Editorial

Behçet's Disease and Other Autoinflammatory Conditions: a brief account of a decade

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This is the introductory article to the 10th issue of the Supplement devoted to Behçet's Disease and other Autoinflammatory Diseases. The following is a brief account of what we had intended to do and what we have done.

We want to remind the new reader that our Supplement is a peer-reviewed, annual supplement to the mother journal *Clinical and Experimental Rheumatology*. It is indexed in all of the pertinent citation sources: *Current Contents/ Clinical Medicine, Current Contents/ Life Science, Excerpta Medica, Index Medicus/Medline, Rheumatology ad Referendum, Science Citation Index*, and the full abstracts of the original articles appear in Medline/PubMed. In other words, it is truly a "journal within a journal" as Stefano Bombardieri, the then and now editor of the mother journal, had proposed when we first started this venture a decade ago.

At that time, we felt that there was a need for a scientific journal specialised in Behçet's disease (BD) and Familial Mediterrenean Fever (FMF), two multisystem conditions especially prevalent in and around the Mediterranean basin. We had planned that our journal would be a source of original articles (both clinical and basic), case reports, reviews, meeting abstracts, and letters to the editor for the clinician/scientist interested in understanding and managing both BD and FMF in the years to come.

The change in name

In 2005, with our 5th issue, we changed our name from "*Behçet's Disease and Familial Mediterranean Fever*" to the current name: "*Behçet's disease and Other Autoinflammatory Conditions*". We reasoned that this was fitting because of the increasing attention of the scientific community to "autoinflammation", since "autoimmunity" was increasingly becoming less adequate in explaining the "hows and whys" of many of our diseases that include inflammation, such as BD and FMF (1). The realisation of the FMF-pyrin association in the recent past has been obviously also very pivotal in our decision to change the title.

Yearly record of the number of manuscripts submitted and accepted for publication

Tables IA and IB give the number of articles submitted and accepted. Over the years, usually around 2/3 of the manuscripts submitted concerned BD. It should be noted that as of 2009 we have been accepting 46% of all the articles (BD + FMF) submitted, while the acceptance rate was 73% when we first started. It should also be noted that our reviewers or even our editor for the BD part might have been, thus far, more soft hearted when dealing with manuscripts related to BD.

Geographic origin of the manuscripts submitted

Tables IIA and IIB list the country of origin of the submitting authors. It is to be noted that Turkey and Korea lead the list in BD, while Turkey and Israel lead the list in FMF. This is to be expected given the comparative high frequency of either condition in these geographical areas. On the other hand, it is gratifying to note that many of the manuscripts are also coming from Italy, Greece and Germany, most probably because of an increased awareness of these diseases in these countries.

Types of articles published

Tables IIIA and IIIB give the distribution of the types of articles published. The categories IC, ID and IE represent

Table IA. Acceptance rate of BD manuscripts.

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010*
No. received	19	19	17	28	21	34	26	22	42	28
No. accepted	11	10	11	23	13	26	17	14	22	6
Acceptance rate %	58	53	65	82	62	76	65	64	52	21

*as of June 30, 2010.

Table IB. Acceptance rate of FMF manuscripts.

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010*
No. received	7	13	11	10	10	5	8	13	13	9
No. accepted	6	8	8	7	4	5	5	9	1	1
Acceptance rate %	86	61	73	70	40	100	63	69	8	11

*as of June 30, 2010.

Table IIA. Geographic origin of submitted papers (BD).

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010*	Total
Europe:	13	12	10	18	14	22	11	12	23	17	152
North America		1		3				2			6
Central and South America											
Asia: Australia	4	5	6	6	4	11	11	5	15	7	74
Africa	2	1	1	1	3	1	4	3	4	4	24

*as of June 30, 2010.

Table IIB. Geographic origin of submitted papers (FMF).

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010*	Total
Europe:	7	9	8	5	7	4	6	7	11	8	72
North America					2			1			3
Central and South America											
Asia: Australia		4	3	5	1	1	2	5	2	1	24
Africa											

*as of June 30, 2010.

those articles about basic science. They make up 57/148 (39%) of the articles about BD and 15/67 (22%) about FMF. The case reports can be considered the most clinically oriented publication type. In this survey the categories IIIA and IIIB represent case reports. Such case reports, in turn, make up 32/148 (22%) of BD and 17/67 (25%) of the FMF papers. These ratios, we like to think, represent a fairly well-balanced distribution of the article types found in a journal, mainly aimed at the clinician/scientist.

Meeting abstracts

As with the abstracts presented at the recent 14th International Society for Behçet's Disease in London (July 8-10, 2010), our previous issues included the abstracts of the III International Conference on Familial Mediterranean Fever and Hereditary Inflammatory Disorders (Montpellier, France, September 23-27, 2002); the 11th International Conference on Behçet's Disease (Antalya, Turkey, October 27-31, 2004); the 12th International Conference on Behçet's Disease (Lisbon, Portugal, September 19-23, 2006); the 13th International Conference and the 5th Patients' Convention on Behçet's Disease (Portschach/Klagenfurt, Austria, May 24-27, 2008).

Have we reached our aims?

A similar editorial written by S. Bombardieri and C. Vitali in 1990 (2) regarding the initial 8 years of the mother journal perhaps gives us a point of reference for judging how we have been doing. Table I shows that the total number of articles submitted to our Supplement between 2001 and 2009 was 315, which translates into 35 manuscripts per year. We understand that the mother journal had received 1072 manuscripts in the initial 8 years giving 153/year. Given that *Clinical and Experimental Rheumatology* was a quarterly journal in those years (hence had a considerably more rapid publication time) and has been open to all aspects of rheumatic diseases, it makes us think we have done rather well. Furthermore, the fact that in 2009 there were 55 submissions while this figure is 37 for the initial 6 months of 2010, is also encouraging.

One of us (HY) has been recently involved in a 10-year survey of all publications in Behçet's disease published in the 15 highest ranking (by impact factor) journals of rheumatology, dermatology, ophthalmology and general medicine (3). It was pleasantly surprising to note that out of the 602 original articles on BD within the last decade as listed on PubMed, 143 (24%) had appeared in our Supplement.

Where do we go from here?

There is surely great deal of room for improvement in what we have been doing. We should certainly seek a wider audience in the Americas and Australia while enlarging our presence in the other regions. It is apparent that we should seek for more representation of basic science in the ever growing field of autoinflammation. We will indeed continue to be more selective in the articles we will eventually publish and maybe it is time for a more frequent Supplement, perhaps, for starters, every 6 months.

Finally, this is also surely the proper

place and time to thank all of our contributors, reviewers, and especially the readers for making all this effort worthwhile.

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Table IIIA. Types of article published - BD.

	2001	2002	2003	2004	2005	2006	2007	2008	2009	Total
IA	1	1			4	1	2	3	3	15
IB	1			3		1				5
IC	1		2	1	1	3		4	8	20
ID	3	2	2	3	7	3	8	3	5	36
IE							1			1
IF										0
IIA			2							2
IIB							1	1	1	3
IIC	1					1				2
IIIA	3	3	3	2	3	3	1	3	3	24
IIIB	2	3		1		1	1			8
IV	3	2	2	2	4	5	5	2	3	28
V		1		1		1		1		4
VI										0
Total	15	12	11	13	19	19	19	17	23	148

Table IIIB. Types of article published - FMF.

	2001	2002	2003	2004	2005	2006	2007	2008	2009	Total
IA	2			2			1	1		6
IB			1	2					1	4
IC		2				2		2	1	7
ID	2	1		2	1	1	1			8
IE										0
IF										0
IIA				1						1
IIB	1			1					1	3
IIC										0
IIIA	1	1	2	2	1		2	3	1	13
IIIB	1	1		1		1				4
IV	2	2	2	2	2	2	2	2	3	19
V		1								1
VI	1									1
Total	10	8	5	13	4	6	6	8	7	67

Legend:
IA: Original articles (other than treatment) – mainly clinical (case series of more than 5 patients)
IB: Original articles (other than treatment) – mainly epidemiology
IC: Original articles (other than treatment) – genetic association studies
ID: Original articles (other than treatment) –mainly laboratory, other than genetic association
IE: Original articles (other than treatment) – mainly animal
IF: Original articles (other than treatment) – others
IIA: Original treatment articles – controlled clinical trials
IIB: Original treatment articles – not controlled drug experience
IIC: Original treatment articles – others
IIIA: Case reports – single
IIIB: Case reports – 2-5 patients
IV:. Reviews and Editorials
V: Meeting reports
VI: Others