

New Impact Factor: 1.239. Goal is to surpass 1.5 in 2013



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The new Impact Factor (IF) of the Brazilian Journal of Cardiovascular Surgery (BJCVS) is **1.239**. The relationship was announced in late June, by ISI-Thomson Reuters. This represents a significant growth of 30% compared to last year's rate of 0.963.

We are now ranked the 6th journal of national scientific publications and the 1st of the surgical area. The Immediacy Index is 0.329, the second highest among the top 20 Brazilian journals listed in ISI.

For comparison, the Annals of Thoracic Surgery has IF = 3.741, the Journal of Thoracic and Cardiovascular Surgery has IF= 3.406 and the European Journal of Cardio-Thoracic Surgery has IF = 2.550. We are the fifth journal of the specialty in the world ranking. To CAPES, we are still classified in Medicine I - II and III as B2 stratum = 40 points without limits, however we are B1 = 60 points, without limits, in the areas of Physical

Education, Nursing and Veterinary Medicine. To reach BI in Medicines I - II and III we will have to reach an IF above 1.599. That is our goal for 2013. Figure 1 shows the journals that cited the BJCVS and Figure 2 compares the number of citations from other journals in BJCVS and vice versa, we cite a lot more than we have been cited in most journals. We note, however, that we are being cited in foreign journals, which should increase with the facilities that have implemented this year, as the EPUB and FLIP.

In addition to celebrate the new IF, this edition of the Brazilian Journal of Cardiovascular Surgery (BJCVS) marks the beginning of a new stage. After long deliberations between the Editorial Board of the Journal and the Board of the Brazilian Society of Cardiovascular Surgery (BSCVS), with the approval of the General Assembly during the 39th Brazilian Congress of Cardiovascular Surgery, it was

Impact	Citing Journal	Cited Year											
		All Yrs	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	Rest
	All Journals	487	23	70	127	86	43	18	26	19	8	10	57
1.239	REV BRAS CIR CARDIOV	275	20	53	44	51	21	12	18	11	5	7	33
	ALL OTHERS (53)	53	0	7	14	13	11	1	3	3	0	0	1
0.771	REV ASSOC MED BRAS	45	0	0	43	2	0	0	0	0	0	0	0
0.880	ARO BRAS CARDIOL	16	0	0	1	0	3	2	3	0	0	1	6
0.711	SAO PAULO MED J	15	3	4	3	2	0	0	0	0	0	0	3
2.058	CLINICS	9	0	3	1	2	0	1	0	0	2	0	0
1.640	J CARDIOTHOR VASC AN	6	0	1	3	0	1	0	0	0	0	0	1
2.000	ARTIF ORGANS	6	0	0	0	0	0	1	1	1	0	1	2
1.187	J CARDIOTHORAC SURG	5	0	0	1	1	0	0	0	1	0	0	2
2.550	EUR J CARDIO-THORAC	5	0	0	1	2	2	0	0	0	0	0	0
3.741	ANN THORAC SURG	4	0	1	1	1	0	0	0	0	1	0	0
0.375	REV ESC ENFERM USP	4	0	0	0	1	1	1	0	0	0	0	1
0.167	REV BRAS MED ESPORTE	3	0	0	3	0	0	0	0	0	0	0	0
	REV BRAS ANESTESIOLOGIA	3	0	0	1	0	0	0	0	0	0	1	1
1.005	TRANSPL P	3	0	0	1	0	0	0	1	0	0	0	1
0.416	HEART SURG FORUM	3	0	0	1	1	0	0	0	0	0	0	1
0.191	ACTA SCI-TECHNOL	3	0	0	0	3	0	0	0	0	0	0	0
0.435	HEALTHMED	3	0	1	1	1	0	0	0	0	0	0	0
1.391	J BRAS PNEUMOL	2	0	0	1	1	0	0	0	0	0	0	0
16.733	ANN INTERN MED	2	0	0	0	0	2	0	0	0	0	0	0

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Impact	Citing Journal	Cited Year											
		All Yrs	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	Rest
8.456	ANTIOXID REDOX SIGN	2	0	0	1	1	0	0	0	0	0	0	0
1.657	BIOL PHARM BULL	2	0	0	1	0	1	0	0	0	0	0	0
1.333	BMC SURG	2	0	0	0	1	0	0	0	0	0	0	1
1.129	BRAZ J MED BIOL RES	2	0	0	0	0	0	0	0	1	0	0	1
2.012	RESP CARE	2	0	0	1	1	0	0	0	0	0	0	0
2.072	PHLEBOLOGY	2	0	0	1	0	0	0	0	0	0	0	1
3.406	J THORAC CARDIOV SUR	2	0	0	1	1	0	0	0	0	0	0	0
1.510	J CARDIOVASC MED	2	0	0	0	1	0	0	0	1	0	0	0
2.896	CURR VASC PHARMACOL	2	0	0	1	0	1	0	0	0	0	0	0
0.865	J CARDIAC SURG	2	0	0	1	0	0	0	0	1	0	0	0
0.584	ACTA CIR BRAS	2	0	0	0	0	0	0	0	0	0	0	2

Fig. 1 - Chart showing which journals cited BJCVS

R _{max}	Related journal (j)	Relatedness (R)	
		REV BRAS CIR CARDIOV to j	j to REV BRAS CIR CARDIOV
2046.13	REV BRAS CIR CARDIOV	2046.13	2046.13
144.00	ARQ BRAS CARDIOL	144.00	38.69
127.58	J THORAC CARDIOV SUR	127.58	2.54
111.00	ANN THORAC SURG	111.00	3.69
78.24	EUR J CARDIO-THORAC	78.24	6.70
56.72	J CARDIAC SURG	56.72	12.99
45.42	ARTIF ORGANS	45.42	20.75
35.60	HEART SURG FORUM	15.10	35.60
22.32	J CARDIOTHORAC SURG	13.10	22.32
19.05	REV ESC ENFERM USP	6.99	19.05
14.08	ACTA CIR BRAS	14.08	12.18
12.38	J CARDIOTHOR VASC AN	5.45	12.38
12.18	BRAZ J MED BIOL RES	12.18	4.61
12.18	ANN INTERN MED	12.18	3.17
12.11	J CARDIOVASC MED	12.11	6.41
11.05	CLINICS	2.89	11.05
10.85	J BRAS PNEUMOL	10.85	9.40
5.92	RESP CARE	5.92	3.73
2.66	TRANSPL P	2.41	2.66

Fig. 2 - Chart comparing the number of BJCVS citations in other journals and vice versa

decided to perform a drastic reduction in the number of copies printed.

As the matter was of interest to the members, statutorily, the question was under discussion during the General Assembly. By overwhelming majority, it was chosen to accept the suggestion, however, before consulting the partners so that those who wished to continue receiving the printed version could manifest.

The consultation was made by electronic means in the month of May. With those who chose to continue to receive

the printed version, educational institutions, sponsors, peers, Scielo, Pubmed, Thompson Reuters, EBSCO, SCImago and others, in addition to copies that will be in the collection of BSCVS and BJCVS, it totaled the demand of 200 copies. This corresponds to about one sixth of that volume was printed until issue 27.1 and will provide considerable savings in printing and postage, funds to be invested in the acquisition of software to enhance and streamline the electronic edition, as well as improve the structure and professionalize the translation of articles into

English, a fundamental factor to be more readable and therefore cited.

Furthermore, this decision follows the current world trend of keeping electronic editions as the primary means of disseminating scientific journals. It also contributes, of course, to preserve the environment by saving paper.

The electronic BJCVS in its online edition, can be accessed in full and free, in many ways, in the sites www.rbccv.org.br or www.bjcv.org or even www.scielo.br/rbccc in various formats (HTML, PDF, and FLIP, desktops and laptops). It is also available in full version in modern and universal ePub (Electronic Publication) for iPads, iPhones and the like, enabling the use of advanced information technologies.

This includes unimaginable electronic benefits before scanning. An immediate consequence is the enormous benefit of no longer depending exclusively on the “Keywords” to find the item or service, since we can make the search for the desired subject by submitting just one word that describes it. In the English edition of BJCVS, there is a difference of great value. For any term that is not understood, the reader can just press it with his finger and choose the option “set”, then displays an English-English dictionary with the meaning of the word. There are many other facilities, which will soon be perceived by our attentive readers.

This diversity of electronic media in which BJCVS is available has as a consequence, an increase in the number of potential readers, which together with the provision in the various databases, such as SciELO, Google Scholar, PubMed, Scopus, EMBASE, EBSCO and ISI-Thomson, among others, allows the increase in the number of articles cited, reflecting the impact factor.

These innovations we have implemented, always with the support of the Boards of BSCVS, since I assumed the post of Chief Editor of BJCVS in 2002, reinforce our commitment to deliver a publication increasingly robust in terms of content and form.

Over time, it manifested itself as a vehicle for the dissemination of Brazilian Cardiovascular Surgery, which since the middle of last century [1] has shown vigorous and active, even if not always providing the ideal conditions for working of professionals.

On the other hand, international integration is gradually being established, by the recognition of experts around the world.

That confidence was evident at the 39th Congress of the BSCVS in Maceió. The Board of BSCVS and Organizing Committee, coordinated by Dr. José Wanderley Neto, did a tireless work, which was reflected in the high-level scientific activities, besides the continuity of skills sessions: Hands On, thanks to the dedicated work of many, led by the indefatigable former president Gilberto Barbosa.

The Techno College also proved to be useful for members, offering a quick and proactive update of the latest techniques.

All these innovations have become tradition, incorporating the very latest in learning teaching methods.

Always concerned with the updating of surgeons in Brazil each year, the Board of BSCVS seeks new models of education in different areas, so that we can always be renewed with the knowledge, an example for other medical societies.

Another point of outstanding importance is a result of fraternization among peers, allowing us to continue united in the ideal inherited from the pioneers, striving together for the best patient care, ideal working conditions for colleagues and behavioral harmony essential to the welfare of community that surrounds us.

With each passing year, the congress is no longer “exclusivity” of cardiac surgeons, adding professionals of related fields, such as nurses, physiotherapists, psychologists, engineers and perfusionists. Academics have also greatly participated, presenting studies of high scientific value, demonstrating that the future is in good hands.

Among the studies of heart surgery, Free Themes winners were: 1st place: “Comparison of cardiac histology and left ventricular function after transplantation of purified endothelial progenitor cells and expanded in the infarcted myocardium of rats”, presented by former President, Dr. Paulo Brofman (PR) and colleagues, 2nd place: “Autologous bone marrow stem cells and physical activity after myocardial infarction in rats”, presented by Dr. Luiz Cesar Guarita Souza (PR) and colleagues; 3rd place (tied): “Meta-analysis of 6136 patients treated with percutaneous coronary intervention with drug-eluting stents or coronary artery bypass surgery for stenosis of unprotected left main coronary artery”, presented by Dr. Michel Pompeu Sá (PE) and colleagues, and “Activity of the enzyme glucose 6-phosphate dehydrogenase in acute right ventricular hypertrophy underwent banding of the pulmonary trunk in adults”, presented by Dr. Leonardo Miana (MG) and colleagues.

Posters: 1st place: “Follow-up and evolution of the Braile’s Inovare transcatheter prosthesis implantation” presented by Dr. Diego Gaia (SP) and colleagues, 2nd place: “In vitro study of the effect of crimping on pericardium fibrillar structures of the Inovare transcatheter bioprostheses” presented by Dr. Marcus Gimenez (SP) and colleagues, 3rd place (tied): “Hybrid procedure in treating the syndrome of hypoplastic left heart (HLHS) and anatomic variants: results in 35 neonates”, presented by Dr. Marcelo Jatene (SP) and colleagues, and “Benefit from the elimination of early vs late CNI and introduction of everolimus in HTx recipients, long-term follow-up”, presented by Dr. Arnt Fiane (Norway) and colleagues.

The BSCVS Award of Professional of the Year was awarded to Dr. José Wanderley Neto for his brilliant work in favor of cardiac surgery in the Northeast and Brazil over the past decades. To him, my compliments. The time now is wait for the 40th Congress, which promises to be an even bigger success.

I register with joy, the gratitude for the homage, at the Closing Dinner, to me, to Editor, Ricardo Brandau, and editorial assistant, Rosângela Monteiro, by dedication and competence shown by the Journal of Cardiovascular Surgery (BJCVS), positioning it among the top five Journals on Cardiovascular Surgery of the world. This homage is a great honor for us and encourages work harder for the Journal.

We are making available to interested parties a further category of manuscripts: “Images in Cardiovascular Surgery”. The text should be up to 300 words, including title and references, and a maximum of two images, which are currently below the required standard (wider than 1000 pixels and DPI equal to or greater than 200). All contributions and suggestions are welcome.

In this edition, there are four items available for testing by the system of Continuing Medical Education (CME): “Comparison of electrophysiological parameters of septal

and apical endocardial cardiac stimulation”, page 195, “Risk factors for low cardiac output syndrome after coronary artery bypass grafting”, page 217, “Use of an intra-aortic balloon in the trans- and postoperative cardiac surgery: analysis of 80 consecutive cases”, page 251, and “INR Point-of-care test (POCT): Hope or Illusion?”, page 296.

With the certainty that the Brazilian Cardiac Surgery is a marker of the viability of our country, I wish all good reading.

My warmest regards,



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