

From the Editor

The Journal of ExtraCorporeal Technology to Modernize

JECT is the longest-running journal in the field of Extracorporeal Technology. It has always met the needs of this field and the members of our founding sponsor, the American Society of ExtraCorporeal Technology (AmSECT) sufficiently. But “sufficient” is not good enough anymore. JECT aspires to serve the field more broadly and comprehensively. To do so, JECT needs to provide its sponsoring society members, authors, and readers the tools that are expected of modern journals. For example, the platform that we use now is sorely lacking the means to publish our authors’ manuscripts ahead-of-print even though they have been accepted for publication weeks or sometimes months in advance. We do not have a website that is accessible to all clinician and researcher readers. Our current website does not have strong search capabilities or an easy-to-use interface. Our current policy of embargoing articles for 6 months to non-AmSECT members is anachronistic in this age of open access journals whereby authors expect their work to be disseminated quickly to increase readership, citations and thus be more impactful. Many other features and current journal best practices need to be implemented that will further benefit authors, peer reviewers, readers, industry advertisers, and editors.

Therefore, this editorial serves to mark the moment that JECT is declaring its recognition of current shortcomings and intent to make the necessary changes to advance the journal. It has taken me my entire first term serving as the Editor-in-Chief to learn enough about scholarly publishing to realize where we are and where we need to be going. And so I have devoted my second term, with the partnership of the editorial board, the journal leadership, members of the executive committee of AmSECT’s board of directors, and our society’s management company, Smithbucklin, to find a path to modernize JECT. We are consulting with experts to learn what new business relationships and many other commensurate changes will be required behind the scenes to deliver the advances needed. Wheels are turning, discussions are being conducted, deliberations are happening, and when final decisions are made, watch this space! We will announce when and how JECT will be enhanced to



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serve clinicians worldwide in better ways and ultimately accomplish our missions more earnestly.

Meanwhile, in this current issue, we start with an analysis of suction tips by Drs. Iwanowski and Bockhaus et al. a group based in Germany, in an effort to reduce one of the main contributors to blood damage in our practices (1). Next, Drs. Rogerson and Hobson present their analysis and proposal in the use of a novel parameter, the product of patients’ heparin dose and their anti-thrombin levels, to guide anticoagulation therapy in pediatric ExtraCorporeal Membrane Oxygenation (ECMO) patients (2). In another pediatric ECMO study, this time by our nursing colleagues, Drs. Welty and Bolick reports on a quality improvement project showing that reductions by half in blood sampling and testing in patients did not compromise outcomes and was likely beneficial (3).

A report by Dr. Kramer's group in Maine raises questions about whether there is more to learn and optimize when we take care of high risk, acute renal failure patients, beyond the latest goal-directed perfusion strategies currently in vogue (4). From Japan, where Plasmalyte-A is not available and del Nido cardioplegia is not popularly used, we have a retrospective analysis of different administration intervals using a modified St. Thomas solution for minimally invasive mitral valve surgery (5). In a technique paper, O'Meara et al. describes how to safely incorporate Nitric Oxide into an ECMO circuit, which they have used in 15 patients so far (6). In yet another ECMO-related article, a case report this time, Yang et al. relayed how a veno-venous ECMO patient developed overt disseminated intravascular coagulation (DIC), requiring massive cryoprecipitate transfusion and ECMO termination to completely resolve (7). In a review article from Harnish and Beyer from Rush University, reports using two different anticoagulation strategies for managing pediatric patients on cardiopulmonary bypass were compared and contrasted (8). Finally, in a Letter to the Editor, Osborne and Pregulman commented on a paper we published in a previous issue. We have included a response from the authors of the original article for the sake of closing the communication loop.

Raymond K. Wong, PhD, CCP
Editor-in-Chief

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