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AJNR

**Collaboration between the Journals
Interventional Neuroradiology and *American
Journal of Neuroradiology***

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contributors about the possibility of listing 2 individuals as first authors, and a dichotomous system would allow us to list a “first” author in the category of the work in which each contributed most. After pondering these systems, I have decided, for the time being, to keep our traditional, simple, 1-level author listing. In order for dichotomous or trichotomous listings to be meaningful, promotion committees and funding agencies would have to recognize these first. One last system has been suggested at the author level: weighing of contributions by a “third” disinterested party. This method may fall into the responsibilities of specific offices of research conduct.

Last century, deconstructionists attempted to break down texts to observe who coveted power and how.¹⁷ In science, we all have witnessed power struggles when it comes to credit for publications. The responsibility of journals for bylines is difficult to assess and impose. Confronting author credit and responsibility is a daily predicament for editors. I have been pleased by the fact that when asked about long bylines, our contributors have always responded responsibly by shifting an excessive number of individuals into acknowledgments or by clearly justifying their degrees of involvement. Author responsibility should be shared by authors, their institutions, and journal editors. Our credibility as researchers depends on this type of responsibility and avoiding abusing it.

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M. Castillo
Editor-in-Chief

Editorial Board Changes: A Short Note

With this issue of *AJNR* the following individuals finish their terms as members of the Editorial Board: Drs. Ackerman, Ball, Bowen, Bradley, Ge, Griffiths, Haughton, Higashida, Maldjian, Post, Russell, Sluzewski, and Turski. The Editor-in-Chief and *AJNR* thank them all for a superb job and hope they will continue to be involved with our activities. At the same time, we welcome the following individuals as members of the Editorial Board: Drs. Lell, Bartynski, Smith, Gupta, du Mesnil de Rochemont, Jayaraman, Toh, Layton, Hirsch, Hoxworth, Murphy, and Aiken. Two specially appointed members are Drs. terBrugge and Krings, who will serve as liaisons in the cooperative effort between *AJNR* and *Interventional Neuroradiology*. In addition, 2 Special Consultants have joined us. Dr. Barker will be focused on the Physics Review content and Dr. Phillips will be preparing our upcoming Podcasts. Our Editorial Board is a “working” one, meaning these new appointees and those remaining will be asked to do significant work. These appointments are at the discretion of the Editor-in-Chief and of 2 years' duration. With these changes, the Editorial Board now has 60 members, a quarter of them international (the number of international members increases from 12 to 15).—M. Castillo

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EDITORIAL

Collaboration between the Journals *Interventional Neuroradiology* and *American Journal of Neuroradiology*

It is our pleasure and privilege to comment on the recently announced cooperation between the journal *Interventional Neuroradiology (INR)* and the *American Journal of Neuroradiology (AJNR)*. This collaboration has the potential to significantly impact the functioning of *INR*, its editorial office, and the evolving interrelationship between neuroradiology and interventional neuroradiology.

INR's Perspective

Operating Principles. *INR* was created almost 15 years ago to provide the international community involved in the practice of neurointerventional therapy with a scientific forum to exchange ideas, results of therapy, and research carried out in this rapidly growing field. Its mandate was endorsed by the World Federation of Interventional and Therapeutic Neuroradiology, the South American Working Group in Interventional and Therapeutic Neuroradiology, the Asian and Australian Federation of Interventional and Therapeutic Neuroradiology, and the Japanese Society of NeuroEndovascular Therapy. Collaboration between *INR* and *AJNR* will combine the worldwide experience in *INR* with the academic excellence in neuroradiology publishing as exemplified by *AJNR*. Future strengthening of the relationship between the journals is expected to occur and to result in excellence of scientific exchange at a global level.

Editorial Office Communications. The editorial office of *INR* will be modified to reflect the cooperation of the 2 journals, and its functioning unit will be changed to facilitate access and integration in line with current practices at *AJNR*. This should lead to a user-friendly submission and exchange of homogeneous information between the journals, signifying their alliance. It will facilitate a strategy enabled to accommodate the highest caliber submissions to be published in the most appropriate environment.

Neuroradiology/Interventional Neuroradiology Benefits. From its beginning some half a century ago, neuroradiology has included and fostered research in all aspects of imaging of the central nervous system. This included advances in neuroimaging and new techniques proposed not only by neuroradiologists but also by practitioners with a background in the various aspects of the neurosciences. Advances in neuroimaging facilitated the feasibility of image-guided therapy and treatments performed by specialists in neuroimaging. This in turn resulted in the evolution and establishment of interventional neuroradiology as a distinct specialty. At the same time, interventional neuroradiology benefited greatly from the participation of neuroscientists with different backgrounds (neurology, neurosurgery, and radiology), which enhanced the specialty and facilitated its introduction into the realm of multidisciplinary patient care. Guidelines for standards of training and standards of practice in interventional neuroradiology will benefit greatly from endorsement by neuroradiology. A close link between neuroradiology and interventional neuroradiology will ensure advances in the field are the result of high-quality scientific exchange of information and lead to excellence in patient care.

AJNR's Perspective

At the beginning of this year, Dr. terBrugge approached the American Society of Neuroradiology with the idea of establishing a collaboration between *INR* and *AJNR*. This idea was first floated by ASNR's Publications Committee and afterward gained approval by the Executive Committee. A letter of agreement was developed, and I flew to Toronto to personally speak to Karel and discuss the details of our collaboration. Karel responded to our ideas in his usual gentlemanly form, and I feel very pleased that our agreement was signed with enthusiasm by all.

Operating Principles. *AJNR* receives a significant number of interventional-related submissions, which are handled by 2 dedicated Senior Editors. Because of limited space, many excellent manuscripts are rejected; this is particularly true of Case Reports. The *INR/AJNR* collaboration opens the possibility of offering publication to a wider number of these papers. *AJNR*'s subscriber base lies predominantly in the Americas while *INR*'s enjoys wide readership in Europe, Asia, and Oceania. We are working out discounted fees for subscribers and advertisers in both journals. Dr. terBrugge and his editorial team are working with *AJNR*'s Web designer to modify their Website so it will have a similar functionality to that of *AJNR*. A link to *INR* may already be found on our Website. Last, our future series of Special Collections dealing with interventional articles will benefit from containing articles from both journals.

Editorial Office Communications. Dr. terBrugge and Dr. Timo Krings will serve as liaisons between their journal and ours, a fact clearly identified in our masthead. Similarly, Drs. Strother and Cloft will serve as members of the *INR* editorial board. Our submission Website now has the ability to generate letters to corresponding authors advising them that their submissions should be sent to *INR* when they cannot be accommodated by *AJNR*. In this fashion, we should be able to track the number of articles that benefit from our collaboration and determine their eventual fate. All of these activities would not be possible without the involvement of our editorial staff. Collaboration between staff will provide *INR* the administrative/editorial experience of *AJNR* in setting up their Website, streamlining submission processes, and obtaining *INR*'s own Impact Factor.

Neuroradiology/Interventional Neuroradiology Benefits. In this era of turf disputes and fragmentation of our specialty, I am very satisfied that the first steps have been taken to ensure the worldwide presence of *AJNR* in association with interventional neuroradiology. Sharing subscriber bases will help both journals reach a wider audience. Because *INR* has the strongest international support within interventional neuroradiology and *AJNR* is the pre-eminent diagnostic neuroradiology journal, our agreement heralds a new era of global collaboration and understanding between radiologists and related scientists. I want to thank ASNR's Executive and Publications Committees, especially Dr. Gordon Sze, for their support. I cannot think of any other "American" imaging-related society that has done anything similar to what we are attempting with this collaboration. At this early stage, it is difficult to speculate where this activity will lead to in the future, but with good will and enthusiasm from all parties involved, Dr. terBrugge and I feel very optimistic and invite all of our readers and authors to participate and embrace this alliance.

K. terBrugge

Editor-in-Chief

Interventional Neuroradiology

M. Castillo

Editor-in-Chief

American Journal of Neuroradiology

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EDITORIAL

Buried Treasures: Unpublished Results of Industry-Sponsored Neurointerventional Trials

Clinical trials are conducted to advance medical knowledge and thereby improve patient care. The results of clinical trials are generally published in the peer-reviewed medical literature, which provides physicians with easy access to this important information. Physicians can then assess the trial results themselves, decide how to incorporate them into patient care, and plan future research. It is through this peer-reviewed collection and dissemination of information that our collective medical knowledge advances. If trial results are not