

Editorial

Submissions, editorial process and impact factor 1992–2000: Focus on Europe

Tobias Opthof^{*}, Ruben Coronel¹, Michiel J. Janse²

Editorial Office of Cardiovascular Research, Academic Medical Center, Room J-127, Meibergdreef 9, 1105 AZ Amsterdam, The Netherlands

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In the August 1999 issue of *Cardiovascular Research* at the occasion of the congress of the European Society of Cardiology in Barcelona [1] we commented on the increase in submissions and publications from Europe from 1992 to 1998 [2–4]. Now, one year later at the occasion of the 2000 version of the same congress in Amsterdam, we present statistical data on the number of submissions, the editorial process and the impact factor in past and future.

Submissions

Fig. 1 shows that the submissions in 1999 came primarily from Europe (56%) and from North-America

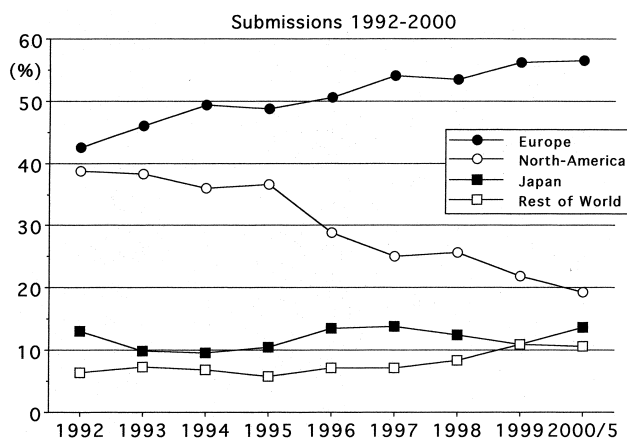


Fig. 1. Percentual number of submissions from 1992 till 2000 for Europe, North-America, Japan and the rest of the world. For the year 2000 submission data are from January 2000 till May 2000.

(22%) with 11% from both Japan and the rest of the world. The estimates for 2000 (by 1 June 2000) are somewhat higher for Japan and lower for North-America. Fig. 2 shows the absolute number of submissions for Europe and North-America. For the first time we received over 600 manuscripts from Europe (611), which is now about the same as the total number of submissions during the years 1992–1995. Fig. 2 also shows that the percentual decrease in submissions from North-America (Fig. 1) results from the increase in submissions from other parts of the world, because the absolute number of submissions from North-

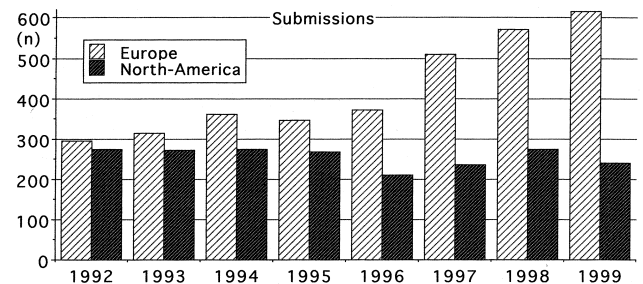


Fig. 2. Total number of submissions from Europe and North-America from 1992 till 1999.

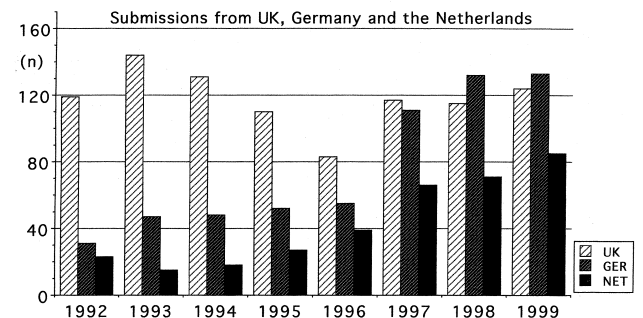


Fig. 3. Total number of submissions from 1992 till 1999 for Germany, the United Kingdom and the Netherlands. GER: Germany; UK: United Kingdom; NET: the Netherlands.

^{*}Corresponding author. Present address: Department of Medical Physiology, University Medical Center Utrecht, The Netherlands. Tel.: +31-30-253-8923; fax: +31-30-253-9036.

E-mail address: t.opthof@med.uu.nl (T. Opthof).

¹Experimental and Molecular Cardiology Group.

²On behalf of the Editorial Team.

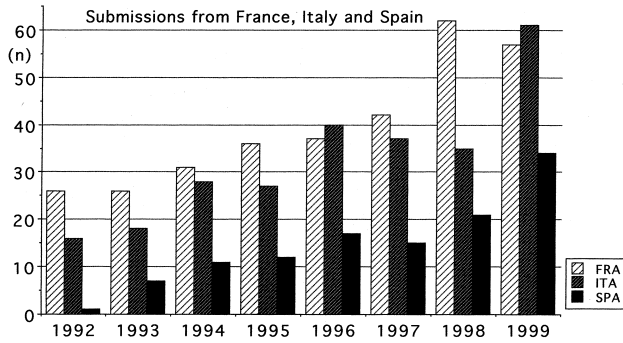


Fig. 4. Total number of submissions from 1992 till 1999 for France, Italy and Spain. FRA: France; ITA: Italy; SPA: Spain.

America is stable at about 250 per year over the last 8 years. Figs. 3 and 4 show that the increase in submissions from Europe was not similar for different European countries. Germany contributed most manuscripts in 1998 and 1999 with the United Kingdom at the second place with about 120 manuscripts over the last three years (Fig.

3). Also, the number of submissions from the Netherlands increased steadily since 1993 (Fig. 3). During the last two years also the number of submissions from France, Italy and Spain increased (Fig. 4).

Editorial process

Although the Editorial Team no longer aims at a further reduction of the time needed for a first decision on a manuscript, Fig. 5 shows that this time dropped from 27.6 days in 1996 to 25.8 days in 1999. Our reviewers in the first place, but also our office managers, Nicole Mommertz and Yvonne Zwiers, are responsible for this success, which is even more impressive when the increase in the total number of submissions from 733 in 1996 to 1100 in 1999 is considered. Fig. 6 shows that 50% of the decisions is made within 25 days (dashed line) and that after one month 82% of the manuscripts has been decided on (dotted line). These numbers also show minor improvements over the last years [5].

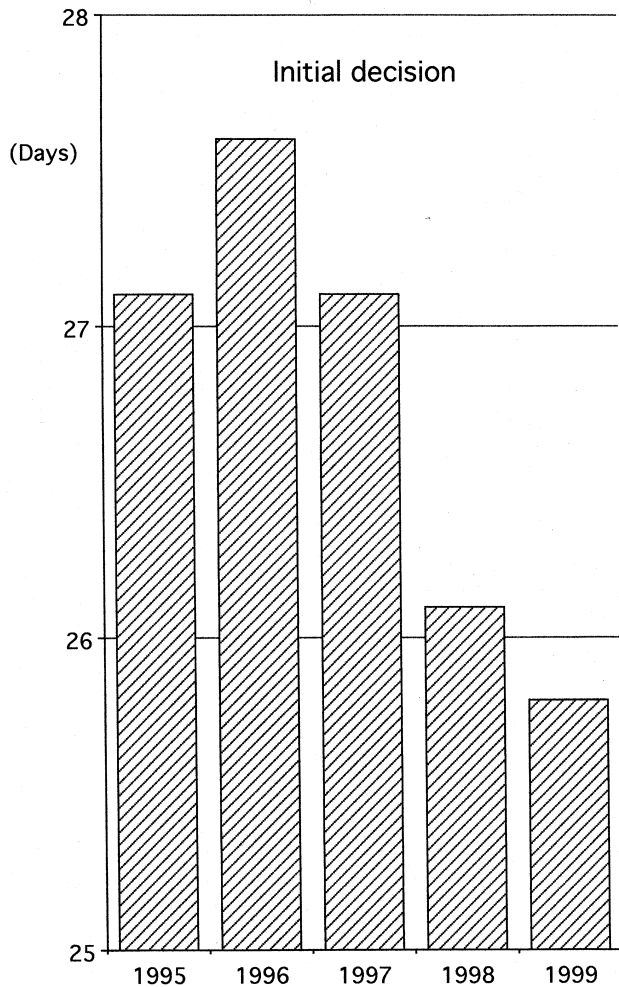


Fig. 5. Days needed to make a first editorial decision from 1995 till 1999.

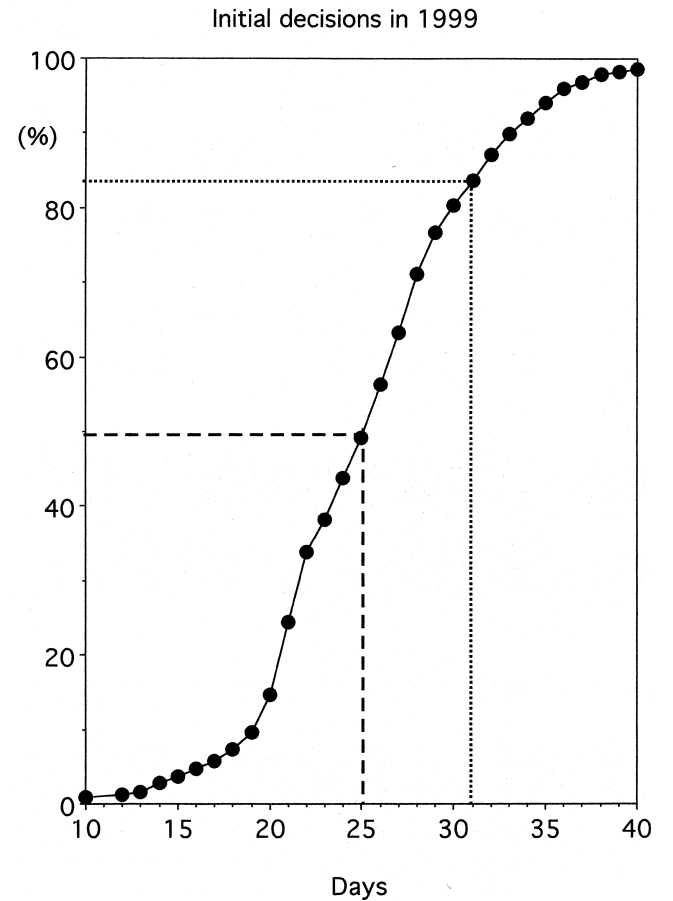


Fig. 6. Cumulative percentage of first editorial decisions as a function of the days after sending out of manuscripts to the reviewers. Half of the decisions are made after 25 days (dashed line). After one month 82% of the decisions has been made (dotted line).

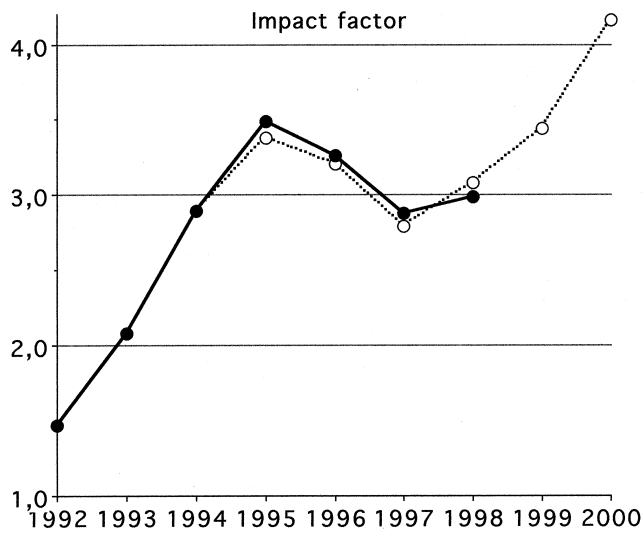


Fig. 7. Impact factor for *Cardiovascular Research* as communicated by the Institute for Scientific Information (solid line). The dotted line shows our own estimates for the years 1999 and 2000. The accuracy of these predictions may be appreciated from the differences between the dotted and solid lines for the years 1995–1998 (see text for explanation).

Impact factor

Fig. 7 shows the official impact factors for *Cardiovascular Research* as communicated by the Institute for Scientific Information (solid line) and our own estimates over the last years (dotted line). For 1999 we predict an impact factor of 3.44 (see also [6]) and for the year 2000 we anticipate to exceed the 4.00 border for the first time in the history of the journal. The difference between the solid and dotted lines give an impression of the accuracy of these numbers, although it should be emphasized that this accuracy only applies to the prediction for 1999. The prediction for 2000 is based on counts over the period January–May 2000 with extrapolation to the end of the year. Whatever the exact values will be, we continue to invite our authors to send us their very best work, because it is obvious that *Cardiovascular Research* is successful in bridging the gap with the top in the cardiovascular category of the Science Citation Index.

Finally, Fig. 8 shows the impact factors of the individual issues of the journal since April 1996. The abscissa shows the months of publication with numbers for regular issues

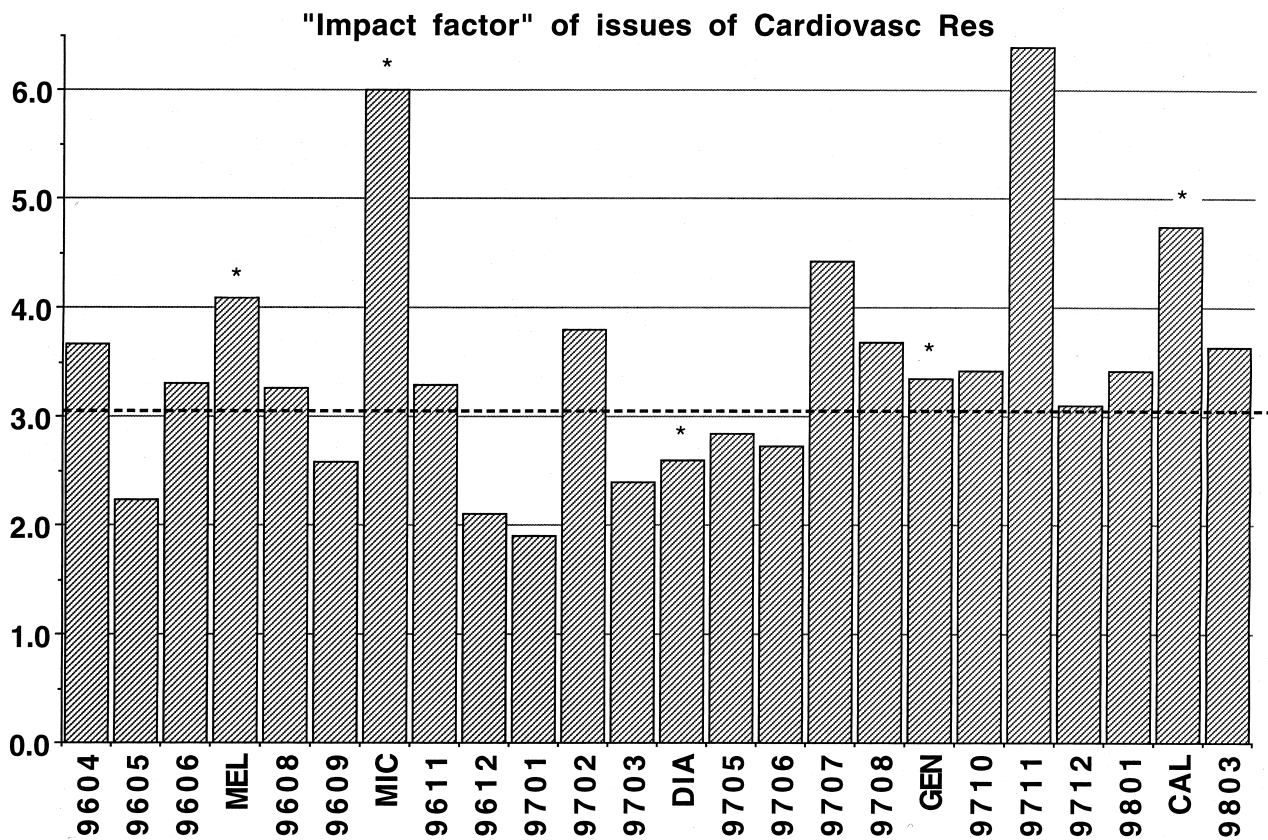


Fig. 8. ‘Impact factors’ of individual issues of *Cardiovascular Research*. ‘9604’ indicates the April 1996 issue, which was the first issue with papers handled by the present team. Since September 1996 the issues were exclusively handled by the present team. Asterisks indicate spotlight issues: MEL: Mechanoelectrical Feedback (July 1996); MIC: Microcirculation (October 1996); DIA: Diabetes mellitus and the Cardiovascular System (April 1997); GEN: Gene Therapy in the Cardiovascular System (September 1997); CAL: Calcium and Heart Failure (February 1998). See text for explanation. The dashed line indicates the averaged impact factor of the journal from 1996 till 1998.

and abbreviations for spotlight issues. The issues on Mechanoelectrical Feedback (MEL), Microcirculation (MIC) and Calcium and Heart Failure (CAL) were more successful than the averaged impact factor of 3.05 over the years 1996–1998 (dashed line). Also, all issues published since July 1997 had an equal or higher impact factor than the average of the last years. It is obvious that we will maintain our policy with respect to our spotlight issues and we cordially invite you to submit your best work when a new spotlight issue relevant to your specialty is launched.

References

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