It is probably a bit ironic that “paper” is the traditional gift for a first anniversary, as it symbolizes strength from the interlacing of individual threads. That symbolism is germane for the Editors-in-Chief of Epilepsia as we celebrate our first year at the Journal. Epilepsia’s success relies and depends on the concerted effort of many individuals working voluntarily and together with the common goal of producing a high quality medical journal devoted to epilepsy care and their patients around the world.

It does not seem like a year has gone by, but it has. This editorial focuses on what has been accomplished since we took over in July 2013, and, just as importantly, highlights our vision for the future of Epilepsia. As always, the Editors are open to new ideas for the development of any topics, and we encourage you to send them to epilepsy@epilepsia.com.

**CONTENT DEVELOPMENT AND ENHANCEMENT**

The core of any medical journal is its content, and Epilepsia strives to be the most respected medical subspecialty journal in the field of original clinical and basic science research in epilepsy and its related disciplines. This is our core mission. We receive >1,100 articles per calendar year—submissions continue to increase—and publish ~200+ original research articles (print and electronic) and Brief Communications (electronic only). Each new submission is screened by the Editors-in-Chief, and often by one or more of our Associate Editors, and is assessed for originality, novelty of study content, and potential impact to the field. If the subject matter is seen as having high significance (even if a negative study), we conduct a secondary assessment, looking at the study design, sample size, and statistical methods to determine if the report is credible and meets our quality standards. This initial screen results in 40–45% of submissions being editorially rejected without peer review. The usual reasons for editorial rejection involve low impact studies or studies with clearly evident flaws in sample size and experimental design. These problems are not new, as discussed in a recent commentary by Phil Schwartzkroin, immediate past Editor-in-Chief, on how to get an article published in Epilepsia. If a submission clears the initial assessment and goes out to reviewers, there is about a 1 in 3 chance that it will be eventually accepted for publication in Epilepsia. Acceptance rates are likely to remain competitive, and to understand what editorial staff is looking for, we encourage authors to review Dr. Schwartzkroin’s article when thinking of writing a paper for Epilepsia or any other epilepsy-related scientific journal.

We expanded our editorial content over the last year to complement our usual Invited Reviews, Regular Articles, and Brief Communications. One of Epilepsia’s new article categories is our recently introduced Controversy in Epi-
G. Mathern and A. Nehlig

Table 1. Controversy in Epilepsy series (through May 2014)

<table>
<thead>
<tr>
<th>Organization/individual</th>
<th>Published issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay Mitchell</td>
<td>October 2013</td>
</tr>
<tr>
<td>RE Children’s Project</td>
<td>December 2013</td>
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<tr>
<td>The Hemispherectomy Foundation</td>
<td>January 2014</td>
</tr>
<tr>
<td>Dravet Syndrome Foundation</td>
<td>February 2014</td>
</tr>
<tr>
<td>Korea Name Change</td>
<td>March 2014</td>
</tr>
<tr>
<td>Tuberous Sclerosis Alliance</td>
<td>April 2014</td>
</tr>
<tr>
<td>Kristin Seaborg</td>
<td>May 2014</td>
</tr>
<tr>
<td>Michael Foundation</td>
<td>June 2014</td>
</tr>
<tr>
<td>The PCDH19 Alliance</td>
<td>July 2014</td>
</tr>
<tr>
<td>Hope for Hypothalamic Hamartomas</td>
<td>August 2014</td>
</tr>
<tr>
<td>Sophie’s Story</td>
<td>September 2014</td>
</tr>
<tr>
<td>Muir Maxwell Trust</td>
<td>October 2014</td>
</tr>
<tr>
<td>An Interview with: Jorge J. Rodriguez,</td>
<td>November 2014</td>
</tr>
<tr>
<td>SUDEP Aware</td>
<td>December 2014</td>
</tr>
<tr>
<td>Epilepsy South Africa</td>
<td>January 2015</td>
</tr>
<tr>
<td>Ring Chromosome 20 Syndrome</td>
<td>Pending</td>
</tr>
</tbody>
</table>

We are actively seeking other nominations at epilepsia@epilepsia.com.

Table 2. My Epilepsy Story

<table>
<thead>
<tr>
<th>Organization/individual</th>
<th>Published issue</th>
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</thead>
<tbody>
<tr>
<td>An unknown quantity</td>
<td></td>
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</tbody>
</table>

Table 3. Use of medical marijuana in treating epilepsy—June 2014

To participate please go to http://surveys.verticalresponse.com/a/show/1539433/4235ab9776/0

Based on the information from the Invited Review, Pro- and Con-position do you believe:

- There are sufficient SAFETY data to allow for open nonprescription use of medical marijuana in treating epilepsy.
- There are sufficient SAFETY data for use of medical marijuana in treating epilepsy but only with prescription and under medical supervision.
- The SAFETY data are insufficient and medical marijuana should not be used for treating epilepsy without more studies.
- Based on the information from the Invited Review, Pro- and Con-position do you believe:
  - There are sufficient data showing EFFICACY to allow for uncontrolled use of medical marijuana in treating epilepsy.
  - There are sufficient EFFICACY data for use of medical marijuana in treating epilepsy but only with prescription and under medical supervision.
  - The EFFICACY data are insufficient and medical marijuana should not be used for treating epilepsy without more studies.
- What is your opinion about having pharmacologic grade compounds containing cannabidiol available to use in patients with epilepsy?
  - Yes, such compounds should be available
  - No, such compounds are not needed as growers can provide the medicals
- Would you advise patients with severe, catastrophic epilepsy who have not responded to approved therapy to try medical marijuana?
  - Yes
  - No

If you wish to pitch an idea for the Controversy in Epilepsy series, please contact the Editors at epilepsia@epilepsia.com.
Location on Epilepsia/Wiley website where slides summarizing the findings of the study can be found and downloaded under Supporting Information. See circled areas.

Figure 1.

Epilepsia Weekly Newsletter

Figure 2.

Example of Epilepsia’s e-Newsletter announcing before-print articles and special articles of interest to our readership. Individuals who are interested in receiving the e-Newsletter can make a request to epilepsy@epilepsia.com.
published in future editions of Epilepsia. Depending on readership response, we hope to make this feature a permanent component in Epilepsia’s content.

Another way to enhance content and its visibility is for readers to have access to PowerPoint slides that summarize the major findings of our published work. This feature was added over the last 6 months; authors are asked to prepare one or two slides, and these are made available on the Epilepsia/Wiley website under Supporting Information (Fig. 1). We hope that readers avail themselves of these summary slides, which can be used for educational purposes.

**Better Access and Visibility of Epilepsia Content**

Great content related to epilepsy is of limited value unless it is disseminated and people know about it. To that end, Epilepsia’s editorial team has developed improved ways for the journal’s content to be disseminated to a wider readership. Perhaps the most visible and successful of these enterprises has been our free e-Newsletter started in September 2013 (Fig. 2). Released on most Friday’s, Epilepsia’s e-Newsletter is sent to >17,000 e-mail addresses and contains up to six new articles available before the print edition. Other e-Newsletters are sent announcing important League position papers and reports, and announcements, such as the winner of the annual prize for best published paper in Epilepsia. On average, about 20% of recipients open the e-mail, and from 5% to 7% click to download articles (Fig. 3). This is an efficient and cost-effective way to get new information to our international readers; if you do not already receive
Figure 6. Carlos Burges (left), Jorge Grangel (middle), and Carlos Grangel (right) together with some of their creations as part of Grangel Studios.

Epilepsia © ILAE

Figure 7. Old and new cover design for Epilepsia.

Epilepsia © ILAE

Figure 8. Icons for different article types in Epilepsia.

Epilepsia © ILAE
the e-Newsletter and would like to, please contact us at epilepsia@epilepsia.com.

Associated with the release of the e-Newsletter, the number of downloads per month of Epilepsia articles has increased (Fig. 4). You can find the link for the e-Newsletter at Epilepsia’s website and Scholar One for those submitting new papers for review. Delegates registering for the ILAE’s International or Regional Congresses will also have the opportunity to request Epilepsia’s e-Newsletter. In addition, Epilepsia also tweets and assesses Facebook use of our content, and we will be looking at ways to expand the use of social media and presence on these sites to announce new content in the Journal.

Another important way to enhance the dissemination of Epilepsia’s content for our international audience, and a topic for development, is for non-English readers to have...
access to Epilepsia’s content in their native language. As an example, an opportunity presented itself over the last year through one of ILAE’s chapter, the Chinese Association Against Epilepsy (CAAE). The CAAE asked if articles from Epilepsia could be translated into Chinese and made available through the newly created Chinese Epilepsy Journal for the many clinicians in that region who have trouble reading English. After several months of negotiations, an agreement has been reached and our Chinese colleagues should be seeing selected Epilepsia content in the coming year. Epilepsia and the ILAE are looking forward to working with others in a similar model to provide content in other languages through one of our chapters or regional commissions. If chapters have an interest in Epilepsia content for translation, please contact the Editors.

**NEW LOOK**

A principle well known in the world of communication is that for material to be seen as trustworthy and fresh, the manner in which a topic is presented is as important as the content itself. Therefore, it is not a bad idea to regularly assess the “look” and image of the journal with the goal of improving our ability to communicate with our readers. An important example of this improvement is seen in this print edition of Epilepsia, where we introduce several new features.

The most visible is our front cover, where we have a new logo and a new design. The new Epilepsia logo (Fig. 5) was designed and hand drawn by Carlos Burges, who has > 40 years of experience creating logos, movie posters, and corporate letterheads. Jorge and Carlos Grangel assisted him, and they are from the world-renowned character and animation Grangel Studio in Barcelona Spain (Fig. 6). They initially prepared about 15 ideas that were evaluated by our editorial team. The final one was selected for its visual appeal, and modern, elegant, and functional look. With the new logo, we also thought it was time to take a look at our cover design, which now has been redesigned for a more modern look, with the help of the design team at Wiley, Inc. (Fig. 7). We hope our readers find this new look fresh and exciting, and that it helps brand Epilepsia as the world leader in medical publishing in epilepsy-related research and care.

Changes to the Journal are not all external. As many may have already noticed, the Editors have made changes to the internal look of the Journal over the last year. For example, articles are accompanied by pictures of the first author, so readers can attach a name with a face and identify new investigators in the field of epilepsy. In addition, we are introducing icons to help readers visually identify quickly what type of article they are reading, whether it is My Epilepsy Story, Controversy in Epilepsy, Invited Review, Regular Article, or Brief Communication (Fig. 8).

**ASSESSMENT AND FUTURE DIRECTIONS**

As mentioned at the start of this Editorial, our work as Editors would not be possible without the tireless support and contributions from our Associate Editors, Members of the Editorial Board, and our production staff at Wiley. Special thanks go to our Associate Editors who are instrumental in helping us assess submissions, and communicate often several times per week with the Editors and Managing Editor. In addition, they actively participate in monthly telephone conference calls, often at unfriendly hours of the day, given our global representation (Fig. 9). They are as much a part of the Epilepsia team as the Editors-in-Chief.

As we look toward the future, Epilepsia will continue to strive to improve content, expand distribution and access, and improve our functionality for our readers and all others interested in the care and treatment of people with epilepsy. In the coming months, expect a new rollout of the annual Epilepsia prize for the best paper on clinical and basic research published in the previous calendar year. We will also be looking at ways to improve the synergy between Epilepsia, Epileptic Disorders (our new sister journal), and the ILAE website, with an eye toward creating a strong portfolio of content for the epilepsy-related international community. As we identify ways to improve the Journal, if you have comments or suggestions, we as Editors would like to hear from you. Thank you for our first year, and we look forward to year 2 and beyond.

Gary W. Mathern  
Co-Editor in Chief, Epilepsia

Laurie Beninsig  
Managing Editor, Epilepsia

Astrid Nehlig  
Co-Editor in Chief, Epilepsia

**REFERENCES**