

# Impact Factor 2014: hoping this will be more the rule than the exception

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While many of the 125 journal editors within the category “cardiac & cardiovascular systems” were on summer holidays in July, we are sure a great majority of them could not resist the urge to open their laptops or tablets for this year’s release of Thomson Reuters’ Journal Citation Reports®. For EuroIntervention, we were truly delighted to learn that our journal’s impact factor has jumped to 3.785, an increase of 0.585 from last year’s impact factor (Table 1).

This increase pushed our ranking up to 33<sup>rd</sup> position among the now 125 journals within our category. However, there is one little

anomaly in the list of the 125 journals. One of our ESC sister journals is listed twice. The European Journal of Cardiovascular Prevention & Rehabilitation became the European Journal of Preventive Cardiology in January 2012 and both titles are listed. Why is this important? If we take into account that the list of journals should be 124, this would mean that EuroIntervention moves up to the 32<sup>nd</sup> position and on the very edge of the top 25% of journals (31<sup>st</sup> position and higher) within our category! We understand that submissions today to journals within the top 25% of their category are becoming more the rule than the exception with respect to university submission policy for authors, with certain cases where the degree of funding and/or grant awarded is related to the volume of accepted papers in these top 25% tiered journals.

The challenge for us today is to sustain the growth in our impact factor and, indirectly, our ranking. This year alone three new cardiovascular publications joined the category and many more are expected. In fact, next year will see the launch of the “European Heart Journal - Cardiovascular Pharmacotherapy” and the “European Heart Journal: Clinical Outcomes & Quality of Care” to complement further the ESC journal family. Furthermore, discussions are ongoing within the ESC to launch two open access journals.

It is in this increasingly complex environment that the benefits of the ESC journal family are best illustrated, especially in relation to our joint publications at ESC in 2014. These joint publications, either guidelines or consensus documents are not only of great interest to the specialist in their day-to-day practice, but they are a valuable source of citations for a journal, critical in maintaining or improving an Impact Factor. We co-published with the European Heart Journal (EHJ) and the European Journal of Cardio-Thoracic Surgery the “ESC/EACTS Guidelines on Myocardial Revascularisation”. With EP-Europace, we have jointly published the “EHRA/EAPCI expert consensus statement on catheter-based left atrial appendage occlusion” and, with both EP-Europace and the European Heart Journal: Acute Cardiovascular Care “Cardiac arrhythmias in acute coronary syndromes: position paper from the joint EHRA, ACCA, and EAPCI task force”.

We can expect even more consensus and position papers in the future thanks to the creation of the EAPCI Scientific Documents Committee. We refer you to this month’s EAPCI column in this edition of EuroIntervention.

In conclusion, we hope that our impact continues to rise in the coming years. Both the ESC journal family and the strength of our association, the EAPCI, will certainly help push us in the right direction, but it is all up to you, the authors and reviewers who are the core of this success, those of you who volunteer many precious hours of your time to the Journal. Let us never forget that EuroIntervention’s impact factor is also your impact factor, and it is a great pleasure for us to congratulate you as well!

**Table 1. Top 10 and selected journals within the category CARDIAC & CARDIOVASCULAR SYSTEMS, © 2013 Journal Citation Reports® Science Edition (Thomson Reuters, 2014)**

Journal Ranking, n=125	Abbreviated Journal Title	IF 2013					IF 2012	IF 2011	
		IF	Cites in 2013 from items published in 2011+2012	Items published (2011+2012)	Self cites	IF without self cites			
1	J AM COLL CARDIOL	15,343	13226	862	4%	14,038	14,086	14,156	
2	CIRCULATION	14,948	17549	1174	2%	13,926	15,202	14,739	
3	EUR HEART J	14,723	8171	555	3%	14,014	14,097	10,478	
4	CIRC RES	11,089	5955	547	4%	9,696	11,861	9,489	
5	NAT REV CARDIOL	10,154	1056	104	2%	9,952	10,4	8,83	
6	JACC-CARDIOVASC INTE	7,44	1912	257	6%	6,965	6,552	6,8	
7	JACC-CARDIOVASC IMAG	6,986	1530	219	8%	6,306	6,164	5,941	
8	CIRC-CARDIOVASC INTE	6,982	1138	163	5%	6,454	6,543	6,058	
9	CIRC-CARDIOVASC IMAG	6,752	1081	161	11%	5,714	5,795	5,941	
10	EUR J HEART FAIL	6,577	2019	307	9%	5,515	5,247	4,896	
Selected	11	INT J CARDIOL	6,175	4316	699	19%	4,065	5,509	7,078
	12	HEART	6,023	3144	522	4%	5,475	5,014	4,332
	24	AM HEART J	4,555	2446	537	2%	4,35	4,497	4,651
	26	CLIN RES CARDIOL	4,167	871	209	15%	3,234	3,667	2,961
	28	J THORAC CARDIOV SUR	3,991	3253	815	8%	3,491	3,526	3,406
	31	CAN J CARDIOL	3,94	918	233	15%	2,931	3,122	3,358
	<b>33</b>	<b>EUROINTERVENTION</b>	<b>3,758</b>	<b>1210</b>	<b>322</b>	<b>12%</b>	<b>3,245</b>	<b>3,173</b>	<b>3,285</b>
	36	CIRC J	3,685	2491	676	17%	2,414	3,578	3,766
	37	EUR HEART J-CARD IMG	3,669	433	118	27%	2,653	–	–
	38	ANN THORAC SURG	3,631	3791	1044	9%	3,16	3,454	3,741
39	AM J CARDIOL	3,425	4072	1189	2%	3,245	3,209	3,368	
40	REV ESP CARDIOL	3,342	752	225	26%	1,893	3,204	2,53	
58	CATHETER CARDIO INTE	2,396	1452	606	15%	2,007	2,514	2,29	

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