

Interactive CardioVascular and Thoracic Surgery

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Editorial

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There are various ways to track the success and performance of traditional paper-based scientific journals. One of the tools best known, is certainly the Impact Factor, which is assessed by the Institute of Scientific Information (ISI). The Impact Factor is designed to measure the way a journal receives citations to its articles over time, and it is calculated by dividing the number of current citations a journal receives to articles published in the two previous years, divided by the number of articles published in those same years [1]. Interestingly enough, the Impact Factor does not measure the quality of a publication, but rather the number of times it was cited—for good or for bad.

Although we assume, that an author who cites a paper has also read it, this cannot be taken for guaranteed in all cases. As a matter of fact, the Impact Factor is mainly a tool to assess the popularity of a paper within the scientific (publishing) community. However, in medicine, readership is not limited to the scientific, i.e. publishing community, and there is probably one order of magnitude more readers than writers. It is more difficult to track the number of readers as compared to the number of writers. In the past, this issue was mainly addressed with questionnaires including a question such as: ‘How many persons read this publication?’.

Of course, the estimated number of readers obtained through such a study, is not exactly based on a hard endpoint, as we like to have it for scientific assessment. Hence, the possibility to assess the number of downloads from our web-site at www.icvts.org hosting *Interactive Cardiovascular and Thoracic Surgery* is more than welcome, as it brings not only quantitative information over time with regard to the interest raised by *Interactive Cardiovascular and Thoracic Surgery*, but also improved feedback about the type of publications preferred by the community interested in the topics published.

The most frequent downloads from www.icvts.org in 2003 are listed in Table 1, and ranked by number of downloads within the following categories:

- *** most frequent downloads
- ** very frequent downloads
- * frequent downloads

The unique concept of *Interactive Cardiovascular and Thoracic Surgery*, which includes pre-publication on

Table 1

www.icvts.org: Most frequent downloads in 2003***

***	<i>Surgical technique versus technology for surgery: a plea for an open mind towards new technology</i> Interactive Cardiovascular and Thoracic Surgery, 1 (2002) 1–3 http://dx.doi.org/10.1016/S1569-9293(02)00007-5
***	<i>Working heart off-pump cardiac repair (OPCARE)—the next step in robotic surgery?</i> Interactive Cardiovascular and Thoracic Surgery, 2 (2003) 120–124 http://dx.doi.org/10.1016/S1569-9293(02)00117-2
***	<i>Strength of wired sternotomy closures: effect of number of wire twists</i> Interactive Cardiovascular and Thoracic Surgery, 2 (2003) 3–5 http://dx.doi.org/10.1016/S1569-9293(02)00068-3
***	<i>Surgical treatment of permanent atrial fibrillation during heart valve surgery</i> Interactive Cardiovascular and Thoracic Surgery, 2 (2003) 160–165 http://dx.doi.org/10.1016/S1569-9293(03)00009-4
***	<i>Trauma to the heart and thoracic aorta: the Copenhagen experience</i> Interactive Cardiovascular and Thoracic Surgery, 2 (2003) 53–57 http://dx.doi.org/10.1016/S1569-9293(02)00099-3
***	<i>Preliminary results of 130 aortic valve replacements with a new mechanical bileaflet prosthesis: the Edwards MIRA valve</i> Interactive Cardiovascular and Thoracic Surgery, 2 (2003) 80–83 http://dx.doi.org/10.1016/S1569-9293(02)00089-0
**	<i>Applicability of logistic regression (LR) risk modelling to decision making in lung cancer resection</i> Interactive Cardiovascular and Thoracic Surgery, 2 (2003) 12–15 http://dx.doi.org/10.1016/S1569-9293(02)00067-1
**	<i>Malignant pleural mesothelioma: outcome of limited surgical management</i> Interactive Cardiovascular and Thoracic Surgery, 2 (2003) 30–34 http://dx.doi.org/10.1016/S1569-9293(02)00093-2
**	<i>Changes in the cytokine network and complement parameters during open heart surgery</i> Interactive Cardiovascular and Thoracic Surgery, 2 (2003) 19–24 http://dx.doi.org/10.1016/S1569-9293(02)00088-9

(continued on next page)

Table 1 (continued)

**	<i>Thoracoscopic thymectomy with the 'da Vinci' surgical system in patient with myasthenia gravis</i> Interactive Cardiovascular and Thoracic Surgery, 2 (2003) 70–72 http://dx.doi.org/10.1016/S1569-9293(02)00104-4
**	<i>Non-perforating pericardial rupture causing cardiac tamponade</i> Interactive Cardiovascular and Thoracic Surgery, 2 (2003) 43–45 http://dx.doi.org/10.1016/S1569-9293(02)00096-8
**	<i>How to determine the correct placement of the retrograde cardioplegia catheter</i> Interactive Cardiovascular and Thoracic Surgery, 1 (2002) 28–29 http://dx.doi.org/10.1016/S1569-9293(02)00005-1
**	<i>Profound drug-induced thrombocytopenia before urgent cardiopulmonary bypass</i> Interactive Cardiovascular and Thoracic Surgery, 1 (2002) 63–65 http://dx.doi.org/10.1016/S1569-9293(02)00016-6
**	<i>Comparison of sodium nitroprusside versus esmolol for the treatment of hypertension following repair of coarctation of the aorta</i> Interactive Cardiovascular and Thoracic Surgery, 2 (2003) 111–115 http://dx.doi.org/10.1016/S1569-9293(02)00115-9
**	<i>Preoperative attitudes, fears and expectations of non-small cell lung cancer patients</i> Interactive Cardiovascular and Thoracic Surgery, 2 (2003) 206–209 http://dx.doi.org/10.1016/S1569-9293(03)00048-3
**	<i>Retrosternal dislocation of the clavicle associated with a traumatic pneumothorax</i> Interactive Cardiovascular and Thoracic Surgery, 2 (2003) 9–11 http://dx.doi.org/10.1016/S1569-9293(02)00066-X
**	<i>Peer review versus public review—new possibilities of on-line publishing!</i> Interactive Cardiovascular and Thoracic Surgery, 1 (2002) 61–62 http://dx.doi.org/10.1016/S1569-9293(02)00087-7
*	<i>Native-valve endocarditis due to Candida parapsilosis</i> Interactive Cardiovascular and Thoracic Surgery, 1 (2002) 66–68 http://dx.doi.org/10.1016/S1569-9293(02)00017-8
*	<i>Biatrial radiofrequency ablation for atrial fibrillation: epicardial and endocardial surgical approach</i> Interactive Cardiovascular and Thoracic Surgery, 1 (2002) 72–77 http://dx.doi.org/10.1016/S1569-9293(02)00033-6
*	<i>A review of 507 off-pump coronary bypass patients: a single center experience</i> Interactive Cardiovascular and Thoracic Surgery, 2 (2003) 246–250 http://dx.doi.org/10.1016/S1569-9293(03)00034-3
*	<i>From the magic mountain to rocket science in thoracic and cardiovascular surgery</i> Interactive Cardiovascular and Thoracic Surgery, 2 (2003) 217–218 http://dx.doi.org/10.1016/S1569-9293(03)00140-3
*	<i>Microwave ablation of atrial fibrillation in conjunction with treatment of early postoperative massive left atrial thrombosis</i> Interactive Cardiovascular and Thoracic Surgery, 2 (2003) 16–18 http://dx.doi.org/10.1016/S1569-9293(02)00069-5

Table 1 (continued)

*	<i>The effects of hypothermic cardiopulmonary bypass on Doppler cerebral blood flow during the first 24 postoperative hours</i> Interactive Cardiovascular and Thoracic Surgery, 2 (2003) 46–52 http://dx.doi.org/10.1016/S1569-9293(02)00098-1
*	<i>The fourth dimension for Interactive Cardiovascular and Thoracic Surgery—on-line video brings life to publications!</i> Interactive Cardiovascular and Thoracic Surgery, 2 (2003) 1–2 http://dx.doi.org/10.1016/S1569-9293(03)00012-4
*	<i>A huge pseudoaneurysm of the left ventricle after simple gluing of an oozing-type postinfarction rupture</i> Interactive Cardiovascular and Thoracic Surgery, 2 (2003) 94–96 http://dx.doi.org/10.1016/S1569-9293(02)00112-2
*	<i>Triflusal versus oral anticoagulation for primary prevention of thromboembolism after bioprosthetic valve replacement (TRAC): rationale and design for a prospective, randomized, co-operative trial</i> Interactive Cardiovascular and Thoracic Surgery, 2 (2003) 170–174 http://dx.doi.org/10.1016/S1569-9293(03)00010-0
*	<i>Preliminary experience in mitral valve repair using the Cosgrove–Edwards annuloplasty ring</i> Interactive Cardiovascular and Thoracic Surgery, 2 (2003) 256–261 http://dx.doi.org/10.1016/S1569-9293(03)00056-2
*	<i>Surgical approach for pericardiectomy: a comparative study between median sternotomy and left anterolateral thoracotomy</i> Interactive Cardiovascular and Thoracic Surgery, 2 (2003) 322–326 http://dx.doi.org/10.1016/S1569-9293(03)00074-4

the web with a discussion period, and joint printing of hardcopies keeping together the publications with the comments received, requires, that the information presented in Table 1 is appreciated on top of what is expected for a traditional journal appearing only in print. More insight is available now at www.icvts.org!

Reference

- [1] Amin M, Mabe M. Impact factors: use and abuse. Perspectives in Publishing 2000;1:1–6.

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