

REC: Interventional Cardiology goes from strength to strength

REC: Interventional Cardiology *consolida su impacto y gana reconocimiento*

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In June 2023, the first impact factor for REC: *Interventional Cardiology* was announced. We all received the news with great excitement, those of us who work directly on the journal as well as our authors, reviewers, and readers. The figure added to the numerous indexations already achieved by our journal. Although this was undoubtedly a great accomplishment after years of hard work and dedication, it also marked the beginning of an annual continuous review process, with a load of commitment and expectations. Once a scientific publication enters this dynamic—as it happens with annual distinctions awarded in other professional fields—the expectations on its progress introduce a certain level of anxiety concerning the annual reviews.

The most recent edition of Journal Citation Reports (JCR)¹ was released just a few weeks prior to the drafting this "Editor's page". In this report, REC: *Interventional Cardiology* maintains its impact factor level while it escalates the JCR quartile ranking (figure 1) positioning itself in Q3 of a unified list, which increases our visibility and puts all journals under the *Cardiac & Cardiovascular Systems* category into context. This is, obviously, excellent news.

The new impact factor (1.2)—which is slightly lower than the year before (1.4)—suggests stability, as it is the result of a more balanced distribution of citations, with several articles generating 1 to 3 citations compared with the large volume of citations generated by a single article² the previous year. Additionally, there is a slight increase in citable articles (54 vs 52)—a sign of growth—which is why we believe that this new impact factor is more realistic and solid.

More and more of our readers and authors are quoting the journal papers in their publications, which undoubtedly increases its visibility and impact.

While bibliometric impact is very important for a scientific journal, we cannot overlook the utility of our journal in teaching and clinical practice, where the real value of our journal lies.

As we have always pointed out, and will continue to do so, these achievements can be attributed to the entire interventional cardiology community, the Interventional Cardiology Association of the Spanish Society of Cardiology (ACI-SEC) governing boards that have served throughout the years, authors, reviewers, and all team members from the editorial office.

MOST SIGNIFICANT CHANGES

As a result of the continuous process of improvement undergone by our journal, a series of changes have been made. The first one aimed at ensuring not only a deeper scientific review of the manuscripts but also that, regardless of their limitations, their methodology is detailed in a way that facilitates the reproducibility of the studies. To this end, a checklist has been implemented for authors and editors alike so they can review all methodological aspects involved.

Another key aspect has been the rigorous review of the English version of our articles. As part of our commitment to the quality of our publication, additional controls have been implemented to make sure that the quality of the English version of our journal is consistent with the standard set by *Revista Española de Cardiología*.

Finally, at the end of 2023, the "Case report" section of our journal was discontinued. Although we had a hard time making this decision given the success of this section, it was mainly triggered by the inherent difficulty of these papers in presenting the proper editorial quality. In fact, this type of articles is absent in higher-tier publications. Moreover, since only one case was being published per issue, the rejection rate was very high, causing frustration among many authors who were submitting genuinely interesting cases. Nonetheless, isolated cases can still be submitted as "Images in cardiology", and case series (at least 3) as "Scientific letters".

We hope that all these improvements will be positively considered by the indexing agencies.

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X @RevEspCardiol #recintervcardiol

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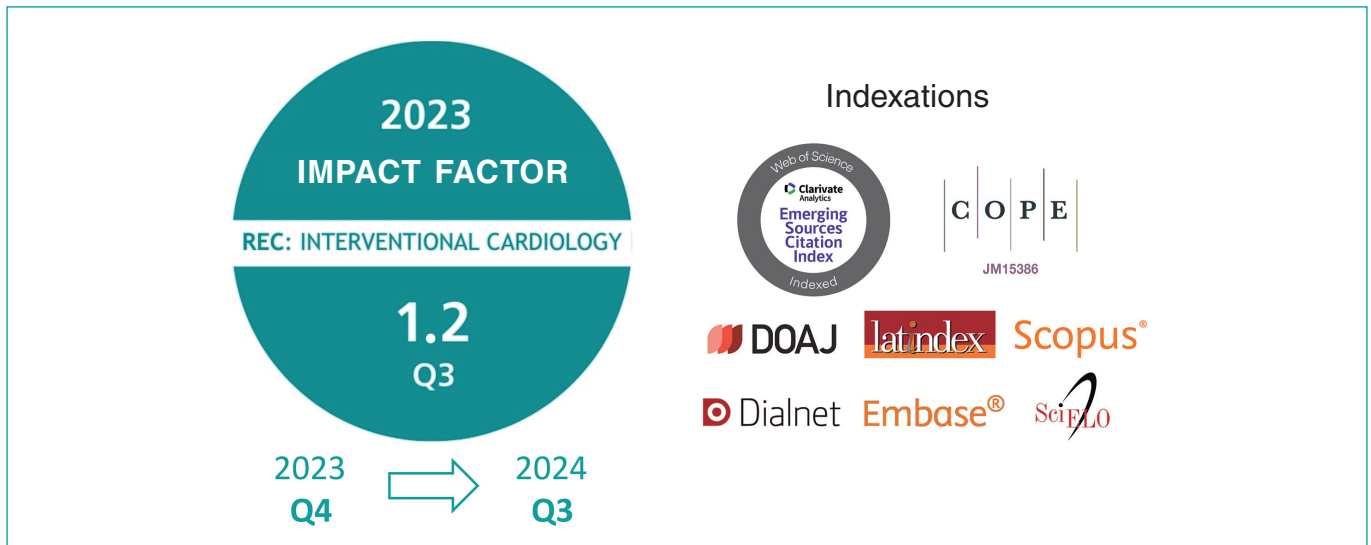


Figure 1. Impact factor and quartile of the latest edition of the Journal Citation Reports, and current indexing of *REC: Interventional Cardiology*.

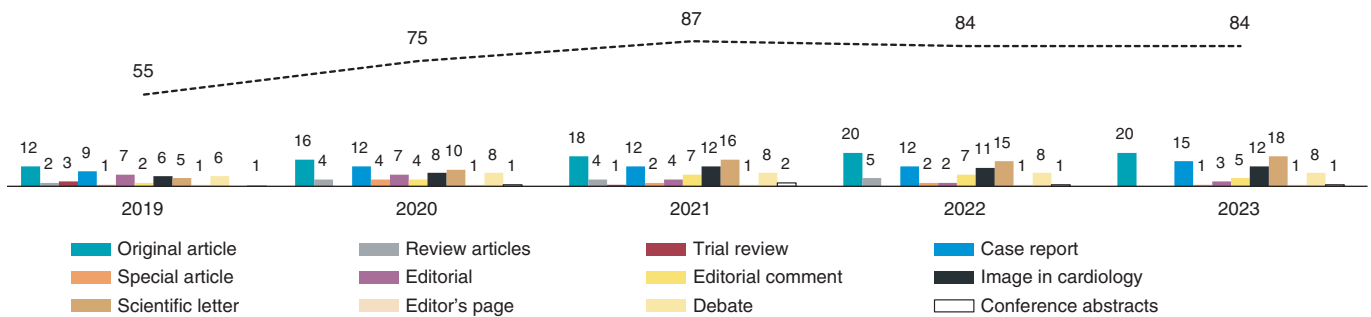


Figure 2. All sections published from 2019 through 2023. Conference abstracts are counted as 1 unit. Each case report is counted as 3 units, as it includes 3 independent articles: Presentation, How would I approach it?, and Resolution.

EDITORIAL ACTIVITY

Since the inception of our journal, all quarterly issues have included original articles (OA), review articles, scientific letters, cases, images, debates, and editorials on topics of special interest. Moreover, ACI-SEC-sponsored consensus documents appear periodically, as well as the compilation of the abstracts presented in its annual congress.

The overall number of published sections illustrated by [figure 2](#) shows how, after the growth experienced throughout the early years, it has remained stable in recent years.

Our journal is bilingual, and research can be submitted in both Spanish and English. In recent years, there has been an increased number of manuscripts received in English ([figure 3](#)).

Before discussing content by type, we would like to mention that the journal is joining a paperless trend inspired by immediacy and accessibility, environmental commitment, and cost optimization. Therefore, as of 2024, our journal no longer has a print version, only a digital one.

Below, we present statistical data on the different types of articles. Of note that data for 2024 correspond only to the first half of the year.

Original articles

OAs are the most valuable content of a scientific journal. Attracting high-quality OAs is the top priority for a journal. Receiving enough OAs is the only way to guarantee that the highest-quality ones will be selected for publication. In 2023 we experienced a notable increase in the number of OAs received as shown in [figure 4](#). The current year trend is similar in the number of OAs being published.

As we mentioned before, more OAs are now being received in English, which, to some extent, is indicative of a greater international interest in our journal ([figure 5](#)). In fact, a significant proportion of the manuscripts received come from different countries—36 overall—with notable representations from Portugal, Mexico, Italy, Argentina, and the United States.

An unquestionable indicator of the quality of a scientific journal—also easily noticeable by the authors—is the speed at which editorial decisions are made. In this regard, we can be very satisfied with our turnaround time ([figure 6](#)), which remains very reasonable compared with those of other prestigious journals.

If we want *REC: Interventional Cardiology* to establish itself as a highly recognized publication in our field, it is essential that we

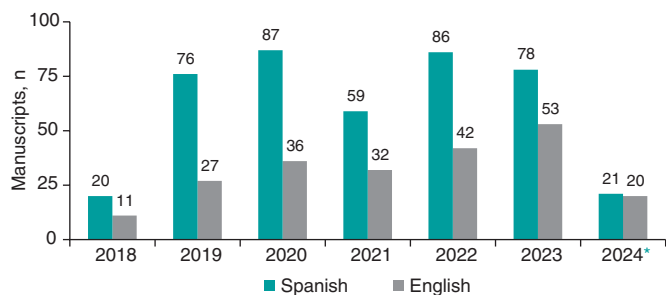


Figure 3. Original language of the manuscripts received.

* Data up to June 30th, 2024.

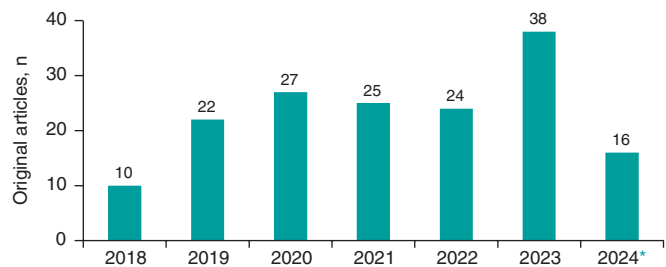


Figure 4. Submission of original articles.

* Data up to June 30th, 2024.

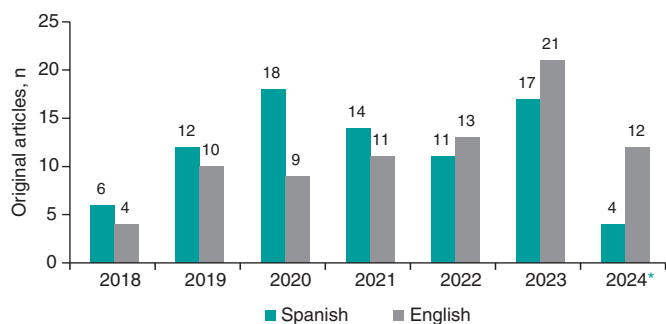


Figure 5. Submission of original articles by language.

* Data up to June 30th, 2024.

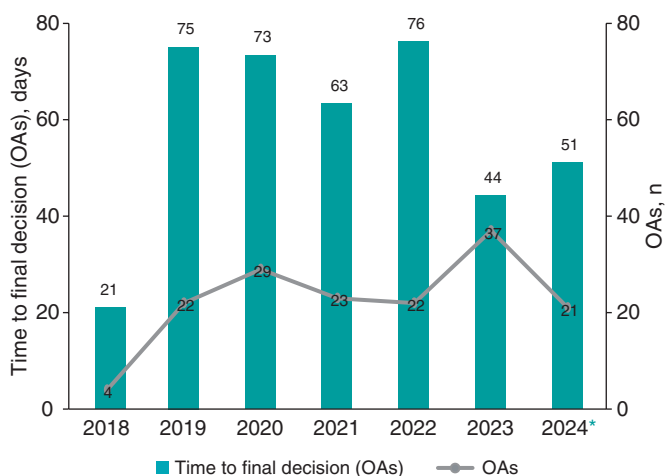


Figure 6. Mean number of days to make a final decision on original articles (OAs). Bars show the mean time it takes to make a decision. Gray line shows the volume of articles on which a decision was made each year.

* Data up to June 30th, 2024.

receive more OAs, which is why we invite the interventional cardiology community to keep on submitting their research articles.

Scientific letters

Scientific letters can be described as brief OAs, sometimes descriptive of small case series. Figure 7 shows the significant peak reached in submissions during the first phase of the COVID-19 pandemic. Although 2023 was again a very fruitful year, figures for the first half of 2024 indicate a clear decline. The decision to reject isolated cases for review in this format might explain the lower submission rate. However, in some cases, authors have accepted our suggestion to turn initially submitted OAs into scientific letters. We believe that, under proper circumstances, this can be an interesting alternative.

Images in cardiology

This section is very popular, which is not surprising since the interventional cardiology field generates an excellent and increasingly varied iconography. But, although images have become an endless source of manuscript production—all of them quite interesting by the way—only a fraction can be published due to editorial space constraints. The excessive stock of images awaiting publication led us to withhold the receipt of new images for a few months last year. In June 2024, however, this section was reinstated (figure 8).

Content transferred from *Revista Española de Cardiología*

One of the advantages of being part of the same editorial family is the ability to offer the transfer of manuscripts from the lead journal to its sister publications. *Revista Española de Cardiología* is a well-established international journal with a very high impact factor that draws multiple manuscripts. But, although the rate of rejection is high, many of the articles being rejected are of undeniable interest. However, this offer to go from a higher to a lower-impact journal always runs the risk of being rejected.

As shown in figure 9, 2023 saw an increase in the offer of transfers for OAs. As we predicted last year, authors have been responding more and more positively to this possibility. We are confident that the consolidation of the impact factor and advancement to Q3 will make this option even more appealing to the authors.

Special contents

As it happens every year, each issue has featured editorials, reviews, consensus articles from ACI-SEC or in collaboration with other SEC associations or scientific societies, and other types of special documents (figure 10).³⁻⁶

In issue #3 of our journal, as usual, we published the abstracts presented at the ACI-SEC congress held in Las Palmas de Gran Canaria, Spain from June 12th through 14th, 2024.⁷ These abstracts became available ahead of print since June 3rd. From this "Editor's page", we encourage their authors to complete the scientific process and submit the OAs of their research to our journal.

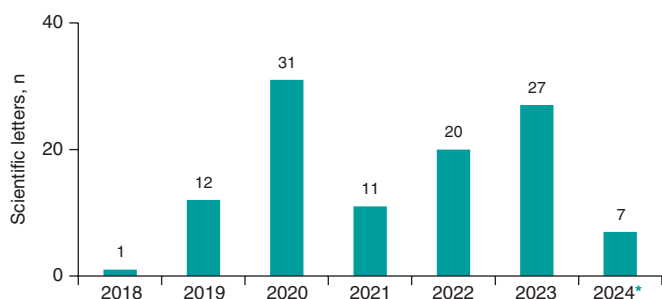


Figure 7. Submission of scientific letters.

* Data up to June 30th, 2024.

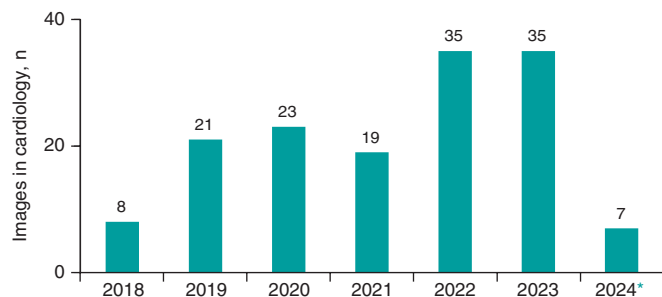


Figure 8. Submission of images in cardiology.

* Data up to June 30th, 2024.

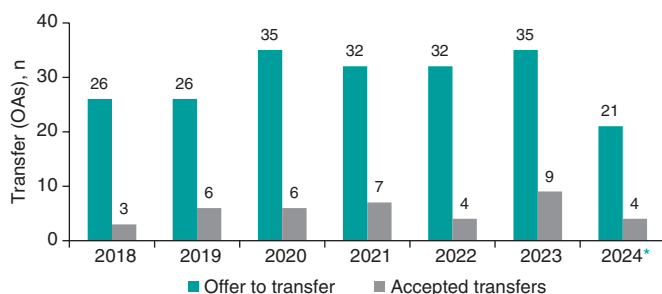


Figure 9. Offers to transfer original articles from *Revista Española de Cardiología* and number offers accepted within the same period.

* Data up to June 30th, 2024.

In May 2024, a tribute was held for Carlos Macaya on the 30th anniversary of the Benestent trial,⁸ and our journal participated with a printed reprint on the history of the stent (figure 11).⁹

This year also saw the unexpected passing of the great master and pioneer of TAVI, Dr. Alain Cribier. Our journal joined the many tributes paid to him by commissioning an editorial to Eulogio García et al.¹⁰ (figure 12).

REVIEWERS

Reviewers deserve special recognition in the editorial process of a scientific journal. Without their contribution, it would be nearly impossible to ensure the publication of high-quality, properly reviewed content. They perform this work anonymously, selflessly, and altruistically, dedicating part of their valuable time to reviewing and improving the quality of the manuscripts assigned to them. Thanks to their competence and efficiency, we have been

<https://doi.org/10.24875/RECICE.M23000420>

Diagnosis and treatment of patients with ANOCA. Consensus document of the SEC-Clinical Cardiology Association/ SEC-Interventional Cardiology Association/ SEC-Ischemic Heart Disease and Acute Cardiac Care Association/SEC-Cardiovascular Imaging Association

Carlos Escobar, Josep Gómez Lara, Javier Escaned, Antoni Carol Ruiz, Enrique Gutiérrez Ibañes, Leticia Fernández Frieria, Sergio Raposeiras-Roubín, Joaquín Alonso Martín, Jaume Agüero, Jose María Gámez, Pablo Jorge-Pérez, Román Freixa-Pamias, Vivencio Barrios, Ignacio Cruz González, Amparo Martínez Monzonís, Ana Viana Tejedor

<https://doi.org/10.24875/RECICE.M24000464>

Edge-to-edge therapy in acute mitral regurgitation. Proposal for a management protocol of the Ischemic Heart Disease and Acute Cardiac Care, Interventional Cardiology, and Cardiovascular Imaging Associations of the Spanish Society of Cardiology

Ana Viana-Tejedor, Carlos Ferrera, Rodrigo Estévez-Loureiro, Manuel Barreiro-Pérez, Pilar Jiménez Quevedo, Luis Nombela-Franco, Pablo Jorge-Pérez, Isaac Pascual, Amparo Martínez Monzonís, Ana Belén Cid Álvarez

<https://doi.org/10.24875/RECICE.M24000443>

Use of cardiovascular registries in regulatory pathways: perspectives from the EU-MDR Cardiovascular Collaboratory

Ernest Spitzer, José M. de la Torre Hernández, Ingibjörg Jóna Guðmundsdóttir, Eugene McFadden, Claes Held, Claude Hanet, Eric Boersma, Claire B. Ren, Victoria Delgado, David Erlinge, Armando Pérez de Prado, Jeroen J. Bax, Jan G.P. Tijssen

<https://doi.org/10.24875/RECICE.M24000456>

Spanish cardiac catheterization in congenital heart diseases registry. Third official report from the ACI-SEC and the GTH-SECPC (2022)

Fernando Ballesteros Tejerizo, Félix Coserria Sánchez, Alfonso Jurado-Román, Ignacio Cruz-González, María Álvarez-Fuente, Ignacio J. Amat-Santos, Pedro Betrián Blasco, Roberto Blanco Mata, José Ignacio Carrasco, Juan Manuel Carretero Bellón, Marta Flores Fernández, Alfredo Gómez-Jaume, Alejandro Gutiérrez-Barrios, Beatriz Insa Albert, Lorenzo Jiménez Montañés, Federico Gutiérrez-Larraya Aguado, Luis Andrés Lalaguna, Raúl Millán Segovia, Miguel José Navalón Pérez, Soledad Ojeda Pineda, Fernando Rueda Núñez, Joaquín Sánchez Gila, Ricardo Sanz-Ruiz, María Eugenia Vázquez-Álvarez, Juan Ignacio Zabala Argüelles

Figure 10. Sample of some special content published over the past year.³⁻⁶

<https://doi.org/10.24875/RECICE.M24000463>

Inception of the coronary stent: a story of successful collaboration between innovative scientists and the biotechnology industry

Fernando Macaya-Ten, Nieves Gonzalo, Javier Escaned, Carlos Macaya

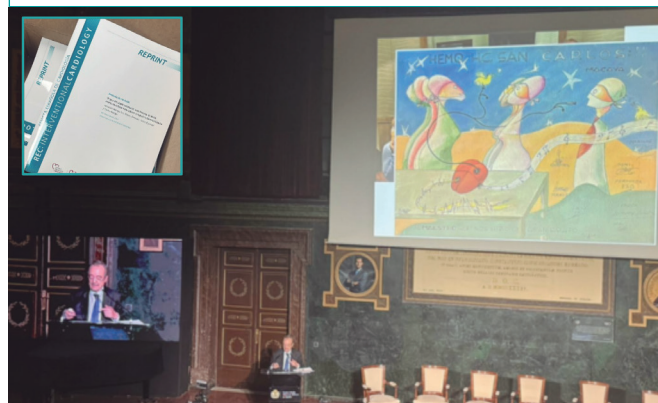


Figure 11. Review article by Macaya-Ten et al.⁹ presented as part of the tribute paid to Carlos Macaya on May 22nd, 2024.

Table 1. Reviewers of *REC: Interventional Cardiology* who conducted reviews from July 1st, 2023 through June 30th, 2024

César Abelleira	Enrique Gutiérrez-Ibañes
Juan H. Alonso-Briales	Felipe Hernández
María Álvarez-Fuente	Rosa A. Hernández-Antolín
Ignacio Amat	Pilar Jiménez-Quevedo
Eduardo Arroyo	Santiago Jiménez-Valero
Dabit Arzamendi	Alfonso Jurado
Lluís Asmarats	Chi-Hion Li
Pablo Avanzas	José A. Linares
Enrique Balbacid	Ramón López-Palop
Fernando Ballesteros	Íñigo Lozano
Manuel Barreiro	Gerard Martí
Teresa Bastante	Dolores Mesa
José A. Baz	Xavier Millán
Tomás Benito	Guillem Muntané
Sara Blasco	Manuel Pan
Salvatore Brugaletta	Eduardo Pinar
Ramón Calviño	Ander Regueiro
Pilar Carrillo	Fernando Rivero
Xavier Carrillo	Oriol Rodríguez
Belén Cid	Sandra Rosillo
Juan G. Córdoba	Fernando Rueda
Ignacio Cruz	Juan M. Ruiz-Nodar
Héctor Cubero	Valeriano Ruiz-Quevedo
Javier Cuesta	José Rumoroso
José A. de Agustín	Manel Sabaté
María Del Trigo	Pablo Salinas
José F. Díaz	Neus Salvatella
Alejandro Diego-Nieto	Ángel Sánchez-Recalde
Felipe Díez-Delhoyo	Juan Sanchis
Pablo Díez-Villanueva	Marcelo Sanmartín
Jaime Elízaga	Jorge Sanz-Sánchez
Ignacio Ferreira	Fernando Sarnago
Xavier Freixa	Javier Suárez de Lezo
Tamara García-Camarero	Luis Teruel
Bruno García del Blanco	María Thiscal López-Lluva
Marcos García-Guimaraes	Helena Tizón
Carmen Garrote	Francisco Torres
Javier Goicolea	Ramiro Trillo
Joan A. Gómez-Hospital	Leire Unzué
Josep Gómez-Lara	Beatriz Vaquerizo
Antonio E. Gómez-Menchero	Maite Velázquez
David González-Calle	José L. Zunzunegui
Nieves Gonzalo	

<https://doi.org/10.24875/RECICE.M24000457>

The challenging pathway to TAVI: in memory of Alain Cribier
Eulogio García, Leire Unzué, Rodrigo Teijeiro

**Figure 12.** Commemorative editorial article by Eulogio García et al.¹⁰ about Alain Cribier.**Table 2.** Elite reviewers in 2023

Bruno García del Blanco
Josep Gómez-Lara
Pablo Salinas
Ángel Sánchez-Recalde
Ricardo Sanz-Ruiz

able to maintain excellent review deadlines in our journal, which have remained optimal throughout the years. There has been a slight increase this past year though (figure 13). This spike may be related to a certain overload effect. The number of medical reports in our specialty, as well as their frequency, has increased, and we have probably been over-relying on the same group of reviewers—those who most frequently accept to review and do so most effectively. We believe it is crucial to start adding new reviewers, combining different profiles for the same manuscript, thus giving the more experienced ones a break while bringing in younger reviewers.

Table 1 lists all reviewers who worked on manuscripts for *REC: Interventional Cardiology* from July 1st, 2023 through June 30th, 2024. Table 2 shows those who, in 2023, were named elite reviewers based on the number, speed, and quality of their reviews.

DISSEMINATION

At the recent ACI-SEC congress, awards were given to the best articles published in *REC: Interventional Cardiology* for an overall prize of €2500 (€1500 for 1st prize and €1000 for 2nd)^{11,12} (figure 14).

OAs, review and special articles are the most visited sections on our website. In this regard, and as I am writing these lines, the OAs that have gained the most interest among those published throughout last year are “*Angina or ischemia with no obstructed coronary arteries: a specific diagnostic and therapeutic protocol*”, by Rinaldi et al.,¹³ and “*Initial experience with the new percutaneous pulmonary self-expandable Venus P-valve*”, by Álvarez-Fuente et al.¹⁴

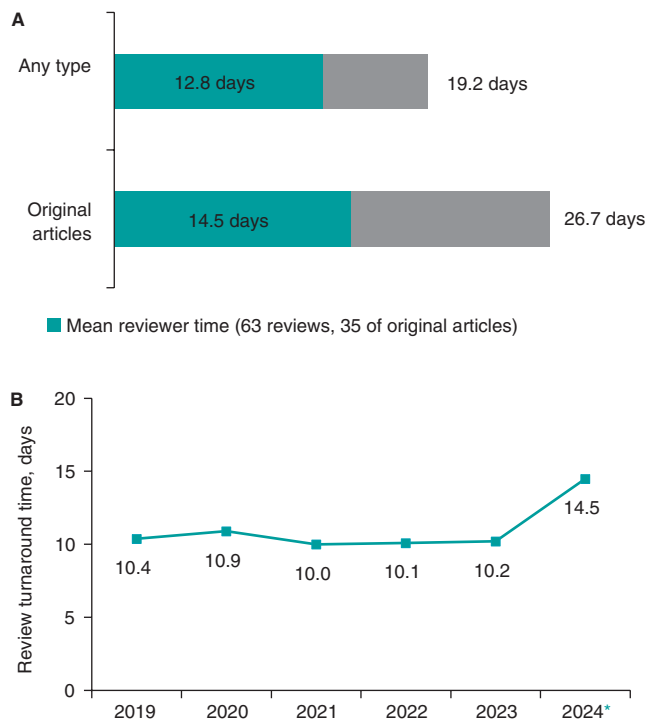


Figure 13. **A:** mean review time within the first half of 2024 (general and for original articles). **B:** Mean review time from submission to first decision for original articles. * Data for 2024 up to June 30th.

The consensus article on the diagnosis and treatment of patients with ANOCA by Escobar et al.³—a product of the collaboration among 4 SEC scientific associations—has been the most consulted special content of all.

Spain is the country where our journal is read the most, followed by Mexico, the United States, Argentina, and Colombia. Most visitors arrive at our website through keyword searches on search engines (57 378 sessions in the past 12 months), direct publication searches (11 711), and the social media (3000), especially X,¹⁵ where we have more than 22 000 followers.

In issue #1 of 2024 we published our last “Editor’s video”.¹⁶ Although this format where the author of a highlighted article from each issue briefly explained the most interesting aspects of their research was very well-received, it has been discontinued across all *REC Publications* so our budgetary efforts can go to other publication areas.

ACKNOWLEDGMENTS

As Editor-in-chief, I would like to once again express my deepest gratitude to the entire team of associate editors: Fernando Alfonso, Raúl Moreno, Soledad Ojeda, Armando Pérez de Prado, and Rafael Romaguera (figure 15). They truly are a winning team.

Being the official journal of ACI-SEC is one of the most notable virtues of *REC: Interventional Cardiology*. Perhaps the most significant and one which would explain its exemplary trajectory since its inception. Most journals are not backed by a professional association of this caliber, which is a truly remarkable asset. The former original board of directors of ACI-SEC and the most recently elected one have unconditionally supported this great project since day one.

In line with the financial sustainability of the journal, it is worth noting that the SEC has decided to contribute by covering 50% of the costs required to fund the editorial office.

However, this project came to fruition, continues to grow, and will continue to do so due to the invaluable and generous financial support from companies from the interventional cardiology sector. We are truly grateful to all of them.



REC Interv Cardiol. 2023;5:287-296

Left atrial appendage occlusion vs oral anticoagulants in AF and coronary stenting. The DESAFIO registry

José Ramón López-Mínguez, Estrella Suárez-Corchuelo, Sergio López-Tejero, Luis Nombela-Franco, Xavier Freixa-Rofastes, Guillermo Bastos-Fernández, Xavier Millán-Álvarez, Raúl Moreno-Gómez, José Antonio Fernández-Díaz, Ignacio Amat-Santos, Tomás Benito-González, Fernando Alfonso-Manterola, Pablo Salinas-Sanguino, Pedro Cepas-Guillén, Dabit Arzamendi, Ignacio Cruz-González, and Juan Manuel Nogales-Asensio



REC Interv Cardiol. 2023;5:118-128

Regional differences in STEMI care in Spain. Data from the ACI-SEC Infarction Code Registry

Oriol Rodríguez-Leor, Ana Belén Cid-Álvarez, Raúl Moreno, Xavier Rosselló, Soledad Ojeda, Ana Serrador, Ramón López-Palop, Javier Martín-Moreiras, José Ramón Rumoroso, Ángel Cequier, Borja Ibáñez, Ignacio Cruz-González, Rafael Romaguera, Sergio Raposeiras, and Armando Pérez de Prado, on behalf of the investigators from the Infarction Code Working Group of the ACI-SEC



Figure 14. Original articles from *REC: Interventional Cardiology* awarded at the Interventional Cardiology Association of the Spanish Society of Cardiology annual congress^{11,12} held in June 2024.



Figure 15. REC: *Interventional Cardiology* editorial team. From right to left: José M. de la Torre-Hernández, Fernando Alfonso, Armando Pérez de Prado, Soledad Ojeda, Raúl Moreno, and Rafael Romaguera.

As always, we would like to especially highlight the excellent work and dedication of the staff involved with the editorial office of *REC Publications* (Iria del Río, Eva M. Cardenal, Belén Juan, María González Nogal, Helena Gómez Lobo, and Javier Esquinas), our IT consultant (Juan Quiles), the departments at Casa del Corazón, and the entire team at Publicidad Permanyer S.L.

"It's not so much how you start, but how you grow and remain on top."

JULIO DE LA TORRE

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CONFLICTS OF INTEREST

None declared.

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