TAC Business Meeting
Editor's Report

April 9, 2015
Calgary, Alberta

The Journal of Trauma and Acute Care Surgery

TAC | Trauma Association of Canada
Association Canadienne de Traumatologie

Editorial Recap 2014

- Increased **variety of content**, both online and in print
- Continued to **enhance selectivity** (↑ rejection rate)
- Added new layer to editorial process – full **statistical review**
- Affiliated with the **Pediatric Trauma Society**
- Launched **hybrid open access** option for accepted articles
- Debuted **video and Grand Rounds** online
- Curated **free society collections,** free online
- Initiated active **social media presence**
- Developed **media relations**, content to > 50 news outlets

STATISTICAL REVIEW

J Trauma: Scientific Methods and Statistical Review

Adapted from

1. BMJ statistical checklist at http://resources.bmj.com/bmj/authors/checklists-forms/statisticians-checklist (accessed 10/08/11)
2. Nature statistical adequacy checklists www.nature.com/nature/authors/gta and www.nature.com/ncomms/.../Checklist_of_statistical_adequacy.doc (accessed 10/08/11)
3. Altman, DG. Statistical Reviewing For Medical Journals. Statist. Med. 17, 2661-74, 1998

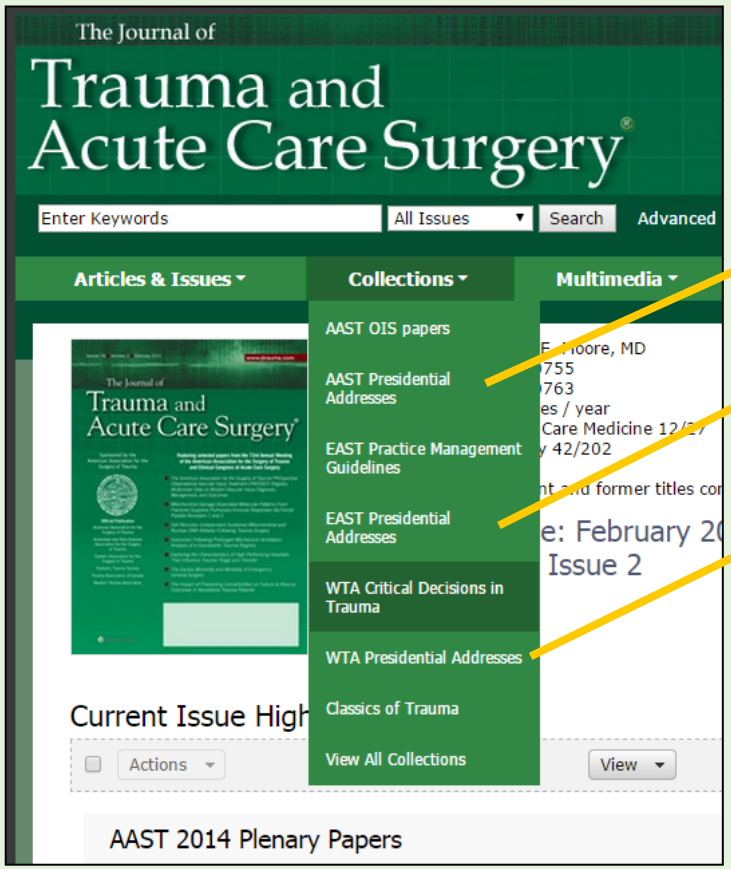
Level of Evidence	
Level of Evidence by Author	
Level of Evidence by Statistical Reviewer	

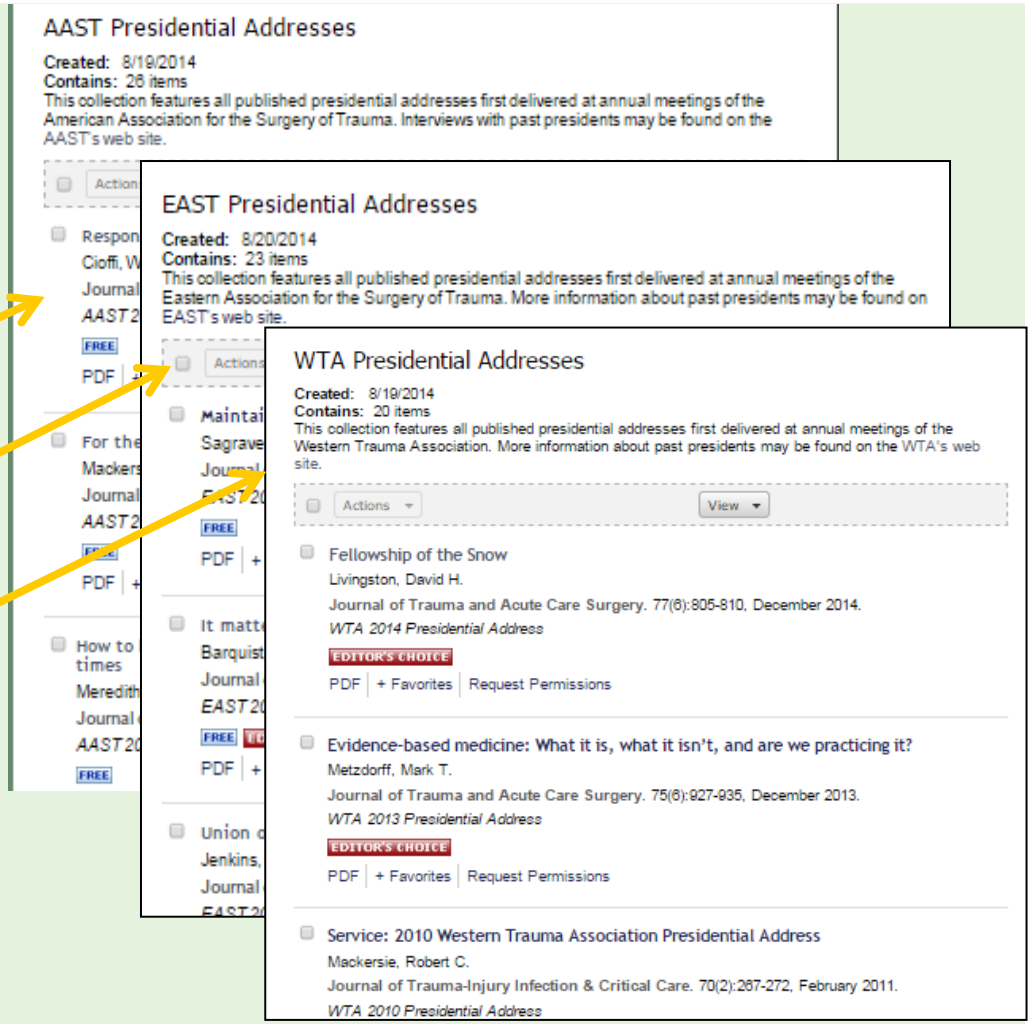
Statistical Review Recommendation on paper
Acceptable statistical standard for publication WITHOUT revisions
Acceptable statistical standard for publication WITH MINOR revisi
Acceptable statistical standard for publication WITH MAJOR revisi
Unacceptable statistical standard for publication

Checklist for statistical assessment of general papers	**YES**	**Comments (at the end of document by number)**
Appropriate study design used to achieve the objective(s)		
Source of subjects/data appropriately described		
Sampling/sample size appropriately described		
Entry and exclusion criteria clearly defined		
Data exclusions are stated/explained and impact on results are explored		
N reported at the start of the study, for each data set and for each analysis		
Discrepancies in value of N between analyses clearly explained/ justified		
Missing data are explained, and impact on findings minimized/ explained		
Satisfactory follow-up/ response rate		
Adequate uni/bivariate statistical analyses used/described		
Adequately multivariate statistical analyses used/described		
Confounding and bias explored and minimized		
Assumptions of tests applied met (particular attention paid to non-normal data sets or small sample sizes)		
Adjustments made for multiple testing explained		
Unit of analysis given for all comparisons		
Alpha level given for all statistical tests		
Tests clearly identified as one or two-tailed		
Actual P values are given for primary analyses		
Appropriate measure(s) of center (e.g. mean or median)		
Appropriate measure(s) of variability (e.g. standard deviation or range)		
Unusual/complex statistical methods clearly explained for JT's wide readership		
Method of treatment assignment (randomization etc) explained and justified		
Any data transformations clearly described and justified		
Confidence intervals given for the main results		
Conclusion drawn from the statistical analysis is justified		

All revisions now pass through in-house statistical review before acceptance.

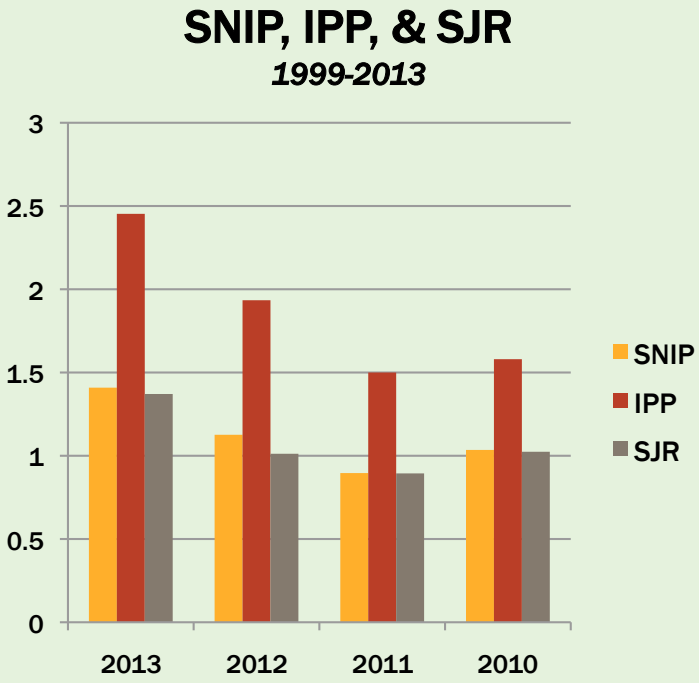
Free Collections





TAC is welcome to submit presidential addresses and named lectures.

CITATIONS



Record highs for
Source Normalized Impact per Paper, Impact per Publication, and SciMago Journal Rank.

Google Scholar – Surgery Journal Rank (World Top Ten)

1. Annals of Surgery
2. Journal of Vascular Surgery
3. Surgical Endoscopy
4. Annals of Surgical Oncology
5. British Journal of Surgery
6. Journal of the Amer. Coll. of Surgeons
7. Journal of Trauma and Acute Care Surgery
8. JAMA Surgery
9. Obesity Surgery
10. World Journal of Surgery

EDITORIAL TURNAROUND

January – December 2014	
All manuscripts	**1,745**
New submissions	1,235
Revisions	510

Independent Submission Rejection Rate
76%

Last year, the *Journal* reviewed **1,745** submissions and revisions.

For **new submissions**, the average time from submission to decision was **21 days.**

For **revisions**, depending on revision number, time to decision ranged from **8-20 days.**

MANUSCRIPT FLOW

Number of papers (podium + poster) submitted by year, as of April 7, 2015.

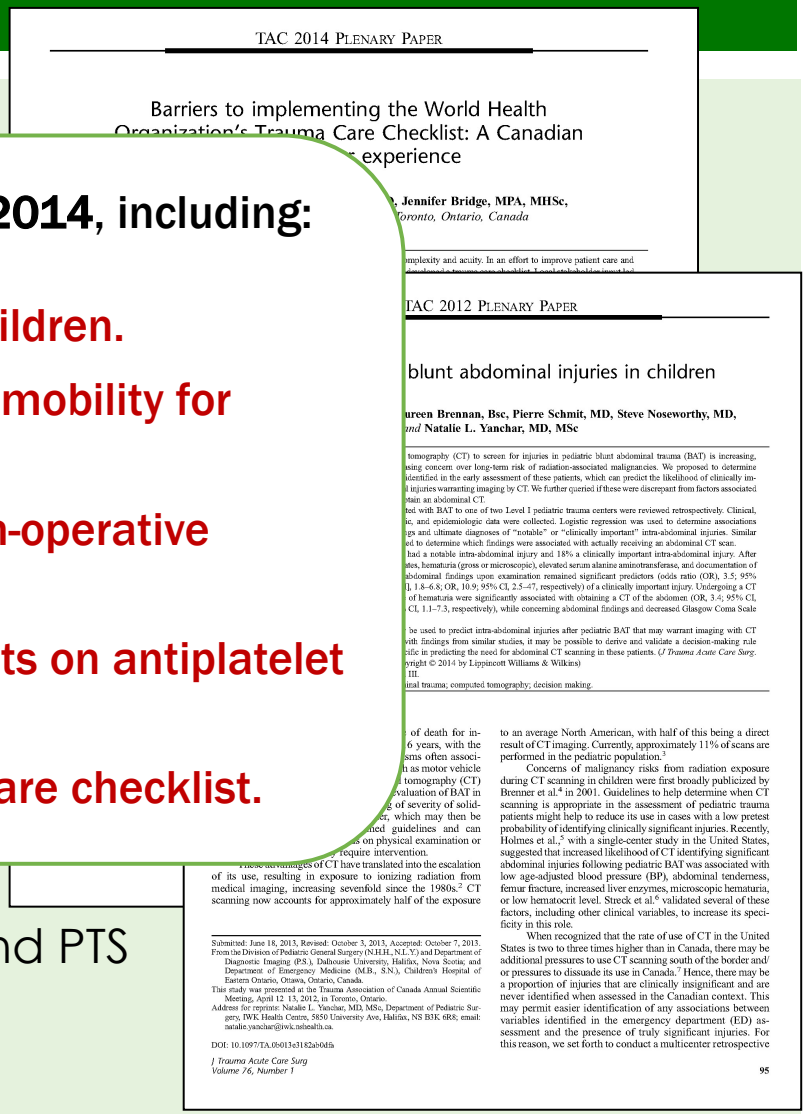
Paper Type	2010	2011	2012	2013	2014	2015
AAST Papers	101†	116†	124†	152†	159†	10†
EAST Papers	33	40	56†	53†	58†	8†
PTS Papers	-		-	-	18	1
TAC Papers	8†	10	14	15	20	3
WTA Papers	32	20†	43†	39†	41†	36
Independent Submissions	1,551	1,523	1,491	1,017	920	252
Supplement Submissions	40	101	89	66	78	5

† includes presidential and special addresses

TAC PUBLISHED CONTENT

TAC published a record number of papers in 2014, including:

- **Identification of blunt abdominal injuries in children.**
- **An intensive physiotherapy program improves mobility for trauma patients.**
- **Delayed hemorrhagic complications in the non-operative management of blunt splenic trauma.**
- **The significance of platelet count in TBI patients on antiplatelet therapy.**
- **Barriers to implementing the WHO's trauma care checklist.**



TAC 2014 PLENARY PAPER

Barriers to implementing the World Health Organization's Trauma Care Checklist: A Canadian experience

Jennifer Bridge, MPA, MHSc,
Toronto, Ontario, Canada

TAC 2012 PLENARY PAPER

blunt abdominal injuries in children

ureen Brennan, Bsc, Pierre Schmit, MD, Steve Noseworthy, MD,
nd Natalie L. Yanchar, MD, MSc

TAC and other affiliates – AAST, EAST, WTA, and PTS – **expedited review and production.**

2015 Priorities

This year we will:

- Continue to generate new **multimedia content online**
- Require authors to submit **ARRIVE, CONSORT, and PRISMA** checklists
- Publish papers from the first meeting of the **Pediatric Trauma Society**.
- Host videos of **Panamerican Trauma Society** Grand Rounds.
- Develop plans for a fully **open access spinoff journal**.
- **Explore affiliations** and cultivate global readership online.

Thank you!

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