

## To be rejected, citation from Bloomberg, accelerated Editor in Chief Office

*The hottest places in hell are reserved  
for those who in times of great moral  
crises maintain their neutrality.*  
Dante Alighieri (The Divine Comedy)

I am hereby conveying, even without changing the punctuation, a New Year Celebration that I received from a friend of mine that I love, know, and follow closely, a relatively young academician who also submit papers to the Anatolian Journal of Cardiology now and then, and who also serve as a referee: "Dear master, our writings are so easily kicked out that we are almost scared to send papers to AJC. Have a good years." When I paid close attention, I have noticed 5 spelling and punctuation errors and an inappropriate expression in the Turkish version. The word "ret" [meaning "rejection", "kick out (Slang)"] ends with "t" in the spelling book of the Turkish Language Association and ends with "d" in some worthy dictionaries; but that's another story. I, as being the top responsible person for the good and harm of the Anatolian Journal of Cardiology, am committed to evaluate delivered writings, letters, research and related manuscripts with even accuracy, dignity, and neutrality. Beyond scientific publishing, the establishment, execution, and conclusion of a research directly affect the Anatolian Journal of Cardiology, and either make or break our publication. I understand that my dearest colleague has not realized how we strive to raise the value of manuscripts received from many academicians for the sake of not to "kick them out" so easily.

Otherwise, a manuscript is not weighed according to what has been told, what has been made, or what the outcome was. All writings are read by me from cover to cover (because I am not much occupied apart from my overtime with grandchildren) with the questions in mind: "What would the readers understand when they read on PubMed? What would it serve for? What is genuine? At the risk of being "kicked out", we are obliged to create better projects and to better express ourselves on paper in order to pull our community out of darkness that we still could not make understood the importance of math and science. Almost everyone in the cardiology society may be more or less aware of who I am, but not much people really knows about me. Rejection of the submitted papers is also my loss. Publishing a paper, which will not attract attention or which will not be pleasurable, is another failure setting the Anatolian Journal of Cardiology one step back. From this standpoint, referee reports bear responsibility at least as much as I do. Reports on cases that we often explain to our students and residents, studies

executed and submitted under the name of a single author, reports claiming the first and single case in the world, studies which cite articles written in Polish and Japanese or those not included in Pubmed or other reputable indexes, studies which are lacking even relation between hypothesis and conclusion, self-evident and overestimated manuscripts will have to be eliminated in a few days with regret and some anger. How would the Anatolian Journal of Cardiology arrive at this point? Only the "Resist Rejection" approach does not end up with the decision of "rejection" as the story tells about two goats meeting each other on a bridge. Our doors are wide open for those who achieve sufficient referee score and particularly for those who prepare their research in scientific standards. We have passed our youth and life receiving letters starting with "I regret to inform you...", the rest of which was not read and thrown away, but from which some lessons were taken.

Here, I return once more on the same string, the subject of "unnecessary cardiology applications" that we mentioned in the previous issues. In the last months of the year, an article was issued in a weekly commercial journal in the USA (Bloomberg) with a profound impact on the public opinion. The rumors about coronary stents are only a small, visible, noticeable, and speakable part of the "iceberg". Despite this, as I already mentioned in my editorials, cardiology leaders do not utter a word about this issue. As it is publicly reported in the United States, the guidelines are not followed and the procedure is "totally profit-oriented". As it is understood, Bloomberg is implying that some cardiological procedures have not been performed in the American hospitals as they are recommended in ACC-AHA guidelines, in other words these guidelines are not followed. Furthermore, it is argued that these procedures are performed as to look after the interests of the physicians and hospital administration. Therefore, while avoiding stent procedures in patients with stable coronary artery disease, here we have more surgical patients in whom the surgery has been excellently completed! While the cardiologists follow "Appropriate use criteria" and AHA-ACC guidelines, they also point that the surgeons as well are required to adhere their own rules.

The question is will Anatolian Journal of Cardiology be a party or cast itself an enlightening role in this contemporary discussion, or stay completely out of this discussion? I wish that



we get involved in this argument with dignity and by being a side of scientific facts, considering our responsibilities and our reputation in the scientific milieu.

Seven years have passed over the "Clinical Outcomes Utilizing Revascularization and Aggressive Drug Evaluation (COURAGE)" study. The fact that percutaneous coronary intervention combined with optimal medical therapy is no superior than optimal medical therapy alone in preventing future events in patients with stable ischemic heart disease continues to have serious consequences worldwide; however, our hands once got used to it. "Appropriate used criteria" scenarios are considerably beneficial but not yet have become our "bedside book". It is; however, better to leave the priority of percutaneous coronary interventions in acute coronary events out of these discussions. Well, what is it we learnt from COURAGE? The research published in *Circulation* with the title of "Cardiovascular Outcomes and Quality" in the United States on December 17, 2013 indicates that interventional cardiologists have somewhat settled down. After COURAGE study, a 25% decline was observed in the hospitals performing frequent interventions and an 18% decline was observed in the hospitals performing interventions to selected patients. Let the same happen to us. Nevertheless, patients with lesions in the left main coronary artery and those with severe left ventricular dysfunction should be left out of this discussion.

At the middle of North America Dr. SDM implanted 21 coronary stents only in one a patient in a duration of 8 months. A procedure extremely difficult to stand up for. Dr. JML has been blamed for implanting stents in "industrial norms". In addition, there are mentions about \$22 million reimbursement for unnecessary interventions in the catheterization laboratory. I am only conveying the reported data.

Our long running efforts for issuing early acceptance and assigning DOI numbers have probably attracted your attention in our New Year Celebration e-mail that you have received. Our efforts to assign DOI number have been accelerated in the last couple of months and will come up with result in the first few months of this year as issuing "acceptance and assigning DOI number within few weeks". Until now, this issue has been rightfully talked to our face and behind our back, and all will finally come to an end. We will be heralding the assigned DOI numbers for those who are preparing associate professorship files and who seek early assignment of DOI.

The 2<sup>nd</sup> Original Research Award prepared by the Anatolian Journal of Cardiology and Eskişehir-ETİ Group has finally found the owner with two different jury works. The grand prize goes to Prof. Dr. Mehmet Özyayın and colleagues (Erdoğan D, Tayyar S, Uysal BA, Doğan A, Içli A, Özkan E, Varol E, Türker Y, Arslan A) from Isparta-Süleyman Demirel University for their study titled "N-3 polyunsaturated fatty acids administration does not reduce the recurrence rates of atrial fibrillation and inflammation after electrical cardioversion: a prospective randomized study" *Anadolu Kardiyol Derg* 2011 Jun;11(4):305-9. The second prize goes to Dr. Sinan Altan Kocaman and colleagues (Yalçın MR, Yağcı M, Şahinarıslan A, Türkoğlu S, Arslan U, Kurşunluoğlu N, Özdemir M, Timurkaynak T, Cemri M, Abacı A, Boyacı B, Çengel A.) from

Ankara-Gazi University for the study titled "Endothelial progenitor cells (CD34+KDR+) and monocytes may provide the development of good coronary collaterals despite the vascular risk factors and extensive atherosclerosis" *Anadolu Kardiyol Derg* 2011 Jun;11(4):290-9. The third prize goes to Assistant Prof. Dr. Refik Emre Altekin and colleagues (Yanıkoglu A, Karakaş MS, Özel D, Yıldırım AB, Kabukçu M.) from Antalya-Akdeniz University for their study titled "Evaluation of subclinical left ventricular systolic dysfunction in patients with obstructive sleep apnea by automated function imaging method; an observational study" *Anadolu Kardiyol Derg* 2012 Jun;12(4):320-30. The awards were given at the meeting of Istanbul Interventional Cardiology Course held in the Congress Center of Şişli Florence Nightingale Hospital on December 7, 2013.

Prof. Dr. Gulmira Kudaiberdieva has resigned from Editorship. I am sure of her future success. Mrs. Bilge Tunalı was appointed as assistant of Editor in chief office.

With kind regards

**Bilgin Timuralp**  
**Editor in Chief**  
**Eskişehir-Turkey**



Jury Foreman Prof. Yılmaz Nişancı and Dr. Sinan Altan Kocaman who is receiving his 2<sup>nd</sup> award (explained above)