


Editorial

# New Seminars in Thrombosis and Hemostasis 2022 Impact Factor, Most Highly Cited Papers, and Other Journal Metrics

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This editorial continues our current approach to announce our newest Journal Impact Factor (IF) and other journal metrics upon the release of the latest IF.<sup>1,2</sup>

## 2022 Seminars in Thrombosis and Hemostasis Impact Factor

The latest IF for Seminars in Thrombosis and Hemostasis (STH), as for all journals with an IF, was announced in late June of 2023, which was for the year 2022. The 2022 IF for STH was 5.7, which marks an anticipated decrease over the 2021 IF, which was 6.938. For the interest of the readership, I have provided a figure outlining the STH IF from 2003 to 2022 (► **Fig. 1**). The 2021 IF of 6.398 was the highest IF that STH has ever achieved. To some extent, these IF latest variations were anticipated. First, there were some changes to how the IF was calculated for 2020, 2021, and 2022. Whereas IF data historically reflected dates of final (e.g., print) publication, a change was instigated for 2020 to include dates of online publication, which for most journals occurs several months ahead of final print versions. These are called eFirst articles for STH and are available @ <https://www.thieme-connect.com/products/ejournals/issue/eFirst/10.1055/s-00000077>. The change in calculation progressed further in 2021 to utilize dates of online publication instead of final print. Finally, further adjustment to the calculation occurred for the 2022 IF. Second, additional journals continue to be included in the database used for generating IFs, meaning additional citation potential from the inclusion of these

additional journals. Third, we have all been affected by the pandemic that “was” coronavirus disease 2019 (COVID-19). If there is any silver lining to the pandemic, it was the drive by scientific and medical teams to understand and combat the virus that is called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which is the infectious agent leading to COVID-19. At the time of writing, COVID-19 had affected 676,609,955 people worldwide and been responsible for 6,881,955 deaths.<sup>3</sup>

One of the more amazing achievements has been the development, production, and deployment of a multitude of COVID-19/SARS-CoV-2 vaccines, for which 13,338,833,198 doses have now been administered.<sup>3</sup> The pandemic has also created a research and writing frenzy, with 371,615 publications now listed in PubMed,<sup>4</sup> with just 98 of these attributable to STH. It needs to be remembered that although COVID-19 is an infectious disease, it is also a prothrombotic disease, and thus, many COVID-19-related papers have appeared in thrombosis- and hemostasis-related journals. Indeed, STH has now published four issues focused on COVID-19,<sup>5–8</sup> one in each year for 2020 to 2023 inclusive. Moreover, much of the COVID-19-related material was made freely available by the publisher. It is accordingly now very clear that these publications have been both popular with the readership<sup>9–11</sup> and also well-cited in the literature.<sup>1,2</sup> Thus, to some extent, an increase in the IF for 2021 was predicted and was in part driven by COVID-19-related publications.<sup>2</sup> However, as the COVID-19 pandemic wanes and we all go back to “business as usual,” it could thus also be

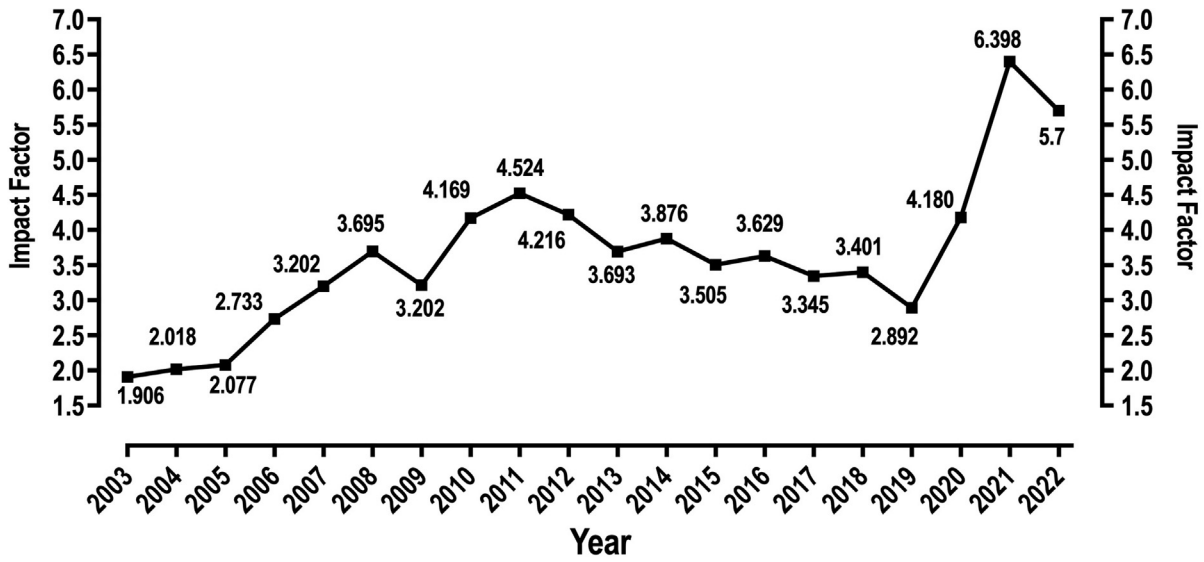
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Emmanuel J. Favaloro, PhD, FFSc (RCPA), Department of Haematology, Centres for Thrombosis and Haemostasis, Institute of Clinical Pathology and Medical Research (ICPMR), Westmead Hospital, Westmead, NSW 2145, Australia (e-mail: emmanuel.favaloro@health.nsw.gov.au).

**Issue Theme** Recent Advances in Thrombosis and Hemostasis—Part IX; Guest Editor: Sam Schulman, MD, PhD

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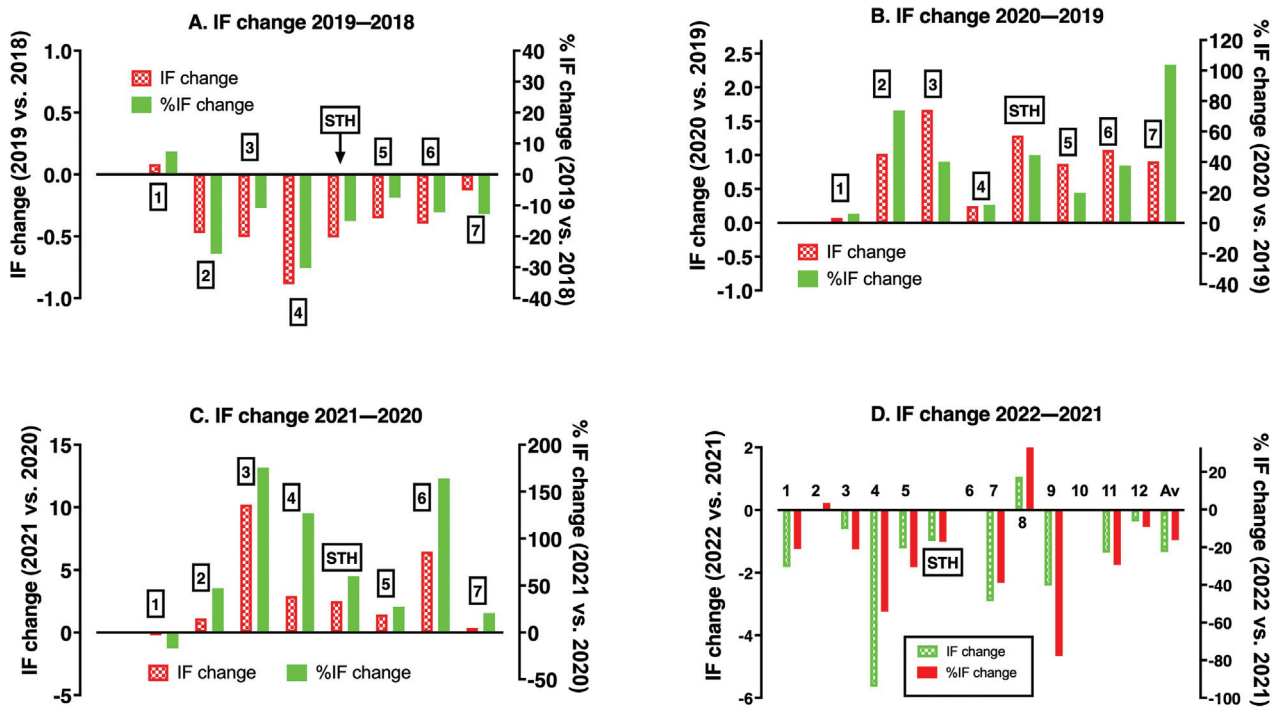
### Seminars in Thrombosis & Hemostasis - Impact Factor 2003 to 2022



**Fig. 1** The Impact Factor for *Seminars in Thrombosis and Hemostasis* from 2003 to 2022.

anticipated that the 2022 IF would correspondingly fall. *STH* is certainly not alone in this anticipated trend, which was evident in most T&H-focused journals. I have, therefore, included here another figure which compares the IF changes across several thrombosis- and hemostasis-focused journals (→ **Fig. 2**). The changes from year to year are shown, with the change from 2018 to 2019 shown in figure 2A, that from

2019 to 2020 shown in figure 2B, that from 2020 to 2021 shown in figure 2C, while the final change from 2021 to 2022 in figure 2D. In general, most thrombosis and hemostasis focused journals showed a decrease in IF from 2018 to 2019, an increase in IF in both 2019 to 2020 and 2020 to 2021, but a reduction in IF from 2021 to 2022. Indeed, some journals achieved a huge increment in IF in 2021 on the back of a few



**Fig. 2** The change in Impact Factor for *Seminars in Thrombosis and Hemostasis* and several other journals focused on thrombosis and hemostasis between 2019 and 2018 (A), 2020 and 2019 (B), 2021 and 2020 (C), and most recently between 2022 and 2021 (D). Trends between T&H focused journals were broadly similar, with generalized falls in 2019, generalized increases in 2020 and 2021, and generalized falls in 2022.

very highly cited COVID-19 publications (some received in excess of 2,000 citations). These journals in general also showed the largest proportional falls in 2022 IF. It will be interesting to see what the next few years hold in terms of IFs, and whether we are all headed for some sort of new equilibrium.

It is, however, also important to note that the IFs for *STH* in 2021 and 2022 are of course not solely related to an increase in citations of COVID-19 material. Also, the IF is just only one of several markers of journal “quality” that we could consider, and the limitations of any individual marker (including the IF) as a “quality” indicator, have previously been discussed.<sup>12,13</sup>

In any case, perhaps a better indicator of specific *STH*-related “improvement” is the journal’s ranking among peer journals. *STH* was ranked 20/79 in the hematology category of the Science Citation Index Expanded (SCIE) in 2022, compared with 21/78 in 2021, 28/76 in 2020, and 36/76 in 2019. Similarly, *STH* was ranked 15/67 in the peripheral vascular disease category of the SCIE in 2022,

compared with 14/67 in 2021, 21/65 in 2020, and 26/65 in 2019.

### Most Highly Cited Papers Contributing to the 2022 Seminars in Thrombosis and Hemostasis Impact Factor

As I also do annually,<sup>1,2</sup> the highest 2022 cited (2020/2021 published) contributions<sup>6,14–49</sup> from this journal are listed in **Table 1** for the potential interest of the readership and contributing authors. This table identifies *STH* publications that most contributed to the 2022 IF, and each publication was cited seven or more times in the IF database literature in 2022. For those interested, the current listing can be compared with those of the most recently published top downloaded article listings from *STH*, the basis of the Eberhard F. Mammen “Most Popular” awards.<sup>9–11</sup>

Most of the manuscripts appearing in **Table 1** represent review articles since *STH* publishes mostly review articles. Nevertheless, it may also be of interest to the readership to

**Table 1** Top 2022-cited papers, as published in 2020/2021<sup>a</sup>

Citation rank	Citation/Reference	Manuscript type
1	Di Minno A, Ambrosino P, Calcaterra I, Di Minno MND. COVID-19 and Venous Thromboembolism: A Meta-analysis of Literature Studies. <i>Semin Thromb Hemost.</i> 2020 Oct;46(7):763–771.	Review
2	Favaloro EJ, Henry BM, Lippi G. Increased VWF and Decreased ADAMTS-13 in COVID-19: Creating a Milieu for (Micro)Thrombosis. <i>Semin Thromb Hemost.</i> 2021 Jun;47(4):400–418. doi: 10.1055/s-0041-1727282.	Review
3	Iba T, Levi M, Levy JH. Sepsis-Induced Coagulopathy and Disseminated Intravascular Coagulation. <i>Semin Thromb Hemost.</i> 2020 Feb;46(1):89–95.	Review
4	Parisi R, Costanzo S, Di Castelnuovo A, de Gaetano G, Donati MB, Iacoviello L. Different Anticoagulant Regimens, Mortality, and Bleeding in Hospitalized Patients with COVID-19: A Systematic Review and an Updated Meta-Analysis. <i>Semin Thromb Hemost.</i> 2021 Jun;47(4):372–391.	Review
5	Engelen MM, Vandenbrielle C, Balthazar T, Claeys E, Gunst J, Guler I, Jacquemin M, Janssens S, Lorent N, Liesenborghs L, Peerlinck K, Pieters G, Rex S, Sinonquel P, Van der Linden L, Van Laer C, Vos R, Wauters J, Wilmer A, Verhamme P, Vanassche T. Venous Thromboembolism in Patients Discharged after COVID-19 Hospitalization. <i>Semin Thromb Hemost.</i> 2021 Jun;47(4):362–371.	Original Study
6	Levi M, Thachil J. Coronavirus Disease 2019 Coagulopathy: Disseminated Intravascular Coagulation and Thrombotic Microangiopathy—Either, Neither, or Both. <i>Semin Thromb Hemost.</i> 2020 Oct;46(7):781–784.	Commentary
7	Thachil J, Srivastava A. SARS-2 Coronavirus-Associated Hemostatic Lung Abnormality in COVID-19: Is It Pulmonary Thrombosis or Pulmonary Embolism? <i>Semin Thromb Hemost.</i> 2020 Oct;46(7):777–780	Commentary
8	Henry BM, Cheruiyot I, Benoit JL, Lippi G, Prohászka Z, Favaloro EJ, Benoit SW. Circulating Levels of Tissue Plasminogen Activator and Plasminogen Activator Inhibitor-1 Are Independent Predictors of Coronavirus Disease 2019 Severity: A Prospective, Observational Study. <i>Semin Thromb Hemost.</i> 2021 Jun;47(4):451–455.	Letter
8	Al-Samkari H, Kuter DJ. Immune Thrombocytopenia in Adults: Modern Approaches to Diagnosis and Treatment. <i>Semin Thromb Hemost.</i> 2020 Apr;46(3):275–288.	Review
8	Moore HB, Moore EE. Temporal Changes in Fibrinolysis following Injury. <i>Semin Thromb Hemost.</i> 2020 Mar;46(2):189–198	Review
9	Fernández-Capitán C, Barba R, Díaz-Pedroche MDC, Sigüenza P, Demelo-Rodríguez P, Siniscalchi C, Pedrajas JM, Farfán-Sedano AI, Olivera PE, Gómez-Cuervo C, Llamas P, Villares P, Sanchez O, López-Reyes R, Catella J, Bikdeli B, Weinberg I, Tafur AJ, Jiménez D, Monreal M. Presenting Characteristics, Treatment Patterns, and Outcomes among Patients with Venous Thromboembolism during Hospitalization for COVID-19. <i>Semin Thromb Hemost.</i> 2021 Jun;47(4):351–361.	Original Study
9	de Maat S, de Mast Q, Danser AHJ, van de Veerdonk FL, Maas C. Impaired Breakdown of Bradykinin and Its Metabolites as a Possible Cause for Pulmonary Edema in COVID-19 Infection. <i>Semin Thromb Hemost.</i> 2020 Oct;46(7):835–837.	Commentary

(Continued)

**Table 1** (Continued)

Citation rank	Citation/Reference	Manuscript type
9	Hartmann J, Walsh M, Grisoli A, Thomas AV, Shariff F, McCauley R, Vande Lune S, Zackariya N, Patel S, Farrell MS, Sixta S, March R, Evans E, Tracy R, Campello E, Scărlătescu E, Agostini V, Dias J, Greve S, Thomas S. Diagnosis and Treatment of Trauma-Induced Coagulopathy by Viscoelastography. <i>Semin Thromb Hemost.</i> 2020 Mar;46(2):134–146.	Review
10	Onorato D, Pucci M, Carpena G, Henry BM, Sanchis-Gomar F, Lippi G. Protective Effects of Statins Administration in European and North American Patients Infected with COVID-19: A Meta-Analysis. <i>Semin Thromb Hemost.</i> 2021 Jun;47(4):392–399.	Review
10	Favaloro EJ, Lippi G. Recommendations for Minimal Laboratory Testing Panels in Patients with COVID-19: Potential for Prognostic Monitoring. <i>Semin Thromb Hemost.</i> 2020 Apr;46(3):379–382.	Commentary
10	Dorgalaleh A. Bleeding and Bleeding Risk in COVID-19. <i>Semin Thromb Hemost.</i> 2020 Oct;46(7):815–818.	Commentary
10	Christensen B, Favaloro EJ, Lippi G, Van Cott EM. Hematology Laboratory Abnormalities in Patients with Coronavirus Disease 2019 (COVID-19). <i>Semin Thromb Hemost.</i> 2020 Oct;46(7):845–849.	Review
11	Lepedda AJ, Nieddu G, Piperigkou Z, Kyriakopoulou K, Karamanos N, Formato M. Circulating Heparan Sulfate Proteoglycans as Biomarkers in Health and Disease. <i>Semin Thromb Hemost.</i> 2021 Apr;47(3):295–307.	Review
11	Sokou R, Tsantes AG, Konstantinidi A, Loakeimidis G, Lampridou M, Parastatidou S, Theodoraki M, Piovani D, Iliodromiti Z, Boutsikou T, Iacovidou N, Douramani P, Poulis A, Kokoris S, Kriebardis AG, Bonovas S, Tsantes AE. Rotational Thromboelastometry in Neonates Admitted to a Neonatal Intensive Care Unit: A Large Cross-sectional Study. <i>Semin Thromb Hemost.</i> 2021 Oct;47(7):875–884.	Original Study
11	Lippi G, Henry BM, Favaloro EJ. Mean Platelet Volume Predicts Severe COVID-19 Illness. <i>Semin Thromb Hemost.</i> 2021 Jun;47(4):456–459.	Letter
11	Page MJ, Pretorius E. A Champion of Host Defense: A Generic Large-Scale Cause for Platelet Dysfunction and Depletion in Infection. <i>Semin Thromb Hemost.</i> 2020 Apr;46(3):302–319.	Review
11	Black JA, Pierce VS, Kerby JD, Holcomb JB. The Evolution of Blood Transfusion in the Trauma Patient: Whole Blood Has Come Full Circle. <i>Semin Thromb Hemost.</i> 2020 Mar;46(2):215–220.	Review
12	Favaloro EJ, Lippi G. Maintaining Hemostasis and Preventing Thrombosis in Coronavirus Disease 2019 (COVID-19): Part II. <i>Semin Thromb Hemost.</i> 2021 Jun;47(4):333–337.	Preface
12	Schulman S. Coronavirus Disease 2019, Prothrombotic Factors, and Venous Thromboembolism. <i>Semin Thromb Hemost.</i> 2020 Oct;46(7):772–776.	Commentary
12	Larsen JB, Pasalic L, Hvas AM. Platelets in Coronavirus Disease 2019. <i>Semin Thromb Hemost.</i> 2020 Oct;46(7):823–825.	Commentary
12	Thachil J, Lisman T. Pulmonary Megakaryocytes in Coronavirus Disease 2019 (COVID-19): Roles in Thrombi and Fibrosis. <i>Semin Thromb Hemost.</i> 2020 Oct;46(7):831–834.	Commentary
12	Meijerfeldt FAV, Jenne CN. Netting Liver Disease: Neutrophil Extracellular Traps in the Initiation and Exacerbation of Liver Pathology. <i>Semin Thromb Hemost.</i> 2020 Sep;46(6):724–734.	Review
12	Khialani D, Rosendaal F, Vlieg AVH. Hormonal Contraceptives and the Risk of Venous Thrombosis. <i>Semin Thromb Hemost.</i> 2020 Nov;46(8):865–871.	Review
13	Stillson JE, Bunch CM, Gillespie L, Khan R, Wierman M, Pulvirenti J, Phyu H, Anderson S, Al-Fadhli M, Thomas AV, Kwaan HC, Moore E, Moore H, Walsh MM. Thromboelastography-Guided Management of Anticoagulated COVID-19 Patients to Prevent Hemorrhage. <i>Semin Thromb Hemost.</i> 2021 Jun;47(4):442–446.	Letter
13	Larsen JB, Hvas AM. Thrombin: A Pivotal Player in Hemostasis and Beyond. <i>Semin Thromb Hemost.</i> 2021 Oct;47(7):759–774.	Review
13	Dhami SPS, Patmore S, O'Sullivan JM. Advances in the Management of Cancer-Associated Thrombosis. <i>Semin Thromb Hemost.</i> 2021 Mar;47(2):139–149.	Review
13	Simion C, Campello E, Bensi E, Bellio A, Pontarin A, Spiezia L, Simioni P. Use of Glucocorticoids and Risk of Venous Thromboembolism: A Narrative Review. <i>Semin Thromb Hemost.</i> 2021 Sep;47(6):654–661.	Review
13	Kwaan HC. Coronavirus Disease 2019: The Role of the Fibrinolytic System from Transmission to Organ Injury and Sequelae. <i>Semin Thromb Hemost.</i> 2020 Oct;46(7):841–844.	Commentary
13	Lebreton A, Sinegre T, Lecompte T, Talon L, Abergel A, Lisman T. Thrombin Generation and Cirrhosis: State of the Art and Perspectives. <i>Semin Thromb Hemost.</i> 2020 Sep;46(6):693–703.	Review
13	Maegle M, Aversa J, Marsee MK, McCauley R, Chitta SH, Vyakaranam S, Walsh M. Changes in Coagulation following Brain Injury. <i>Semin Thromb Hemost.</i> 2020 Mar;46(2):155–166.	Review

**Table 1** (Continued)

Citation rank	Citation/Reference	Manuscript type
13	Fang ZA, Navaei AH, Hensch L, Hui SR, Teruya J. Hemostatic Management of Extracorporeal Circuits Including Cardiopulmonary Bypass and Extracorporeal Membrane Oxygenation. <i>Semin Thromb Hemost.</i> 2020 Feb;46(1):62–72.	Review
13	Abildgaard A, Madsen SA, Hvas AM. Dosage of Anticoagulants in Obesity: Recommendations Based on a Systematic Review. <i>Semin Thromb Hemost.</i> 2020 Nov;46(8):932–969	Review

<sup>a</sup>Cited seven or more times in 2022; thus, contributing most to the STH 2022 Impact Factor. Citation rank is rank according to number of citations; publications with the same number of citations have been given the same rank.

learn that STH published a series of commentaries around COVID-19 that were also very popular and highly cited, as were a couple of original studies (►Table 1).

There are several papers from ►Table 1 that I will highlight in particular, with the majority being related to COVID-19:

(1) the most highly cited paper by Di Minno and colleagues<sup>14</sup> was also the most highly cited paper for 2021 and also the most popular paper listed in the 2022 most popular listings,<sup>10</sup> and so this manuscript achieved a triple triumph;

(2) the second most highly cited paper by Favaloro and colleagues<sup>15</sup> was also in the top 10 most popular papers, as listed in the 2023 most popular editorial,<sup>11</sup> and so this represents a double triumph;

(3) the third most highly cited paper by Iba and colleagues<sup>16</sup> was also in the top 10 most popular papers, as listed in the 2023 most popular editorial,<sup>11</sup> and so this represents another double triumph;

(4) the fourth most highly cited paper by Parisi and colleagues<sup>17</sup> was also a most popular paper in the 2023 most popular listings,<sup>11</sup> and so this represents another double triumph;

(5) the fifth most highly cited paper by Engelen and colleagues<sup>18</sup> was also a most popular paper in the 2023 most popular listings<sup>11</sup> and represents a contribution from a 2020 Young Investigator winner,<sup>50</sup> and so this also represents another triple triumph;

Another feature worth noting is that several papers on the listing (►Table 1), in particular the commentaries, were from members of the STH Editorial Board.

In summary, it continues to be pleasing that there is a kind of concordance between popularity (as assessed by article downloads)<sup>9–11</sup> and a paper's "impact" (as judged by the number of citations; ►Table 1). It was also pleasing to continue to see Young Investigator winners in these lists and also that several original studies were on the list. This vindicates the editorial decision to publish select original studies, and also the publisher's continued support of the Young Investigator Awards. Also of interest was the inclusion of several Letters to the Editor (correspondence) on the listing (►Table 1).

Several past issues of the journal are also worthy of highlighting as most contributing to the 2022 IF. Five issues managed to achieve an average citation of five or more per published full-length item<sup>5,6,51–53</sup>:

(1) Maintaining Hemostasis and Preventing Thrombosis in Coronavirus Disease 2019 (COVID-19)—Part I.<sup>5</sup> Guest editors were Emmanuel J. Favaloro and Giuseppe Lippi. Published late in 2020, it included only four full-length papers with two in the top listing, including the most highly cited paper (►Table 1); the majority of publications in this issue were commentaries, many of which are listed in ►Table 1.

(2) Maintaining Hemostasis and Preventing Thrombosis in Coronavirus Disease 2019 (COVID-19)—Part II.<sup>6</sup> Guest editors were Emmanuel J. Favaloro and Giuseppe Lippi. Published in mid-2021, it included seven papers in the top listing, including two original studies and two Letters to the Editor (►Table 1).

(3) The Complexity of Trauma-Induced Coagulopathy. Guest editors were Hunter B. Moore, Mark Walsh, Hau C. Kwaan, and Robert L. Medcalf. Published in early 2020, it included three papers as shown in ►Table 1.

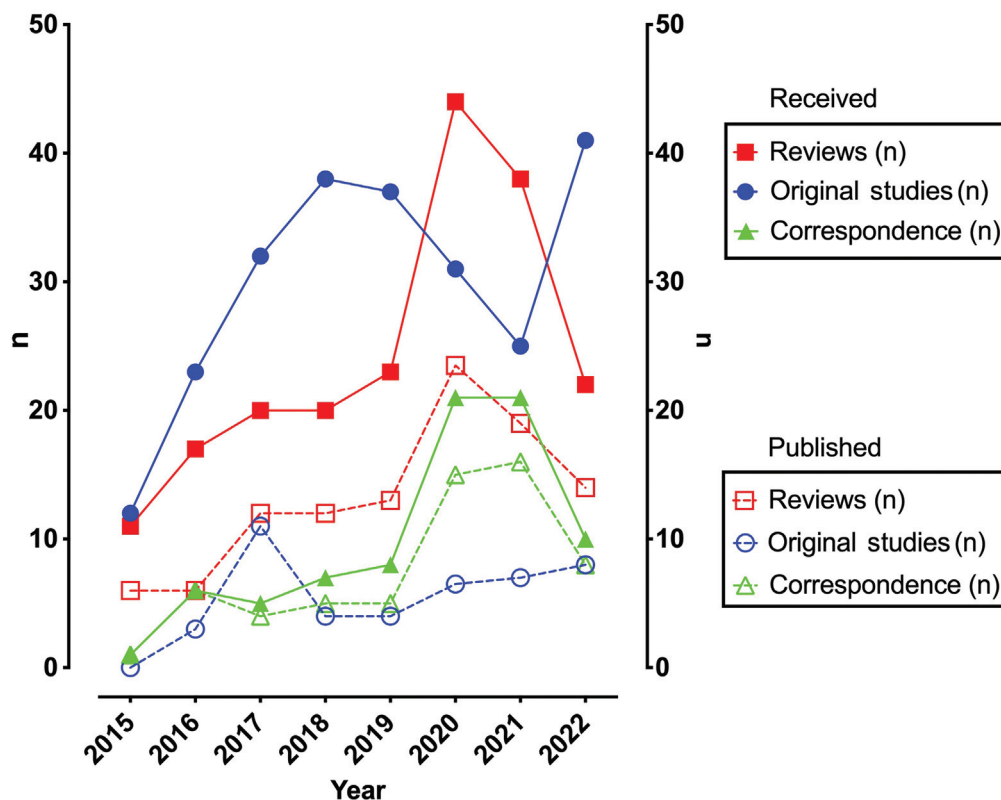
(4) Perioperative Thrombosis and Hemostasis. Guest editors were Beverley J. Hunt and Jerrold H. Levy. Published in early 2020, it included two papers as shown in ►Table 1.

(5) Acquired Platelet Dysfunction—Laboratory and Clinical Implications. Anne-Mette Hvas, Julie B. Larsen, and Leonardo Pasalic. Published in early 2020, it included three papers as shown in ►Table 1.

## Metrics around Publication Acceptance Rates

I thought this editorial would also continue to provide an update on some metrics around submission and acceptance rates for unsolicited manuscripts. As previously noted, STH now publishes a mixture of themed and nonthemed "composite" issues.<sup>54</sup> All issues of STH contain around 10 full articles each, for a total of approximately 80 full articles per year (in total eight issues/year). The vast majority of full articles published in STH are reviews, in keeping with our past publication history and our primary focus. However, as we move somewhat away from a purely specifically themed-issue concept, STH now also publishes unsolicited material, including the occasional original study, although these are limited to a maximum of around approximately 10 per year (or approximately 10–15% of full article content). Moreover, original studies are more likely to be published in the nonspecifically themed "composite" issues and more likely to reflect unsolicited material. In contrast, most content in

### Unsolicited papers received vs published by year (n)



**Fig. 3** Annual trends analysis 1: Number of unsolicited items received and published in *Seminars in Thrombosis and Hemostasis* by year from 2015 to 2022 for reviews, full length original study articles, and Letters to the Editor (Correspondence).

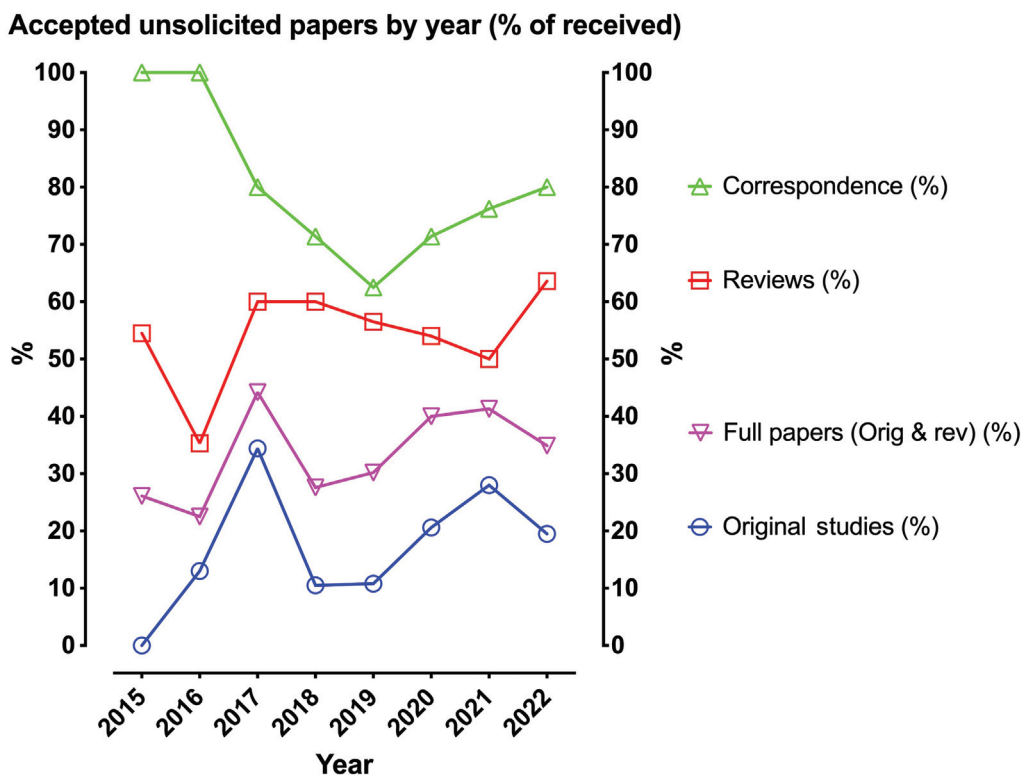
the specifically themed issues would represent solicited material, and thus mostly reviews. Of course, some original papers may form a very small component of specifically themed issues and indeed could also originate from solicited material. Irrespective, what this all means is that STH receives around equal numbers of unsolicited reviews and original studies, but original studies are more likely to be declined.

Some data from 2015 to 2022 are shown in ►Figs. 3–4 to 5. ►Fig. 3 identifies the trends for unsolicited papers received versus published in STH over the years 2015 to 2022 inclusive. As shown, STH receives between 20 and 50 unsolicited original studies and 20 and 50 unsolicited reviews per year; STH also receives several Letters to the Editor per year. In total, STH receives close to 100 unsolicited items/year, with similar numbers of reviews and original studies. The years 2020 to 2022 have also seen a jump in Letters to The Editor (Correspondence) received, perhaps in part since we advise some authors of original articles, which we decline to publish as original articles, that STH might instead consider publishing a portion of their study as Correspondence.

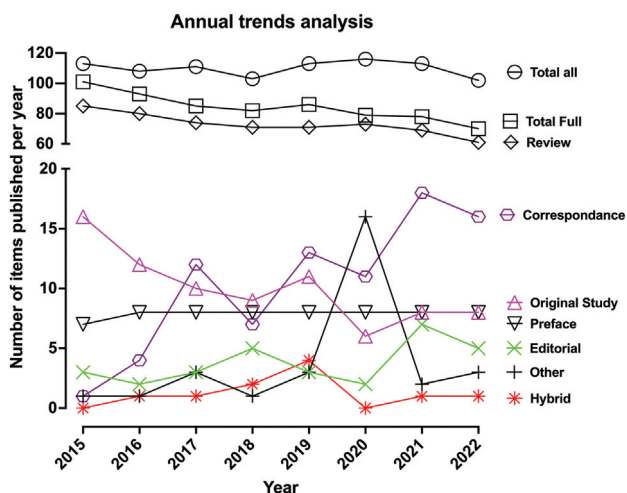
STH publishes only a proportion of unsolicited manuscripts (approximately 10 original studies per year; approximately 20 unsolicited reviews/year). Additional clarity is provided by ►Fig. 4, which identifies the proportion of unsolicited manuscripts published by year; only approximately 20% of unsolicited original studies and approximately

50% of unsolicited reviews are published per year. ►Fig. 5 provides a more complete summary of manuscript types published per year, inclusive of both solicited and unsolicited manuscripts. Most published articles are reviews, and very few are original studies or what I call “hybrid” papers (representing a review with some included new data). Thus, STH has published from 6 to 16 original papers per year from 2015 to 2022, with this representing an overall average of <15% of all full papers published over these years. STH also publishes a Preface with each issue, as well as a few Editorials per year. STH also publishes a few Letters to The Editor (Correspondence) per year, mostly within the non-specifically themed composite issues. The year 2020 was an “unusual year” in that STH also published several Commentaries, primarily in the COVID-19 issues (noted within the “other” category in ►Fig. 5; several are listed in ►Table 1). In total, similar numbers of papers overall have been published over the years, although the number of full papers has fallen slightly, and in part replaced with Letters to the Editor (Correspondence).

The data shown also need to be contextualized with the numbers shown in ►Fig. 3. For example, although STH published 100% of correspondences received in 2015 and 2016 (►Fig. 4), it only published a single Letter to the Editor in 2015 and only five such letters in 2016. As the number of Correspondences received per year has increased, the percentage of Correspondences accepted has generally fallen,

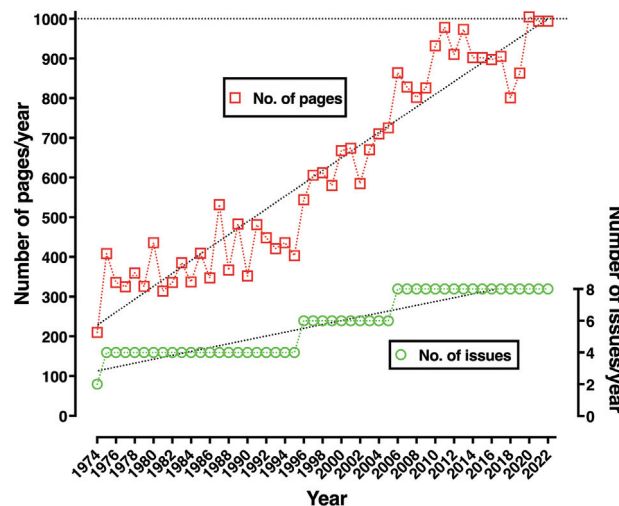


**Fig. 4** Annual trends analysis 2: Percentage of respective unsolicited items from ► Fig. 3 published in *Seminars in Thrombosis and Hemostasis* by year from 2015 to 2022 for reviews, full length original study articles, and Letters to the Editor (Correspondence).



**Fig. 5** Annual trends analysis 3: Number of respective items published in *Seminars in Thrombosis and Hemostasis* by year from 2015 to 2022 for reviews, full length original study articles, Letters to the Editor (Correspondence), Prefaces, Editorials, and other manuscript types. This figure includes all items published in STH (i.e., solicited and unsolicited).

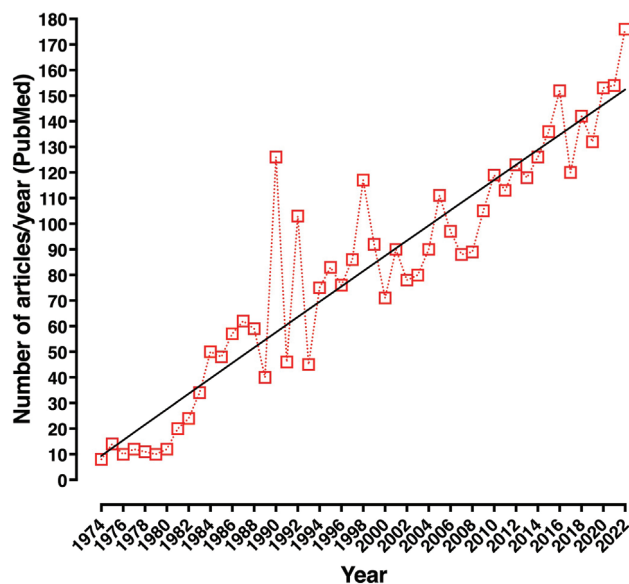
and from 2017 to 2022, STH only published approximately 70 to 80% of those received, with some of these including submissions representing conversions from full original article submissions. Currently, STH declines around 50% of unsolicited reviews, a percentage that has remained fairly stable over the years 2017 to 2022. STH continues to decline 70 to 90% of unsolicited original studies (► Fig. 4). Again, the



**Fig. 6** Number of pages (left y-axis) and number of issues (right y-axis) published in *Seminars in Thrombosis and Hemostasis* per year, from year 1974 to 2022.

apparent increasing trend of acceptance rates for original studies between 2018 and 2022 (► Fig. 4) needs to be considered against the background of changes in the unsolicited original study and review submissions (► Fig. 3) and the more or less stable publication of approximately 10 original studies per year (► Fig. 5).

The final figures that I will share are shown in ► Figs. 6 and 7. ► Fig. 6 shows both the number of issues of STH published per year and the number of pages published per



**Fig. 7** Number of items published in *Seminars in Thrombosis and Hemostasis* per year according to PubMed, from year 1974 to 2022.

year. STH began in 1974 with the journal publishing two issues per year, under the direction of the Founding Editor in Chief, Eberhard F Mammen, and published just 210 pages in that first year. The journal content doubled the second year, publishing four issues with over 400 pages. The growth of the journal continued, with a move to six issues per year from 1996, with 500 to 700 pages per year. The final change was a move to eight issues per year in 2006, with over 800 pages published per year. The year 2020 identifies a landmark year in which the journal published just over 1,000 pages, with 2021 and 2022 publishing just shy of 1,000 pages (994 pages in each year). **Fig. 7** shows the number of articles published by year as listed in PubMed. Although STH publishes a similar number of articles per year in the print editions (**Fig. 5**), these are increasingly being published earlier online (as eFirst), thus appearing on PubMed much earlier than the print publication date.

This leads me to talk once again about “anniversaries.” The year 2006, in addition to marking a move to eight issues per year, marked my first year of editorial association with the journal, then as a “regional editor” covering the Asia-Pacific region. This position was short lived, as Eberhard Mammen, the then Editor in Chief, passed away a few years later, in 2008,<sup>55</sup> and thus, I was asked by the publisher to take over the role of Editor in Chief from 2009. The year 2023 marks the 50th year of STH publication, and the first issue of 2024 will mark the “official” 50th “birthday” for STH. Just as we did for the 40th year anniversary in 2014,<sup>56,57</sup> we will aim to again provide a few historical issues to celebrate this landmark. The first two of these issues have already appeared,<sup>58,59</sup> the first as the last issue (November) of 2022 and the second earlier this year. The remaining planned two issues will publish in 2024. The year 2024 will also mark my 15-year association with the journal as Editor in Chief, an event reflecting a kind

of halfway point in comparison to Eberhard Mammen, who steered STH as Editor in Chief for some 34 years.

#### Conflict of Interest

None declared.

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