

Editorial

Submissions and impact factor 1997–2001: Focus on Sweden

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See Note added in proof on last page of this Editorial

At the occasion of the congress of the European Society of Cardiology in Stockholm in 2001 we provide our readership with data on the impact factor of *Cardiovascular Research* and on the submission of manuscripts from different parts of the world.

1. Submissions

In previous editorials we commented on the steady increase in submissions from Europe during the last decade [1–3]. Fig. 1 shows that submissions in general continue to

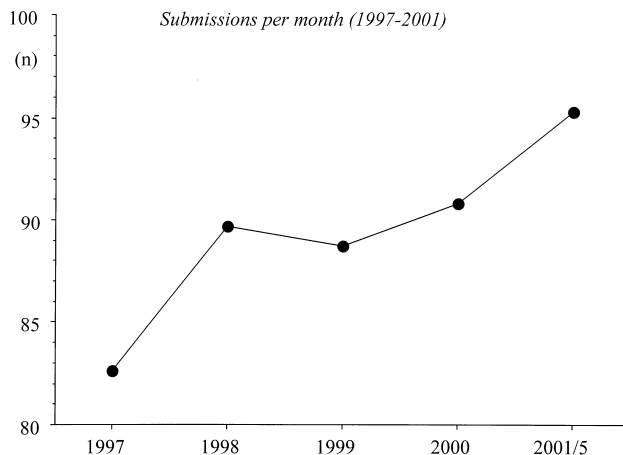


Fig. 1. Total number of submissions per month during the years 1997–2000 and over the first 5 months of 2001 (2001/5).

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increase. In 1998 the total number exceeded 1000 per year for the first time. From January 2001 until May 2001 we received over 95 manuscripts per month, although it was about 60 when we took office in 1995. A total number well above 1100 is anticipated for 2001. Fig. 2 shows that the increase in submissions from Europe has stabilized at about 600 per year, making up about 55% of the total number (Fig. 3). From North-America we receive about 24% of the total number and 21% comes from Japan and the rest of the world, each making up half of the latter figure. Most manuscripts come from the the USA (17.5%), followed by the United Kingdom (12.3%), Germany (11.9%) and Japan (10.6%).

2. Impact factor

Fig. 4 shows the official impact factor for *Cardiovascular Research* as communicated by the Institute for Sci-

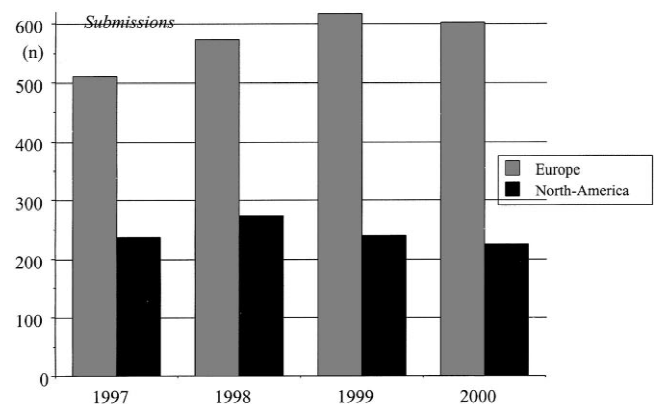


Fig. 2. Total number of submissions from Europe and North-America from 1997 to 2000.

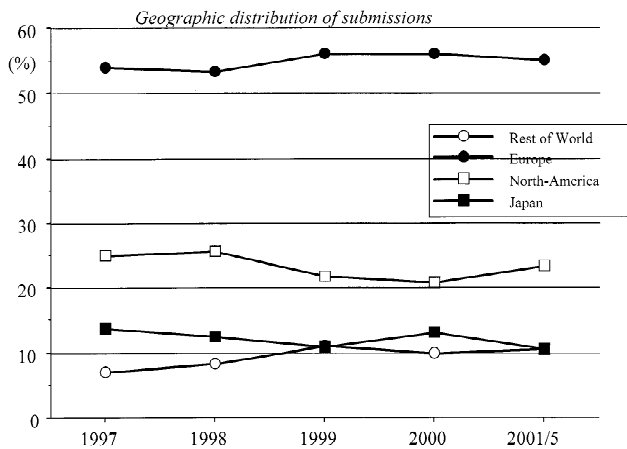


Fig. 3. Percentage number of submissions from 1997 to May 2001 for Europe, North-America, Japan and the rest of the world.

entific Information (solid line) and our own estimates (dashed line) since 1997. The last official impact factor for 1999 was 3.09. We predict an impact factor of 3.59 for the year 2000 and based on data accumulated between 1 January and 31 May 2001 we expect an impact factor of 4.85 for the year 2001. The difference between the solid and dashed lines over the years 1997–1999 give an impression of the accuracy of our own estimates, although it should be emphasized that this accuracy only applies to the prediction for 2000. The prediction for 2001 is based on counts over the period January–May 2001 with extrapolation to the end of the year as stated above. 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* starts to be successful in bridging the gap with the journals in the top of the cardiovascular category of the Science Citation Index [4,5].

Fig. 5 shows the impact factors of individual issues of our journal since January 1998. The abscissa shows the

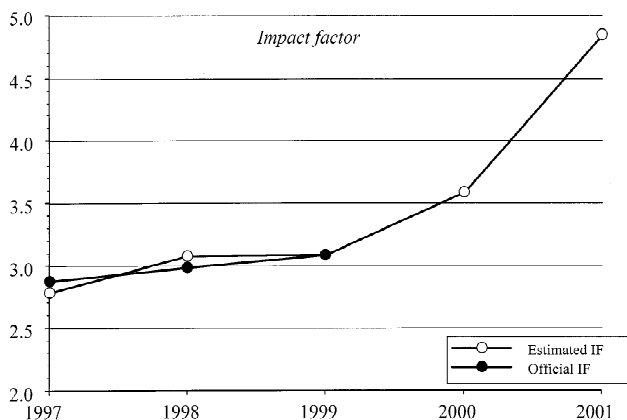


Fig. 4. Impact factor of *Cardiovascular Research* over the years 1997–2001. Filled circles and solid line: values of the Institute for Scientific Information. Open circles and dashed line: estimates of the editorial team. Impact factor for 2000 will be communicated in August/September 2001. Impact factor for 2001 will be communicated in August/September 2002.

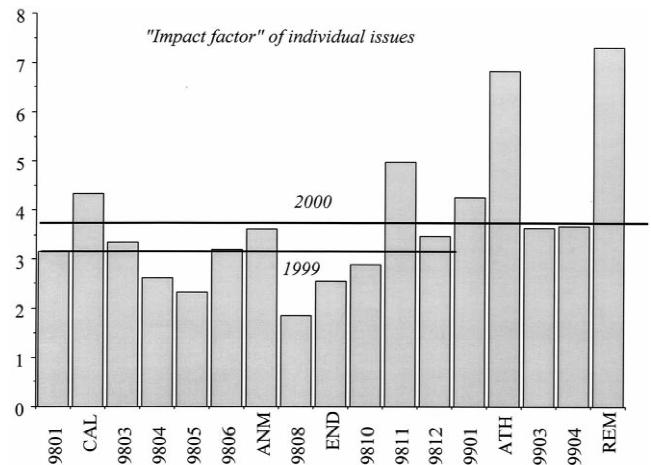


Fig. 5. Impact factor of individual issues of *Cardiovascular Research* since January 1998. Regular issues are depicted with year and month of publication. Spotlight issues are depicted with the abbreviation of their title. CAL: Calcium and heart failure (February 1998); ANM: Animal models in cardiovascular research (July 1998); END: Endothelins in the cardiovascular system (September 1998); ATH: Plaque rupture and atherosclerosis (February 1999); REM: Molecular biology of ion channels and electrical remodeling (May 1999). The two dashed lines indicate the impact factors of 1999 (3.09) and 2000 (3.59) to which these issues contributed.

consecutive issues with the dates of publication of regular issues and abbreviations for spotlight issues. The issues on Calcium and Heart Failure (CAL; February 1998) and Plaque Rupture and Atherosclerosis (ATH; February 1999) and Molecular Biology of Ion Channels and Electrical Remodeling (REM; May 1999) were more successful than the impact factor of the years to which they contributed (dashed lines) as was the case with spotlight issues in previous years [6].

3. Manuscripts and reviewers from Sweden

During the last decade about 2.5% of submitted manuscripts came from Sweden. During the years 1998–2000 reviewers from Sweden assigned a 34.5% priority to manuscripts on a scale of 0–100% in which 0% indicates a low priority of each of three reviewers assigned to a manuscript and in which 100% indicates a high priority of each of three reviewers (Fig. 6). The difference with non-Swedish reviewers (35.4%) was not significant. In contrast, Swedish manuscripts received a priority rating of only 24.3% on the same 0–100% scale with a 35.7% priority rating for non-Swedish manuscripts. This difference was highly significant ($P < 0.005$; F -test). Interestingly, published Swedish manuscripts, i.e. after the completion of the review and editorial process, received a 71% priority score vs. a 66% priority score for non-Swedish manuscripts, a non-significant difference. Over the years 1992–2000 Swedish manuscripts were cited with a

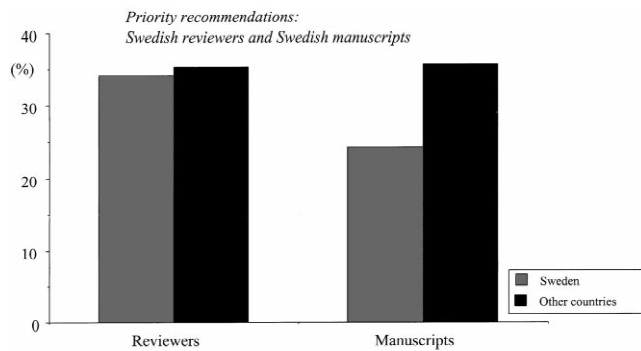


Fig. 6. Priority recommendations assigned to manuscripts by Swedish and non-Swedish reviewers and obtained by Swedish and non-Swedish manuscripts on a 0–100% scale (see text for explanation).

97±7.0% frequency compared to the average of the journal.

Note added in proof

The Institute for Scientific Information just communicated the impact factors for the year 2000. The official

impact factor for 2000 is 3.78. The predicted value was 3.59 (see Fig. 4). The impact factor of *Cardiovasc Res* increased by 23.3% from 1999 to 2000.

References

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