

Editorial

Welcome to *Seminars in Thrombosis & Hemostasis* 2014

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Welcome to the beginning of another year with *Seminars in Thrombosis & Hemostasis* (STH). This is my 6th year as Editor in Chief, and my 9th year of editorial association with this journal, having previously served as a Regional Editor. First, I sincerely wish to thank all the contributors to STH over past years, as well as the Guest Editors for these issues, and of course, the Senior and Associate Editors of the journal. There are no planned changes to the editorial team for 2014. This is also a fitting time to announce that this year represents the 40th year of publication for this journal, a milestone that we will celebrate with a special 40th Anniversary Celebratory issue. This issue will be scheduled as either the last issue of 2014, or the first of 2015, depending on progress.

I will also take this opportunity to thank the journal production team at Thieme Medical Publishers for their high production standards and for facilitating both the print and online issues of the journal. In particular, I would like to thank Sangeeta PC who leads the production team and who until recently was the Production Editor for STH. Sangeeta has had to recently give up this particular role due to increasing other commitments, and so Subhankar De will now undertake this role. As Subhankar has essentially acted (and performed admirably) in this role for the past 6 months, I am sure that he will continue to do so. Finally, I wish to thank Kelly Coffey, a Journals Coordinator for Thieme Medical Publishers, as well as other key people at Thieme, some of who prefer to remain unnamed, for additional support provided over the past year.

I think this is also a fitting time to once again reflect on our journal's Impact Factor, which for 2012 was 4.216, which represents a small drop from our 2011 Impact Factor of 4.524 (► Fig. 1). I do not want to make too much of this change, except to say that this may mean we will see some stabilization of the STH Impact Factor at around 4 over coming years. I have previously highlighted,^{1,2} and would continue to assert, that the Impact Factor is not the only marker of journal "quality" that we should consider, given

the existence of other biometric markers and the limitations of any individual marker (including the Impact Factor) as a "quality" indicator.

While on such discussion, I would also like to draw the readership's attention to DORA, a document otherwise known as The San Francisco Declaration of Research Assessment, which has been sponsored/signed by more than 150 scientists and 75 scientific organizations (www.ascb.org/SFdeclaration.html). This declaration derived from deliberations held during the 2012 American Society for Cell Biology meeting and stipulates that the Journal Impact Factor must not be used as a surrogate measure of the quality of individual research articles, to assess an individual scientist's contributions, or used in hiring, promotion, and funding decisions. The declaration further recommends alternative metrics for evaluating researchers, including citation counts of individual articles. Further discussion around these recommendations and DORA are available online (www.ascb.org/SFdeclaration.html), including a response from the suppliers of the Impact Factor Thomson Reuters (<http://researchanalytics>).

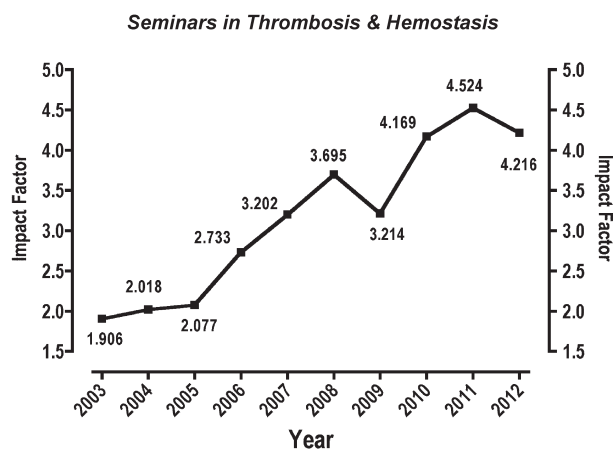


Fig. 1 *Seminars in Thrombosis & Hemostasis*: Impact factor by year.

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Issue Theme Hot Topics V; Guest Editor, Emmanuel J. Favaloro, PhD, FFSc (RCPA).

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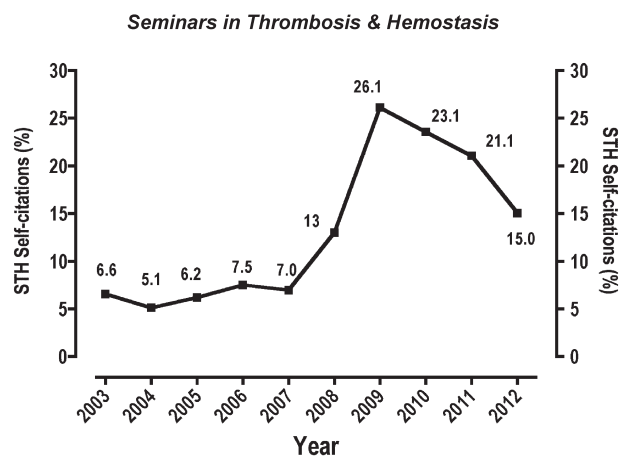


Fig. 2 *Seminars in Thrombosis & Hemostasis*: Recent self-citations by year.

thomsonreuters.com/statement_re_sfdra/). The publisher of STH, Thieme Medical Publishers, is in support of the declaration, and I will also herein provide my own personal in principle endorsement of this declaration. Several members of the STH editorial board have also endorsed the sentiments of DORA.

Perhaps this is then also a fitting time to reconsider the role of self-citations in the impact factor, which I have also mentioned in previous years.^{1,2} The self-citation rate for STH over recent years is shown in ►Fig. 2. There are several aspects that I would like to point out. Over the past decade, the self-citation rate had initially increased from a low of ~6% in 2003 to a peak of ~26% in 2009 and has more recently fallen steadily to ~15% in 2012. Let me assert here that STH does not have any official policy that aims to promote unnecessary self-citations. However, STH does strive to be an integrated journal, meaning that we will on occasion refer to previous publications if these are relevant to the topic at hand. In essence, most of the STH self-citations from recent years as noted in ►Fig. 2 appear in either (i) my annual celebratory editorials (such as this one) which highlight our past successes—either those STH papers most popular among our readership^{3–7} or those most highly cited,^{8–11}—or (ii) the Prefaces for each issue, which essentially identify the contributions within that issue as well as summarizing their content and significance. It does seem true that STH did have a relatively high self-citation rate among peer journals a few years ago, but this was certainly not due to solicited self-referencing, as perhaps recently inferred.¹² Indeed, I will make no apologies for the above noted self-citations, which I see as valid within the context of usage over these years. The years from 2008 to 2010, in particular, represented a period of significant change for STH, with protracted illness and eventual passing of the Founding Editor, Eberhard F. Mammen, in 2008, and with editorial changes that saw my taking over the role of Editor in Chief.^{13–15} Those years also saw several celebratory editorials and an entire celebratory issue dedicated to Eberhard F. Mammen and highlighting his contribution to STH and to the field of thrombosis and hemostasis in general.^{16,17} This time period also represented the initiation

Table 1 Recent self-citation rates of some journals publishing in the field of thrombosis and hemostasis

Journal	Year	
	2011	2012
<i>Seminars in Thrombosis & Hemostasis</i>	21.1	15.0
<i>Journal of Thrombosis and Haemostasis</i>	11.5	8.5
<i>Thrombosis and Haemostasis</i>	20.9	16.2
<i>Blood Coagulation and Fibrinolysis</i>	16.4	11.6
<i>Thrombosis Research</i>	8.0	14.4
<i>Blood</i>	11.5	10.8

Note: Journal self-citation rates are given for Impact Factor years 2011 and 2012 and represent the percentage of self-citations that are used for calculating the Journal Impact Factor for that year. Data from Thomson Reuters ISI Web of Science.

of our *issue-integrated prefaces*. It is expected that the STH self-citation rate will now stabilize around the value of 15–20%, a rate that is similar to those of other journals in the field of Thrombosis and Hemostasis (►Table 1). For those of you interested, I have also plotted the “self-citation adjusted” impact factor trend for STH (i.e., impact factor excluding the self-citations) in ►Fig. 3. I have also previously suggested that journal self-citations could be handled by Thomson Reuters by provision of two-paired “impact factor” values, one with self-citations included and the other without.²

Given the mention of DORA above, and its recommendation to continue to promote alternative metrics to the Journal Impact Factor, I have also provided a plot of the STH 2-year citation rates from SCImago (<http://www.scimagojr.com/>) (►Fig. 4). Although this measure provides a similar metric to that of the Journal Impact Factor, the data derives from the use of an alternative publication database, and so provides an independent data set, which (importantly) is also currently freely available.

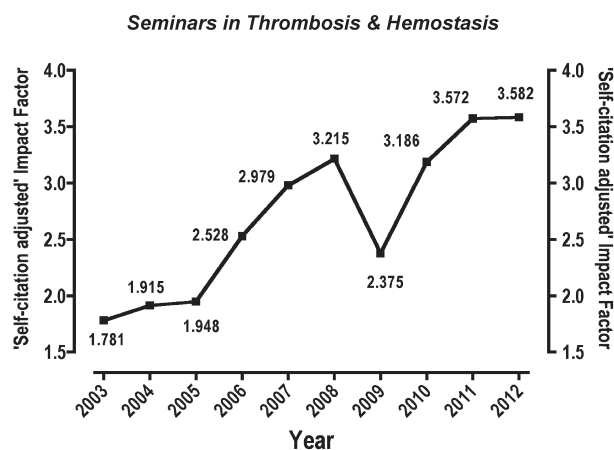


Fig. 3 *Seminars in Thrombosis & Hemostasis*: “Self-citations–adjusted” impact factors by year.

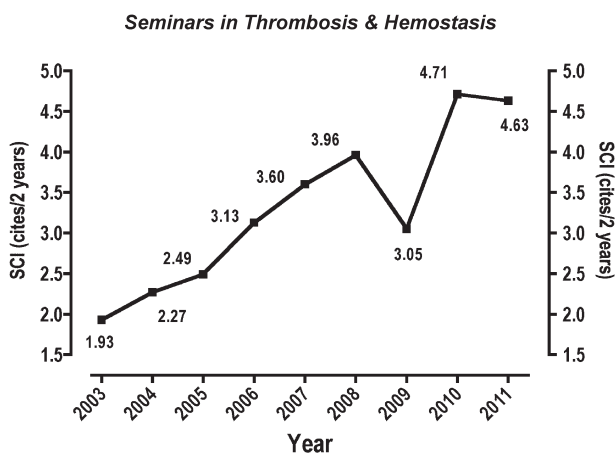


Fig. 4 *Seminars in Thrombosis & Hemostasis*: SCI citations per 2 years.

Nevertheless, the Journal Impact Factor currently remains the best-recognized metric of article “popularity.” Accordingly, I have listed the top 46 (2012-cited; 2010/2011-published) contributions from this journal in ►Table 2.^{18–63} These contributions identify those most contributing to the 2012 Impact Factor, and each was cited 6 or more times in 2012. The top 15-listed articles^{18–32} were each cited 10 or more times in 2012, and the first four contributions^{18–21} were each cited an impressive 20 or more times. A review of this list also highlights that the two issues most contributing to this achievement were “Microparticles in thrombosis and hemostasis,”⁶⁴ guest edited by Nigel S. Key and Hau C. Kwaan in 2010, and “Coagulopathies and thrombosis: usual and unusual causes and associations, part III,”⁶⁵ guest edited by Emmanuel J. Falaloro, Giuseppe Lippi, and Massimo Franchini. For those interested, the current listing (►Table 2) can be compared

Table 2 Top 46 most highly cited articles in *Seminars in Thrombosis & Hemostasis*^a

1. Rak J. Microparticles in cancer. *Semin Thromb Hemost* 2010;36(8):888–906
2. Nagy JA, Chang SH, Shih SC, Dvorak AM, Dvorak HF. Heterogeneity of the tumor vasculature. *Semin Thromb Hemost* 2010;36(3):321–331
3. Lippi G, Franchini M, Falaloro EJ, Targher G. Moderate red wine consumption and cardiovascular disease risk: beyond the “French paradox”. *Semin Thromb Hemost* 2010;36(1):59–70
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5. Lacroix R, Robert S, Poncelet P, Dignat-George F. Overcoming limitations of microparticle measurement by flow cytometry. *Semin Thromb Hemost* 2010;36(8):807–818
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9. de Moerloose P, Boehlen F, Neerman-Arbez M. Fibrinogen and the risk of thrombosis. *Semin Thromb Hemost* 2010;36(1):7–17
10. Tse D, Stan RV. Morphological heterogeneity of endothelium. *Semin Thromb Hemost* 2010;36(3):236–245
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12. Levi M, Schultz M, van der Poll T. Disseminated intravascular coagulation in infectious disease. *Semin Thromb Hemost* 2010;36(4):367–377
13. Zhou Z, Nguyen TC, Guchhait P, Dong JF. Von Willebrand factor, ADAMTS-13, and thrombotic thrombocytopenic purpura. *Semin Thromb Hemost* 2010;36(1):71–81
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15. Tufano A, Coppola A, Cerbone AM, Ruosi C, Franchini M. Preventing postsurgical venous thromboembolism: pharmacological approaches. *Semin Thromb Hemost* 2011;37(3):252–266
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21. Franchini M, Di Minno MN, Coppola A. Disseminated intravascular coagulation in hematologic malignancies. *Semin Thromb Hemost* 2010;36(4):388–403
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^aPublished in 2010 or 2011 and cited 6 or more times in 2012.

Table 3 Current planned topics for future issues of *Seminars in Thrombosis & Hemostasis* include

- Hot topics: A short history of thrombosis and hemostasis (40th anniversary issue)
- Quality in thrombosis and hemostasis (continued)
- Thrombotic complications in cancer patients
- Clinical management of hemophilia
- Platelet function testing/disorders
- Hemolytic uremic syndrome/thrombotic thrombocytopenic purpura
- Inflammation, endothelial dysfunction and thromboembolism
- Hemostasis in the elderly

with those of the most recently published top-50 downloaded article listings from *Seminars in Thrombosis & Hemostasis*, the basis of the Eberhard F. Mammen “Most Popular” awards.^{5–7} Accordingly, I would like to thank all the contributors, guest editors, and the editorial team for bringing us the content that makes *Seminars in Thrombosis & Hemostasis*.

Finally, a short note to confirm that the editorial team will continue to develop plans for the future content of this journal, and we are confident that we will be able to continue to bring you, the readers, the high quality content that you have come to expect from this journal. Currently confirmed topics for issues that we plan to publish over the next 12 or so months are listed in **Table 3**. At the same time, we recognize the need to retain some flexibility in our plans and to potentially add additional material of current interest and controversy as the need arises.

We look forward to another interesting year of reading in 2014! Happy birthday STH.

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