L’dor vador, transliterated from the Hebrew above, is an ancient concept in Judaic scripture meaning “from generation to generation,” which is now generally interpreted to mean that we have a responsibility to pass on teachings to future generations. It has been 5 years that I have been at the helm of the Duke-UNC Editorial Board of the Journal of Clinical Investigation and have had the privilege of publishing scientific knowledge that will be passed on to generations of future scientists. Now, with the selection of Dr. Gordon Tomaselli as the next editor in chief, I pass on the editorial duties for the JCI to him and his team at Johns Hopkins.

On behalf of all the editors on our board, it has been an honor to serve the American Society for Clinical Investigation (ASCI) and scientific community with such an important, and humbling, responsibility. Our board has handled close to 24,000 manuscripts, and I am immensely grateful to all the reviewers who put in countless hours dedicated to making peer review the best it can be.

We endeavored to make the editorial process as fair as possible and to cut down on the pernicious trend of calling for excessive experimentation in revision. We initiated new instructions to reviewers, asking them to limit their critiques to 3 main points and to avoid recommending experiments that would take the work in new and different directions. In addition, careful and thoughtful evaluations by the handling associate editors were aimed at lessening the need for unnecessary work requested from authors. The impact of this policy has been a more binary decision-making process in the first round, driven by the question, ‘Is there a clear path to acceptance? If not, then the board recommends that the paper avoid a prolonged period of repeated external review only to have the paper ultimately not be successful. We also emphasized the importance of providing authors with timely review of their papers, and the editors worked tirelessly to make this process as quick and efficient as possible.

About 5 years ago, we instituted the policy of having authors deposit for our review original uncut immunoblot data prior to publication. We caught many errors that ranged from innocent mistakes in figure generation to out-and-out data manipulation. A number of investigators have written to tell me how grateful they are that we have this prepublication data review process in place, since it likely prevented a postpublication investigation. You can imagine the enormous effort involved with this level of data interrogation, a process that could not be achieved without the incredible hard work of our JCI science editors. I am immensely grateful for their dedication and professionalism.

One of the initiatives we launched was a new category of papers called Clinical Medicine. By expanding the board to include expert clinical trialists, we now are able to report on early-phase human clinical trials. This has brought a new area of research to the Journal that had been largely lost as the JCI evolved to emphasize more experimental model–based mechanistic investigation. I am very pleased to report that we have published over 65 Clinical Medicine papers that, on average, are highly cited and have reported on exciting new therapeutic strategies in humans. Now, true to the original mission of the JCI as envisioned by the founders of the Society, we can say that the Journal of Clinical Investigation does indeed publish high-quality papers.

Another highlight for me has been our video series entitled Conversations with Giants. With so much that can be learned from our thought-leaders in medical science, generating a compendium, in the form of an oral history, of the remarkable life stories of individuals who have transformed science and medicine has been a truly rewarding experience (1).

Perhaps the endeavor I am most proud of is the launch of the second JCI-brand journal, JCI Insight. By way of background, it was apparent to me when I began as editor that the very high bar for in-depth mechanistic investigation led to a situation where many high-quality papers did not reach the level the editorial board set for the JCI. Sadly, we had no other option for authors who wanted their papers published in the JCI. The mission of JCI Insight is two-fold: 1) to publish high-quality important research that may not have the depth of mechanistic investigation typically required for a JCI paper but that describes a new discovery; and 2) to provide a sustainable revenue stream for the ASCI. We launched JCI Insight in January 2016, and I am pleased to report that we published 241 papers in 2016 and are on track to publish over 400 papers in 2017. You will notice the high-quality investigations in a broad range of basic and medical disciplines that are now published under the JCI Insight moniker. Since we are every bit as committed to data integrity at JCI Insight as we are at the JCI, we also instituted policies to enhance data transparency by requiring authors to show their raw data accompanied by clear and informative figure legends, allowing readers to easily understand and interpret the author’s experiments. I look forward to continuing to bring new ideas to JCI Insight as we experiment with innovative ways to improve on the peer-review process and publish high-quality papers.

I frequently heard from ASCI members that they were pleased to be inducted into our prestigious society, but they were not sure how their membership was benefitting them in terms of a hallmark of the Society’s activities — publication of the JCI — given that anyone can access research free of charge. To address this lament, we initiated the Author Guaranteed Review for ASCI members. Any member in good standing can designate one paper per year to be automatically sent out for peer review. Given

that the editorial board currently only sends out approximately 30% of the submitted papers, this benefit adds real value to being an ASCI member. I am also pleased to report that citation metrics for manuscripts designated for guaranteed review measure are comparable with those of all the other papers submitted by ASCI members.

Since 1924, the JCI goes through a volcanic level disruption every 5 years, when the operations nerve center closes down at the old site and a new operations office is launched at the institution of the new editor in chief. Since it is fairly common that the experienced staff editors of the old editorial board do not wish to relocate to a new part of the country, a risk is that all institutional memory of how the JCI editorial office operates will evaporate. This was true for my transition, and at that time, I felt strongly that no future editor in chief should endure the difficulties we experienced in the first few months of our tenure. Fortunately, Sarah Jackson, Corinne Williams, and Elyse Dankoski will remain in place and provide full operational support to Dr. Tomaselli and the Hopkins Editorial Board, allowing them to implement their full editorial vision with speed and precision.

The JCI exists within an extremely competitive environment of journal publishing. As a board, we have strived to publish the most rigorous and highest-quality basic science and clinical investigation that was submitted to the Journal. I am extremely proud of the dedication my scientific editorial board has brought to the JCI, showing remarkable thoughtfulness and professionalism as they adjudicated the merits of their assigned manuscripts on a daily basis. Quality and excellence has been our guiding principle. Our board has not been overly concerned with impact factor and has frequently decided not to publish a flashy paper — that likely would be highly cited — because we felt it lacked sufficient scientific rigor. As a consequence, we have seen our impact factor remain the same or slightly fall over the years — largely driven by the lack of a small number of very highly cited papers (2). While this was a conscious decision that we made, the next editor in chief and board will need to think about how much attention to give to this highly flawed, but widely sought-after, metric. Fortunately, because we launched JCI Insight, the next editor and board will have the freedom to implement their vision without worrying about the financial implications to the Society.

In closing, on behalf of my entire editorial board, we have been honored by the trust you have placed in us, and we wish great success to Dr. Tomaselli and his editorial team at Johns Hopkins as they guide the JCI to new and greater heights.

Howard A. Rockman, M.D.
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