With all due haste: fast tracking at CMAJ

When it comes to weekends, summer and sex most of us prefer longer. But when it comes to childbirth, the dentist and driving around Toronto, we’d opt for shorter if we could. Propelling research findings into print falls into the latter category: delay is no virtue.

We’re often asked how long we take to publish the articles we receive. The quick answer is that in 2000 we reached a first editorial decision within 60 days for 60% of scientific submissions sent on to peer review. The passage to print publication is slower: about 5 months after formal acceptance. Thus an editorial gestation of up to 8 months between emission (we can’t resist) of a manuscript and birth is not unusual.

More important than the natural impatience of authors is the criticism that health research is important to the public and should be delivered speedily. Medical journals, responding to this criticism (and in a scramble to attract criticism and in a scramble to attract publication for papers of particular importance. The Lancet signifies its fast-tracked articles with a red bird that seems to be a swift; a bicycle with oval wheels is the British Medical Journal’s rather wry advertisement. Although we’re sure that not all research is equally significant, we’re less certain that we can reliably discern which merits its acceleration, or which is likely to be genuinely important in the long run.

But this does not dissuade us from trying. In this issue (see page 1133) we publish our first successful candidate for fast tracking: a report on a growing and important delay between initial diagnosis of breast cancer in Quebec and first surgical procedure. Between 1992 and 1998 this delay increased by 37%.

Dr. Nancy Mayo and her coauthors requested fast tracking on the grounds that their study results were important in and of themselves and that cuts to health care funding, particularly to hospitals during the study period, may have created treatment delays. Meanwhile, further budgetary changes were being considered by the health minister.

We received the manuscript Feb. 20. The first peer reviewer’s comments arrived Mar. 1, and the paper was considered at our weekly editorial meeting Mar. 7.

The authors were asked for extensive revisions Mar. 8 and made our deadline of returning the revised paper on Mar. 12. The paper was accepted on Mar. 14, copyedited on Mar. 15 and sent to the printer with the rest of the issue Mar. 23. Total elapsed time to acceptance was just over 3 weeks; to publication, 8 weeks.

This is slower than driving around Toronto. (Although we’ve heard of an author who managed to write an entire paper while driving around that megalopolis.) But we hope that by invoking the fleet-footed Mercury (the god of eloquence, skill, trading and, um, thieving) as the messenger of science we will stand a chance of keeping up with the improbably plumaged swift and the wonky bicycle.

Information on how to request fast tracking for manuscripts is available in “Writing for CMAJ” at www.cma.ca/cmaj/author.htm.

References

© 2001 Canadian Medical Association or its licensors