In the first editorial of this year [1], I pointed out that the Brazilian Journal of Cardiovascular Surgery (BJCVS) wanted to celebrate its 25th anniversary in great style. 2011 comes to an end and I can say with great satisfaction that the expectations were fully accomplished.

Since the release of all online edits until the adoption of the DOI, passing through the release of our first Impact Factor (IF), which reached the significant level of 0.963, BJCVS developed a series of actions to maintain the publication in line with best international journals and monitoring and even anticipating new trends in scientific publications. For that, it had the crucial support of the board of BSCVS (Brazilian Society of Cardiovascular Surgery).

Now we have more challenges ahead. In Qualis, our journal in Medicine 1, 2 and 3 will be in stratum B2. And our intention is that our next IF is more than 1. To achieve this desire, we are developing a series of actions, such as the adoption of the DOI, which is a “seal” warranty that adds credibility to the journal, and a more rigorous review of manuscripts that are sent, so that may have greater “visibility” and, therefore, be cited.

This is necessary not only because of our primary concern to disseminate scientific knowledge, but also due to the rapidly increasing demands for organs such as CAPES, which has established strict criteria to define the Qualis of the Brazilian scientific journals.

But even so, I am confident that BJCVS can meet these requirements. Recently, CAPES opened a credit line that will benefit some journals and one of the criteria that will be taken into account are indicators. The number of citations of the IF has remained at a high level. In addition to the IF, one must use the “Cites per doc 2 years”, from SCIMAGO. In this indicator, BJCVS also has good numbers: 0.86 (Figures 1 and 2). The numbers enclosed in 2011 will only be available in 2012. I believe that the chance of BJCVS been awarded with fund is great.

These features, together with the CNPq, whose edict we signed up, as usual, will be of fundamental importance for us to continue our ascent. We are assessing proposals to make content available online in the BJCVS flip paper, online system that lets the user to view the journal in print version and flip through pages. Also new is the availability of our journal in new media, such as tablet and I-pad. We provide links on the site (www.rbccv.org.br) for testing. These new technologies are already being adopted by some journals and the trend is that in short time, it may reach a large number of publications.

Between the 8th and 11th November, I participated in the XIII National Meeting of Scientific Editors of ABEC (Brazilian Association of Science Editors) in Gramado, RS. The central theme was “Ethics and Integrity in Scientific Publications”. The discussions were very rich on this issue, because the lack of ethics in science is a stain that must be resisted at all costs. The editors of scientific journals should...
always be vigilant and ensure that their publications are not victims of bad people who are a minority in science, but who, unfortunately, exist.

In the last issue of 2011, as well as articles of great interest to cardiovascular surgeons and allied professionals, I would like to highlight two texts honoring the brilliant Dr. Cid Nogueira, who died on October 1. Doctors Paulo Rodrigues da Silva, from Rio de Janeiro, and Paulo Prates, from Porto Alegre, wrote inspired lines reminiscing a little about the history of this pioneer of Brazilian heart surgery. I invite everyone to read and learn a little about the history of Dr. Cid from the page 673.

We have in this edition, more XXX articles available for testing by the system of Continuing Medical Education (CME): “On-pump coronary artery bypass graft surgery: biochemical, hormonal and cellular features” on page 525; “Computed tomography in late evaluation of surgical treatment of pulmonary veins total anomalous connection” on page 532; “Predictors of transfusion of packed red blood cells in coronary artery bypass grafting surgery” on page 552; “Assessment of noninvasive ventilation with two levels of positive airway pressure in patients after cardiac surgery” on page 582; “Non Working Beating Heart: a new strategy of myocardial protection during heart transplant” on page 630. CME is an excellent learning tool for assessing knowledge and recycling, in addition to having a point in the revalidation of the Specialist title.

I remind colleagues that the BJCVS will prepare a supplement with all the summaries of Posters and Abstracts of the 39th Brazilian Congress of Cardiovascular Surgery, to be held 12-14 April, in the pleasant Maceió, AL. Beyond the Abstracts of the Congress, summaries of Symposia of Nursing and Physiotherapy will also be published in the Supplement. These studies belong to the annals of Congress published in a indexed journal. Information about the event can be found at www.sbccv.org.br/39congresso/home.asp

In this last edition of 2011, once again, we disclose the names of all those who reviewed the studies submitted during the year. It is a simple way to thank the anonymous and voluntary work, but critical to the journal. The list with the number of manuscripts reviewed by each partner, is on page 678.

A good news for cardiovascular surgeons and patients with coronary heart disease in this end is the “2011 ACCF/AHA Guideline for Coronary Artery Bypass Graft Surgery”, in a joint initiative of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines, American Association for Thoracic Surgery and Society of Cardiovascular Anesthesiologists Society of Thoracic Surgeons.

http://www.sciencedirect.com/science?_ob=MiamiImageURL&_cid=271027&_user=10&_pii=S0735109711029494&_check=y&_origin=&_coverDate=07-Nov-2011&view=c&wchp=dGLbVlk-zSkWb&md5=31f1dc578b3670d11ab24c77c6287b4a/1-s2.0-S0735109711029494-main.pdf).

It’s exhausting work, VERY supportive to Surgery. If Myocardial Revascularization surgery was already the most studied operation in the history of medicine, this work closes with a flourish this intervention. It is required reading and a source of constant consultation for all of us! The dissemination of knowledge resulting from the careful work of a true “heart team” is fundamental for incremental benefit of all patients.

Returning to the beginning, I want to thank all those who allowed that BJCVS could celebrate its silver jubilee with such news. Board and Members of BSCVS, Editorial Board of RBCCV, Advertisers and colleagues from various specialties who provide us with their excellent articles. Every one of them my thanks and an invitation to continue contributing to the BJCVS.

My warmest regards. To all a Merry Christmas and a 2012 prodigal in achievements!

*Editor in Chief
BJCVS

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