

EDITORIAL

EJVES: The Leading Journal in Vascular Surgery, and One of Many Highlights for the ESVS Annual Meeting in Valencia

Released in June, the 2017 impact factor (IF) of the *European Journal of Vascular and Endovascular Surgery (EJVES)* is 3.877, a 4.5% decrease on 2016. The *EJVES* is now ranked (by IF) number 19 out of 200 surgical speciality journals. By comparison, the *Journal of Vascular Surgery (JVS)* has a 2017 IF of 3.294 and is ranked number 34, the *Journal of Endovascular Therapy (JEVT)* has an IF of 2.732 and is ranked number 52, whereas the *Annals of Vascular Surgery (AVS)* is ranked number 129, with an IF of 1.363. Therefore, we can consider that the *EJVES* is, for the second year in a row, the leading journal in vascular surgery.

The European Society for Vascular Surgery (ESVS) Guidelines on the management of chronic venous disease contributed the highest number of citations as they did in 2016.¹ Four other ESVS Guidelines have been published; in 2017 (on descending thoracic aortic diseases and on the diseases of mesenteric arteries and veins); and in 2018 (on atherosclerotic carotid and vertebral artery diseases and on vascular access).^{2–5} Also in 2018, the European Society of Cardiology (ESC) Guidelines on Peripheral Artery Diseases in collaboration with the ESVS were simultaneously published in the *European Heart Journal* and in *EJVES*.⁶ The ESVS Guidelines on abdominal aorta and iliac artery aneurysms (AAA), and the Guidelines on critical limb threatening ischaemia (CLTI)—a collaboration between the ESVS, the Society for Vascular Surgery, and the World Federation of Vascular Societies—will be presented at the ESVS Annual Meeting in Valencia and published in the *EJVES* later this year (the CLTI Guidelines will also be published in *JVS*). These Guidelines, which will probably significantly contribute to future IFs of the *EJVES*, are within the core curriculum of the vascular surgeon and aim at providing guidance for the delivery of the best possible care to our patients. To maximise their dissemination and daily use, App versions of all ESVS Guidelines will be available in the coming weeks.

Among the four other articles that contributed most to the 2017 IF, two concerned thoraco-abdominal aortic aneurysms (TAAA): one paper reported the results of a large series of endovascular repair of TAAAs, whereas the other focused on techniques to decrease the incidence of spinal cord ischaemia during endovascular TAAA repair.^{7,8} The other two most cited papers analysed stroke or mortality after carotid artery stenting or carotid endarterectomy in a

substudy of the International Carotid Stenting Study (ICSS) randomised trial and in a systematic review, respectively.^{9,10}

Having said that the *EJVES* remains the leading journal in vascular surgery, a legitimate question is however, whether the IF, defined as the number of citations, received in that year, of articles published in that journal during the preceding 2 years, divided by the total number of citable items during the preceding 2 years, is a good metric to measure the quality of a scientific journal. Indeed, other methods exist to compare journals and articles.^{11,12}

An important limitation relates to the use of the IF. For example, in numerous universities, cumulative IFs (= the sum of the IF of all papers published by an individual) are used to evaluate part of the curriculum of a scientist for promotion, although this is probably not a very enlightening metric. A better measure of the impact of a scientist is certainly the h-index: at author level, a scholar with an index of h has published h manuscripts each of which has been cited in other manuscripts at least h times.

Another bibliometric index is the immediacy index, which measures how many citations a journal receives in one year related to items published in that same year. Therefore, the immediacy index reports on a different period of citation activity than the IF (The 2017 immediacy index of the *EJVES* is 0.97, whereas it is 0.68, 1.075, and 0.271 for *JVS*, *JEVT*, and *AVS*, respectively). The immediacy index, however, rarely receives significant attention, mostly because a large number of citations immediately after publication provides no certainty of importance as the most relevant innovations take time before being recognised.

At the other end of the cursor, the five year IF gives a good estimate of the quality and the trend of a journal over a longer period. Using this metric, the *EJVES* is also leading in vascular surgery as its five year IF is 3.498, whereas the 5 year IF of the *JVS*, *JEVT*, and *AVS* is 3.477, 2.977, and 1.368, respectively.

In the digital age, the newest ratings are the Altmetric Score (<https://www.altmetric.com>) and the Plum Metrics (<https://plumanalytics.com>), which measure the public attention to an article or a journal, thereby reflecting a popularity measure. Briefly, both are online platforms pulling data from social media such as Facebook, Twitter, and Google, and also from mainstream media, such as the *New York Times* or the *Guardian*. One minor difference between the two is that Altmetric gives a score to each article, whereas Plum Metrics provide the numbers for the different types of use (Tables 1 and 2).

Table 1. Top 5 EJVES Articles for Social Media References 2016 to 2018.

Year	Article Title	Type	Social Media References
2017	Editor's Choice - Management of the Diseases of Mesenteric Arteries and Veins: Clinical Practice Guidelines of the European Society for Vascular Surgery (ESVS).	Guideline	61
2016	The Geriatric Nutritional Risk Index is Independently Associated with Prognosis in Patients with Critical Limb Ischemia Following Endovascular Therapy.	Research Article	53
2018	Editor's Choice - 2017 ESC Guidelines on the Diagnosis and Treatment of Peripheral Arterial Diseases, in collaboration with the European Society for Vascular Surgery (ESVS).	Guideline	51
2016	Training to Perform Ankle-Brachial Index: Systematic Review and Perspectives to Improve Teaching and Learning.	Review Article	46
2017	Multi-Centre Study on Cardiovascular Risk Management on Patients Undergoing AAA Surveillance.	Research Article	30

Social media references include Tweets and Facebook likes that reference the research. The table measures the top 5 articles published in EJVES from January 2016 to August 2018. Source: PlumX Metrics 2018.

Table 2. Top 5 EJVES Articles for Online Captures 2016 to 2018.

Year	Article Title	Type	Social Media References
2018	Editor's Choice - 2017 ESC Guidelines on the Diagnosis and Treatment of Peripheral Arterial Diseases, in collaboration with the European Society for Vascular Surgery (ESVS).	Guideline	121
2016	The Risk of Disease Progression in Peripheral Arterial Disease is Higher than Expected: A Meta-Analysis of Mortality and Disease Progression in Peripheral Arterial Disease.	Review Article	112
2017	Editor's Choice - Management of Descending Thoracic Aorta Diseases: Clinical Practice Guidelines of the European Society for Vascular Surgery (ESVS).	Guideline	95
2016	Systematic Review and Meta-analysis of Factors Influencing Survival Following Abdominal Aortic Aneurysm Repair.	Review Article	83
2017	Editor's Choice - Management of the Diseases of Mesenteric Arteries and Veins: Clinical Practice Guidelines of the European Society for Vascular Surgery (ESVS).	Guideline	78

Captures indicate that a reader wants to return to the research and include bookmarks, favourites and code forks amongst others. The table measures the top 5 articles published in EJVES from January 2016 to August 2018. Source: PlumX Metrics 2018.

Being responsible for the publication of a prestigious scientific journal in vascular surgery, we must also ensure that younger colleagues or less experienced researchers are able to publish their work. In this regard, the “Jugaar” enables authors to report on technical innovations, while the “Coup d’Oeil” consists of one image accompanied by a short text (<100 words). Furthermore, *EJVES Short Reports* (edited by Jean-Baptiste Ricco, former Editor-in-Chief of *EJVES*) provides an open access platform to publish case reports and small series. (All articles published in *EJVES Short Reports* since 2016 are now indexed on PubMed.)

VALENCIA 2018 HIGHLIGHTS

The written word is vital for ESVS. Recent papers and Guidelines pertinent to everyday vascular practice will increase readership round the world. The “heart” of a society is its membership, best celebrated at our National ESVS Meeting in Valencia, 25–28 September. We have had over 800 abstracts submitted (one third more than 2017 and a new record for ESVS!). A higher percentage than ever before (61%) have been included for presentation and come from 46 countries. Nearly 20 national societies will exhibit

in our “Global Village”, providing a focus for members’ networking.

There are 16 symposia, eight scientific sessions, and six seminars, in addition to the 40 ESVS Academy workshops.¹³ As befits a community promoting vascular health, we have organised an ESVS charity 6 km evening run in the Turia Gardens, a beautiful parkland formed from diversion of the riverbed through central Valencia. Culture is also well catered for with dinner and contemporary live music at the spectacular Opera House, part of the world famous Arts Complex designed by Calatrava.

Knowledge and education come from exceptional speakers—our “Evidence” Lecturer is Professor Sir Richard Peto, who will speak on “Interpreting hazards and benefits in surgical trials” and the “Innovation” Lecture comes from Dr Sumaira MacDonald, who will tell the story of the development and successful delivery of a new carotid stenting device, especially designed for surgeons and tested against the high standards of carotid endarterectomy.

While two new seminal Guidelines will be launched in Valencia, on management of CLTI and AAA, a wide range of symposia and seminars will include “Breaking clinical trials”,

“Radiation protection, big data, and registries”, “Thrombophilia and new oral anticoagulants (NOAC)”, “Arteriovenous malformations”, “Carotid body tumours”, and “Vascular surgeons in dangerous places”. There are talks from host country experts (Spanish Society [SEACV]) and from our European and worldwide “sister” societies, ESC, Cardiovascular and Interventional Radiological Society of Europe (CIRSE), European Venous Forum (EVF), Society for Vascular Surgery (SVS), and World Federation of Vascular Societies (WFVS), north and south of the equator.

Our interactive sessions include clinical cases from different ESVS National Societies, presented for your opinion and judgement—come and vote! Everyone is included—seven sessions are for vascular trainees, nurses, and sonographers. From the Journal, writing, speaking, and reviewing skills are presented, and if you are feeling stressed, come and hear the results of the Mayo Clinic’s US survey on “The physical and emotional costs of being a vascular surgeon”.

ESVS is a European community. We wish to conclude by inviting you to Valencia and by expressing our thanks to all members, authors, reviewers, editorial board members, and associate editors who contribute to the quality of our Journal and our Society. This is a very rewarding journey that we are taking together.

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