Where to send my manuscript

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58th Annual Meeting of the AAPM
Session WE-E-204-3
August 3, 2016

Journals

1. Radiology
2. American Journal of Roentgenology (AJR)
3. Journal of the American College of Radiology
4. Health Physics

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Radiology

Editor
Herbert Y. Kressel, MD

Associate Editors (Medical physics)
Zheng Chang, PhD
Andrew Karellas, PhD
Ioannis Sechopoulos, PhD

Consultants to the Editor
David Gur, ScD
John M. Boone, PhD

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Policies

- Sole Submission to Radiology
- Redundant Publication
- Scientific Misconduct
- Conflicts of Interest
- Authorship
- Fast-Track Manuscript Processing
- Editorial Pre-Review
- Plagiarism

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Policies

- Redundant Manuscript Screening
- Rights and Permissions
- Human and Animal Studies
- Clinical Trial Registration
- License for Use of Images
- Open Access Policy
- Immediate (gold) , after 6 months (green)

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*Impact Factor

2016: 6.79 (5 year 7.326)

*The Impact Factor is calculated by dividing the number of citations in a given year by the total number of articles published in the two previous years. An impact factor of 1 means that, on average, the articles published one or two year ago have been cited one time

*Journal Citation Reports, Thomson ISI, Reuters

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Manuscript Submissions

RSNA Radiology

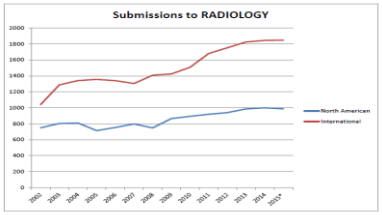
2835 approx. in 2015
2843 submitted in 2014
2811 submitted in 2013
2689 submitted in 2012
2639 submitted in 2011

2015

35% North America
65% International

7

RSNA Radiology



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RSNA Radiology

RADIOLOGY SUBMISSIONS
JOURNAL YEAR 2015
January 1, 2015 - August 31, 2015

North American Submissions

United States	583
Canada	73
Mexico	2
Total	658

International Submissions

China	233
Korea	210
Japan	106
Germany	94
France	89
The Netherlands	71
United Kingdom	64
Italy	63
Switzerland	48
Taiwan	26
Spain	21
Brazil	20
Australia	19
Austria	16
Turkey	14
India	13
Israel	13
Sweden	13
Belgium	12
Singapore	9
Poland	8
Egypt	7
Iran	7
Portugal	7
Denmark	6
Hong Kong	5
Croatia	4
Greece	4
Norway	4
Finland	3
Lebanon	3
Pakistan	3
Colombia	2
Ireland	2
Malaysia	2
Saudia Arabia	2
Serbia	2
Chile	1
Hungary	1
Indonesia	1
Iraq	1
Kazakhstan	1
Martinique	1
Nigeria	1
Total	1231
TOTAL - ALL SUBMISSIONS	1889

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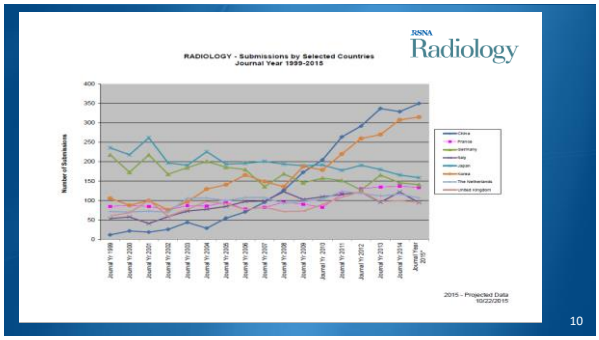

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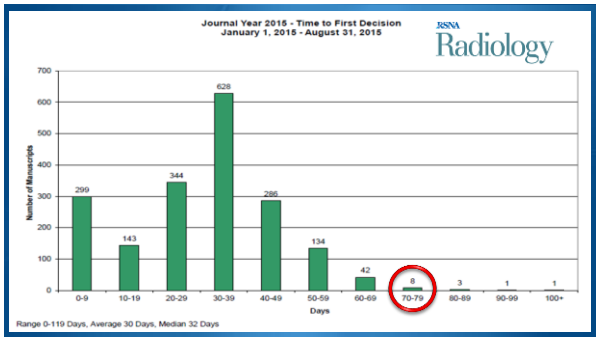

American Journal of Roentgenology

Editor in Chief
Thomas H. Berquist, MD

Medical Physics and Informatics
E. Russell Ritenour, PhD

Assistant Editors
Richard L. Morin, PhD
Kent M. Ogden, PhD
Daniel E. Wessell, MD, PhD

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Types of articles

Clinically related
Articles for special issues “hot topics”
Technical Innovations

ISI Impact factor (2015): 2.66

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Guest Editorial

Section Editor’s Notebook: Medical Physics and Informatics—What Has My Physicist Done for Me Lately?

What is the purpose of a medical physicist in diagnostic radiology today? To be sure, a growing body of statutory authority calls for the expertise of a medical physicist. The presence and compensation of medical physicists can be tied to the need for meeting requirements of the American College of Radiology [1] and of state [2] and federal [3] authorities. In many institutions, the medical physicist plays a vital role in the education of various health care professionals that is mandated by the Accreditation Council for Graduate Medical Education [4]. This includes preparation of residents and fellows for board along with any necessary caution as to need for further steps, such as communication and documentation. In other words, it is the kind of communication that physicians have with vasrious medical colleagues on a daily basis and should expect to have with a medical physicist.

Brevity is not an easy task. As scientists, we want to make sure that we have covered all of the issues related to a basic question, including references and derivations. PowerPoint presentations and handouts make us feel that we’ve done justice to the topic. But for a hallway conversation, a brief answer is all that is needed. To that end, we have chalthe great mathematician and physicist Blaise Pascal seems to be the earliest. I had to go back to my office and look that up.

Please send comments and suggestions for FAQs in Medical Physics to the *AJR* Editor for Medical Physics and Informatics, E. Russell Ritenour, PhD.

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Section Editor for Medical Physics and Informatics; Department of Radiology and Radiological Sciences, Medical University of South Carolina
ritenour@musc.edu

DOI:10.2214/AJR.15.14705

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Why Does Patient Dose Increase With Tube Energy in CT When It Does the Opposite in Radiography?

Patient dose decreases with increasing energy in mammography and projection radiography, but patient dose increases with energy in CT. What makes CT special in comparison with the other two modalities and what is the impact of automatic exposure control (AEC) on the answer?

Short Answer

More x-rays are absorbed in the patient at lower energies. However, x-ray tubes are more efficient at higher energies (tube voltages [kVp]), so more photons are produced. This second factor plays a bigger role in CT technique selection than it does in radiography.

Long Answer

At lower x-ray energies, absorption in the patient is more likely than at higher energies, so patient dose is higher. An AEC system will keep the exposure going until the image receptor has received enough dose to register an image with an acceptably low noise level. At lower energies, this image registration occurs when more absorption has occurred “upstream” (closer to the x-ray tube), so the patient dose is higher. At higher energies, when the image receptor has registered enough photons to form an image, fewer photons have been absorbed in the patient “upstream.” So patient dose decreases as energy increases in radiography.

On a radiographic system, the AEC system usually controls exposure time, shutting off the exposure when enough photons are detected by the image receptor. However, in most CT systems, the exposure time (rotation speed) is fixed. The role of an AEC system in CT is determined by preset protocols and by some measurements obtained from the scout view survey image of the patient. However, another general principle is that x-ray tubes are more efficient at higher energies. In CT, this effect more than makes up for the photon absorption effect. As the photon energy (as determined by the tube voltage) increases, the efficiency of x-ray production increases and more photons are produced per unit time. So, for a fixed exposure time, patient dose increases as energy increases for CT.

There are, as usual, some complications to this explanation, such as K energy absorption edges, and some variations in how AEC systems work. Also, the effects of varying CT protocols for different imaging situations and the added effects of postprocessing of the digital images can become complex.

However, these general principles apply.

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DOI:10.2214/AJR.14.14075
WEB—This is a web exclusive article.

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AJR

Medical Physics and Informatics • Opinion

The Role of the Medical Physicist in Managing Radiation Dose and Communicating Risk in CT

Cynthia H. McCollough[1]

OBJECTIVE. This article discusses the discrepancy between the public's perception of radiation risk and the actual risks from low doses of ionizing radiation. Resources from the medical physics community that can be used to manage dose levels in CT examinations are reviewed. An approach is described for presenting information about radiation risks and benefits to patients that supports dose management and acknowledges that risks from the low doses of radiation used in medical imaging either are too low to be reliably detected or do not exist.

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AJR

Manuscripts received per year: Approx. 2,000
Equal author contribution allowed
United States: 50.2 %
International: 49.8 %
Ithenticate® software is used
Rejected in pre-review: ~10%
Average time for first decision: 30 days
Acceptance rate: Approx. 20%

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JACR

Journal of the American College of Radiology

Impact factor (2015): 2.9

Editor-in-Chief
Bruce J. Hillman, MD

Associate Editor for Physics
Mahadevappa Mahesh, MS, PhD

Board members (Physicists)
Richard L. Morin, PhD

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JACR | Journal of the American College of Radiology
Health Services Research & Policy ▪ Clinical Practice Management ▪ Training and Education ▪ Leadership

JACR focuses on health services research and policy, clinical practice management, leadership, and training and education. It does not publish technical notes, clinical research, or reviews. Physics-related work published to date has mostly focused on quality improvement, especially dose reduction.

JACR has an associate editor for physics and a monthly column, The Medical Physics Consult. Of all submitted manuscripts, the acceptance rate is exactly 50%.

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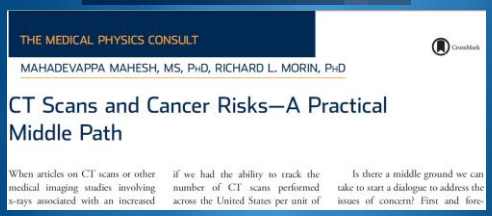
JACR | Journal of the American College of Radiology
Health Services Research & Policy ▪ Clinical Practice Management ▪ Training and Education ▪ Leadership


THE MEDICAL PHYSICS CONSULT

MAHADEVAPPA MAHESH, MS, PhD, RICHARD L. MORIN, PhD

CT Scans and Cancer Risks—A Practical Middle Path

When articles on CT scans or other medical imaging studies involving x-rays associated with an increased

if we had the ability to track the number of CT scans performed across the United States per unit of

Is there a middle ground we can take to start a dialogue to address the issues of concern? First and fore-

Case Studies in Clinical Practice Management

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THE RADIATION SAFETY JOURNAL
HEALTH PHYSICS

Editor-in-Chief

Michael T. Ryan, PhD

Editorial Board

Extensive with expertise in radiation protection, dosimetry and some in medical physics

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THE RADIATION SAFETY JOURNAL
HEALTH PHYSICS

Health Physics is the official journal of the Health Physics Society

Turnaround time from submission to first decision from the Editor is 43 days.

Time from submission to publication is approximately 7 months.

Submissions may be made to *Health Physics* or *Operational Radiation Safety* online at the Editorial Manager website http://www.editorialmanager.com/hpj/default.aspx.

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THE RADIATION SAFETY JOURNAL
HEALTH PHYSICS

General focus area
Radiation safety

Disciplines include
Health physics
Radiation dosimetry
Operational radiation safety
Radiation epidemiology, radiation effects, radioactive materials (industry or medical)

Impact factor: 1.19

http://journals.lww.com/health-physics/pages/aboutthejournal.aspx

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THE RADIATION SAFETY JOURNAL
HEALTH PHYSICS

Current acceptance rate: 75-80%

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Thank you
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