



PULMONOLOGY

www.journalpulmonology.org



It's been a hard day's night. . .But it was worth every minute



Well, every history must come to an end, and my role as editor-in-chief of *Revista Portuguesa de Pneumologia* (RPP) is now nearly completed. Since 2013, I and the other editors have had a difficult task managing an old and beloved journal at a new and demanding stage; the impact factor (IF), competing with the more recognized and cited respiratory journals. As we have stated several times in previous editorials, this has demanded a significant adjustment in the editorial policy, in order to adapt RPP to the current editorial proceedings.^{1–4} This tremendous task was faced by all of us with incredibly hard work and a determined and rigorous monitoring of all the components of an indexed IF journal. After all these years, although we have always had to be ambitious, I think that we managed to achieve all the objectives mentioned above. It is true that the progressive increase of our IF has brought us to our present score of 1,73 (Fig. 1), which is clearly below previous forecasts.⁵ It not just the value in itself, what is more important is the fact that this is not an isolated value, since the IF has had a steady evolution over the years, (0.355, 0.266, 0.562, 0.855, 1.167, 1.357, 1.56, 1.731) which is clearly expressed by the present 5-year IF value of 1.397, a score used by many academic institutions to evaluate medical journals and their papers (Fig. 2).^{6–11} Nationally, RPP is not only, for the sixth consecutive year, the medical journal with the highest IF, but also top of all the Portuguese scientific journals with IF.⁵ Once again, I want to thank and also to congratulate the previous editors-in-chief, Dr. Renato Sotto-Mayor who was responsible for the journal indexation and IF attribution by Thomson Reuters-ISI Web of Knowledge and Prof. Dr. João Carlos Winck who began the recent trajectory of the journal with the association with Elsevier and the adjustment of the editorial proceedings to the current standards. These accolades should also be extended to the Sociedade Portuguesa de Pneumologia Directory, specifically their most recent leaders, Prof. Segorbe Luís, Prof. Carlos Robalo Cordeiro and Prof. Venceslau Hespanhol who have always given enthusiastic support to the progress of the RPP. These results show us that we need to follow the path of continuous increase in the international visibility of the journal, which after the change of the toponomy to PULMONOLOGY must necessarily

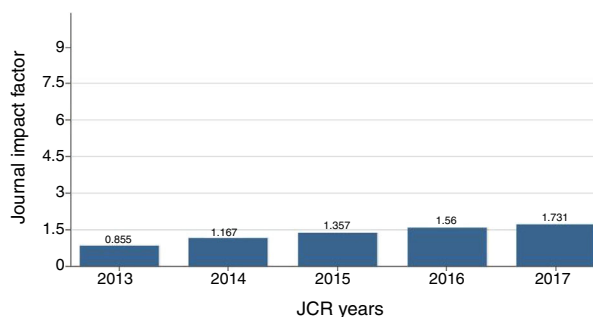


Fig. 1 RPP Impact Factor evolution in the last five years.

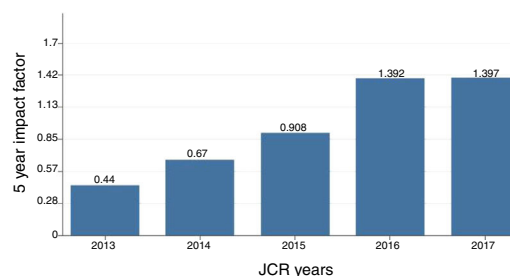


Fig. 2 RPP 5 Year Impact Factor evolution in the last five years.

involve the attraction of international personalities to the editorial board of the journal. Once again, only with an internationally recognised and appreciated journal, will Portuguese respiratory research be able to generate the necessary impact to be considered by the global respiratory community. If we maintain the present rate of evolution, the journal IF will range and exceed the value of 2 in the next three years, which in the respiratory system corresponds to a level of high visibility, where there are medical journals which are widely recognized and considered by the most relevant respiratory investigators for the publication of their research. These should be, in our opinion, our main goals for the coming years.⁵ Based on this rationale, we need to understand that we must share the editing of the journal with international personalities who are recognized

<https://doi.org/10.1016/j.pulmoe.2018.09.002>

2531-0437/© 2018 Published by Elsevier España, S.L.U. on behalf of Sociedade Portuguesa de Pneumologia. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

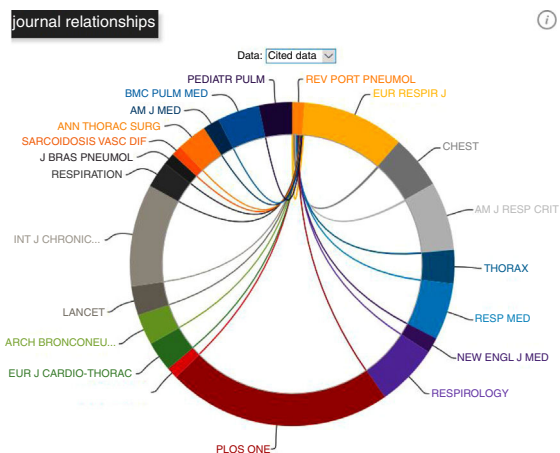


Fig. 3 The Journal Relationships visualization displays the citing or cited data relationships between the parent journal and the top twenty journals in its network. In the diagram, the top twenty cited or citing journals are displayed as arcs on the circle. The size of each arc is indicative of the relative citation relationships to that journal. The thickness of the chords connecting the arcs is demonstrative of the strength of citation relationship between the journals.

and respected by the respiratory scientific community and can guide PULMONOLOGY to higher publication standards and visibility. Following that adjustment of the editorial board we must also exhibit and publicize the journal at all the main international scientific meetings and appeal to the main scientific personalities in the respiratory field to participate and publish in our journal. Here again, as we have repeatedly stated in previous editorials, the main purpose of this approach is clearly to stimulate respiratory research through a highly visible and competitive scientific journal. (Fig. 3)

The editorial strategy has been sustained in recent years with a bimonthly publication including 1-2 editorials, 6 original papers and 8 research letters or letters to the editor. Until we reach a higher IF, that is above 2, on a regular basis, we cannot add more publications, specifically as far as original papers are concerned, since that would certainly have a negative effect on the present IF evolution. Last year we published 10 editorials, 31 original articles, 2 statements, 2 review articles, 2 clinical cases, 26 research letters and 22 letters to the editor.¹²⁻¹⁸ Although the majority of the more than two hundred manuscripts submitted last year had a foreign origin, in the end the articles accepted and finally published accounted for 68.2% of Portuguese origin. The foreign papers published suggest that the journal is attracting attention and consideration from a widespread public, since as well as the most frequent provenances from Brazil and Spain, we had the opportunity to publish papers from USA, Germany, Japan, Turkey, Italy, Switzerland, China and Mexico.^{12,13,16-18} The scientific content has been maintained as that of a general respiratory journal, covering the wide diversity of respiratory topics. Once again, the most popular issues were related with those higher prevalence pathologies such as COPD, asthma and sleep breathing disorders. However, other relevant topics like lung cancer, tuberculosis, cystic fibrosis and lung transplantation and even papers

with an interface with other specializations such as Paediatrics, Radiology and Thoracic Surgery have also been published.

We believe that this is the right direction for a journal which is open to the whole span of respiratory research and which is also a forum for scientific discussion not only with other respiratory physicians but also with those who in their work are in some way connected with the respiratory system. However, we have to keep in mind that the more we expand the more challenging and difficult will our task become.

References

1. Winck JC, Morais A. Times they are a-changing. *Rev Port Pneumol.* 2010;16(6):865-6.
2. Winck JC, Morais A. Shaping the future of the Portuguese Journal of Pulmonology. *Rev Port Pneumol.* 2011;17(1):1-2.
3. Winck JC, Morais A. Welcome to the electronic revolution. *Rev Port Pneumol.* 2011;17(2):49-50.
4. Morais A. Is it worthwhile? *Rev Port Pneumol.* 2013;19(4):141.
5. J Citat Rep. Available at: <https://jcr.incites.thomsonreuters.com/>.
6. Morais A. What we have accomplished and what we can achieve. *Rev Port Pneumol.* 2014;20(2):55-6.
7. Morais A. Impact factor 0.562-The ultimate goal or the next step forward? *Rev Port Pneumol.* 2013;19(5):189.
8. Morais A. Impact factor 0.85-The ultimate goal or the next step forward?(II). *Rev Port Pneumol.* 2014;20(5):233-4.
9. Morais A. Impact factor 1.16-The big challenge and the great opportunity. *Rev Port Pneumol.* 2015;21(5):225-6.
10. Morais A. I MPACT FACTOR 1, 35. Once again; what should and could we do about it? *Rev Port Pneumol.* 2016;22(6):305-7.
11. Morais A. Are we ready to get in the eye of the storm? *Rev Port Pneumol.* 2017;23(5):243-4.
12. Martinez L, Pitta F. A pulmonary index able to predict peripheral muscle function in COPD. *Rev Port Pneumol.* 2017;23(1):1-2.
13. Xu B, Liu J, Li T, Liu S. Gln223Arg polymorphism in the Caucasian population and Pro1019Pro polymorphism in the Chinese population are risk factors for OSAS: An updated meta-analysis of 1159 subjects. *Rev Port Pneumol.* 2017;23(2):62-70.
14. Robalo-Cordeiro C, Campos P, Carvalho L, Borba A, Clemente S, Freitas S, Furtado S, Jesus JM, Leal C, Marques A, Melo N, Souto-Moura C, Neves S, Sousa V, Santos A, Morais A. Idiopathic Pulmonary Fibrosis in the era of antifibrotic therapy: Searching for new opportunities grounded in evidence. *Rev Port Pneumol.* 2017;23(5):156-9.
15. The impact of anaemia and iron deficiency in chronic obstructive pulmonary disease: A clinical overview. *Rev Port Pneumol.* 2017;23(3):146-55.
16. Schuurmans MM, Benden C, Moehrlen C, Gubler C, Wilhelm M, Weder W, Inci I. Esophagopericardial fistula, septic shock and intracranial haemorrhage with hydrocephalus after lung transplantation. *Rev Port Pneumol.* 2017;23(3):287-93.
17. Ortiz S, Tortosa F. Pulmonary placental transmogrification. The last 16 years in a reference center. *Rev Port Pneumol.* 2017;23(3):164-6.
18. De Mattia E, Iatomasi M, Garabelli B, Lunetta C, Sansone VA, Rao F. Use of the Intermittent Abdominal Pressure Ventilation to guarantee speech in a tracheostomized Amyotrophic Lateral Esclerosis patient. *Rev Port Pneumol.* 2017;23(4):236-9.

António Morais

Editor-in-Chief, Pulmonology

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