

CARDIOVASCULAR PATHOLOGY

July 7, 2019

From the Editor-in-Chief

Members of SCVP, Members of the Editorial Board, and Colleagues

I want to share with you several newsworthy items pertaining to our journal, Cardiovascular Pathology, the official journal of the Society for Cardiovascular Pathology.

I am very pleased to report that the Publications Committee, led by Dr. Rick Mitchell, and the executive leadership of SCVP, led by Dr. Jim Stone, have approved my proposal to serve a third term as Editor-in-Chief of CVP from 2022 to 2026 and to appoint a Senior Associate Editor (SAE) as a chief colleague to work with me in promoting and editing the journal. This plan has the concurrence of our publisher, Elsevier. This organizational enhancement comes after the recent appointment of Dr. Melanie Bois as Associate Editor of Social Media for the journal. A detailed description of the SAE position can be found at the SCVP web site: http://www.scvp.net.

This plan is responsive to an increasing workload due to increasing numbers of submissions (over 320 last year) and provides continuity for the future of the journal. Thanks go to Dr. Rick Mitchell and our Elsevier publisher, Lindsay Allen, for getting this plan in place. Rick Mitchell and the Publications Committee have set a deadline of November 1 for SAE applications with the goal of having the person appointed by January 1, 2020. The SAE description provides a format for how the editorial activities are to be conducted while allowing for flexibility in working out specifics between myself and the nascent SAE. This is an excellent opportunity for a colleague to become involved in the field of medical editing and publishing which I have found to be very stimulating and rewarding.

After letting you in on this UPPER, I have to inform you of a DOWNER. After the last few years of increases, our latest Journal Impact Factor (JIF) went down below the 2.0 mark. Specifically, our JIF decreased from 2.496 for 2017 to 1.765 for 2018. Recall that the JIF is calculated as the number of citations in a given year divided by the items published in the previous two years. So the JIF for 2017 is 352 citations in 2017 to items published in 2015 (184 citations) and 2016 (168 citations) divided by 141 citable items published in 2015 (64) and 2016 (77) equals 2.496. And the JIF for 2018 is 263 citations in 2018 to items published in 2016 (165 citations) and 2017 (98 citations) divided by 149 citable items in 2016 (77) and 2017 (72).

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SOCIETY FOR CVP PUBLICATIONS COMMITTEE CHAIR Richard N. Mitchell, MD, PhD In 2017, the 7 top cited papers had between 11 and 20 citations. In 2018, the 7 top cited papers had between 6 and 17 citations. This means that most of the papers we published in CVP got between 0 and 5-6 citations. In 2017, the SCVP/SAECVP consensus papers on inflammatory and non-inflammatory degenerative diseases of the aorta each received 15 citations, while the Das and Halushka review paper on extracellular vesicle microRNA transfer in CV disease topped the list at 20 citations. In 2018, the consensus statement on noninflammatory degenerative diseases topped the list at 17 citations while neither the other consensus paper nor the microRNA paper remained in the top 7. An analysis done a few years ago by our previous Elsevier publisher, Jason Winkler, showed our review articles had a collective JIF of around 6 versus a collective JIF for regular articles and case reports in the 1.0-1.5 range. This reinforced the conventional wisdom that publishing review articles, particularly in the first issue or two of the year, is the key to enhancing the JIF. Yet, in looking at the top 14 cited articles for the 2017 and 2018 JIF calculations, the breakdown is 3 consensus statements (1 cited in both years), 4 regular review articles and 7 original research articles (1 cited in both years), including a mix of clinicopathological and experimental studies. These observations reinforce the basic premise that the success of CVP is based on the receipt and publication of high quality and important scientific work, both original studies and timely, scholarly review articles. My philosophy as editor is to strive to accept scientifically strong material within a broadly construed scope of interest of the membership of SCVP. This raises the perennial issue of case reports and images. With the input of the new SAE, we will continue to strive for the appropriate balance in this area. Your input is most welcome.

Now for another UPPER. Following the positive response to the first Special Issue of CVP which provided a compilation of all of the Consensus Statement papers produced by SCVP, we have just published the Second Special issue. This CVP Special Issue showcases a series of commemorative review articles in celebration of the 25th anniversary of CVP originally published in 2016 and now compiled into a virtual collection with online access for the cardiovascular pathology community. This overview also provides updates on the major categories of cardiovascular diseases from the perspective of cardiovascular pathologists, highlighting publications from CVP, as well as additional important review articles and clinicopathologic references.



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I highly recommend the review article written by Buja, Ottaviani and Mitchell introducing our new Special Issue. The title is: Pathobiology of Cardiovascular Diseases: An Update. It has 191 references including many articles previously published in CVP. This article is a new publication which is already available through PubMed and which will appear in print in the July-August issue of CVP. Your editor's ulterior motive: it should help with the 2021 JIF!

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to https://www.sciencedirect.com/journal/cardiovascular-pathology/specialissues.

Currently, the dialogue in our body politic features strong opinion expressed without regard for facts. With the intent of avoiding this dangerous, anti-scientific approach, I gathered data to evaluate the actual scope of work published in CVP in order to inform discussion regarding future directions for the journal. In my editorial introducing the 25th anniversary commemoration of CVP, I produced an analysis of the major themes of articles published over the first 25 years of CVP (see Buja LM. Cardiovasc Pathol. 2016;25:1-2). The top ten topics with numbers of publications are as follows: tumors-137, atherosclerosis and vascular biology-117, aneurysms and other vascular diseases-115, valvular disease-107, sudden death and arrhythmias-94, myocardial ischemia and infarction-86, cardiomyopathies-84, myocarditis and pericarditis-76, coronary artery diseases including interventions-75 and congenital heart disease with associated developmental biology-67.

NEWS FLASH-PATHOLOGISTS LOVE TUMORS. And because of that, CVP has published case series and case reports on cardiac tumors far in excess of the frequency and importance of these entities in the overall impact of cardiovascular disease on society. How do you see the appropriate balance of publications for CVP going forward?

Since cardiovascular pathology is a subspecialty largely practiced in academic centers, most members of SCVP are engaged in medical education. So I want to make you aware of a position paper I have published on this topic. See: Buja LM. Medical education today: all that glitters is not gold. BMC Med Ed2019 Apr 16;19(1):110 doi:10.1186/s12909-019-1535-9. With this article, I hope to stimulate discussion and modulation of some prevailing trends in undergraduate medical education. What do you think?

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In spite of my skepticism regarding the current state of UME, I always get a feeling of rejuvenation in mid-summer with the graduation of our medical students and residents and the arrival of new and enthusiastic residents and fellows. And for additional rejuvenation, I am off with the family for a week to Telluride for a Rocky Mountain High followed by the Association of Pathology Chairs meeting in Boston (I am now a Senior Fellow.) I hope all of you also have a great summer and rest of the year.

Best regards,

May

L. Maximilian Buja, MD

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