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Editorial

A.L. Copley Best Paper Prize 2017

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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, Alfred Lewin Copley. Dr. Copley was a German-American researcher and artist who coined the terms “Biorheology” and “Hemorheology” and contributed significantly to this area of research.

The Editorial Board’s A.L. Copley Best Paper Prize committee – a group of three editors (F.J., P.C., C.L.) elected by the Editorial Board - carefully reviewed all original articles published in 2017 and wishes to thank all authors for their excellent work. The selection criteria for the A.L. Copley Best Paper Prize included: originality and innovation, theoretical contribution, clarity of writing and presentation, and expected impact. Each of the three editors listed the 12 best papers published 2017 of his choice. From these 36 papers the editors looked for manuscripts, which have been nominated independently by more than one editor. 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 as follows:

The Editor-in-Chief and Editorial Board of CHM as well as IOS Press congratulate the 2017 A.L. Copley Best Paper Prize winner Dr. Kinga Totsimon and colleagues from Pecs/Hungary for their outstanding publication. The authors investigated changes of hemorheological parameters in 112 critically ill patients with different non-surgical diseases. The study revealed that calcium and osmolality levels were significantly associated with outcome in sepsis. Whole blood viscosity, red blood cell aggregation and changes in red blood cell deformability could predict mortality in non-septic patients. Therefore, hemorheological parameters may add prognostic information to standard ICU scores such as the Acute Physiology and Chronic Health Evaluation (Apache) II score and the Simplified Acute Physiology Score (SAPS) II.

We wish all researchers in the field of clinical hemorheology and microcirculation success in their future research and looking forward to the next A.L. Copley Best Paper Prize competition in 2018.