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Cardiovascular Revascularization Medicine



Editorials

CRM: The Next Milestone

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When this hard copy of *Cardiovascular Revascularization Medicine* hits your desk, it represents an important milestone for the journal. It has been a long journey since 20 years ago, when the journal had only 4 issues annually with a narrow scope of interest and struggled to attract a sufficient number of high-quality manuscripts.

With your help and that of our publisher, Elsevier, we are proud to announce that in 2019, you will see 12 printed issues of the journal. Today, when the electronic media are dominating the dissemination of medical content and news utilizing websites, blogs, social media, and electronic journals, you may ask, "What is the role of printed manuscripts in a hard-copy journal?"

Interestingly, we found that journals that opted to convert completely from print to electronic lost some impact factor, and perhaps some of their readers, because they became less visible, perhaps even less accessible, when compared to print journals. With regard to *CRM*, we are taking a parallel approach, maintaining the electronic option and developing a presence on Facebook and Twitter while expanding to 12 print issues a year.

CRM is the official journal of the Cardiovascular Research Technologies (CRT) meeting, an annual meeting that hosts 3000 attendees in Washington, DC. Similar questions have been raised pertaining to the viability of meetings like CRT: Why not to convert the talks, the slide presentations, and even live cases to be streamed electronically via the web? While this is technically doable, we found that the attendees of the meeting prefer to come to Washington to attend in person, network with their peers nationally and internationally, and mingle with esteem faculty, rather streaming the content online.

At *CRM*, we strongly believe that the subscribers like to have the intimate feel of the glossy printed journal. The feel of tearing the nylon cover, the burst odor of the printed version, flipping the pages, glancing at the titles and figures, which adds another sense that is missing from the electronic media. This allows us to have in our hand a journal without the pop-ups and other electronic distractions that appear on your phone, tablet, or laptop. With the printed material, you can stick the journal in your bag and read it on the subway or during your free time without being a slave to your electronic gadget.

Another advantage of going with 12 printed issues a year is the reminder of the closeness with the readers and the subscribers of the journal. This may sound old-fashioned, but I will submit to you that after being bombarded with the electronic and social media and the resulting loss of privacy, the trend is to go retro with vintage printed material that does not have Google and others watching what you like and dislike reading. At *CRM*, we wanted to take a different direction.

Effective with this volume, we have 12 issues a year containing 10 full manuscripts and up to 5 editorials and commentaries per issue. The manuscripts' content follows the tracks of the CRT meeting, including Coronary, Structural, Endovascular, Imaging, Technology, and Regulatory. The journal is designed to be a year-round platform of scientific communication of the CRT faculty and attendees to present their research and science first at *CRM*. Our editorial board is composed of CRT faculty who are committed to submit at least one peer-review manuscript or commentary and review at least two manuscripts annually. This makes the journal very special, as the editorial board is fully engaged to improve the content and quality of the journal.

So what is missing now is the impact factor. A lot has been written about the impact factor's value and fairness and the alternatives to value the strength of the journal, such as the number of downloaded manuscripts. It is the mission and desire of any medical journal to grow its impact factor because a high impact factor serves as a magnet for higher-quality manuscripts. Over the years, the CRT meeting, which today is regarded as one of the top interventional cardiology meetings, has grown in quality and quantity with the input and contribution of the faculty and the attendees. The same can be said of *CRM* if the attendees and faculty of the CRT meeting send their best manuscripts to the journal, are familiar with the journal's content, and cite the journal's manuscripts when submitting manuscripts elsewhere. All of this will enable us to obtain the next milestone: a respectful impact factor.

So with this first issue of the 20th year of *CRM*, which contains an exciting lineup of manuscripts and commentaries, I call on all of our friends, the faculty of the CRT meeting and the journal to help us achieve this goal and to continue support *CRM*.

I hope you enjoy this issue and the upcoming CRT meeting, which will take place from March 2-5, 2019, in Washington.

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