

Radiology Case Reports: A New Peer-Reviewed, Open-Access Journal Specializing in Case Reports

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Although case reports have always had a place at the foundation of medical knowledge, established radiology journals have increasingly focused their efforts on major research studies. This de-emphasis of case reports has resulted in a dearth of opportunities to publish them. Case reports continue to mark the frontiers of what we know as physicians, and have long provided an attainable way for fledging authors to learn the craft of scientific writing. For these reasons and others, we have established Radiology Case Reports (RCR), a peer-reviewed journal specializing in case reports, and have gathered a distinguished Editorial Board to assist us. RCR offers open access (free of subscription fees or access charges) on the internet to the full text of its articles as soon as they are published. We invite interested persons to join us in helping this venerable but valuable form of medical journalism not only survive, but flourish.

Editorial

Welcome to the inaugural issue of Radiology Case Reports (RCR), a new, all-electronic, peer-reviewed, open-access medical journal specializing in radiology case reports.

Increasingly, the established radiology journals have focused their efforts on bringing major research studies and review articles to their readers, while simultaneously de-emphasizing case reports. This has resulted in diminished opportunities for case report authors to have their work published.

We believe that case reports have always had an important role in the advancement of medical knowledge. Classic disorders such as Paget's disease [1] and Parkinson's disease

[2] first entered the scientific medical literature in the form of case reports. One of our own first personal encounters with what the world now knows as AIDS was in the form of a 1982 AJR case report describing the unusual combination of fatal pneumocystis pneumonia, cryptococcosis, and Kaposi sarcoma in a homosexual man [3].

Even today, case reports continue to mark the frontiers of what we know as physicians. This frontier is crossed on a daily or weekly basis by every practicing radiologist, when we find ourselves peering at a finding, scratching our heads and muttering, "What the heck is that?" Sometimes this question is answered after a moment's reflection and other times only after showing the case to one's colleagues, one of whom might have seen such a case in the past. Some answers require a trip to the textbooks or PubMed. At these times, it can be very comforting to find a bread crumb trail in the literature left by others who have seen the same weird finding and have taken the time to investigate it and write it up for posterity.

For many academicians, case reports also mark another sort of border—that between those who have published and those who have not. While every academic career begins with a single publication, most of us in academics did not get our start by writing up a major research study. Case reports have long provided a very attainable way for fledgling authors to learn the craft of scientific writing. One of our goals with RCR is to allow this fine tradition to continue, and we welcome authors with all levels of experience.

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Abbreviations: RCR, Radiology Case Reports; AJR, American Journal of Roentgenology

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For these reasons and others, we feel that an end to case reports in the medical literature would be a grave loss for all of us.

The idea for an online journal of case reports is not a new one. Both of us can recall hearing this idea bounced around again and again in a variety of radiologic bull sessions over the past few years. The idea gained currency for us over the past year, as we noted increasing submission rates but decreasing acceptance rates for case reports in the American Journal of Roentgenology (AJR), the last large-circulation general radiology journal to accept them. When AJR recently announced that it had stopped accepted submission of case reports, it seemed to us that the time was finally right for a new journal. After examining assorted options, we decided that the only sure way to make this happen was to do it ourselves, so we rolled up our sleeves and got to work.

This might be a good time to point out that RCR is a full-fledged peer-reviewed journal, not Yet Another Web-Based Teaching File. Each published article first undergoes rigorous peer review by experts in the field. This review process is designed to be a prompt and constructive way to not only approve but also improve submitted manuscripts. Our Editorial Board includes distinguished faculty members with international reputations from major academic centers, all of them published authors and many with significant editorial experience (Table 1).

As a new journal, we have the opportunity to do some things a bit differently. For starters, RCR has a different economic model from other radiology journals. Rather than taking submissions, bundling them together, and selling subscriptions or charging readers for access [4], we provide open (free) access to our articles to anyone on the internet, immediately upon publication. We charge authors a modest fee for editing and production of accepted manuscripts, and to support our non-profit publication operation. By avoiding marketing and subscriber servicing costs, and by not having a print version, we are able to keep our fee low. However, it is also our intent that lack of ability to pay not present an insurmountable barrier to publication.

We also endorse the idea that authors, rather than journals should control the copyright to their articles. RCR allows authors to keep the copyright to their manuscript and images, requiring only first publication rights and the ability to use the material in compilations and other derivative works. Traditional radiology journals require authors to sign over their complete copyright, and by restricting access to the published articles through subscriptions or other means, they limit the dissemination of those authors' works.

Electronic journals have the potential to be considerably more nimble than paper and ink journals. This has already resulted in significantly decreased publication times in the electronic versions of some of the established radiology journals. We, however, hope to push this envelope even further. There is no need to wait for some arbitrary number of articles to accrete before we can publish an issue—we will publish as soon as an article is finished with its layout editing. Our current plan is to publish manuscripts within

Table 1. Editorial Board of *Radiology Case Reports*

Mark W. Anderson, MD	University of Virginia
Deborah A. Baumgarten, MD, MPH	Emory University
Johan G. Blickman, MD, PhD	UMC Nijmegen, The Netherlands
Ethan M. Braunstein, MD	Mayo Clinic
Mauricio Castillo, MD	University of North Carolina
Vikram Dogra, MD	University of Rochester
Stephen J. Eustace, MD	National Orthopaedic Hospital, Dublin, Ireland
Brian S. Funaki, MD	University of Chicago
Brian S. Garra, MD	University of Vermont
Garry E. Gold, MD	Stanford University
Timothy B. Hunter, MD	University of Arizona
Ella A. Kazerooni, MD	University of Michigan
Susanna I. Lee, MD, PhD	Massachusetts General Hospital
Angela D. Levy, MD, LTC, MC	Armed Forces Institute of Pathology
Robert Lopez-Ben, MD	University of Alabama
Donna Magid, MD, MEd	Johns Hopkins University
Catherine Maldjian, MD	New York Medical College
David M. Panicek, MD	Memorial Sloan-Kettering Cancer Center
Annemarie Relyea-Chew, JD, MS	University of Washington
Catherine C. Roberts, MD	Mayo Clinic
James G. Smirniotopoulos, MD	Uniformed Services University of the Health Sciences
Edward V. Staab, MD, MS	Wake Forest University School of Medicine
Ralph Weissleder, MD, PhD	Massachusetts General Hospital
Gary J. Whitman, MD	University of Texas MD Anderson Cancer Center

30 days of acceptance.

A number of publication biases have crept into the world's literature over the years, and can be much more successfully exorcised in an electronic journal than in paper and ink, with their inherent expenses.

The first of these biases could be considered a “space” bias: publishing only the articles that will fit within a given page quota. RCR is not bound by any arbitrarily fixed issue size—hard disk space is cheap, and we will publish all articles that meet our standards for peer review.

Another common bias in print journals is the bias against negative studies: a drug study showing a positive result is far more likely to be published than one with a negative result. However, negative studies represent valuable signposts on the road of research that tell future investigators, “Don't go there!”. The bias against such studies has doubtless caused many subsequent researchers to blindly stumble over the same ground. We will not discriminate among articles based on results—if a new or untried technique does not work, that is important news that we are happy to disseminate.

A final bias in print journals could be called a “bias toward the weird”: a tendency to only publish a concept or finding which has never before been published. This bias has had a particularly pernicious effect on case reports, tending to select for the more unusual reports and against the ones more likely to be seen ever again. This bias also tends to help obfuscate the prevalence of rare findings—if only the first case of something is ever reported, how will any of the others ever reach the literature? This bias also works against one of the major tools of scientific research: the duplication of unusual or controversial results. A single report about a disorder only gives the world a single set of limited data about that disorder. We will be happy to accept multiple case reports of the same phenomenon. When sufficient cases have accumulated, they can be grouped into a series, from which we can learn much more about the average and range of these phenomena.

RCR also encourages active discussion of our published manuscripts, and registered readers are encouraged to post their comments on these manuscripts online.

We welcome suggestions for improvement. We also encourage volunteers who share RCR's principles to help with any facet of the journal's operation — whether as reader, author, reviewer or section editor. To this end, over 100 reviewers, well regarded for their contributions to the radiologic literature, have already agreed to lend their talents to RCR.

To learn more about RCR, how the e-journal process works, and how to publish here, please peruse our website. You may also sign up for our free email notification service, announcing new issues as they are published.

We deeply appreciate the encouragement and support we have already received from our colleagues in the radiology community. Thank you very much for your time and talents.

Felix S. Chew, MD, EdM, MBA
Michael L. Richardson, MD

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Seattle, WA

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