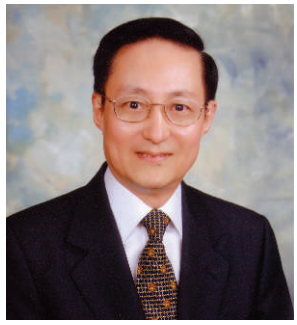
Editorial



2011–2012 SUMMARY ACCOMPLISHMENTS

As I open this editorial letter for the fourth quarter, 2012, issue of *International Surgery,* I am happy to advise that all of the goals that I set two years ago, on being elected Editor-in-Chief of *International Surgery,* have been accomplished. We have successfully launched the online published version of *International Surgery* – the calendar 2012 first, second, and third quarter issues (97.1, 97.2, and 97.3) are "live" and digitized! We will close this year by publishing this fourth quarter issue (97.4) in the latter part of November.

In doing so, we have provided every Fellow a significantly enhanced opportunity to publish original studies on clinical, experimental, cultural, and historic topics pertinent to surgery and related fields that are peer reviewed by surgeons and surgical experts.

We have addressed surgical specialization and are now grouping approved manuscripts online by surgical specialty.

The latest *Journal Citation Reports*, published by Thomson Reuters, indicates that the impact factor for *International Surgery* has improved over 100% from 2010 to 2011.

We have commenced taking actions to implement an electronic peer management review system to assist the Editorial Review Board in more efficiently reviewing submitted manuscripts. This will greatly enhance the review of manuscripts and will serve authors well in expediting publishing decisions.

I am also pleased to report that full participation approval to include International Surgery in the U.S. National Institutes of Health's National Library of Medicine repository PubMedCentral (PMC) was received in recent weeks and we now will participate in this program. Articles published in *International Surgery* will be released after a 12 month embargo to PMC, with the reference, abstract, and full text available to Fellows, as well as others, who have access to PMC. Inclusion in PMC will help to made *International Surgery* content more prominent, integrated, accessible and archived in perpetuity.

Open Access (OA) publishing will also be included in *International Surgery*, with one or two article slots in each issue available to submitted, editorially approved, manuscripts accompanied by the required fee. These manuscripts will appear in *International Surgery* and also go directly to PMC with no time embargo. The United Kingdom, the European Union, and the U.S. National Institutes of Health are increasingly supportive of research results being immediately available to all, particularly when such research is performed with public funds.

I close by indicating that the foregoing is only the beginning! We are now setting new goals and pledge to all readers that *International Surgery* will continue to improve without interruption. I thank all members of my team who have contributed so much to our accomplishments to date.

Sincerely,

Professor Christopher Chen
Editor-in-Chief
International Surgery