



From Editor-in-Chief: Jubilee issue, 5-year gains and goals, important news from recent meetings and pandemics

Dear readers,

This is our jubilee issue – we are 5 years old as we released first our issue in June 2017. We started publishing journal with a rather small board of colleagues with aim to select and help to produce evidence-based knowledge and bring to international attention manuscripts of colleagues from Central Asia. Our board was further expanded by inclusion of colleagues now from 19 countries (Table 1) who have embraced our goals and empowered us by their experience.

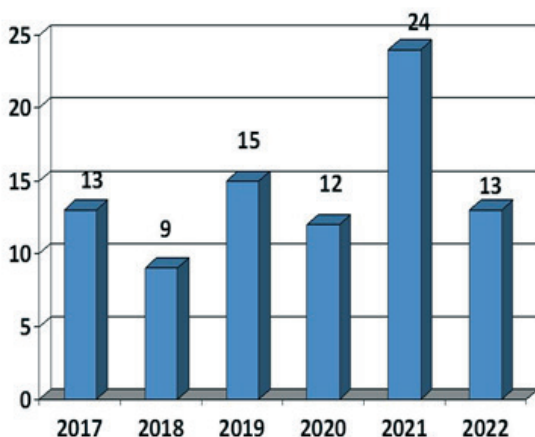


Figure 1. Number of countries of authors of manuscripts received for consideration for publication in Heart, Vessels and Transplantation journal over 5-year period (for year 2022 – only 2 issues March and June)

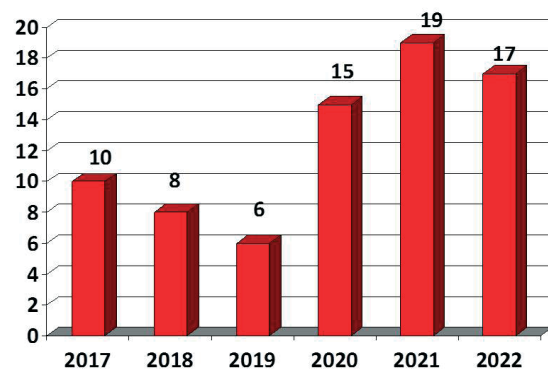


Figure 2. Number of countries of external reviewers over 5-year period (for year 2022 – only 2 issues March and June)

Now we have become truly international journal as we receive manuscripts from 35 countries that are evaluated by our external reviewers from 32 countries and editors from 19 countries (Table 1).

Thus in 5 years we have made a big step in fulfilling criteria of not only regional but international significance – steadily increasing diversity of countries of authors and external reviewers (Fig. 1, 2).

Taking in account now that our journal is read now in 202 countries and 8630 cities around the world, is accessed and

Address for Correspondence: Gulmira Kudaiberdieva, Heart, Vessels and Transplantation,
Email: editor@hvt-journal.com

Received: 09.06.2022 **Accepted:** 10.06.2022

Copyright © 2022 Heart, Vessels and Transplantation

read on Facebook in 135 countries and twitter in 31 countries (see maps and list of countries at www.hvt-journal.com) we believe that we will have sufficient pool of manuscripts to select best ones.

Table 1. Countries of origin for authors, external reviewers and editors of Heart, Vessels and Transplantation

N	Editors	Authors	External Reviewers
1	Australia	Afghanistan	Australia
2	Austria	Argentina	Bangladesh
3	Brazil	Australia	Belgium
4	France	Austria	Brazil
5	Germany	Brazil	Canada
6	Greece	China	Egypt
7	Italy	Cyprus	France
8	Kyrgyzstan	Czech Republic	Germany
9	Kazakhstan	Denmark	Greece
10	Monaco	France	India
11	Poland	Greece	Italy
12	Russia	Hong Kong	Kyrgyzstan
13	Slovakia	India	Kazakhstan
14	Spain	Iraq	Mexico
15	Switzerland	Italy	Monaco
16	Turkey	Kazakhstan	Nepal
17	UK	Kyrgyzstan	Netherlands
18	Ukraine	Mali	Poland
19	USA	Mexico	Russia
20		Monaco	Slovakia
21		Nepal	Sweden
22		Netherlands	Switzerland
23		Pakistan	Germany
24		Poland	Romania
25		Romania	Russia
26		Russia	South Africa
27		Rwanda	Spain
28		Slovakia	Turkey
29		Sweden	UAE
30		Tunisia	UK
31		Turkey	Ukraine
32		Vietnam	USA
33		UK	
34		Ukraine	
35		USA	

Every journal's scientific performance is evaluated based on citation analysis. As we have not been yet indexed in Scopus or Clarivate databases we conducted analysis of our performance based on Google scholar, Crossref databases and RINZ databases. For the past period our articles have earned citations from journals indexed in Crossref (41), Google scholar (65) and RINZ (26 as per 2020 count)databases. Our estimated journal's Hirsch index is 4 based on Google scholar citations and 3 based on Crossref citations. Thus estimated 5-year impact factor is 0.287 (number of all citations/226 citable articles published in 5 years) (Google scholar citations) and 0.187 (Crossref citations).

These are approximate estimates actually, as Scopus and Clarivate use citations that appear in selected indexed journals. Google Scholar and Crossref databases include wider number of journals, but it allows us to define where we stand now in terms of scientific quality of published articles and our editorial work. We have to set goals of further increasing quality of articles we select for publication. We also have to note that pandemics might have affected the submission of research manuscript particularly as applied lockdowns and repurposing of healthcare to treat COVID patients slowed down or make impossible even to collect primary material, conduct examinations in patients involved in clinical research. However, we accept it as a good result, we are on correct way, and we will continue exercising unbiased blind peer-review policy to select and help to produce best evidence-based knowledge. Our board's mean Hirsch index is 12.7 and journals is 4 – so we need to increase up to 12 at least as well.

For the clinical and continuous medical education, we publish education review and quiz articles and since last year we have started also publishing editorials on summarizing latest guidelines developed by professional societies to attract attention of physicians to guidelines and make them aware of latest recommendations so they can implement in clinical practice.

Our journal is listed in several databases like EMBASE (Elsevier – which is analog to PUBMED –databases for collecting selection evidence), DOAJ, Crossref, is in NLN and British library catalogs, RINZ, and many university libraries worldwide and several other databases. Our goal is to be accepted to Scopus and Clarivate and PUBMED/PMC/Medline databases.

Our journal has the online submission system, publishes articles first ahead of print online then in print version as well, we have linked all our references to Crossref journals and now can automatically retrieve citations appearing in Crossref journals, we have Ithenticate Crossref subscription to check for plagiarism manuscripts we receive for evaluation. Thus we set our Editorial policies and requirements for publishing online (website) and print versions according to requirements of above mentioned international databases.

As we are breathing and living journal we have encountered few ethical challenges during past years: unethical withdrawals

after accept with revision decision with further publication in journal with impact factor using recommendations of our reviewers and editors to improve content. All these cases we treated in frame of international guideline on publication ethics.

Please continue submitting manuscripts for consideration for publication in Heart, Vessels and Transplantation journal.

In current issue, you can find the editorial on recent guidelines on myocardial revascularization 2022, comparative look into ESC2021 and ACC/AHA 2022 guideline on HF recommendations on device and medical therapy, ESC EACVI valvular regurgitation consensus recommendations what is adds to the ESC 2021 HVD guideline prepared by our invited colleagues experts and our editors. I also advise to read article on predatory journals and fake conferences as our authors receive such invitations and ask for advice – here our experts explain how to discern such journals. You may also find the research article on intra-aortic balloon pump role in cardiogenic shock due to ST elevation myocardial infarction, review on stroke related mortality, case series on intra-atrial complications of interventional procedures, case report on zero-fluoroscopy ablation of WPW accessory pathway in a pregnant woman and case report on coronary lithotripsy in patients coronary calcification.

In addition, ACC 2022 and EHRA 2022 meeting ended recently. We tried to prepare few documents on important guidelines presented at ACC 2022 as I mentioned above and as we have learned at EHRA the new ESC ventricular arrhythmias and sudden death guideline 2022 will be presented at ESC 2022 congress. Therefore, we will also let you know on what is new on this topic in September 2022 issue and you can find more resources from EHRA 2022 at webpage (1).

Among trials presented at ACC2022- EMPULSE trial demonstrated empagliflozin to be safe in patients with acute heart failure (2). PARTITA trial revealed that early ventricular tachycardia ablation in ICD recipients after first shock reduced by 89% worsening of HF, appropriate shocks and mortality (3). COMPLETE trial demonstrated that complete revascularization is better that culprit-only lesion revascularization to treat multi-vessel disease during primary PCI for STEMI – less cardiovascular death, myocardial infarction and revascularization, better quality of life (4).

ACC released also recently important document on management pathway of myocarditis in patients with COVID-19, you can further details at our website COVID-19 resources page (5).

We would like to welcome our new Editor on interventional cardiology - Dr Giuseppe Biondi-Zoccai, PhD from Sapienza University Rome, Italy. We look forward for our mutual cooperation and his valuable contribution in evaluating and selecting the best manuscripts for publication and bringing up the latest evidence-based knowledge to the attention of our international readers.

Gulmira Kudaiberdieva
Editor-in-Chief

Heart, Vessels and Transplantation

Peer-review: Internal

Conflict of interest: None to declare

Authorship: G.K.

Acknowledgement and Funding: None to declare

References

1. Congress resource EHRA congress. Available at: URL: www.escardio.org
2. Kosiborod MN, Angermann CE, Collins SP, Teerlink JR, Ponikowski P, Biegus J, et al. Effects of empagliflozin on symptoms, physical limitations, and quality of life in patients hospitalized for acute heart failure: results from EMPULSE trial. *Circulation* 2022; doi: 10.1161/circulationaha.122.059725
3. Bella PD, Baratto F, Vergara P, Bertocchi P, Santamaria M, Notarstefano P, et al. Does timing of ventricular tachycardia ablation affect prognosis in patients with implantable cardioverter defibrillator? Results from the multicenter, randomized PARTITA trial. *Circulation* 2022; doi: 10.1161/circulationaha.122.059598
4. Mehta S. Complete versus culprit-only revascularization strategies to treat multivessel disease after early PCI for STEMI – COMPLETE. Annual Scientific Session ACC 2022, April 2, 2022.
5. Gluckman TJ, Bhave NM, Allen LAA, Chung EH, Spatz ES, Kim JH, et al. 2022 ACC expert consensus decision pathway on cardiovascular sequelae of COVID-19 in adults: myocarditis and other myocardial involvement, post-acute sequelae of sars-cov-2 infection, and return to play. *J Am Coll Cardiol* 2022; 79; 1717-56.