



EDITORIAL

IMPACT FACTOR 1,35

Once again; what should and could we do about it?



In June, as usual, Thomson Reuters-ISI Web of Knowledge published the impact factors for all the medical journals included in its listing and they attributed the Portuguese Journal of Pulmonology (PJP) an impact factor (IF) of 1,357.¹ This is the sixth consecutive year that PJP has been awarded an impact factor and the fifth consecutive year that it has increased (Fig. 1).²⁻⁴ This IF value for the second consecutive year is above 1 which gives more strength and credibility to this progressive evolution.⁴ Since the 5-year IF is now 0,841, if this encouraging evolution persists during this year, we can expect a 5-year IF of around 1 next year. The present IF is the result of 114 citations in 2015, to be exact, 68 citations from articles published in 2013 and 46 from articles published in 2014, based on a total of 84 articles published in PJP in those 2 years.¹ These citations came from a significant variety of medical journals and we can feel pleased with ourselves that there are citations from PJP in the journals with higher IF (Fig. 2).¹ Moreover, for the third consecutive year, PJP is the national medical journal with the highest IF.¹ As in recent years, PJP has maintained a progressive increase in the number of citations, more precisely has had 309 citations related to all editions, which means that this evolution is sustainable.¹⁻⁴

To reiterate what I have stated in previous years a special acknowledgement has to be given to the Board of the Pulmonology Portuguese Society (SPP) in name of its former President Prof. Dr. Robalo Cordeiro and its current President

Prof. Dr. Venceslau Hespanhol for all the encouraging and loyal support given during these last few years. I also want of course to express my gratitude to the associate editors, Prof. Dr. Fátima Rodrigues, Prof. Dr. Melo Cristino, Dr. Richard Staats and Dra. Jessica Jones for their hard work and cooperation and to all the editorial council members for their expert advice. Our deep appreciation is also due to all the reviewers for their time and effort, which has led to higher scientific quality of the published data, and to the authors who trusted that PJP was a suitable medium for promulgating their scientific work. Many thanks, of course, to all the Elsevier staff, whose hard work has not only ensured that the PJP has kept to schedules but also maintained the high quality of the editions.

However, besides being a time for celebration, these must also be moments of reflection and concern. Having achieved an IF-1,35, I think we can consider our main goal to be reaching quarter 3 in the following years. To do that, we need to have an IF of nearly value of 2. As I have commented

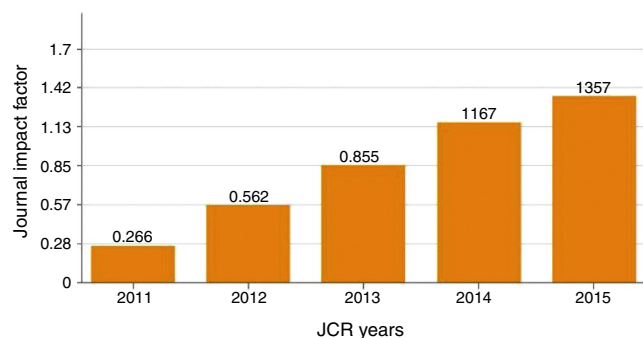


Figure 1 PJP impact factor evolution in the last five years.

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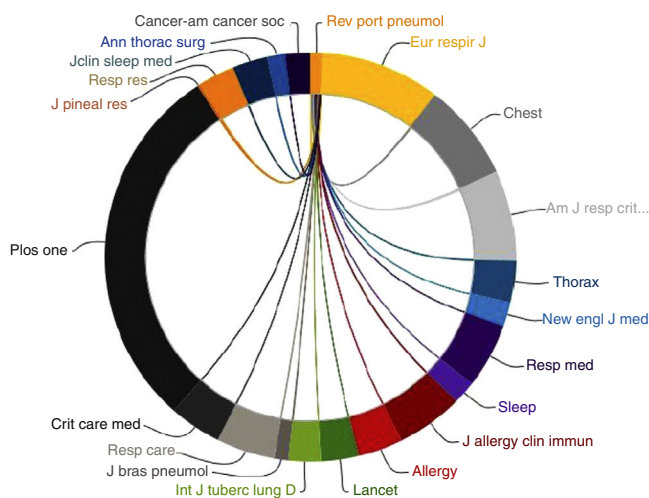


Figure 2 The variety of Journals which have cited PJP articles. This figure is shown in full color in the electronic version of the article.

in previous editorials, the present model of the journal that allowed us to evolve in this outstanding way is now becoming exhausted.^{5,6} We have to attract more readers, authors and reviewers from abroad in order to get the cooperation that we need for the high number of manuscripts submitted per year and the greater visibility of the journal that will lead to a consequent progressive increase in the number of the citations. This will contribute to the main goal of the journal, greater visibility and wider diffusion of the Portuguese respiratory research using an international journal which is valued by the international respiratory community. The discussion and a final decision about the modification of the name of the journal and the extension of the international editorial board is urgent and it is highly desirable that the next year of 2017 will be a time of a profound debate leading to a final consensus about where the PJP is going.

Next year, we will keep to the present editorial model that is with each number including one or two editorials, five original articles, one review article and eight research letters and/or letters to editor. Although the number of the submitted manuscripts have been consistently growing, the actual number of citations doesn't allow, for now, an increase in the number of the publications. In the last two years, we have noticed an increase in the number of national submissions, which is a source of satisfaction, since it certainly reflects a higher dynamism in the research and publication by the national centers. Moreover, the number of articles from Brazil has also slightly increased and we have had a significant growth in the number of manuscripts and the diversity of the proveniences from abroad. However, we still have a higher percentage of rejections, sometimes immediately after the first evaluation by the editors, which does mean that we are still not able to attract as many high quality papers and research groups as we would like.

The publications in the last two years on a diverse number of topics have maintained PJP as a general respiratory journal, since a diversity of respiratory topics were object of publications.⁷⁻¹⁴ Also the most frequently discussed issues, the consequence of the respiratory disorders with higher social impact and also the object of interest and research of a higher number of investigators are predominant. Again, the obstructive disorders as COPD^{7,15-18} or asthma^{11,19-21} with all the related topics were object of the higher number of publication manuscripts in all the editorial forms as original articles, review series or letters to editor. However, we have had the opportunity to publish articles related with other topics, which are not normally so common, like, for instance, matters related to Interstitial Lung Diseases^{14,22,23}, bronchiectasis¹⁰, neuromuscular disorders^{9,24}, or even papers with interface with other specialties such as Pediatrics^{25,26} or Intensive Medicine²⁷, and we think that is the right direction way for a journal open to the high variety of respiratory research and also a forum for scientific discussion not only with other respiratory physicians but also with those who in their work are in some way to connected with the respiratory system.

References

1. Journal of citation reports. Available at: <https://jcr.incites.thomsonreuters.com/>. [accessed 16 Aug 2016].
2. Morais A. Impact factor 0.562- The ultimate goal or the next step forward? *Rev Port Pneumol.* 2013;19:189.
3. Morais A. Impact factor 0.85- The ultimate goal or the next step forward? (II). *Rev Port Pneumol.* 2014;20:233-4.
4. Morais A. Impact factor 1.16- The big challenge and the great opportunity. *Rev Port Pneumol.* 2015;21:225-6.
5. Morais A. What we have done so far and what we can achieve (II). *Rev Port Pneumol.* 2015;21:51-2.
6. Morais A. Wisdom and tenacity: Our inseparable companions on this long and hard road. *Rev Port Pneumol.* 2016;22:185-6.
7. Areias V, Carreira S, Anciães M, Pinto P, Bárbara C. Comorbidities in patients with gold stage 4 chronic obstructive pulmonary disease. *Rev Port Pneumol.* 2014;20:5-11.
8. Gomes A, Reis-Silva M, Alarcão A, Couceiro P, Sousa V, Carvalho L. Promoter hypermethylation DNA repair genes MLH1 and MSH2 in adenocarcinomas and squamous cell carcinomas of the lung. *Rev Port Pneumol.* 2014;20:20-30.
9. Escarrabill J, Vianello A, Farrero E, Ambrosino N, Martínez Lloren J, Vitacca M. Place of death in patients with amyotrophic lateral sclerosis. *Rev Port Pneumol.* 2014;20:188-93.
10. Amorim A, Bento J, Vaz AP, Gomes I, de Gracia J, Hespanhol V, Marques Bronchiectasis A. A retrospective study of clinical and aetiological investigation in a general respiratory department. *Rev Port Pneumol.* 2015;21:5-10.
11. M. Pereira Barbosa, A. Bugalho de Almeida, C. Pereira, C.W. Chen, P. Georgiou, G. Peachey, on behalf of eXPeRience study group. Real-life efficacy and safety of omalizumab in Portuguese patients with persistent uncontrolled asthma. *Rev Port Pneumol* 2015; 21:151-6.
12. Ferreira BA, Ribeiro S, Meireles J, Correia A, Duarte R. Tuberculosis screening and compliance rate with guidelines among Northern Portuguese Hospitals prescribers of anti-TNF therapy. *Rev Port Pneumol.* 2015;21:99-101.
13. de la Torre M, Fernández R, Fieira E, González D, Delgado M, Méndez L, Borro JM. Postoperative surgical complications after lung transplantation. *Rev Port Pneumol.* 2015;21:36-40.
14. C. Ribeiro, A. Oliveira, S. Neves, S. Campainha, C. Nogueira, S. Torres, M.C. Brito, J. Almeida, J.M. e Sá. Diagnosis of sarcoidosis in the Endobronchial Ultrasound-guided Transbronchial Needle Aspiration era. *Rev Port Pneumol* 2014; 20:237-41.
15. Ladeira I, Gomes T, Castro A, Ribeiro C, Guimarães M, Taveira N. The overall impact of COPD (CAT) and BODE index on COPD male patients: correlation? *Rev Port Pneumol.* 2015;21:11-5.
16. Da Silva GPF, Pessoa Morano MTA, De Matos Cavalcante AG, De Andrade NM, De Francesco Daher E, Pereira EDB. Exercise capacity impairment in COPD patients with comorbidities. *Rev Port Pneumol.* 2015;21:233-8.
17. Gaspar C, Alfarroba S, Telo L, Gomes C, Bárbara C. End-of-life care in COPD: A survey carried out with Portuguese Pulmonologists. *Rev Port Pneumol.* 2014;20:123-30.
18. Barriga S, Rodrigues F, Bárbara C. Factors that influence physical activity in the daily life of male patients with chronic obstructive pulmonary disease. *Rev Port Pneumol.* 2014;20:131-7.
19. Couto M, Silva D, Santos P, Queirós S, Delgado L, Moreira A. Exploratory study comparing dysautonomia between asthmatic and non-asthmatic elite swimmers. *Rev Port Pneumol.* 2015;21:22-9.
20. Tavares e Castro A, Matos P, Tavares B, Matos MJ, Segorbe-Luís A. Alternative functional criteria to assess airflow-limitation reversibility in asthma. *Rev Port Pneumol.* 2015;21:69-75.
21. Sá-Sousa A, Amaral R, Morais-Almeida M, Araújo L, Azevedo LF, Bugalho-Almeida A, Bousquet J, Fonseca JA. Asthma control in the Portuguese National Asthma Survey. *Rev Port Pneumol.* 2015;21:209-13.
22. Redondo MT, Melo N, Mota PC, Jesus JM, Moura CS, Guimarães S, Morais A. Idiopathic pleuroparenchymal fibroelastosis: A

- rare but increasingly recognized entity. *Rev Port Pneumol.* 2015;21:41–4.
23. Silva A, Moreto A, Pinho C, Magalhães A, Morais A, Fiuza C. Bilateral whole lung lavage in pulmonary alveolar proteinosis – A retrospective study. *Rev Port Pneumol.* 2014;20:254–9.
 24. Paneroni M, Trainini D, Winck JC, Vitacca M. Pilot study for home monitoring of cough capacity in amyotrophic lateral sclerosis: A case series. *Rev Port Pneumol.* 2014;20:181–7.
 25. Girbal IC, Gonçalves C, Nunes T, Ferreira R, Pereira L, Saianda A, Bandeira T. Non-invasive ventilation in complex obstructive sleep apnea – A 15-year experience of a pediatric tertiary center. *Rev Port Pneumol.* 2014;20:146–51.
 26. Cancelinha C, Madureira N, Mação P, Pleno P, Silva T, Estêvão MH, Félix M. Long-term ventilation in children: Ten years later. *Rev Port Pneumol.* 2015;21:16–21.
 27. Garuti G, Nicolini A, Grecchi B, Lusuardi M, Winck JC, Bach JR. Open circuit mouthpiece ventilation: Concise clinical review. *Rev Port Pneumol.* 2014;20:211–8.

A. Morais
Editor-in-Chief

E-mail address: antonio.moraisrpp@gmail.com