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From the Editors: Our paper (first) anniversary and launching Epilepsia's new look

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From the Editors: Our paper (first) anniversary and launching *Epilepsia's* new look

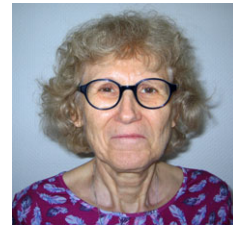
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doi: 10.1111/epi.12684



Gary Mathern, *Epilepsia* Co-Editor in Chief



Laurie Beninsig, *Epilepsia* Managing Editor



Astrid Nehlig, *Epilepsia* Co-Editor in Chief

It is probably a bit ironic that “paper” is the traditional gift for a first anniversary, as it symbolizes strength from the interlacing of individual threads. That symbolism is germane for the Editors-in-Chief of *Epilepsia* as we celebrate our first year at the Journal. *Epilepsia's* success relies and depends on the concerted effort of many individuals working voluntarily and together with the common goal of producing a high quality medical journal devoted to epilepsy care and research with an international point of view. The nonprofit International League Against Epilepsy (ILAE), not a commercial interest, owns *Epilepsia*, so we represent and serve professionals in epilepsy care and their patients around the world.

It does not seem like a year has gone by, but it has. This editorial focuses on what has been accomplished since we took over in July 2013, and, just as importantly, highlights our vision for the future of *Epilepsia*. As always, the Editors are open to new ideas for the development of any topics, and we encourage you to send them to epilepsia@epilepsia.com.

CONTENT DEVELOPMENT AND ENHANCEMENT

The core of any medical journal is its content, and *Epilepsia* strives to be the most respected medical subspecialty journal in the field of original clinical and basic science

research in epilepsy and its related disciplines. This is our core mission. We receive >1,100 articles per calendar year—submissions continue to increase—and publish ~200+ original research articles (print and electronic) and Brief Communications (electronic only). Each new submission is screened by the Editors-in-Chief, and often by one or more of our Associate Editors, and is assessed for originality, novelty of study content, and potential impact to the field. If the subject matter is seen as having high significance (even if a negative study), we conduct a secondary assessment, looking at the study design, sample size, and statistical methods to determine if the report is credible and meets our quality standards. This initial screen results in 40–45% of submissions being editorially rejected without peer review. The usual reasons for editorial rejection involve low impact studies or studies with clearly evident flaws in sample size and experimental design. These problems are not new, as discussed in a recent commentary by Phil Schwartzkroin, immediate past Editor-in-Chief, on how to get an article published in *Epilepsia*.¹ If a submission clears the initial assessment and goes out to reviewers, there is about a 1 in 3 chance that it will be eventually accepted for publication in *Epilepsia*. Acceptance rates are likely to remain competitive, and to understand what editorial staff is looking for, we encourage authors to review Dr. Schwartzkroin's article when thinking of writing a paper for *Epilepsia* or any other epilepsy-related scientific journal.

We expanded our editorial content over the last year to complement our usual Invited Reviews, Regular Articles, and Brief Communications. One of *Epilepsia's* new article categories is our recently introduced Controversy in Epi-

Table 1. Controversy in Epilepsy series (through May 2014)

Is it time to replace the Wada test? (May 2014, Print Edition)
The case for medical marijuana in epilepsy (June 2014, Print Edition)
Prevalence of epilepsy—An unknown quantity (July 2014, Print Edition)
Consciousness as a useful concept in epilepsy classification (August 2014, Print Edition)
Epilepsy: Asia versus Africa (September 2014, Print Edition)
When to tell epilepsy patients about SUDEP (in development)
Corpus callosotomy versus vagus nerve stimulation for epilepsy (in development)

Table 2. My Epilepsy Story

Organization/individual	Published issue
Gay Mitchell	October 2013
RE Children's Project	December 2013
The Hemispherectomy Foundation	January 2014
Dravet Syndrome Foundation	February 2014
Korea Name Change	March 2014
Tuberous Sclerosis Alliance	April 2014
Kristin Seaborg	May 2014
Michael Foundation	June 2014
The PCDH19 Alliance	July 2014
Hope for Hypothalamic Hamartomas	August 2014
Sophie's Story	September 2014
Muir Maxwell Trust	October 2014
An Interview with: Jorge J. Rodriguez,	November 2014
SUDEP Aware	December 2014
Epilepsy South Africa	January 2015
Ring Chromosome 20 Syndrome	Pending

We are actively seeking other nominations at epilepsia@epilepsia.com.

lepsy series. Peer-reviewed original research studies and reviews follow a well-established pattern of organization and presentation, with a reference point of previously published literature. As Editors we realized that from a content perspective we were missing cutting-edge and developing ideas in the epilepsy field, where concepts were ahead of the

peer-reviewed literature. In other words, in emerging fields there is more opinion than fact available, as ideas often precede experimental data. To gain access to this content, *Epilepsia* offers the opportunity for authors to pitch an idea or position to the world epilepsy community that can be more conceptual, but at the same time meet quality and scholarly standards. Because these submissions are more conceptually driven, we balance these articles by inviting others to critique the ideas in the form of a civilized academic debate. This series was introduced in the May 2014 print edition of *Epilepsia*, with a debate on whether the Wada test is absolutely necessary before surgery. Other topics have been or are being developed (Table 1). We hope *Epilepsia's* readership finds this series of interest, and we encourage anyone with ideas for the Controversy in Epilepsy series to contact us (epilepsia@epilepsia.com).

The other new series introduced in our first year is My Epilepsy Story. This series provides an opportunity to highlight individuals and organizations that may not be well known outside their local communities or countries, but have made a substantial contribution to people with epilepsy. In addition, this series is designed to let our readership know about the expanding list of nongovernmental and nonprofit organizations that are taking ownership of epilepsy phenotypes, syndromes, and conditions that provide resources to diagnose and treat these epilepsy-related conditions (Table 2). If you know of individuals or organizations interested in this feature, please contact the Editors.

To further enhance *Epilepsia's* content and access greater involvement of our international professional and nonprofessional readership, we developed the capability for electronic polling. For important ILAE position papers and reports, such as the 2014 ILAE Definition of Epilepsy and Controversy in Epilepsy series, we include an editorial introducing the topic with links for our readers to tell us what they think about key questions and opinions raised by the papers (Table 3). Although not as scientifically valid as it could be, this information provides important feedback to our readership and leadership; results of the polls will be

Table 3. Use of medical marijuana in treating epilepsy—June 2014

To participate please go to http://surveys.verticalresponse.com/a/show/1539433/4235ab9776/0
Based on the information from the Invited Review, Pro- and Con- position do you believe:
<ul style="list-style-type: none"> • There are sufficient SAFETY data to allow for open nonprescription use of medical marijuana in treating epilepsy. • There are sufficient SAFETY data for use of medical marijuana in treating epilepsy but only with prescription and under medical supervision. • The SAFETY data are insufficient and medical marijuana should not be used for treating epilepsy without more studies.
Based on the information from the Invited Review, Pro- and Con- position do you believe:
<ul style="list-style-type: none"> • There are sufficient data showing EFFICACY to allow for uncontrolled use of medical marijuana in treating epilepsy • There are sufficient EFFICACY data for use of medical marijuana in treating epilepsy but only with prescription and under medical supervision • The EFFICACY data are insufficient and medical marijuana should not be used for treating epilepsy without more studies
What is your opinion about having pharmacologic grade compounds containing cannabidiol available to use in patients with epilepsy?
<ul style="list-style-type: none"> • Yes, such compounds should be available • No, such compounds are not needed as growers can provide the medicals
Would you advise patients with severe, catastrophic epilepsy who have not responded to approved therapy to try medical marijuana?
<ul style="list-style-type: none"> • Yes • No
If you wish to pitch an idea for the Controversy in Epilepsy series, please contact the Editors at epilepsia@epilepsia.com .

Location on Epilepsia/Wiley web site where slides summarizing the findings of a study can be found and downloaded

- Abstract tab after the summary

Abstract Article References Supporting Information Cited By

View Full Article with Supporting Information (HTML) | Enhanced Article (HTML) | Get PDF (120K)

Keywords:
Epilepsy; Seizure; Definition; Unprovoked; Recurrence

Summary

medicines for at least the last 5 years. "Resolved" is not necessarily identical to the conventional view of "remission or "cure." Different practical definitions may be formed and used for various specific purposes. This revised definition of epilepsy brings the term in concordance with common use.

A PowerPoint slide summarizing this article is available for download in the Supporting Information [section here.](#)

Figure 1.

Location on *Epilepsia*/Wiley website where slides summarizing the findings of the study can be found and downloaded under Supporting Information. See circled areas.
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- Article Tab Supporting Material

Abstract Article References **Supporting Information** Cited By

View Full Article with Supporting Information (HTML) | Enhanced Article (HTML) | Get PDF (120K)

Supporting Information Jump to...

Filename	Format	Size	Description
epi12550-sup-0001-Fisheretalslide.pptx	application/pptx	121K	

Please note: Wiley Blackwell is not responsible for the content or functionality of any supporting information supplied by the authors. Any queries (other than missing content) should be directed to the corresponding author for the article.

Epilepsia Weekly Newsletter

March 2014

Epilepsia

The Journal of the International League Against Epilepsy

Click for current print issue

Figure 2.

Example of *Epilepsia*'s e-Newsletter announcing before-print articles and special articles of interest to our readership. Individuals who are interested in receiving the e-Newsletter can make a request to epilepsia@epilepsia.com.
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April 14, 2014 - Definition of Epilepsy Articles Now Available Online

ILAE Official Report

[A Practical Clinical Definition of Epilepsy](#)

Robert S. Fisher, Carlos Acevedo, Alexis Arzimanoglou, Alicia Bogacz, J. Helen Cross, Christian E. Elger, Jerome Engel Jr, Lars Forsgren, Jacqueline A. French, Mike Glynn, Dale C. Hesdorffer, B.I. Lee, Gary W. Mathern, Solomon L. Moshé, Emilio Perucca, Ingrid E. Scheffer, Torbjörn Tomson, Masako Watanabe and Samuel Wiebe
Article first published online: 14 APR 2014 | DOI: 10.1111/epi.12550
[Abstract](#) | [Full Article \(HTML\)](#) | [Enhanced Article \(HTML\)](#) | [PDF\(120K\)](#)

Editorial

[From the editors: Names count—The new operational definition of epilepsy and Epilepsia's poll](#)

Gary Mathern and Astrid Nehlig
Article first published online: 14 APR 2014 | DOI: 10.1111/epi.12589
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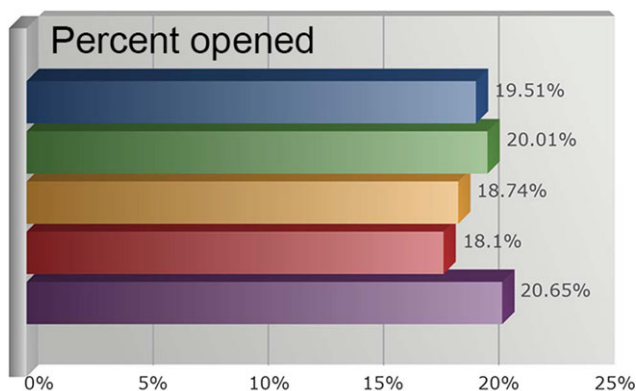


published in future editions of *Epilepsia*. Depending on readership response, we hope to make this feature a permanent component in *Epilepsia*'s content.

Another way to enhance content and its visibility is for readers to have access to PowerPoint slides that summarize the major findings of our published work. This feature was added over the last 6 months; authors are asked to prepare one or two slides, and these are made available on the *Epilepsia*/Wiley website under Supporting Information (Fig. 1). We hope that readers avail themselves of these summary slides, which can be used for educational purposes.

BETTER ACCESS AND VISIBILITY OF *EPILEPSIA* CONTENT

Great content related to epilepsy is of limited value unless it is disseminated and people know about it. To that end, *Ep-*



Newsletter - April 14, 2014

Newsletter - April 12, 2014

Newsletter - April 5, 2014

Newsletter - March 29, 2014

Newsletter - March 29, 2014

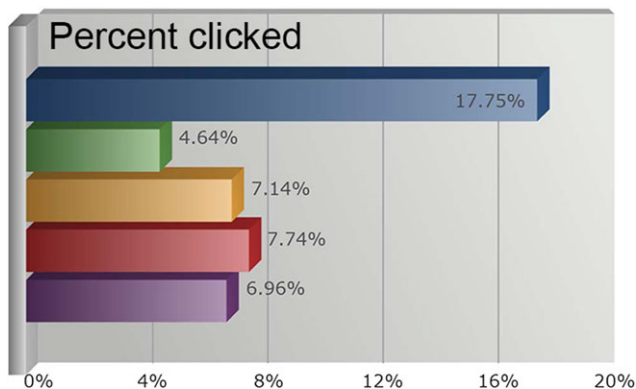


Figure 3.

Graphs showing the percent of *Epilepsia*'s e-Newsletters opened (top graph) and studies viewed (bottom graph) from March 22 to April 14, 2014.

Epilepsia © ILAE

ilepsia's editorial team has developed improved ways for the journal's content to be disseminated to a wider readership. Perhaps the most visible and successful of these enterprises has been our free e-Newsletter started in September 2013 (Fig. 2). Released on most Friday's, *Epilepsia*'s e-Newsletter is sent to >17,000 e-mail addresses and contains up to six new articles available before the print edition. Other e-Newsletters are sent announcing important League position papers and reports, and announcements, such as the winner of the annual prize for best published paper in *Epilepsia*. On average, about 20% of recipients open the e-mail, and from 5% to 7% click to download articles (Fig. 3). This is an efficient and cost-effective way to get new information to our international readers; if you do not already receive

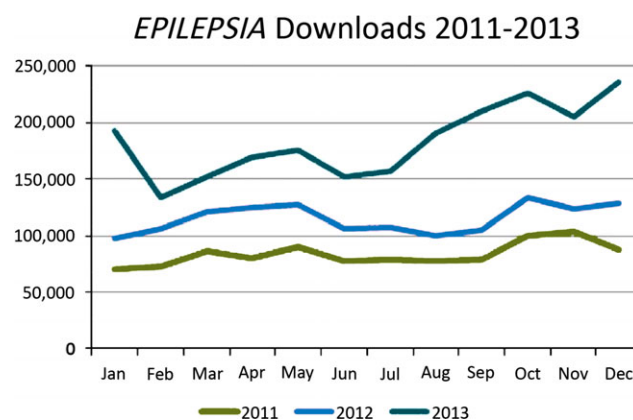


Figure 4.

Number of *Epilepsia* articles downloaded per month for calendar year 2011, 2012, and 2013. Each year the number of downloads increase, with a larger increase in late 2013 after the introduction of the e-Newsletter. Data provided by Wiley.

Epilepsia © ILAE

New

Epilepsia

Previous

Epilepsia

Figure 5.

New (top) and old (bottom) logo for *Epilepsia*. Carlos Burges a calligrapher from Grangel Studio in Barcelona, Spain drew the new logo by hand for a more contemporary and unique look.

Epilepsia © ILAE

Figure 6.
 Carlos Burges (left), Jorge Grangel (middle), and Carlos Grangel (right) together with some of their creations as part of Grangel Studios.
 Epilepsia © ILAE



The New *EPILEPSIA*

Figure 7.
 Old and new cover design for *Epilepsia*.
 Epilepsia © ILAE

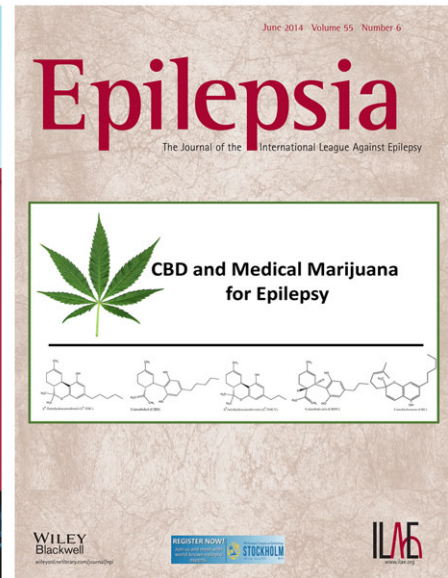
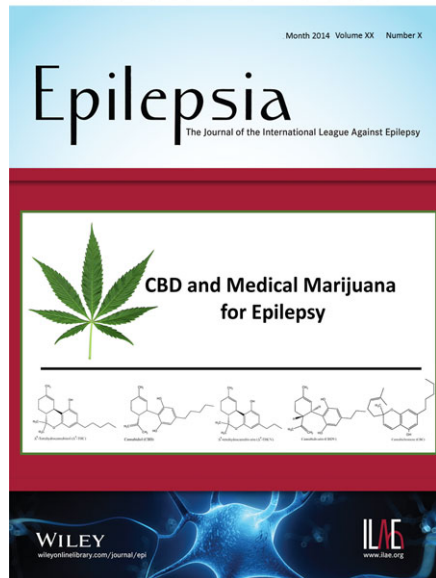
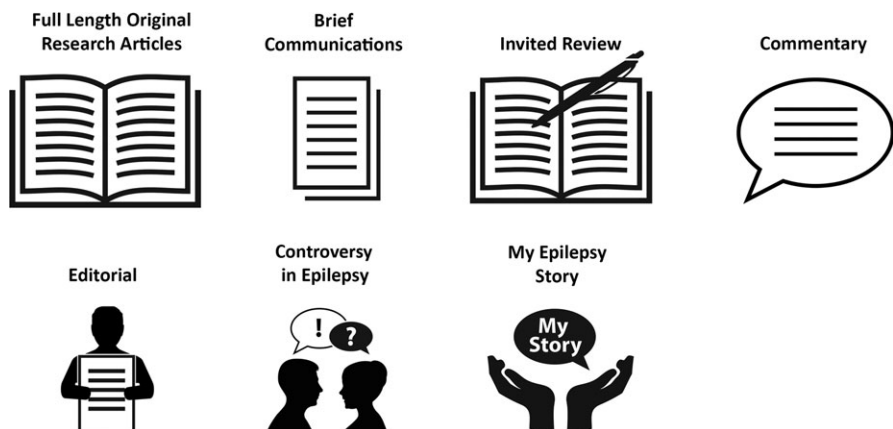


Figure 8.
 Icons for different article types in *Epilepsia*.
 Epilepsia © ILAE



the e-Newsletter and would like to, please contact us at epilepsia@epilepsia.com.

Associated with the release of the e-Newsletter, the number of downloads per month of *Epilepsia* articles has increased (Fig. 4). You can find the link for the e-Newsletter at *Epilepsia*'s website and Scholar One for those submitting new papers for review. Delegates registering for the ILAE's International or Regional Congresses will also have

the opportunity to request *Epilepsia*'s e-Newsletter. In addition, *Epilepsia* also tweets and assesses Facebook use of our content, and we will be looking at ways to expand the use of social media and presence on these sites to announce new content in the Journal.

Another important way to enhance the dissemination of *Epilepsia*'s content for our international audience, and a topic for development, is for non-English readers to have

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Jo Wilmshurst
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Figure 9.

Names, photos, and country of the Associate Editors for *Epilepsia* 2013–2014.

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access to *Epilepsia*'s content in their native language. As an example, an opportunity presented itself over the last year through one of ILAE's chapter, the Chinese Association Against Epilepsy (CAAE). The CAAE asked if articles from *Epilepsia* could be translated into Chinese and made available through the newly created Chinese Epilepsy Journal for the many clinicians in that region who have trouble reading English. After several months of negotiations, an agreement has been reached and our Chinese colleagues should be seeing selected *Epilepsia* content in the coming year. *Epilepsia* and the ILAE are looking forward to working with others in a similar model to provide content in other languages through one of our chapters or regional commissions. If chapters have an interest in *Epilepsia* content for translation, please contact the Editors.

NEW LOOK

A principle well known in the world of communication is that for material to be seen as trustworthy and fresh, the manner in which a topic is presented is as important as the content itself. Therefore, it is not a bad idea to regularly assess the "look" and image of the journal with the goal of improving our ability to communicate with our readers. An important example of this improvement is seen in this print edition of *Epilepsia*, where we introduce several new features.

The most visible is our front cover, where we have a new logo and a new design. The new *Epilepsia* logo (Fig. 5) was designed and hand drawn by Carlos Burges, who has > 40 years of experience creating logos, movie posters, and corporate letterheads. Jorge and Carlos Grangel assisted him, and they are from the world-renowned character and animation Grangel Studio in Barcelona Spain (Fig. 6). They initially prepared about 15 ideas that were evaluated by our editorial team. The final one was selected for its visual appeal, and modern, elegant, and functional look. With the new logo, we also thought it was time to take a look at our cover design, which now has been redesigned for a more modern look, with the help of the design team at Wiley, Inc. (Fig. 7). We hope our readers find this new look fresh and exciting, and that it helps brand *Epilepsia* as the world leader in medical publishing in epilepsy-related research and care.

Changes to the Journal are not all external. As many may have already noticed, the Editors have made changes to the internal look of the Journal over the last year. For example, articles are accompanied by pictures of the first author, so

readers can attach a name with a face and identify new investigators in the field of epilepsy. In addition, we are introducing icons to help readers visually identify quickly what type of article they are reading, whether it is My Epilepsy Story, Controversy in Epilepsy, Invited Review, Regular Article, or Brief Communication (Fig. 8).

ASSESSMENT AND FUTURE DIRECTIONS

As mentioned at the start of this Editorial, our work as Editors would not be possible without the tireless support and contributions from our Associate Editors, Members of the Editorial Board, and our production staff at Wiley. Special thanks go to our Associate Editors who are instrumental in helping us assess submissions, and communicate often several times per week with the Editors and Managing Editor. In addition, they actively participate in monthly telephone conference calls, often at unfriendly hours of the day, given our global representation (Fig. 9). They are as much a part of the *Epilepsia* team as the Editors-in-Chief.

As we look toward the future, *Epilepsia* will continue to strive to improve content, expand distribution and access, and improve our functionality for our readers and all others interested in the care and treatment of people with epilepsy. In the coming months, expect a new rollout of the annual *Epilepsia* prize for the best paper on clinical and basic research published in the previous calendar year. We will also be looking at ways to improve the synergy between *Epilepsia*, *Epileptic Disorders* (our new sister journal), and the ILAE website, with an eye toward creating a strong portfolio of content for the epilepsy-related international community. As we identify ways to improve the Journal, if you have comments or suggestions, we as Editors would like to hear from you. Thank you for our first year, and we look forward to year 2 and beyond.

Gary W. Mathern
Co-Editor in Chief, *Epilepsia*
Laurie Beninsig
Managing Editor, *Epilepsia*
Astrid Nehlig
Co-Editor in Chief, *Epilepsia*

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