrated above.



Total new submission counts as of September 7, 2016

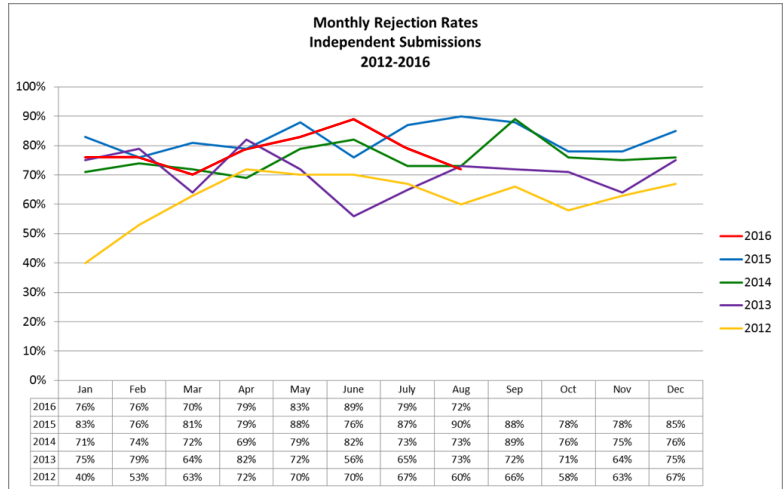
EDITORIAL

Decision Trends

Last year, the overall rejection rate for independent submissions to the *Journal* was 81%. In 2016, the rejection rate has slightly decreased to 79%.

Note that the monthly rates illustrated in the graph at right do not include society (AAST, ANZAST, EAST, PTS, TAC, and WTA papers) or supplement submissions.

Rejection rate is continually tracked to ensure that content remains available for issues. The table below illustrates annual acceptance/rejection rates by submission type.



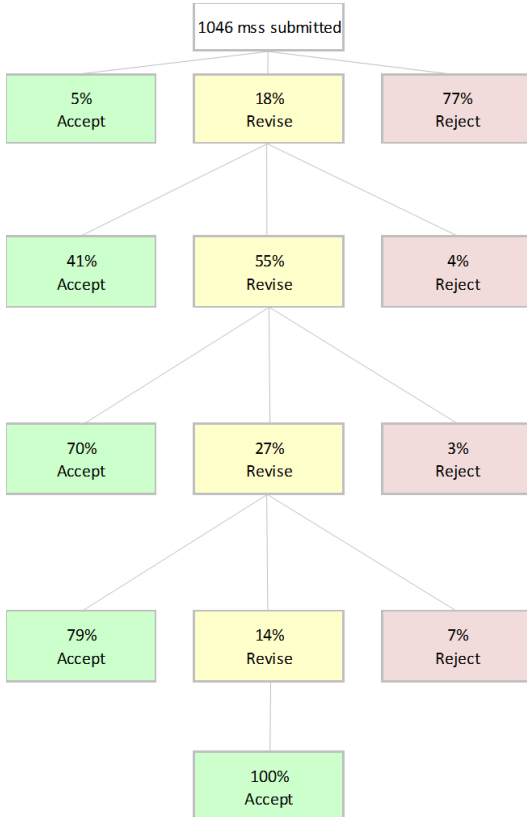
	All Submissions			Independent Submissions Only		
	Total	Accepted	Rejected	Total	Accepted	Rejected
2016*	961	40%	60%	272	27%	79%
2015	1373	31%	69%	1053	19%	81%
2014	1288	36%	64%	914	24%	76%
2013	1326	39%	61%	1004	29%	71%
2012	1597	43%	57%	1195	33%	67%
2011	1699	55%	47%	1364	44%	56%

*Submissions received year-to-date, January 1-September 7, 2016.

For detail on *when* papers are rejected, below is the visualization of 2015 decision frequencies. Higher rates of acceptance are experienced as papers move through revision.

Fifty-nine percent of independent submissions are editorially rejected; most manuscripts that pass initial review are accepted on revision.

2015 Decision Frequencies by Revision Status



	Editor Decision Term	Total Decisions	Frequency of Decision
Initial Submission	Accept	52	5%
	Minor Revision	47	5%
	Major Revision	97	10%
	Marginal	25	3%
	Editorial Reject	569	59%
	Reject	169	18%
Total Editor Decisions		959	100%

	Editor Decision Term	Total Decisions	Frequency of Decision
First Revision	Accept	58	41%
	Minor Revision	26	19%
	Major Revision	42	30%
	Marginal	8	6%
	Reject	6	4%
Total Editor Decisions		140	100%

	Editor Decision Term	Total Decisions	Frequency of Decision
Second Revision	Accept	50	70%
	Minor Revision	7	10%
	Major Revision	7	10%
	Marginal	5	7%
	Reject	2	3%
Total Editor Decisions		71	100%

	Editor Decision Term	Total Decisions	Frequency of Decision
Third Revision	Accept	11	79%
	Minor Revision	2	14%
	Reject	1	7%
Total Editor Decisions		14	100%

	Editor Decision Term	Total Decisions	Frequency of Decision
Fourth Revision	Accept	2	100%
Revision Total Editor Decisions		2	100%

EDITORIAL

New Submissions

This year to date, the *Journal* received 961 new submissions (cf. 893 in 2015). Current average times from submission to first decision can be found at right.

After a slight increase in decision times last year, overall averages are decreasing. In any case, the editors continue to maintain a five-year record of returning first decisions within 30 days of receipt.

As may be expected, time to decision for research papers and review articles is slightly longer than that for all submissions. Non-peer reviewed material (editorials, opinions) are generally accepted on submission, thereby skewing the results. For this reason, we also track decision times by article type.

Editor Decision	Average Time to Decision		
	2014	2015	2016
Accept	12 days	20 days	10 days
Provisional Accept	25 days	43 days	39 days
Major Revision	25 days	45 days	39 days
Marginal	30 days	33 days	34 days
Editorial Reject	3 days	3 days	3 days
Reject	25 days	32 days	30 days
Avg time to all decisions	20 days	29 days	25 days
Avg revision decision only	27 days	40 days	37 days

For original articles and reviews that receive revision decisions, average time to decision is 38 days. Last year, the average was 40 days — times appear to have decreased as subeditors gain expertise in the system.

Time to editorial rejection (3 days) has been the only average to remain unchanged. The decision rate has risen — currently, 59% of new submissions are rejected without review (compare 42% in 2015).

Editor Decision	All Submissions Avg Time to Decision	Research & Reviews Only Avg Time to Decision
Accept	6.2 days	35 days
Minor Revision	39.2 days	40.9 days
Major Revision	38.6 days	38.8 days
Marginal	34.1 days	34.1 days
Editorial Reject	3.1 days	3.1 days
Reject	30.2 days	30.3 days
Avg time to all decisions	25 days	30 days
Avg revision decision only	37 days	38 days

Research & Reviews = original articles, brief reports, systematic reviews, and general review articles.

Revisions

This year, as of 7 September 2016, the *Journal* has received 418 revised manuscripts. Forty-one percent were accepted on first revision, while 4% were rejected.

	2012	2013	2014	2015	2016*
New manuscripts submitted	1597	1326	1288	1378	961
Revisions requested	615	523	584	573	418
Revisions submitted**	594	466	542	542	410
Total submissions rec'd (new and revision)	2191	1792	1830	1920	1371

* Year-to-date as of September 7, 2016

** Total received is independent of when revision requested (i.e. requested in 2015, filed in 2016).

Revisions undergo more extensive pre-review checking. In addition to routine formatting issues, authors are asked to address text overlap, reference accuracy, registry compliance, and figure manipulation.

While all clinical revisions were reviewed by the biostatistician in 2015, this year *all* revisions (including basic science studies) receive statistical review. Revisions now display no true difference in decision times for all article types versus research/reviews only.

However, overall average times to decision are longer this year than last — first revisions receive decisions within 21 days (cf. 15-18 days in 2015), and second revisions are reviewed in ~12 days (8 days last year).

Authors are spending more time with revisions this year — the average from decision to return of first revisions is 59 days. Second revisions, on average, are submitted within 32 days of decision. Third and fourth revisions in 2016 have been submitted, on average, ~19-29 days after receipt of decision.

Editor Decision	1st Revision	2nd Revision
Accept	12 days	11 days
Provisional Accept	25 days	8 days
Major Revision	26 days	9 days
Marginal	28 days	12 days
Reject	14 days	12 days
Average	21 days	10 days

PRODUCTION

Production Turnaround

Last year, we published 514 editorial items (cf. 541 in 2014). The *Journal* remains one of the largest titles in surgery—in 2015, we published 32% more than *JACS*, 67% more than *JAMA Surgery*, and 169% more than *Shock*.

Despite the high volume, the *Journal* maintains competitive times for online and print production. At right, see 2016 averages for *Ann Surg* and the *Journal*. To date, the *Journal* has published 158 more items than *Ann Surg*.

Peer Review and Production Intervals	Ann Surg 2016	JTACS 2016
Submission of manuscript to final acceptance	2.7 months	3.3 months
Submission of last revision to acceptance	13 days	12 days
Time from acceptance to entering production	9 days	23 days
Time from production to online publication	2.5 months	12 days
Time from production to print publication	12.4 months	3 months
Time between online publication to print issue	8.8 months	2.6 months
Overall time: acceptance to online publication	2.7 months	1.2 months
Overall time: acceptance to print publication	12.8 months	3.8 months
Overall time: submission to online publication	6.3 months	4.6 months
Overall time: submission to print publication	15.5 months	7.1 months

As in past reports, we have calculated averages for papers in production for Jan-Sept 2012-16. Although time from final revision to acceptance has slowed (4 days in 2014, 12 days in 2016), time to online publication is faster than ever. Overall time from acceptance to print remains stable (approximately 4 months for all years).

The record time-to-online average is due to a major change that took effect in late September 2015: manuscripts are now published online before typesetting. Papers published online are indexed in PubMed and available to readers.

This addition has effectively altered workflows from those of a monthly publication to a daily. At acceptance, papers now receive a detailed preflight check. If authors have not completed copyright transfer agreements, the associated paper does not proceed. Formatting is standardized, metadata corrected, and peer review dates are entered on title pages.

Acceptance to transmittal to production =
23 days

Arrival in production to online publication =
12 days

For papers that have published online in 2016 (n=305 as of 11 September 2016), the average time between acceptance to arrival in production is currently 23 days. This lag is primarily due to authors not completing copyright transfer agreements on time, as well as staffing availability for preflighting. After arrival in production, time to online publication is swift — 12 days on average.

Print Publication Dates & Page Usage 2016							
Volume	Issue	Scheduled Pub Date	Actual Pub Date	Difference (bus. days)	Budgeted Pages	Actual Pages	Difference
80	1	1/5/2016	12/23/2015	7	217	186	-31
80	2	2/3/2016	2/3/2016	0	217	172	-45
80	3	3/3/2016	2/23/2016	7	217	207	-10
80	4	4/1/2016	3/22/2016	8	217	131	-86
80	5	5/4/2016	4/21/2016	9	217	168	-49
80	6	6/2/2016	5/20/2016	10	217	221	4
81	1	7/1/2016	6/22/2016	8	217	220	3
81	2	8/4/2016	7/26/2016	8	217	202	-15
81	3	9/2/2016	8/24/2016	8	216	220	4
81	4	10/3/2016			216	195	-21
81	5	11/3/2016			216		
81	6	12/2/2016			216		
TOTAL					2600	1922	

Print & Page Usage

Print and online publication times remain excellent. All but one issue published online ahead of the print date.

Technical production of issues for 2016 (i.e. proofing and implementing final changes by editorial office) continues to occur over a 10-day period.

Last year's page count ended below budget (2348 out of a budgeted 3250). We intend to publish fewer print pages in 2016 as well—as of the October issue, we have used 89% of budgeted pages to date (74% of the full-year page budget).

As noted earlier, content is not frontloaded this year. Most AAST papers were submitted in early

September 2015, rather than by our ideal deadline of August 1st, which affected downstream availability of papers. This will not be a problem next year due to the volume of papers received from AAST's 2016 meeting.

Per the editorial contract, free color up to 20 pages per issue is being applied. As of September, 131 pages have received free color via the editorial office.

REVIEWERS & EDITORIAL BOARD

Reviewers

In 2015, the *Journal* commissioned a total of 1534 reviews, of which 1215 were completed. These were written by 378 unique reviewers.

In 2016, 855 reviews have been filed by 370 reviewers. Overall, 635 reviews have been completed on time (i.e. 75% of reviews are timely, up from the previous two years' average of 69% on time).

Reviewers currently respond to invitations to review within 2.8 days, and take an average of 12.5 days to file their reviews (*cf.* 14.4 days last year).

The most productive reviewers of 2016 can be found at right (most are editorial board members; supplement-only reviewers are not included).

Most Productive Reviewers 2016

First Name	Last Name	Board Member	Total Invitations	Agreed	Completed	Submitted on Time	Avg Rev Rating
Martin	Schreiber	Yes	13	13	13	13	88.17
John	Holcomb	Yes	14	13	11	10	82
Matthew	Martin	Yes	11	11	10	10	91.25
David	Livingston	Yes	10	10	9	9	90.75
Megan	Brenner	No	9	9	9	9	85.83
Martin	Croce	Yes	10	8	8	5	81.25
Walter	Biffl	Yes	10	10	8	6	83.13
Jason	Sperry	Yes	8	8	8	8	79.29
Peter	Rhee	Yes	11	7	7	5	85
Mitchell	Cohen	Yes	10	7	7	4	82
Gregory	Jurkovich	Yes	9	9	7	5	83.57
Charles	Wade	Yes	8	8	7	6	91
David	Spain	Yes	8	8	7	6	85
Christine	Cocanour	Yes	7	7	7	4	84
Kenneth	Proctor	Yes	7	7	7	7	93
Eric	Kuncir	No	8	8	7	7	92.75

Editorial Board Additions

In January 2016, six new members joined the editorial board. Below please find current citation and publication metrics for these newest members.

Name	Total citable pubs (as in Web of Science)	Total recent pubs (2010-2016)	Web of Science Citations	Web of Science H-index	Google Scholar citations	Google Scholar H-index	Date of first publication	M-Index* Web of Science	M-Index* Google Scholar
Marc A. de Moya	180	116	1802	23	(can't disambiguate)		2006	2.3	-
Jose J. Diaz	85	33	1468	23	2439	24	1998	1.28	1.33
Michael A. Dubick	332	108	4020	32	4545	41	1979	0.86	1.17
Brian J. Eastridge	85	43	2309	25	3858	28	1990	0.96	1.12
Nicholas Namias	171	96	1497	21	2904	30	1995	1.00	1.42
Todd E. Rasmussen	192	114	2679	28	4581	34	1994	1.27	1.55

*M-index = h-index / # years active career. Career age according to date of first indexed publication.

To arrive at this list, we identified 15 candidates based on their performance as reviewers. Gross publication and citation metrics were then analyzed for shortlisted candidates.

We then gathered citation data specific to the *Journal*. In this way, we were able to refine the list to those who have demonstrated exceptional service and interest.

Criteria for Editorial Board Membership

1. AAST membership
2. H-index \geq 20
3. Publication of at least 25 peer-reviewed papers in last 5 years.

Name	Total publications in JT (1974-2011)	Total cites made to author's JT work	Recent publications in JTACS (2012-2016)	Cites to recent JTACS work	Total # JT/JTACS pubs	Total # JT/JTACS citations	JT/JTACS H-Index
Marc A. de Moya	25	560	33	192	58	752	15
Jose J. Diaz	20	728	3	9	23	737	14
Michael A. Dubick	36	1753	19	116	55	1869	21
Brian J. Eastridge	35	1461	22	345	57	1806	22
Nicholas Namias	25	717	27	86	52	803	15
Todd E. Rasmussen	21	421	43	515	64	936	14

Citation and publication data as of 7 September 2016 in Thomson Reuters Web of Science

REVIEWERS & EDITORIAL BOARD

Editorial Board Winnowing

No editorial board members were removed at the start of this year. However, the editors are currently completing an in-depth performance appraisal of current board members.

The lack of new-year removals is primarily due to timing — choices must be made directly after the AAST annual meeting in September, as next year's issue enters production in October. While the editors were able to add members last year, there wasn't quite enough leeway to analyze underperformers.

For these reasons, the editors have been evaluating board members performance in-depth since late spring. Editors are holding final discussions on the topic at this meeting. Those who have consistently failed to accept invitations or file reviews will be removed from the board.

Board members for whom the editors choose to retire will receive written correspondence later in the year. All changes will be reflected in the January 2017 masthead.

Selection of Non-Responders from 2015...

Total Invitations	Completed Reviews	Agreed	Declined	Un-invited/ Terminated for Lateness
6	0	0	3	3
5	0	0	2	3
4	0	1	2	2
3	0	1	0	3
3	0	0	2	1
3	0	1	2	1
3	0	0	0	3
3	0	0	3	0
3	0	0	0	3
3	0	0	2	1
2	0	0	0	2
2	0	0	0	2
2	0	0	0	2
2	0	0	1	1
2	0	0	2	0
2	0	0	0	2
2	0	0	1	1
2	0	1	0	2
2	0	2	0	2
2	0	0	1	1

Outstanding Reviewers

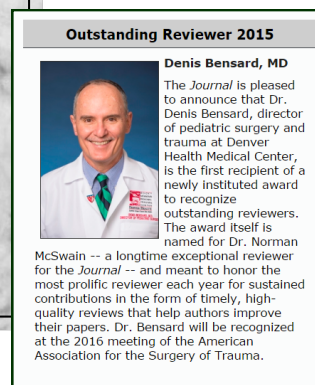
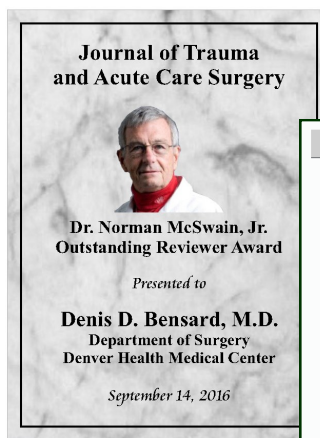
Late on December 31, 2015, the editors compiled reviewer statistics for the previous year to select an outstanding reviewer. This individual would be slated to receive the *Journal's* first Dr. Norman McSwain, Jr. Outstanding Reviewer Award.

Going in, we were prepared to weigh timeliness, productivity, and review quality ratings. This proved to be unnecessary, as one board member excelled on all fronts: Dr. Denis Bensard.

After personal notification, Dr. Bensard's achievement was posted at jtrauma.org on January 1st. He will be honored at the editorial board meeting, and presented with a plaque after the meeting.

Additionally, the process of evaluating reviewer statistics unveiled commendable dedication of several other editorial board reviewers. As seen at right, nine board members have consistently provided exceptional service to the *Journal*.

The editors will thank, recognize, and commend members with the most productive and highest quality reviews in the year-end issue's Reviewer Appreciation page.



Outstanding and Commendable Reviewers, 2015

First Name	Last Name	Total Invitations	Agreed	Completed Reviews
Denis	Bensard	23	22	22
Clay	Cothren	17	17	17
Martin	Schreiber	16	16	16
M. Margaret	Knudson	14	14	14
Jose	Diaz	12	12	12
Raul	Coimbra	12	11	11
Howard	Champion	11	11	11
James	Davis	11	11	11
John	Holcomb	11	11	11
Alex	Valadka	11	11	11
Charles	Wade	11	11	11

IMPACT FACTOR

Thomson Reuters released impact factors (IFs) in June 2016. The *Journal's* IF rose slightly to 2.802. As noted previously, the title is no longer included in the emergency medicine category, but has retained its rank in surgery and critical care medicine:

Year	Impact Factor (IF)	ISI Rank – Critical Care Medicine	ISI Rank – Surgery	ISI Rank – Emergency Medicine
2015	2.802	14/33	44/199	-
2014	2.736	10/27	44/198	-
2013*	2.465	13/27	44/202	-
2012	2.348	15/27	49/198	4/24
2011	2.478	12/26	44/198	4/21
5-Year IF	2.848			
2010	3.129	8/23	22/188	-
2009	2.626	9/22	30/167	-
2008	2.342	9/21	34/148	-
2007	2.334	9/18	28/139	-

*2013 IF is a composite created from one-year data for *J Trauma* and *J Trauma Acute Care Surg*.

Impact factor is a ratio of citations to number of citable articles publishing in a two-year period. As seen below, the ratio of 2015 citations to recent content remains healthy.

Cites in 2015 to articles published in:	Number of citable articles published in:
2014 = 893	2014 = 390
<u>2013 = 1399</u>	<u>2013 = 428</u>
'13 + '14 = 2292	'13 + '14 = 818
<u>Cites to recent articles</u>	<u>2292</u> = 2.802
Number of recent articles	818

Determining overall performance in terms of impact factor is not subjective. Here, we look at field-wide composites. As seen below, the *Journal* has an above-average impact factor for surgery, but a middling impact factor within critical care medicine. Here are calculations generated for all journals within surgery and critical care medicine:

Cites in 2015 to articles published in:	Number of citable articles published in:	Surgery
2014 = 66,113	2014 = 34,329	Aggregate
<u>2013 = 86,058</u>	<u>2013 = 33,892</u>	Impact
'13 + '14 = 152,171	'13 + '14 = 68,221	Factor: 2.231
	Total cites = 152,171	
	Recent items = 68,221	
Cites in 2015 to articles published in:	Number of citable articles published in:	Critical Care
2014 = 18,644	2014 = 4,819	Aggregate
<u>2013 = 24,035</u>	<u>2013 = 4,930</u>	Impact
'13 + '14 = 42,679	'13 + '14 = 9,749	Factor: 4.378
	Total cites = 42,679	
	Recent items = 9,749	

Note that the *Journal's* performance within the domain of surgery is more significant. With its markedly lower gross citation and article counts, critical care medicine as a category has a more constrained reach. For this reason, it is important to consider domain-level context when judging journals by impact factor.

If we look at a composite ranking of all scientific domains based on citations, surgery is #20 of 234 domains, while critical care medicine is #101. If the categories are considered by total number of journals, surgery comes in at #13, critical care medicine at #171.

CITATION ANALYSIS

Journal-Level Citation Rates

This year's relatively modest IF gain is due, in part, to the reduced volume of the *Journal*. Most articles published, regardless of the outlet, are not heavily cited — impact factor gains tend to be the result of a minority of highly cited articles.

The *Journal* is now entering a period in which its overall ratio of citable-to-noncitable articles is ideal (about 300 citable items per year). The results will be seen at the level of impact factor in two years.

	Articles	Reviews	Total	(Other content)
Citable items in 2015 IF	283	22	305	115
Number of references	8381	1190	9571	577
Ratio	29.6	54.1	31.4	5

In the meantime, it appears that the long-term editorial strategy first set in 2012 is generating results. In addition to reducing citable content (down 3% since 2012), the editors have also increased the *Journal's* immediacy index, Eigenfactor score, and article influence. Impact factor calculated without counting self-citations is also steadily increasing.

	Journal IF	Total Citations	IF without self-citations	5-year IF	Immediacy Index	Eigenfactor	Article Influence	% Citable
2015	2.802	4,214	2.349	2.802	0.554	0.02023	0.955	92.79%
2014	2.736	2,978	2.247	2.247	0.479	0.0133	0.83	94.10%
2013	1.970	1,425	1.579	1.579	0.521	0.00499	0.504	94.86%
2012	--	162	--	--	0.253	0.00002	--	95.79%

After a few years of publishing little more than 70% citable content (i.e. reviews and original articles), last year we finally achieved a more heterogeneous mix of content types (59% "citable"). This is the result of an intentional attempt to increase heterogeneity of content and improve ranking in surgery.

	Total number of published articles	No. research/reviews only	% Citable	Cites to all content*	Average cites per article	h-index
2015	513	305	59%	628	1.22	9
2014	541	390	72%	1,724	3.19	15
2013	604	428	71%	3,320	5.49	21
2012	789	581	74%	5,647	7.16	29

Thomson Reuters citation counts as of September 9, 2016.

To compare, in 2013 the journal mostly published research articles — on average, 95% were citable. *Ann Surg* publishes about 68% citable content annually.

Article-Level Citation Rates

We are also continuing to monitor the performance of papers published in 2012-2013. Analyzing citation benefit, a relationship between space used and citations garnered, allows us to see whether pages were allocated well.

At right are latest citation statistics for society and supplement papers. One year ago, the numbers differed based on immature citation patterns. As previously established, trauma citations tend to peak 4-5 years post-publication.

There has been a rapid and recent rise in citations to supplement content and independent submissions, with an adverse effect on society publications from 2012.

	2012 Content	
	% Published (# articles/all pubs)	% 2016 Citations Rec'd (of 5647 cites)
AAST	12.5%	8.1%
EAST	8.0%	8.2%
WTA	7.4%	6.5%
ATACCC Supplement	3.6%	4.4%
ABA Supplement	1%	1%
IFCK Supplement	1.3%	0.6%
EAST PMG Supplement	1.8%	4.7%
ISR Supplement	3.2%	8.6%

Citation data as of September 11, 2016.

Key: Citation Benefit Citation Neutral Citation Deficit

Due to the variability in rates, we will explore 2013 society paper citation behavior next year.

CITATION ANALYSIS

Top of the Charts

The *Journal's* h-index for content that published in 2013 and 2014 — the two years contributing to latest impact factor — is currently 22. H-index is the largest number *h* such that at least *h* articles in that publication were cited at least *h* times each.

That is, in the two years examined, we published 22 articles that have already garnered 22 citations or more. Below, please see the full list of top-cited articles.

In the same period, content in other journals have the following h-indices:

Ann Surg: 43
Crit Care Med: 37
Br J Surg: 32
JAMA Surg: 26
Shock: 20
Injury: 18

As noted above, content analysis by h-index reveals that every journal depends on a small number of papers attracting a large number of citations.

Most articles in high-impact factor surgical journals are cited infrequently. Across the journals above for 2013-14, we found that up to 47% published articles are never cited at all.

This never-cited rate is high when compared to other domains. Generally, citations follow a Pareto-like distribution pattern, known in bibliometrics as Bradford's Law. Generally, we expect up to a third of publications to attract nearly all citations.

Note that, by focusing on h-index for papers pertaining to the most recent impact factor, we are likely missing articles of import that have not yet reached citation maturity.

Highly Cited Articles, 2013-2014

Title	Authors	Pub Date	Total Citations
A clinical series of resuscitative endovascular balloon occlusion of the aorta for hemorrhage control and resuscitation	Brenner et al	Sept 2013	62
Fibrinolysis greater than 3% is the critical value for initiation of antifibrinolytic therapy	Chapman et al	Dec 2013	46
Emergency general surgery: Definition and estimated burden of disease	Shafi et al	Apr 2013	42
Clinical and mechanistic drivers of acute traumatic coagulopathy	Cohen et al	Jul 2013	38
Tranexamic acid in trauma: How should we use it?	Napolitano et al	Jun 2013	35
Resuscitate early with plasma and platelets or balance blood products gradually: Findings from the PROMMTT study	del Junco et al	Jul 2013	34
Hemostatic resuscitation is neither hemostatic nor resuscitative in trauma hemorrhage	Khan et al	Mar 2014	33
Disparities in trauma care and outcomes in the United States: A systematic review and meta-analysis	Haider et al	May 2013	33
TEG-guided resuscitation is superior to standardized MTP resuscitation in massively transfused penetrating trauma patients	Tapia et al	Feb 2013	32
Practical application of point-of-care coagulation testing to guide treatment decisions in trauma	Schoechl et al	Jun 2013	31
Open abdominal management after damage-control laparotomy for trauma: A prospective observational American Association for the Surgery of Trauma multicenter study	DuBose et al	Jan 2013	30
Hyperfibrinolysis, physiologic fibrinolysis, and fibrinolysis shutdown: The spectrum of postinjury fibrinolysis and relevance to antifibrinolytic therapy	Moore et al	Dec 2014	29
Aggressive early crystalloid resuscitation adversely affects outcomes in adult blunt trauma patients: An analysis of the Glue Grant database	Kasotakis et al	May 2013	29
A principal component analysis of coagulation after trauma	Kutcher et al	MAY 2013	28
Resveratrol decreases inflammation in the brain of mice with mild traumatic brain injury	Gatson et al	Feb 2013	27
Prothrombin complex concentrate: An effective therapy in reversing the coagulopathy of traumatic brain injury	Joseph et al	Jan 2013	27
Thrombelastography and rotational thromboelastometry early amplitudes in 182 trauma patients with clinical suspicion of severe injury	Meyer et al	Mar 2014	26
A novel fluoroscopy-free, resuscitative endovascular aortic balloon occlusion system in a model of hemorrhagic shock	Scott et al	Jul 2013	26
Prehospital intravenous fluid is associated with increased survival in trauma patients	Hampton et al	Jul 2013	26
Lactate clearance as a predictor of mortality in trauma patients	Odom et al	Apr 2013	26
Administration of fibrinogen concentrate in exsanguinating trauma patients is associated with improved survival at 6 hours but not at discharge	Wafaisade et al	Feb 2013	23
The public health burden of emergency general surgery in the United States: A 10-year analysis of the Nationwide Inpatient Sample-2001 to 2010	Gale et al	Aug 2014	22

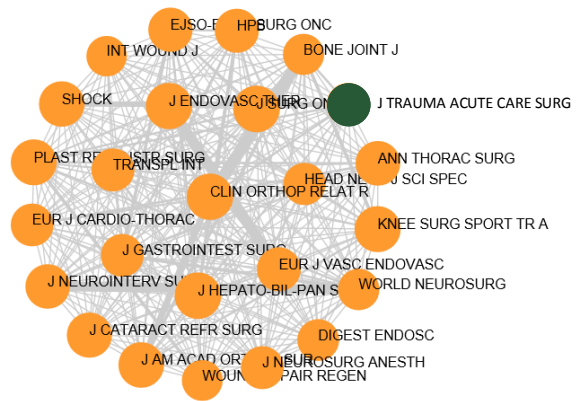
For completeness we've also included the top-cited articles of 2013-2015 in **Appendix II**.

CITATION ANALYSIS

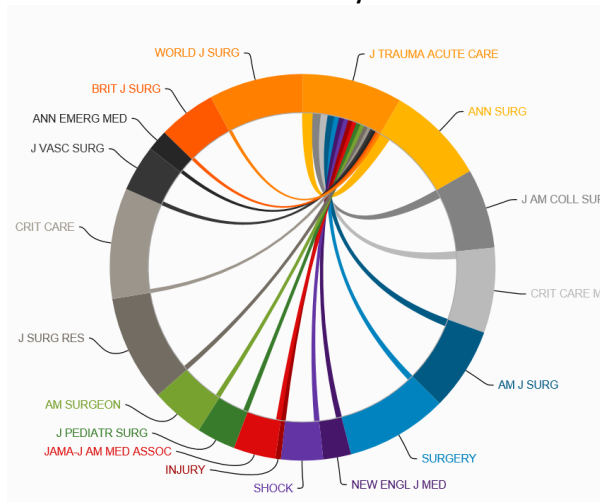
Citation Patterns

The preceding pages explored what the broad citation landscape of the *Journal* looks like, leaving the question: who is citing what?

The *Journal* bridges several subspecialties by design, as evidenced by citation network dynamics. One may expect that neighboring journals may be in general surgery, emergency medicine, or critical care. But the visualization at right shows that our closest ties are with orthopedic and vascular journals.



Journals Most Cited by JTACS Authors



Network information as illustrated above is generated with two main data sources: journals that are cited by authors publishing in *JTACS*, as well as citations to *Journal* content from other publications.

The graphic at left represents journals that *JTACS* authors cite most frequently. For this and the following visualization, the underlying data are comprised of citations from and to the *Journal* within a ten-year period (2006-2016).

Authors have cited *Journal* content most frequently, followed by *Ann Surg*. This trend holds for all years except 2013, when the second-most cited publication was *J Surg Res* (likely due to more basic science published that year). Other primary sources for our authorship are *JACS*, *Crit Care Med*, and *Am J Surg*.

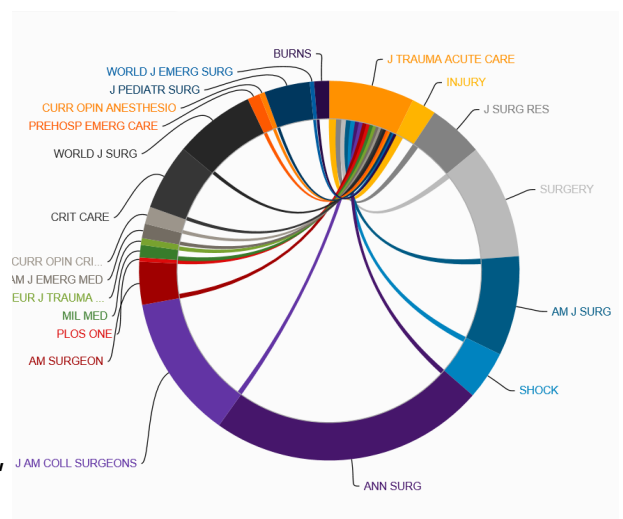
In the other direction, the *Journal* is cited by a more diverse set of publications. As expected from the image above, our authors are the *Journal's* own largest citing bloc.

There doesn't appear to be one major source behind other citations to *Journal* content—rather, references to articles hail fairly equally from *Injury*, *J Surg Res*, *Surgery*, *Am J Surg*, *Shock*, *Ann Med*, and *JACS*.

Area accorded to each journal title in these images depicts value of 2015 impact factors, while thickness of chords alludes to number of citations.

Despite the relatively high citation rates from specialty journals, in the past 5 years *JTACS* has received citations from higher-impact publications (e.g. *Lancet*, *JAMA*, *Sci Trans Med*, *Intensive Care Med*, and *Ann Int Med*).

Journals Citing JTACS



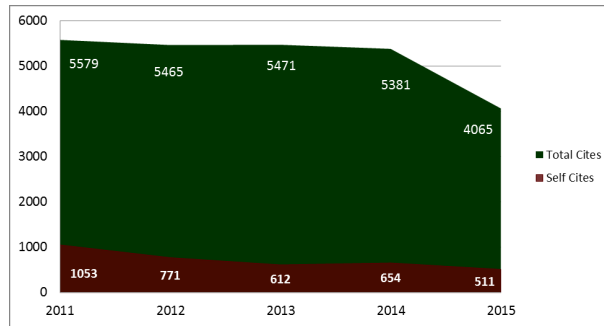
CITATION ANALYSIS

Citations Per Document

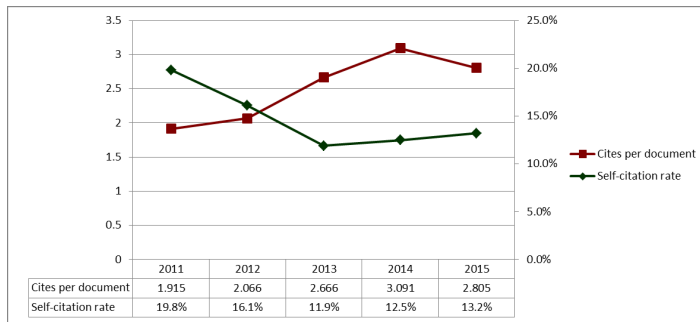
An illustration relating to the *Journal's* external and self-citation rates can be found at right. This chart shows the total number of external and self-citations received during the three previous years.

The *Journal's* recent citation-per-document rate history can be found below. It appears that we peaked in 2014, followed by a drop in 2015.

Total and Self-Citations, 2011-2015



Citations per Document, 2011-2015



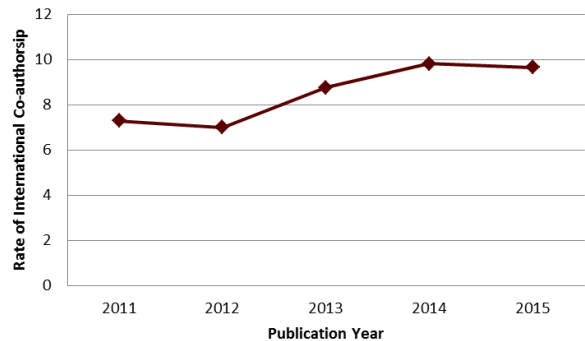
Although total self-citations dropped last year, the overall rate slightly increased. However, no changes to editorial policy were made. Redundant self-cites in letters and editorial critiques are still redacted.

Note that this graph was calculated by subtracting the number of self-citations from the total number of citations received by all articles each year.

International Coauthorship

Despite the preponderance of North American submissions received (see **Submission Demographics** above, p.5), the *Journal* continues to publish a higher proportion of international manuscripts (i.e. papers with one or more authors affiliated abroad).

The rise in international collaboration appears modest in the chart at right, however, as reported last year, the current rate is significantly higher than it was a decade ago (range 0.73-5).



ALTERNATIVE METRICS

Late last year, researchers at NIH released a new metric to quantify the impact of individual articles in relation to broader co-citation networks. Termed the Relative Citation Ratio (RCR), the metric compares an article's number of citation with its field citation rate.

This approach is meant to provide a nuanced view of impact. According to the NIH team, the metric is "article-level and field independent, and provides an alternative to the invalid practice of using journal impact factors to identify influential papers." RCR is particularly well-suited to disciplines that bridge established fields. As seen in **Appendix III**, papers with high RCR values may better indicate impact within acute care surgery, rather than total citation counts.

The metric has yet to be validated, but its creators claim that it is scalable from small to large portfolios without introducing significant bias at any level. Please see **Appendix III** for the top 20 *Journal* publications ranked by RCR for 2012-2014.

ALTERNATIVE METRICS

Google Scholar

The *Journal* continues to rank in the top 20 of surgery journals by Google Scholar's journal metric.

The Google Scholar metric uses publicly accessible citation data. As seen at right, the algorithm ranks all surgical journals (n >200) in terms of h-indices. Rankings are updated regularly and the top 20 journals are displayed online.

The *Journal* is currently ranked #9 out of the 20 top surgical publications. This represents a slight drop from September 2015, when we ranked #8.

Google Scholar Surgery Rank

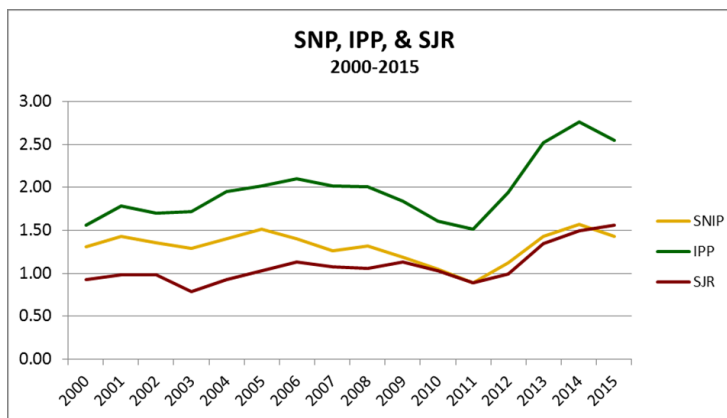
(as of September 9, 2016)

Rank	Publication	h5-index	h5-median
1	<i>Annals of Surgery</i>	97	131
2	<i>Journal of Vascular Surgery</i>	82	132
3	<i>Surgical Endoscopy</i>	74	93
4	<i>Annals of Surgical Oncology</i>	72	94
5	<i>British Journal of Surgery</i>	71	88
6	<i>Journal of the American College of Surgeons</i>	64	94
7	<i>Obesity Surgery</i>	57	69
8	<i>JAMA Surgery</i>	56	76
9	<i>Journal of Trauma and Acute Care Surgery</i>	56	71
10	<i>World Journal of Surgery</i>	55	70
11	<i>Surgery</i>	52	67
12	<i>Journal of Gastrointestinal Surgery</i>	51	64
13	<i>Journal of Surgical Research</i>	49	59
14	<i>Journal of Surgical Oncology</i>	47	60
15	<i>European Journal of Surgical Oncology</i>	47	57
16	<i>The American Journal of Surgery</i>	47	56
17	<i>Surgery for Obesity and Related Diseases</i>	46	67
18	<i>European Journal of Vascular and Endovascular Surgery</i>	44	60
19	<i>Journal of Endourology</i>	41	58
20	<i>Gastric Cancer</i>	40	54

SNIP, IPP, & SJR

Other metrics to quantify impact and journal health are increasingly used as an alternative to impact factor.

Below is the *Journal's* historical performance according to three related metrics developed by Elsevier and Leiden University:



Source Normalized Impact per Paper (SNIP)

measures impact by weighting citations based on the total number of citations in a subject field. New SNIP scores are calculated whenever two full years of citation data are available.

Impact per Publication (IPP) measures the ratio of citations per article published in a journal. The IPP is calculated by dividing citations to papers published in the three previous years by the number of papers published in those same years.

Finally, **SCImago Journal Rank (SJR)** is a prestige metric that assigns relative scores to all of the sources in a citation network. A citation from a journal with a high SJR is worth more than a citation from a source with a lower SJR. At 1.557, the *Journal's* current SJR score is its highest.

SNIP, IPP, and SJR, 2000-2015

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
SNIP	1.31	1.43	1.35	1.29	1.40	1.51	1.40	1.26	1.32	1.19	1.05	0.89	1.12	1.43	1.57	1.43
IPP	1.56	1.78	1.70	1.72	1.95	2.02	2.10	2.02	2.01	1.84	1.61	1.51	1.94	2.52	2.76	2.55
SJR	0.922	0.982	0.980	0.787	0.927	1.026	1.133	1.072	1.059	1.132	1.026	0.885	0.993	1.348	1.493	1.557

Data captured September 10, 2016.

ALTERNATIVE METRICS

Social Authority

We continue to maintain an engaging online presence, as evidenced by various altmetrics (i.e. total number of article views, downloads, media coverage, and social media mentions).

Currently, we have 7,617 followers on Twitter. This represents a 254% increase from when we started actively curating the *Journal's* Twitter feed in April 2014.

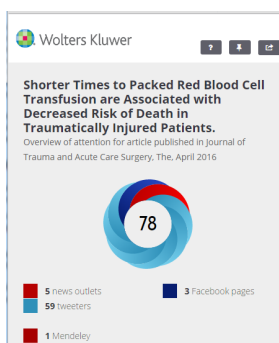
As of writing, the *Journal* holds a social authority score of 56. Maintaining this rank requires daily curation. Earlier this spring, staff neglected social channels, resulting in depressed social authority scores, which were only restored through frequent posting of non-research content.

2016	Publication	Apr 2015	Sept 2015	Apr 2016	Sept 2016*
1	<i>Annals of Surgery</i>	46	49	49	66
2	<i>Journal of Trauma and Acute Care Surgery</i>	47	50	51	56
3	<i>Critical Care Medicine</i>	45	42	49	54
4	<i>JAMA Surgery</i>	50	54	53	53
5	<i>British Journal of Surgery</i>	42	45	50	51
6	<i>Journal of the American College of Surgeons</i>	21	30	39	43
7	<i>Diseases of the Colon & Rectum</i>		26	31	35
8	<i>Surgical Endoscopy</i>	26	25	27	35
9	<i>International Journal of Surgery</i>	27	28	20	33
10	<i>Annals of Thoracic Surgery</i>		12	24	32
11	<i>Eur J Vascular and Endovascular Surg</i>	15	20	24	31
12	<i>World Journal of Surgery</i>		22	21	31
13	<i>Journal of Endourology</i>	27	33	35	30
14	<i>Journal of NeuroInterventional Surgery</i>		25	28	29
15	<i>ANZ Journal of Surgery</i>		24	28	29
16	<i>Surgery</i>		1	21	27
17	<i>Journal of Surgical Research</i>		7	19	23
18	<i>Pediatric Critical Care Medicine</i>	15	18	20	19
19	<i>Journal of Refractive Surgery</i>		17	18	19
20	<i>Trauma Surgery & Acute Care Open</i>				16
21	<i>The American Journal of Surgery</i>		1	1	9
22	<i>Shock</i>	4	4	6	8
23	<i>International Surgery</i>			10	3

* Current year social authority scores as of September 14, 2016.

Among related journals (as defined by citation dynamics), this *Journal's* online reach is second only to *Ann Surg*, which this year toppled *JAMA Surg* to achieve top ranking. *Annals'* rapid rise can be attributed to the appointment of a dedicated and talented social media editor, Dr. Andrew M. Ibrahim (@AndrewMIbrahim).

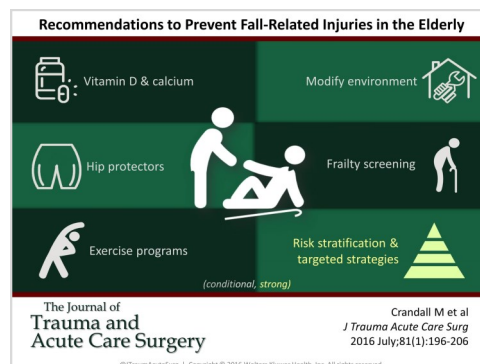
Altmetrics



Journal articles continue to receive moderate attention online overall, with a mean altmetric score of 5.6. This is an increase from Sept 2015, when content averaged a score of 5.0. The current altmetrics average for all global peer-reviewed publications is 4.9. Comparatively, *Ann Surg* has a mean altmetric score of 7.1, while *Shock* currently scores 1.2.

We have found that regular promotion of free content drives traffic. EAST's journal club, for which the *Journal* provides free access to select articles, also results in increased altmetric scores.

To increase visibility of articles, this summer the *Journal* piloted a program to include graphical abstracts for a handful of articles. Graphical abstracts are simple images that convey a few key findings. They have been in place since 2010 on many physical and life science journals.



The *Journal's* timing was spurred by *Ann Surg*, which implemented their own program a few weeks prior. In *JTACS'* case, engagement increased by >4000% overnight (~20K profile views per day). Staff will continue to create graphics in house through 2016; in 2017, we plan to ask authors to provide graphics upon production of an article — essentially adopting the practice of journals by Thieme, Cell Press, IEEE, and others.

SUPPLEMENTS

Production

In 2015, we published three supplements. These are:

Supplements 2015				
Title	Guest Editors	Sponsor	Print Date	
Proceedings from the Trauma Hemostasis and Oxygenation Research (THOR) Network's 2014 Remote Damage Control & Resuscitation Symposium	Joseph Rappold and Elon Glassberg	TerumoBCT	June 2015	
Forging New Frontiers: The 19th Annual Conference of the Injury Free Coalition for Kids	Joseph Tepas	Injury Free Coalition for Kids	Sept 2015	
Proceedings of the 2014 U.S. Military Health Systems Research Symposium	Todd Rasmussen, David Baer, and Stuart Tyner	U.S. Dept of Defense Combat Casualty Care Research Program	Oct 2015	

In 2016, two supplements will publish:

Supplements 2016				
Title	Guest Editors	Sponsor	Print Date	
Forging New Frontiers: The 19th Annual Conference of the Injury Free Coalition for Kids	Joseph Tepas	Injury Free Coalition for Kids	Oct 2016	
Proceedings of the 2014 U.S. Military Health Systems Research Symposium	Todd Rasmussen, David Baer, and Stuart Tyner	U.S. Dept of Defense Combat Casualty Care Research Program	Nov 2016	

Peer review for the MHSRS supplement began in October 2015, under the administration of Drs. Steven Shackford and Kyle Remick. Both submissions and acceptance rates were lower for this supplement. The military also published a basic science supplement with *Shock*, which may be a factor in declining submissions.

IFCK started review in January 2016 under the direction of Dr. Joseph Tepas. As of writing, this supplement of 12 articles is in final production, and will publish online later this month.

Performance

As with 2012-2014 regular submissions, sufficient time has passed to allow citation tracking.

To date, ISR's *Ten Years of War* supplement has garnered the most citations. This is primarily thanks to Eastridge et al's "Death on the battlefield" article, which accounts for nearly 40% of total citation count to the supplement.

Print Date	Supplement	# Articles	% Uncited	Total Citations	h-Index
Aug 2012	ATACCC 2011: Advances in Combat Casualty Care	28	7%	251	10
Sept 2012	ABA/Shriners Hospitals for Children Burn Outcomes Program	8	0%	54	5
Oct 2012	16th Annual Conference of the Injury Free Coalition for Kids	10	20%	35	4
Nov 2012	EAST Practice Management Guidelines	14	7%	265	10
Dec 2012	ISR Ten Years of War	25	4%	487	11
June 2013	PROMMTT Study	15	0%	204	8
Aug 2013	1st Military Health Science Research Symposium 2012	28	0%	173	8
Sept 2013	17th Annual Conference of the Injury Free Coalition for Kids	10	10%	18	3
Sept 2014	2nd Military Health Science Research Symposium 2013	32	31%	81	5
Sept 2014	18th Annual Conference of the Injury Free Coalition for Kids	11	50%	13	3

Citations counts as of September 11, 2016.

Overall, no supplement has yet matched the h-index of the regular issue. To draw comparisons using the above data, note that h-indices for normal issue content is 29 for 2012 issues, 21 for 2013, and 15 for 2014.

THEME ISSUES

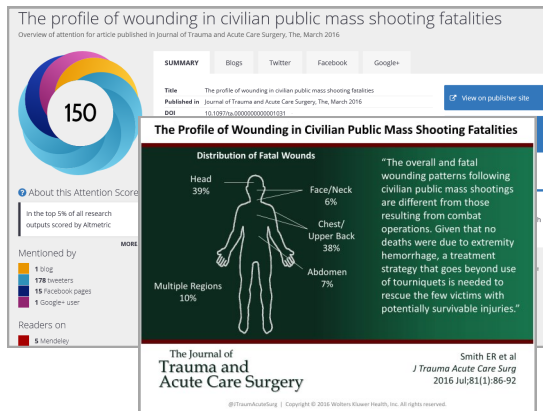
Focus on Firearms

The June 2016 issue featured a special section on gun violence, comprised of commissioned reviews, special reports, and two AAST 2015 plenary papers. The full lineup included:

- Moore et al. Gun violence in the United States: A call to action. (Editorial)
- Rhee et al. Gunshot wounds: a review of ballistics, bullets, weapons and myths. (Review Article)
- Stewart et al. Firearm injury prevention: A consensus approach to reducing preventable deaths. (Special Report)
- Lopez. The Hartford Consensus revisited: Notes from the field. (Special Report)
- Chang et al. Pattern of law-enforcement related injuries in the United States. (AAST 2015 Plenary Paper)
- Gibson et al. Pediatric gunshot wound recidivism: Identification of at-risk youth. (AAST 2015 Plenary Paper)
- Ferrada et al. Secondary injury after multiple gunshot wounds. (ACS Challenge)

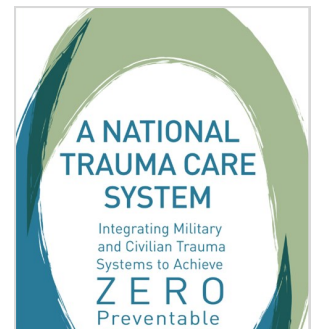


Editorial intent was to spark conversation and stimulate the active participation of trauma surgeons in reducing gun-related violence in the United States. The first objective was met: the issue published online three weeks before the Orlando nightclub shooting, which led to substantial coverage of issue contents.



As of writing, 271 mass shootings (defined as ≥ 4 shot/killed in a single incident) in the US have kept the issue's focus regrettably germane. Journalists, policy makers, and other researchers continue to reference published items — currently Rhee et al's review and the editorial are two of the most accessed works to date.

However, the most-discussed paper of the year published the following month. First presented at EAST's annual meeting, Smith et al's study on wounding patterns in civilian public mass shootings is currently top-ranked by Altmetrics. This article also received a graphical abstract online.

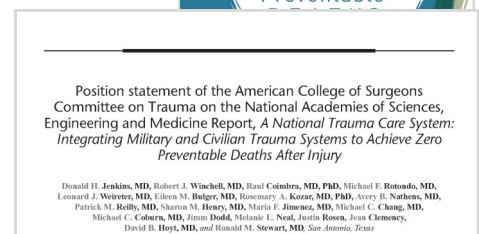


NASEM Report

In November, our second theme issue of the year will publish. This will be in support of the National Academies' vision of a national trauma care system for the United States, as detailed in the June 2016 report, *A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury*.

The special issue's publication date is meant to coincide with NASEM's plan for wide dissemination of report findings. To that end, the *Journal* will feature a section containing:

- An overview of the conceptual foundations and development of a National Trauma Action Plan (Rasmussen)
- Position statement of the ACS Committee on Trauma (Stewart et al)
- Position statement of CNTR on NASEM's report (Jenkins et al)



MEDIA

The *Journal* did not engage in active press outreach activities in 2016 — rather, staff responded to queries from journalists as they come in.

Despite passive media relations, coverage of *Journal* content has been brisk. By far, the most coverage came in the wake of the Orlando nightclub shooting of June 12, 2016.

On June 13th, the editorial office fielded 55 queries from reporters seeking research on gun violence. Journalists were provided with electronic copies of the June “Focus on Firearms” issue, as well as access to earlier studies on firearm injury incidence and prevention efforts. Coverage of other events using these sources is ongoing.

Additionally, Dr. David Livingston was interviewed by NPR’s *All Things Considered* program in December 2015, which focused on his AAST 2013 paper, “Unrelenting violence: An analysis of 6,322 gunshot wound patients at a Level I trauma center.”

More recently, *NEJM Journal Watch* covered Bosarge et al’s study of early ECMO for severe ARDS (*J Trauma Acute Care Surg.* 2016 Aug;81(2):236-43).

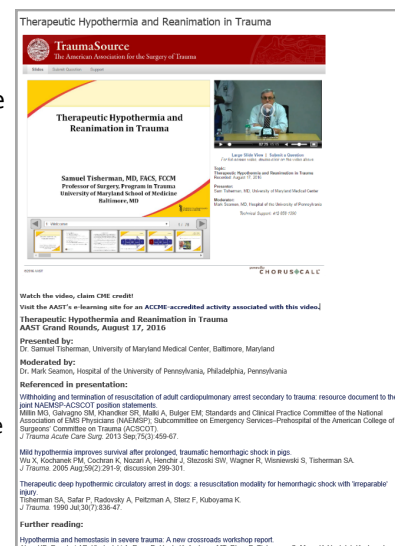
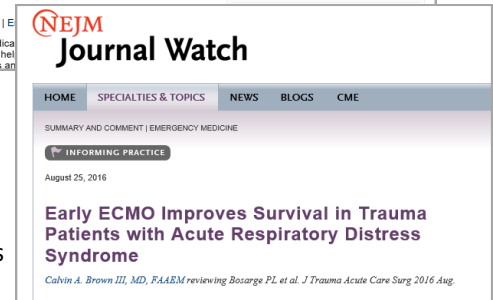
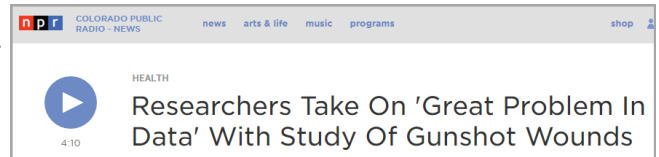
The editorial office will next provide media assistance to EAST for their upcoming evidence-based review, “Prevention of firearm-related injuries with restrictive licensing and concealed carry laws: an Eastern Association for the Surgery of Trauma systematic review,” scheduled to appear in the November print issue.

ONLINE

AAST Grand Rounds & Webinars

The AAST is scheduled to produce 17 Grand Rounds and webinars this year — the *Journal* has captured and referenced all broadcasts to date in its Grand Rounds section. Current-year offerings include:

- [Sam Tisherman](#) on therapeutic hypothermia and reanimation (Aug 17, 2016)
- [Kenji Inaba](#) on vascular shunts in trauma (July 20, 2016)
- [Courtney Edwards and Marie Crandall](#) on geriatric falls prevention (May 25, 2016)
- [Ronald Stewart](#) on ACS trauma-verification changes (May 18, 2016)
- [Mark Seamon](#) on EAST guidelines for resuscitative thoracotomy (May 11, 2016)
- [Alex Eastman](#) on active shooter and mass-casualty events (April 20, 2016)
- [John Hess, Phillip Spinella, and Alan Murdock](#) on the role of whole blood and massive transfusion
- [Deborah Stein](#) on neuro-trauma and neuro-critical care (March 16, 2016)
- [Martin Schreiber](#) on new frontiers in blood transfusion (February 17, 2016)
- [Matt Martin and Bryan Cotton](#) showdown on TEG and TXA (February 3, 2016)
- [Grace Rozyczki](#) on errors made in the nonoperative management of splenic injuries (January 20, 2016)



ONLINE

EAST Journal Club

EAST continues to host monthly Journal Clubs featuring *JTACS* content. Each event connects readers, authors, and discussants directly via Twitter. The publisher allows us to open access on content for a month surrounding each event.

This journal club has attracted considerable interest online. Most recently, *JAMA* has approached the organizers with an offer to pilot a project to award CME credit for participants. This will, however, necessitate the club's use of *JAMA*-branded content. As the event proceeds, we will assess how the CME-credit is awarded and whether a similar operation is feasible using *Journal* content.



Storify

The *Journal* debuted on Storify in December 2014, primarily to compile multimedia coverage of meetings and online events. Use expanded to ordering discussions from EAST's Journal Club in 2015.

However, an unforeseen consequence of continuously publishing research articles was that staff could no longer spare time for online content creation. Storify curation was placed on a back burner.

EAST graciously took up the reins and launched their own Storify to catalogue journal club discussions. The *Journal* continues to link to their posts in the [EAST Journal Club collection](#) on [jtrauma.com](#).

Breaking News

This year the *Journal's* front page started to feature two areas for news items, thanks to the publisher. The first (and longest running) news item is the announcement of Dr. Denis Bensard's reviewer award. Throughout the year, though, he's been bumped a few times.

The news boxes allow us to promote online events, centralize announcements, list recent press coverage — anything in service of rapidly communicating with readership. Board members are encouraged to share news items that may benefit from placement by contacting the editorial office.

Podcasts

Finally, just noting that 2016 marks the fifth year of the *Journal's* [podcast](#). Fifty-six episodes have aired as of writing. The blooper reel is excellent...



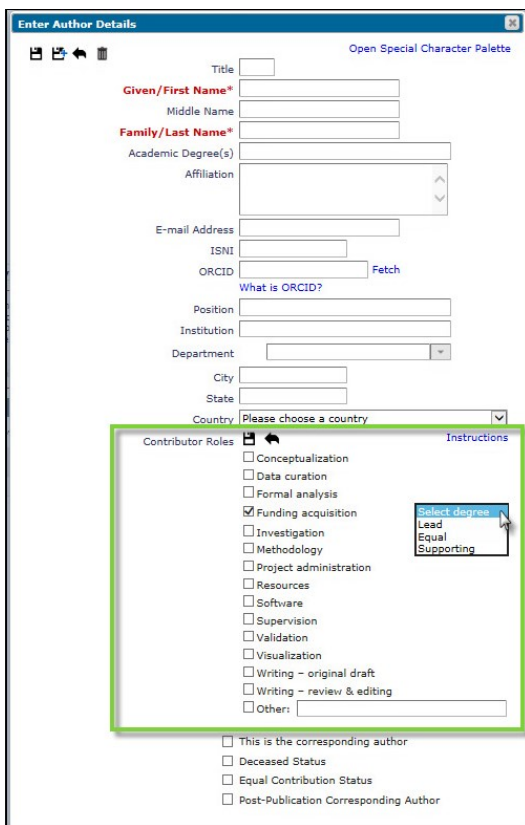
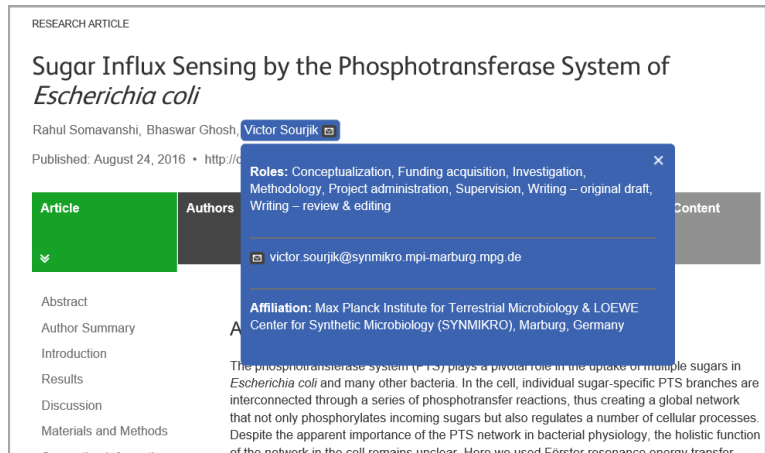
SYSTEMS

CRedit

Earlier this year, the *Journal* joined an international working group to standardize the classification and expression of authorship in scholarly research. *JTACS* is the only specialty journal participating, alongside various research institutions, funding agencies, publishers and learned societies.

The project, known as CRedit (Contributor Roles Taxonomy), has developed a simple taxonomy of 14 roles that can be used to assign contribution types to published articles.

Formal rollout to journals is underway. In late August, a paper in *PLOS Biology* published with fully tagged CRedit contributions for authors (pictured above).



Each author contributing to a piece of research may be assigned multiple roles (e.g. conception, data curation, analysis, writing, etc) and, within each role, degrees of contribution (i.e. lead, equal, supporting). More information on roles and degrees of contribution may be found at <http://casrai.org/CRedit>.

The current phase of development involves articulation of contributor taxonomies for various subfields. The *Journal*, with its 5-year history of requiring author contributions on articles, is working to develop of a version specific to surgical research.

The first generic taxonomy was implemented in a new version of Editorial Manager. Thanks to our publisher's system development team, the editorial office has also been given access to a beta version of its site to refine possible workflows.

JTACS editors envision author-level contributions to be provided via the submission system, rather than manuscript file. At left, please find the current setup for definition of contributor roles in Editorial Manager v.13. We do not have an estimated rollout time for *JTACS*, but the update should become available from the provider soon.

Open Access Update

The *Journal* has now published nine open access articles. Earlier in 2015, the editors alter copyright lines to reflect that authors retained copyright at production. The publisher's policies later prevented this change — open papers briefly published with "© Wolters Kluwer Health, Inc. All rights reserved" noted on pages.

This decision was reversed this year, and open access papers on the *Journal* now clearly identify authors as copyright holders. Papers made open after print publication are re-typeset with the change in place. Below please see an example from Kjetil Søreide's June 2016 paper, opened in August:

© 2016 the Author(s). Published by Wolters Kluwer Health on behalf of the American Association for the Surgery of Trauma.

BENCHMARKS

In 2015, the *Journal* restructured its peer review processes. Workflow has changed from a single-tier (editor-in-chief only) to a multilevel system (editor-in-chief > associate editors > biostatistician). More agents and nested levels of review came at a time cost, which appears to have resolved as editors gain facility in the system.

We proposed revising benchmarking goals in light of these changes. For comparison, both 2012 and 2015 metrics are contrasted below. The editorial team welcomes Board suggestions on setting additional performance goals.

	2012 Goals	Current averages (as of 9/11/2016)	2015 Revised Goals
Time from submission to reviewer assignment:	< 14 days	8 days	< 14 days
Time from submission to first decision:	< 31 days	25 days (all mss)	< 40 days (all)
Time from revision receipt to reviewer assignment:	< 7 days	1 day	< 7 days
Time from revision submission to final decision:	< 7 days	21 days (1st rev—all mss) 10 days (2nd rev—all mss)	< 30 days
Expedited publication of AAST papers:		85 mss published in vols 80-81 and online	
Dedicated issues for EAST and WTA meeting papers:		33 EAST mss in 81(1) 28 WTA mss scheduled for 81(6)	

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APPENDIX I: AAST PAPERS IN 2016

Corresponding Author	Article Title	Type/Article Header	Vol	Iss
Scalea	While my guitar gently weeps: The 2015 presidential address of the AAST	2015 Presidential Address	80	1
Britt	Acute care surgery: Is it time for a "victory lap"?	2015 Fitts Oration	80	1
Chapman	Overwhelming tPA Release, not PAI-1 degradation, is responsible for hyperfibrinolysis in severely injured trauma patients	2014 Plenary	80	1
Alam	Histone deacetylase gene expression profiles are associated with outcomes in blunt trauma patients	2015 Plenary	80	1
Alam	Inhibition of histone deacetylase 6 restores innate immune cells in bone marrow in a lethal septic model	2015 Plenary	80	1
Brown	Geographic distribution of trauma centers and injury-related mortality in the United States	2015 Plenary	80	1
Claridge	Implementation of an image sharing system significantly reduced repeat CT imaging in a regional trauma system	2013 Plenary	80	1
Pieracci	A prospective, controlled clinical evaluation of surgical stabilization of severe rib fractures	2015 Plenary	80	2
Maxwell	Pre-injury physical frailty and cognitive impairment among geriatric trauma patients determines post-injury functional recovery and survival	2015 Plenary	80	2
Phelan	Multicenter external validation of the Geriatric Trauma Outcome score: A study by the Prognostic Assessment of Life and Limitations after Trauma in the Elderly [palliate] consortium	2015 Plenary	80	2
Callcut	Discovering the truth about life after discharge: Long-term trauma related mortality	2015 Plenary	80	2
Hubbard	Use of endotracheal tubes with subglottic secretion drainage reduces ventilator-associated pneumonia in trauma patients	2015 Plenary	80	2
Joseph	Screening at hair salons: The feasibility of using community resources to screen for intimate partner violence	2015 Plenary	80	2
Hauser	Surgical wound assessment by sonography (SWATS) in the prediction of surgical wound infections	2014 Plenary	80	2
Alban	Field intubation in civilian patients with hemorrhagic shock is associated with higher mortality	2015 Poster	80	2
Warren	Validation of a brief, two-question depression screen in trauma patients	2014 Poster	80	2
Inaba	Temporary intravascular shunt usage in vascular trauma	2015 Plenary	80	3
Harvin	Airway management following repair of cervical tracheal injuries: A retrospective, multicenter study	2015 Plenary	80	3
Neff	Extending the Golden Hour: Partial resuscitative endovascular balloon occlusion of the aorta (P-REBOA) in a highly lethal swine liver injury model	2015 Plenary	80	3
Pascual	Does enoxaparin interfere with hmgb1 signaling after TBI? A potential mechanism for reduced cerebral edema and neurologic recovery	2015 Plenary	80	3
Coleman	Traumatic abdominal wall hernias: Location matters	2015 Plenary	80	3

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Corresponding Author	Article Title	Type/Article Header	Vol	Iss
Bloom	BMI strongly impacts the diagnosis and incidence of HIT in the SICU	2015 Plenary	80	3
Shafi	Multicenter validation of American Association for the Surgery of Trauma grading for acute colonic diverticulitis and use for emergency general surgery quality improvement program	2015 Plenary	80	3
Staudenmayer	Trauma center care is associated with reduced readmissions after injury	2015 Plenary	80	3
Callcut	The Massive Transfusion Score as a decision aid for resuscitation: Learning when to turn the massive transfusion protocol on and off	2013 Poster	80	3
Ball	The potential benefit of a hybrid operating environment amongst severely injured patients with persistent hemorrhage: How often could we get it right?	2014 Poster	80	3
Shiraishi	Resuscitative endovascular balloon occlusion of the aorta might be dangerous in patients with severe torso trauma: A propensity score analysis	2015 Plenary	80	4
Perl	Damage control resuscitation and emergency laparotomy: findings from the PROPPR study	2015 Plenary	80	4
Schreiber	Modulating the endotheliopathy of trauma: Factor concentrate vs. fresh frozen plasma	2015 Plenary	80	4
Byrne	The impact of short prehospital times on trauma center performance benchmarking: An ecologic study	2015 Plenary	80	4
Ordoñez	Computed tomography in hemodynamically unstable severely injured blunt and penetrating trauma patients	2015 Plenary	80	4
Ley	Early propranolol after traumatic brain injury is associated with lower mortality	2015 Poster	80	4
Sheppard	Rapid assessment of shock in a non-human primate model of uncontrolled hemorrhage: association of traditional and non-traditional vital signs to mortality risk	2015 Quick Shot	80	4
Stone	Penetrating neck trauma in children: An uncommon entity described using the National Trauma Data Bank	2015 Poster	80	4
Golob	The painful truth: the documentation burden of a trauma surgeon	2015 Plenary	80	5
Carden	Randomized controlled trial comparing dynamic simulation to static simulation in trauma	2015 Plenary	80	5
Shackford	Determining the magnitude of surveillance bias in the assessment of lower extremity deep venous thrombosis: A prospective observational study of two centers	2015 Plenary	80	5
Fabian	A prospective study of platelet function in trauma patients	2015 Plenary	80	5
Sperry	CT abbreviated assessment of sarcopenia following trauma: The CAAST measurement predicts 6-month mortality in older adult trauma patients	2015 Quick Shot	80	5
King	The state of the union: Nationwide absence of uniform guidelines for the pre-hospital use of tourniquets to control extremity exsanguination	2015 Quick Shot	80	5
Rogers	An analysis of neurosurgical practice patterns and outcomes for serious to critical traumatic brain injuries in a mature trauma state	2015 Plenary	80	5

APPENDIX I: AAST PAPERS IN 2016

Corresponding Author	Article Title	Type/Article Header	Vol	Iss
Constantini	Current management of hemorrhage from severe pelvic fractures: Results of an American Association for the Surgery of Trauma multi-institutional trial	2015 Plenary	80	5
Haider	Racial disparities in emergency general surgery: Do differences in outcomes persist among universally insured military patients?	2015 Plenary	80	5
Brenner	Trading scalpels for sheaths: Catheter-based treatment of vascular injury can be effectively performed by acute care surgeons trained in endovascular techniques	2015 Quick Shot	80	5
Chang	Pattern of law-enforcement related injuries in the United States	2015 Plenary	80	6
Gibson	Pediatric gunshot wound recidivism: identification of at-risk youth	2015 Plenary	80	6
Carrick	Intraoperative hypotensive resuscitation for patients undergoing laparotomy or thoracotomy for trauma: Early termination of a randomized prospective clinical trial	2015 Plenary	80	6
Sokol	Efficacy of a novel fluoroscopy-free endovascular aortic balloon device with pressure release capabilities in the setting of uncontrolled junctional hemorrhage	2015 Plenary	80	6
Parimi	Automated continuous vital signs predict use of uncrossed matched blood (UnXRBC) and massive transfusion (MT) following trauma	2015 Plenary	80	6
Sato	Low-intensity exercise in the acute phase of lipopolysaccharide-induced sepsis improves lipid metabolism and survival in mice by stimulating PGC-1 α expression	2015 Plenary	80	6
Magnostti	A safe and effective management strategy for blunt cerebrovascular injury: Avoiding unnecessary anticoagulation and eliminating stroke	2015 Plenary	80	6
Joseph	Antibiotics for appendicitis! Not so fast	2015 Plenary	80	6
Cheslik	Initial impact of the affordable care act on an Ohio Level I trauma center	2015 Poster	80	6
Stephens	Utilizing social media for community consultation and public disclosure in exception from informed consent trials	2015 Quick Shot	80	6
Gibson	Pediatric gunshot wound recidivism: identification of at-risk youth	2015 Plenary	80	6
Kaafarani	Derivation and validation of a novel emergency surgery acuity score (ESAS)	2015 Plenary	81	2
Julien	Severe complicated <i>Clostridium difficile</i> infection: Can the UPMC proposed scoring system predict the need for surgery?	2015 Plenary	81	2
Vane	Imaging prior to transfer to designated pediatric trauma centers (PTCS) exposes children to excess radiation	2015 Plenary	81	2
Bosarge	Early initiation of extracorporeal membrane oxygenation improves survival in adult trauma patients with severe acute respiratory distress syndrome	2015 Plenary	81	2
Koniaris	Is there an impending loss of academically productive trauma surgical faculty? An analysis of 4,015 faculty	2015 Plenary	81	2
Pajoumand	Dexmedetomidine as an adjunct for sedation in patients with traumatic brain injury	2015 Poster	81	2
Ley	Reducing acute kidney injury due to vancomycin in trauma patients	2015 Poster	81	2

APPENDIX I: AAST PAPERS IN 2016

Corresponding Author	Article Title	Type/Article Header	Vol	Iss
Weinberg	Contemporary management of civilian penetrating cervicothoracic arterial injuries	2015 Quick Shot	81	2
DuBose	The AAST prospective aortic occlusion for resuscitation in trauma and acute care surgery (AORTA) registry: contemporary utilization and outcomes of aortic occlusion and REBOA	2015 Plenary	81	3
Champion	Time and place of death from automobile crashes: Research endpoint implications	2015 Plenary	81	3
Joseph	The impact of patient protection and affordable care act on trauma care: A step in the right direction	2015 Plenary	81	3
Brakenridge	Gender-based differences in the genomic response, innate immunity, organ dysfunction and clinical outcomes after severe blunt traumatic injury and hemorrhagic shock	2015 Quick Shot	81	3
Coimbra	Does sex matter? Effects on venous thromboembolism risk in screened trauma patients	2015 Quick Shot	81	3
Tominaga	The AAST grading scale for 16 emergency general surgery conditions: Disease-specific criteria characterizing anatomic severity grading	2015 Poster	81	3
Morse	Penetrating cardiac injuries: A 36-year perspective at an urban, Level I trauma center	2011 Plenary	81	4
Dennis	Rural trauma team development course decreases time to transfer for trauma patients	2015 Plenary	81	4
Maximus	DUI histories in intoxicated injured bicyclists	2015 Plenary	81	4
Gaski	Reduced need for extraperitoneal pelvic packing for severe pelvic fractures is associated with improved resuscitation strategies	2015 Plenary	81	4
Meizoso	Effect of time to operation on mortality for hypotensive patients with gunshot wounds to the torso: The golden 10 minutes	2015 Poster	81	4
Inaba	The diagnostic yield of commonly used investigations in pelvic gunshot wounds	2015 Poster	81	4
Bugaev	Magnitude of rib fracture displacement predicts opioid requirements	2015 Poster	81	4
Loveland-Jones	A prospective randomized trial of the efficacy of "Turning Point," an inpatient violence intervention program	2013 Plenary	81	5
Weber	Classification of soft-tissue injuries in open femur fractures -- relevant for systemic complications?	2015 Plenary	81	5
Michetti	Reducing transfusions in critically injured patients using a restricted-criteria order set	2015 Poster	81	5
Tesoriero	Angiographic embolization for hemorrhage following pelvic fracture: Is it "time" for a paradigm shift?	2015 Plenary	82	1
Majercik	Volumetric analysis of day-of-injury computed tomography is associated with rehabilitation outcomes after traumatic brain injury	2015 Plenary	82	1
Zamary	This too shall pass: A study of injected sharp foreign bodies	2015 Poster	82	1
Simmons	Mitochondrial DNA DAMPs in ventilator-associated pneumonia: Prevention and reversal by intratracheal DNase	2015 Plenary	82	1
Herndandez	Increased anatomic severity predicts outcomes: Validation of AAST emergency general surgery grade in appendicitis	2016 Plenary	82	1
Sise	"Delay to OR" fails to identify adverse outcomes at a Level I trauma center	2016 Poster	82	1

APPENDIX II: HIGHLY CITED ARTICLES, 2013

Articles that published in 2014 have been cited 3320 times with an h-index of 21. Below are the articles that cleared this bar and also contributed strongly toward this year's impact factor.

Title	Authors	Publication Date	Total Citations
A clinical series of resuscitative endovascular balloon occlusion of the aorta for hemorrhage control and resuscitation	Brenner et al	Sep 2013	62
Fibrinolysis greater than 3% is the critical value for initiation of antifibrinolytic therapy	Chapman et al	Dec 2013	46
Emergency general surgery: Definition and estimated burden of disease	Shafi et al	Apr 2013	42
Tranexamic acid in trauma: How should we use it?	Napolitano et al	Jun 2013	35
Clinical and mechanistic drivers of acute traumatic coagulopathy	Cohen et al	Jul 2013	38
Resuscitate early with plasma and platelets or balance blood products gradually: Findings from the PROMMTT study	del Junco et al	Jul 2013	34
Disparities in trauma care and outcomes in the United States: A systematic review and meta-analysis	Haider et al	May 2013	33
TEG-guided resuscitation is superior to standardized MTP resuscitation in massively transfused penetrating trauma patients	Tapia et al	Feb 2013	32
Practical application of point-of-care coagulation testing to guide treatment decisions in trauma	Schoechl et al	Jun 2013	31
Open abdominal management after damage-control laparotomy for trauma: A prospective observational American Association for the Surgery of Trauma multicenter study	DuBose et al	Jan 2013	30
Aggressive early crystalloid resuscitation adversely affects outcomes in adult blunt trauma patients: An analysis of the Glue Grant database	Kasotakis et al	May 2013	29
A principal component analysis of coagulation after trauma	Kutcher et al	May 2013	28
Resveratrol decreases inflammation in the brain of mice with mild traumatic brain injury	Gatson et al	Feb 2013	27
Prothrombin complex concentrate: An effective therapy in reversing the coagulopathy of traumatic brain injury	Joseph et al	Jan 2013	27
A novel fluoroscopy-free, resuscitative endovascular aortic balloon occlusion system in a model of hemorrhagic shock	Scott et al	Jul 2013	26
Prehospital intravenous fluid is associated with increased survival in trauma patients	Hampton et al	Jul 2013	26
Lactate clearance as a predictor of mortality in trauma patients	Odom et al	Apr 2013	26
Administration of fibrinogen concentrate in exsanguinating trauma patients is associated with improved survival at 6 hours but not at discharge	Wafaisade et al	Feb 2013	23
Evaluation of resuscitation fluids on endothelial glycocalyx, venular blood flow, and coagulation function after hemorrhagic shock in rats	Torres et al	Nov 2013	22
Acute kidney injury is surprisingly common and a powerful predictor of mortality in surgical sepsis	White et al	Sep 2013	22
A prospective multicenter comparison of levetiracetam versus phenytoin for early posttraumatic seizure prophylaxis	Inaba et al	Mar 2013	22
Early resuscitation intensity as a surrogate for bleeding severity and early mortality in the PROMMTT study	Rahbar et al	Jul 2013	21
Advanced trauma life support (ATLS (R)): The ninth edition	Brasel et al	May 2013	21
Platelets are dominant contributors to hypercoagulability after injury	Harr et al	Mar 2013	21

APPENDIX II: HIGHLY CITED ARTICLES, 2014

Articles that published in 2014 have been cited 1724 times with an h-index of 15. The top-cited titles may be found below. Citations to these and other 2014 papers were included in this year's impact factor calculation (2015 IF). They will also count toward the 2016 IF (to be released in June 2017).

Title	Authors	Publication Date	Total Citations
Hemostatic resuscitation is neither hemostatic nor resuscitative in trauma hemorrhage	Khan et al	Mar 2014	33
Hyperfibrinolysis, physiologic fibrinolysis, and fibrinolysis shutdown: The spectrum of postinjury fibrinolysis and relevance to antifibrinolytic therapy	Moore et al	Dec 2014	29
Thrombelastography and rotational thromboelastometry early amplitudes in 182 trauma patients with clinical suspicion of severe injury	Meyer et al	Mar 2014	26
The public health burden of emergency general surgery in the United States: A 10-year analysis of the Nationwide Inpatient Sample-2001	Gale et al	Aug 2014	22
Predicting hospital discharge disposition in geriatric trauma patients: Is frailty the answer?	Joseph et al	Jan 2014	21
Flail chest injuries: A review of outcomes and treatment practices from the National Trauma Data Bank	Dehghan et al	Feb 2014	19
Long-term outcomes of ground-level falls in the elderly	Ayoung-Chee et al	Feb 2014	19
Persistent inflammation, immunosuppression, and catabolism syndrome after severe blunt trauma	Vanzant et al	Jan 2014	18
Do all trauma patients benefit from tranexamic acid?	Valle et al	Jun 2014	17
The epidemiology of trauma-related mortality in the United States from 2002 to 2010	Sise et al	Apr 2014	17
Acquired coagulopathy of traumatic brain injury defined by routine laboratory tests: Which laboratory values matter?	Joseph et al	Jan 2014	16
The definition of polytrauma revisited: An international consensus process and proposal of the new 'Berlin definition'	Pape et al	Nov 2014	15
Unconscious race and class bias: Its association with decision making by trauma and acute care surgeons	Haider et al	Sep 2014	15
Predictors of mortality in geriatric trauma patients: A systematic review and meta-analysis	Hashmi et al	Mar 2014	15
Fibrinogen and platelet contributions to clot formation: Implications for trauma resuscitation and thromboprophylaxis	Kornblith et al	Feb 2014	15
Outcomes of endovascular repair for patients with blunt traumatic aortic injury	Azizzadeh et al	Feb 2014	15
Morbid obesity predisposes trauma patients to worse outcomes: A National Trauma Data Bank analysis	Ditillo et al	Jan 2014	15

APPENDIX II: HIGHLY CITED ARTICLES, 2015

Articles that published in 2015 have been cited 628 times with an h-index of 9. The top-cited titles so far may be found below. Citations to these and other 2015 papers—along with citations to 2014 articles—will be included in next year's impact factor (2016 IF).

Title	Authors	Publication Date	Total Citations
Clinical evidence of inflammation driving secondary brain injury: A systematic review	Hinson et al	Jan 2015	15
Survival of severe blunt trauma patients treated with resuscitative endovascular balloon occlusion of the aorta compared with propensity score-adjusted untreated patients	Norii et al	Apr 2015	14
Evaluation of the safety and feasibility of resuscitative endovascular balloon occlusion of the aorta	Saito et al	May 2015	13
The role of REBOA in the control of exsanguinating torso hemorrhage	Biffi et al	May 2015	13
Evaluation and management of blunt traumatic aortic injury: A practice management guideline from the Eastern Association for the Surgery of Trauma	Fox et al	Jan 2015	12
National estimates of predictors of outcomes for emergency general surgery	Shah et al	Mar 2015	11
Mechanisms of early trauma-induced coagulopathy: The clot thickens or not?	Dobson et al	Aug 2015	10
Contemporary management and outcomes of blunt thoracic aortic injury: A multicenter retrospective study	DuBose et al	Feb 2015	10
Implementation of resuscitative endovascular balloon occlusion of the aorta as an alternative to resuscitative thoracotomy for noncompressible truncal hemorrhage	Moore et al	Oct 2015	9
Fresh frozen plasma and spray-dried plasma mitigate pulmonary vascular permeability and inflammation in hemorrhagic shock	Potter et al	Jun 2015	9
Tourniquet use at the Boston Marathon bombing: Lost in translation	King et al	Mar 2015	9
Clearly defining pediatric massive transfusion: Cutting through the fog and friction with combat data	Neff et al	Jan 2015	9
Nonoperative management of hemodynamically unstable abdominal trauma patients with angioembolization and resuscitative endovascular balloon occlusion of the aorta	Ogura et al	Jan 2015	9

APPENDIX III: RELATIVE CITATION RATIO, 2012-2014

Find Your RCR

The Relative Citation Ratio was first described by NIH Office of Portfolio Analysis researchers in a paper posted to [bioRxiv](https://doi.org/10.1371/journal.pbio.1002541), the online repository for life science preprints, in October 2015. The full paper published in PLOS Biology last week (Sept 6, 2016).¹

Earlier this year, the editorial office incorporated RCR scores into an interim report to the AAST board. To generate scores specific to all Journal content, source code was downloaded from [GitHub](https://github.com), which was used to create a custom database. This is available to editorial board members on request.

For most searches at the paper-level (rather than journal-level), a publicly available method may suffice. The authors of the paper have made a web tool available (iCite) that calculates RCR and associated metrics at <https://icite.od.nih.gov>.

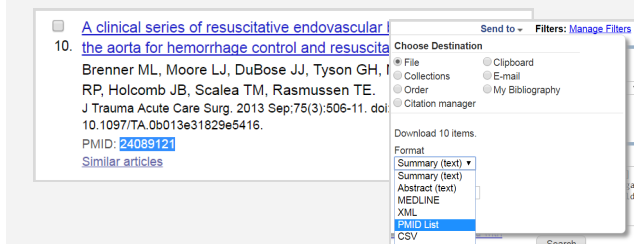
An expedient way to generate results with the tool is via PubMed. An author would first retrieve one or multiple PubMed IDs (PMIDs), then plug the same into the NIH [iCite tool](https://icite.od.nih.gov). Below please find screenshots of this process.



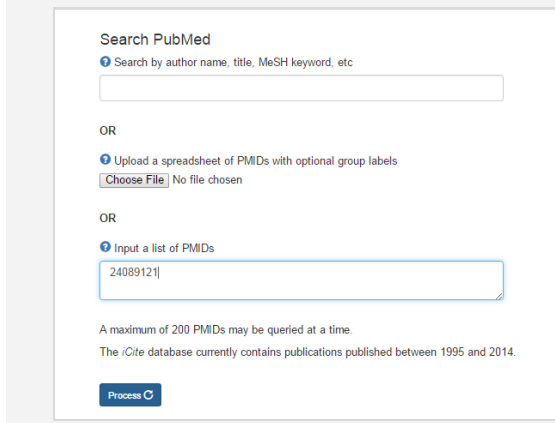
1. Search for a paper (or set of papers) on PubMed.



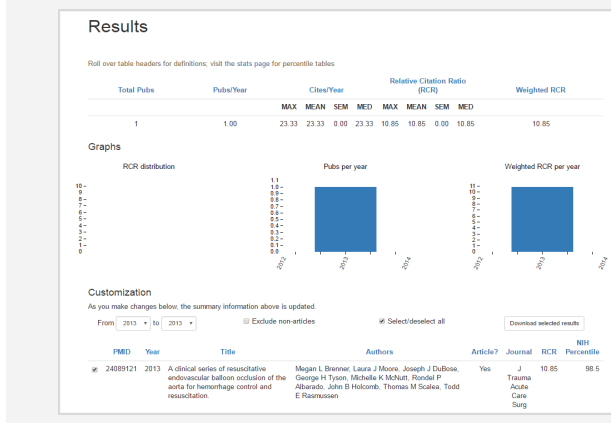
2. Locate papers of interest and copy PMIDs. Note that you may also download a CSV file containing multiple PMIDs using the "Send to" option at the top of the search results page.



3. Go to the iCite tool (<https://icite.od.nih.gov>) and enter PMIDs. Note that you are limited to 200 records per search.



4. View the results, which may also be downloaded. Note that values will change through time as citations accrue.



¹ Hutchins BI, Yuan X, Anderson JM, Santangelo GM. [Relative Citation Ratio \(RCR\): A New Metric That Uses Citation Rates to Measure Influence at the Article Level](https://doi.org/10.1371/journal.pbio.1002541). *PLoS Biol.* 2016; 14(9): e1002541. doi: 10.1371/journal.pbio.1002541

APPENDIX III: RELATIVE CITATION RATIO, 2012

Title	Relative Citation Ratio	Total Citations	NIH Percentile
Eastridge et al. Death on the battlefield (2001-2011): implications for the future of combat casualty care.	27.62	184	99.7
Cotton et al. Hyperfibrinolysis at admission is an uncommon but highly lethal event associated with shock and prehospital fluid administration.	9.51	68	98
Kutcher et al. Characterization of platelet dysfunction after trauma.	9.16	68	97.9
Gentile et al. Persistent inflammation and immunosuppression: a common syndrome and new horizon for surgical intensive care.	9.06	92	97.9
Stassen et al. Selective nonoperative management of blunt splenic injury: an Eastern Association for the Surgery of Trauma practice management guideline.	8.45	45	97.6
Ostrowski et al. Endothelial glycocalyx degradation induces endogenous heparinization in patients with severe injury and early traumatic coagulopathy.	6.74	54	96.3
Belmont et al. Combat wounds in Iraq and Afghanistan from 2005 to 2009.	6.72	41	96.2
Stassen et al. Nonoperative management of blunt hepatic injury: an Eastern Association for the Surgery of Trauma practice management guideline.	6.62	36	96.1
Farhat et al. Are the frail destined to fail? Frailty index as predictor of surgical morbidity and mortality in the elderly.	6.48	53	96
Papa et al. Serum levels of ubiquitin C-terminal hydrolase distinguish mild traumatic brain injury from trauma controls and are elevated in mild and moderate traumatic brain injury patients with intracranial lesions and neurosurgical intervention.	6.34	49	95.8
Lancerotto et al. Necrotizing fasciitis: classification, diagnosis, and management.	5.83	33	95.1
Butler et al. Battlefield trauma care then and now: a decade of Tactical Combat Casualty Care.	5.77	35	95
Marik et al. The immune response to surgery and trauma: Implications for treatment.	5.75	50	95
DuBose et al. Management of post-traumatic retained hemothorax: a prospective, observational, multicenter AAST study.	5.54	28	94.6
Brown et al. Debunking the survival bias myth: characterization of mortality during the initial 24 hours for patients requiring massive transfusion.	5.12	39	93.9
Krueger et al. Ten years at war: comprehensive analysis of amputation trends.	5.08	32	93.8
Cotton et al. Admission rapid thrombelastography predicts development of pulmonary embolism in trauma patients.	4.86	33	93.3
Burlew et al. Western Trauma Association critical decisions in trauma: resuscitative thoracotomy.	4.66	28	92.8
Roberts et al. Negative-pressure wound therapy for critically ill adults with open abdominal wounds: a systematic review.	4.66	31	92.8
Neal et al. Crystalloid to packed red blood cell transfusion ratio in the massively transfused patient: when a little goes a long way.	4.61	32	92.6
Roberts et al. The Baux score is dead. Long live the Baux score: a 27-year retrospective cohort study of mortality at a regional burns service.	4.59	28	92.6

APPENDIX III: RELATIVE CITATION RATIO, 2013

Title	Relative Citation Ratio	Total Citations	NIH Percentile
Brenner et al. A clinical series of resuscitative endovascular balloon occlusion of the aorta for hemorrhage control and resuscitation.	10.85	55	98.5
Chapman et al. Fibrinolysis greater than 3% is the critical value for initiation of antifibrinolytic therapy.	9.23	45	97.9
Cohen et al. Clinical and mechanistic drivers of acute traumatic coagulopathy.	7.25	36	96.7
Shafi et al. Emergency general surgery: definition and estimated burden of disease.	6.88	37	96.4
Napolitano et al. Tranexamic acid in trauma: how should we use it?	6.79	34	96.3
Dubose et al. Open abdominal management after damage-control laparotomy for trauma: a prospective observational American Association for the Surgery of Trauma multicenter study.	5.92	24	95.3
del Junco et al. Resuscitate early with plasma and platelets or balance blood products gradually: findings from the PROMMTT study.	5.91	31	95.2
Kasotakis et al. Aggressive early crystalloid resuscitation adversely affects outcomes in adult blunt trauma patients: an analysis of the Glue Grant database.	5.85	31	95.2
Banerjee et al. Trauma center variation in splenic artery embolization and spleen salvage: a multicenter analysis.	5.41	19	94.4
Hampton et al. Prehospital intravenous fluid is associated with increased survival in trauma patients.	5.37	26	94.4
Scott et al. A novel fluoroscopy-free, resuscitative endovascular aortic balloon occlusion system in a model of hemorrhagic shock.	5.20	25	94
Haider et al. Disparities in trauma care and outcomes in the United States: a systematic review and meta-analysis.	5.14	28	93.9
Schöchl et al. Practical application of point-of-care coagulation testing to guide treatment decisions in trauma.	5.13	28	93.9
Tapia et al. TEG-guided resuscitation is superior to standardized MTP resuscitation in massively transfused penetrating trauma patients.	5.11	25	93.8
Schraufnagel et al. How many sunsets? Timing of surgery in adhesive small bowel obstruction: a study of the Nationwide Inpatient Sample.	5.02	19	93.7
Schoenfeld et al. Characterization of spinal injuries sustained by American service members killed in Iraq and Afghanistan: a study of 2,089 instances of spine trauma.	4.96	17	93.5
Rahbar et al. Early resuscitation intensity as a surrogate for bleeding severity and early mortality in the PROMMTT study.	4.95	23	93.5
Odom et al. Lactate clearance as a predictor of mortality in trauma patients.	4.93	24	93.4
Yeatts et al. Effect of video laryngoscopy on trauma patient survival: a randomized controlled trial.	4.88	18	93.3
Boese et al. Spinal cord injury without radiologic abnormalities in adults: a systematic review.	4.63	14	92.7

APPENDIX III: RELATIVE CITATION RATIO, 2014

Title	Relative Citation Ratio	Total Citations	NIH Percentile
Khan et al. Hemostatic resuscitation is neither hemostatic nor resuscitative in trauma hemorrhage.	11.85	30	98.7
Azizzadeh et al. Outcomes of endovascular repair for patients with blunt traumatic aortic injury.	9.30	19	98
Meyer et al. Thrombelastography and rotational thromboelastometry early amplitudes in 182 trauma patients with clinical suspicion of severe injury.	8.94	23	97.8
Joseph et al. Predicting hospital discharge disposition in geriatric trauma patients: is frailty the answer?	8.78	21	97.7
Dehghan et al. Flail chest injuries: a review of outcomes and treatment practices from the National Trauma Data Bank.	8.48	15	97.6
Moore et al. Hyperfibrinolysis, physiologic fibrinolysis, and fibrinolysis shutdown: the spectrum of postinjury fibrinolysis and relevance to antifibrinolytic therapy.	7.59	23	97
Cook et al. A comparison of the Injury Severity Score and the Trauma Mortality Prediction Model.	6.93	13	96.4
Joseph et al. Acquired coagulopathy of traumatic brain injury defined by routine laboratory tests: which laboratory values matter?	6.64	15	96.1
Surendran et al. Systematic review of the benefits and harms of whole-body computed tomography in the early management of multitrauma patients: are we getting the whole picture?	6.47	13	96
Sise et al. The epidemiology of trauma-related mortality in the United States from 2002 to 2010.	6.12	16	95.5
Kornblith et al. Fibrinogen and platelet contributions to clot formation: implications for trauma resuscitation and thromboprophylaxis.	5.99	16	95.4
Ayoung-Chee et al. Long-term outcomes of ground-level falls in the elderly.	5.86	16	95.2
Gale et al. The public health burden of emergency general surgery in the United States: A 10-year analysis of the Nationwide Inpatient Sample--2001 to 2010.	5.67	18	94.9
Schwartz et al. Are we delivering two standards of care for pelvic trauma? Availability of angioembolization after hours and on weekends increases time to therapeutic intervention.	5.46	11	94.5
Villamar et al. Endovascular Skills for Trauma and Resuscitative Surgery (ESTARS) course: curriculum development, content validation, and program assessment.	5.43	11	94.5
Brenner et al. Basic endovascular skills for trauma course: bridging the gap between endovascular techniques and the acute care surgeon.	5.33	10	94.3
Hashmi et al. Predictors of mortality in geriatric trauma patients: a systematic review and meta-analysis.	5.17	14	94
Sillanpää et al. Incidence of knee dislocation and concomitant vascular injury requiring surgery: a nationwide study.	4.87	6	93.3
Nickerson et al. The Mayo Clinic experience with Morel-Lavallée lesions: establishment of a practice management guideline.	4.86	9	93.3
Paulus et al. Blunt cerebrovascular injury screening with 64-channel multidetector computed tomography: more slices finally cut it.	4.74	11	93

Fin.