



From Editor-in-Chief: Concluding Year 2023, our gains, gratitude to our reviewers and contributors, current issue, guidelines and news from AHA 2023 scientific sessions, long COVID and protecting your patients

Dear readers,

Concluding the year 2023, we would like to share our achievements and set the goals for the upcoming 2024. The main news and result of our common work in peer-review process and production of quality evidence-based knowledge is that we obtained our ranking in SCOPUS database –for starting point we are in Q4 and 456th among 496 journals in surgery and 334th among 354 cardiology and cardiovascular medicine journals (Fig.1).

We are also indexed now in EBSCO database and BIOSIS, Clarivate databases.

Therefore, our goals in upcoming year 2024 are to increase our ranking in SCOPUS database and to be accepted to PUBMED/PMC NLM and Clarivate Emergent Source and further the Web of Science and Knowledge databases.

As editors and reviewers, we continue our work to increase quality of our articles and prepare them to enter pool of evidence-based knowledge.

One of the main features of the successful journal is the principle of diversity of authors, reviewers and editors, their origin countries.

In 2023 we received articles for consideration for publication from 18 countries: Argentina, Brazil, China, France, India, Iran, Italy, Kazakhstan, Kyrgyzstan, Mexico, Poland, Russia, Slovakia, Spain, Turkey, Ukraine, USA, and Uzbekistan. Thus, in total we have evaluated and published articles from 37 countries since starting our journal in 2017 and increased number of countries we received manuscripts from 13 in 2022 to 18 in 2023 (the highest was in 2021 – 24 countries).

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Metrics

0.2 CiteScore 2022 ⓘ 0.034 SNIP 2022 ⓘ

CiteScore Rank ⓘ

ASJC Category	Quartile	Percentile	Rank
Surgery	Q4	7th	456 / 495
Cardiology and Cardiovascular Medicine	Q4	5th	334 / 354
Transplantation	Q4	2nd	50 / 51

Figure 1. SCOPUS CiteScore rank for Heart, Vessels and Transplantation

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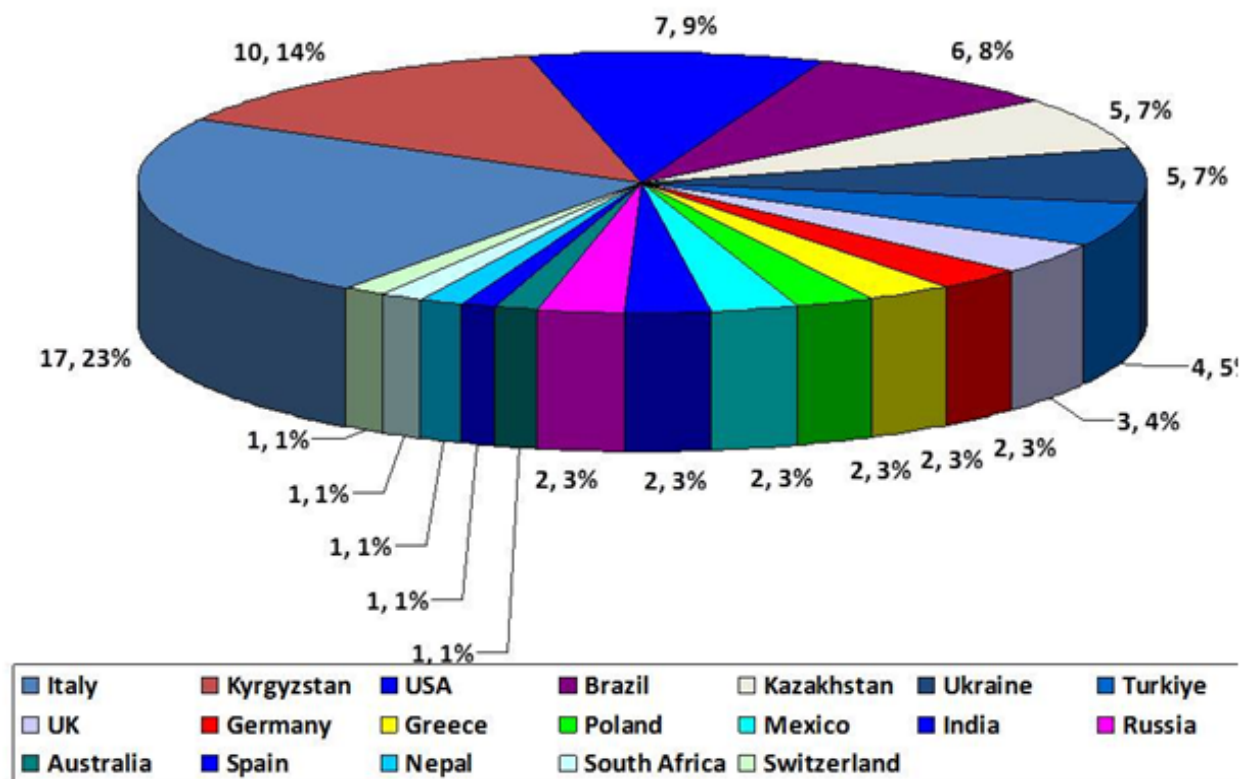


Figure 2. Distribution of reviewers from 19 countries by number (%) from each country, contributed to peer-review process in 2023

We would like to thank our reviewers from 19 countries (Australia, Brazil, Canada, France, Germany, Greece, Italy, India, Kazakhstan, Kyrgyzstan, Mexico, Nepal, Russia, Spain, Switzerland, Turkey, UK, Ukraine and USA) (Fig.1) for their hard work and excellency in peer-review in 2023. As can be seen from Figure 1, following countries are represented by the highest number of reviewers in 2023: Italy – 23%, Kyrgyzstan -10.14%, USA- 7.9%, Brazil – 6.8%, and Kazakhstan and Ukraine by 5.7% each.

The distinguished reviewers of the year 2023, who performed 3 and more manuscripts evaluations are:

Marina S Horenstein, form Department of Pediatric Cardiology, Duke University Medical Center, Durham, NC, USA; Fabio Massimo Oddi from Department of Thoracic Surgery, Tor Vergata University Hospital of Rome, Rome, Italy;

Juan Velasco, from Department of Cardiothoracic Surgery, Yale University, USA;

Giangiuseppe Cappabianca, from Department of Cardiac Surgery, Circolo Hospital, University of Insubria, Varese, Italy; Bakytbek Imanov, from NCCT, Bishkek, Kyrgyzstan.

We would like to express our gratitude to colleagues who contributed by preparing Editorials on advancement of clinical knowledge in 2023 – Stefano Cacciatore and colleagues from Rome, Italy, Fabio Massimo Oddi and colleagues from Rome, Italy, Zhenisgul Tlegenova and colleagues from Aktobe, Kazakhstan, Luigi Spadafora and colleagues from Rome, Italy, Giuseppe Iuliano and colleagues from Salerno, Italy and Marco Bernardi and colleagues from Rome, Italy.

We welcome our Editors, who joined our international board in 2023 – Nirmal J. Kaur from Dakota, USA (acute coronary care and interventional cardiology), Huseyin el Aburawi from UAE (pediatric cardiology) and Ulises Rojel Martinez from Mexico (EP arrhythmias), who contribute with their advanced knowledge and valuable expertise to our peer-review process and editorial policies. We expanded thus our board by editors from 22 countries – Australia, Austria, Brazil, France, Germany, Greece, Italy, Kyrgyzstan, Kazakhstan, Mexico, Monaco, Pakistan, Poland, Russia, Slovakia, Spain, Switzerland, Turkey, UAE, UK, Ukraine, and USA.

I would like to thank my Editors for continuous dedicated work on evaluation and selection of manuscripts, and working on perfection of content selected for publication to join international evidence-based pool of knowledge; preparing educational material on continuous medical education and presenting the advancement of clinical knowledge to attract attention of physicians to the latest guidelines and documents to improve thus their clinical knowledge and implement in practice; editorial work in frame of our responsibilities as editors defined in our editorial policies and peer-review process.

interest for wide multidisciplinary audience – mobilization of patients with deep venous thrombosis, management of: acute coronary syndromes in elderly, arrhythmias in pregnancy, patients with aortic disease and cardiac amyloidosis. The most read articles by type are: research article on arrhythmias and surgery - on lead extraction in patients with implanted devices, review article on mobilization of patients with deep venous thrombosis and case report on interventional cardiology – coronary anomaly discovered during primary percutaneous coronary intervention and stenting in patient with acute myocardial infarction.

The most read articles published in 2023 are presented in Table 1, and includes review, editorial articles in scope of

Table 1. Most read and downloaded articles published in 2023	
Top 5 most read and downloaded articles published in 2023	
1	Benefits of early mobilization in patients with deep venous thrombosis: a scope review Augusto Robson de Alencar Martins, Luiz Fernando Rodrigues Junior, Juliana Rega de Oliveira, Rio de Janeiro, Brazil
2	Acute Coronary Syndrome in Older Adults: an Update from the 2022 Scientific Statement by the American Heart Association Stefano Cacciatore, Anna Maria Martone, Matteo Tosato, Francesco Landi, Rome, Italy
3	Management of arrhythmias during pregnancy Zhenisgul Tlegenova, Vadim Medovchshikov, Aktobe, Kazakhstan
4	2022 American Heart Association/American College of Cardiology guidelines for the diagnosis and management of aortic disease: lessons to be drawn Fabio Massimo Oddi, Giulia Franceschini, Leonardo Oddi, Giorgio Fedeli, Rome, Italy
5	Multidisciplinary Care for Patients with Cardiac Amyloidosis: a Lesson from the 2023 American College of Cardiology Expert Consensus Carla Recupero, Stefano Cacciatore, Marco Bernardi, Anna Maria Martone, Francesco Landi, Rome, Italy,
The most read and downloaded review article published in 2023	
1	Benefits of early mobilization in patients with deep venous thrombosis: a scope review Augusto Robson de Alencar Martins, Luiz Fernando Rodrigues Junior, Juliana Rega de Oliveira, Rio de Janeiro, Brazil
The most read and downloaded research article published in 2023	
1	Superior vena cava syndrome and pacemaker leads. Explant by mechanical dissection system of extraction and percutaneous recanalization with stents for new device implantation Elkin Gonzalez Villegas, Joan Novo Torres, Enrique Jose Balbacid Domingo, Maria Dolores Ponce Dorrego, Jose Ignacio Juarez del Rio, Ulises Ramirez Valdiris, Jose Carlos Romero Carmona, Isabel Franco Fernandez, Rafael Peinado Peinado, Madrid, Spain
The most read and downloaded case report published in 2023	
1	Case report of symptomatic very late presentation of ALCAPA syndrome: from AL-CAPONE to Robin Hood of coronary artery anomalies Raul Cruz Palomera, Rosa Elena Gutierrez Castaneda, Juan Francisco Rodriguez Alvarado, Juan Guzman Olea, Gabriel Guzman Olea, Jorge Guillermo Arenas Fonseca, Zuriel Almeyda Dominguez, Rolando Vicente Colmenares, Puebla, Mexico

In this December issue of the journal, you can find editorials with insight and overview on recent guidelines – AHA/ACC/ACCP/ASPC/NLA/PCNA 2023 on management of chronic CHD, ECG diagnosis of left ventricular hypertrophy, revisited, ESC 2023 on management of cardiomyopathies, ESC EAPCI 2023 document on TAVI, ESC 2023 update for management of heart failure (HF); research articles on: structural deterioration of mechanical valve prosthesis, speckle-tracking echocardiography in diagnosis of chemotherapy associated dysfunction, implementation of training in project preparation, protein diet effects on broncho-alveolar axis, complications of endovascular ligation of varicose veins in portal hypertension, on superiority of 3D transesophageal echocardiography in evaluation of prosthetic valve dysfunction, clinical angiographic profile of Takayasu aortoarteritis, on accuracy of spectral analysis of ECG in prediction of diastolic dysfunction in HF, on left atrial appendage (LAA) closure in patients with thrombus in LAA despite oral anticoagulation, and on cardiac surgery during COVID-19; review articles on comparison of carotid endarterectomy with carotid stenting, on influence of mountain climate on multiple sclerosis, history of anatomy and its perspectives in contemporary clinical practice for surgeons, imaging, invasive procedure, EP; challenging and rare case reports on surgical management of giant double-chamber myxoma obstructing inferior vena cava, on surgical repair of mycotic aortic aneurysm, floating thrombus in aorta and left ventricle and multidisciplinary management of bicuspid aortic valve stenosis with rupture of mitral valve chord discovered during delivery in pregnant woman; quiz on arrhythmia.

Recently, the AHA 2023 scientific sessions took place. The most interesting trial that attracted my attention is STEP-HFpEF trial analysis (1). On pre-specified analysis of STEP-HFpEF study (1), semaglutide (weight reduction and antidiabetic agent, glucagon like peptide (GLP) 1 receptor agonist) not only reduced weight but also improved quality of life, reduced symptoms burden, improved walking distance and reduced inflammation in patients with HFpEF (HF with preserved ejection fraction) and obesity. It should be noted that 1/3 of these patients were taking SGLT2 (sodium-glucose cotransporter 2) inhibitors. Thus this trial shows that we might have a new agent aiming at modification of risk factor as obesity, has effects beyond the weight reduction and is complementary beneficial in to contemporary therapy in HFpEF patients.

Another large registry study on blood pressure (BP) levels and cardiovascular (CV) mortality in Asian population with diabetes type 2 (2) demonstrated increased risk of CV mortality with systolic BP above $130-139\text{ mmHg}$ (HR: 1.16; 95% CI: 1.01-1.33), which increased further up to 1.87 (95% CI: 1.65-2.12) times higher in patients with systolic BP $\geq 140\text{ mmHg}</math>. For diastolic BP the desirable level without enhanced risk of CV mortality was 70-90 mmHg as both upper and lower levels of this range were associated with increased risk of mortality. This study once more emphasizes control of BP in diabetes$

patients and provides desirable target levels of BP.

WATCH- DM score plus NT-proBNP (3) predicted prevention of HF by use of SGLT2 inhibitors in diabetes mellitus and may be used for selection of patients at risk of HF for treatment of SGLT2.

SELECT trial (4) demonstrated that use of semaglutide (GLP 1 agonist) in patients with obesity and overweight, as a single dose in a week reduced CV death and stroke risk by 20% and caused weight reduction by 9.4% during 3 years of follow-up in 17000 cohort of overweight and obese patients without diabetes. These are interesting data on relatively new therapy that has effects beyond the glucose and weight reduction.

Interesting ORBITA 2 trial demonstrated that percutaneous coronary intervention (PCI) in patients with no or little antianginal medications and evidence of ischemia results in 2.21 times lower angina score than in placebo (95%CI 1.41-3.47, $p<0.001$) at 12 weeks after PCI(5).

ARTESIA investigators (6) demonstrated that apixaban in subclinical atrial fibrillation (AF) reduced stroke and systemic embolism by 37% ($p=0.007$) than aspirin but bleeding risk almost doubled (HR 1.8, 95% CI 1.26-2.57, $p=0.001$). More studies are need as subclinical AF also is associated 2.5 risk of stroke.

A new ACC/AHA/ACCP/HRS guideline on AF was released at the end of November and one of our editors, Bulent Gorenek contributed to the preparation of this important document (7). The Editorial introducing guideline is being prepared by our Editors. Briefly main key points are classification of A, stage1 - at risk of AF with presence of modifiable risk factors; stage 2 - pre-AF based on presence of structural and electrical findings predisposing to AF, stage – 3A- paroxysmal AF (lasting less than 7 days); 3B – persistent continuous and sustained lasting more than 7 days, requiring intervention;

3C – long-standing persistent (>12 months); Stage 3D – successful AF ablation or surgical intervention and stage 4 – permanent AF.

Lifestyle modifications are essential to prevent progression and adverse outcomes, catheter ablation is recommended for symptomatic young patients with paroxysmal AF and less comorbidities as first- line therapy and also in other than young with persistent or paroxysmal AF, catheter ablation is recommended as 1st line therapy to improve symptoms; LAA occlusion is reasonable as class 2a indication for patients with contraindication to oral anticoagulation and CHA2DS2-VASc score ≥ 2 and following risk scores are recommended CHA2DS2-VASc, ATRIA and Garfield AF.

Finally, advise your patients to undergo vaccination – COVID, flu and respiratory syncytial virus, to prevent infection and exacerbation of cardiovascular and other comorbidities, as we know now post-COVID or long COVID syndrome are less after vaccination(8).

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