

## Journal metrics for the Netherlands Heart Journal

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Over the past years, the Netherlands Heart Journal (NHJ) has seen a considerable increase in the total number of submissions. Since NHJ was accepted by PubMed in 2007, the total number of submissions has more than doubled (Table 1). In each major article category (case report, original article, review article, imaging in cardiology) an increase could be observed. However, the increasing number of submissions together with a fixed space for publication has resulted in higher rejection rates. On one hand, this allows a more critical attitude towards the scientific level of a certain article, on the other hand we have to disappoint more authors. This holds in particular for case reports, which can only be accepted if they provide truly novel information. The only other way out for a case report is the transfer to the imaging article category, if the enclosed image is of indisputable value. In general, we discourage our readers from submitting case reports unless

the case histories contain ‘prime time news’. We are delighted to see a considerable rise in both original and review articles. These categories of articles reflect the scientific quality of a journal. Apart from their inherent scientific value, journal editors highly welcome such articles because of their citation value. Usually, both original and review articles are highly cited which may directly lead to an improved impact factor.

Figure 1 shows the number of published items over a period of 4 years (2007–2010). The number of publications is fairly constant over the years with a mean of 120 publications per year. However, when looking at the number of citations, there has been a steep rise over the past 3 years (52 citations in 2008, 200 in 2009, and 288 citations in 2010). Since the calculation of an impact factor relies on the number of citations divided by the number of published items, it may be presaged that the NHJ impact factor will improve over time (Fig. 2).

When looking at the top-10 journals that cite NHJ articles (Table 2), it is rewarding to see that the most important cardiovascular journals are involved, i.e. Circulation, Journal of the American College of Cardiology (JACC), and the European Heart Journal; Circulation and JACC even take place 2 and place 3, respectively.

In Table 3 we show the top-10 cited NHJ articles from 2007 to 2010. It is noteworthy (and somewhat surprising) to observe that not only original or review articles are being cited but also case reports and articles from the imaging category. This indicates that each article category may provide citable items.

As the acceptance of articles is dependent on intensive peer review, we express our gratitude to the reviewers of the Netherlands Heart Journal. Lastly, we thank all authors for sending us their fine research and we hope that they will continue to do so in the near future.

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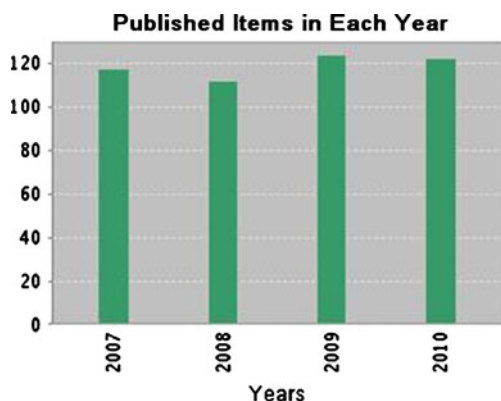
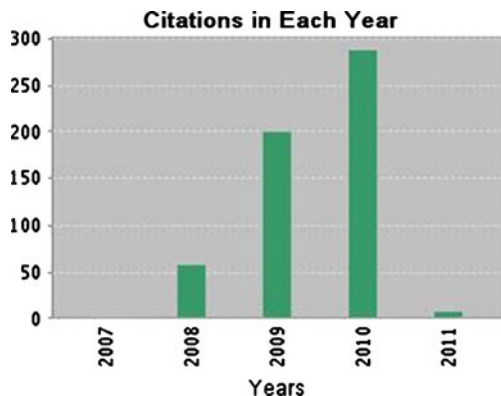
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**Table 1** Submissions to NHJ by year and article type

	2008	2009	2010
Submissions	79	172	231
Overall rejection rate	21%	31%	41%
Case reports	33	46	68
Original articles	31	61	72
Review articles	14	15	18
Imaging in cardiology	10	26	47
Other	16	24	26

**Table 2** Top-10 journals citing NHJ

1	International Journal of Cardiovascular Imaging
2	Circulation
3	Journal of the American College of Cardiology
4	International Journal of Cardiology
5	Europace
6	Cardiovascular Research
7	Heart
8	Journal of Nuclear Cardiology
9	European Heart Journal
10	Catheterization and Cardiovascular Interventions

**Fig. 1** Number of NHJ articles 2007–2010 ( $n=477$ ) (data derived from ISI Web of Knowledge-Web of Science)**Fig. 2** Number of NHJ citations 2007–2010 ( $n=547$ ) (data derived from ISI Web of Knowledge-Web of Science)**Table 3** Top-10 cited NHJ articles from 2007 to 2010

1	van Vliet P, Roccio M, Smits AM, et al. Progenitor cells isolated from the human heart: a potential cell source for regenerative therapy (Original article)[1]
2	Schuijf JD, Bax JJ, van der Wall EE. Anatomical and functional imaging techniques: basically similar or fundamentally different? (Review article)[2]
3	Rensen SSM, Doevendans PAFM, van Eys GJJM. Regulation and characteristics of vascular smooth muscle cell phenotypic diversity (Review article)[3]
4	Nijveldt R, Beek AM, Hirsch A, et al. 'No-reflow' after acute myocardial infarction: direct visualisation of microvascular obstruction by gadolinium-enhanced CMR (Review article)[4]
5	Wijpkema JS, Dorgelo J, Willems TP, et al. Discordance between anatomical and functional coronary stenosis severity (Original article)[5]
6	De Leeuw JG, Wardeh A, Sramek A, et al. Pseudo-aortic dissection after primary PCI (Imaging)[6]
7	ten Kate GJR, Weustink AC, de Feyter PJ. Coronary artery anomalies detected by MSCT-coronary angiography in the adult (Original article)[7]
8	Chamuleau SAJ, van Eck-Smit BLF, Meuwissen M, et al. Long-term prognostic value of CFVR and FFR versus perfusion scintigraphy in patients with multivessel disease (Original article)[8]
9	van de Wal RMA, van Werkum JW, d'Armandville MCL, et al. Giant aneurysm of an aortocoronary venous bypass graft compressing the right ventricle (Case report)[9]
10	Juwana YB, Wirianta J, Suryapranata H, et al. Left main coronary artery stenosis undetected by 64-slice computed tomography: a word of caution (Case report)[10]

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1. van Vliet P, Roccio M, Smits AM, et al. Progenitor cells isolated from the human heart: a potential cell source for regenerative therapy. *Neth Heart J.* 2008;16:163–9.
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