

BJCVS goes 100% digital

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Since I took over as Editor of the Brazilian Journal of Cardiovascular Surgery (BJCVS), one of my goals was to put all the content, from the first number, in an electronic format, since only the issues from 1997 are available on SciELO (www.scielo.br/rbccv) and on our website (www.rbccv.org.br).

In 2008, we had an offer from Google Scholar to scan the initial volumes in our collection [1]. As we did not get enough assurance that the volumes sent to Europe would be returned intact, mainly because there was only one copy of some numbers in the headquarters of the Brazilian Society of Cardiovascular Surgery (BSCVS), we decided not to take the risk!

Now, a new opportunity arose and was proposed by GN1, company that manages RBCCV and BJCVS websites, and with the full support of the Board we accorded so that the journals are already in the initial scan phase. The forecast is that the whole process is finished at the end of the year. Table 1 shows that will be a lengthy task, but the GN1 has proven capacity and I am sure that the result will be excellent!

Table 1. Number of copies and pages from BJCVS to be scanned

BJCVS Scanning	
Total volumes	11
Total issues	37
Total copies available in the collection	76
Total samples received	77
Total pages checked	2833

The availability of the older numbers represents an important source of research and consultation and also a rescue from our memory. It is important to emphasize that the entire contents of ten years of publications will be available for those who are searching on Pubmed. As already occurs with BJCVS this new content can also be consulted free of charge!

Once the work is finished, the partners will be notified.

Scanning is the first of a series of innovations that we are preparing for the Silver Jubilee of BJCVS, held in 2011. The date is very representative to all the cardiac surgeons in Brazil and should not be ignored. We are planning activities to commemorate this anniversary and, soon, will bring more news.

For the next year we are also waiting for the release of our impact factor, accounting for the years 2009 and 2010. Our expectation is that the index is between 0.3 and 0.7, a number that we consider satisfactory, especially because we are a segmented journal and that has been indexed in international databases recently.

Meanwhile, the international insertion of BJCVS continues growing every day. We currently have 341 articles indexed in PubMed and 307 in ISI! As results of this presence, that grows every day, are the invitations to Drs. Michel Sá and Ulisses Croti to attend conferences in China due to studies published in our journals (see page 427).

As I say, we have to establish increasingly accurate criteria, in the selection of articles to ensure the quality of BJCVS. I state again my request to all who submit Original Articles, Case Reports, Experimental Studies, Brief Communications and Clinical-Surgical Correlations, to do so by electronic submission system, which is capital that at the same time, a copy of the **Ethics Committee Opinion** is attached. This procedure will be mandatory, so that submission can only be successful if the copy is attached.

This precaution is necessary because international bodies are stepping up surveillance of these studies so that ethical procedures are met, thus ensuring greater transparency.

Another important issue refers to the Clinical Trials (Trials). ALL must be registered in the appropriate international body, prior to commencement of the study. This issue is addressed in the Editorial by Dr. Michel de Sá (page III), who comments on care related to

ethics in research and scientific publications. Registration can be made at various sites. The best known is the <http://clinicaltrials.gov/> (from (U.S. National Institutes of Health), which in mid-August had 94,137 trials from 173 countries. There can also be found detailed information on the subject (English).

Other options to record Clinical Trials: www.actr.org.au (Australian Clinical Trials Registry); <http://isrctn.org> (International Standard Randomised Controlled Trial Number Register (ISRCTN)); www.umin.ac.jp/ctr/ (UMIN Clinical Trials Registry - UMIN-CTR) and www.trialregister.nl/trialreg/index.asp ((Nederlands Trial Register).

Again I ask the authors and reviewers to streamline the return of papers and reviews. The more prolonged the procedure, the longer will be the publication, causing losses and hassles for all involved.

In this edition, there are five more items available for testing by the Continuing Medical Education (CME) system: “Transapical aortic valve implantation: results of a Brazilian prosthesis.”, page 293; “TVEGF gene therapy for angiogenesis in refractory angina: Phase I/II clinical trial, page 311; “Assessment and medium-term follow up of heart transplant candidates undergoing to low-intensity exercise”, page 333; “Serum lactate as mortality and morbidity marker in infants after Jatene’s operation”, page 350. I remind the readers that this is an excellent teaching tool for residents and students, allowing the increase of the

habit of reading the RBCCV articles, as well as to teach them the interpretation of published data. In addition, each completed test is worth one point in the revalidation of the Specialist title. For candidates to such title the completion of all tests of the issue of the year that they will hold the test will be worth 0.5 linear points in the notes obtained.

I could not finish this Editorial without paying a tribute to Professor. Dr. Danton Richlin da Rocha Loures, who died on June 20. Praiseworthy professional and teacher of a generation of surgeons, his absence will be keenly felt.

Dr. Rui Almeida tells a bit about the trajectory of Dr. Danton on page 424.

Have a good reading with my warmest regards.



Editor
BJCCV

REFERENCES

1. Braille DM. RBCCV caminha para a digitalização total. Rev Bras Cir Cardiovasc. 2008;23(4):I-II.