



# The changing face of the *European Respiratory Review*

Sergio Harari

**Affiliation:** U.O. di Pneumologia e Terapia Semi-Intensiva Respiratoria, Servizio di Fisiopatologia Respiratoria e Emodinamica Polmonare, Ospedale San Giuseppe, MultiMedica IRCCS, Milan, Italy.

**Correspondence:** Sergio Harari, U.O. di Pneumologia e Terapia Semi-Intensiva Respiratoria, Servizio di Fisiopatologia Respiratoria ed Emodinamica Polmonare, Ospedale San Giuseppe, MultiMedica IRCCS, via San Vittore 12, 20123 Milan, Italy. E-mail: sharari@ilpolmone.it

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**Cite this article as:** Harari S. The changing face of the *European Respiratory Review*. *Eur Respir Rev* 2018; 27: 180102 [<https://doi.org/10.1183/16000617.0102-2018>].

Three years have now passed since I took up the post of Chief Editor of the *European Respiratory Review* (*ERR*), one of the best experiences in my professional career. When Vincent Cottin handed over the helm to me, the *ERR* was already in excellent condition after his brilliant leadership and that of his predecessor Marc Humbert. Throughout my term of office I have tried to further open up the *ERR* to professionals from other areas of medicine and to involve countries that in the past have been less sensitive to our publication; all this thanks to an editorial board made up of junior and senior experts with very different skills and backgrounds.

Whilst ensuring continuity, the editorial board in fact included well-known specialists covering various fields of expertise in respiratory medicine, as well as cardiologists, radiologists, oncologists, rheumatologists and other physicians from around the world. Respiratory medicine is, after all, an interdisciplinary speciality and the *ERR* needs to reflect this distinctive feature, which we view as important added value [1].

The links between the *ERR* and the flagship publication, the *European Respiratory Journal* (*ERJ*), have been tightened. The editorial boards of the *ERR* and the *ERJ* have been working closely together in order to establish the *ERR* as a companion to the *ERJ*, without going into competition with the other European Respiratory Society (ERS) publications (*European Respiratory Monograph*, *ERJ Open Research* and *Breathe*). To improve coordination, the *ERR* editorial board was extended to include the Chief Editor and the Deputy Chief Editor of the *ERJ*, the Chief Editors of the other ERS scientific journals, as well as the ERS Guidelines Director and the ERS Course and Seminar Director. For example, the authors now regard the procedure for transferring the manuscript from one ERS scientific publication to another easier and faster. I want to express my heartfelt thanks in particular to the *ERJ* Chief Editors with whom I have had the privilege of working over the past 3 years: Marc Humbert and AnhTuan Dinh-Xuan, and more recently Martin Kolb and James Chalmers.

Since January 2017 the peer-review process of the *ERR* has been thoroughly reshaped. The members of the editorial board were appointed as Associate Editors and were asked to manage the manuscripts entrusted to them using a peer-review process identical to that used in the *ERJ*, as well as in the most important medical scientific journals. In addition, the opinion of at least two external reviewers per processed manuscript was required [2]. This has led to a slight increase in the time taken to assess manuscripts which, at the moment, remains within very reasonable limits (time to reject 13 days, time to immediate

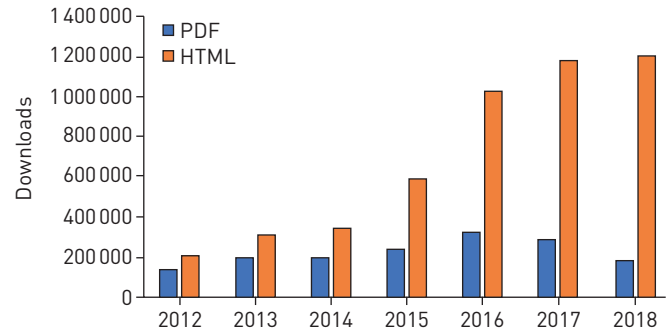
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Provenance: Submitted article, peer reviewed.

Received: Nov 22 2018 | Accepted after revision: Nov 30 2018

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FIGURE 1 Number of downloaded PDF and HTML articles for the *European Respiratory Review* in the period January 2012 to October 2018.



accept decision 27 days, time to major revision decision 35 days, time to minor revision decision 42 days), making the evaluation process more selective. In fact, today the rate of rejection of the *ERR* is 83%.

Another very important innovation was launched in January 2017: the continuous online publication of manuscripts, a very important change of pace for a quarterly publication such as the *ERR* [2]. This has allowed a significant reduction in the time taken to publish papers (now on average 27 days from time of acceptance) and their immediate indexing and insertion into the most important databases such as Scopus or PubMed. The papers are now regularly published online every 2–3 weeks.

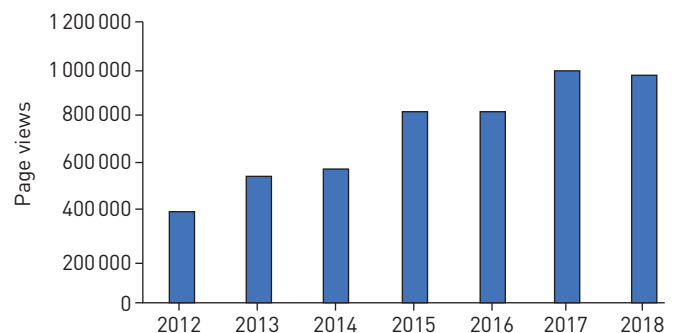
In this 3-year period, the *ERR* was also indexed in the Emerging Science Citation Index, a further recognition that improves the international visibility of the published papers. The *ERR*, along with other ERS journals, has also partnered with Kudos (<http://erj.ersjournals.com/authors/services>) to provide authors with the opportunity to further enrich their publications, for example by adding simple summaries for non-specialists or providing links to further resources, helping to maximise their impact.

All these new developments are the natural evolution of a long-standing tradition of our progress, which has been hallmarked by a few key milestones. In 2007, the *ERR* became open access, while in 2009 the format of the *ERR* was significantly redesigned and the important decision was made to publish sponsored content, as well as spontaneously submitted original material [3, 4]. All sponsored papers are processed in full transparency and with the necessary process of demanding external reviewers and an independent editorial board, as for all published articles. In July 2010, with indexing in Medline/PubMed facilitating full visibility of content to the community, the *ERR* then made a major leap forward [5].

All these landmarks have led the *ERR* to today become an international scientific reference point, with its reviews alongside its contribution to the diffusion of didactic material. A feature that is evidenced by several indicators: the ever increasing number of visits to the *ERR* website (<http://err.ersjournals.com>), the number of downloaded *ERR* articles worldwide and the increasing number of citations of *ERR* articles (figures 1–3, tables 1 and 2). But also by international evaluation, according to the Scimago ranking, the *ERR* is the leading journal in the respiratory sector among the open access scientific journals while it ranks 10th in total: H index is 47 and ratio cite/documents (2 years) is 5.23 [6].

In addition to the well-established activities of publishing state-of-the-art reviews, mini reviews, proceedings of high-quality scientific meetings (*i.e.* Lung Science Conference and Sleep and Breathing Conference), supporting documents of ERS Task Forces, sponsored review articles, editorials and clinical year in review, two new article types have been added under my direction. The first of these is “Frontiers in Clinical Medicine”, a space where experts from around the world report on how they deal with a

FIGURE 2 Number of page views for the *European Respiratory Review* in the period January 2012 to October 2018.



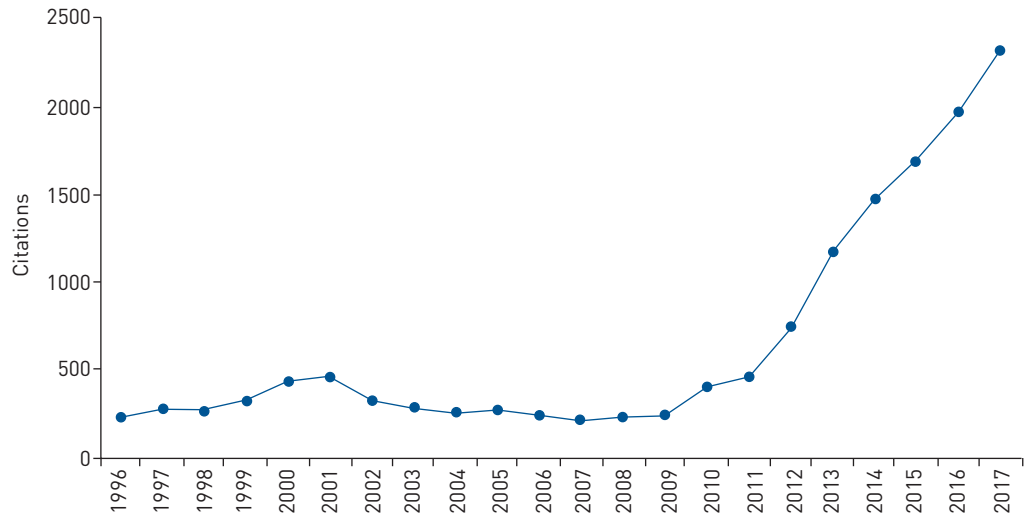


FIGURE 3 Source citations for the *European Respiratory Review* in the period 1996 to 2017. Data from [6].

particular topic of medicine (especially where there are no clear or updated guidelines) through exemplifying clinical cases. The first paper was written by the group driven by Dominique Valeyre on the topic of sarcoidosis [7]. The second one, “Health and Politics”, is dedicated to more general public health issues (air pollution, European legislation and critique of health systems). The first issue set the pace for the following articles through the contribution of Roberto Bertollini and colleagues from the World Health Organization on European policies against smoking [8].

My complete gratitude goes to the entire *ERR* editorial board for their generous support, their availability and their outstanding contributions. Great assistance was also provided by the extraordinary contribution of the editorial office in Sheffield, UK, without whose continuous work and support all this would not have been possible. My special thanks go to the *ERR* Managing Editor who directly supervised the *ERR* and to Elin Reeves Director of Publications. I would also like to express my heartfelt thanks to the entire Publications Committee and its previous chair John Gibson, who selected me for this position, and to the current chair Andrew Bush, under whose direction I have continued to work in an atmosphere of excellent cooperation.

Editing the *ERR* has been an incredibly enriching and exciting experience, but it is now time to hand over the editorship to my friend and colleague, Yochai Adir from Carmel Medical Center, Faculty of Medicine, the Technion Institute of Technology, Haifa in Israel. Yochai has already served the *ERR* in recent years as a member of the editorial board and more recently as Associate Editor, standing out for his dynamism, enthusiasm and proactiveness. I wish him and his editorial board the success and satisfactions that they undoubtedly deserve and that, I am sure, they will achieve.

Another major and very important goal has now been reached: impact factor ranking. The *ERR* has made its way in the world and acquired dignity and meaningfulness without an impact factor; however, it cannot

TABLE 1 Total web views and geographical distribution of visitors for the *European Respiratory Review*

	2015–2016	2017–2018
<b>Visits</b>	463 160	690 983
<b>Users</b>	345 943	506 359
<b>Page views</b>	832 028	1 053 680
<b>Continent</b>		
Americas	150 695	228 841
Europe	89 208	121 906
Asia	79 169	121 367
Oceania	16 978	29 912
Africa	9 539	13 930

Data are presented for the period of August 1 to July 31.

TABLE 2 Page views by country for the *European Respiratory Review*

	2015–2016	2017–2018
<b>USA</b>	120 145	184 371
<b>UK</b>	35 669	50 098
<b>India</b>	24 539	38 953
<b>Australia</b>	14 483	20 852
<b>Canada</b>	13 826	19 351
<b>Italy</b>	6685	9491
<b>Japan</b>	5338	7781
<b>Germany</b>	6089	7127
<b>Brazil</b>	5269	6860
<b>Spain</b>	5420	6985

Data are presented for the period of August 1 to July 31.

be denied that an impact factor ranking represents major added value across the board. The *ERR* has just been accepted for indexing in Clarivate Analytics' Science Citation Index Expanded (SCIE), meaning that it will receive its first impact factor in summer 2019 (referred to year 2018). Articles from 2016 onwards will be included in SCIE, as well as the Journal Citation Reports and Current Contents. This is another important milestone in the long story of the *ERR*.

Today the *ERR* is 25 years old but looks younger; it is a modern and versatile publication, suited to the changing needs of clinicians working in the field of respiratory diseases. Its capacity of renewal is evidenced by its background and willingness to keep up with the rapid changes in knowledge and scientific communication around us, with a focus on the strategic orientations of the ERS [9]. Today, the *ERR* is an active witness in a global world; its top-level scientific content is useful, practical and easy to access, offering readers up-to-date information. The *ERR* readership now spans the globe, with extensive European and international exposure in North and Latin America, Asia, Oceania and Africa. I am confident that it will further expand to help the dissemination of knowledge on respiratory diseases, fostering the further growth of our brilliant and vital scientific community.

Conflict of interest: S. Harari has nothing to disclose.

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