

## From the Editor

### New Era for JECT Announced

This is a special issue for the Journal of ExtraCorporeal Technology, but it will be superseded by an even more momentous issue next year! Tami Rosenthal, AmSECT's president joins me on this editorial as we review the November 15, 2022 joint press release. It announced that starting next year, our journal will be published by EDP Sciences under a new partnership that will bring many exciting new changes to our journal! It will indeed be a new era for JECT as we seek to modernize and provide services and features that authors and readers have come to expect of established, international scholarly journals.

As relayed in recent editorials, our journal is sorely in need of updating, starting with our digital delivery platform. Along with a new platform, we will be more widely discoverable with broader indexing and features such as Digital Object Identifier (DOI) permalinks. Perhaps our biggest change will be the termination of our 6-month embargo policy on new articles; in fact, in the forthcoming era, we will be open access where all articles in our entire archive will eventually be available in full-text! Even better, we are even now planning a new workflow which will enable fully accepted draft manuscripts to be available "ahead-of-print." We have never been able to implement such features before, which may have held back potential authors from fully considering our journal to publish their work. With these changes spurring increases in visibility and impact, we hope our submission volumes will increase, along with all the benefits that will come along for our journal when that happens. As the press release also mentioned, all the benefits of going open access will be free for AmSECT members as our society will be funding all member article processing charges (APCs). Detailed policies will be announced at a later date.

Even as we celebrate our new partnership with EDP Sciences, I want to acknowledge our previous publishers, KnowledgeWorks Global Ltd. (its predecessor, Sheridan Journal Services). KWGlobal/Sheridan supported us for many years, predating my editorship, preparing and printing our issues in a timely manner all while collaborating closely with us in solving many problems that regularly crop up and need to be addressed in producing a journal. The Editor-in-Chief Emeriti and myself are immensely grateful to the team members at KWGlobal/Sheridan.



**Raymond K. Wong at The University of Arizona.** <https://www.arizona.edu/about#land-acknowledgment>.

In this final issue of the year, we have some special articles that we would like to highlight. Firstly, AmSECT members participated with members of the Society of Thoracic Surgeons and the Society of Cardiovascular Anesthesiologists in developing new clinical practice guidelines to prevent cardiac surgery-associated kidney injury in our adult patient population (1). As with previous efforts such as with blood management and temperature management in cardiac surgery patients, this work is copublished in *The Annals of Thoracic Surgery* and *Anesthesia & Analgesia*. Partnerships such as these require an immense amount of coordination and collaboration, initially among the authors and then later between the journals. But the endeavor is well worth it as the resulting product is thoroughly researched from differing perspectives, and it will be well-disseminated among the



**Tami Rosenthal, AmSECT President**

multidisciplinary clinicians taking care of cardiac surgery patients. Our congratulations to Drs. Rob Baker and Jeremiah Brown for leading this effort on behalf of our society.

Another article by Ashley Walczak et al. reviews the results of the International Survey of Perfusion Practice for Congenital Heart Surgery 2021 (2). Being able to benchmark ourselves with our colleagues and other institutions can benefit our practice in many different ways. It is very enlightening to see how much change has occurred in pediatric perfusion practice since 1989 when this survey was first launched. The goal of this survey was to provide an updated perspective on international perfusion practice since the last survey in 2016. The responses were received from 153 pediatric centers with the majority of responses coming from non-North American institutions—which was a first. From staffing levels, to competency, to safety devices and circuit components, there were many trends

not only in North America but also in all regions across the world. Check out the results!

Another impactful pediatric surgery submission for this issue describes the extensive experience of Stanford University's Lucile Packard Children's Hospital in conducting complex pulmonary artery reconstruction procedures (3). In this article, the authors review their techniques and data to show paradoxically that long cardiopulmonary bypass times needed for this set of complex procedures need not correlate with postoperative complications and hospital length of stay. Another noteworthy aspect of this effort is the collaboration of an AmSECT member, Tristan Margetson with her senior surgeons, Drs. Mainwaring and Hanley in presenting this body of knowledge to the perfusion community. AmSECT will be encouraging such perfusion-inclusive efforts in the future as mentioned above, by paying for the APCs of such submissions as long as our members are contributive authors in such collaborations.

Finally, we would like to thank Dr. Sidebotham for sharing another wonderful cautionary treatise on hypothesis testing (4). As our journal would like to promote healthy practices in statistical analysis within the perfusion community we welcome this work, recently presented to our southern hemisphere colleagues at the Perfusion Downunder Winter meeting in New Zealand, now available to our wider readership.

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Tami Rosenthal, CCP, FPP, MBA  
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## REFERENCES

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4. Sidebotham DA. Fooled by significance testing: an analysis of the LOVIT vitamin C trial. *J Extra Corporeal Technol.* 2022;54:324–9.