European Heart Journal – Current Policy and New Horizons

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Editor-in-Chief, EHJ, Zurich Heart House
Happy birthday European Heart Journal: in 30 years, from Cinderella to centre stage

Thomas F. Lüscher*, Josep Brugada, Bernard J. Gersh, Ulf Landmesser, Patrick W. Serruys, Sabina Murphy, Susanne Dedecke, Sam Rogers, and Frank Ruschitzka

Zurich Heart House, Editorial Office of the European Heart Journal, Curneu Campus, Zurich, Switzerland

The start

The European Society of Cardiology is a manifest that what Desmond G. Julian, as the newly appointed Editor-in-Chief, wrote in his first Editorial in the very first issue of Heart Journal that appeared in February 1980. He paid tribute to the tremendous support given by its members to the Society and to the many Working Groups—but obviously this was just the start of what we experience today. Shortly thereafter, the first meetings were held, and leaders such as Paul Hugenholtz, Henry Denol, the European Society of Cardiology gained considerable influence among the most influential and prestigious bodies in medicine.

Growth and success

Today, the European Society of Cardiology holds a highly successful annual congress with a growing number of participants, currently >30,000, and its flagship, the European Heart Journal, has turned from a Cinderella of medical literature to a centre stage. Over the last three decades, the number of manuscript submissions has increased from 500 to >3,500 a year (Figure 1A). Accordingly, the acceptance rate fell from >50% to currently 12%, allowing the selection of the best papers for publication.

The outcome of cardiac patients with various clinical conditions. Remarkably, mortality from myocardial infarction has declined in the last five decades from >50% to <5%.

The current team

Following a 3-month transition period, the European Heart Journal has been managed from the Zurich Editorial Office since 2008 by the first author of this editorial, with the invaluable support of a Deputy Editors (i.e., Josep Brugada from Barcelona, Bernard Gersh from Rochester, Minnesota, USA, Ulf Landmesser from Hamburg, Germany, and Frank Ruschitzka from Zurich).
The *European Heart Journal* is one of the major instruments to achieve the **goals of the ESC:**

- to foster the development of cardiology
- to further scientific exchanges
- to encourage personal contacts
- to establish standards of training for cardiologists and those who work in the field of cardiovascular disease
How does the EHJ work?

• The Team
• Manuscript Flow and Impact
• New Features
• The ESC Journal Family
• The Future
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Managing Editors

Sam Rogers

Amelia Meier

Suzanne Dedecke

Anka Plecas

EHJ Managing Team
European Heart Journal Editorial Board Meeting

Josep Brugada

Bernard Gersh

Ulf Landmesser

Sabina Murphy

Patrick W. Serruys

Frank Ruschitzka
The Editorial Team

**International Associate Editors:** William T. Abraham, Helmut Baumgartner, Daniel S. Berman, Paolo Camici, Francesco Cosentino, Filippo Crea, John E. Deanfield, Stephanie Dimmeler, Keith A. A. Fox, Henry Krum, Thomas Münzel, Petros Nihoyannopoulos, Hiroaki Shimokawa, Stefano Taddei, Jens-Uwe Voigt, William Wijns, Cheuk-Man Yu, Salim Yusuf

**Local Associate Editors:** Lukas Altwegg, Corinna Brunckhorst, Roberto Corti, Firat Duru, Urs Eriksson, Volkmar Falk, Johannes Holzmeister, David Hürlimann, Rolf Jenni, Philipp A. Kaufmann, Nils Kucher, Willibald Maier, Christian Matter, Georg Noll, Christian Schmied, Juerg Schwitter, Felix C. Tanner, Bernd van der Loo, Christophe Wyss

**ESC Journal Editors:** John Camm, Diederick E. Grobbee, Tiny Jaarsma, Michael Piper, Jos Roelandt, Dirk Van Veldhuisen
How does the EHJ work?

• The Team

• Manuscript Flow and Impact

• New Features

• The ESC Journal Family

• How could National Journals fit in?
Pre-publication Process

New submission → Editorial office → Editor of the Week → Associate editors → Reviewing Time 2 wk

- Associate editors

Statistical Review: Each published manuscript has been evaluated by at least 6-7 people:

- 4 Editors
- Associate Editor
- 2 Reviewers
- Statistical reviewer

Decision to authors
European Heart Journal – Submissions Over 30 Years
Geographical Breakdown of Submissions 2010 ytd

- Europe, 1330, 62%
- North America, 291, 14%
- Asia, 380, 18%
- Australasia, 61, 3%
- South America, 29, 1%
- Middle East, 23, 1%
- Africa, 15, 1%
- Africa, 15, 1%
Time to first decision

* If transfer manuscripts are excluded, these times will be approximately one day less.
Elite Reviewers 2009 - 2010

Luigi Biasucci
Tommaso Gori
Jeroen Bax
Robert Califf
Oliver Gaemperli
Christoph Bode
Ron van Domburg
Johann Auer
Arnold Von Eckardstein
Gabriela Kania
Amir Lerman
Bart De Geest
Alec Vahanian
Steven Steinhubl
Kurt Huber
Walter Riesen
Eric Boersma
Georg Nickenig
Philippe Kolh
Hugo Katus
Reviewer-of-the-Year Award 2010

LUIGI BIASUCCI  (43 Reviews from July 2009 - June 2010)

Diving deep into Cardiology ( … and into the ocean as well)
Acceptance Rate 2010 ytd

For Comparison 2009:
- Accept: 16%
- Submit de novo: 6%
- Reject: 48%
- Reject not reviewed: 24%
- Transferred: 4%
European Heart Journal – Impact Factor Over 30 Years
Impact Factor: *EHJ* and Competitors
How does the EHJ work?

• The Team
• Manuscript Flow and Impact
• The ESC Journal Family
• How could National Journals fit in?
Meet the Circulation family.
Editors of the ESC Journal Family

John A. Camm
Europace

Michael Piper
Cardiovascular Research

Dirk Van Veldhuisen
Eur. J. Heart Failure

Patrick W. Serruys
EuroIntervention

Tiny Jaarsma
Eur. J. CV Nursing

D. Grobbee

Jos Roelandt
Eur. J. Echocardiogr.
Welcome to the Publishers
Manuscript Transfer from *EHJ*

1. **EHJ** flags paper
   - EJH Editor flags paper more suited for sub-specialty journal

2. **Sub-specialty Ed. reviews paper**
   - Sub-specialty Editor reviews paper and approves transfer where appropriate

3. **Author approval**
   - Author contacted for transfer approval

4. **Manuscript transferred**
   - Manuscript transferred to sub-specialty journal with any associated reviews

5. **Decision to author**
   - Manuscript sent back for revision/accept ed as appropriate
<table>
<thead>
<tr>
<th>Publication</th>
<th>Flagged for transfer by EHJ</th>
<th>Approved by sub-specialty Editor</th>
<th>Approved by Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular Research</td>
<td>2 (5)</td>
<td>0 (1)</td>
<td>0</td>
</tr>
<tr>
<td>EP - Europace</td>
<td>55 (64)</td>
<td>48 (63)</td>
<td>25 (31)</td>
</tr>
<tr>
<td>European Journal of Heart Failure</td>
<td>109 (108)</td>
<td>49 (59)</td>
<td>43 (46)</td>
</tr>
<tr>
<td>European Journal of Echocardiography</td>
<td>30 (64)</td>
<td>19 (37)</td>
<td>5 (16)</td>
</tr>
<tr>
<td>European Journal of Cardiovascular Prevention and Rehabilitation</td>
<td>82 (94)</td>
<td>62 (61)</td>
<td>33 (41)</td>
</tr>
<tr>
<td>European Journal of Cardiovascular Nursing</td>
<td>0 (1)</td>
<td>0 (1)</td>
<td>0 (0)</td>
</tr>
</tbody>
</table>

278 (336)  178 (222)  106 (134)

March – December 2009 numbers in brackets
What are your feelings about this facility?

- **Very positive - it is a good thing**: 53.0%
- **Somewhat positive**: 22.6%
- **Neutral**: 18.8%
- **Somewhat negative**: 4.3%
- **Very negative - it is a bad thing**: 1.3%
To what extent would it encourage you to submit articles to the EHJ rather than to similar publications?

- It would make me much more likely to submit articles to the EHJ: 24.6% of respondents
- It would make me somewhat more likely to submit articles to the EHJ: 42.6% of respondents
- It wouldn't make any difference: 4.9% of respondents
- It would make me somewhat less likely to submit articles to the EHJ: 25.1% of respondents
- It would make me much less likely to submit articles to the EHJ: 2.7% of respondents
How does the EHJ work?

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Available now online from *European Heart Journal*

European Heart Journal (2009) 30, 2186–2192
doi:10.1093/eurheartj/ehp323

**FAST TRACK**
ESC CLINICAL TRIAL UPDATE

**B-CONVINCED: Beta-blocker CONTinuation Vs. INterruption in patients with Congestive heart failure hospitalizED for a decompensation episode**

Guillaume Jondeau\(^1\), Yannick Neuder\(^2\), Jean-Christophe Eicher\(^3\), Patrick Jouven\(^4\), Elodie Fauveau\(^5\), Michel Galinier\(^6\), Arnaud Jegou\(^7\), Fabrice Bauer\(^8\), Jean-Noël Trochu\(^9\), Anissa Bouzamondo\(^10\), Marie-Laure Tanguy\(^10\), and Philippe Lechat\(^10\) for the B-CONVINCED Investigators

\(^1\)AP-HP, Hôpital Bichat, Service de Cardiologie, Faculté de médecine Paris VII, INSERM U698, Paris F-75018, France; \(^2\)CHU Grenoble, Service de Cardiologie et Hygiène Artérielle, BP 217, Grenoble F-38043, France; \(^3\)Hôpital du Bocage, Service de Cardiologie II, Dijon F-21034, France; \(^4\)CH René Dubos, Service de Cardiologie, Pontoise, France; \(^5\)Centre Hospitalier Sud Francilien, Service de Cardiologie, CORBEIL, Essonne F-91100, France; \(^6\)CHU Rangueil, Service de Cardiologie, Toulouse F-31059, France; \(^7\)Hôpital A. Paré, Service de Cardiologie, 92100 Boulogne, Billancourt F-92100, France; \(^8\)Centre Hospitalier, Service de Cardiologie, F-76031 Rouen, France; \(^9\)INSERM, l’institut du thorax, Nantes F-44000 France; CHU Nantes, l’institut du thorax, Clinique Cardiologique et des Maladies Vasculaires, Nantes F-44093, France; and \(^10\)AP-HP Recherche Clinique, Pitié Salpêtrière, F-75013 Paris, France

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See page 2177 for the ESC Clinical Trial Update Commentary (doi:10.1093/eurheartj/ehp347)
Figure 1 To evaluate coronary vasoreactivity, a small catheter is positioned in a proximal coronary artery for the infusion of acetylcholine (ACH) or nitroglycerin (NTG) to assess conduit artery endothelium-dependent and -independent vasodilation, respectively, as measured by quantitative coronary arteriography (QCA). A Doppler coronary flow-velocity measurement assesses small vessel vasoreactivity, typically to ACh for endothelium-dependent and to adenosine for endothelium-independent responses.
Editorials and Reviews – Illustrations

A

ICA

ECA

CCA

B

Filter

Distal Occlusion

C

Proximal Occlusion

D
Export Images to PowerPoint:

Readers can export figures to PowerPoint at the click of a button. The slide can be manipulated and incorporated into the reader’s own presentation, but importantly it contains the full citation to the article from which it was taken.
CardioPulse – Looking behind the papers

Turning the tide facing South Africa

Emma Wilkinson looks into South Africa and asks what the country’s heart health.

It is two decades since Nelson Mandela was released and 15 years since he became President in the first democratic election.

But alongside this vitally important political event, South Africa has faced a fairly dramatic escalation in disease. The leading cause of death in adults is heart disease, diabetes and stroke. The second leading cause of death in adults is HIV/AIDS.

‘We had several years that were very difficult to make an academic career in Brazil [but] right now we have very good support from the government and also some of the new private institutions are helping to create new cardiologists’.

Before cardiologists can pursue the academic route, they must first complete their medical training. Becoming an MD requires 6 years in medical school. Afterwards, doctors start a residency in internal medicine which takes at least 2 additional years. Next they train in cardiology, which takes 2 more years.

That means a total of 10 years of study to be accredited with the degree of specialist in cardiology, a title bestowed on the physician after he passes an examination with the Brazilian Society of Cardiology and the Brazilian Medical Association.

Some physicians, after their 2 years in general cardiology, specialize, for instance in angioplasty, or electrophysiology studies, or become a specialist in echocardiography. Another 2–3 more years are needed, depending on the topic of subspecialization. Haemodynamics needs 3 more years, whereas echocardiography needs 2 more years, for example. After this period, the doctor takes another examination to become a subspecialist.

Now is a good time for academic cardiology in Brazil

Antonio C.P. Chagas, PhD, FESC, FACC, Professor of Medicine at the Heart Institute, University of São Paulo, Brazil, and past president of the Brazilian Society of Cardiology, talks to Jen Taylor MPhil.

Cardiologists will go on to develop an academic career, which involves clinical or basic research.

The postgraduate programme takes 2–4 years to complete all the courses and prepare a PhD thesis on a specific research topic. Universities in Brazil follow a similar system to those in Europe, and the thesis must be formally presented to five teachers.

Some cardiologists begin their postgraduate programme in Brazil, for example at Chagas’ University, and then spend a period of time in the UK, USA, Australia, or any other country in the world. While abroad they will do part of their postdoctoral thesis and assimilate the technology from that centre. Then they return to Brazil to get their PhD.

Recently, a female physician did her postgraduate work in Paris. First she got her PhD in France and then she returned to Brazil to obtain a PhD there.

Several physicians follow another route. After their clinical specialization training they spend 2–3 years in a centre abroad working on a specific area of research. They then return to Brazil to start the postgraduate programme to obtain a PhD in the Brazilian University. Chagas says ‘They are able to use all of the exposure’.

Climbing the academic ladder in cardiology: Brazil
Presenting other Journals in CardioPulse

doi:10.1093/eurheartj/ehq033

**EP-Europace, a recent addition to the family of ESC journals**

Moves are underway to make EP-Europace more international and less parochial, says Prof John Camm

Cardiovascular Research is the Basic Science flagship journal of the ESC. It was founded as a journal of the British Medical Association in 1967 when the ESC was still at an embryonic stage. By 1995, the ESC was actively looking for a journal which it could adopt for its own purposes. That year, it bought Cardiovascular Research, which was less prominent than it is now but was improving in performance and clearly had huge potential.

That potential was largely due to the efforts of the renowned London scientist Prof David Hears, who as editor partly reinvented Cardiovascular Research by injecting new ingredients which have remained essential to its recipe for success.

First, without electronic means but nevertheless quite effectively, he considerably sped up the review time for manuscripts. In those days, it was one of the fastest journals in basic physiological science. Cardiovascular Research is still one of the fastest, with an average of just 22 days between the electronic delivery of a manuscript to the editorial office and a reply with the results of three reviews.

Secondly, he introduced special issues with a specific thematic focus, called ‘Spotlight’ issues, in which reviews and original reports were combined.

‘This kind of mixture, which since then other journals have copied, was his invention,’ says Prof Hans Michael Piper, MD PhD FESC, Editor-in-Chief of Cardiovascular Research, and also Professor of Cardiovascular Research and President of Heinrich Heine University in Düsseldorf, Germany. ‘He was one of the very successful new features that were introduced 20 years ago and made part of the success of the journal.’

Competitors in the same field are now copying the format. For Spotlight issues, leaders in a field of specific scientific expertise are invited to write a number of review papers, which are published in a regular journal issue together with original papers in the same field, for which a special call has been placed. The end result is a special issue containing state-of-the-art overviews of the field and excellent examples of original work related to that topic.

Prof Piper and his team have successfully extended this format to a smaller version of the same kind of issue called a ‘Review Focus’ which features five or six review papers. The latter format is devoted to issues of interest which are gaining ground but do not have a long enough history to warrant an entire Spotlight issue. The journal publishes about three Spotlights and two Review Focuses per year, depending on the number of appropriate topics.

With the transition to ESC ownership in 1995, a new editor—Michiel Jansje from the University of Amsterdam—took up the helm and, together with a new editorial team, developed Cardiovascular Research successfully into a well-known journal of the ESC until 2003, when the present editorial team took over.
How does the EHJ work?

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Expand Internetplattform (Networking with ESC Textbook, Educational Programmes ESC, Videointerviews Hotlines/CTU)

Reduce Turn-around-time further (appointment by performance, electronic improvements etc.)

Attract the best manuscripts

Fast Track *Basic Science*

Disclosure-of-interest (the European way)