EDITORIAL

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From Editor-in-Chief: One firm step forward, our June 2024 issue, meetings and evidence updates, COVID aftermath and welcome to new Editors

Dear readers,

First of all, let me share very good news – we received our first scientific journal ranking in SCIMAGO JR database.

Our 2023 SJR is 0.12, Q4 and ranking in cardiovascular medicine 357 of 388, surgery 517 of 549 journals and transplantation – 50 0f 53 (Fig. 1-4).

It is a journal-ranking database accessible for free www.scimagojr.com, based on SCOPUS citations. Here we can see our position in comparison to other journals of the topic group. You can find other metrics, including Hirsch index.

We continue working hard to bring new quality evidence to your attention with aim to gain citations and improve our ranking.

Ultimately, we continue pursuing our goal to be accepted to MEDLINE/PUBMED/ PMC and Clarivate databases.

I thank all my editors, reviewers and my team for hard but rewarding work in bringing science of researchers to the well-known international platforms.

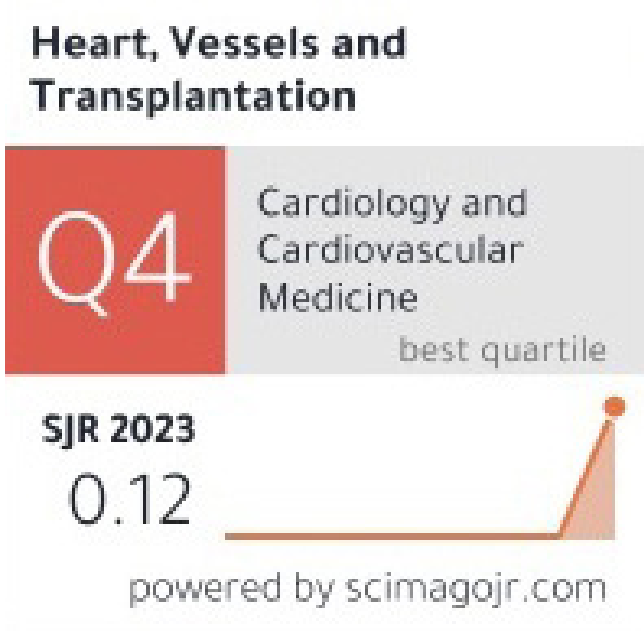

Figure 1. SCiMAGO ranking

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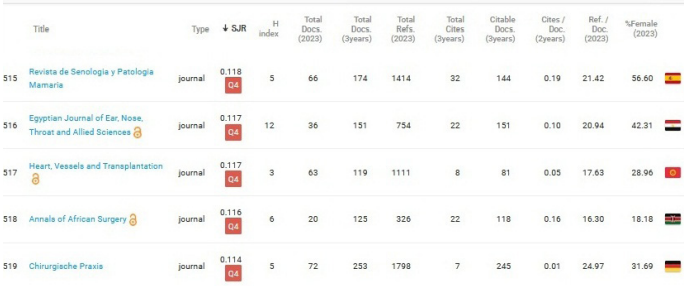
	Title	Type	SJR	H index	Total Docs. (2023)	Total Docs. (3years)	Total Refs. (2023)	Total Cites (3years)	Citable Docs. (3years)	Cites / Doc. (2years)	Ref. / Doc. (2023)	%Female (2023)
354	Annals of Vascular Surgery - Brief Reports and Innovations	journal	0.120 Q4	2	96	138	1708	29	135	0.21	17.79	25.93
355	Medecine des Maladies Metaboliques	journal	0.120 Q4	13	117	347	2957	91	282	0.32	25.27	44.26
356	Revista Cubana de Cardiologia y Cirugia Cardiovascular	journal	0.120 Q4	3	25	146	683	15	124	0.11	27.32	40.35
357	Heart, Vessels and Transplantation	journal	0.117 Q4	3	63	119	1111	8	81	0.05	17.63	28.96
358	Journal of the Hong Kong College of Cardiology	journal	0.115 Q4	2	10	31	298	3	25	0.11	29.80	40.00

Figure 2. SJR in cardiovascular medicine



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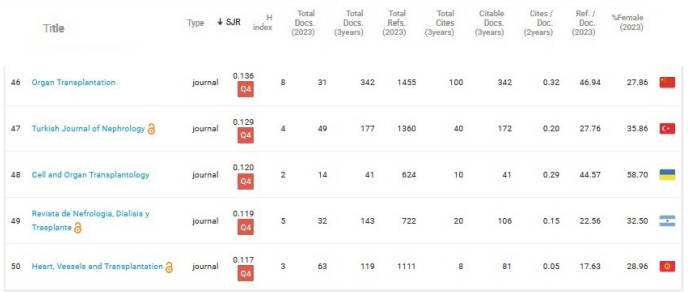
515	Revista de Senologia y Patologia Mamaria	journal	0.118 Q4	5	66	174	1414	32	144	0.19	21.42	56.60
516	Egyptian Journal of Ear, Nose, Throat and Allied Sciences	journal	0.117 Q4	12	36	151	754	22	151	0.10	20.94	42.31
517	Heart, Vessels and Transplantation	journal	0.117 Q4	3	63	119	1111	8	81	0.05	17.63	28.96
518	Annals of African Surgery	journal	0.116 Q4	6	20	125	326	22	118	0.16	16.30	18.18
519	Chirurgische Praxis	journal	0.114 Q4	5	72	253	1798	7	245	0.01	24.97	31.69

Figure 3. SJR in surgery



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46	Organ Transplantation	journal	0.136 Q4	8	31	342	1455	100	342	0.32	46.94	27.86
47	Turkish Journal of Nephrology	journal	0.129 Q4	4	49	177	1360	40	172	0.20	27.76	35.86
48	Cell and Organ Transplantology	journal	0.120 Q4	2	14	41	624	10	41	0.29	44.57	58.70
49	Revista de Nefrologia, Dialisis y Trasplante	journal	0.119 Q4	5	32	143	722	20	106	0.15	22.56	32.50
50	Heart, Vessels and Transplantation	journal	0.117 Q4	3	63	119	1111	8	81	0.05	17.63	28.96

Figure 4. SJR in transplantation

You can find interesting articles in current June issue that covers topics in cardiovascular, vascular surgery, cardiovascular and neurovascular diseases, cardio-oncology, internal medicine and public health.

We published 3 Editorials that bring to your attention new guidelines: ACC/AHA atrial fibrillation (AF), EACTS/STS aorta diseases guidelines and NICE 2023 guidelines on lipid management.

Among original research articles, experimental study of fatty diet on intestine microcirculation deserves reading. There are 2 studies on arrhythmias: the new modality - LV pacing vs BiV pacing in improvement of contractility in heart failure patients and ablation of AF and concomitant atrial flutter, the two distinct arrhythmias that may co-exist and have different ablation targets.

We have 3 research articles in the field of surgery, anesthesia and rehabilitation of patients cardiac surgery. One is about monitoring anticoagulation in patients after valve surgery, and their effect on complications; effects of inhaled or iv milrinone in patients with mitral stenosis and pulmonary arterial hypertension undergoing valve surgery; and effects of complex rehabilitation program in patients after cardiac surgery on quality of life and pain perception.

There are studies in field of COVID -19 and public health – outcomes of vaccinated and unvaccinated hospitalized patients with COVID-19; pre and post pandemics changes in heart structures in children with congenital heart disease. We brought your attention article on food poisoning dynamics over 10-year period, as well as brief report on healthcare challenges in given countries and how to overcome them. One research study on predictors of in-hospital mortality in hemorrhagic stroke.

The reviews section had 3 systematic reviews that analyses contemporary evidence on ischemic stroke, stroke –associated pneumonia and cardio-toxicity of check point inhibitors.

Finally, very interesting and rare case of ischemic stroke due to cardiac emboli from non-infectious endocarditis thrombus in Li-Fraumeni syndrome.

Recently, ACC 2024 was concluded and several randomized controlled trials presented drew my attention.

Semaglutide, a weight reduction medicine, was shown to improve symptoms and QoL by 7.5 points, increase physical capacity – 6MWT by 17.5 m, reduce weight by 8.4% and reduce inflammation marker C-reactive protein in obese patients (BMI >30 kg/m2) with heart failure with preserved ejection fraction (HFpEF) with and without diabetes mellitus as compared to placebo (1).

Another trial on use of new medicine myosin inhibitor aficamten that reduces contractility in patients with hypertrophic cardiomyopathy demonstrated its use was associated with improvement of oxygen uptake over 24 months treatment, increased quality of life, and reduced outflow gradient. Mortality did not differ between aficamten and placebo groups (2). Thus, patients with hypertrophic cardiomyopathy may benefit in terms of quality of life and exercise capacity.

Several trials in interventional cardiology deserve attention (3-5). In IVUS ACS trial, intravascular ultrasound –guided percutaneous coronary intervention (PCI) was found superior to angiogram-guided PCI in acute coronary syndrome patients with less target vessel revascularization and spontaneous myocardial infarction (3).

Another interesting trial is PREVENT that demonstrated preventive PCI for non-flow limiting vulnerable plaque (rupture or thrombosis) resulted in significantly lower rates of death, target vessel revascularization due to myocardial infarction or ischemia, hospitalization versus optimal medical therapy (0.3% vs 3.4%, p=0.003) (4). Thus, this study brought more evidence in favor of intervention in such category of

patients, usually with acute coronary syndrome.

In ULTIMATE-DAPT trial (5) , 1-month dual antiplatelet therapy (DAPT) ticagrelor +aspirin followed by monotherapy with ticagrelor was associated with less bleeding events and without increase in mortality, myocardial infarctions, stent thrombosis and need for revascularization as compared to 1-year-long DAPT.

In arrhythmia devices field, there is now combination of external defibrillator and wirelessly connected leadless pacemaker that enables antitachycardia pacing in patients with external defibrillator. The study demonstrated good pacing threshold and 97.5% freedom from pacing complications, above the set value of performance goal and antitachycardia pacing terminated arrhythmia in 61.7% of patients. There were no failures of antitachycardia pacing (6).

In the area of structural heart interventions and surgery, in low-risk patients with aortic stenosis, transcatheter aortic valve replacement (TAVR) was found to have similar outcomes as surgical aortic valve replacement. In aortic stenosis with small annulus, TAVR with self-expanding valves demonstrated the same mortality, stroke and heart failure as balloon-expandable valve, however bioprosthetic valve dysfunction was significantly less 9.6% in self-expanding versus 41.6% in balloon-expandable valve, bringing up more evidence in favor of self-expanding valves (7). It was thought that use of topical tranexamic acid during cardiac surgery may have better outcomes, than intravenous route. Tranexamic acid topical use during cardiac surgery in contrary appeared to increase bleeding and blood transfusion significantly by higher absolute risk of 8.5% (95% CI 5.2-11.5, p=0.007) as compared to intravenous use, while the seizures were seen less in topical group as to results of the DEPOSITIONS randomized controlled trial (8).

There are several latest and upcoming guidelines, position and consensus documents papers prepared by professional societies and associations, working groups of major interest for our readers will be introduced by our editors and invited experts to draw your attention to important documents and use recommendations in your practice; as atrial fibrillation, hypertension, aorta disease, chronic coronary disease. In the next issues, we have few documents on CIED infections, management of fetal arrhythmias, emergencies in left ventricular assisted devices and EACVI document on stress echocardiography and intracardiac echocardiography in structural interventions.

I recommend also recent ACP statement paper on use artificial intelligence in healthcare (9), as we started using artificial intelligence in our practice - clinical and science, policy making.

We have more evidence on aftermath of COVID, long COVID and several trials testing the use of antivirals in treatment of long COVID as well (10, 11). Three-year outcomes for of COVID (10), demonstrated that risk of death decreased from 1 year to year 3 in both hospitalized and non-hospitalized patients with COVID, buy risk of post-acute sequel of COVID still exists at the 3rd year Therefore, for your patients at risk with cardiovascular diseases, diabetes and advanced age, or immunecompromised dot not forget to advise scheduled vaccinations.

We welcome our new Editors who joined our International Board recently – Narendra Kumar from Norfolk, UK – cardiac electrophysiology, devices, ablation, Indira Kudaibergenova from Bishkek, Kyrgyzstan – oncology, Dileep Kumal Reddy Regalla from Rockford, IL, USA – cardio-oncology and internal medicine, Fabio Massimo Oddi from Rome Italy – vascular surgery and interventions, Salvatore Scianna –cardiac surgery and structural heart interventions from Bicocca, Monza, Italy. Our new Editors strengthen us with their expertise and knowledge and we will achieve our common goals.

Gulmira Kudaiberdieva

Editor-in-Chief

Heart, Vessels and Transplantation

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