The Journal of Clinical Immunology: An international Journal for Primary Immunodeficiencies and Related Human Immunologic Diseases

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We have taken the reins of the Journal of Clinical Immunology (JoCI), which was founded by Sudhir Gupta in 1981 following a suggestion from Henry Kunkel to develop a *Journal* that would focus on human clinical immunology, and has been the official publication of the Clinical Immunology Society (CIS) since 2011. The *Journal* has continued to evolve under the successive leadership of editors-in-chief and deputy editors who worked in the field of primary immunodeficiency disease (PID). We succeed Dr. Thomas Fleisher, Editor in Chief, and Kathleen Sullivan Deputy Editor emeriti (2011–2012) who both focus their research efforts on PID which has always been an important focus of the *Journal*. In this historical context, what is our agenda for the journal?

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It is our intent to further focus the *Journal* on studies related to human immunology that are based on single-gene inborn errors of immunity, another designation for PIDs. We take this concept of monogenic inborn errors of immunity in the broadest sense, to include such errors that can underlie highly diverse phenotypes, including a variety of infections, tumors, autoimmunity, and allergy, as recognized in the 1950s and 1960s, but also hemophagocytosis, alveolar proteinosis, autoinflammation, granulomas, microangiopathies, macular degeneration and many others that have been recognized more recently. We have come to realize in recent years that the range of phenotypes caused by PIDs is much broader than that initially thought to be the case in the 1950s. We will increase our focus on monogenic PIDs while being aware that these disorders may not necessarily be Mendelian, with full clinical penetrance. Accordingly, the investigation of single-gene defects with incomplete penetrance will be encouraged in the *Journal*, as this is certainly a new frontier in the field.

We will also give particular attention to the “phenocopies” of PIDs, such as those caused by somatic mutations and autoantibodies. For example, somatic mutations in Fas can cause clinical manifestations almost indistinguishable from germ-line mutations in the same gene, with autoimmune lymphoproliferation. Likewise, autoantibodies against GM-CSF and germ-line mutations in the GM-CSF receptor can both cause alveolar proteinosis. These two examples illustrate both the enhanced focus and breadth of the *Journal* that will occur during our tenure as Editor in Chief and Deputy Editor. We will favor clinical investigations, typically, but not necessarily, conducted in human patients or with human samples. We will encourage high impact submissions that will advance the field of PIDs and their phenocopies. We will also consider other cutting edge manuscripts related to immunological-based human clinical diseases, as some of these could in the future turn out to be the result of yet

unknown PIDs. In addition, epigenetic studies of abnormal immunity underlying human diseases will also be encouraged.

It is our intent that the *Journal* should serve as a forum to report new findings pertaining to the genetic, immunological, or clinical description of patients with immunologic disease. Case reports of patients will continue to be encouraged. The field will not advance without better descriptions of these patients and their various cellular, immunological, and clinical phenotypes. All patients are unique and unusual features should be reported; we continue to encourage such reports that can be published as Astute Clinician reports in the *Journal* under the supervision of Steven Holland, an Associate Editor of the *Journal*. Small series of such patients will also continue to be encouraged.

In summary, we encourage the submission of studies that carefully evaluate patients with new clinical diseases, of new immunological or clinical phenotypes of known conditions, and in new ethnic groups, or in new environments. Needless to say, we also encourage the submission of manuscripts that would report novel genetic etiologies or new mechanistic insights into the pathogenesis of immunological diseases.

The *Journal* has the unique opportunity to become the leading journal in the field of PID since there is no competing journal of significant merit in this field. Furthermore, this field is quickly expanding; perhaps more so than any other field in human immunology, pediatrics, or internal medicine. Currently, cutting edge PID papers are published sporadically in a long list of journals that specialize in fields as diverse as pediatrics, internal medicine, immunology, allergy, and infectious disease. Conversely, papers not directly related to PIDs continue to be published in the JoCI, but could also be published in other journals more related to these fields.

We intend to further increase the international audience of the JoCI, and have attracted co-supporting organizations into the CIS community. It is our intent that the *Journal* become

the forum of all major national, regional, and continental PID societies. We have already secured the collaboration of the European (ESID), African (ASID), and Latin American (LASID) societies, the Eastern European network (J Project), and the Japanese Society for Immunodeficiency, which are now listed as “co-supporting societies” for the JoCI. The logos of these societies appear or will appear on the cover page of the JoCI, alongside the CIS logo, and their members are benefiting from this new relationship by receiving discounts for electronic access to the *Journal*. We are also recruiting additional associate editors for our JoCI Board from the leading members of each of these societies, to increase their role in the development of the *Journal*. We will also expand our current editorial board to cover more aspects of clinical immunologic disease to better represent the globe nature of modern medicine and pediatrics.

Finally, we are working on improving the citations of papers published in the *Journal*, to trigger “a self-perpetuating virtuous cycle”. Higher citation rates will favor the submission of higher impact papers, which in turn will further increase citations. We are actively working on bringing the impact factor of the *Journal* to greater than 5 by the end of our five-year tenure as Editor in Chief and Deputy Editor. Our long-term aim is to bring it to 10. Towards this end, we will publish higher impact manuscripts that meet the criteria described above. We will also publish reviews that will provide CME credit for our readers, “How I Treat” manuscripts, and similar clinically relevant selections. We will only meet our goals if our colleagues in the field of PID world-wide consider the JoCI as “their Journal” and the place to send their best PID and related disease manuscripts. We are confident that our new vision for the JoCI will be realized by the international community adopting the JoCI as the “journal of choice” in the field of PIDs.