

GIE and postmodern endoscopy: 2008 and beyond

Dear readers and world's endoscopists:

Postmodernism in the arts collectively describes movements that both arise from and react against or reject trends in modern arts. Since most endoscopists by nature have an artistic affinity to colors, and some of them pursue the visual arts (ie, photography, painting) as a hobby, it was only natural that the field of GI endoscopy would evolve away from the conventional video endoscopy to other media that would enhance, expand, or bring a new light into the interrogation of the GI tract. Hence, in the past few years, new approaches to GI endoscopy have surfaced, rapidly expanded, and taken leading roles in the field of endoscopic innovation. Vivid examples are the rising use of capsule endoscopy, the increasing validation of virtual colonoscopy, enhanced endoscopy, and endocytoscopy, as well as the revolution of flexible endosurgery in the form of natural orifice transluminal endoscopic surgery (NOTES). "Postmodern endoscopy" has thus arrived in our daily lives, and it will inevitably shake up the conventional modernity of our practices.

In the richly illustrated pages of *GIE* over the past year, readers have become accustomed to multimedia presentations—one of the characteristics of postmodern art—of new ways of looking inside and out of the GI tract with windows of observation that were nonexistent a decade ago. Apart from the printed journal, such multimedia presentations cover a wide spectrum, such as digital pages searchable in many ways, video clips, and audio podcasts of new experimental and clinical endoscopy. The digital transformation of GI endoscopy, as displayed in our journal, has quickly invaded our endoscopy suites and the way we look at, or treat, disease. It will not be too long before this change will radically affect our professional (and personal) lives. It is the collective hope of my editorial team that, as we have done in the past 3 years, we will be able to continue expanding the horizons of postmodern endoscopy and make it part of our readers' practices.

One quick browse through the pages of *GIE* from 2007 will make even the casual reader realize that the content of the journal has been transformed into a pandemonium of diagnostic and therapeutic experiences that characterize our postmodern era. Conventional video (not fiberoptic

anymore) *diagnostic* endoscopy has been replaced by high-definition, high-resolution magnification chromoendoscopy or narrow-band imaging, third-eye imaging, auto-fluorescent endoscopy, in-depth confocal microscopy, and endocytoscopy, to name a few. Furthermore, conventional video *therapeutic* endoscopy has now been enriched by submucosal dissection, EUS-assisted drainage, mucosal ablation, complex stenting, and natural orifice transendoscopic resective surgery. Beyond the modern endoscope, video capsule endoscopic imaging and CT colonography are establishing their roles in GI imaging, as documented in our pages, through clinical outcome and comparative studies.

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If readers look at the various movements in postmodern art, they will be struck by the similarities with what we see today in the pages of *GIE*, which depicts postmodern endoscopy. Constant reinvention or the return to classical painting and sculpture, so-called "new classicism," is a central movement in postmodern art; similar reinvention of the use of endoscopy with continuous assessment of its merits, outcomes, and utilization patterns is a central theme in contemporary endoscopy. Another movement, "conceptual art," is often designed to confront, offend, or attack notions held by many of the people who view it; postmodern endoscopy provokes thinking outside conventions by crossing mucosal barriers, looking at and treating disease from various and multiple optical angles through the heretical use of tools and approaches and the perpetual invention of new ones. "Installation art," the creation of artifacts that are conceptual in nature, with collages that are often electrified and have moving parts and lights, closely resembles our postmodern endoscopy world of interconnected endoscopes, flat screen/multiwindow monitors, light sources, and controls. Finally, one of the characteristics of postmodern art, the "inter-media" or "multimedia" art, or the fusion of forms and confusion of realms, parallels our state-of-the-art, centralized touch-screen systems of integrated information and

imaging platforms that connect, communicate, and collaborate data, images, and audio, all in real time, increasing endoscopic efficiency and enhancing patient care.

Naturally, this unprecedented rise in postmodern endoscopy and all of its facets has led to a dramatic rise in the impact of *GIE* on clinical practice, research, and education. Figure 1 depicts this rise in our “impact factor” from 2003 to 2005, and highlights an approximate 13% rise since our editorial team created the new “postmodern” *GIE* (a 23% rise over these 3 years), which—thanks to the journal’s contributing authors, reviewers, and editorialists—has created a new forum for exchange of ideas and innovation, and a new, multimedia-based, endoscopic practice-focused journal. For those readers unfamiliar with the term “impact factor” as regards medical journals, it concerns the number of current citations to articles published in a specific journal in a 2-year period divided by the total number of articles published in the same journal in the corresponding 2-year period. In 1975, the Institute of Scientific Information (ISI) started publishing the impact factor calculation by adding the numbers of citations published in all journals in the current year to articles published in the journal of interest over the 2 previous years and dividing that total by the number of “scholarly” items published in the previous 2 years. Hence, in 2007, we have, for the first time, data for 2005, the year we started the new *GIE*. Although this calculation, which appears once a year for each journal, may mean nothing to the average practitioner, academic institutions, funding agencies, and even governments have started using it in order to make decisions on academic appointments, grant allocations, and even to define science policies. It is thus inevitable that *GIE*’s impact will shape the future of GI endoscopy globally, scientifically, and financially.

More importantly, today *GIE* ranks *first* among all gastroenterology journals in another bibliometric factor: the “immediacy index.” This index concerns the average number of times that an article published in a specific year within a specific journal is cited over the course of that same year. This calculation, published in the *Journal Citation Reports*, is one developed by ISI as an indicator of the speed with which citations to a specific journal appear in the published literature. Such information is useful in determining which journals are publishing in “emerging” areas of research. *GIE* seems to be “the one” in gastroenterology that, by receiving, critically reviewing, assessing, and publishing topics that are immediately applicable to everyday clinical care, further defines clinical endoscopic research, assuring readers of high-quality, high-impact content that can rapidly be implemented in their practices.

The clairvoyance of *GIE* and its impact would not be as well founded without the journal’s clarity on the issue of conflict of interest (COI), a thorny topic for many investigators, editors, and publishers. In this domain, *GIE* has again risen to the top by implementing several principles of

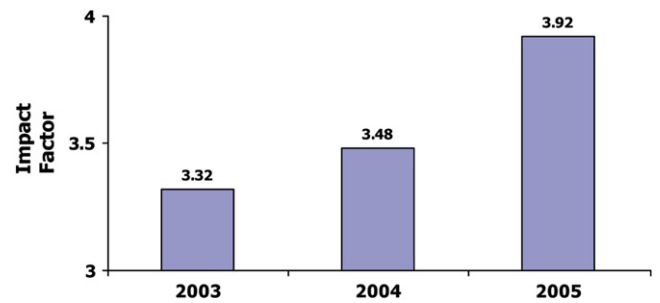


Figure 1. Impact factor of *GIE* over the period 2003 to 2005 (data from Institute of Scientific Information, May 2007)

transparency for everyone related with the journal, be it an editor or any type of contributor. Over the past year we have managed to ensure that all submissions have a disclosure attached and published with each article; our editors report whether they have a COI before they handle an article; an *ad hoc* committee deals with any COI questions the editors, editorialists, or reviewers have; and all COIs from editors, board members, and reviewers are available online and in the editorial manager of the journal, establishing lucidity and objectiveness in all aspects of our operation as a scientific periodical.

In order to help our postmodern readers and practitioners understand the technology and instrumentation underlying what surrounds them and what they hold in their hands, our first Under the Hood article appeared in the May 2007 issue of *GIE*, under the vision and oversight of Dr Jay Pasricha. This new series of articles intends to describe the essentials of endoscopic technology to the masses and thus stimulate and promote an interface among clinicians, engineers, and technocrats. It is the result of such interaction that our field has moved so quickly, and thanks to which it will continue to do so. Over the past year, our reviewer pool expanded to 846, establishing a wide platform for our review process to remain objective, critical, and scientifically sound. Most of these reviewers, thanks to the efforts of Dr Lyndon Hernandez, have been specially trained—through a reviewer’s course he established on the Web—in providing thorough and timely reviews for all the submissions. It is mostly because of them that *GIE* had a 30% critical acceptance rate in 2007, ensuring that the final pages of the journal, printed and electronic, contained only the *crème de la crème* of contributions.

One part of the multimedia-enriched postmodern *GIE*, our podcasts, continues to be popular among our readers and, now, listeners. The new voice of *GIE*, that of Deborah Bowman, makes the text come alive on a monthly basis and serves as a reminder of what is new and exciting in the field of endoscopy. Through her, joggers and commuters can cherish our journal’s content, get inspired, and become almost passively educated. Our editorial team is currently seeking new ways to expand our podcasts to more media, more friendly access, and/or variable interactive content.

Beyond the reflections of its Editor-in-Chief, this short editorial only covered some basic developments in our journal in 2007. Anyone, from the casual to the obsessive monthly reader, is invited to frequently check our Web site (www.giejournal.org; ASGE members: www.asge.org/gie) for what is new and great in *GIE* in 2008. The era of postmodern endoscopy is here, and *GIE* is

capturing and making it palpable for every one of its readers. You haven't seen (or heard, or both) anything yet.

Editorially yours,
George Triadafilopoulos, MD, FASGE
Editor-in-Chief, GIE

New Online — Tell Us what You Think

New Online Polling at www.giejournal.org. We want your opinion on important journal topics. Beginning in April 2006, we are posting online survey questions that ask content, value, and other journal-related questions. Check the GIE homepage periodically for new questions and polling results to see what your colleagues are saying about *Gastrointestinal Endoscopy*.

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