WHY WE *DO* NEED A NEW GOLD OPEN ACCESS JOURNAL CALLED "BRAIN, BEHAVIOR AND IMMUNITY - HEALTH"

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This Viewpoint is published concomitantly in both Brain Behavior, & Immunity and the new journal, Brain, Behavior & Immunity-Health, to reach the widest possible audience

Where do scientific papers go when they are rejected from Brain, Behavior & Immunity (BBI)?

If you are reading this editorial, you probably are familiar with the journal, BBI. 1-3 Dedicated to studies dealing with behavioral, neural, endocrine, and immune system interactions in humans and animals, BBI is an international, interdisciplinary journal devoted to original research in neuroscience, immunology, integrative physiology, behavioural biology, psychiatry, psychology, and clinical medicine, and is inclusive of research at the molecular, cellular, social, and whole organism level. The term map of all the papers published in BBI between 2013 and 2017 (Figure 1) shows the breadth and depths of the topics covered by the journal (most impactful topics in terms of citations in red, least impactful topics in blue).

With a healthy impact factor stably hovering around 6 over the last few years, BBI receives approximately 1000 submission per year – and it rejects around 750 of them. A lot of these are good papers, but simply unsuitable for BBI. We have decided to capture at least some of the rejected papers in a sister journal, named *BBI-Health*.

There are many reasons why a paper is unsuitable from BBI, and a lot of rejected papers are valuable studies that end up published in other good journals. An internal study conducted by Elsevier has tracked down papers rejected from BBI in 2013-2017 which then went on to be published in other scientific journals. Elsevier used the title and the authors' names to track each rejected paper, to see if they got published and, if so, where and when, and how each paper performed in terms of citations. Inevitably, some papers would have been untraceable because the title was changed, the data split or merged within other publications, or the authors had simply moved on and not published it. But, of those that were subsequently published and traceable, most have been published in quality journals.

So, why were these papers rejected by BBI? Within BBI, there is an emphasis on studies that have a mechanistic component (i.e., try to explain what process underpins the results) and that have both biological and behavioural data (including some measure of immunity in its broader sense). So, papers that are scientifically sound but tend to be more descriptive, or presenting hypotheses that have been extensively investigated before, or lacking a behavioural relevance, or presenting conclusions that are simply too preliminary, are considered unsuitable for BBI.

Yet, these papers could be helpful in bringing research in psychoneuroimmunology forward, and often have clinical relevance. Some papers are clinical studies: for example, case-control comparisons of small sample size or measuring descriptive biomarkers that have been investigated before in the same types of clinical groups. And some are pre-clinical studies, like animal investigations testing a drug which is a me-too compound or affects a well-known mechanism.

BBI-Health has been launched in order to capture at least some of these good-quality-yet-rejected papers. BBI-Health will allow the transfer of papers from BBI to BBI-Health, either before peer-review (if the paper is clearly deemed unsuitable for BBI yet of sufficient quality) or after peer-review (if the referees highlight concerns akin to what we have described above). The good news is that authors will be able to revise their paper based on the referees' comments even if the paper is rejected by BBI and transferred to BBI-Health, thus minimising delays in the editorial process. BBI's referees too, hopefully, will find their work more useful, as, even if the paper is rejected from BBI, their suggested changes will need to be integrated in the revised version before submission to BBI-Health.

But of course, BBI-Health is not, and will not be, just about capturing rejected papers. Over time, we are confident that the clinical focus of the journal (when

compared with BBI) will become clear to the broader family of readers and scientists, a lot of whom are members of the affiliated society, the Psychoneuroimmunology Research Society. We are immediately inviting direct submission to BBI-Health for papers that fulfil the broader criteria described above of strong emphasis on translation and clinical, rather than mechanistic, relevance.

Moreover, BBI-Health will publish paper formats that are clinically very relevant but yet are simply not accepted in BBI: research protocols of clinical studies and clinical trials; case reports or case series at the interface between psychology, psychosomatics, immunology, psychiatry and neurology; realist reviews, illustrating the method for implementation research; and papers discussing policy, including ethical, health and cultural implications of research in psychoneuroimmunology. BBI-Health will be broader – not narrower – than its older sister, BBI.

Finally, there is an ambition that BBI-Health will be an open-access, high-quality journal that will fulfil the criteria of the new 'open access' policy detailed in 'Plan S' and endorsed by a number of funders in the cOAlition S, including the Wellcome Trust, UK Research and Innovation, the European Research Council and the Bill & Melinda Gates Foundation, who may eventually stop funding open-access publications in hybrid journals. If or when this happens, the community of scientists interested in psychoneuroimmunology and immunopsychiatry will be ready with a dedicated journal.

We are already thinking at what data we can publish in BBI-Health. Are you?

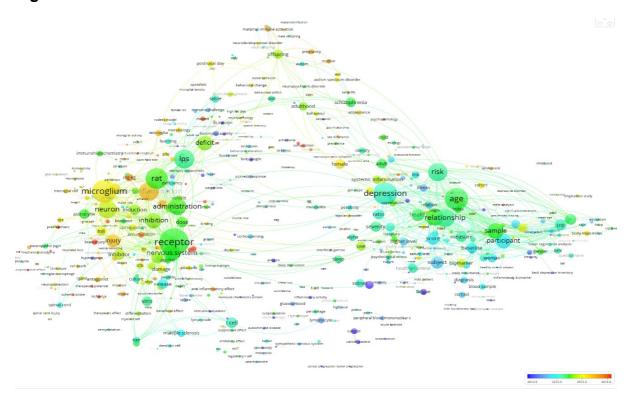
Acknowledgements

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References

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Figure 1



Term map of all the papers published in BBI between 2013 and 2017 (Figure 1) shows the breadth and depths of the topics covered by the journal (most impactful topics in terms of citations in red, least impactful topics in blue).