In July 2002, we started our second 3-year term as the Editors of *Nephrology Dialysis Transplantation* (*NDT*). We are pleased to see that a large readership consults the journal, either in its usual paper format or in its more recently introduced electronic format. Important changes in manuscript handling have occurred in the last 2 years, as outlined below. We also give an update on manuscript flow, acceptance rates of submitted articles, hit rates on published articles and the size of *NDT* issues in 2002. The most important innovation is clearly the creation of an online-only journal by the ERA, named *NDT-Educational for Kidney & Blood Pressure Related Disorders* (*NDT-E*; www.ndt-educational.org).

**New electronic submission system**

In 2001 and 2002, the Editorial Offices in Paris and Ghent have proceeded to a major change in the handling of manuscripts submitted to *NDT*. Starting in June 2001, we switched progressively to online electronic submission, using the ScholarOne system Manuscript Central. This system also handles electronic submission for a number of other journals, including major nephrology journals. Thus, the *Journal of the American Society of Nephrology* adopted the same system some months after *NDT*, and *Kidney International* in January 2002.

In 2001 we allowed paper submission in parallel. This double submission system did not make manuscript handling easy. We had been asked by the ERA–EDTA council to extend the double system up to the end of 2002, since some feared that electronic submission might be too difficult for many of our authors. However, because of the difficulties in running the two systems in parallel, we decided to abandon paper submission on 1 January 2002 and to accept online submissions only. Despite having announced this decision in October 2001, a large number of manuscripts continued to arrive by paper and the editorial office had to ask authors to resubmit those manuscripts online. As anticipated, there were numerous initial difficulties with the submission of figures. These have been solved progressively, with the expert and patient assistance of the staff in the Paris office.

Difficulties with the new Manuscript Central system arose not only for the editorial offices, but also for the Subject Editors and Reviewers. Although some of our Subject Editors experienced major problems in adapting to the new system, the majority of them adapted quite rapidly. Our Reviewers, instead of receiving paper manuscripts, had to start printing out the electronically available manuscripts themselves. This added some cost to their own offices. However, Reviewers who at the same time are active authors and submit their own articles online, will save money rather than losing it. Moreover, one of the numerous advantages of the new system is that we now can easily ask potential Reviewers beforehand whether they accept to review articles submitted to *NDT*.

Ten months after having switched entirely from the paper submission system to Manuscript Central, we are pleased to see that the most difficult times of adaptation are over. We are proud that we have been able to cope with the new system despite major initial difficulties, and the system is working relatively smoothly at present. The speed of manuscript handling has increased considerably. Ideally, the turn around time should be no more than 3–4 weeks. Although this goal has become a reality for many manuscripts, we are still far from having achieved that speed for all of them. There are two main reasons for this. The first is that not all Reviewers who agreed to evaluate a manuscript do so within the allotted time frame of 2 weeks. The second reason is that Subject Editors sometimes have difficulties in recruiting Reviewers.

**Manuscript flow**

During the time period from 1 January to 30 June 2002, the Editorial Office handled 615 manuscripts, including 355 Original Articles, 52 Editorials, 114 Case Reports and 52 Letters-to-the-Editor, compared with 595 manuscripts for the same time period in 2000, including 303 Original Articles, 56 Editorials, 151 Case Reports and 55 Letters-to-the-Editor. We do not provide figures for 2001 because they are more difficult to establish, due to the concomitant handling of both paper and electronic submission systems.

In addition to the 12 regular monthly issues, eight *NDT* supplement issues were published in 2000 in
various domains of clinical nephrology, and seven in 2001. Another 11 NDT supplements should be out by the end of 2002.

**Acceptance rate**

Articles were either accepted as such, that is in their respective category chosen by authors, or after transformation to articles for another section. Thus, for instance, we frequently asked authors to transform Case Reports to Letters-to-the-Editor.

Figure 1 shows the number of accepted and rejected Original Articles, Case Reports and Letters-to-the-Editor for the two time periods of 1 January to 30 June in 2000 and 2002, respectively. For 2002, many Original Articles and Case Reports are still under revision, and this has been indicated by a separate column.

The acceptance rate of original articles for the time period from 1 January to 30 June 2000 was 35% and the rejection rate 65%. It was ~42% and 58%, respectively, for the time period from 1 January to 30 June 2002. A precise calculation for the latter time period is not possible at present because of the large number of pending decisions.

Figure 2A and B show the percentage of manuscripts (all articles combined) submitted from various countries in Europe for the time periods of 1 January and 30 June, respectively, for 2000 (paper submission only) and 2002 (electronic submission only).

**Size of the journal**

In 2001, the average NDT issue comprised 18 Original Articles, 8 articles devoted to editorial features, 4 clinical reports and 4 articles devoted to educational features. The total number of pages published per volume had decreased, as intended, from 3300 pages in 1998 to 3000 pages in 1999 and to 2100 pages in 2000, but had increased again to 2500 pages in 2001. In the 2002 volume, a total of 2284 pages were published.

**Online access and hit rates**

NDT online access started in January 1999. The assessment of online hit rates on recently published articles allows (i) an estimation of the interest of readers for a

![Fig. 1. Number of accepted and rejected articles by category, for the two time periods of 1 January to 30 June 2000 and 1 January to 30 June 2002, respectively. For 2002, many Original Articles and Case Reports are still under revision, as indicated by the white columns.](image)
given journal in general and (ii) an estimation of those topics that generate the highest interest among readers. This latter evaluation gives an estimate of the impact of articles which is different from that of the ‘Impact Factor’ issued by the International Science Institute.

Table 1 contains the 10 articles (i.e. Original Articles plus all other article categories) with the highest hit rates for the 7 month period between 1 January and 31 July 2002. It shows that ‘Editorial Features’ section is the most frequently consulted article category of the journal, followed by the section on Original Articles. The geographic origin of these 10 articles is extremely diverse, with three of them stemming from non-European countries (one from Australia, one from Egypt and one from the USA).

NDT-Educational for Kidney & Blood Pressure Related Disorders (NDT-E)

The recent set-up of an online only journal by the ERA, under the expert guidance of Carmine Zoccali, is
Fig. 3. Comparison of submitted and accepted manuscripts (all articles combined) from all over the world for the time periods of 1 January and 30 June, respectively, for (A) 2000 (paper submission only) and (B) 2002 (electronic submission only), according to different geographic areas. For the second time period, a large number of articles are still under revision, as indicated by the white columns.
in our opinion an important addition to the tasks of the association concerning continued medical education. *NDT-E* is not meant to compete with *NDT*, but to complete it. We are considering the possibility to decrease the number of educational features in *NDT*, the aim being to increase its scientific impact, and to rely more extensively on *NDT-E* for all educational purposes. We shall, however, keep unchanged the monthly publication of our general editorial articles, including Editorial Comments, Invited Comments, News from Dialysis and Transplantation, Controversies, and Personal Opinions and the alike. The majority of these editorial features are recruited by Eberhard Ritz in the Heidelberg *NDT* office, to whom we are grateful for his constant, extremely valuable efforts for the journal.

As in the previous year, we enjoyed working with motivated colleagues from all over the world. Their expert assistance, alertness and critical minds are of utmost importance for our common goal, namely to increase steadily the scientific value of original work published in *NDT*. We also wish to thank the Industry

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| 2002           | 1011| 0         | 3013          | Section: Editorial Comments  
Hergesell O, Ritz E.  
Phosphate binders in uraemia:  
pharmacodynamics, pharmacoeconomics, pharmacoethics  
Jan 01; 2002; 17: 14–17 |
| 1071           | 455 | 1415      | 2941          | Section: Original Articles  
Kincaid-Smith P, Fairley K, Packham D.  
Randomized controlled crossover study of the effect on proteinuria  
and blood pressure of adding an angiotensin II receptor antagonist  
to an angiotensin converting enzyme inhibitor in normotensive patients  
with chronic renal disease and proteinuria  
Apr 01; 2002; 17: 597–601 |
| 1465           | 739 | 627       | 2831          | Section: Special Features  
Locatelli F, Cannata-Andia JB, Drücke TB, Hörl WH,  
Fouque D, Heimbürger O, Ritz E.  
Management of disturbances of calcium and phosphate  
metabolism in chronic renal insufficiency, with emphasis  
on the control of hyperphosphataemia  
May 01; 2002; 17: 723–731 |
| 1334           | 477 | 478       | 2289          | Section: Special Features  
Locatelli F, Fouque D, Heimbürger O, Drücke TB,  
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| 1424           | 688 | 1         | 2113          | Section: Editorial Comments  
Wiecek A, Kokot F, Chudek J, Adamczak M.  
The adipose tissue—a novel endocrine organ of interest to the nephrologist  
Feb 01; 2002; 17: 191–195 |
| 1126           | 431 | 434       | 1991          | Section: Invited Comments  
Malluche HH, Mawad H.  
Management of hyperphosphataemia of chronic kidney  
disease: lessons from the past and future directions  
Jul 01; 2002; 17: 1170–1175 |
| 1210           | 618 | 0         | 1828          | Section: Editorial Comments  
Reiser J, von Gersdorff G, Simons M, Schwarz K, Faul C,  
Giardino L, Heider T, Loos M, Mundel P.  
novel concepts in understanding and management of glomerular proteinuria  
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| 1340           | 390 | 1         | 1731          | Section: Editorial Comments  
Canaud B.  
Performance liquid test as a cause for sudden deaths of dialysis patients:  
perfluorohydrocarbon, a previously unrecognized hazard for dialysis patients  
Apr 01; 2002; 17: 545–548 |
| 776            | 298 | 590       | 1664          | Section: Original Articles  
Jacobsen P, Andersen S, Rossing K, Hansen BV, Parving HH.  
Dual blockade of the renin-angiotensin system  
in type 1 patients with diabetic nephropathy  
Jun 01; 2002; 17: 1019–1024 |
| 823            | 291 | 533       | 1647          | Section: Original Articles  
Sabry AA, Sobh MA, Irving WL, Grabowska A,  
Wagner BE, Fox S, Kudesia G, El Nahas AM.  
an comprehensive study of the association between  
hepatitis C virus and glomerulopathy  
Feb 01; 2002; 17: 239–245 |
whose continued support has allowed us to expand our activities continuously.
We appreciate that a large readership enjoys the journal not only within Europe, but also increasingly outside Europe, and we are pleased to see that NDT occupies an honourable place amongst the large number of journals devoted to the field of nephrology. The introduction of our new NDT-E online journal should allow the ERA to cover more efficiently its educational projects, thereby completing the clinical and scientific goals of NDT.