JAMA Internal Medicine—The Year in Review, 2015

Rita F. Redberg, MD, MSc

I want to thank all of our readers, authors, reviewers, and of course my incredible team of editors for another wonderful and enjoyable year. We are also delighted to have an active group of JAMA Internal Medicine Editorial Fellows and Elective Residents from University of California, San Francisco house staff who all make considerable contributions to the journal.

It is a great privilege to edit JAMA Internal Medicine, thanks in large part to the work of all of our authors and reviewers, who make our jobs as editors both enjoyable and inspirational. We love talking with you at conferences and hearing from you. Learning that publishing in JAMA Internal Medicine opened new doors in your career makes our day. As detailed in the Table, we hit a new record for submissions this year, at 2893. At the same time, we shortened our turnaround time from receipt to accept to a median of 59 days, thanks to all of the hard work of the editors. As you can see, we have a high reject-without-review rate of 82%, which means that all of the senior editors are working hard to read and triage papers and thus only use our reviewers’ precious time for articles we know have a good chance of being reviewed favorably and published in our pages. After 7 years of working together, we have learned to look for the kind of content that has a clinical impact that you read and think, “yes, I am going to start doing that,” or “I am no longer going to do this.” We are pleased to welcome Gregory Curbman to our editorial group this year to edit our new section in the intersection of Health Care Policy and Law.

ARTICLE INFORMATION

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Correction: This article was corrected on August 29, 2016, to add the table and 6 references.

REFERENCES

Cancer Center Advertising—Where Hope Meets Hype

Lisa M. Schwartz, MD, MS; Steven Woloshin, MD, MS

Cancer centers advertise to reach patients and their families in a very competitive market. Patients often have dangerous cancers and face toxic treatments and the advertisements offer hope. But the hope can—and often does—morph into hype. After all, this is advertising. Medicine has long been ambivalent about advertising services. The AMA’s original code of ethics banned advertising as “derogatory to the profession” and “reprehensible” until forced to relent by federal courts in 1980. However, as Vater et al2 show in this issue of JAMA Internal Medicine, the marketing of cancer services is growing. An essential question is how to ensure that advertisements do not take advantage of vulnerable patients.