



Editorial – referring to the article published on pp. 1238–1248 of this issue

## Current and Future Trends of Publications in Urological Journals: the Increasingly Leading Role of Europeans

Francesco Montorsi\*

Department of Urology, Università Vita Salute San Raffaele, Via Olgettina 60, 20132 Milan, Italy

In this issue of the Platinum Journal, the authors of the article “A Bibliometric Evaluation of Publications in Urological Journals among European Union Countries between 2000–2005” [1] should be commended for completing an analysis which is clearly of great interest for all those involved in the art of scientific writing. I am inclined to state that this information should be considered with great care by governmental scientific bodies of countries belonging to the European Union as it provides important evidence on the status of publishing in the urological field.

Why is this of importance for governments? The answer is simple in the eyes of all practising urologists: the request for medical advice pertaining to urological diseases including, for example, prostate cancer, urinary incontinence and all conditions related to aging has been significantly increasing over the last several years and it is certainly true that the same topics continue to represent leading areas of interest in the field of urological publications.

This interesting and well written article deserves some editorial comments. First of all, countries belonging to the European Union have been progressively gaining space in terms of authorship of papers published in urological journals with an impact factor. One can like or dislike the impact factor but the only existing truth is that this number remains the main benchmark in the field of scientific writing in medicine [2–4]. Of note, the real meaning of the impact factor, i.e. how it is

calculated, is not really known to many authors. In other words, talking about the impact factor remains very “chic” and being aware of the impact factors of the top urological journals is always considered a sign of being “in the know.” In Fig. 1 the calculation of the 2006 impact factor of European Urology is shown in detail to allow the reader to understand the real meaning of this number. The 2006 impact factors were released by the website “[www.isiwebknowledge.com](http://www.isiwebknowledge.com)” on June 19 at 6.31 pm European time and therefore clearly could not be analysed by Jung et al [1]. Table 1 reports the 2006 impact factors of urological journals included in the Nephrology and Urology section of the “Journal Citations Report”. Of interest, the assessment of the impact factors from 2000 to 2006 highlights the growth or decline of the various journals (Fig. 2). When one considers the last four years (Fig. 3), European Urology stands above all journals as the one showing the greatest increase of the impact factor. What is the secret to obtain the best impact factor? There is only one which is summarized in three simple words: “quality, quality, quality”. At European Urology we have been focusing our attention in improving first of all the peer review process, which must be intellectually honest and fair and should serve the interest of the reader. Clearly we understand that as we live in a time where competition is increasingly fierce, we need to respect the request of our authors to receive the first editorial decision within the shortest time

### The European Urology 2006 impact factor equation



Fig. 1 – 2006 European Urology Impact Factor.

possible. Since January 2006 we have been reducing the time from initial online submission to the first editorial decision to a mean of 16 days and it is virtually impossible to do better than this! [5,6]. We believe that two weeks are necessary for our reviewers to send us their insightful comments and at the editorial office we cannot find enough words to thank the members of the Editorial Board at Large of the journal (the best and most faithful reviewers) and all our reviewers in general. Recently, the majority of the articles have been reviewed by 6–10 reviewers and we now have evidence that this has led to accepting manuscripts of the highest quality.

What is the difference between European and American authors? The first and obvious difference is the native language! It is difficult and probably unfair to compare the scientific production of a country where the authors are writing their manuscripts in their own native language with countries

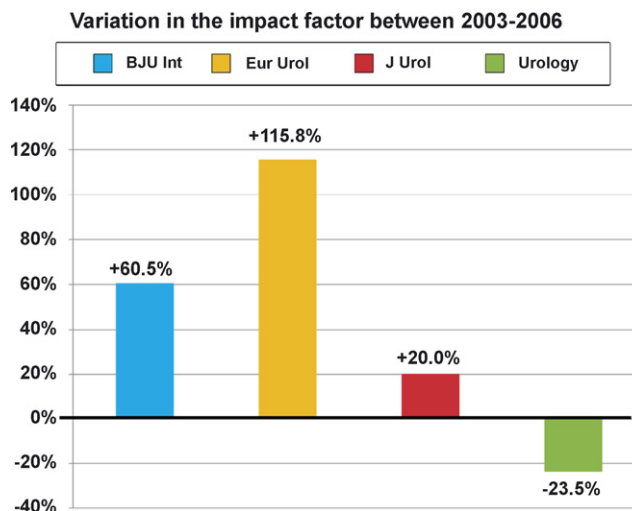


Fig. 3 – Impact Factor trends of major urological journals from the year 2003 to 2006 (we include the same journals).

where authors are not allowed to express themselves in the language they learned as children. I strongly believe that this single fact should be considered as a very good reason to consider manuscripts coming from European, non-English speaking countries, fruit of the passion for scientific writing. At European Urology, we are obliged to apply the international rule of the English language as we are an international journal representing the European Association of Urology (EAU). Many authors know how strict we are when assessing a submitted manuscript also from a linguistic point of view. The investment of a substantial amount of money to hire an internationally recognized copy editing company to optimize the linguistic style of the manuscripts accepted for publication in European Urology is one further sign of the attention and care that both European Urology and the EAU have been giving to maintain their international profile and prestige. A second comment in support of European authors is related to their openness regarding research coming from outside Europe and ultimately articles deserving to be cited. Europeans receive an education which although is strongly focused on the history of their own country, is also becoming more and more open to the history of great countries in the Americas, Middle and Far East, Africa and the Asia-Pacific regions. I think this is also reflected by the large number of citations made by European authors to articles published, for example, from North American authors. Among European investigators there is an innate respect for the quality of an article, regardless of its origin. Historically, this has not happened so frequently from the other side towards Europe. The case of

### Impact factor 2000-2006

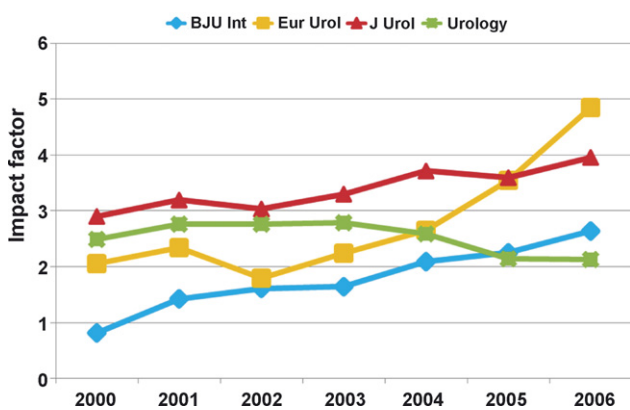


Fig. 2 – Impact Factor trends of major urological journals from the year 2000 to 2006 (we include: Eur Urol – J Urol – BJU – Urology).

**Table 1 – 2006 Impact Factors of urology journals included in the Thompson Scientific Journal Citation Report**

EUR UROL	4.850
J SEX MED	4.676
J UROLOGY	3.956
PROSTATE	3.724
EUR UROL SUPPL	3.174
CURR OPIN UROL	2.684
BJU INT	2.635
INT J IMPOT RES	2.353
UROLOGY	2.130
UROL ONCOL-SEMIN ORI	2.089
WORLD J UROL	1.890
INT UROGYNECOL J	1.828
UROL CLIN N AM	1.819
PROSTATE CANCER P D	1.810
ASIAN J ANDROL	1.737
J ENDOUROL	1.536
UROL RES	1.449
NAT CLIN PRACT UROL	1.298
SCAND J UROL NEPHR	1.089
UROL INT	0.709
INT J UROL	0.691
INT UROL NEPHROL	0.530
UROLOGE	0.404
AKTUEL UROL	0.400
PROG UROL	0.340
ANN UROL	0.338

articles published from North American authors citing almost exclusively studies published in North American Journals is obvious to all those in the field of scientific publishing. It is the responsibility of we Europeans to publish the best quality articles which ultimately will attract the interest of our colleagues from overseas. Today, European Urology has the great honor to be the flag waving on the highest peak in worldwide urology and we count on this to balance the relationship between North America and Europe.

The analysis by Jung et al [1] highlights differences among European countries in terms of number of published papers. It would be of interest to deepen the analysis within each European country to clarify whether only a limited number of authors/institutions have actually been representing the whole country or, on the contrary, published articles are uniformly spread among a large number of leading institutions. My feeling is that both in Europe and in the United

States there are a few chairmen of urological departments who should be considered giants not only due to their qualities as scientists and surgeons but also due to their capacity to have attracted the most talented young urologists who have become the pillars of their departments. These departments are war machines in terms of production of excellent scientific articles [9,10] and I suspect that sometimes the production of one single department is very close to the scientific production of one whole country. While the role of these centers of excellence in leading research is recognized, we should invest a lot of time and energy in supporting centers and countries who are still behind.

Jung et al [1] correctly assessed the importance of multi centric studies. My experience as an Editor and researcher has been that this is going to be the future of science. There is a need to share the knowledge among centers of excellence in order to optimize the quality of research. Some recent examples are evident when scanning the most frequently cited articles published in European Urology [7,8]. Of note, the relationship between European and North American centers has been very fruitful. This is clearly based on mutual respect and it has been facilitated by the increasing networking that meetings such as those of the EAU allow.

On the same line, I found my attendance at the American Urological Association meeting in 2007 useful not only for the excellent scientific program but also for the possibility to exchange ideas with my North American colleagues and friends who unfortunately have not yet taken the decision to regularly attend the annual EAU meeting which has really become an informative and superb meeting.

What should we aim at in the future? We should certainly aim at a world with no boundaries for science.

## References

- [1] Oelrich B, Peters R, Jung K. A Bibliometric Evaluation of Publications in Urological Journals among European Union Countries between 2000–2005. *Eur Urol* 2007;52: 1238–48.
- [2] McKillop C. Interview with: Claude Schulman. *Eur Urol* 2006;49:191–2.
- [3] Schulman C. The first 30 years of European Urology (1975–2005). *Eur Urol* 2005;48:881–4.
- [4] Schulman C. What you have always wanted to know about the impact factor and did not dare to ask. *Eur Urol* 2005;48:179–81.
- [5] Montorsi F. The start-up of the Platinum Journal: a fascinating challenge. *Eur Urol* 2006;49:595–7.

- 
- [6] Montorsi F. European Urology is "Your" journal. *Eur Urol* 2006;49:1-4.
- [7] Chun FK-H, Karakiewicz PI, Briganti A, Gallina A, Kattan MW, Montorsi F, et al. Prostate cancer nomograms: an update. *Eur Urol* 2006;50:914-26.
- [8] Karakiewicz P, Lewinshtein DJ, Chun FK-H, Briganti A, Guille F, Perrotte P, et al. Tumor size improves the accuracy of TNM predictions in patients with renal cancer. *Eur Urol* 2006;50:521-9.
- [9] Abrahamsson P-A, Anderson J, Boccon-Gibod L, Schulman C, Studer UE, Wirth M. Risks and benefits of hormonal manipulation as monotherapy or adjuvant treatment in localised prostate cancer. *Eur Urol* 2005;48:900-5.
- [10] Djavan B, Fong YK, Ravery V, Remzi M, Horninger W, Susani M, et al. Are repeat biopsies required in men with PSA levels  $\leq 4$  ng/ml? A multiinstitutional prospective European study. *Eur Urol* 2005;47:38-44.