

Evaluation of some original articles in this issue and the duels of authors and referees

In my editorial writings, I often mention the importance of referees. In fact, even though I exaggerated, I mention "the Anatolian Journal of Cardiology owes its level to devoted efforts of serious referees and frequent trainings of authors provided by these referees". Referees sharing this high honor have reviewed many papers, which would be rejected, with their rigorous, serious and persistent evaluations; corrections of authors according to comments, even re-writing of papers, have led the Anatolian Journal of Cardiology to have a chance to publish an original article that can be cited.

One of the best examples for the above-mentioned effort is the observational, cross-sectional study conducted by Dr. Uğur Abbas Bal and his colleagues on "stent restenosis and asymmetric dimethylarginine (ADMA)". They tested the hypothesis that ADMA levels could be a marker based on the increase in ADMA levels determined after stent restenosis. However, until the acceptance of the manuscript for publication, Dr. Bal was forced to deal with five referees, one of them being our statistical consultant, and he succeeded to complete changes and additions suggested by the referees with the efforts continued for months. First, the referees reported that two researchers had already tested and confirmed such a hypothesis. As an Editor in Chief, it was understood that contrary to these studies in which measurement of ADMA was performed before the stent intervention, Dr. Bal approached this issue by an original method, in which measurement was performed after coronary intervention. Moreover, two pages of corrective comments of Prof. Dr. Kudaiberdieva, who was the Editor at that time, were fulfilled completely. As is seen, acceptance or refusal of a paper does not depend on the Editor in Chief's decision; anyway, there is a co-editor's barrier at first. Nevertheless, as a result, the Editor in Chief will attract the attention when comes to difference between the hell and heaven. As clearly shown in the reference, although the study by Deckacz et al. (1) entitled "Plasma asymmetric dimethylarginine predicts restenosis after coronary angioplasty" was conducted before this study, the study by Dr. Bal and his colleagues was approved by the referees as it was really an original article.

Inoue was a surgeon who teaches us percutaneous mitral balloon commissurotomy. However, Inoue gave a method, which greatly honored cardiologists, as a gift to us. I guess, this is the result of a "multidisciplinary" work. Nowadays, for example,

there is a need for extensive teams with different scientific fields for TAVI studies, isn't it. The method established by the cardiologist Dr. Mark Sherrid and the cardiac surgeon Dr. Daniel G. Swistel in their collaborative study entitled "Hypertrophic Cardiomyopathy Treatment: Medical Surgical and Sudden Death Prevention", which I also observed, has still been a prevalent and excellent method. "This work is team work" as we say.

A research related to the above-mentioned issue is the paper by Dr. Ayşe Yeşim Göçmen and her colleagues: "The relationship between oxidative stress markers and visual evoked potentials in different hypertension models". This is a valuable research conducted by the collaboration and harmonious contribution of a biochemist, neurologist, psychologist, and biophysicist. Unfortunately, neither the term "rat" nor the term "experimental" was present in the title of this experimental study conducted solely on rats. The study being experimental is understood only when the aim is read. The researchers are fascinated by their hypothesis that rat or human has become not different for them (Chief Editor: I apologize to my readers). We still say to our students "its reason is 80%-90% unknown: essential=primary=idiopathic" while mentioning about arterial hypertension, don't we. This is our great weakness because if the average age is 75 years and of them, 70% is hypertensive, we need to say "I do not know the reason of this issue" to approximately one billion people. This is the expression of our weakness. For this reason, we should not be surprised to hope for help from rats.

Dr. Göçmen and colleagues has gone nowhere fast by their collaborative study on basic sciences; how happy they are, their paper was accepted by minor revisions from three referees. We, clinicians, owe a lot to these basic scientists, who form our basis; they work, we pride! Thus, they deserve the first place on the cover.

Another multidisciplinary study attracted attention in this issue is the research by Dr. M. Emre Durakoğlugil entitled "The effect of irritable bowel syndrome on carotid intima-media thickness, pulse wave velocity, and heart rate variability", which was conducted collaboratively by the cardiology, gastroenterology, radiology, and cardiovascular surgery. Primarily, cardiologists should have a vision of internal medicine in order to establish a good hypothesis and to specify the target completely and explicitly by refining the research question in such studies. I guess, it



is not easy for a cardiology specialist-academician to conduct the study titled above at the end of a rotation education in internal medicine, which has still a 5-10 month education period (known or confessed not to be fruitful). At least two-year rotational education in internal medicine is mandatory for a good clinician cardiologist and a good researcher academician cardiologist.

The suggestions and commands of "according to needs", "educate more doctors, educate more cardiologists" and the concept of "you are done" are not realistic. We have neither factory serial assembly line nor "genetically modified doctor seed" - it is not possible being a doctor with saying be a doctor; do not you see from head to toe that it is not possible like this? Nevertheless, our award from ETİ- the issue became coherent and there were no deficit with the addition of gastroenterology department to the team including Dear Sinan Altan Kocaman. Is the above-mentioned information detailed for you? Then, let's examine a little bit more; there is a surgeon in this title. I know the answer if I object: He/she had a great effort-or contributed to the statistics. For this reason, the Anatolian Journal of Cardiology requests the Author Contribution Form at the submission stage. I saw in that form that the surgeon contributed on "Supervision" and "Other" issues; at the level of Authorship. I am not surprised; I really provided supervisory-organizational-scientific contributions to the associate professorship thesis in "Endocrinology" belonging to my assistant from Erzurum Atatürk University 30 years ago and I also really contributed to specialty

thesis on "Physical therapy and rehabilitation" at the level of authorship in the same years. The Anatolian Journal of Cardiology sends the papers to referees only after reviewing these stages, for your information.

When we again mentioned about the study by Dr. Durakoğlugil; the relationship between atherosclerosis and "irritable bowel syndrome" has been discussed for a long time, it is known that the conducted studies are insufficient and the decision on this issue ends with "there is no relationship". The limited sample size of the research attracted the attention of the related referees. On the other hand, simple and well study setting was used in this disease with complex physiopathology, in particular; however, the referees were generally not happy about the title rendering a final judgment. At the editorial level, we did not suggest any change by justifying that the research was conducted well. It is a sample study.

References

1. Derkacz A, Protasiewicz M, Poreba R, Doroszko A, Poreba M, Antonowicz-Juchniewicz J, et al. Plasma asymmetric dimethylarginine predicts restenosis after coronary angioplasty. Arch Med Sci 2011; 7: 444-8. [\[CrossRef\]](#)

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