



# Celebrating *Mayo Clinic Proceedings*' 90th Anniversary: A Story of Longevity and Progression of Mission

With this January 2016 issue of *Mayo Clinic Proceedings*, the Journal launches its 91st volume, and, in April of this year, the Journal will celebrate the 90th anniversary of its first issue. Specifically, the Journal traces its beginning to an April 21, 1926, publication entitled *Bulletin of the Mayo Clinic and the Mayo Foundation*, which, after multiple name changes, became *Mayo Clinic Proceedings*. I will briefly review the origins of the Journal, its changing scope of mission through the years, its current standings in the world of biomedical publishing, and the next steps in its progress.

## Beginnings of the Journal and Its Ties to Mayo Clinic

In 2014, Mayo Clinic celebrated its sesquicentennial, a milestone that was documented in a series of articles published in *Mayo Clinic Proceedings*.<sup>1,2</sup> These articles were later bound in a book, *Mayo Clinic Sesquicentennial Commemorative: 150 Years of Serving Humanity—Through Hope and Healing*, available through the *Proceedings*' website.<sup>3</sup> This book and related histories of Mayo Clinic focus on how Dr William Worrall Mayo and his 2 sons, William James Mayo (Dr Will) and Charles Horace Mayo (Dr Charlie), joined forces in the practice of medicine in Rochester, Minnesota. As years passed, they added partners to their practice and organized it into an integrated group practice model. This term, *integrated group practice*, meant that the practice was organized so that all patients potentially benefitted from the collective knowledge and skills of the practice's member-physicians, and patients' records were later collated in a central dossier-type format whereby the information in the record belonged to the integrated practice, not any single physician or small group of

physicians. As such, any physician-members of the integrated practice could access the information within the dossier for the purposes of advancing the care of that patient, conducting medical research, or enhancing medical education, obviously within the constraints of proper professional deportment.

To ensure the highest standards of medical practices at Mayo Clinic, physicians within the practice were encouraged to attend medical meetings, visit other medical centers, and communicate with distinguished physicians and scientists so that they could gain greater knowledge related to the evolving practice of science-based medical care. New knowledge acquired by any individual(s) on the Mayo Clinic staff could then be disseminated to other members of the staff, for the benefit of patients.<sup>4</sup> Physicians and scientists from around the world were also welcomed at Mayo Clinic, not only as formally recognized visitors<sup>5</sup> but also as trainees.<sup>6</sup> Thus, metaphorically, Mayo Clinic became a "big tent" that hosted gatherings of the best minds in clinical medicine, medical research, and medical education for the purposes of encouraging discussions and the sharing of ideas for the ultimate benefit of patients. This relationship among clinical practice, research, and education was represented graphically in the Mayo Clinic triple-shield logo, introduced in 1973 and revised to its more contemporary form in 1976.

Clearly this Mayo Clinic model of medical practice demanded effective communication among contributing staff members. To facilitate communications, the Mayo brothers introduced weekly staff meetings in which members of the staff could give presentations on interesting case histories and new discoveries in medical diagnosis and treatment (whether gained by direct experience locally or through extramural sources).<sup>4</sup> Annual reports from Mayo Clinic's clinical departments were



also presented at the weekly staff meetings. As the staff of Mayo Clinic grew and the clinical demands increased, it became more difficult for all staff members to attend the weekly staff meetings. To remediate this problem, and to provide a document of the information shared at the staff meetings for later review by others, the Mayo brothers instructed Maude Mellish Wilson to provide a written record of the meetings. She had been hired by the Mayo brothers in 1907 to begin an institutional library and set up an editing service for staff physicians.<sup>7</sup> Her effort at documenting the content of weekly staff meetings was intended to supplement *The Clinic Bulletin*, an internal institutional newsletter first published on August 1, 1919. When compared with the earlier publication, the new *Bulletin of the Mayo Clinic and the Mayo Foundation*, first published on April 21, 1926, represented an expanded scope and increased granularity of content.<sup>4</sup> The new publication had a mere 4 pages of text,<sup>8</sup> and it began with an article entitled “Mycosis Fungoides (Granuloma Fungoides) of the d’Emblee Type: Report of a Case,” authored by dermatology fellow Hamilton Montgomery.<sup>7,9</sup> *Mayo Clinic Proceedings* traces its 90th anniversary to this 1926 publication.

There was much excitement in the air at Mayo Clinic in 1926. Mayo Clinic’s staff, which began with 3 Mayo family members, had grown to 100 members. Also, by 1926, Saint Marys Hospital in Rochester, Minnesota, the main hospital of the Mayo Clinic enterprise, now had 650 beds and approximately 9000 patients per year, most of whom came for surgical procedures.<sup>10</sup> As such, Saint Marys Hospital was now performing more operations per year than any American hospital,<sup>10</sup> ie, more than any of the great hospitals of New York, Boston, Philadelphia, Baltimore, or elsewhere. By 1926, Mayo Clinic was in the process of building and furnishing the Plummer Building, the new home of Mayo Clinic’s core operations. From its completion until 1929 (when the Foshay Tower was built in Minneapolis), the Plummer Building was the tallest building in the state of Minnesota. Elsewhere on campus, Mayo Clinic physicians, scientists, engineers, and others were not only early adopters of aseptic surgical techniques, advances in anesthesiology, and other outcome-changing innovations, but were also introducing

innovations that would alter the course of health care worldwide. In upcoming decades, Mayo Clinic would be instrumental in introducing the hospital blood bank, antibiotics for the treatment of infectious diseases, the first intravenous anesthetic (thiopental), cortisone for the treatment of rheumatologic diseases (a discovery responsible for winning the 1950 Nobel Prize in Physiology or Medicine), and cardiopulmonary bypass and downstream innovations in cardiac surgery. Mayo Clinic physicians would also offer leadership in the development of new or evolving medical specialties and subspecialties, as well as medical training programs and accreditation boards, that are now functional worldwide. And *Mayo Clinic Proceedings*, in its several iterations, was there to witness and record much of this progress.

### The *Proceedings* by Any Other Name or Structure

There is clear evidence of differing views on the naming of the new publication and the relationship of that name to the Journal’s mission. In the first 4 months alone, the Journal had 3 different names, sequentially introduced with the words *Bulletin* (April 21) and *Report* (May 12), before settling on *Proceedings* (August 11) (Table). “Weekly” was dropped from the title on January 5, 1927, and from this point through December 1963, the Journal was known as *Proceedings of the Staff Meetings of the Mayo Clinic*.

From its inception through early 1983, the Journal was edited and published in concert with Mayo Clinic’s Section of Scientific Publications, a working group aimed at helping Mayo Clinic physicians optimally prepare their

**TABLE. Publication Names of *Mayo Clinic Proceedings* and Its Direct Antecedents, 1926 to the Present**

Journal title	Date
<i>Bulletin of the Mayo Clinic and the Mayo Foundation</i>	April 21, 1926
<i>Report of the Weekly Staff Meeting of the Mayo Clinic</i>	May 12, 1926
<i>Proceedings of the Weekly Staff Meetings of the Mayo Clinic</i>	August 11, 1926
<i>Proceedings of the Staff Meetings of the Mayo Clinic</i>	January 5, 1927
<i>Mayo Clinic Proceedings</i>	January 1, 1964

manuscripts before formal submission to a publishing source. (The Section of Scientific Publications, begun in 1914 as the Section of Publications with Maude Mellish Wilson as its first head, exists to this day but is not currently related to the *Proceedings*.) During this 1926 to early 1983 interval of oversight by the Section of Scientific Publications, the Journal grew from a circulation of a few hundred copies to tens of thousands of copies, and copies were generously provided free of charge to physicians and medical students around the world on a request basis. Specifically, in its first year, the *Proceedings* had a printing run of only 260 copies, but by 1958, the *Proceedings*' circulation was more than 31,000. The circulation reached 41,000 by the mid-1960s and had climbed to approximately 48,500 by 1970.<sup>4,7</sup> Indeed, throughout its life, the *Proceedings* had become instrumental in developing the brand and reputation for excellence of Mayo Clinic and in disseminating Mayo Clinic practices and values throughout the world.

By January 1964, the Journal was reorganized and placed under the leadership of an editor-in-chief and editorial board and, for the first time, was assigned its current name, *Mayo Clinic Proceedings*.<sup>4</sup>

To date, there have been 7 editors-in-chief of *Mayo Clinic Proceedings*,<sup>4,8</sup> and the Journal has moved from self-publication to representation by several sequential partial-service external publishers beginning in the early 1990s<sup>4</sup> to representation by a full-service publisher, Elsevier, beginning in late 2011.<sup>11</sup> Elsevier became the publisher of record by January 2012.<sup>12</sup> Throughout this process, the size of the Journal staff has changed to reflect the contributions of the publisher; however, central office control and editorial direction have always remained in Rochester, Minnesota, to ensure that the culture of the Journal is preserved. Today, the Journal resides in the Siebens Building, on the site of Mayo Clinic's 1914 red brick building. In its current location, the Journal offices are readily physically accessible by local authors and visitors who wish to interact with the Journal's staff, and a multitude of electronic communications access portals make the Journal readily accessible to authors worldwide. Electronic submissions of manuscripts and management of peer review,

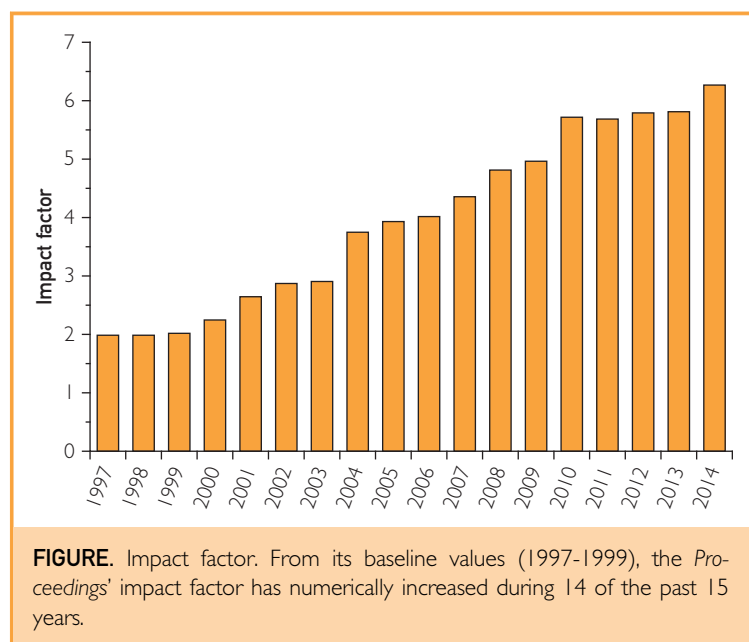
which began in January 2005, is just one part of this communications network.

### Changing Mission for Changing Times

As its earlier names suggested, the Journal's first mission was to preserve and disseminate information shared at the weekly meetings of the staff of Mayo Clinic. As such, it is not surprising that for much of its history, the authorship of the Journal's content was predominantly "all Mayo Clinic, all of the time." However, this *modus operandi* changed with time, in part to provide more diverse, higher-quality content within the pages of the *Proceedings* and make that content broader reaching and more relevant to readers' interests. Notable changes included the addition of external peer reviewers in the late 1970s and inviting external editorialists to introduce published articles in the early 1980s. More consequential, the editorial board decided in 1992 to allow non-Mayo Clinic authors to publish in the Journal,<sup>4,7</sup> but—as I have written earlier<sup>13</sup>—this fact was poorly appreciated by most potential authors and remains misunderstood to some extent even today.

For much of its history, the Journal functioned as a multidisciplinary Journal, but by the mid-1990s, with the approval of the *Proceedings*' editorial board and new publisher, Dowden Health Media, the journal was nominally restructured to focus on general/internal medicine to align editorial coverage to its distribution.<sup>4,13</sup>

With the initiation of a new leadership team in 1999 and the "Evolution of *Mayo Clinic Proceedings*" initiative announced in January 2000,<sup>13</sup> the Journal took more decisive action to diversify authorship and refocus the Journal along general/internal medicine themes. Much of this activity was inspired by the aphorisms and teachings of the Mayo brothers—published in the 1997 book *Aphorisms of Dr. Charles Horace Mayo, 1865-1939, and Dr. William James Mayo, 1861-1939*<sup>14</sup>—that had tremendous value in helping chart a course for the revived Journal while staying true to the spirit and mission of Mayo Clinic. The new initiative focused on acquiring more manuscripts to engage in peer review and being more selective in determining which were published under the *Mayo Clinic Proceedings* banner. Indeed, these efforts have,



since 1998, increased the number of submitted manuscripts by 4- to 5-fold and reduced the acceptance rates by 4-fold. Authorship in the *Proceedings* has become more desirable than ever, as evidenced by the fact that during 2014 and 2015 (aggregate data), authors from more than 60 nations submitted manuscripts to the *Proceedings*, and extramural authors accounted for more than 80% of manuscripts submitted to the Journal. We expect these trends to continue.

Along with this expansion of Journal contributors and Journal mission, many have questioned whether the title remains appropriate and relevant. (This is not a new criticism; Dr Pasquale J. Palumbo, editor-in-chief from 1987 through 1993, wrote in 2000 that the editorial board had considered, but rejected, suggestions to change the Journal's name at the time non-Mayo Clinic authors were allowed to publish in the Journal. According to Dr Palumbo, the word "proceedings' can be interpreted liberally, and the editorial board decided to do so."<sup>4</sup>) The correct answer is that it is not uncommon for the mission of a journal or corporate entity to expand or migrate, and when this happens its original title can become repurposed to serve more as an anchor point for a brand that reflects well-entrenched core values and a rich history.

Such has been the case in journal publishing not just for *Mayo Clinic Proceedings* but also for the Massachusetts Medical Society's *New England Journal of Medicine* and the US National Academy of Sciences' *Proceedings of the National Academy of Sciences*. These titles, once descriptive, became less so as the journals embraced new and expanded missions. As such, the journals increasingly joined the ranks of other elite journals whose titles *never* provided a nuanced hint of content, eg, *Nature*, *The Lancet*. Disconnection between title and mission is also seen in industry, such as the textile company Berkshire Hathaway, which has now become one of the world's largest investment holding companies. Based on these precedents, the title and brand of *Mayo Clinic Proceedings* will remain and flourish, although its content may migrate into new forms.

Many metrics document that the progressive alterations in the *Proceedings'* content and mission are benefiting authors, readers, and, most importantly, the patients and public served by the Journal. Impact factor (Thomson Reuters [formerly, ISI]), a metric of the quality of journal content, has, with the release of the 2000 data, numerically increased at the *Proceedings* for 14 of the past 15 years (Figure), coincident with the life span of the aforementioned "Evolution of *Mayo Clinic Proceedings*" initiative. The *Proceedings'* impact factor is currently 6.262, and the Journal is ranked 11th of 154 general/internal medicine journals (ie, the best 7%). The *Proceedings* now has a print circulation of more than 127,000 per issue, making it the world's third-largest print circulation scholarly biomedical journal. This print circulation is important because in surveys conducted by Elsevier, when readers in our demographic are asked which single form of information dissemination they prefer, they identify "print only" to "electronic only" by a factor of 2 to 1. Readership of the Journal has also improved meaningfully, such that in the latest 2013 Essential Journal Study, sponsored in part by *New England Journal of Medicine*, the *Proceedings* is ranked number 4 among the most essential journals read by internal medicine physicians. Among physicians who subspecialize within internal medicine, the *Proceedings* also scores as among the top 10 most essential journals by cardiologists

(ranked number 6), hospitalists (ranked number 7), and rheumatologists (ranked number 10).<sup>15</sup> These rankings among internal medicine subspecialty audiences are remarkable because the *Proceedings* is a general, not a subspecialty, journal. Elsewhere, Journal content is widely disseminated through the publisher's institutional platforms (ie, ScienceDirect and Clinical Key), the *Proceedings*' website, social media, and media coverage of the Journal's messages. This results in *Proceedings* content being made available to an audience of more than 1 billion people per year.

### The Driving Forces Behind the Contemporary *Proceedings*

In recent years, the Journal has increasingly expanded its editorial board and its recruitment efforts by board members in order to publish better articles of all categories, based on the goals of the Journal. The primary focus of this effort is aimed at addressing the Journal's mission statement, adopted in 2012: "To promote the best interests of patients by advancing the knowledge and professionalism of the physician community."<sup>12</sup>

Manuscripts recruited in accordance with the mission statement must undergo and pass peer review, just as nonrecruited manuscripts, if they are to be considered for publication in the Journal. Such manuscripts are prioritized for publication using 3 major criteria: (1) Is the information relevant to the Journal's target audience? (2) Is the information credible, important, and novel, and—only if the manuscript passes these first 2 criteria—(3) Does the published manuscript warrant attention through citations in other publications, media reports, and other methods?

Journal activities are also driven on an almost daily basis by readers' and authors' comments to us about the aspects of the Journal they find most appealing. Authors express appreciation for the prompt, thorough, and thoughtful process of peer review and manuscript preparation. Readers, in turn, tell us that they appreciate that the Journal addresses topics that are interesting and relevant to their daily lives (eg, "There is something of interest to every reader in every issue."), and the information in the articles is communicated in a manner that is easily accessible to a broad audience. These very

virtues—reflective of readers' long-standing praise for the Journal's content<sup>4</sup>—have been validated through recent proprietary research conducted by Elsevier and involving a nationwide sampling of general internists as tracked by the American Medical Association.

### As We Move Forward

From this point forward, the Journal's progress will continue along a path of evolution, not revolution. The editorial board is increasingly engaged in obtaining content that is relevant to the daily clinical practices of physician readership (and others) and additionally informs readers about health care delivery, medical ethics, professionalism, medical law, and related topics. The editorial board is engaged in ensuring that clinical topics most treasured by general internists and major internal medicine subspecialists are addressed on a rotating cycle. The board will also focus on thematic collections of articles, published over consecutive months and later bound into books, under the Symposia series banner. Further, the *Proceedings* is now publishing multiple Symposia series simultaneously. For example, the Symposium on Pain Medicine, begun in January 2015,<sup>16</sup> will continue through mid-2016; the Symposium on Neoplastic Hematology and Medical Oncology, begun in July 2015,<sup>17</sup> will continue through 2017; and a new, briefer Symposium on Precision Medicine will begin in mid-2016 and continue into 2017. On completion of each of these Symposia, the articles will be bound in book form and sold on the *Proceedings*' website. Others Symposia series will follow.

The *Proceedings* will increasingly offer content that is relevant to physicians' continuous professional development. Content published as Symposia and Concise Review for Clinicians articles will allow physicians to apply for continuing medical education (CME) credit. Other portions of the Journal, such as Residents' Clinics, and the new segment, Path to Patient Image Quiz, which reviews pathologic evidence of disease processes, are intended to refresh and enhance physicians' clinical knowledge, but they do not have associated CME credit.

A common theme of some of the Journal's new activities is to provide physicians and other readers with balanced presentations on



concepts and terminology that they may frequently hear in professional and other conversations, but on which they may not have had an opportunity to weigh the scientific evidence. These topics have to date included off-label drug use,<sup>18</sup> gluten intolerance,<sup>19</sup> vaccine hesitancy,<sup>20</sup> futile medical care,<sup>21</sup> the high costs of cancer drugs,<sup>22,23</sup> medication errors,<sup>24</sup> physician burnout and satisfaction with work-life balance,<sup>25-28</sup> harm of sedentary behavior,<sup>29</sup> controversies in governmental nutrition recommendations,<sup>30-32</sup> and other topics. These new activities will also include the publication of diagnosis and treatment guidelines emanating from authoritative sources, such as was the case when in August 2015 the *Proceedings* jointly published with *European Heart Journal* a policy statement on healthy lifestyle interventions, cosponsored by the American Heart Association, European Society of Cardiology, European Association for Cardiovascular Prevention and Rehabilitation, and American College of Preventive Medicine.<sup>33</sup>

The present and future *Proceedings* operations will also continue to explore the use of electronic communications, social media, and media dissemination of our messages so that we reach a broader audience and we do so in a form or forms that meet users' needs and preferences for information transfer.

### Closing Reflections

In its 90 years of publication, *Mayo Clinic Proceedings* has grown from its origins as a provincial, in-house journal to its current status as one of the world's foremost biomedical journals. Today it reaches an immense audience worldwide, and—consistent with the Mayo brothers' dream of advancing medical care through the sharing of information and ideas among physicians and scientists worldwide—the *Proceedings* now benefits from input by authors and peer reviewers from around the globe. The anchor for these efforts remains a Journal mission and mission statement that have close ties to Mayo Clinic values and a loyalty to advancing the quality of health care through integrated progress in clinical care, medical research, and medical education. And while it is tempting to ask, "Is the current role of the Journal reflective of the 'Proceedings' of Mayo Clinic," it is important to remember that core Mayo Clinic

values, and ongoing input from a foundation of creative Mayo Clinic authors, still tie the Journal and its great sponsoring medical institution to each other. As such, authors and readers can continue to expect the *Proceedings* to serve as "an elite medical journal sponsored by Mayo Clinic" and authored by physicians (and others) worldwide.<sup>34</sup>

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