

From the Editor

***JECT* Authors: a Diverse, Highly Prized Group**

In the last issue, I expressed my new-found appreciation for peer reviewers and their role in making a journal such as ours function. If peer reviewers are the vital cogs of this journal, then our authors provide the meat that this machinery is processing. Needless to say, without manuscript submissions, we don't have a journal! So, in this issue, I am directing my tributes to our authors. So, who are our authors? Well, it turns out that this is the perfect issue to showcase the diversity of submissions that *JECT* is privileged to receive!

We obviously receive submissions from practicing perfusionists at all levels of experience and academic training. But, our authors and especially our co-authors can often be other members of the cardiopulmonary care team as described in the following paragraphs. Although most submissions are from the United States, we are an international journal and receive terrific submissions from abroad, such as Martin Gill's case report from Sydney, Australia, on platelet refractoriness during extracorporeal membrane oxygenation (ECMO) in this issue (1). We encourage more international submissions, with the caveat that language services be sought ahead of time as many manuscripts have been delayed or even declined because of issues with writing, despite the impressive science. Contact information for such language resources for authors whose first language is not English can be obtained by e-mailing our editorial manager: JECT@amsect.org.

As a perfusion training program director, I am pleased to say that *JECT* has always supported the academic scholarship of our budding perfusionists by publishing the data that they have produced in school. In this issue, we have Adam Blakey, a recent graduate from the University of Nebraska who described the losses in heater-cooler efficiency with the extended water lines that some have implemented in light of recent infectious concerns (2). In the previous issue, my own students, Vina Nguyen and Ben Alouidor were able to publish their hard work collaborating with a biomedical engineering laboratory to develop novel anticoagulation testing platforms for heparin and direct thrombin inhibitors (3).* Research projects like these require a process that follows well-established guidelines to produce new knowledge. I know firsthand the substantial amounts of effort required to generate novel information and I thank my fellow program directors for their dedication in mentoring student projects and promoting their publication. Developing such skills and sharing them (hopefully via *JECT*) will enhance careers.



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Look no further than the Children's Hospital and Medical Center in Omaha, Nebraska, where the perfusion team of Hagedorn, et al. is also publishing in this issue, a retrograde autologous priming technique in pediatric patients (4). Of note, all the authors in this paper hold Master's degrees, a trend that will hopefully become increasingly commonplace as more of our U.S. training programs convert to graduate degree-level entries into our profession. Similarly, Dr. Lee, a relatively recent perfusion graduate, who already had a prior advanced degree (with co-author Carl Gisnarian, MS, and senior authored by our recent AmSECT president, Kenny Shann), has described in this issue a new method of calculating total blood volumes to improve predictions of dilutional hematocrit and oxygen delivery (5).

Now, *JECT* has historically published innumerable, excellent papers authored by our on-the-job-trained and other non-graduate degree-holding colleagues; we thank them for their contributions and ask them to continue doing so. But, I do think that for graduate degree-holding perfusionists, there is some level of expectation in our profession that

they initiate efforts on publishable work, perhaps sooner and definitely throughout their careers. As has been opined by Dr. Joseph Sistino, “graduate educations are based on learning and applying research skills critical to improving clinical practice” (6); I am optimistic that it will soon be normalized to receive work from graduate degree–holding clinical teams like Ms. Hagedorn’s and Dr. Lee’s.

On the other side of the career spectrum, we have established perfusionists Dr. David Palmer and Bharat Datt, leading physicians in developing new techniques. They inspire more perfusionists to collaborate on work with their teams and submit such manuscripts to *JECT*. In this issue, Dr. Palmer described how they have constructed realistic tissue models to simulate cut-down ECMO cannulation (7). Check out the vibrant color figures to see just how realistic their models are! Meanwhile, Bharat Datt and his team, demonstrated the safe use of a smaller venous line in an effort to reduce hemodilution and blood usage in larger children and medium-sized adults (8).

Although sponsored by perfusionists who are members of AmSECT, *JECT* is by no means restricted to publishing submissions by clinical perfusionists. We encourage submissions from other members of the cardiopulmonary care team who are interested in both improving perfusion clinical practices as well as increasing knowledge from the peripheries of perfusion. Such articles promote the valuable expansion of perfusion’s perspective of patient care. In this very issue, we have an excellent example of such an article from Dr. Cardona et al. who described the management of a septic shock case during neonatal ECMO (9). Another perfect example is the submission from pharmacist, intensivist, and surgical colleagues from my own institution, led by critical care pharmacist Dr. Robyn Basken. Basken et al. reported on a retrospective study that is instructive on how laboratory and other parameters can be used by perfusionists and ECMO team members to predict the need for oxygenator change-outs (10).^{*} As you will see, contributions from non-perfusionists like these provide other perspectives necessary for the improvement of patient outcomes and so all are welcomed!

Regardless of who our authors are, one of my goals as the new Editor-in-Chief is to make it easier for authors to submit their manuscripts. To that end, my predecessor, Dr. Julie Wegner and I have worked on our policies and instructions to enhance usability and to simplify the submission process. An ongoing effort to improve the timeliness of our manuscript handling through the peer review process is also underway. Other efforts on behalf of our authors will be aimed at increasing the visibility of our authors’ work, such as with the promotion of visual abstracts (Lee et al. and Blakey et al. in this issue) on social media platforms. All these are works-in-progress and I will appreciate any feedback recent authors might have on how we can further improve our support for you.

^{*}Disclosure: I was not involved in the handling of these manuscripts through the peer review process.

Before I end this note, I would like to address an impending change for our society’s members. By the time you read this, it is likely that you would have received a message from our president, William DeBois, informing you that the AmSECT Board of Directors has decided that *JECT* will transition to a primarily digital platform beginning with the March 2020 issue. There may be a period of adjustment—I, for one, will subscribe to keep receiving paper copies, but I do NOT believe our central missions will be impacted by the shift. I am confident that neither readership nor submissions will be affected, because all members will continue to have free, immediate, and full digital access to every single article dating back to 1972. Non-member readers of *JECT* will also continue to have digital access to most issues on PubMed Central as they currently do. PMC provides new article access 6 months after publication, but featured articles are immediately available to everyone on JECT.org).

As always, comments to the Editor, either by direct communication or as a submitted correspondence article, are welcomed.

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Editor-in-Chief

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