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Editor's note: 'Getting closer to the truth—together'

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Dear Colleagues,

I am deeply honored to become the next editor in chief for *Regional Anesthesia & Pain Medicine (RAPM)*. I would like to first and foremost extend my deep gratitude to Dr Marc Huntoon for his distinguished service to both *RAPM* and the American Society of Regional Anesthesia & Pain Medicine. Under Marc's leadership the journal has thrived, growing its subscriptions, submissions, and Impact Factor. Currently, we are ranked No 5 of 31 journals in the Clarivate Analytics Anesthesiology Impact Factor category. We anticipate approximately 1000 submissions by the year 2020, representing an increase of over 100% from 2006 when Marc assumed the leadership. Marc nurtured us through several key initiatives including the migration to our new publisher *BMJ*, the expansion of chronic pain publications, the creation of the highly popular 'Daring Discourse' section, the formation of a dynamic and diverse editorial board, and the publication of major clinical practice guidelines. These accomplishments are punctuated by his compassionate and mentoring personality, both as a professional and a friend. We want to wish Marc the best in the next chapter of his amazing life and career.

If you were a postmenopausal woman in the 1990s, it is highly likely that your primary care provider would have prescribed hormonal replacement therapy for the prevention of certain types of cancers, cardiovascular disease, and dementia. After all, major leadership societies, advocacy groups, and premier journals were in strong alliance regarding the life-saving qualities of such a simple preventative monotherapy. Fast forward to 2003, when the Federal Drug Administration placed a black box warning on conjugated estrogen as new evidence emerged that the drug actually caused many of the diseases it was thought to prevent. Unfortunately, the reversal of established medical practices occurs at an alarming frequency, with an upper 95% CI approaching a coin toss!¹ From a research standpoint, the contributing factors are complex and likely include unmeasured confounding, lack of validity, misrepresentation of data, publication bias, and even potential fraud.

With this rather depressing reality as a context, the question then becomes, how do we get as close as possible to the 'truth' for every aspect of regional anesthesiology and pain medicine? To complicate the matter further, the fields of acute and chronic pain medicine are evolving at a dramatic pace, with nearly an endless set of new patient populations, procedural techniques, image guidance modalities, and therapies. From *RAPM's* perspective, the way we hedge our bets toward the truth is by embracing high-quality investigations across a wide spectrum

of methodological approaches. We a priori favor no one study design but aim to diversify risks and rewards analogous to how one would invest in a balanced mutual fund with a long-term perspective. Our goal is not to compound dividends and interest, but, rather, to compound research findings that repeatedly point toward the same relationship between an exposure and an outcome. In a 2003 *JAMA* meta-analysis examining the efficacy of epidural analgesia, the authors were able to dramatically conclude:

Epidural analgesia, regardless of analgesic agent, location of catheter placement, and type and time of pain assessment, provided better postoperative analgesia compared with parenteral opioids.²

Such a definitive statement is extremely rare in the publishing world but reflects on the consistent and strong signal from varied data sources and study designs. *RAPM's* fundamental aim is to be able to have more of these unequivocal and time-resistant statements that cover the breadth and depth of the modern medical practice of pain medicine.

To help us meet this challenge, I am thrilled to announce the creation of a new position on the editorial board. Stavros Memtsoudis, MD, PhD, MBA, will act as our first executive editor for Population Health and Social Policy. This position reflects on the Journal's interest in expanding our footprint into better understanding how pain medicine impacts on the sustained health and well-being of the patients and communities we serve. Research investigations that are powered to explore outcomes such as functional status, quality of life, cancer survival, death, cognitive decline, sustained opioid use, healthcare resource utilization, escalation of care, and development of chronic pain are in immediate need. We believe that the ability to empirically connect the dots between pain therapies and outcomes that extend beyond opioid consumption and pain scores will position us strategically for growth in both research funding and public policy.

Over the next year, we plan on launching several innovative strategies to increase journal interest and impact. First, we recognize that social media is critical for the journal to disseminate the findings of our published studies. To that end, we will be expanding the role of Raj Gupta, MD, and Eric Schwenk, MD, who will serve as the coeditors for Social Media. Raj and Eric will drive the social media timing, content, and interaction related to high-impact topics and original research.

Next, we will be creating a new *Research Letter* submission category modeled after other leading journals. With 600 words, two figures, and six references, authors will be challenged to succinctly and impactfully communicate their findings. Such



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a research letter will allow extremely rapid reviews, shorten the time to publication, improve translational medicine, and serve as the basis for great social media material!

Additionally, starting 1 January 2020, all original research will have a bulleted box section entitled 'Editor's Perspective'. In this section, we will be summarizing at a high level the take-home messages from the editorial team's perspective.

Finally, thanks to the ASRA board, we are expanding our statistical editorial capabilities under the leadership of Matthew Davis, PhD, from the University of Michigan. Matt will oversee a statistical hub and spoke model of experts in the field to address the growing complexity of statistical analysis, 'big data', and modeling techniques.

To close, I would like to address the sensitive issue of manuscript rejection. My pledge to the research community is to be fair and transparent regarding how decisions are made. If your manuscript is rejected, you should understand why we have come to that conclusion and how to make your work stronger. Soon available on our website will be the standardized rubric I will be asking all peer reviewers to follow when making their recommendations.

I am honored and excited to lead *RAPM* into the future. The future is indeed bright. The global regional anesthesia and pain medicine community are home to clinical expertise and research

excellence that serve as the pillars of our current and continued successes. Furthermore, our societies are deeply indebted to the tireless volunteers who review and engage with our submissions. Without you, translational science and the advancement of our field would be impossible. You are the vanguards of the truth—and now our journey begins.

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