Continuing Evolution at JAMA Pediatrics
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The development, dissemination, and use of new information has changed rapidly over the last 15 years. These changes have affected both the lay and professional media. Physicians and other health care professionals have increasingly turned to point-of-care sources of information. Textbooks on the office shelf or in the hospital library have been displaced by electronic sources: search engines such as Google or PubMed, electronic textbooks of preappraised sources and evidence, or individual journal websites. These in turn are linked to digital copies of articles in journals, making the content of articles instantly available to the user. This change to electronic sources has helped to make the concept of evidence-based medicine a daily reality.

JAMA Pediatrics and the JAMA Network have embraced this digital world and have become the leaders in focusing on the user and making information available on a variety of platforms. All of our original research and editorials are officially published Online First, approximately 2 months before print publication, in order to provide new information to users as rapidly as possible, as well as to shorten the time to publication for authors. The JAMA Network Reader provides complete articles, free to registered users, and is available on tablets, smartphones, desktops, and laptops. We have completely revamped our website (www.jama-peds.com) and have incorporated semantic tagging to link information on topics across journals in the JAMA Network and make it easily retrievable. Authors who have extensive supplemental information to their article, such as detailed descriptions of an intervention, can make this readily available to users on our website. We have used Facebook and Twitter to highlight key findings and have recently conducted our first journal club discussion as a “Tweetchat” (https://speakerdeck.com/jamapeds/jama-pediatrics-tweetchat-guide).

With regard to this continuing digital evolution, we are now adding articles1,2 in this month’s issue that will be published online only, with the abstracts and any accompanying editorials appearing in the print issue as well. This will allow us to increase the number of high-quality articles that we are able to publish and to further shorten the time to publication, benefiting authors and readers alike. The quality of these articles will be the same as those also published in print; they will undergo the same rigorous peer review, editorial, and copyediting process that is a hallmark of JAMA Pediatrics. In addition, these online-only articles will be available in fully searchable electronic forms, as well as in “printlike” PDF (portable document format), and will be indexed by standard search engines such as PubMed and Google.

We are committed to providing our users with the highest quality and most up-to-date information on child and adolescent health. JAMA Pediatrics will continue to evolve and make the best use of technology to meet this commitment.

Urinary Tract Infections and Renal Damage
Focusing on What Matters
Kenneth B. Roberts, MD

In this issue of JAMA Pediatrics, Shaikh and colleagues report their analysis of risk factors for renal scarring in infants and young children following a urinary tract infection (UTI). The methods are notable. Shaikh and colleagues sought out individual patient data from multiple published articles, and the researchers of the original studies were generous enough to provide the data, resulting in a large data set of 1280 infants and children. This is an example of admirable collaboration among researchers, with clinicians and their patients the beneficiaries.

The major contribution of this report is its focus on renal scarring. A link between UTIs in childhood and renal damage leading to hypertension and/or end-stage renal disease in adults was postulated at least a half-century ago. Two decades were spent chasing asymptomatic bacteriuria, which was also given other,