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The AJNR Cover: A Face-Lift Reveals the Journal's True Identity

Robert M. Quencer and Charles M. Strother

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The AJNR Cover: A Face-Lift Reveals the Journal's True Identity

Robert M. Quencer and Charles M. Strother

Perhaps it wasn't immediately noticeable, but the AJNR now has a new cover. This subtle cosmetic change was not made to give the journal a "prettier face" but to reflect more completely and accurately what is contained within its pages.

All readers of the AJNR know that articles dealing with diagnostic neuroimaging and neurointervention have been the staple of the journal since its inception in 1980. Now, with the increasing importance of interventional procedures, predominantly endovascular and spinal, and with a large number of articles about intervention published within its pages, the AJNR clearly is "The Journal of Diagnostic and Interventional Neuroradiology." It appears as such on our new cover.

During the past few years, articles dealing with interventional subjects have constituted approximately 30% of the pages of the AJNR. As with all manuscripts submitted to the journal for potential publication, there is approximately a 50% authorship from outside North America. Exchange of information from the worldwide neuroradiology community, both in diagnosis and intervention, has been facilitated through the pages of the AJNR. So not only do

we have a journal that in large part is *interventional* but one that is also *international* in scope.

The application of the words "diagnostic and interventional" apply to all segments of neuroradiology, including adult neuroradiology, pediatric neuroradiology, head and neck radiology, and spine radiology. At a time of increasing subspecialties (or one could say, in the case of interventional neuroradiology, sub-sub-specialties [ie, radiology to neuroradiology to interventional neuroradiology]), we think it is more important than ever that the AJNR have a broad outlook on the field of neuroradiology. Those involved primarily with diagnostic imaging should have at their fingertips articles about current state-of-the-art neurointervention. Likewise, those offering primarily neurointerventional services need to be familiar with cutting edge technology in neurodiagnosis. In this way, we all become better consultants and better treating physicians. A strong and unified AJNR is a major factor in accomplishing these objectives.

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