
Global. Synergy. Outreach.

Annual Report 2024



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Letter from the Editor in Chief



JAMA and the JAMA Network saw the successful completion in 2024 of many ambitious goals we set the year before. We moved forward with new ways to reach authors and readers across the globe. We transitioned to online-first publishing for *JAMA*, enhancing our ability to publish important content more rapidly. We continued to demonstrate our leadership, particularly in artificial intelligence (AI) in medicine. We advanced our plans to develop the next generation of authors and editors, with 2 of our JAMA Network fellowship programs completing their inaugural years in 2024. And we welcomed 2 new Editors in Chief to the JAMA Network.

JAMA's and the JAMA Network's audience has long been global. Recognizing that the best medical research is not exclusive to the US, we developed international road shows that introduced different audiences to our journals and opened a dialogue with top researchers. In 2024, these were held in China and the UK, and many more are planned for 2025. We also started WhatsApp and WeChat channels to better communicate with our global audiences.

Our *JAMA* transition to online-first publishing in March positioned us to publish all content in a more timely manner, allowing us to promptly react to the news of the day and with publications that coincide with simultaneous presentations at major scientific meetings. We still publish complete print and digital issues, including theme issues such as one on e-cigarettes in August and another on the Declaration of Helsinki in October.

We continued to use the power of *JAMA* and the JAMA Network to amplify our influence in medical research and publishing. We further recognized AI's growing importance in medicine through our new channel, JAMA+ AI, which compiles content from throughout *JAMA* and the JAMA Network and includes podcasts explaining select research. We held our second JAMA Summit, this one on integrating AI into health care. We reached out to the many audiences involved in AI in medicine, from engineers and technologists to medical specialists, at the American Medical Informatics Association Annual Symposium, where the new editor for JAMA+ AI described the channel. And we optimized the relationship between *JAMA* and JAMA Network journals to highlight important research in ophthalmology and oncology.

We also welcomed new editors in chief at *JAMA Network Open* (Dr Eli Perencevich) and *JAMA Health Forum* (Dr Sandro Galea). These editors, renowned experts in their fields, will continue the important trajectories of their journals and adapt them to the future.

Finally, we expanded our work to train the next generation of researchers through our fellowship programs. Programs at *JAMA* and *JAMA Network Open* completed their inaugural years in 2024, and in 2025 nearly all our journals will have a fellowship program.

We have achieved much in 2024. I am looking forward to all we will achieve in 2025.

Kirsten Bibbins-Domingo, PhD, MD, MAS

Editor in Chief, *JAMA* and the JAMA Network

2024 Highlights

International outreach

6 international road shows held
470 total attendees

Moving *JAMA* to 100% online first

A coordinated project between editorial and production staff moved all *JAMA* articles to be published online first and positions *JAMA* to be more competitive.

Inaugural *JAMA* Summit

(October 2023)

15 articles published related to the inaugural *JAMA* Summit on clinical trials

Fellowships

9 journals had fellowship programs, with 28 Editorial Fellows.

2 fellowship programs finished their first years in 2024.

2 new fellowships were developed to start in 2025 at *JAMA Health Forum* and *JAMA Otolaryngology–Head & Neck Surgery*.

Editorial appointments

2 new Editors in Chief of *JAMA Network Journals*

1 Editor in Chief of *JAMA+ AI*

Online-first theme issues' impact

10 articles, a podcast, and an illustrated print issue cover included in our Declaration of Helsinki collection

- Over 123,000 total views

9 articles, a podcast, and an illustrated print issue cover included in our e-cigarettes collection

- Over 100,000 total views

People

Two new Editors in Chief for JAMA Network journals were appointed in 2024.

Eli Perencevich, MD, MS, who had been an Associate Editor at *JAMA Network Open* since its inception in 2018, became the journal's Editor in Chief in July 2024.

Sandro Galea, MD, MPH, DrPH, began leading *JAMA Health Forum* in January 2025.

Both were selected through a thorough process that included a public call for applicants and a search committee led by **Annette Flanagin**, RN, MA, Executive Managing Editor and Vice President for Editorial Operations at JAMA and the JAMA Network. The committee looked for candidates with extensive leadership, academic, research, and editorial experience, Flanagin said.

"We ended up with these 2 fantastic leaders," Flanagin said. "Both bring strengths and new insights to the journals they head."



JAMA
Network | **Open**™

Dr Perencevich succeeds *JAMA Network Open* founding Editor in Chief **Frederick Rivara**, MD, MPH. Dr Perencevich has 20 years of experience studying epidemiology and outcomes of hospital-acquired infections using mathematical models, large administrative databases, and multicenter clinical trials. He is an international leader in infectious disease epidemiology and health services and outcomes.

Since its founding 6 years ago, *JAMA Network Open* has developed one of the highest Impact Factors among open-access general medical journals. In 2023, the journal received 15 000 submissions. That number increased to close to 20 000 in 2024. As Editor in Chief, Dr Perencevich plans to "contribute to keeping the journal on this same path of growth and success," he said.

JAMA Network Open covers a very broad range of topics, **Dr Perencevich** said: “Any subject matter, from pediatrics to surgery to gastroenterology to cardiology, is in our wheelhouse.”

To ensure research manuscripts across these many fields are best evaluated and the strongest published, Dr Perencevich has added editors in areas where the journal receives many sub-

missions, including oncology, pediatrics, psychiatry, and women’s health. With the increase in submissions over the past year, having the resources to dedicate time to papers and review them fairly and equitably is important, he said.

Dr Perencevich also wants to ensure that authors feel the fees they pay to publish in an open-access journal are well spent. “We need to keep

adding value by publicized and highlighted papers to the media and through social media and other avenues to make sure they get the proper attention and that authors’ papers are seen to change care or improve care,” he said.



JAMA Health Forum..

Dr Galea is Distinguished Professor in Public Health and the inaugural Dean of the Washington University School of Public Health in St Louis, Missouri. Previously, he was Dean and Robert A. Knox Professor at the Boston University School of Public Health. He succeeds **John Ayanian**, MD, MPP, who was *JAMA Health Forum’s* inaugural Editor in Chief from 2019.

Known internationally for his population health expertise, Dr Galea studies social causes of health, mental

health, and the consequences of experiencing trauma. He has studied events of mass trauma and violent conflict across the globe, including the September 11, 2001, terrorist attacks in the US and wars in sub-Saharan Africa.

“Dr Galea will play a critical role in the journal’s continued leadership as a trusted voice in health policy, one that leads always with science and scholarship and helps bring light to complex and essential issues in health,” said Dr Bibbins-Domingo.



“Any subject matter, from pediatrics to surgery to gastroenterology to cardiology, is in our wheelhouse.”

Eli Perencevich, MD, MS
JAMA Network Open
Editor in Chief



“We have to be deliberate by going to these places in person to understand the academic communities and the choices they make as authors and readers and to convey the value of the JAMA Network.”

Kirsten Bibbins-Domingo, PhD, MD, MAS
Editor in Chief, *JAMA* and the
JAMA Network

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PARK HYATT GUANGZHOU

Global strategy

The JAMA Network is a family of journals whose research affects patients around the world. To publish the best science available, we must continue cultivating relationships with researchers and audiences outside the US.

We expanded our global outreach strategy in 2024 through our international road shows, which brought JAMA and JAMA Network editors to top researchers and research institutions in Asia and Europe. These road shows provided information about *JAMA* and the JAMA Network journals and offered opportunities for developing relationships between international authors and our editors. **Road shows were held in 3 locations in China and 3 in the UK.** Road shows are planned at more locations in 2025, and we are developing ways to continue the relationships made through this outreach.

The road shows represent a new approach for *JAMA* and the JAMA Network, according to JAMA Network Publisher **Brian Shields**.

“We’ve been global in terms of our content being available outside the US and a business model that is focused on a global audience,” he said. “But the one thing that we had not done and really started to do under **Dr Bibbins-Domingo’s** leadership in 2024 was focus on the author side and what it takes to go out and attract the best research by engaging with key authors and investigator groups in different countries.”

The road shows are designed to engage authors and readers through presentations from *JAMA* and JAMA Network editors on important subjects and highlight the ways that authors can better navigate our submission and publication process.

The road shows also provide crucial opportunities for developing personal relationships, including receptions with all attendees and dinners with invited researchers.

The road shows began in **China** and the **UK** because both countries “exemplify where we know outstanding science is being done and where we know there might be different patterns for how audiences consume science and authors might choose journals to submit to,” said Dr Bibbins-Domingo. ““We have to be deliberate by going to these places in person to understand the academic communities and the choices they make as authors and readers and to convey the value of the JAMA Network.”

In addition to the formal *JAMA* road shows, *JAMA* editors regularly host meetings with academic groups outside the US in association with scientific



meetings. *JAMA* Associate Editor **Kimmie Ng**, MD, MPH, who frequently partners with an oncology research institute in Barcelona, Spain, led an event on *JAMA* and the JAMA Network at the European Society for Medical Oncology meeting. *JAMA* Deputy Editor **Preeti Malani**, MD, MSJ, provided keynote presentations at the Australian Society of Infectious Diseases Clinical Research Network meeting in Gold Coast, Australia, and *JAMA* Associate Editor

Chris Seymour, MD, MSc, hosted sessions at the Critical Care Reviews meeting in Belfast.

We have also invested in reaching international audiences by launching WeChat and WhatsApp channels in 2024 that provide information on our research. WhatsApp is used heavily in India, sub-Saharan Africa, Europe, and Central and South America, while in China, WeChat is the platform of choice. Launched in October, our WhatsApp channel's followers are an international audience, with top regions including India (18%), the US (12%), Brazil (8%), and Mexico (11%). These 2 channels allow us to reach existing networks of academics and clinicians with short summaries of information about our research, including our multimedia content, on the platforms they prefer, said Dr Bibbins-Domingo.

"We have to understand how the clinical and the academic communities in other places are getting information and to make sure that we are on those platforms to be included," she said.



Road shows in China and the UK

The road shows in China were held in Shanghai, Guangzhou, and Beijing in August. *JAMA Ophthalmology* and *JAMA Network Open* board members from China helped map our approach. *JAMA Ophthalmology* has a particularly strong connection to China: about 25% of all research manuscripts submitted to the journal are from China, and of all submissions from outside the US, almost 40% are from China, said **Neil Bressler, MD**, Editor in Chief of *JAMA Ophthalmology*. Dr Bressler maintains strong research collaborations with Chinese universities.

"If you're going to interact with your authors, you have to do it where the submissions are coming from to explain why people should consider submitting their best clinically relevant material," said Dr Bressler. "We went to China to explain who we are, what we're looking for, and to begin to open lines of communication among readers, authors, and editors."

The cities were selected after an analysis of many Chinese medical institutions, including those that had original research investigations published recently in *JAMA*, *JAMA Oncology*, or *JAMA Ophthalmology*. Dr Bressler,



JAMA and the JAMA Network

- We are authors too!
- All EICs are available to answer questions, to rebuttals, help with the post acceptance
- We encourage you to contact us with major meeting for simultaneous publication to ensure we have time for review.
- Read our journals and give us feedback about what you would like to see published.

“We went to China to explain who we are, what we’re looking for, and to begin to open lines of communication among readers, authors, and editors.”

Neil Bressler, MD
Editor in Chief of *JAMA Ophthalmology*



The UK road shows “really help to connect *JAMA* to some of our academic audiences, both researchers who might be submitting to *JAMA* and readership.”

Greg Curfman, MD
JAMA Executive Editor

Nora Disis, MD, *JAMA Oncology* Editor in Chief, and **Dr Bibbins-Domingo** led the road shows. These opened with Dr Bibbins-Domingo introducing the JAMA Network, its unique features relative to other medical journals, and its evolution in the last five to 10 years.

Some Chinese authors whose research was published in *JAMA* or a JAMA Network journal within the last year presented their investigations, followed by the editors discussing some unique features of *JAMA* and the JAMA Network, including the journals' needs and publishing process. A discussion and a reception followed, concluding with a dinner for select researchers.

For Dr Disis, the road shows provided an important opportunity to build personal connections with researchers.

"[The road shows] allow us to talk more freely and really communicate over papers, and make sure that authors' papers get the best possible vetting to get into either *JAMA* or *JAMA Oncology*," she said.

She was also pleasantly surprised by how excited attendees were to meet and speak with her and the other editors, and their already

high level of enthusiasm for *JAMA* and the JAMA Network.

"We already had a lot of champions on the ground for *JAMA*, and there was a lot of positive feedback about how much people enjoyed working with *JAMA* and JAMA Network to publish their papers."

Another road show started in **Edinburgh, Scotland**, several days before the European Society of Cardiology (ESC) meeting in London. At the University of Edinburgh, we hosted a half-day symposium on transformative trends and technologies in scholarly publishing. From Edinburgh, we traveled to London to attend the ESC Scientific Sessions and have meetings at Oxford, the University College London, and the Imperial College.

London was the location of our largest UK gathering, held at the Royal College of London. This event drew about 40 early-career researchers and senior investigators from the many medical institutions in the city. On the stage were 5 *JAMA* cardiologists: Executive Editor **Greg Curfman**, MD, *JAMA Cardiology* Editor in Chief **Bob Bonow**, MD, MS, *JAMA* Senior Editor **Phil Greenland**, MD, *JAMA* Associate Editor **Greg Marcus**, MD, MAS,

and *JAMA Cardiology* Associate Editor and Web Editor **Sadiya Khan**, MD, MSc.

Their collective presence resonated with the audience, and it was a show of force to have this personal representation of the JAMA Network directly in front of this important audience. It underscored the spirit of this global road show: to demonstrate that we clearly understand the competitive landscape that we are in and to signal that we are strongly interested in the work of international trialists. Small-group meetings with researchers and a dinner were held after the talk.

An additional road show was held in **Glasgow** at the end of October, to coincide with the International Clinical Trials Methodology Conference, where Dr Bibbins-Domingo presented work from the 2023 JAMA Summit on clinical trials.

The UK road shows "really help to connect *JAMA* to some of our academic audiences, both researchers who might be submitting to *JAMA* and readership," said **Dr Curfman**. The Royal College of London event included physicians from many different institutions and was remarkably well attended, he said, and several researchers the editors met there have already submitted manuscripts.

< Attendees at the Royal College of London

Continuing engagement

The road shows represent an important way to make one-on-one connections and strengthen brand perceptions of *JAMA* and the JAMA Network with international audiences, said **Hannah Park**, Vice President of Planning and Operations for the JAMA Network.

“It is very meaningful for the leaders of these places to have *JAMA* make the effort to take them to dinner, to have a glass of wine with them, shake their hands, and listen to them describe their research,” she said.

Possible locations for future road shows include **China, Korea, Japan, Taiwan, Singapore, Australia, Brazil, and Canada.**

A road show to **Mexico** took place in March 2025.

JAMA and JAMA Network leaders are currently considering options for continuous engagement and relationship building with the connections made through the 2024 road shows, which may include reaching out to people to participate in a future JAMA Summit, webinar, or other event, Park said.



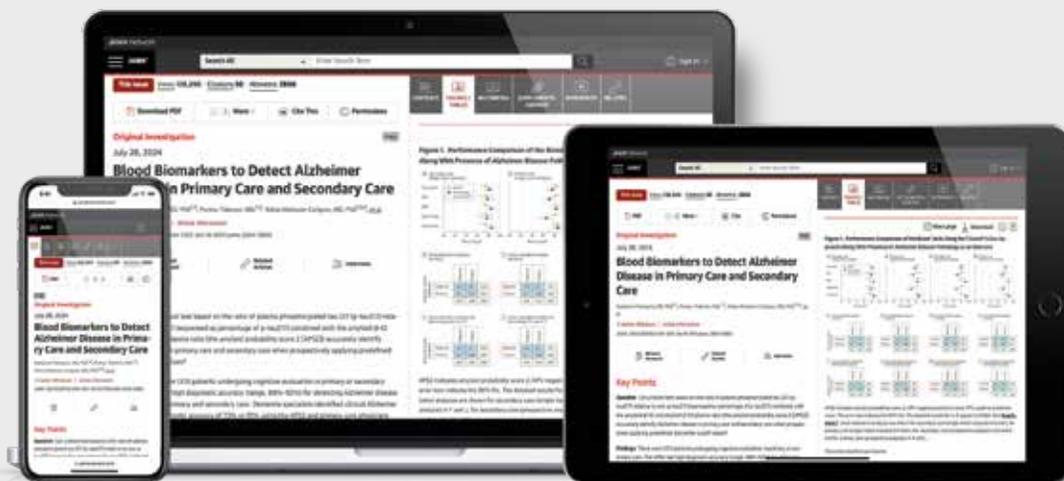
Online-first publication and our theme collections

JAMA moved to 100% online-first publication in March 2024, following a similar model used by the JAMA Network journals.

This was a rigorous project involving editorial and production staff, successfully led by **Monica Mungle**, **Karl Elvin**, and **Stacy Christiansen**, MA. As a result, our daily content can cover topics of interest to all our audiences, including research, clinical and educational content, and opinion pieces, and we can publish very quickly when needed.

“All of this was achieved by teamwork, plain and simple,” said Stacy Christiansen, MA, Managing Editor of *JAMA*. “The systems were set up already to enable the change in schedules and workflow, but lots of communication made sure everyone understood the goal and was supported to make it happen.”

Online-first publication is essential for timely publication, including that which coincides with presentations at international scientific meetings. In addition to the daily online-first publication of all content, *JAMA* also continues to publish full issues in print and online, allowing *JAMA* to effectively package and promptly publish our theme collections.



Opinion

VIEWPOINT

Declaration of Helsinki—Revisions for the 21st Century

Barbara E. Bierer, MD

Initially developed in the aftermath of World War II atrocities, the Declaration of Helsinki celebrates its 60th anniversary this year. The declaration represents the foundational ethical document addressing the design, conduct, and reporting of medical research, a document referred to internationally. Since the World Medical Association (WMA) first adopted the declaration in 1964, the 2024 declaration represents its eighth revision, synthesizing more than 2 years of global consultation, international meetings, and public input. The significant changes reflect a growing appreciation of global ethical challenges, fair and responsible inclusivity in research, community and local engagement, and the complexity of current interdisciplinary research.

The 2024 declaration revision introduces several welcome systematic changes: First, although the WMA is an international organization representing physicians, the 2024 declaration explicitly holds all “individuals, teams, and organizations” to the stated ethical principles and expectations. It extends the responsibilities of physicians to other researchers. Second, the word “subject” is replaced by “participant” throughout, moving away from historical paternalism and the implied dependency and passivity of human participants to acknowledge their active engagement, autonomy, and agency. Third, in addition to patients, healthy volunteers are included in the term “participants,” recognizing their critical role in research. Fourth, throughout the document, the term “informed consent” is replaced by “free and informed consent” to emphasize the importance not only of understanding the proposed research but also the freedom from influence to choose whether and how to participate or withdraw from participation. Fifth, there is consistent reference to community (and communities) consultation and engagement.

Among the many changes in the revised declaration, 3 interdigitating themes—vulnerability, inclusivity, and global justice—are particularly salient. The concept of a vulnerable person or population has been replaced by an appreciation that vulnerability is rarely one constant and dispositive state but is generally dynamic, situational, and multidimensional. Vulnerabilities may change over time, context, and the specific research question. As a safeguard against influence and exploitation, individuals, groups, and communities who are presumptively vulnerable have been excluded from access to research and its potential benefits, further limiting the generalizability of the research results. The 2024 declaration elevates the importance of responsible inclusion in research (with appropriate safeguards) to balance the proximity to protection and exclusion that has led and may lead to persistent health disparities

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Declaration of Helsinki theme

This collection was published in October to coincide with and include the World Medical Association’s 2024 ratified update to the Declaration. The association developed the original Declaration in 1964 to set standards for ethical principles guiding human research after the atrocities and abuses by the Nazis in World War II. The Declaration has been updated several times since.

“We did not just publish online when this update was ratified, which is important, but we also published a great deal of commentary along with it,” said Dr Bibbins-Domingo. “As people were reading the update, they were also reading experts’ discussions and thoughts about it.”

The collection had Editorials, Viewpoints, and a Special Communication on the updated Declaration’s recommendations. These include referring to people who participate in studies as *participants* rather than *subjects* and addressing new challenges brought by AI and issues of global health equity. We invited pieces to represent voices from health organizations across the globe, including the World Health Organization and the Pan American Health Organization. A podcast on ethical challenges addressed by the Declaration was included.



E-cigarettes theme

E-cigarettes are a complex topic in public health and medicine. They are the most used form of tobacco among youth, which may be due to the ways that they are marketed and that the products are flavored. But some studies show e-cigarettes may make quitting easier for smokers.

This collection came together organically over the summer of 2024 and was published in August. The collection included 9 written pieces on e-cigarette use in adolescents and adults and a podcast. The articles covered a study on a text message program to encourage adolescents to stop vaping, an explanation of e-cigarettes for patients, and discussion on the US Food and Drug Administration's controversial decision to authorize flavored e-cigarettes.

Synergy across the JAMA Network

Since becoming Editor in Chief in 2022, **Dr Bibbins-Domingo** has optimized the synergy between *JAMA* and the JAMA Network to increase our impact on important and emerging issues in medicine. In 2024, that included launching a new AI channel, convening a second JAMA Summit, and leading presentations at medical meetings on translating AI into care.



JAMA+ AI

JAMA+ channels

To help ensure that our readers can quickly find the content they are interested in, we have developed a new approach to providing information in high-interest subject areas: JAMA+ channels. Each channel showcases in one place all the content we publish across our journals in a single subject area.

Our first channel, **JAMA+ AI**, launched October 8. **JAMA+ Women's Health** and **JAMA+ RCTs** will launch in 2025.

Each channel is curated by a physician editor who oversees the channel's

editorial direction and content strategy, identifies emerging trends, and works closely with the Editors in Chief across the JAMA Network's journals. **Roy Perlis**, MD, MSc, also an Associate Editor at *JAMA Network Open*, is JAMA+ AI's Editor in Chief.

The possible uses for AI in medicine are broad and varied, and AI has rapidly moved from "a coming attraction that people talk enthusiastically about to a reality," Dr Perlis said. Examples of this evolution include models to predict risk for a negative health outcome, such as being

readmitted to the hospital; computing methods for imaging analysis to help radiologists be more effective and more precise; and large language models to help clinicians write patient notes.

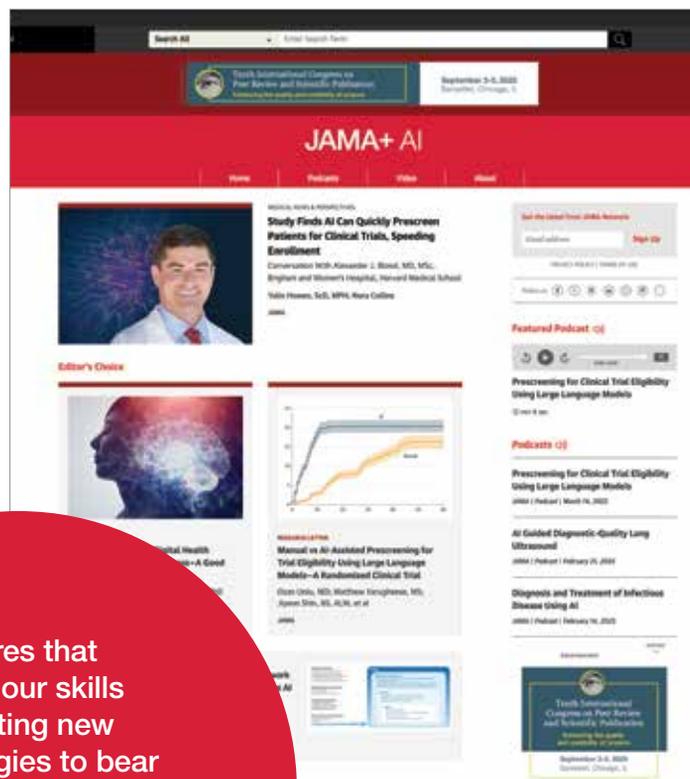
“In its scale and its scope and the speed with which it is entering practice, AI requires that we bring our skills in evaluating new technologies to bear on it quickly,” he said. “We want to make sure it’s being used in an evidence-based way, and that the best of original research and perspectives on AI as it actually happens in the real world in health care is available in one place.”

Research across *JAMA* and the JAMA Network is automatically brought into the channel through a label added by authors or editors, and JAMA+ AI editors decide which content to

feature. The channel includes podcasts to help ensure that information provided is accessible to people from the wide range of backgrounds involved in medicine and AI, including primary care physicians and specialists, technologists and engineers, and patients and families.

Dr Perlis and his team are adding mini tutorials about specific AI concepts and hope to allow the different audiences involved in AI to communicate with each other through the channel.

To reach out to these audiences, Dr Perlis joined *JAMA*’s presentation on AI at the American Medical Informatics Association Annual Symposium (see “American Medical Informatics Association Annual Symposium session”) and plans to attend other technology-focused meetings.



“AI requires that we bring our skills in evaluating new technologies to bear on it quickly.”

Roy Perlis, MD, MSc
JAMA+ AI Editor in Chief

Second JAMA Summit

With the success of our inaugural JAMA Summit on clinical trials in 2023, “Is the Clinical Trials Enterprise Broken? And How Can It Be Fixed?,” in October 2024 we held our second Summit, “Integrating Artificial Intelligence Into Health Care.” JAMA and the JAMA Network have been proactive in addressing AI in medical publishing. With AI’s growing use across medicine, it was an opportune time to foster discussion among key stakeholders focusing on how to elevate the evidence needed for responsible use of AI in health care.

The Summit brought together thought leaders from around the world to discuss, debate, and consider what needs to happen in the next year to bring about the promise of AI while avoiding its pitfalls. Because the goal of JAMA Summits is for attendees to engage in open discussion, attendees were asked not to post attributed quotes from others to social media, leading to a robust discourse.



JAMA Summit Artificial Intelligence steering committee

JAMA Summit | Artificial Intelligence

The Summit was co-led by JAMA Senior Editor **Derek Angus**, MD, MPH, **Vincent Liu**, MD, MS, from Kaiser Permanente, and JAMA Associate Editor **Rohan Khera**, MD, MS. Dr Khera, a cardiologist, data scientist, and expert in health informatics, was JAMA’s first Associate Editor in AI. He and his co-chairs defined JAMA’s goals for sessions, found speakers for those sessions and confirmed and refined discussion topics, and moderated discussions. Topics included evaluation and regulation of clinical AI tools, infrastructure needed to implement and disseminate these tools broadly, and ways to monitor the tools’ performance.

In selecting topics and attendees, goals were to advance innovation and to ensure diversity of thought, he said.

“We wanted diversity in every way possible to ensure that we had a representation of science as well as of different voices in the room,” he said. Those voices included AI scientists, policy experts, and people whose organizations could be paying for the technology, Dr Khera said.

As with the clinical trials Summit, issues discussed at the AI Summit will be packaged into a series of articles for publication in JAMA.

A third JAMA Summit on reducing firearm violence and harms was held in March 2025.



“We wanted diversity in every way possible to ensure that we had a representation of science as well as of different voices in the room.”

Rohan Khara, MD, MS
JAMA's first Associate Editor in AI

Synergy highlights: symposium, ophthalmology, and oncology examples

Having a family of journals along with *JAMA* allows us to bring research to the broadest possible audience and to feature specialized content.

American Medical Informatics Association Annual Symposium session



Dr Khera led *JAMA* sessions on AI at the European Society of Cardiology and American Heart Association annual meetings and the American Medical Informatics Association (AMIA) Annual Symposium.

The AMIA event covered translating AI into clinical care and was well attended. *JAMA* brought speakers to discuss topics that included large community-based studies enabled by AI and using large language models

to work directly in electronic health records. *JAMA* also made editors available to answer questions. **Dr Perlis** joined the presentation to discuss the cross-journal channel JAMA+ AI.

Whole eye transplant

In September, *JAMA* published an account of a whole eye and face transplant to repair a man's high-voltage electrical injury. The research was appropriate for *JAMA* because in addition to features relevant to the eye and ophthalmology, the case involved head and neck surgery, neurology, and neurosurgery, said **Neil Bressler**, MD, Editor of *JAMA Ophthalmology*. In addition, evaluation of

“Our goal was making sure people see *JAMA* as a venue for AI and demonstrating our leadership in the space,” Dr Khera said.

Attendees told Dr Khera that they appreciated the depth of focus at the event, *JAMA*'s expertise in translating AI into clinical care, and that *JAMA* considered the AMIA a partner.

[ESC 2024 JAMA+ AI session >](#)

some of the transplant process involved interpretation of retinal images and was likely of particular interest to ophthalmologists, Dr Bressler said. For these readers, *JAMA Ophthalmology* published an Invited Commentary highlighting specific ophthalmology perspectives of the case report.



“Our goal was making sure people see *JAMA* as a venue for AI and demonstrating our leadership in the space.”

Rohan Khera, MD, MS
JAMA's first Associate Editor in AI

New approach to ductal carcinoma in situ

In 2023, **Dr Disis**, *JAMA Oncology* Editor in Chief, became a Deputy Editor at *JAMA* to provide expertise on oncology papers.

“Since I took this role, more and more people approach us about evaluating their oncology papers for *JAMA*, and some very important oncology papers are being published in the journal,” she said. “That’s the type of synergy we’re hoping to see with this sort of position.”

One example of the application of Dr Disis’s expertise involves the first clinical trial of managing ductal carcinoma in situ through watchful waiting. The most diagnosed breast cancer in the US, ductal carcinoma in situ is not invasive but has traditionally been treated with surgery and sometimes radiation. In the trial, patients were randomized to receive either usual care or no treatment with watchful waiting. The study found no meaningful difference in patient outcomes in a 2-year follow-up. It was published in December in *JAMA*, along with an Editorial. A second research article on patients reporting their outcomes in quality of life, anxiety, and depression was published in *JAMA Oncology* the same day.

That study also found little difference between the groups and was helpful for practitioners who could be concerned about the emotional effects on patients not receiving what was thought of as the standard of care, Dr Disis said. “It is important for oncology practitioners to know that watchful waiting does not cause undue stress on patients who choose this approach,” she said.

Research

JAMA Oncology | Original Investigation

Patient-Reported Outcomes for Low-Risk Ductal Carcinoma In Situ A Secondary Analysis of the COMET Randomized Clinical Trial

Anni H. Partridge, MD, MPH; Terry Hyslop, PhD; Shoshana M. Rosenberg, ScD, MPH; Antonia V. Bennett, PhD; Sarah Drier, MPH; Mattias Jonsson; Ayako Shimada, MS; Yutong Li, MS; Yan Li, PhD; Thomas Lynch, PhD; Elizabeth Frank, MA; Deborah Colyar, BS; Desiree Basila, MSc; Donna Pinto, BA; Anna Weiss, MD; Anna Wolf, BA; Kelsey Norris, MPH; Meredith Witten, MD; Marc Bouvier, MD; Armando Giuliano, MD; Kelsey E. Larson, MD; Kathleen Vost, MD; Priscilla F. McAuliffe, MD; Amy Kris, MD; Nina Tamirisa, MD; Sonja Darai, MPH; Lisa Carey, MD; Alastair Thompson, MBChB; E. Shelley Hwang, MD, MPH; for the COMET Study Consortium

IMPORTANCE Active monitoring (AM) for low-risk ductal carcinoma in situ (DCIS) has been considered as a potential alternative to guideline-concordant care (GCC; inclusive of surgery with or without radiation). Reported data comparing patient-reported outcomes (PROs) between GCC and AM for DCIS are lacking.

OBJECTIVE To compare PROs at baseline and over time in patients with low-risk DCIS randomized to receive either AM or GCC.

DESIGN, SETTING, AND PARTICIPANTS This prespecified secondary outcome analysis used prospectively collected validated questionnaires at baseline, 6 months, 1 year, and 2 years from participants enrolled from June 2017 to January 2023 in the Comparing an Operation to Monitoring, With or Without Endocrine Therapy (COMET) study for low-risk DCIS, which randomized participants to receive GCC or AM.

INTERVENTION Randomization to GCC or AM.

MAIN OUTCOMES AND MEASURES Context-relevant PROs, including health-related quality of life, anxiety, depression, and symptoms measured by validated survey instruments. Mixed models, including sensitivity analyses, with group, point, and group-by-point effects were used to compare PROs between groups.

RESULTS Of the 957 participants in COMET, 225 (24%) were younger than 55 years at enrollment, 325 (34%) were aged 55 to 65 years, and 403 (42%) were older than 65 years, and 953 (99.5%) completed questionnaires at some point within the first 2 years, with a completion rate of more than 83% at all points. Quality of life, anxiety, depression, worries about DCIS, and symptom trajectories were comparable between groups, with modest fluctuations over time of limited clinical significance. Physical functioning was the only specific Medical Outcomes Study 36-item short-form health survey (SF-36) domain for which changes in the score trajectory differed by group over time, with mean scores ranging from 50 (baseline) to 48 (6, 12, and 24 months) in the GCC group and 50 (baseline) to 47 (12 months) and 48 (6 and 24 months) in the AM group (pooled SD, 9.9; $P = .01$), although these were also of limited clinical significance.

CONCLUSIONS AND RELEVANCE In this prespecified secondary analysis of the COMET prospective randomized trial, the overall lived experience of women randomized to undergo AM for low-risk DCIS was similar to that of women randomized to GCC during the 2 years following diagnosis.

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Author Affiliations: Author affiliations are listed at the end of this article.
Group Information: The members of the COMET Study Consortium are listed in Supplement 2.
Corresponding Author: Anni H. Partridge, MD, MPH, Department of Medical Oncology, Dana-Farber Cancer Institute, 450 Brookline Ave, Boston, MA, 02215 (anni.partridge@dfci.harvard.edu).

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New York Times article on JAMA and JAMA Network research

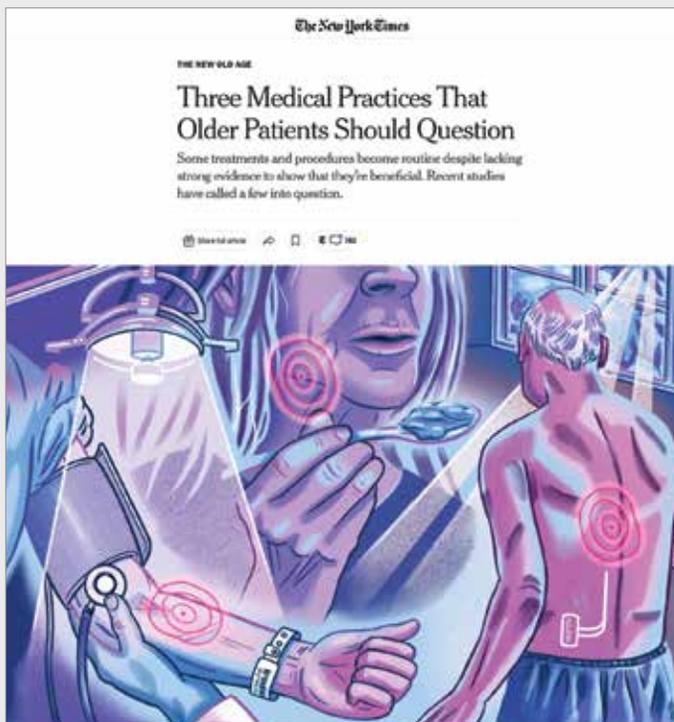
An example of *JAMA* and the JAMA Network's influence in medical publishing and medical research is reflected in the September *New York Times* article, "Three Medical Practices That Older Patients Should Question," citing 3 of our research articles:

"Thick Liquids and Clinical Outcomes in Hospitalized Patients With Alzheimer Disease and Related Dementias and Dysphagia," published in *JAMA Internal Medicine*. The research was accompanied by an Editorial: "Thinning Evidence for Thickened Liquid Diets in Dementia and Dysphagia."

"Continuation vs Discontinuation of Renin-Angiotensin System Inhibitors Before Major Noncardiac Surgery," published in *JAMA*.

"Long-Term Outcomes in Use of Opioids, Nonpharmacologic Pain Interventions, and Total Costs of Spinal Cord Stimulators Compared With Conventional Medical Therapy for Chronic Pain," published in *JAMA Neurology*.

The *New York Times* article included a quote from the former Editor in Chief of *JAMA Internal Medicine*, **Rita Redberg**, MD, MS. *JAMA Internal Medicine* has a long-standing series, "Less Is More," which was launched by Dr Redberg in *JAMA Internal Medicine*, and is the theme behind the *JAMA* and JAMA Network articles cited, said Flanagin.



The article shows *JAMA* and JAMA Network's media reach and ways we can promote content across journals, said **Dr Bibbins-Domingo**. "Our goal is do more of what this *New York Times* article has done, where a theme develops that is exemplified by three different articles across the Network," she said. "The fact that *The New York Times* put these articles together is where I'd love for us to be going."

Editorial Fellowship programs

We demonstrated our commitment to training the next generation of authors and editors in 2024 through our expanded Editorial Fellowship programs. Now at 11 of our publications, the programs are designed to help demystify journals, particularly for early-career investigators, said **Dr Bibbins-Domingo**.

“We have a wonderful collection now across the network of fellowships that help these folks understand how journals work and feel more comfortable submitting papers,” she said.

Two of the programs, the **JAMA Editorial Fellowship** and the **JAMA Network Open Health Equity Editorial Fellowship**, completed their inaugural years in 2024. The second year of the *JAMA* Editorial Fellowship began in January 2025 and the second year of the Health Equity Editorial Fellowship began in August 2024.

JAMA Network Open Health Equity Editorial Fellowship Program



Applications for the *JAMA Network Open* Health Equity Editorial Fellowship were carefully reviewed for evidence of excellence in research, scholarship, education, and mentorship in each applicant’s field of specialty in addition to demonstrated commitment to health equity. Applicants included a range of experts: clinician investigators, medical educators, physicians and nurses, economists, and sociologists. Six early-career faculty from across the country, including specialists in cardiology, gastroenterology, hepatology, infectious disease, and sociology, were selected in July 2024 for the second year of the program.

“By engaging promising early-career faculty with health equity backgrounds in the editorial process, the program advances research and scholarship that addresses the health and wellness of all communities,” said **Monica Vela**, MD, an Associate Editor at *JAMA Network Open* and the program’s leader.

The fellowship is successful not only because of the talented fellows but because of the engagement and contributions of the editorial team. Fellows are assigned an editorial mentor from the journal, with whom they meet monthly or bimonthly, to learn important aspects of medical publishing, including how to manage a manuscript

and how to write and submit reviews. The team delivers monthly didactics on issues such as ethical considerations in editing and publishing, principles behind reporting of statistical methods, avoiding common problems in reporting results in manuscript submissions, and how to synthesize an impactful and informed invited commentary.

Fellows also participate in biweekly editorial manuscript meetings where editors discuss papers submitted, Dr Vela said. "They bring expertise in health equity from each of their fields that is beneficial to the rest of the group."

For the inaugural year, the program was planned to be 6 months but was expanded to a year through feedback from a mid-fellowship survey. By the program's conclusion, all the fellows had learned to manage manuscripts from submission through the review process to publication, submitted manuscript reviews, and authored commentaries.

"They bring expertise in health equity from each of their fields that is beneficial to the rest of the group."

Monica Vela, MD
JAMA Network Open
Associate Editor

In an Editorial, the fellows wrote that the experience allowed them to learn from and make connections with editorial experts in their fields, an opportunity too often not given to women and individuals from underrepresented racial and ethnic groups, and to participate in discussions about medical publishing and equity, diversity, and inclusion (EDI).

"We were reassured that our voices were welcomed and valued in a space we all previously viewed as exclusive," they wrote. "We had space to reflect on our career trajectory in EDI, space to learn from EDI leaders and editors in the field, and, most importantly, space to be critical of all the work that is still needed to advance EDI in academic publishing."

The relationships fellows develop across *JAMA Network Open* mean they can reach out when they need help with career advice, mentorship, or reviewing a manuscript, and all the inaugural fellows were eager to recommend the fellowships to their colleagues, Dr Vela said. "That's the greatest endorsement they could have given us," she said.

Dr Perencevich, *JAMA Network Open* Editor in Chief, said the fellowship helps create a path for future journal editors. "Editors need to be connected and mentored on how they review papers and how journals work. Teaching and mentoring can be undervalued or underappreciated, and this is one way that *JAMA Network Open* is paying it forward," he said.

JAMA Editorial Fellowship Program

The *JAMA* Editorial Fellowship Program grew out of **Dr Bibbins-Domingo's** goals to broaden *JAMA's* reach and help researchers early in their careers better understand how it operates, including “the challenges and the opportunities that curating a journal come with,” said *JAMA* Deputy Editor **Joseph Ross**, MD, MHS, who leads the program.

For its inaugural year, the program was open solely to fellows in the National Clinician Scholars Program and early-career faculty in the Harold Amos Medical Faculty Development Program. For the 2025 program, the pool was opened broadly, and more than 300 people applied. Ten, including 2 from outside the US, were selected from a range of clinical backgrounds and institutions. Eight are

physicians and 2 are nurses. Their fields of interest include homelessness and trauma, maternal and fetal medicine, and medical informatics.

Fellows join monthly manuscript meetings and receive one-on-one mentoring from *JAMA* senior and deputy editors. The mentors create opportunities for the fellows to review manuscripts, discuss those reviews, and present at the manuscript meetings.

“The senior editors who’ve participated as mentors have loved having fellows join the manuscript meetings and bring their own points of view,” Dr Ross said, along with “discussing papers with the fellows and helping them understand the peer review process better.” Fellows provide valuable contributions by “bringing a level of expertise that may

not be as well represented on the editorial team and helping as we’re making decisions to better evaluate the studies that are submitted.”

Fellows have said they valued getting to see behind the curtain to understand how and why decisions are made, Dr Ross said. The importance of the various statistical methods has been eye-opening to many.

“People think the content-specific question that’s being asked would be the most discussed. And instead, what actually gets discussed at the greatest length is the methods section and its reliability and validity and how confident we can be in the science,” he said.

The *JAMA* Editorial Fellowship was to be 6 months, but every fellow wanted to continue for a full year, Dr Ross said. The extended experience offered fellows additional opportunities, including writing for the journal, he said. The 2025 fellowship requires a 6-month commitment, which can again be expanded to a year, he said.

The fellowship is “something that we can continue to leverage and point to and build upon,” Dr Ross said. “We’re hoping it will continue to grow and be a success for *JAMA*.”



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Joseph Ross, MD, MHS
JAMA Deputy Editor

JAMA Editorial Fellow spotlight: Michael Mensah

Michael O. Mensah, MD, MHS, MPH, learned of the *JAMA* Editorial Fellowship as a National Clinician Scholar. A forensic psychiatry fellow at Yale University School of Medicine, Dr Mensah applied for the inaugural year to get to know *JAMA*'s editors, learn more about the manuscript process, and understand how a journal decides whether a paper is worthy of publication.



Through the fellowship, the process became much less opaque to him, and he better understands how and why journals make these decisions, Dr Mensah said. He particularly valued his relationship with his mentor, **Preeti Malani**, MD, MSJ, Deputy Editor and Director of Editorial Equity for *JAMA* and the JAMA Network. Dr Malani invited Dr Mensah to lead a research project to evaluate how well a method for peer reviewers to flag manuscripts with EDI concerns is working. Dr Mensah collaborated with other JN editors and they have submitted an abstract on their work.

Dr Mensah commended *JAMA* editors for offering the fellowship. “It’s rare for a journal to open its doors to people who are both smart and uncommitted to it. Other journals should realize that transparency is going to be the way to engage the next generation of investigators moving forward,” he said

Dr Mensah encouraged *JAMA* to keep reaching out to early-stage investigators by publishing more work submitted by them. “Be open to people without the credentials or the built reputation,” he said, “and be willing to at least investigate or find experts on topics that are new.”

Dr Mensah is currently searching for a faculty position. He plans to study changes in the health care workforce, access to medication for opioid use disorder, especially for vulnerable populations, and racial capitalism. A member of the *Lancet* Commission on Public Policy and Health in the USA, he organized and moderated a recent event to discuss how medical journals should engage with controversial social issues that affect health care. **Dr Bibbins-Domingo** was a panelist.

Notable science published in *JAMA* in 2024

Blood Biomarkers to Detect Alzheimer Disease in Primary Care and Secondary Care

JAMA frequently publishes research on Alzheimer disease, including an article in 2023 on the early Alzheimer treatment medication donanemab. This 2024 study found that a blood test could accurately identify the disease in people with cognitive symptoms. The study was among *JAMA*'s most cited in 2024.

Long-Term Prognosis of Patients With Myocarditis Attributed to COVID-19 mRNA Vaccination, SARS-CoV-2 Infection, or Conventional Etiologies

Myocarditis is a known possible adverse effect of COVID-19 mRNA vaccination for adolescent and young adult males. This study found that in most cases, myocarditis caused by COVID-19 mRNA vaccination was reversible and did not have long-term consequences.

Continuous vs Intermittent beta-Lactam Antibiotic Infusions in Critically Ill Patients With Sepsis: The BLING III Randomized Clinical Trial

Sepsis is an important area of research for *JAMA* and has been included in our influential critical care medicine series, "Caring for the Critically Ill Patient." This meta-analysis found that prolonged infusions of beta-lactam antibiotics are associated with decreased all-cause mortality in critically ill adult patients with sepsis or septic shock compared with intermittent infusions. When these results were presented in June 2024 at the Critical Care Reviews meeting in Belfast, Northern Ireland, the lead author asked the audience whether these results would change their practice. Many raised their hands.

Making the Ethical Oversight of All Clinical Trials Fit for Purpose

This Special Communication co-authored by *JAMA* Senior Editor **Derek Angus**, MD, MPH, and colleagues grew out of discussions held at the inaugural *JAMA* Summit on clinical trials. The article provides guidance to the research community on ways to advance the clinical trial enterprise and was featured in our theme issue on the Declaration of Helsinki. The communication concluded that the degree of ethical oversight should match the study. Studies presenting greater risks and uncertainties should have more stringent oversight, while oversight could be streamlined for studies that do not.



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AMA Plaza
330 N. Wabash Avenue, Suite 39300
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