

투고 저널 선택을 위한 전략

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Choosing the Target Journal



Journal impact factor

Indexation

Journal prestige

Relevance of research topics

Acceptance/rejection rates

Size of print circulation

Manuscript turnaround time

Editors characteristics

Quality of reviewer comments

Previous experience with publishing in the journal

Colleagues' recommendations

International status

Open access

Publication charges

Promotion at social platforms (eg Facebook, Twitter)

Press attention to the journal

Impact factor : reliable instrument for measuring the quality of journals?



The European Association of Science Editors recommends...

Journal **impact factors** are used

Only – and cautiously – for measuring and comparing the **influence of entire journals**

Not for the assessment of **single papers**, and certainly not for the assessment of researchers or research programmes either directly or as a surrogate.

Eur Sci Ed 2007;33: 99-100.

It has become a common practice
to initially **target journals** with **high impact factors**
and, in case of rejections, embark on the **lower rank journals**.

→ *This practice overburdens the editors and reviewers
delays publication of potentially valuable works
frustrates the authors.*

→ *Large proportion of good papers away from national journals and sometimes
distracts attention from topics of national importance*

EUROPEAN HEART JOURNAL

(유럽심장학회지)

Calculation

×

Journal Impact Factor™ is calculated using the following metrics:

JCR 2022

$$\frac{\text{Citations in 2022 to items published in 2020} \\ (10,565) + 2021 (11,994)}{\text{Number of citable items in 2020 (254) + 2021} \\ (320)} = \frac{22,559}{574} = 39.3$$

Citable items (574)

TITLE	CITATION COUNT
2020 ESC Guidelines for the diagnosis and management of atrial fibrillation developed in collaboration with the European Association for Cardio-Thoracic Surgery (EACTS)	1228
2019 ESC Guidelines for the diagnosis and management of chronic coronary syndromes The Task Force for the diagnosis and management of chronic coronary syndromes of the European Society of Cardiology (ESC)	929
2020 ESC Guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation	812
2019 ESC/EAS Guidelines for the management of dyslipidaemias: lipid modification to reduce cardiovascular risk The Task Force for the management of dyslipidaemias of the European Society of Cardiology (ESC) and European Atherosclerosis...	793
2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure	715
2021 ESC Guidelines on cardiovascular disease prevention in clinical practice Developed by the Task Force for cardiovascular disease prevention in clinical practice with representatives of the European Society of Cardiology and 12...	395
2019 ESC Guidelines for the diagnosis and management of acute pulmonary embolism development Toed in collaboration with the European Respiratory Society (ERS)	357
2021 ESC/EACTS Guidelines for the management of valvular heart disease	192
Low-density lipoproteins cause atherosclerotic cardiovascular disease: pathophysiological, genetic, and therapeutic insights: a consensus statement from the European Atherosclerosis Society Consensus Panel	184
European Society of Cardiology: Cardiovascular Disease Statistics 2019	176

2020년 심방세동 가이드라인 (1 of 574)
(Most cited article from EHJ in 2022)
1228번 인용/574 = IF 2.13 ↑

상위 8개는 모두 가이드라인 (5,420번 인용)
= IF 9.4 ↑

574개 중 이를 제외한 566 개는
평균 30번 인용 = [(22559-5420)/566]

EUROPEAN HEART JOURNAL

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2020년 심방세동 가이드라인 (1 of 574)
(Most cited article from EHJ in 2022)
1228번 인용/574 = IF **2.13** ↑

4년 만에 벌써 가이드라인 개정??
for JCR 2025 Impact factor



ESC

European Society
of Cardiology

European Heart Journal (2024) **45**, 3314–3414
<https://doi.org/10.1093/eurheartj/ehae176>

ESC GUIDELINES

**2024 ESC Guidelines for the management
of atrial fibrillation developed in collaboration
with the European Association
for Cardio-Thoracic Surgery (EACTS)**

Scimago Journal Rank (SJR)

Data source: Scopus

Can be found at: <http://www.scimagojr.com/> ^{free}

How it's calculated: Citations from prestigious journals are given more weight than citations from lower-tier journals (similar to Google's PageRank algorithm). SJR for 2010 is calculated by counting 2010 citations to papers published in 2007, 2008, and 2009 (three-year period).

Why it's useful: SJR indicates which journals are more likely to have articles cited by prestigious journals, not simply which journals are cited the most.

Citation이 어떤 저널에 되었냐에 따른 가중치
(prestigious level)

Source Normalized Impact per Paper (SNIP)

Data source: Scopus

Can be found at: <http://www.journalindicators.com/> ^{free}

How it's calculated: SNIP is computed so that citations are normalized by field. Thus, it eliminates variations found in JIF wherein the IFs are high in certain fields and low in others. They calculate several other metrics as well, like citation potential in the journal's subject field.

Why it's useful: SNIP is a much more reliable indicator than the JIF for comparing journals among disciplines. It is also less open to manipulation by journals.¹⁶

분야에 따른 표준화

Impact factor는 마음 한 구석에 잠시 두고...

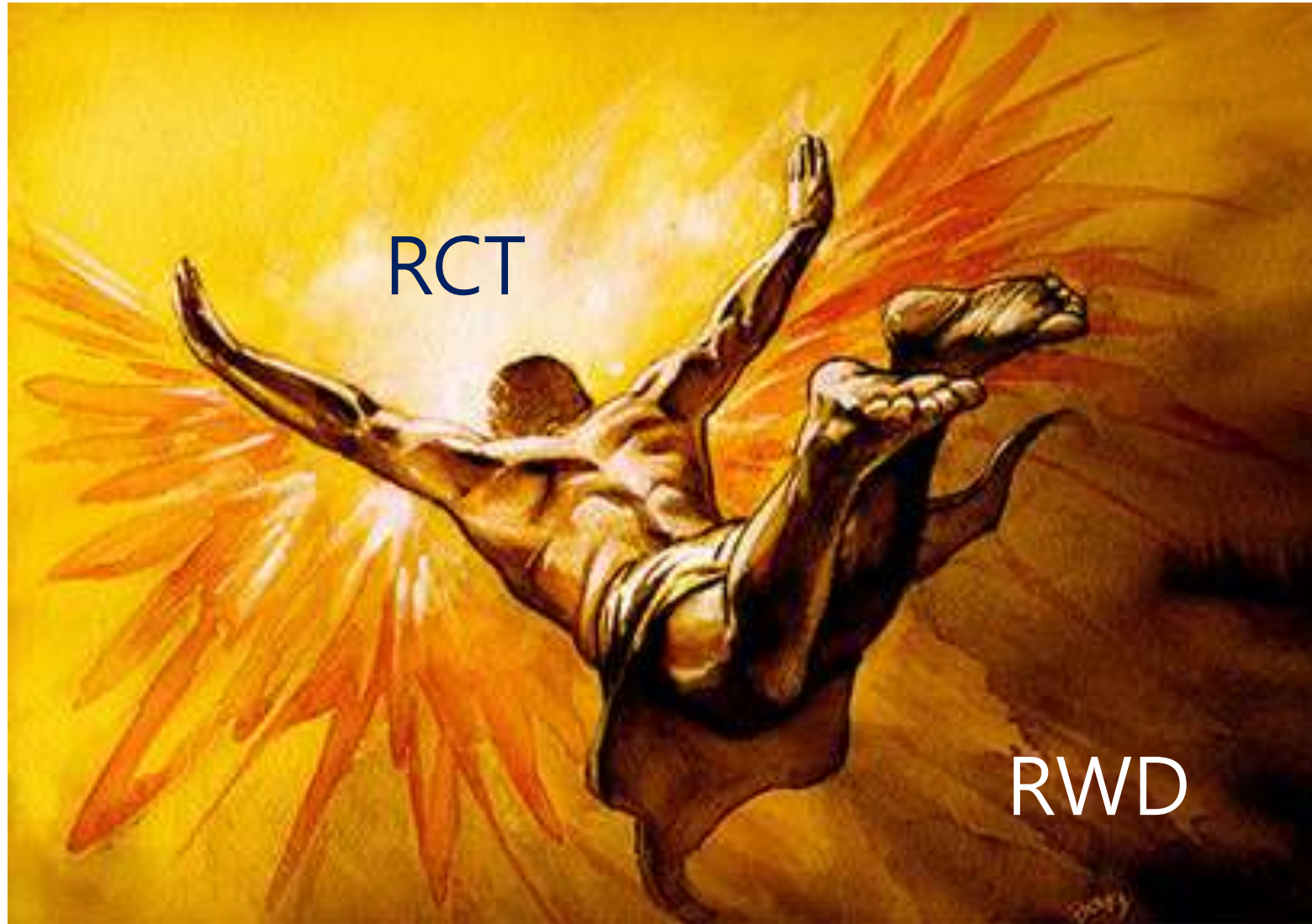
Finding the first best fit,
that is,
the fit between the **needs of authors** and the **features of journals**.

Publishing Journal Articles: A Scientific Guide for New Authors Worldwide, pp. 69 - 81

DOI: <https://doi.org/10.1017/9781108277426.011>

Finding the first best fit,
that is,
the fit between the **needs of authors** and the **features of journals**.

Gap between RCT and Real-World



Real World

- Excluded patients
(Too old or young / too many comorbid conditions)
- Hesitators

RCT

- Strict inclusion and exclusion criteria
- Volunteer bias

ORIGINAL ARTICLE

Early Rhythm-Control Therapy in Patients with Atrial Fibrillation

P. Kirchhof, A.J. Camm, A. Goette, A. Brandes, L. Eckardt, A. Elvan, T. Fetsch, I.C. van Gelder, D. Haase, L.M. Haegeli, F. Hamann, H. Heidbüchel, G. Hindricks, J. Kautzner, K.-H. Kuck, L. Mont, G.A. Ng, J. Rekosz, N. Schoen, U. Schotten, A. Suling, J. Taggeselle, S. Themistoclakis, E. Vettorazzi, P. Vardas, K. Wegscheider, S. Willems, H.J.G.M. Crijns, and G. Breithardt, for the EAST-AFNET 4 Trial Investigators*

Pre-Study Screening

Patients at risk for cardiovascular events
(\approx CHA₂DS₂VASc score $\geq 2^*$)

and having
recent onset atrial fibrillation
(≤ 1 year duration or first documented by ECG)

*Detailed inclusion criteria:

One of the following: age > 75 years or prior stroke / TIA
OR
Two of the following: age > 65 years; female sex; arterial hypertension; diabetes mellitus; previous myocardial infarction, CABG or PCI; stable heart failure (NYHA II or LVEF < 50%); left ventricular hypertrophy (> 15 mm wall thickness); chronic kidney disease (MDRD stage III - IV); peripheral artery disease.

Randomisation

Study Procedures

Early Rhythm Control

anticoagulation, rate control and either antiarrhythmic drug therapy or pulmonary vein isolation (PVI)

in case of recurrent AF:
Re-PVI, adaptation of antiarrhythmic drug therapy

ECG monitoring of therapy

Usual Care

anticoagulation, rate control, supplemented by rhythm control only in symptomatic patients on optimal rate control therapy

outpatient FU at 12, 24, 36 months (both study groups)
therapy of underlying heart disease (both study groups)
blind assessment of primary outcomes (both study groups)

N Engl J Med. 2020;383(14):1305-1316.

Kirchhof P, et al. Am Heart J. 2013 Sep;166(3):442-448.

Gap between RCT and Real-World (2): Follow-up duration and Costs



RCT : Outcomes which happen in a long time cost too much money
- **Cancer / Dementia / ESRD / Death in relatively young patients**

—————→ Up to 2~3 years

Observational cohort : Outcomes continuously happen without needs for payment
- able to assess **clinical situations unlikely to be tested using RCTs**

—————→ Over 10 years

Benefit from observational studies



Generalizability



Follow-up duration

RCT → Up to 2~3 years

Observational studies → Over 10 years

- **Real-world** observational national studies can **supplement RCT evidence** and **benefit from**.
 - 1) **generalizability**
 - 2) **clinical situations unlikely to be tested using RCTs** *ex) longer follow-up is needed*
- For the benefits, we need to overcome numerous potential biases.
 - ✓ Selection bias / Immortal-time bias / Prevalent user bias / Healthy-user bias /
 - ✓ Unmeasured residual confounding

EAST-AFNET4: Demographics



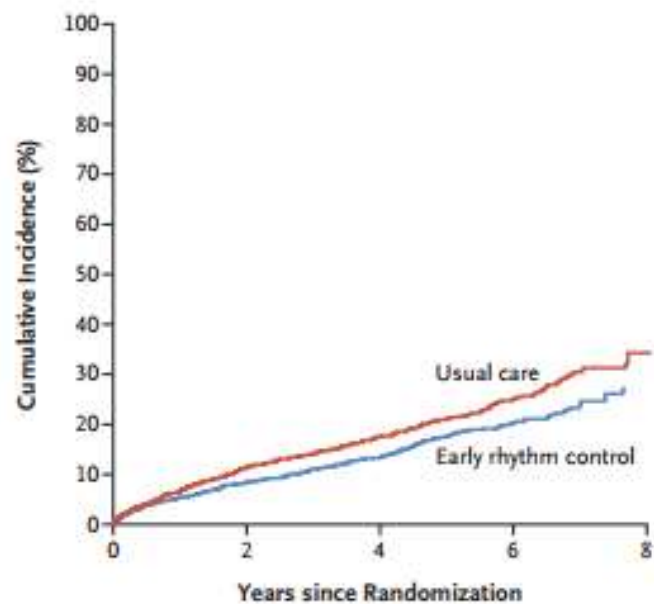
Table 1. Demographic and Clinical Characteristics of the Patients at Baseline.*

Characteristic	Early Rhythm Control (N = 1395)	Usual Care (N = 1394)
Age — yr	70.2±8.4	70.4±8.2
Female sex — no. (%)	645 (46.2)	648 (46.5)
Body-mass index†	29.2±5.4	29.3±5.4
Type of atrial fibrillation — no./total no. (%)		
First episode	528/1391 (38.0)	520/1394 (37.3)
Paroxysmal	501/1391 (36.0)	493/1394 (35.4)
Persistent	362/1391 (26.0)	381/1394 (27.3)
Sinus rhythm at baseline — no./total no. (%)	762/1389 (54.9)	743/1393 (53.3)
Median days since atrial fibrillation diagnosis (IQR)‡	36.0 (6.0–114.0)	36.0 (6.0–112.0)
Absence of atrial fibrillation symptoms — no./total no. (%)§	395/1305 (30.3)	406/1328 (30.6)
Stable heart failure — no. (%)**	396 (28.4)	402 (28.8)
CHA ₂ DS ₂ -VASc score††	3.4±1.3	3.3±1.3
Valvular heart disease — no./total no. (%)	609/1389 (43.8)	642/1391 (46.2)
Chronic kidney disease of MDRD stage 3 or 4 — no. (%)‡‡	172 (12.3)	179 (12.8)
Medication at discharge — no./total no. (%)§§		
Oral anticoagulation with NOAC or VKA	1267/1389 (91.2)	1250/1393 (89.7)
Digoxin or digitoxin	46/1389 (3.3)	85/1393 (6.1)
Beta-blocker	1058/1389 (76.2)	1191/1393 (85.5)
ACE inhibitors or angiotensin II receptor blocker	953/1389 (68.6)	979/1393 (70.3)
Mineralocorticoid-receptor antagonist	90/1389 (6.5)	92/1393 (6.6)
Diuretic	559/1389 (40.2)	561/1393 (40.3)
Statin	628/1389 (45.2)	568/1393 (40.8)
Platelet inhibitor	229/1389 (16.5)	226/1393 (16.2)

On average,

-
- **70**-years old
 - Diagnosed with AF **1 month ago**
 - **2/3 Non-persistent** AF
 - On oral anticoagulation
 - CHA₂DS₂-VASc **3.3**

EAST-AFNET4: Efficacy outcomes



No. at Risk					
Usual care	1394	1169	888	405	34
Early rhythm control	1395	1193	913	404	26

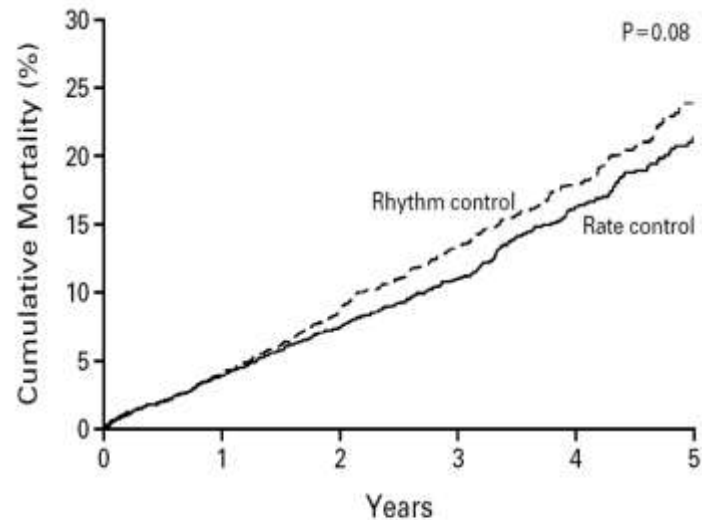
Figure 2. Aalen-Johansen Cumulative-Incidence Curves for the First Primary Outcome.

The first primary outcome was a composite of death from cardiovascular causes, stroke, or hospitalization with worsening of heart failure or acute coronary syndrome.

Table 2. Efficacy Outcomes.*

Outcome	Early Rhythm Control	Usual Care	Treatment Effect
First primary outcome — events/person-yr (incidence/100 person-yr)	249/6399 (3.9)	316/6332 (5.0)	0.79 (0.66 to 0.94) [†]
Components of first primary outcome — events/person-yr (incidence/100 person-yr)			
Death from cardiovascular causes	67/6915 (1.0)	94/6988 (1.3)	0.72 (0.52 to 0.98) [‡]
Stroke	40/6813 (0.6)	62/6856 (0.9)	0.65 (0.44 to 0.97) [‡]
Hospitalization with worsening of heart failure	139/6620 (2.1)	169/6558 (2.6)	0.81 (0.65 to 1.02) [‡]
Hospitalization with acute coronary syndrome	53/6762 (0.8)	65/6816 (1.0)	0.83 (0.58 to 1.19) [‡]
Second primary outcome — nights spent in hospital/yr	5.8±21.9	5.1±15.5	1.08 (0.92 to 1.28) [§]
Key secondary outcomes at 2 yr			
Change in left ventricular ejection fraction — %	1.5±9.8	0.8±9.8	0.23 (−0.46 to −0.91) [¶]
Change in EQ-5D score	−1.0±21.4	−2.7±22.3	1.07 (−0.68 to 2.82) [¶]
Change in SF-12 Mental Score ^{**}	0.7±10.6	1.6±10.1	−1.20 (−2.04 to −0.37) [¶]
Change in SF-12 Physical Score ^{**}	0.3±8.5	0.1±8.2	0.33 (−0.39 to 1.06) [¶]
Change in MoCA score	0.1±3.3	0.1±3.2	−0.14 (−0.39 to 0.12) [¶]
Sinus rhythm — no. of patients with feature/total no. (%)	921/1122 (82.1)	687/1135 (60.5)	3.13 (2.55 to 3.84) ^{††}
Asymptomatic — no. of patients with feature/total no. (%) ^{‡‡}	861/1159 (74.3)	850/1171 (72.6)	1.14 (0.93 to 1.40) ^{††}

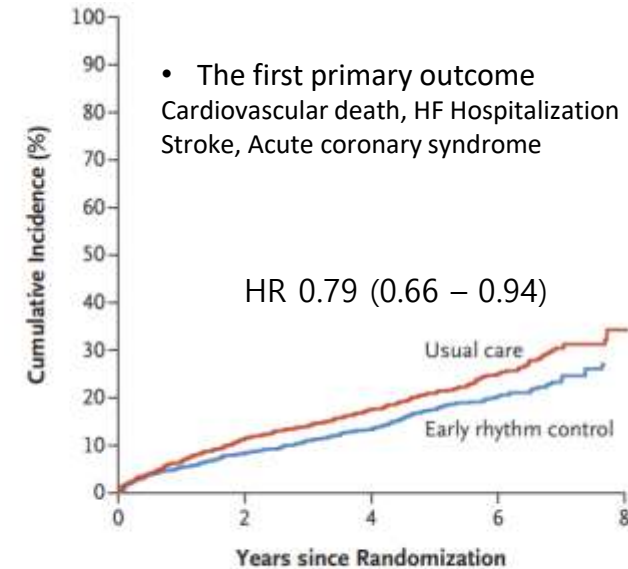
Why positive results in EAST-AFNET4? : Treatment timing matters?



No. OF DEATHS		number (percent)				
Rhythm control	0	80 (4)	175 (9)	257 (13)	314 (18)	352 (24)
Rate control	0	78 (4)	148 (7)	210 (11)	275 (16)	306 (21)

Persistent AF : 70%
AF duration : uncertain
From AF diagnosis to Tx : uncertain
Prev. failure of AAD : 18%

AFFIRM Investigators, *N Engl J Med* 2002;347:1825-33



No. at Risk					
Usual care	1394	1169	888	405	34
Early rhythm control	1395	1193	913	404	26

First episode or PAF : 74%
AF duration < 1yr
From AF diagnosis to Tx : 1Month

N Engl J Med 2020 Oct 1;383(14):1305-1316

Real World

- Late AF : > 1 year since AF diagnosis
- Low risk Patients (CHA₂DS₂-VASc score 0 or 1)

EAST-AFNET4

- Recently diagnosis AF
- CHA₂DS₂-VASc score ≥ 2

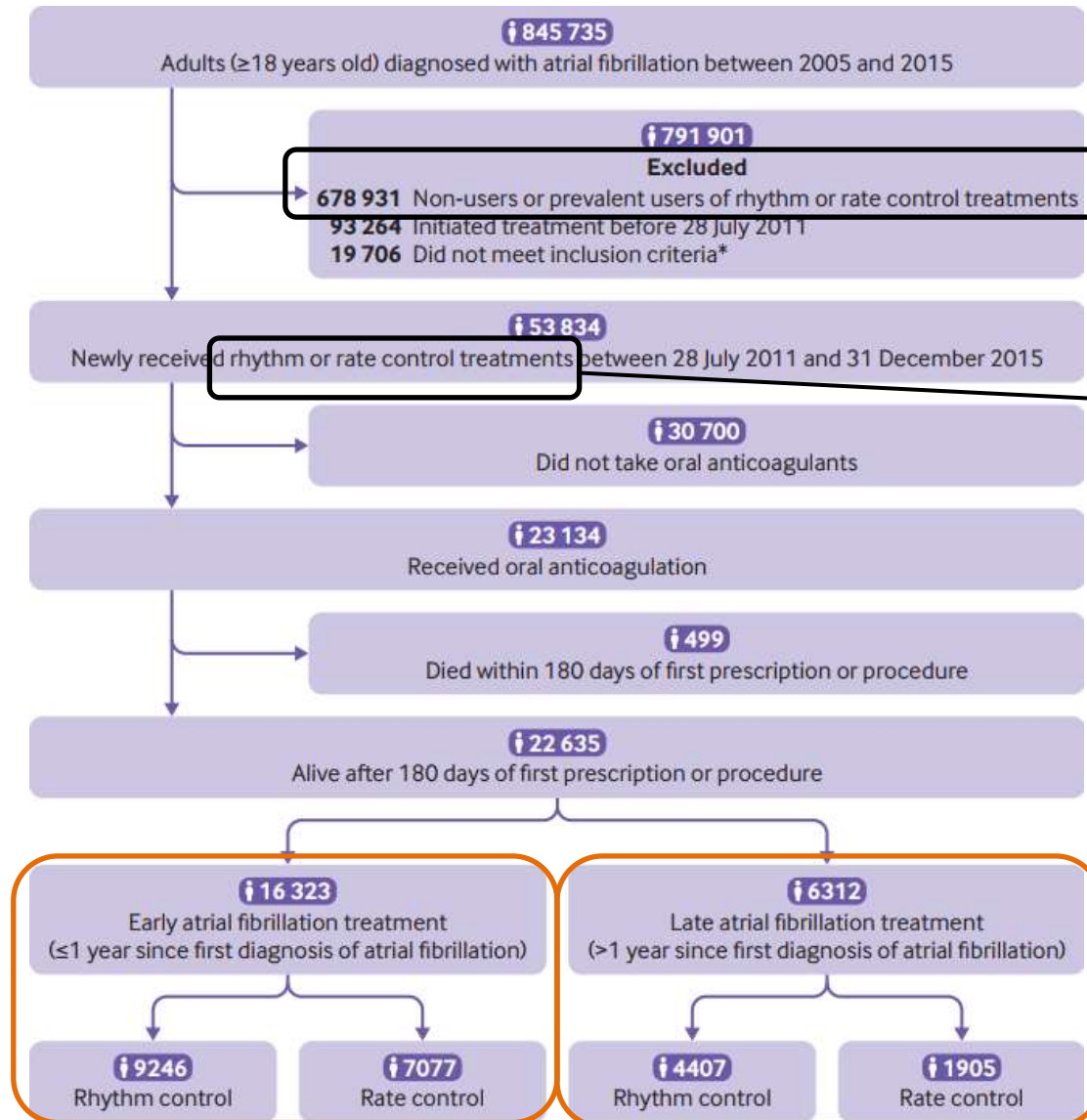
Treatment timing matters?: an evidence from real-world emulating the EAST-AFNET4



Korean real-world observational study

Components	Target trial (EAST-AFNET4)		This nationwide study (N=22,635)	
Inclusion period (Similar)	28 July 2011 – 30 December 2016		28 July 2011 – 31 December 2015	
Eligibility criteria (Same)	Adults (≥18 years of age) who were older than 75 years of age, had had a previous transient ischaemic attack or stroke, or met two of the following criteria: age greater than 65 years, female sex, heart failure, hypertension, diabetes mellitus, severe coronary artery disease, chronic kidney disease, and left ventricular hypertrophy			
Exposed group	Rhythm control: AADs, AF ablation, cardioversion of persistent AF, to be initiated early after randomization		Intention-to-treat with rhythm control in the first 180 days : >90 day use of rhythm control drugs or undergoing ablation	
Unexposed group	Usual care: initially treated with rate-control therapy without rhythm-control therapy		Intention-to-treat with rate control in the first 180 days: >90 day use of rate control drug without using rhythm control drugs or undergoing ablation	
Primary outcome (Same)	A composite of death from cardiovascular causes, stroke, or hospitalization with worsening of heart failure or acute coronary syndrome			
Safety outcome (Similar)	A composite of death from any cause, stroke, or pre-specified serious adverse events of special interest capturing complications of rhythm-control therapy		A composite of death from any cause, intracranial or gastrointestinal bleeding requiring hospitalization, or pre-specified serious adverse events of special interest capturing complications of rhythm-control therapy	

Treatment timing matters?: an evidence from real-world emulating the EAST-AFNET4



New user design

Active Comparator Design

Target trial
Rhythm control
vs. Usual care (BB, CCB, DGX or No med)

RWD
Rhythm control (AAD or ablation)
vs. Rate control (BB, CCB, or DGX)

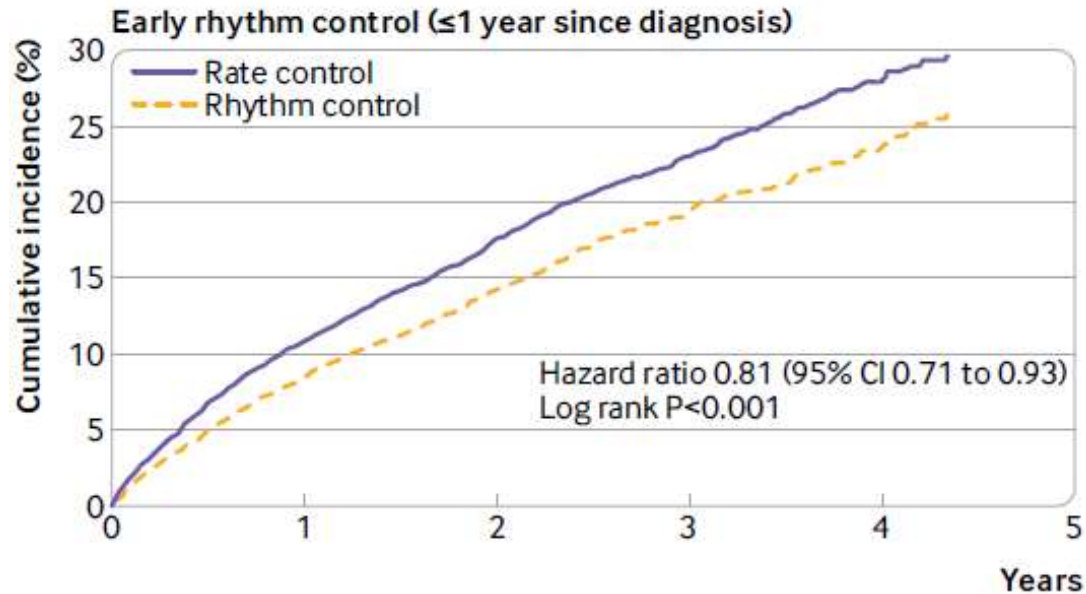
Same with the target trial Not included in the target trial

Treatment timing matters?: an evidence from real-world emulating EAST-AFNET4

- Primary composite outcome



Korean Nationwide AF cohort Study



No at risk (weighted cumulative incidence)

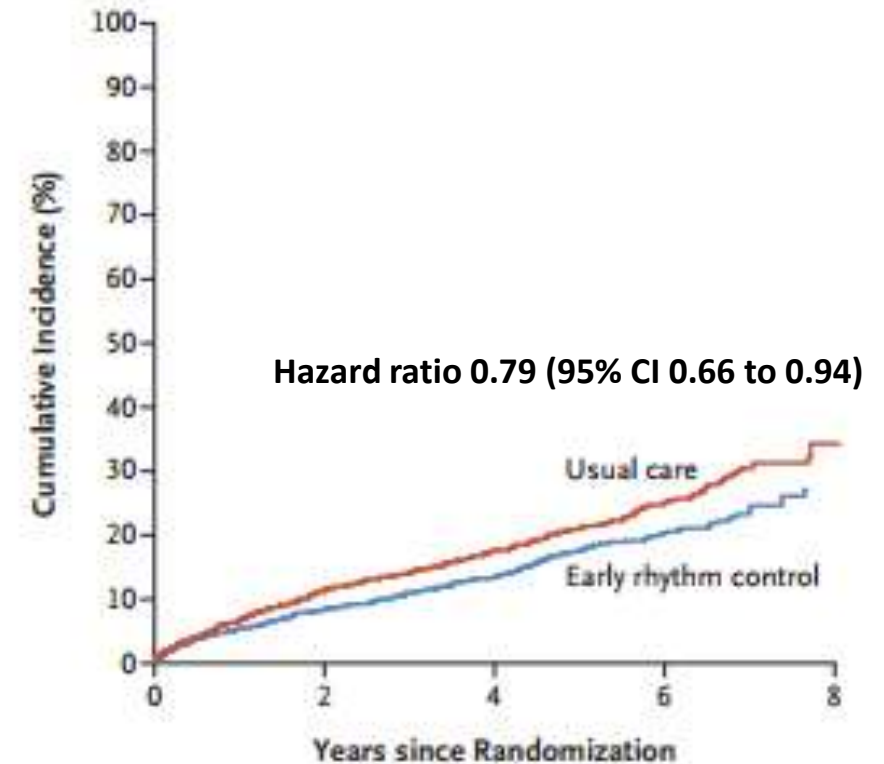
Rate control

7077	5084	3248	1841	728
(0%)	(10.8%)	(17.5%)	(22.9%)	(27.8%)

Rhythm control

9246	6885	4361	2466	1033
(0%)	(8.3%)	(14.2%)	(19.3%)	(23.4%)

RCT : EAST-AFNET4



No. at Risk

Usual care	1394	1169	888	405	34
Early rhythm control	1395	1193	913	404	26

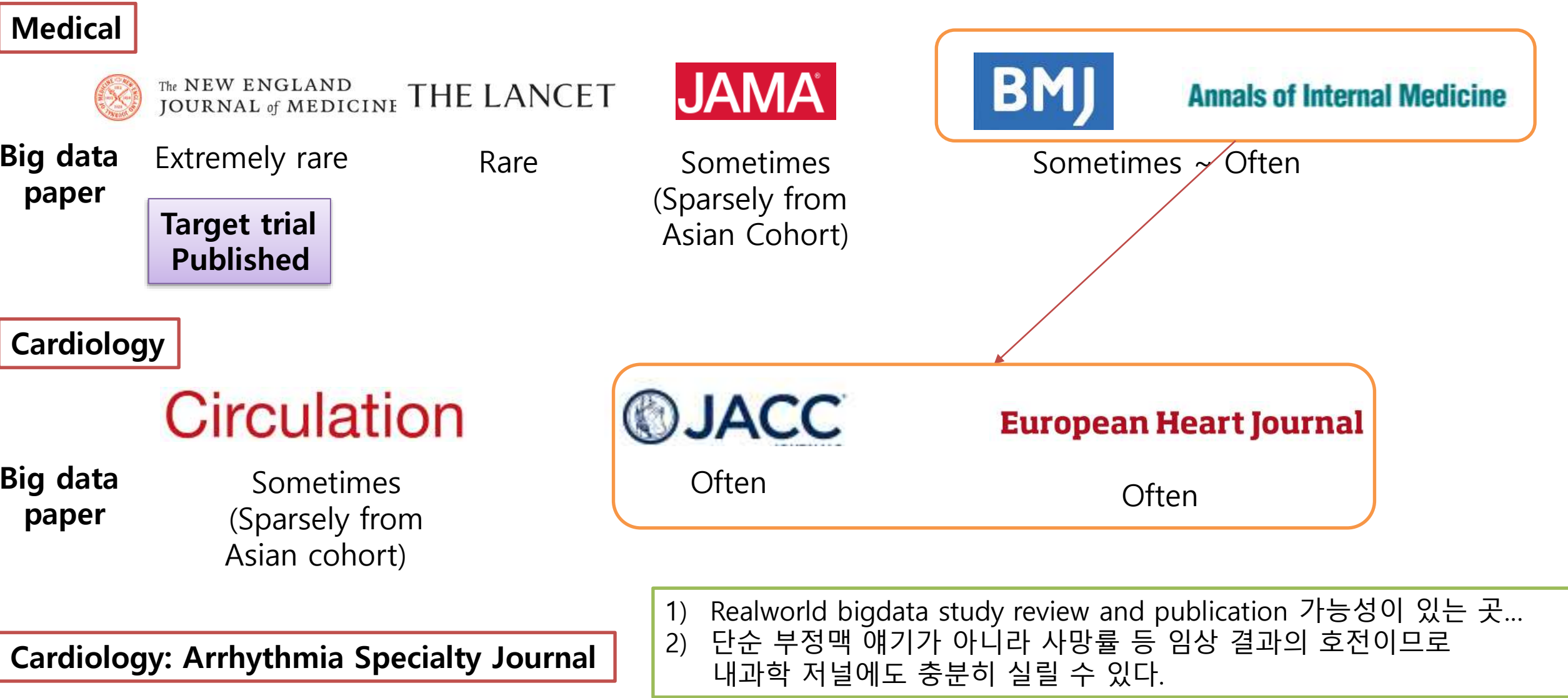
Finding the first best fit,
that is,
the fit between the **needs of authors** and the **features of journals**.

Needs of authors

- 1) High impact/prestigious journal....
- 2) Timely review and publication
(NEJM target trial의 impact가 사라지기 전에...)
(남들이 비슷한 내용으로 분명히 하고 있을텐데...)



Selection of target journal? **Features of journal**
1) Inherent nature of big-data cohort study 2) Scope of the journal (부정맥 vs. Cardiology vs. General medicine)



Selection of target journal? **Features of journal**

1) Inherent nature of big-data cohort study



가능성이 없지는 않다... 하지만 한국 RWD publication은 rare....



JAMA | Original Investigation

October 27, 2020

Association of Ticagrelor vs Clopidogrel With Net Adverse Clinical Events in Patients With Acute Coronary Syndrome Undergoing Percutaneous Coronary Intervention

Seng Chan You, MD, MS; Yeunsook Rho, PhD; Behnood Bikdeli, MD, MS; Jiwoo Kim, MS; Anastasios Siapos, MSc; James Weaver, MSc; Ajit Londhe, MPH; Jaehyeong Cho, BS; Jimyung Park, BS; Martijn Schuemie, PhD; Marc A. Suchard, MD, PhD; David Madigan, PhD; George Hripcsak, MD, MS; Aakriti Gupta, MD, MS; Christian G. Reich, MD; Patrick B. Ryan, PhD; Rae Woong Park, MD, PhD; Harlan M. Krumholz, MD, SM

[Abstract](#) | [Full Text](#)

FREE JAMA. 2020; 324(16):1640-1650. 10.1001/jama.2020.16167

This cohort study compares net risk for ischemic vs hemorrhagic events at 12 months among patients treated with ticagrelor vs clopidogrel during and after percutaneous coronary intervention (PCI) management of acute coronary syndrome (ACS).



JAMA | Original Investigation

November 6, 2018

Association of Blood Pressure Classification in **Korean** Young Adults According to the 2017 American College of Cardiology/American Heart Association Guidelines With Subsequent Cardiovascular Disease Events

Joung Sik Son, MD, MSc; Seulggie Choi, MD; Kyuwoong Kim, BSc; Sung Min Kim, BSc; DaeIn Choi, MD; Gyeongil Lee, MD, MSc; Su-Min Jeong, MD, MSc; Seong Yong Park, MPH; Yeon-Yong Kim, MD; Jae-Moon Yun, MD, MPH; Sang Min Park, MD, PhD, MPH

[Abstract](#) | [Full Text](#)

FREE JAMA. 2018; 320(17):1783-1792. 10.1001/jama.2018.16501

This population-based cohort study uses a national insurance database data to estimate long-term rates of cardiovascular disease among young Korean adults with elevated blood pressure and stage 1 and 2 hypertension defined by the 2017 ACC/AHA High Blood Pressure Clinical Practice Guideline.



Selection of target journal?

3) History of desk rejection or being sent for peer review



Full of
Immediate reject history

- [Check Status # JAMA17-9714](#)
- [Check Status # JAMA18-0722](#)
- [Check Status # JAMA18-11017](#)
- [Check Status # JAMA19-5398](#)
- [Check Status # JAMA19-6390](#)
- [Check Status # JAMA19-7032](#)



History of
Reject after editorial meeting and peer review

✉ Contact Journal	BMJ-2019-053538	The risk of dementia after catheter ablation for atrial fibrillation: a propensity-weighted cohort study	10-Nov-2019	22-Dec-2019
EPA: Team, BMJ				
<ul style="list-style-type: none">Reject after Committee (22-Dec-2019)Resubmission option expired on 23-Dec-2019				
Archiving completed on 21-Jun-2020				
view decision letter				
		Files Archived		

Treatment timing matters?: an evidence from real-world emulating the EAST-AFNET4



Treatment timing and the effects of rhythm control strategy in patients with atrial fibrillation: nationwide cohort study

Daehoon Kim,¹ Pil-Sung Yang,² Seng Chan You,³ Jung-Hoon Sung,² Eunsun Jang,¹ Hee Tae Yu,¹ Tae-Hoon Kim,¹ Hui-Nam Pak,¹ Moon-Hyoung Lee,¹ Gregory Y H Lip,⁴ Boyoung Joung¹

Korean real-world observational study

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Real World

- Late AF : > 1 year since AF diagnosis
- Low risk Patients (CHA₂DS₂-VASc score 0 or 1)

EAST-AFNET4

- Recently diagnosis AF
- CHA₂DS₂-VASc score ≥ 2

New evidence in rhythm control in Korean AF patients : How about **low-risk** patients?



Annals of Internal Medicine

ORIGINAL RESEARCH

Early Rhythm Control Therapy for Atrial Fibrillation in Low-Risk Patients

A Nationwide Propensity Score-Weighted Study

Not eligible for EAST-AFNET 4 ($n = 16\,659$)
without cardiovascular conditions*
approximating a CHA₂DS₂-VASc score of 0–1

Rhythm control
($n = 8\,684$)

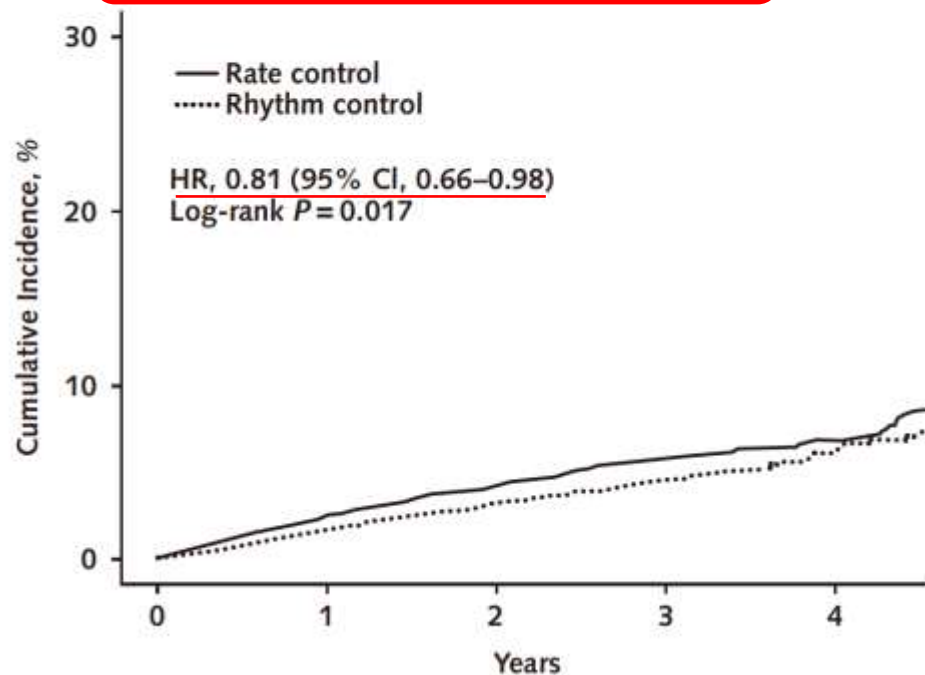
Rate control
($n = 7\,975$)

Eligible for EAST-AFNET 4 ($n = 37\,557$)
with cardiovascular conditions*
approximating a CHA₂DS₂-VASc score of ≥ 2

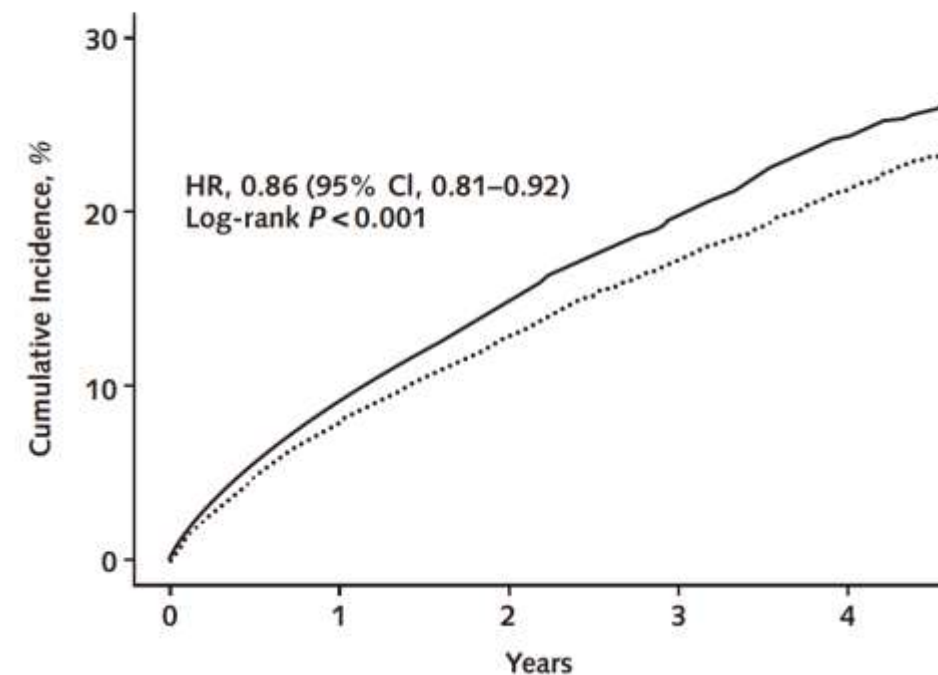
Rhythm control
($n = 18\,944$)

Rate control
($n = 18\,613$)

Did not meet inclusion criteria for EAST-AFNET 4
(CHA₂DS₂-VASc of approximately 0–1)



Eligible for EAST-AFNET 4
(CHA₂DS₂-VASc of approximately ≥ 2)



Needs of authors (Timely publication)에 초점을 맞춰 매칭한 결과

Target trial



Early Rhythm-Control Therapy in Patients with Atrial Fibrillation

P. Kirchhof, A.J. Camm, A. Goette, A. Brandes, L. Eckardt, A. Elvan, T. Fetsch, I.C. van Gelder, D. Haase, L.M. Haegeli, F. Hamann, H. Heidbüchel, G. Hindricks, J. Kautzner, K.-H. Kuck, L. Mont, G.A. Ng, J. Rekosz, N. Schoen, U. Schotten, A. Suling, J. Taggeselle, S. Themistoclakis, E. Vettorazzi, P. Vardas, K. Wegscheider, S. Willems, H.J.G.M. Crijns, and G. Breithardt, for the EAST-AFNET 4 Trial Investigators*

Korean RWD (Yonsei Univ)



IF 93.33

Treatment timing and the effects of rhythm control strategy in patients with atrial fibrillation: nationwide cohort study

Daehoon Kim,¹ Pil-Sung Yang,² Seng Chan You,³ Jung-Hoon Sung,² Eunsun Jang,¹ Hee Tae Yu,¹ Tae-Hoon Kim,¹ Hui-Nam Pak,¹ Moon-Hyoung Lee,¹ Gregory Y H Lip,⁴ Boyoung Joung¹

Annals of Internal Medicine

Early Rhythm Control Therapy for Atrial Fibrillation in Low-Risk Patients

A Nationwide Propensity Score-Weighted Study

IF 51.598

ORIGINAL RESEARCH

US RWD (Mayo clinic)








Journal of the American Heart Association

Volume 11, Issue 11, 7 June 2022
<https://doi.org/10.1161/JAHA.121.024214>



ORIGINAL RESEARCH

Generalizability of the EAST-AFNET 4 Trial: Assessing Outcomes of Early Rhythm-Control Therapy in Patients With Atrial Fibrillation

Jannis Dickow, MD ; Paulus Kirchhof, MD ; Holly K. Van Houten, BA ; Lindsey R. Sangaralingham, MPH; Leon H. W. Dinshaw, MD ; Paul A. Friedman, MD; Douglas L. Packer, MD ; Peter A. Noseworthy, MD ; Xiaoxi Yao, PhD, MPH 

IF 5.4

Finding the first best fit,
that is,

the fit between the **needs of authors** and the **features of journals**.

Features of journal and needs of editors : 해당 저널의 최근 이슈는 기본 파악

Protein risk score를 이용한
Stroke 예측 연구

→ Neurology Journal에서는
Immediate reject

The screenshot shows the Annals of Internal Medicine website. The search bar at the top right contains the word "proteomic". Below the search bar, a green banner reads "Search results". On the left, under "APPLIED FILTERS", there is a button for "Annals of Internal Medicine" with an 'X' icon. Below that, under "ARTICLE TYPE", there are two options: "Original Research" with a count of 4, and "Editorial" with a count of 1. On the right, the search results show "1 - 19 of 19 result for 'proteomic'". There are links for "Save search" and "RSS". Below this, it says "Refine Search" with a dropdown arrow. The first result is an "Original Research" article dated "1 January 2024". The title is "Development and Validation of a Protein Risk Score for Mortality in Heart Failure: A Community Cohort Study". The authors listed are Kayode O. Kuku, MD, Joseph J. Shearer, PhD, MPH, Maryam Hashemian, MD, PhD, Rebecca Oyetero, BS, Hoyoung Park, PhD, Brittany Dulek, MS, Suzette J. Bielinski, PhD, MEd, Nicholas B. Larson, PhD, Peter Ganz, MD, et al. At the bottom of the page, there is a navigation bar with the Annals of Internal Medicine logo, a "Home" button, and links for "For Authors", "For Reviewers", "Contact", and "Logout". A "Change journal" link is also present at the bottom right.

Collapse Manuscript Details

Manuscript #	ANNALS-25-00034
Current Revision #	0
Submission Date	2025-01-03 10:02
Current Stage	Under Peer Review
Title	Development and validation of a protein risk score for stroke 🌈
Manuscript Type	Original Research

Features of journal and needs of editors : Call for papers

COMMENT · Volume 3, Issue 5, E277, May 2021 · [Open Access](#)

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Cardiology and big data: a call for papers

[Stuart Spencer](#)^a · [Rupa Sarkar](#)^b

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» Show Outline

The Lancet and *The Lancet Digital Health* are seeking research Articles on big data and cardiology. We are interested in research that uses artificial intelligence to analyse data, such as echocardiograms, electrocardiograms, and physiological measurements from wearable devices, to predict risk factors and provide recommendations for early diagnosis and prognosis of cardiovascular diseases. We welcome submissions for consideration to both journals and we will consider high-quality original research papers that have the potential to influence clinical practice, especially those that describe the results of randomised trials and interdisciplinary research that provide a deeper understanding of diagnosis, management, and prevention of cardiovascular diseases. If your paper is accepted, online first publication can be scheduled to coincide with presentation at a relevant conference, such as the American Heart Association Scientific Sessions on Nov 13–15, 2021.

Please submit your paper via the online submission system for [The Lancet](#) or [The Lancet Digital Health](#) and state in your covering letter that the submission is in response to this call for papers. The deadline for submissions is May 31, 2021.

We declare no competing interests.

☐ ARTICLES

Cited in Scopus: [265](#)

[Risk of acute myocardial infarction and ischaemic stroke following COVID-19 in Sweden: a self-controlled case series and matched cohort study](#)

The Lancet, Vol. 398, No. 10300, p599–607, Published: July 29, 2021

Ioannis Katsoularis, Osvaldo Fonseca-Rodríguez, Paddy Farrington, Krister Lindmark, Anne-Marie Fors Connolly

[Download PDF](#) [Export Citation](#)

Features of journal and needs of editors

HOME > 학술포커스

AHA/ACC 고혈압 목표기준 변경...학계 '들쭉'

이정환 기자 leeh91@doctorsnews.co.kr | 승인 2018.03.19 11:48 | 댓글 0



의학신문 기획특집

미국 심장협회/심장학회 고혈압 목표기준변경...학계 '들쭉'

지난해 11월 13일 미국심장협회·심장학회(AHA/ACC)가 목표 고혈압 기준을 130/80mmHg으로 낮추면서 우리나라도 큰 영향을 받을 것으로 예상된다.

우리나라 국민건강영양조사(2015년 기준) 데이터로 분석하면 30세 이상 성인 가운데 전체 32.0%(남자 35.1% 여자 29.1%)가 고혈압환자군에 해당한다. 하지만 AHA/ACC가 개정한 기준을 적용하면 전체 50.5%(남자 59.4% 여자 42.2%)가 고혈압 환자군이 된다.

'미국 고혈압치료지침 2017'은 혈압은 낮게 유지할수록 심혈관질환 예방과 합병증 억제 효과가 크기 때문에 조기에 적극적으로 치료를 시작하는 의미에서는 매우 훌륭하고 강력한 메시지를 담고 있다. <의학신문>은 AHA/ACC의 새로운 고혈압 목표 기준 변경으로 인해 국내에서 고혈압 환자를 치료하는 의사들의 인식을 조사하고, 진료패턴이 어떻게 변할 것인지 알아보고자 한다. 또 고혈압의 적극적 관리가 신장·당뇨·뇌졸중 환자들에게는 어떤 영향을 미치는지도 함께 알아보고자 한다.

-글 쓰는 순서-

1. 미국 심장협회/심장학회 고혈압 목표기준변경...학계 '들쭉'
2. AHA/ACC 새 고혈압 기준이 신장·당뇨·뇌졸중 환자에게 미치는 영향은?
3. 고혈압 목표기준 변경에 대한 의사 인식조사

미국가정의학회 "목표혈압 130/80mmHg 반대한다

박민혜 기자 | 입력 2017.12.20 06:23 | 댓글 0

ACC·AHA 고혈압 가이드라인 검토 결과 지지해야 하는 근거 불충분

가
본문크기

북
마크

공
유하기

프
린트

f

X

G

미국가정의학회(AAFP)가 미국심장학회(ACC)·심장학회(AHA)가 새롭게 발표한 고혈압 가이드라인을 지지하지 않는다는 입장을 내놓으면서 향후 목표혈압에 대한 논쟁이 이어질 것으로 전망된다.



AAFP의 Michael Munger 회장은 12일 성명서를 통해 "ACC·AHA 고혈압 가이드라인을 검토한 결과, 새로운 고혈압 진단기준과 목표혈압 등을 지지해야 하는 근거가 충분하지 않았다"고 밝혔다.

지난달 발표된 ACC·AHA 고혈압 가이드라인은 고혈압 경계치와 목표혈압을 기존보다 낮춰, 고혈압 진단기준을 140/90mmHg 이상에서 130/80mmHg 이상으로, 목표혈압을 130/80mmHg 미만으로 제시했다. 이를 미국 임상에 적용할 경우 신규 고혈압 환자가 늘어 기존 32%였던 미국의 고혈압 유병률은 46%로 급증하게 된다.

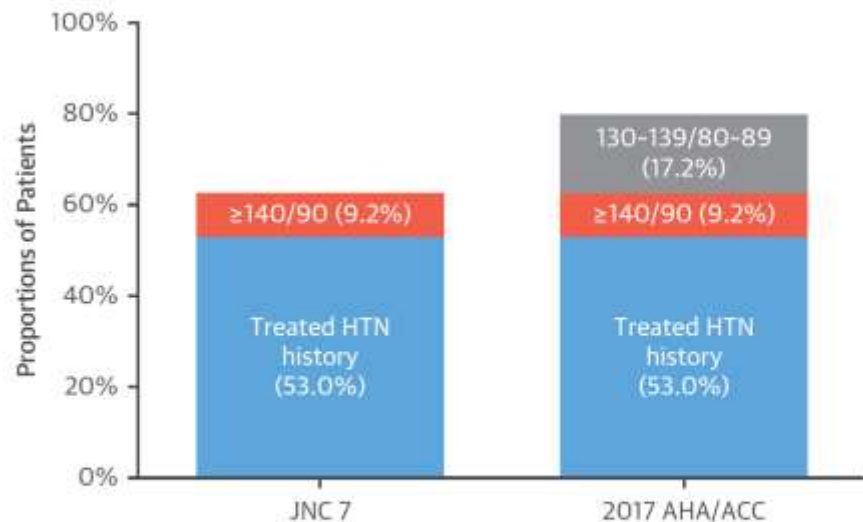
AAFP는 ACC·AHA 고혈압 가이드라인을 지지하지 않는 이유에 대해 ACC·AHA가 그동안 발표된 연구 결과들을 체계적으로 검토하지 않았기 때문이라고 제언했다.

구체적으로 ACC·AHA 고혈압 가이드라인은 SPRINT 연구 결과에 너무 많은 무게를 뒀고 다른 연구 결과들은 과소평가했다고 피력했다. SPRINT 연구 결과가 중요하지만, 그동안 발표됐던 전체 연구 결과를 바탕으로 SPRINT 연구 결과를 고려해야 한다는 것이다.

이와 함께 ACC·AHA가 개발한 죽상경화성 심혈관질환 위험도 평가도구를 활용해 혈압 조절을 위한 약물치료를 결정해야 한다는 권고안에도 문제가 있다고 지적했다. 이 평가도구는 유효성이 검증되지 않았고 실제 임상에 활용했을 때 환자 예후가 개선됐다는 근거가 없다는 이유에서다.

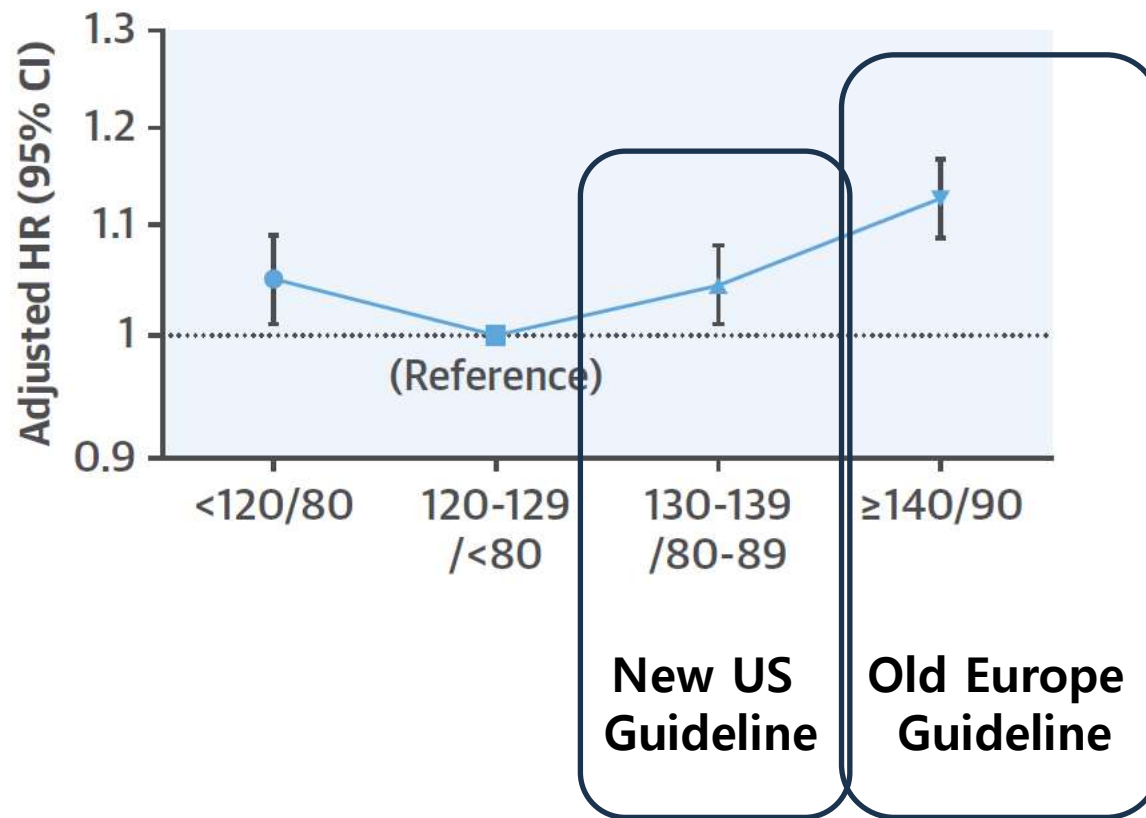
Impact of the new HTN guidelines by ACC/AHA (2017.11.13)

FIGURE 2 Prevalence of HTN Among Patients With AF Meeting the Definition for HTN According to the JNC7 Guideline and the 2017 ACC/AHA Guideline



ACC/AHA = American College of Cardiology/American Heart Association; AF = atrial fibrillation; HTN = hypertension; JNC7 = the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure.

Major Cardiovascular Event



미국심장학회지 vs. 유럽심장학회지

Submission to the Journal of American College of Cardiology (2018.02.28)

HTN Guideline update ACC/AHA (2017.11.13)

Date: 2018-03-28 12:51:57

Last Sent: 2018-03-28 12:51:57

Triggered By: Redacted

CC: Redacted

BCC: Redacted

Subject: JACC020618-0486 Decision Letter

Message: "What is the ideal blood pressure in patients with atrial fibrillation?: A nationwide cohort study"

Decision to revise within 1 month

Dear Dr. Joung and Dr. Lip:

Thank you for sending your manuscript to JACC. Both our editors and external reviewers carefully evaluated the paper. The consensus is that it may merit publication, if the issues raised by the reviewers can be adequately addressed. The comments of the reviewers are included with this letter.

Your manuscript has also been forwarded for further evaluation of statistical methods, and you will receive separate communication if issues are raised which should be addressed. Those will need to be appropriately addressed as well. Please contact the Editorial Office if two weeks have passed and you have not received a statistical review. Note that we require the full content of the manuscript to be uploaded with each submission to ensure proper content.

In addition to the reviewers' comments, the editors also would like you to address the following:

1. In resubmitting your manuscript, please provide a detailed list of changes related to the reviewers' comments and a version of your paper with track changes used. In view of the page limitations and an extensive publication backlog, we ask that you not lengthen your paper when revising it. We remind you that the word count for a JACC original research manuscript is 5,000 words, including references and figure legends. Please put the word count of your paper on the title page of the revised manuscript; word count begins at the beginning of the Introduction of the text and ends after the figure legends.
2. Please keep the title of your paper to 15 words or less, including subtitle if relevant.
3. Provide a condensed abstract of 100 words, stressing clinical implications, for the expanded table of contents.
4. When preparing the structured abstract, please remember to provide background, objective(s), methods, results, and conclusions.
5. Please provide a list of up to 10 abbreviations used in the paper, along with their definitions, on a separate page following the abstract. If you did not use abbreviations in the manuscript, disregard this request.
6. Please review your reference list for abstracts that are 2 years old or older and either replace them with the published articles or omit them.
7. Please provide a Central Illustration. Please note that we only expect rough hand-drawn illustrations, and JACC is pleased to offer the services of our Medical Illustrator, at our expense, to assist in the preparation of final publishable figures while you are revising your manuscript. These services are for work on illustrations only. Tables are automatically formatted to the JACC style while charts and graphs are retouched for the uniform Journal style. Please refer to the Instructions to the Authors for the use of font type, font size and the choice of symbols. There is no fee for the use of color figures, and we would want you to liberally use color. We feel it improves the clarity and visual impact of the images. Our preferred file format is TIFF and 300 DPI (dots per inch). We also will accept high-quality EPS, PowerPoint, JPG, and PDF files. All figures must have a title followed by an appropriate legend explaining the objective of the study component/experiment, results, and implications.
8. At the end of the paper, please provide important information about the message and clinical context of the paper in a box presentation. It includes conclusions pertaining to clinical competencies and translational implications. Please refer to the Instructions to the Authors for details and examples.
9. Please include your Twitter handle, if you have one, with the corresponding author's contact information upon resubmission.
10. You will receive separate correspondence with a link to your electronic forms shortly. Please complete the forms promptly, in order to schedule your paper upon acceptance. Please note that the order in which authors are listed on the form will not affect how they appear in print. Final author order is taken from the title page.
11. Please follow the link below to upload your revised manuscript:
Link Not Available

Again, thank you for your submission to JACC. We look forward to receiving your revised manuscript.

Features of journal and needs of editors : Focusing on the controversial new guideline

Journal of the American College of Cardiology

JACC Journals › Journal of the American College of Cardiology › Archives

11 September 2018

JACC | Vol. 72 No. 11

SPECIAL FOCUS ISSUE: BLOOD PRESSURE

≡ IN THIS ISSUE

SPECIAL FOCUS ISSUE: BLOOD PRESSURE

Ideal Blood Pressure in Patients With Atrial Fibrillation



Daehoon Kim, MD,^{a,*} Pil-Sung Yang, MD,^{b,*} Tae-Hoon Kim, MD,^{a,*} Eunsun Jang, MS,^a Hyejung Shin, MS,^c Ha Yan Kim, MS,^c Hee Tae Yu, MD,^a Jae-Sun Uhm, MD,^a Jong-Youn Kim, MD,^a Hui-Nam Pak, MD,^a Moon-Hyoung Lee, MD,^a Boyoung Joung, MD,^{a,†} Gregory Y.H. Lip, MD^{a,d,e,f}



2017 ACC/AHA Blood Pressure Treatment Guideline Recommendations and Cardiovascular Risk

FREE ACCESS

ORIGINAL INVESTIGATION

Lisandro D. Colantonio, Paul Muntner, et. al.

JACC. 2018 Sep, 72 (11) 1187-1197.

PREVIEW ABSTRACT

ABSTRACT | FULL TEXT | PDF | PODCAST



What to Do When Blood Pressure Is Between 130/80 and 139/89 mm Hg?

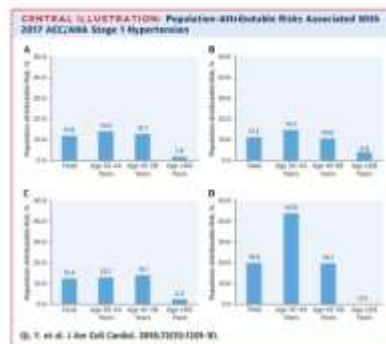
FREE ACCESS

ORIGINAL INVESTIGATION

Paolo Verdecchia, Gianpaolo Reboldi, et. al.

JACC. 2018 Sep, 72 (11) 1198-1200.

FULL TEXT | PDF



Long-Term Cardiovascular Risk Associated With Stage 1 Hypertension Defined by the 2017 ACC/AHA Hypertension Guideline

FREE ACCESS

ORIGINAL INVESTIGATION

Yue Qi, Jing Liu, et. al.

JACC. 2018 Sep, 72 (11) 1201-1210.

PREVIEW ABSTRACT

ABSTRACT | FULL TEXT | PDF | PODCAST

Gap between RCT and Real-World (2): Follow-up duration and Costs



RCT : Outcomes which happen in a long time cost too much money
- Cancer / **Dementia** / ESRD / Death in relatively young patients

—————→ Up to 2~3 years

Observational cohort : Outcomes continuously happen without needs for payment
- able to assess **clinical situations unlikely to be tested using RCTs**

—————→ Over 10 years

좋은 빌드업 과정 : 심방세동과 치매 관련성



ESC

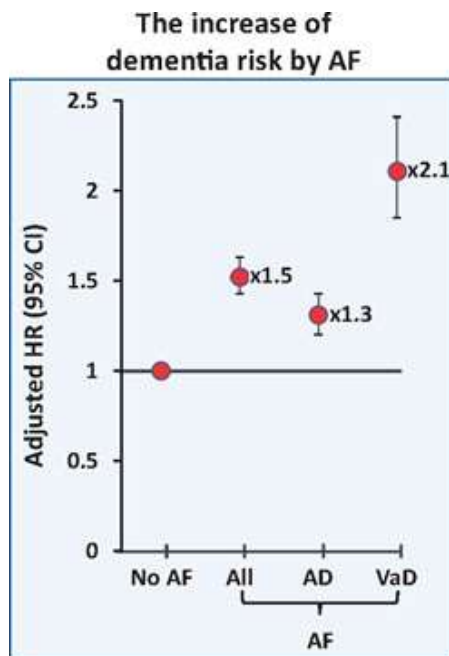
European Society
of Cardiology

European Heart Journal (2019) 40, 2313–2323
doi:10.1093/eurheartj/ehz386

CLINICAL RESEARCH

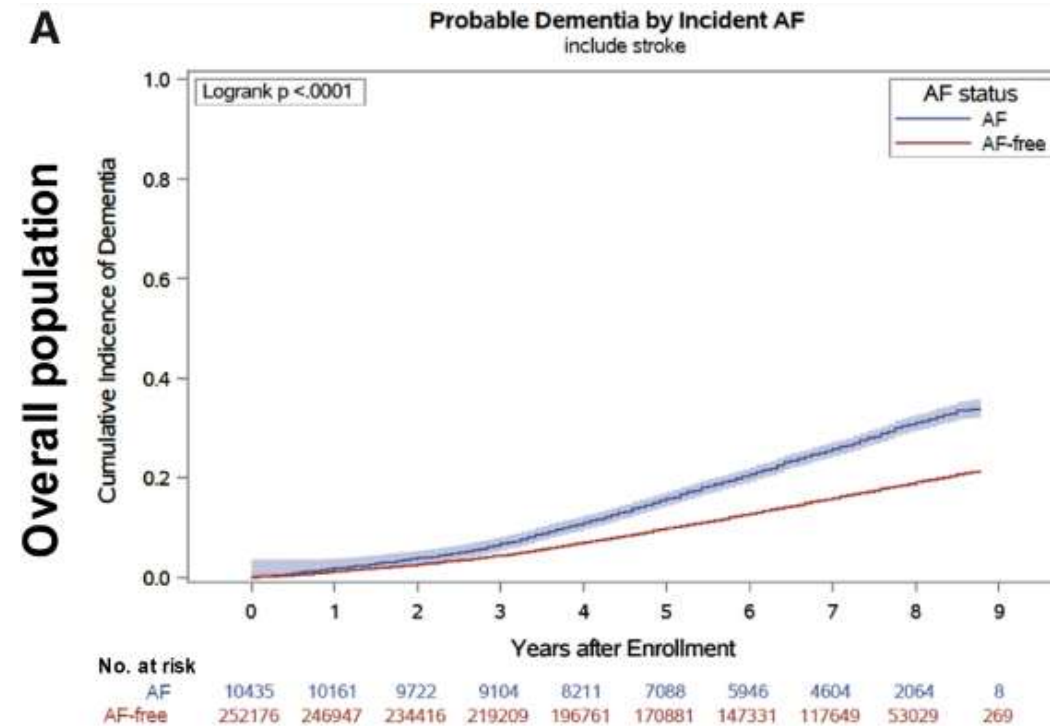
Atrial fibrillation

Risk of dementia in stroke-free patients diagnosed with atrial fibrillation: data from a population-based cohort



* AD: Alzheimer disease, VaD: Vascular dementia

A

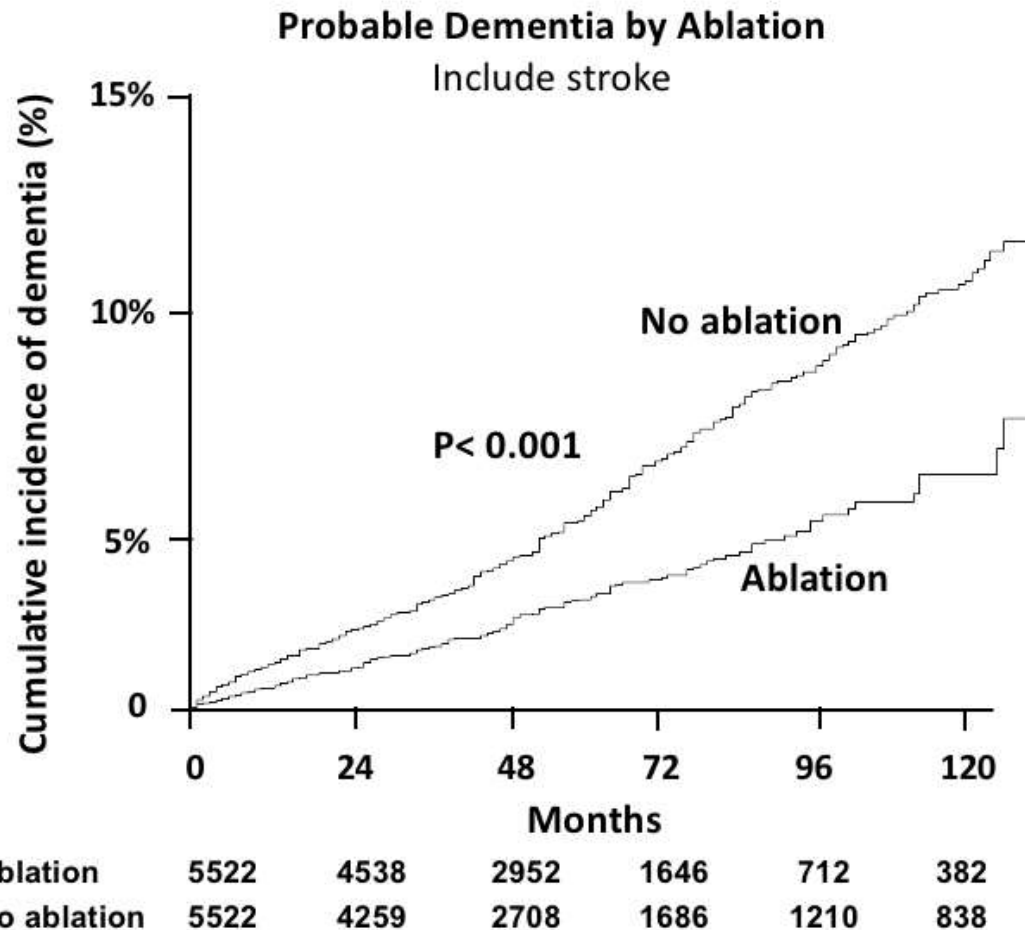


- Incident AF was associated with a 52% increased risk for dementia
- The association was independent of clinical stroke.

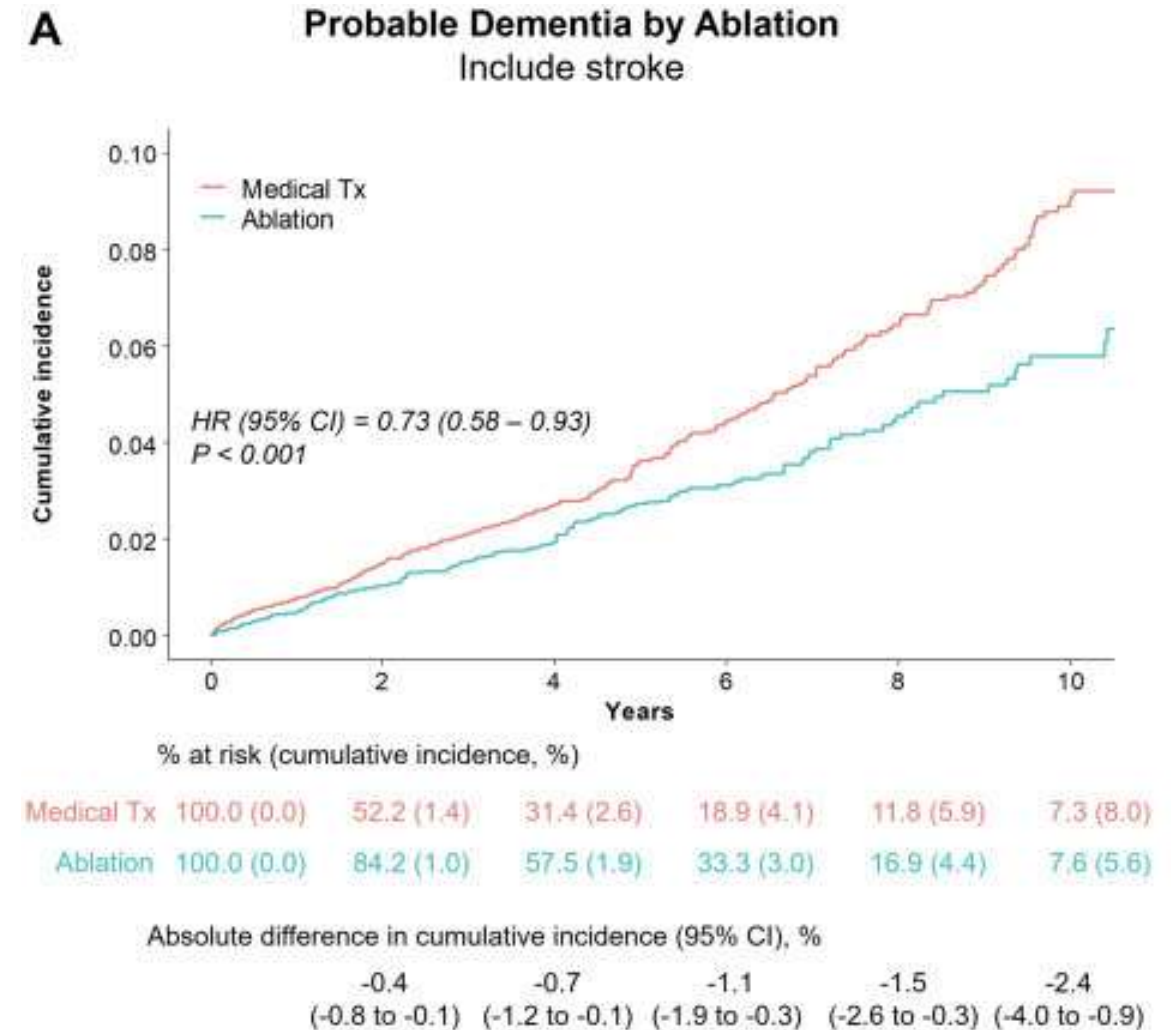
두 연구의 차이점은?



Rejected after major revision from EHJ
(2019.8)



Accepted after de novo resubmission (no invitation)
(2020.8)





ESC

European Society
of Cardiology

European Heart Journal (2019) **40**, 2271–2275

doi:10.1093/eurheartj/ehz508

ISSUE @ A GLANCE

The heart and the brain: cardiovascular risk factors, atrial fibrillation, and dementia



Thomas F. Lüscher^{1,2,3}, MD, FESC

¹Professor of Cardiology, Imperial College and Director of Research, Education & Development, Royal Brompton and Harefield Hospitals London, UK; ²Professor and Chairman, Center for Molecular Cardiology, University of Zurich, Switzerland; and ³Editor-in-Chief, EHJ Editorial Office, Zurich Heart House, Hottingerstrasse 14, 8032 Zurich, Switzerland



ESC

European Society
of Cardiology

European Heart Journal (2020) **41**, 4483–4493

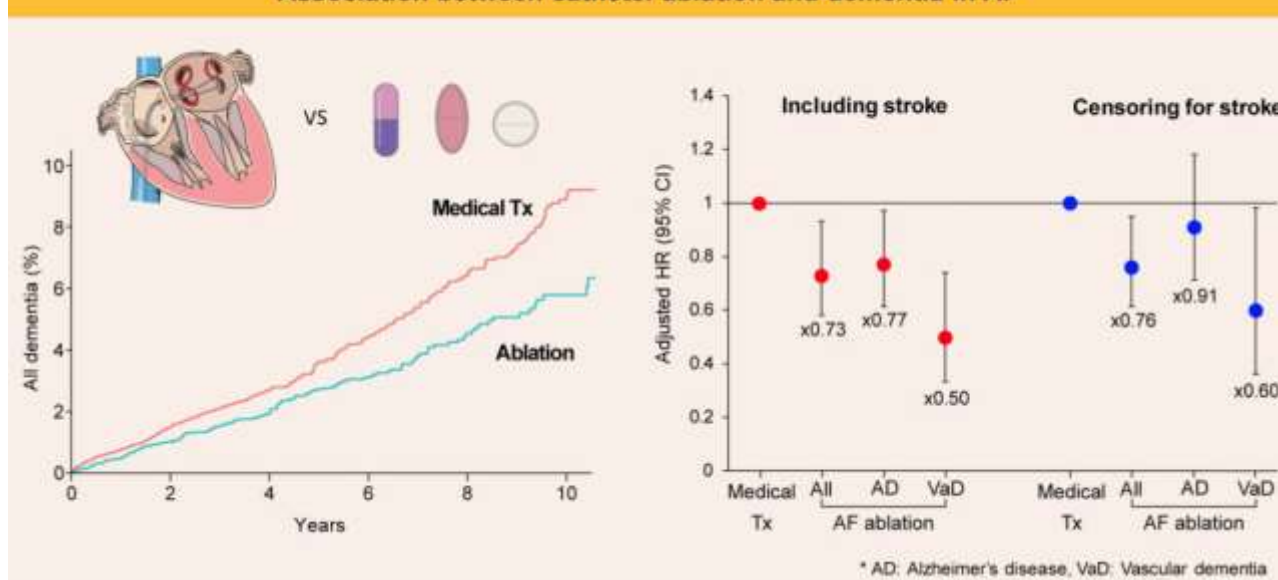
doi:10.1093/eurheartj/ehaa726

CLINICAL RESEARCH

Arrhythmias

Less dementia after catheter ablation for atrial fibrillation: a nationwide cohort study

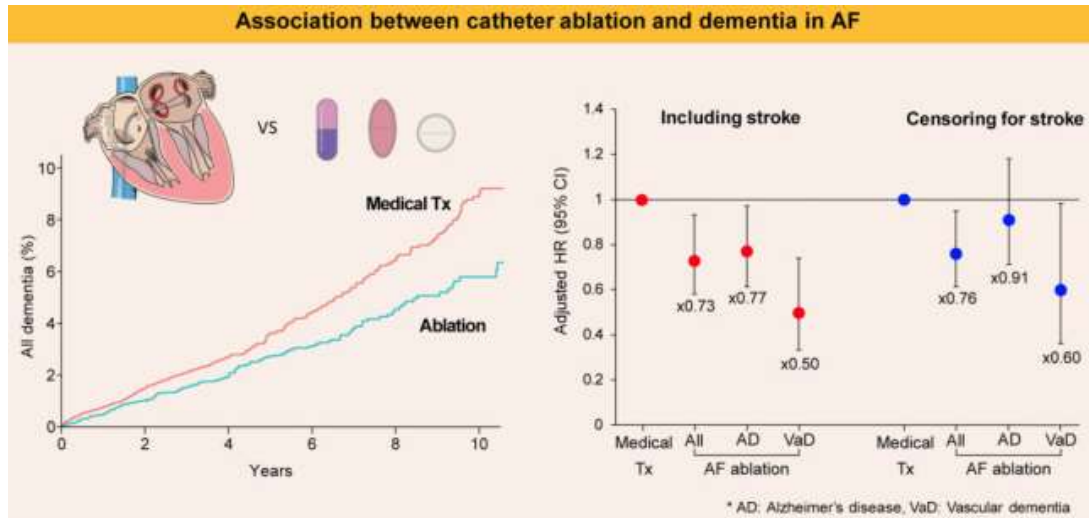
Association between catheter ablation and dementia in AF



Editor들이 느끼는 기시감을 감지하자...



기존 연구 심방세동 시술 vs. 약물 치료의 치매에 대한 효과



새 연구 심방세동 리듬 조절 (약물+시술) vs. 맥박 조절 약물 치료의 치매에 대한 효과

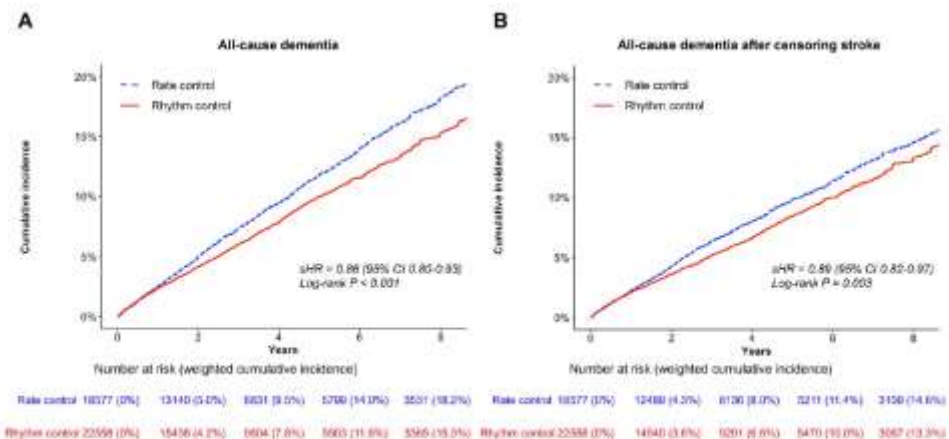


Figure 2. Weighted cumulative incidence curves for all-cause dementia in (A) overall and (B) after censoring stroke. CI, confidence interval; sHR, subdistribution hazard ratio.

Date: 23 Apr 2021
To: "Boyoun Jung" cby6908@yuhs.ac
cc: "Daehoon Kim" kimdhoon@yuhs.ac, "Pil-Sung Yang" psyang01@cha.ac.kr, "Seng Chan You" applegna@gmail.com, "Jung-Hoon Sung" atropin5@cha.ac.kr, "Eunsun Jang" sunny_jes@yuhs.ac, "Hee Tae Yu" heetyu@yuhs.ac, "Tae-Hoon Kim" thkimcardio@yuhs.ac, "Hui-Nam Pak" hnpak@yuhs.ac, "Moon-Hyung Lee" mhlee@yuhs.ac, "Gregory Lip" gregory.lip@liverpool.ac.uk
From: "European Heart Journal" eurheartj@zhj.ch
Subject: Your submission to the European Heart Journal: - EURHEARTJ-D-21-01352 - Association between rhythm control and dementia risk among patients with atrial fibrillation: a population-based cohort study

Dear Dr Jung,

Thank you for submitting your manuscript EURHEARTJ-D-21-01352 entitled "Association between rhythm control and dementia risk among patients with atrial fibrillation: a population-based cohort study" for consideration to the European Heart Journal.

Your manuscript has been carefully evaluated within the Editorial Board. Following this careful evaluation, the Editors have concluded that it would be unlikely to receive sufficient priority for publication were it to enter the external review process and are therefore rejecting without review. Currently, the acceptance rate for manuscripts submitted to the European Heart Journal is only 5%.

We recognize the quality of your work and suggest you submit your manuscript directly to an appropriate specialty journal such as

EP-Europace

Please note that this suggestion has been made by the Editors of the EHJ. No contact has been made with the Editors of the Specialty Journal, so we cannot guarantee their positive response.

We hope that you are successful in placing your paper.

Yours sincerely,

Prof. Filippo Crea
 Editor in Chief

Executive Editors:

Prof. Lina Badimon, Prof. Colin Berry, Prof. Raffaele De Caterina, Prof. Perry M. Elliott, Prof. Robert Hatala, Prof. Peter Libby, Prof. Cecilia Linde, Prof. Anne Tybjaerg-Hansen

Editors comments to the Author:

Editor's Responses to Questions and Comments to Author

Editor Notes to Author:

Managing Editor: Although you now compare rhythm with rate control, your previous 2020 EHJ paper (PMID: 33022705) significantly dampens the novelty of your present paper. Lack of novelty is especially present since it is not randomised data.

기시감을 감지했다면 완전히 분야 저널로... (1)

기존 연구 시술 vs. 약물 치료의 **치매에 대한 효과**
→ 유럽심장학회지 (IF 35)

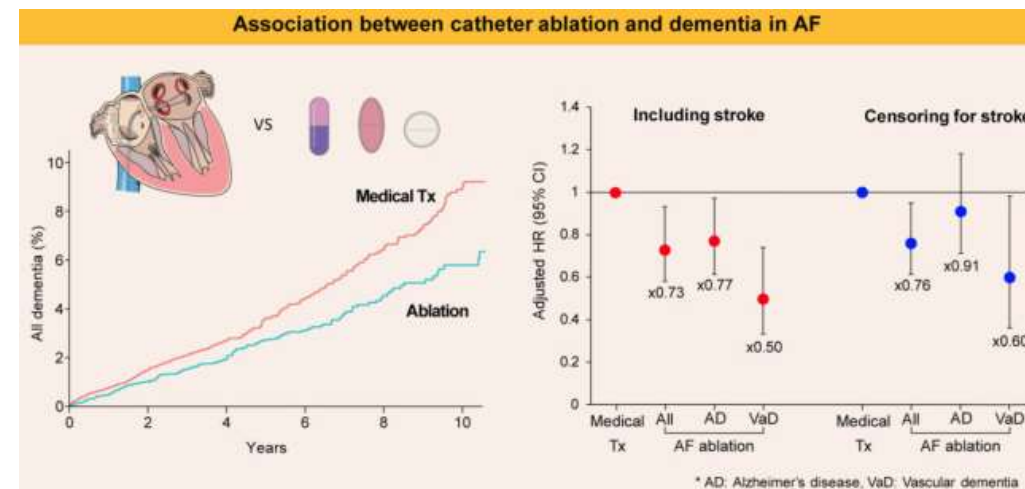


ESC
European Society
of Cardiology

European Heart Journal (2020) 41, 4483–4493
doi:10.1093/eurheartj/ehaa726

CLINICAL RESEARCH
Arrhythmias

Less dementia after catheter ablation for atrial fibrillation: a nationwide cohort study



새 연구 리듬 조절 (약물+시술) vs. 맥박 조절 약물 치료의 **치매에 대한 효과**
→ 영국 노인의학지 (IF 12.78)

Age and Ageing 2022; 51: 1–9
<https://doi.org/10.1093/ageing/afab248>

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RESEARCH PAPER

Association of rhythm control with incident dementia among patients with atrial fibrillation: a nationwide population-based cohort study

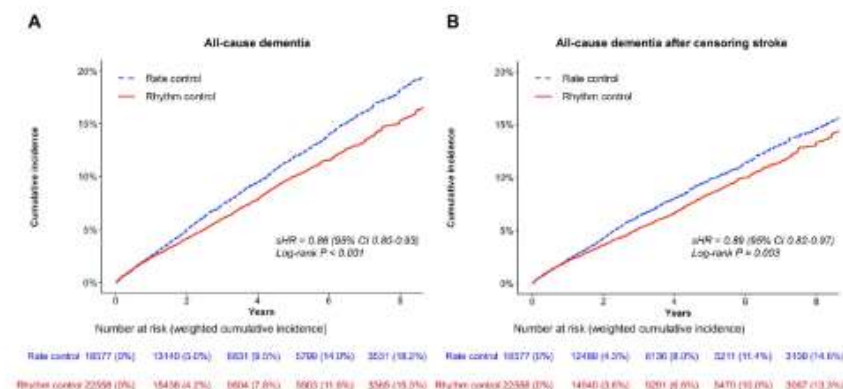


Figure 2. Weighted cumulative incidence curves for all-cause dementia in (A) overall and (B) after censoring stroke. CI, confidence interval; SHR, subdistribution hazard ratio.

기시감을 감지했다면 완전히 분야 저널로... (2)

기존 연구: 심방세동 환자의 시술 vs. 약물 치료의 치매에 대한 효과

→ 유럽심장학회지 (IF 35)



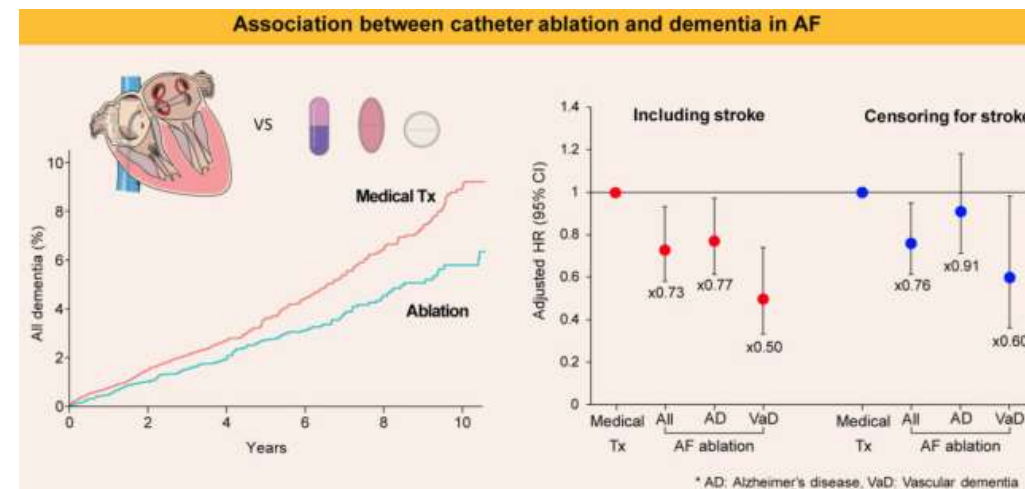
ESC
European Society
of Cardiology

European Heart Journal (2020) 41, 4483–4493
doi:10.1093/eurheartj/ehaa726

CLINICAL RESEARCH

Arrhythmias

Less dementia after catheter ablation for atrial fibrillation: a nationwide cohort study



새 연구: 심방세동 환자의 혈압 조절의 치매에 대한 효과

→ 미국고혈압학회지 (IF 10.190)

Dementia

Blood Pressure Control and Dementia Risk in Midlife Patients With Atrial Fibrillation

Daehoon Kim,* Pil-Sung Yang,* Eunsun Jang, Hee Tae Yu, Tae-Hoon Kim, Jae-Sun Uhm, Jong-Youn Kim, Jung-Hoon Sung, Hui-Nam Pak, Moon-Hyoung Lee, Gregory Y.H. Lip,† Boyoung Joung†

Features of journal and needs of **editors** : 이차 이득을 기대하지 말자...



RE: Hi



김대훈(심장내과)
받는 사람

메시지를 한국어(으)로 번역 | 영어에서 번역하지 않음 | 번역 기본 설정

↶ 회신 | ↶ 전체 회신 | → 전달 | ...

2023-12-18 (월) 오후 4:48

Dear Dr.,

Although the situation might be stressful for it's fortunate that the normal sinus rhythm has been maintained.
I hope Hannah's remaining trip is enjoyable, and I wish good health to your entire family.

Sincerely,
Daehoon Kim

From:
Sent: Monday, December 18, 2023 12:46 PM
To:
Cc: 김대훈(심장내과) <KIMDHOON@yuhs.ac>
Subject: Re: Hi

Thank you – and much appreciation to Prof Kim for the kind attention to my daughter. It is an honor to have Prof Kim take the time to see her. I truly appreciate the kind attention – and I am also grateful to the staff at Severance.

Best,

From:
Date: Sunday, December 17, 2023 at 21:55
To:
Cc: "김대훈(심장내과)" <KIMDHOON@yuhs.ac>
Subject: Re: Hi

I am pleased to inform you that has successfully completed her medical consultation. Professor Daehoon Kim, a distinguished researcher and EP specialist in Korea, unofficially attended to her treatment. As we discussed, her symptoms seem to stem more from anxiety rather than an SVT attack.

Nevertheless, to prepare for a potential SVT attack, she has been prescribed propranolol (indenol) 40mg, 5 tablets. Considering that there are still two weeks left of her honeymoon and she seems to be experiencing the symptoms quite severely, we have also prescribed a 5-day course of ivabradine (procoralan), 0.5 tablets, to be taken if the symptoms persist.

Although the situation was somewhat chaotic, it was a pleasure to meet your family members, you again.

Sincerely,

I understand there must have been a lot of concern throughout the night, but there seems to be no cause for serious worry. Wishing you a good night, and I look forward to meeting

**Medical consultation at Emergency room
for the Editor-in-chief's daughter**

→ No publication after then

Finding the fit between the **needs of authors** and the **features of journals**.

- 1) Impact / Prestige
(High IF가 개별 논문의 퀄리티를 얘기하지는 않는다)
- 2) Publication timing
(지금 아니면 승산이 없는 주제
vs. 1~2년 뒤 리뷰 들어가도 승산 있는 주제)
 - Realistic / Ideal targeting
(possibility of being sent for peer review)
 - Time to rejection without review

역지사지(易地思之) – 내가 에디터라면?

- 1) 저널이 인정하는 Evidence level
RCT / Experimental
RWD / Small to medium registry
 - 해당 저널에서 peer review 받은 과거력
- 2) Scope of the journal
(General / Specific / Too specific)
 - 최근 1년 내 article 확인
 - Call for paper 확인
- 3) Issues
 - Emerging topic (dementia)
 - Topic in debate (New guideline)
 - 내가 봐도 식상한 경우 완전히 다른 쪽으로

Thank you for your attention