Editorial

A.L. Copley Best Paper Prize 2018

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The Editor-in-Chief and Editorial Board of Clinical Hemorheology and Microcirculation (CHM), as well as the Publisher (IOS Press) have decided to set an annual prize, named the A.L. Copley Best Paper Prize, to recognize the best article published every year in CHM beginning in 2016. This prize has been named in honor of the Journal’s founding editor, Professor Alfred Lewin Copley. AL Copley was a German-American medical scientist who introduced the term “Hemorhology” and defined this area of science.

First of all, the editorial team carefully read and noted all original articles published in 2018 and we wish to thank all authors. The criteria for selection include: originality and innovation, theoretical contribution, clarity of writing and presentation, and expected impact. A group of three editors was elected by the editorial board to select the best paper in a multistage process. Each of the three editors listed the best 10 papers published in 2018 of his choice. From these 36 papers the editors looked for manuscripts which have been nominated independently by more than one editor (first stage). This was the case for 5 out of the 36 papers. Out of these 5 papers each editor chose what he considered the best three papers and allocated 5 points to the best of the three, 3 points to the second best and 1 point to the third. The total points were added for each paper, thus allowing the papers to be ranked. The three highest-ranked papers were:

Finally, the article elected by all three members of the editorial team with the highest amount of points which received the prize was the manuscript from DN Naumann and colleagues (Birmingham, UK) for their work on the impact of plasma viscosity on microcirculatory flow after traumatic hemorrhagic shock: A prospective observational study. The authors investigated the relationship between plasma viscosity and sublingual microcirculatory flow in patients during resuscitation for traumatic haemorrhagic shock (THS). The study revealed that higher plasma viscosity was not associated with improved microcirculatory parameters. Instead, there were weakly significant associations between higher plasma viscosity and lower (poorer) microcirculatory flow index ($p = 0.040$), higher (worse) microcirculatory heterogeneity index ($p = 0.033$), and lower (worse) Point of Care Microcirculation scores ($p = 0.039$). Concluding, the study did not confirm the hypothesis that higher plasma viscosity improves microcirculatory flow dynamics in patients with THS.

The committee sincerely wishes full success to the authors in their future research and all other authors for the next AL Copley Best Paper Prize 2019.