

# Spread the Word About *CHEST* in 2016

## An Ever-Rising Impact Factor, Content Innovations, Launching a New Partnership With Elsevier, and Protecting the Name and Legacy of the Journal



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As stated in previous years, it is our custom to start each new year by highlighting key accomplishments and topics important to our readers that we published in 2015 and heralding innovations and changes that will occur in 2016.<sup>1</sup>

### Evidence-Based Guidelines, Consensus Statements, and Notable Publications

Because of its importance to the membership and mission of the CHEST organization and practice of chest medicine, *CHEST*, in 2015, continued its commitment to publishing high-quality, evidence-based medicine and trustworthy clinical practice guidelines. For example, *CHEST* contributed to the advancement of knowledge concerning the prevention of exacerbations of COPD by publishing a joint American College of Chest Physicians and Canadian Thoracic Society guideline on the topic.<sup>2,3</sup> Also, in a multiyear process of updating the American College of Chest Physicians 2006 Cough Guidelines, *CHEST* published four cough-related guidelines on topics that included tools for assessing patient cough

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**DOI:** <http://dx.doi.org/10.1016/j.chest.2015.11.011>

outcomes, how researchers studying adult patients with chronic cough can avoid pitfalls in intervention fidelity, how to manage somatic cough syndrome and tic cough, and how best to treat unexplained cough.<sup>4-7</sup> In addition, a new guideline on the technical aspects of endobronchial ultrasound-guided transbronchial needle aspiration was published,<sup>8</sup> as was an expert panel report on adult bronchoscopy training.<sup>9</sup>

As noted last year, but worth reiterating, the CHEST organization continues to use an ongoing guideline updating and publishing process (termed the “living guidelines model”), wherein updates are made to individual topics, key clinical questions, and associated population, intervention, comparator, outcome (PICO) element tables as new literature is published that results in a change to previously published recommendations and suggestions. This new process was initiated in 2014 with the beginning of the updates on managing cough. It was explained in introductory articles that described an overview of the cough guideline update work, methodologies on how the work would be done, and anatomy and neurophysiology of cough.<sup>10-12</sup>

Among other noteworthy original research articles that *CHEST* published were articles that covered new ground that advanced the fields in COPD, asthma, symptom management, and sleep. These included articles by the Centers for Disease Control and Prevention that revealed data on the cost of absenteeism related to COPD among adults aged  $\geq 18$  years in the United States for 2010 and projections through 2020,<sup>13</sup> and data on hospital discharges, readmissions, and ED visits for COPD or bronchiectasis among US adults from a nationwide inpatient sample (2001-2012) and a nationwide ED sample (2006-2011)<sup>14</sup>; the impact of COPD on the mortality and treatment of patients hospitalized with acute decompensated heart failure from the Worcester Heart Failure Study<sup>15</sup>; the risk reduction of pneumonia after discontinuation of inhaled corticosteroids in COPD<sup>16</sup>; the association between heroin inhalation and early-onset emphysema<sup>17</sup>; the role of tiotropium in asthma<sup>18</sup>; how often airflow obstruction complicates nonasthmatic eosinophilic bronchitis<sup>19</sup>; and the effect of lifestyle modification on OSA.<sup>20</sup>

Our efforts to build awareness of *CHEST* content via traditional news outlets as well as social media channels

have proven successful with the support of the outstanding staff of the College's Marketing Communications division. With the College's Facebook page currently sporting > 96,000 followers, it has become a significant communication channel, and *CHEST* journal content is featured regularly. The number of likes, shares, and engagement support the broad appeal *CHEST* has across multiple medical specialties and subspecialties (Figs 1, 2).

### Impact Factor Increases to 7.483

We are pleased to report that *CHEST* continues to see a steady increase in its impact factor, increasing to 7.483 for 2014, up from 7.132 for 2013 (Fig 3). This improvement places *CHEST* into the rank of fifth of 54 journals in the Respiratory Systems category and second of 27 journals in the Critical Care Medicine category. With respect to the Eigenfactor, a measure that assesses impact without factoring in self-citations, *CHEST* ranks second in both the Respiratory Systems and Critical Care categories.

The 2014 impact factor of a journal would be calculated as follows:

- A = the number of times that all items published in that journal in 2012 and 2013 were cited by indexed publications during 2014.
- B = the total number of "citable items" published by that journal in 2012 and 2013. ("Citable items" for this calculation are usually articles, reviews,

proceedings, or notes [not editorials or letters to the editor].)

- 2014 impact factor =  $A/B$ .

### CHEST Journal Leadership Team Changes

With this issue, we welcome John Heffner as our new Deputy Editor, Reena Mehra to our Associate Editors group, Reena Mehra and Mihaela Teodorescu as our new co-editors of our Contemporary Reviews in Sleep Medicine series, and 26 new Editorial Board members (names shown in Table 1).

### CHEST Submission Statistics

Over the past few years, the number of submitted articles and the number of revised articles have remained relatively consistent. In 2015, we will have ended the year at approximately 3,120. We think this is impressive, given the growing number of new open-access journals and branded spinoffs in the respiratory and critical care fields. In fact, just this year, another journal with an impact factor was added to the Respiratory Systems category.

For 2015, 10% of original research submissions and 4% of case report submissions were accepted. These data reflect the fact *CHEST* continues its policy to only publish the highest quality original research manuscripts and only accept cases that describe a novel disease or mechanism.

*CHEST* continues to be a globally impactful journal. In 2015, approximately 60% of our submissions came from outside North America. Moreover, we continue publishing



Figure 1 – Facebook post statistics for recent ultrasound article. The left side shows the Facebook post; the right side shows the reach of the post via social media.

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