

Editorial

Welcome to *Seminars in Thrombosis and Hemostasis* 2019–New (2017) Impact Factor and Most Highly Cited Papers

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Welcome to the start of another year with *Seminars in Thrombosis and Hemostasis* (STH), this being my 11th year anniversary as Editor-in-Chief. As always, I wish to again sincerely thank all contributors to STH over the years, as well as Guest Editors for past issues, and of course the current and past editorial team. There has been no major overhaul of the editorial team, although some adjustments will occur over the coming years.

I also take this opportunity to once again thank the journal production team at Thieme Medical Publishers for their high

production standards and for facilitating both the print and online issues of the journal. In particular, I would like to thank Ananya Das, the Production Editor for STH, and her production team, as well as Wakiko Ishii, an Assistant Acquisitions Editor, for ongoing support.

This is also the time that we reflect on our journal's Impact Factor, which for 2017 was 3.345, which represents a small decrease from our 2016 Impact Factor of 3.629 (→Fig. 1). I also assessed the trends for self-citations, and this reflects

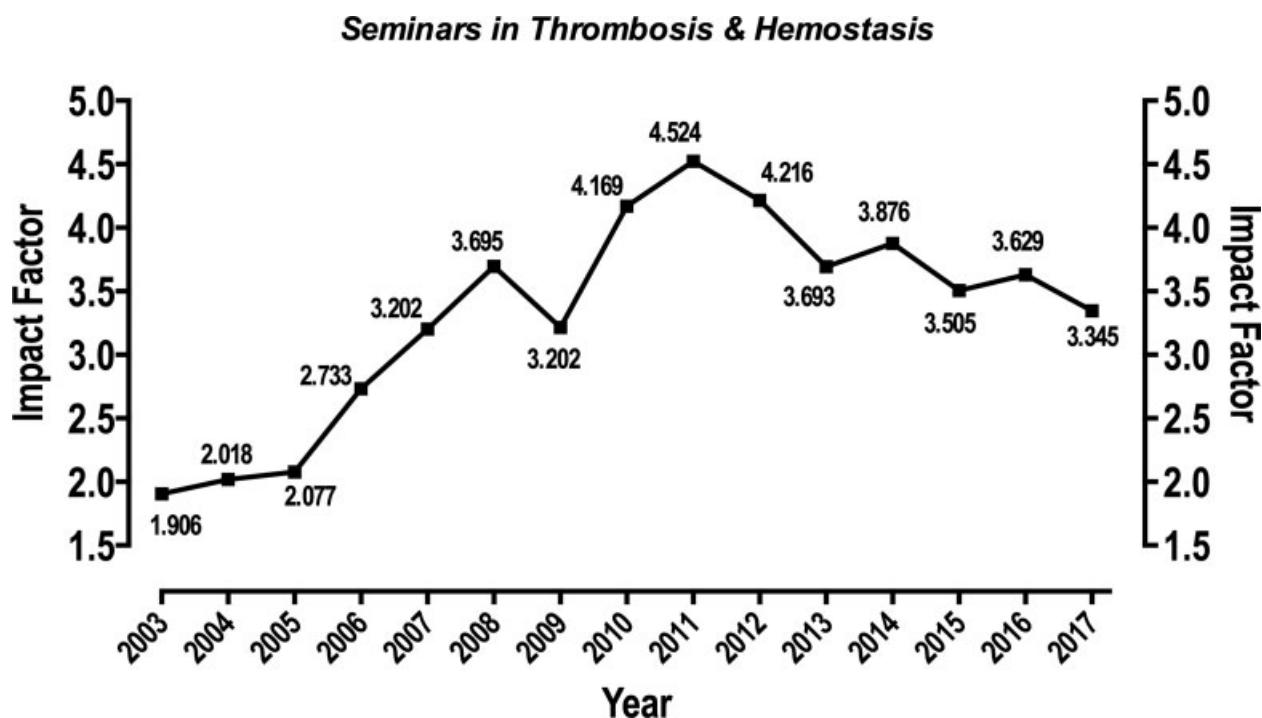


Fig. 1 The Impact Factor for *Seminars in Thrombosis and Hemostasis*, from 2003 to 2017.

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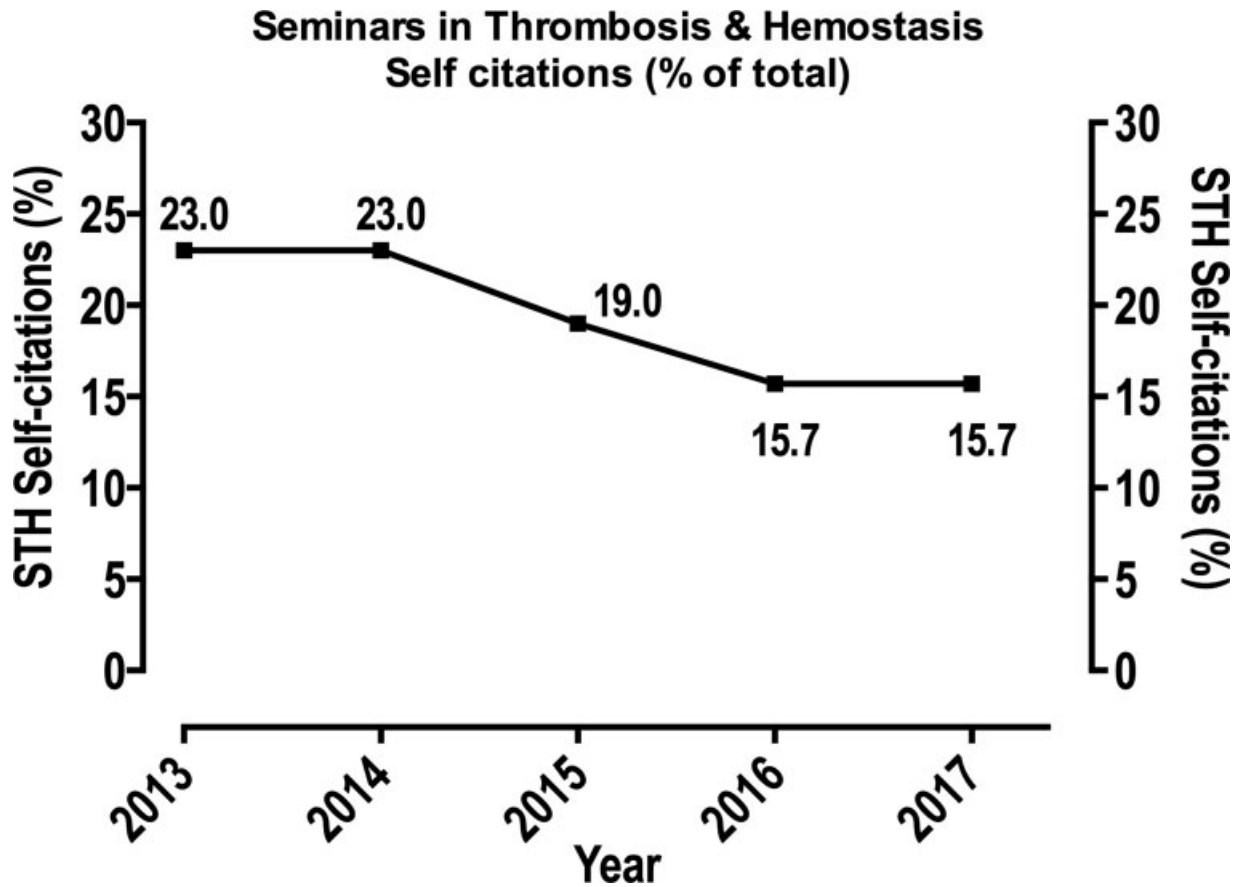


Fig. 2 Percentage of self-citations for *Seminars in Thrombosis and Hemostasis* in recent years—aiming for less.

positively for recent data (→Fig. 2). Finally, I assessed how STH compared with several “comparable” journals focused on bleeding and/or thrombosis, and it was interesting to see that of 10 such journals, 8 showed a reduction in Impact

Factor, and that many journals showed a fall substantially greater than STH (→Fig. 3). In any case, the Impact Factor is only one of several markers of journal “quality” that we should consider, and the limitations of any individual marker

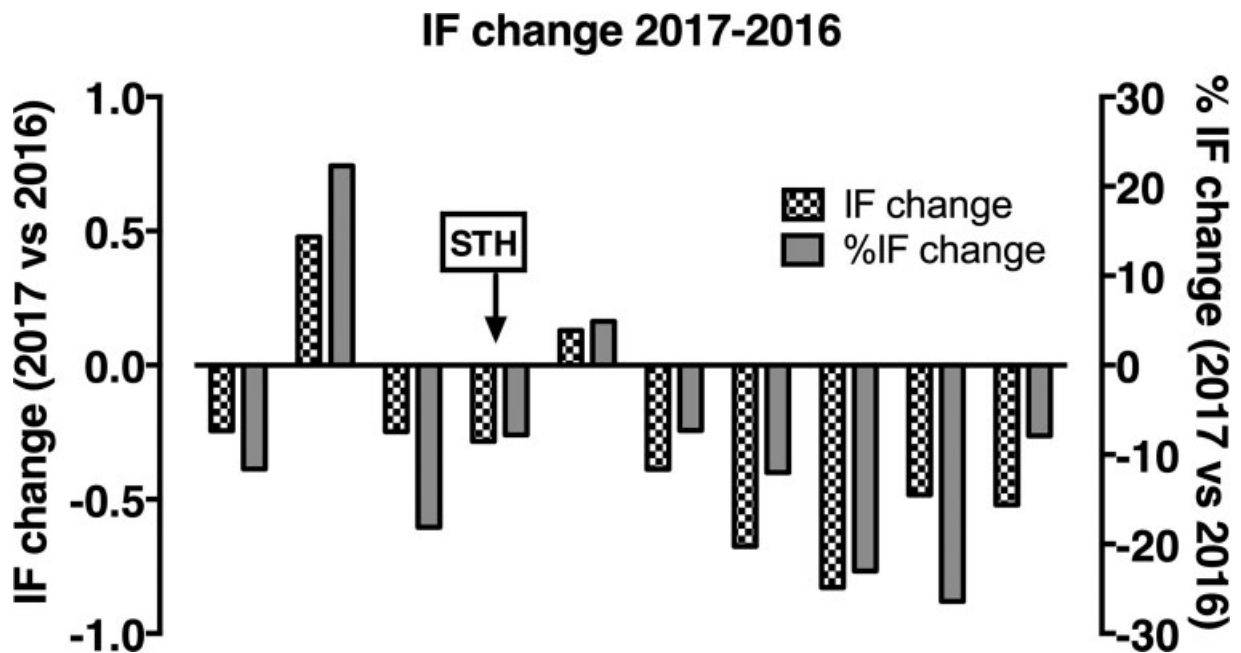


Fig. 3 Change in Impact Factor from 2016 to 2017 for 10 journals publishing in the area of bleeding and thrombosis.

(including the Impact Factor) as a “quality” indicator have been previously highlighted.^{1,2}

As I also do annually now, the highest cited (2015/2016 published) contributions^{3–25} from this journal are listed in ►Table 1 for the potential interest of the readership and contributing authors. These contributions identify those publications most contributing to the 2017 Impact Factor, and each were cited seven or more times in the literature in 2017. For those interested, the current listing can be compared with those of the most recently published top downloaded article listings from *Seminars in Thrombosis and*

Hemostasis, the basis of the Eberhard F. Mammen “Most Popular” awards.^{26,27} Accordingly, I would like to thank all the contributors, guest editors, and the editorial team for bringing us the content that makes *Seminars in Thrombosis and Hemostasis*.

Finally, a short note to confirm that, as always, we will continue to develop plans for the future content of this journal, and we are confident that we will be able to continue to bring its readers the high-quality journal that is expected of us. Currently confirmed topics for issues that we plan to publish over the next 12 or so months are listed in ►Table 2. At the

Table 1 Top 2017-cited papers, as published in 2015/2016^a

1. Favaloro EJ, Lippi G. Laboratory testing in the era of direct or non-vitamin K antagonist oral anticoagulants: a practical guide to measuring their activity and avoiding diagnostic errors. <i>Semin Thromb Hemost</i> 2015;41(2):208–227
2. Mallett SV. Clinical utility of viscoelastic tests of coagulation (TEG/ROTEM) in patients with liver disease and during liver transplantation. <i>Semin Thromb Hemost</i> 2015;41(5):527–537
3. Gremmel T, Frelinger AL III, Michelson AD. Platelet physiology. <i>Semin Thromb Hemost</i> 2016;42(3):191–204
4. Levi M, Poll T. Coagulation in patients with severe sepsis. <i>Semin Thromb Hemost</i> 2015;41(1):9–15
5. Prandoni P, Bernardi E, Valle FD, et al. Extensive computed tomography versus limited screening for detection of occult cancer in unprovoked venous thromboembolism: a multicenter, controlled, randomized clinical trial. <i>Semin Thromb Hemost</i> 2016;42(8):884–890
6. Gando S, Hayakawa M. Pathophysiology of trauma-induced coagulopathy and management of critical bleeding requiring massive transfusion. <i>Semin Thromb Hemost</i> 2016;42(2):155–165
7. McEwen BJ. The influence of herbal medicine on platelet function and coagulation: a narrative review. <i>Semin Thromb Hemost</i> 2015;41(3):300–314
8. Prandoni P, Lensing AW, Prins MH, et al. The impact of residual thrombosis on the long-term outcome of patients with deep venous thrombosis treated with conventional anticoagulation. <i>Semin Thromb Hemost</i> 2015;41(2):133–140
9. Ranucci M. Hemostatic and thrombotic issues in cardiac surgery. <i>Semin Thromb Hemost</i> 2015;41(1):84–90
10. Johansen ME, Johansson PI, Ostrowski SR, et al. Profound endothelial damage predicts impending organ failure and death in sepsis. <i>Semin Thromb Hemost</i> 2015;41(1):16–25
11. Valla D. Splanchnic vein thrombosis. <i>Semin Thromb Hemost</i> 2015;41(5):494–502
12. Dorgalaleh A, Naderi M, Hosseini MS, et al. Factor XIII deficiency in Iran: a comprehensive review of the literature. <i>Semin Thromb Hemost</i> 2015;41(3):323–329
13. Hayakawa M, Gando S, Ono Y, Wada T, Yanagida Y, Sawamura A. Fibrinogen level deteriorates before other routine coagulation parameters and massive transfusion in the early phase of severe trauma: a retrospective observational study. <i>Semin Thromb Hemost</i> 2015;41(1):35–42
14. Schroeder V, Kohler HP. Factor XIII: structure and function. <i>Semin Thromb Hemost</i> 2016;42(4):422–428
15. Montoro-García S, Schindewolf M, Stanford S, Larsen OH, Thiele T. The role of platelets in venous thromboembolism. <i>Semin Thromb Hemost</i> 2016;42(3):242–251
16. Curnow J, Pasalic L, Favaloro EJ. Treatment of von Willebrand disease. <i>Semin Thromb Hemost</i> 2016;42(2):133–146
17. van Es N, Bleker S, Sturk A, Nieuwland R. Clinical significance of tissue factor-exposing microparticles in arterial and venous thrombosis. <i>Semin Thromb Hemost</i> 2015;41(7):718–727
18. de Groot PG, Urbanus RT. Antiphospholipid syndrome—not a noninflammatory disease. <i>Semin Thromb Hemost</i> 2015;41(6):607–614
19. Suades R, Padró T, Badimon L. The role of blood-borne microparticles in inflammation and hemostasis. <i>Semin Thromb Hemost</i> 2015;41(6):590–606
20. Semeraro N, Ammollo CT, Semeraro F, Colucci M. Coagulopathy of acute sepsis. <i>Semin Thromb Hemost</i> 2015;41(6):650–658
21. Leebeek FW, Rijken DC. The fibrinolytic status in liver diseases. <i>Semin Thromb Hemost</i> 2015;41(5):474–480
22. Cuker A, Prak ET, Cines DB. Can immune thrombocytopenia be cured with medical therapy? <i>Semin Thromb Hemost</i> 2015;41(4):395–404
23. Warkentin TE. Heparin-induced thrombocytopenia in critically ill patients. <i>Semin Thromb Hemost</i> 2015;41(1):49–60

^aThus, contributing most to the 2017 Impact Factor.

Table 2 Current planned topics for future issues of Seminars in Thrombosis and Hemostasis

• Editorial compilations (continuing series)
• Recent advances in thrombosis and hemostasis (continuing series)
• Nanotechnology in thrombosis and hemostasis
• Innovations in thrombosis and hemostasis: a glimpse toward the future of diagnostic analyzers
• The new paradigm of cancer and thrombosis
• Molecular and genetic testing in thrombosis and hemostasis
• Innovations in thrombosis and hemostasis Part II: Tests and assays

same time, we recognize the need to retain some flexibility in our plans, and to potentially add additional material of current interest and controversy as the need arises. We look forward to another interesting year of reading in 2019.

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