An Introduction to CHEST
Background

• History of CHEST

• CHEST Vision, Goals, and Strategies
History of CHEST

“Legacy of promoting patient-focused care through leadership, education, communication, and clinical practice”
CHEST Education

Annual Meeting

300+ General Sessions
10 Postgraduate Courses
9 Interdisciplinary Sessions
11 Interactive Games
26 Unique Simulation Sessions
Past 10 Years

- **2011** - podcast series, first journal to launch a universal app for iPhone/iPad
- **2012** - began using image manipulation detection and plagiarism software
- **2013** - Ultrasound Corner first case-based series to intentionally leverage video in *CHEST*
- **2014** - rebranding of American College of Chest Physicians from "ACCP" to "CHEST" in recognition that the brand of the journal was the *lead* brand; journal redesign employing the new blue identity scheme with the blue (for breath) as the focal color vs red
- **2016** - proactive decision to move away from self-publishing, identified Elsevier as publishing partner for an initial 7 year agreement
- **2018** - launched visual abstracts for use in social media and to convey the findings of key research in a new and easily consumable way
CHEST Top Articles


CHEST Top Articles


CHEST Top Articles


CHEST Top Articles


CHEST Top Articles


CHEST Top Articles


**CHEST Top Articles**

CHEST Top Articles


**CHEST Top Articles**

CHEST Top Articles


- Heart Transplants: Three Views.

  - “know the best that is taught in this branch of science the world over”
  - “two aspects in which we may view the teacher – as a worker and instructor in science and as a practitioner and professor of the art.”
CHEST Top Articles


- Heart Transplants: Three Views.

  - “know the best that is taught in this branch of science the world over”
  - “two aspects in which we may view the teacher – as a worker and instructor in science and as a practitioner and professor of the art.”
CHEST Top Articles


- Heart Transplants: Three Views.

  - “know the best that is taught in this branch of science the world over”
  - “two aspects in which we may view the teacher – as a worker and instructor in science and as a practitioner and professor of the art.”
**CHEST EIC Comments**

- “Adapted to the needs of clinical chest physicians and health-care professionals.”
- “Never waivered from its true mission to **educate physicians about aspects of patient care. CHEST** has always served the practicing clinician.”
- “Focused clinical orientation with its multidisciplinary coverage of topics. **Improving patient care through education.** What do our readers need and want to read now and in the future.”
- “Crucial that **CHEST** be **relevant to ACCP members’ clinical experience.”**
- “Publish content that will be meaningful and essential to a **more diverse group of readers** and subject matter that is **easier and faster to read** and access.”
• Adapt to the needs of pulmonary, critical care, and sleep medicine clinicians.

• Improve patient care by educating clinicians with content relevant to their clinical experience.
CHEST Vision, Goals, and Strategies
SERVING 19,000+ MEMBERS WORLDWIDE

OFFERING LIVE AND ONLINE EDUCATION

HOST OF WORLD’S LARGEST CLINICAL CHEST MEDICINE EVENT

350,000+ READERS USE CHEST, ALSO A PREMIER RESOURCE FOR CLINICAL PRACTICE GUIDELINES
CHEST Membership

USA
- 80%
- Canada
- Italy
- Germany
- Greece

INTERNATIONAL
- 20%
- Brazil
- Argentina
- Mexico
- India
- Saudi Arabia
- Bangladesh
- Australia
- Japan
- Philippines
- Hong Kong

MEMBER TYPE
- Physician: 77%
- Fellow in Training: 11%
- Non-Physician Clinician: 5%
- Retired: 2%
- Other: 1%
CHEST Membership

Subspecialty Identification

- Pulmonary: 44%
- Critical Care: 34%
- Undefined: 8%
- Sleep: 14%
CHEST Strategic Plan

Vision
• CHEST will be the global leader in prevention, diagnosis, and treatment of chest diseases.

Mission
• CHEST champions advanced clinical practice, education, communication, and research in chest medicine.

Values
• Collegiality, collaboration, innovation, data-driven, transparency, diversity, excellence, integrity, results-oriented
CHEST Strategic Plan - Goals

1. CHEST provides **innovative education customized to individual learner needs**, designed to improve knowledge, competence, performance and patient outcomes.

2. CHEST is the **premier resource for clinically relevant scientific research, guidelines, and implementation strategies and tools.**
   - Increase access and engagement with CHEST guidelines through article downloads, social media, and citations.
   - Rank in the top five pulmonary and critical care journals as measured by CHEST Kantar readership scores, Impact Factor, and Eigenfactor.
CHEST Strategic Plan - Goals

3. CHEST will increase the global impact of its education.
   - Increase access of journal content from outside the US.

4. CHEST optimizes its assets to achieve its mission and vision.
   - Develop and implement an integrated and coordinated publishing strategy and publications-related product roadmap.

5. CHEST has a strong and diverse financial base.
<table>
<thead>
<tr>
<th>Section</th>
<th>Very interested</th>
<th>Interested</th>
<th>Neither interested nor not interested</th>
<th>Not interested</th>
<th>Not at all interested</th>
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<tr>
<td>Contemporary Reviews: Critical Care</td>
<td>40%</td>
<td>41%</td>
<td>13%</td>
<td>5%</td>
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<tr>
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<td>35%</td>
<td>48%</td>
<td>14%</td>
<td></td>
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<tr>
<td>Pulmonary, Critical Care, and Sleep Pearls</td>
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<td>47%</td>
<td>17%</td>
<td></td>
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</tr>
<tr>
<td>Editorials</td>
<td>30%</td>
<td>55%</td>
<td>12%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest Imaging and Pathology for Clinicians</td>
<td>29%</td>
<td>47%</td>
<td>17%</td>
<td>5%</td>
<td></td>
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<td></td>
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<td>40%</td>
<td>26%</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Translating Basic Research into Clinical Practice</td>
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<td>42%</td>
<td>31%</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Contemporary Reviews: Sleep</td>
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<td>31%</td>
<td>25%</td>
<td>17%</td>
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<tr>
<td>Ultrasound Corner</td>
<td>16%</td>
<td>32%</td>
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<td>Correspondence</td>
<td>28%</td>
<td>47%</td>
<td>16%</td>
<td>6%</td>
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</tbody>
</table>

NOTE: For visualization purposes, values below 5% are not displayed in the chart.

Sample: All respondents (n=465)
Q. Please rate your interest in the information found in each of the following sections of CHEST.
Vision and Goals

*CHEST* will be the most important source of clinically relevant research and patient management guidance for pulmonary, critical care, and sleep medicine clinicians worldwide.

1. Foster the submission of high quality clinically relevant research.
2. Enhance the clinical utility of evidence driven reviews.
3. Increase access to, and the desire to view, journal content.
High Quality Clinically Relevant Research

- **Engage** with those performing research **prior to submission** decisions.
  - Develop a list of sponsored clinically relevant research in our fields.
  - Have a presence at all relevant society meetings.
  - Build relationships with major medical journals.
- **Minimize the burden** of article submission.
  - Establish minimal requirement for data entry at time of submission.
  - Provide clear and interactive descriptors of how each article type will be judged, and tools to assist with manuscript preparation (e.g. algorithm templates).
High Quality Clinically Relevant Research

- **Timely review** and the provision of **high quality feedback**.
  - Rapid review commitment for initial decisions.
  - Decrease the time it takes to provide high-quality reviews.
  - Develop tools to assist reviewers.
  - Identify articles whose review can be expedited by editorial leadership.
- **Promote** the author’s work.
  - Multi-media.
  - Provide opportunities for presentation of the top content at our annual meeting.
Clinically Useful Evidence Driven Reviews

Evidence Driven Reviews

• Highest rated article type.
• >25% of our top referenced articles.
• Opportunity to impact clinical practice by promoting the implementation of clinical advances and guideline recommendations.
  • CHEST Reviews
  • CHEST “How I do it”
  • Build relationships with other societies.
Antithrombotic Therapy for Atrial Fibrillation
CHEST Guideline and Expert Panel Report

Category: K N, MD; Andrusco K, MD, PhD; Gropper S, MD, PhD; Guo Y, MD, PhD; Cheung L, MD, PhD; Tung J, MD, PhD; Fang H, MD, FCCP; Ren J, MD, PhD; Anand D, MD, PhD; Lai X, MD, PhD; Ruff CT, MD, MPH; Menko F, MD; Werring D, MD, PhD; et al.

Background: The risk of stroke is heterogeneous across different groups of patients with atrial fibrillation (AF), being dependent on the presence of various stroke risk factors. We provide recommendations for antithrombotic treatment based on net clinical benefit for patients with AF at varying levels of stroke risk and in a number of common clinical scenarios.

Methods: Systematic literature reviews were conducted to identify relevant articles published from the last formal search performed for the Antithrombotic and Thrombolytic Therapy: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines (9th Edition). The overall quality of the evidence was assessed using the GRADE (Grading of Recommendations, Assessment, Development, and Evaluation) approach. Graded recommendations and upgraded consensus-based statements were drafted, voted on, and revised until consensus was reached.

Results: For patients with AF without valvular heart disease, including those with paroxysmal AF, who are at low risk of stroke (e.g., CHA2DS2-VASc score ≤ 1), dual-antiplatelet therapy in addition to aspirin is recommended (B). In patients with nonvalvular AF, who are at intermediate risk of stroke (e.g., CHA2DS2-VASc score ≥ 2, except for patients ≥ 75 years of age), warfarin or dabigatran is recommended over aspirin alone (A). In patients with nonvalvular AF who are at high risk of stroke (e.g., CHA2DS2-VASc score ≥ 3), warfarin or dabigatran with or without aspirin is recommended (A). In patients with nonvalvular AF who are at very high risk of stroke (e.g., CHA2DS2-VASc score ≥ 4, except for patients ≥ 80 years of age), warfarin or dabigatran with or without aspirin is recommended (A). In patients with nonvalvular AF who are at extremely high risk of stroke (e.g., CHA2DS2-VASc score ≥ 5), warfarin or dabigatran with or without aspirin is recommended (A).

Screening Recommendations:
- CT screening should be offered to:
  - Smokers & former smokers, age 55–74, with more than 30 pack-years of smoking.
  - Annual low-dose CT scanning should be offered in a setting that delivers the comprehensive care provided to National Lung Screening Trial participants.

Advances in Treatment:
- The use of new antithrombotic agents, such as direct oral anticoagulants and novel oral anticoagulants, has revolutionized the management of AF.
- The development of newer antithrombotic agents has allowed for more personalized treatment options, reducing the risk of bleeding and improving patient outcomes.

Published as a supplement to the May 2013 issue of the journal CHEST.
Access and Desire to View Content

Multi-media and Digital Content Development

• Audio/video discussions with the authors
• Descriptive video summaries of original articles
• Slide sets that display key results of original articles for download
• Seamless digital access with content organized and displayed as in the print version
Effectiveness of Reprocessing for Flexible Bronchoscopy and Endobronchial Ultrasound Bronchoscopes

<table>
<thead>
<tr>
<th>CLINICAL QUESTION</th>
<th>STUDY DESIGN</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>To evaluate the effectiveness of real-world bronchoscope cleaning following use</td>
<td>Multisite, prospective study</td>
<td>Reprocessing practices were substandard</td>
</tr>
<tr>
<td></td>
<td>Assessments included</td>
<td>In fully-reprocessed bronchoscopes,</td>
</tr>
<tr>
<td></td>
<td>• visual inspection</td>
<td>100% had visual defects</td>
</tr>
<tr>
<td></td>
<td>• microbial cultures</td>
<td>100% had residual protein</td>
</tr>
<tr>
<td></td>
<td>• biochemical tests</td>
<td>58% had microbial growth</td>
</tr>
<tr>
<td></td>
<td>• observation of reprocessing practices and storage cabinet cleanliness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 centers &amp; 24 bronchosopes were assessed</td>
<td></td>
</tr>
</tbody>
</table>

Despite high level disinfection, residual contamination of bronchoscopes was frequent.

Ofstead CL et al. CHEST 2018;154(5):1024-1034
For perspective, please read the accompanying editorial by Mehta AC et al. CHEST 2018;154(5):1001-1002
CHEST Editorial Board

- EIC
- Deputy Editors
  - Outreach
  - Multi-Media
  - Contributor Experience
- Advisory Council
  - Editorial Experience
  - Leadership Experience
  - Prior CHEST leadership
- EIC
- Associate Editors
  - Subspecialty expertise
  - Editorial board organized under AEs
- Publisher
  - Director Guidelines and Publishing
  - Journal Operations Manager
  - Journal Operations Coordinator
  - Editorial Coordinators
  - Assistant Editor
  - Statistical Editor
  - Elsevier
Subspecialty Team Tasks

- Manage the **article review process** for original article submissions within their subspecialty.
- **Recruit review articles** within their subspecialty.
- Contribute to **journal strategy**.
- Assist with review of high priority articles.
- Assist with the translation of content into multi-media formats.
## Subspecialty Teams

<table>
<thead>
<tr>
<th>Category</th>
<th>Topics</th>
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<tbody>
<tr>
<td>Asthma</td>
<td>Allergy and Airway, Occupational and Environmental Lung Diseases, Obstructive Lung Disease</td>
</tr>
<tr>
<td>Critical Care</td>
<td>Critical Care, Disaster Medicine, Palliative and End of Life Ethics, Respiratory Care</td>
</tr>
<tr>
<td>Chest Infections</td>
<td>Chest Infections, Pediatrics</td>
</tr>
<tr>
<td>COPD</td>
<td>Obstructive Lung Disease, Pulmonary Rehab, Respiratory Care</td>
</tr>
<tr>
<td>Diffuse Lung Disease</td>
<td>Diffuse Lung Disease, Occupational and Environmental Lung Disease, Pulmonary Manifestations of Systemic Disease, Transplant</td>
</tr>
<tr>
<td>Education and Clinical Practice</td>
<td>Education Teaching and Quality Improvement, Cultural Diversity, Imaging, Palliative and End of Life Ethics, Pediatrics, Signs and symptoms, Practice Management and Administration</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>Lung Cancer, Pleura, Procedures, Tobacco, Mediastinum</td>
</tr>
<tr>
<td>Pulmonary and CV</td>
<td>Pulmonary Hypertension, VTE, Cardiovascular, Antithrombotic</td>
</tr>
<tr>
<td>Sleep</td>
<td>Sleep Disorders</td>
</tr>
<tr>
<td>More than 2</td>
<td>Biotechnology, Genetic and Development Disorders, Imaging, Pathology, Physiology</td>
</tr>
</tbody>
</table>
# Subspecialty Teams

<table>
<thead>
<tr>
<th>Category</th>
<th>Curriculum</th>
<th>Submissions</th>
<th>Publications</th>
<th>Journal Goal</th>
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<tbody>
<tr>
<td>Asthma</td>
<td>4</td>
<td>10.8</td>
<td>5.8</td>
<td>12</td>
</tr>
<tr>
<td>Critical Care</td>
<td>29</td>
<td>12.4</td>
<td>15.5</td>
<td>14</td>
</tr>
<tr>
<td>Chest Infections</td>
<td>6</td>
<td>18.2</td>
<td>10.8</td>
<td>10</td>
</tr>
<tr>
<td>COPD</td>
<td>10</td>
<td>11.8</td>
<td>18.5</td>
<td>12</td>
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<tr>
<td>Diffuse Lung Disease</td>
<td>8</td>
<td>1.6</td>
<td>10.0</td>
<td>12</td>
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<tr>
<td>Education and CP</td>
<td>8</td>
<td>7.2</td>
<td>4.6</td>
<td>8</td>
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<tr>
<td>Lung Cancer</td>
<td>14</td>
<td>8.4</td>
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<td>12</td>
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<tr>
<td>Pulmonary and CV</td>
<td>6</td>
<td>13.3</td>
<td>14.0</td>
<td>12</td>
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<tr>
<td>Sleep</td>
<td>13</td>
<td>6.9</td>
<td>8.1</td>
<td>8</td>
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It is recommended that an 8 to 12-member subspecialty Editorial Board be selected by the Associate Editor to serve on their team. The members should include:

- Individuals with a combined expertise that will cover all of the content areas assigned to the Associate Editor’s subspecialty team
- A senior key opinion leader well-published and well-regarded in the field
- An individual(s) to champion topic selection and author recruitment for review and invited article sections
- An individual(s) to work with the multi-media team to identify content for delivery in non-traditional formats and assist with the review of these products
- Diversity of gender and geographic location, including international member(s).
- Consider inclusion of a non-physician provider.
Journal Submissions

First Submissions

Revised Submissions

US
65%
Rest of World
35%
Acceptance Rates (%)
Annual Original Research Articles Published

<table>
<thead>
<tr>
<th>Year</th>
<th>Articles Published</th>
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<tbody>
<tr>
<td>2012</td>
<td>270</td>
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<tr>
<td>2013</td>
<td>311</td>
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<td>2014</td>
<td>235</td>
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<td>2015</td>
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<td>2016</td>
<td>195</td>
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<td>2017</td>
<td>165</td>
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<tr>
<td>2018</td>
<td>163</td>
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Impact Factor Trends

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<tr>
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<tr>
<td>2005</td>
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<td>2006</td>
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<td>6.147</td>
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<td>2017</td>
<td>7.652</td>
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Summary

CHEST will be the most important source of clinically relevant research and patient management guidance for chest medicine physicians worldwide.

1. Foster the submission of high quality clinically relevant research.
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3. Increase access to, and the desire to view, journal content.