



How to Build your Research Profile: Lessons in Publishing

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Hypertension, Editor in Chief



It is all really very simple

- **It is all about excellent original science**
- **Majority of studies need a strong hypothesis**
- **You are reporting methods and results in a way that would allow others to repeat / verify your data : reproducibility is a key**
- **The abstract has to give the main message with numbers**
- **Your discussion has to discuss your findings vis a vis previous work and future questions**



Elements of an accepted manuscript

- **Cover letter**
 - Addressed to the current editor of the selected journal
 - **Briefly** describe the importance/impact of the study
 - Suggest reviewers



Elements of an accepted manuscript

- **Manuscript**

- Experimental design, methods, data and results are aligned with all necessary ethical approvals +
- the Principles and Guidelines for Reporting Preclinical Research (NIH, <http://www.nih.gov/about/reporting-preclinical-research.htm>)

Original Scientific Contributions

Key Elements

- Topic clearly fits journal scope
- Abstract contains hypothesis
- Rigorous methods and statistical analysis
- Data supports conclusions



Original Scientific Contributions

Key Elements

- Complementary figures and tables
- Evident novelty or significance
- Supplemental data contributes to understanding
- Relevant references

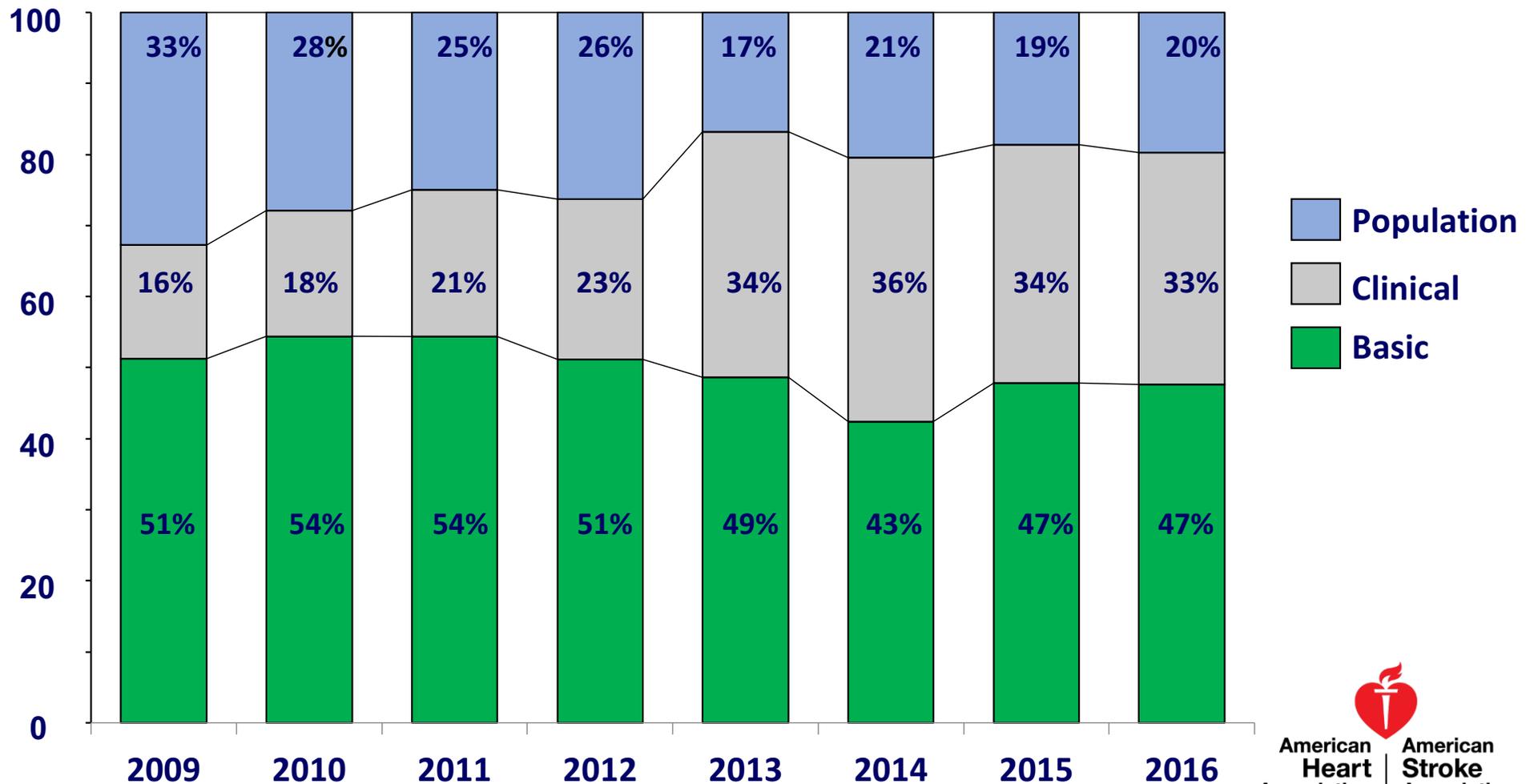


Balance of Clinical and Basic Research

Categories of Accepted Manuscripts: January 2009 - June 2016



% of all accepted manuscripts



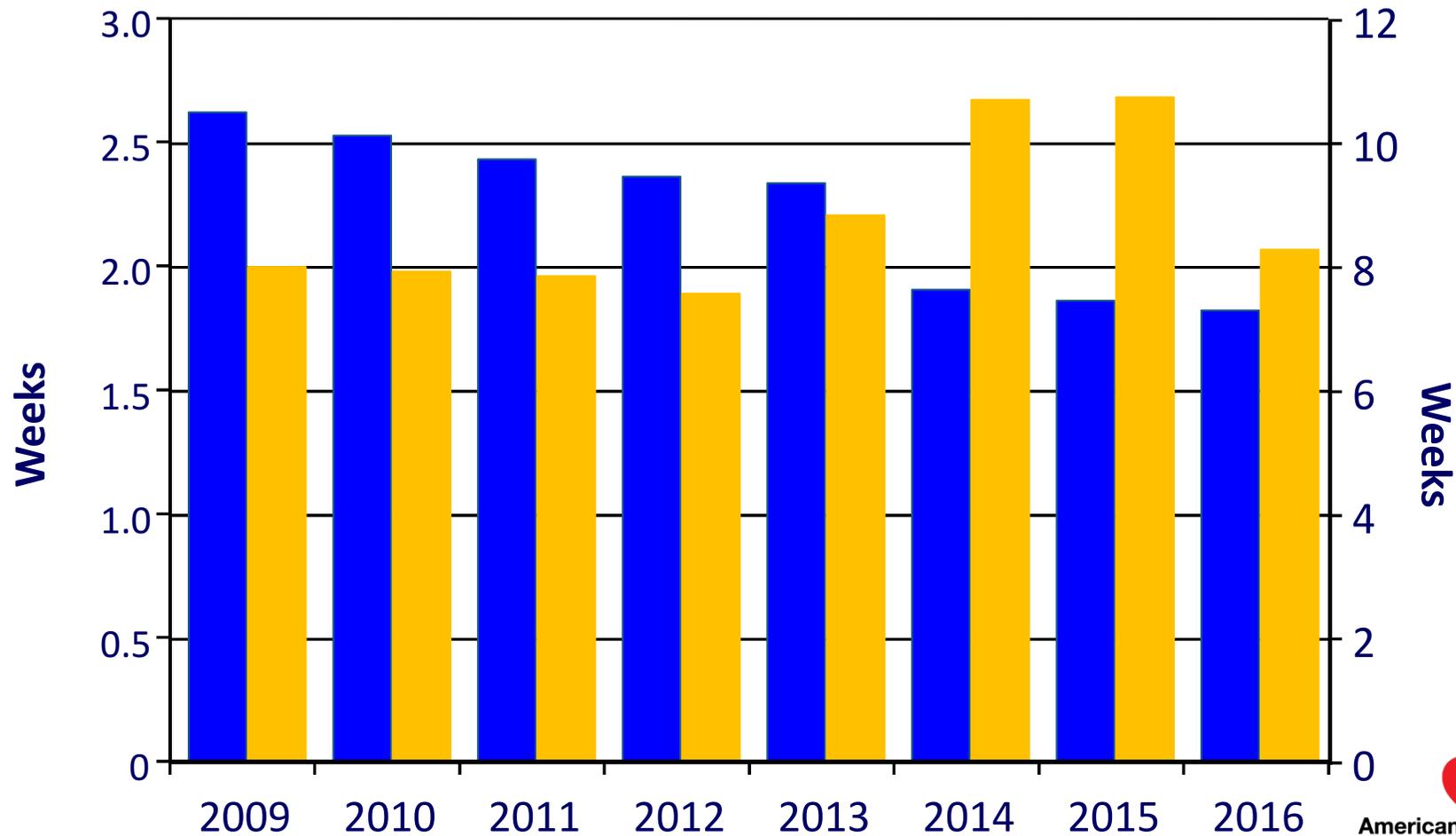
Quick Peer Review, Quality Publication

January 2009 – June 2016



Time from Submission to First Decision 
Time from Acceptance to Print Publication 

January 2009 – June 2016



Impact

2015 JCR Scientific Impact Factor (released June 2016)



Name of Journal	Impact Factor	5 Year Impact Factor
Hypertension	6.294	6.835
Journal of Hypertension	5.062	4.293
American Journal of Hypertension	3.182	3.160
Current Hypertension Reports	3.112	3.272
American Journal of Physiology – Renal	3.390	3.395

Engaging the Hypertension Community

In Print – Online – Face to Face Clinical Debate



Hypertension

Hello, Guest!
JOIN SIGN IN

HOME ABOUT THIS JOURNAL ALL ISSUES SUBJECTS - BROWSE FEATURES - RESOURCES - ALL AHA JOURNALS -

Hypertension

Protective Role of Kallistatin in Vascular and Organ Injury.
August 10

SUBMIT WORK TO HYPERTENSION MANAGE AHA JOURNAL ALERTS

American Heart Association | American Stroke Association®

science is why

Meeting Authors' Needs

Open Access Options Comply with Funding Agencies



- Available for original research
- 3 options including those required by funding agencies RCUK and Wellcome Trust
- FAQs and comparison of cost available at <http://www.ahajournals.org/site/openaccess/>

OPEN

Original Article – Epidemiology/Population

Adiposity, Obesity, and Arterial Aging: Longitudinal Study of Aortic Stiffness in the Whitehall II Cohort

Eric J. Brunner, Martin J. Shipley, Sara Ahmadi–Abhari, Adam G. Tabak, Carmel M. McEniery, Ian B. Wilkinson, Michael G. Marmot, Archana Singh–Manoux, and Mika Kivimaki

Hypertension. 2015;66:294–300, published online before print June 8 2015, doi:10.1161/HYPERTENSIONAHA.115.05494

[Abstract](#) | [Full Text](#) | [PDF](#) | [Figures Only](#) | [Data Supplement](#) | [Request Permissions](#)

OPEN ACCESS ARTICLE

OPEN ACCESS ARTICLE



Peer Review Expectations

- **Check for COI immediately and decline reviewer assignment if necessary**
- **Maintain confidentiality about the existence and substance of the manuscript**
- **Destroy copies of the manuscript following review**
- **Report any ethical concerns to the editor (i.e. plagiarism, duplicate publication, fraud, etc)**



Review comments for authors

- **Discuss strengths and shortcomings of the study**
- **Include constructive and helpful statements**
- **Focus on originality and scientific importance**
- **May request a statistical review**
- **Note previous review comments not addressed by revision**

Clinical-Pathological Conference sessions

Glasgow – Milan – Paris – Orlando – Seoul

- Real clinical cases
- Audience participates in diagnosis and treatment discussion
- Filmed; Videos posted online
- Case report published in *Hypertension*



Clinical-Pathological Conference

25th European Meeting on Hypertension and Cardiovascular Protection



25th European Meeting
on Hypertension
and Cardiovascular
Protection

European
Society of
Hypertension

June 12-15, 2015 **MILAN**
MICO MILANO CONGRESSI
NORTH WING - GATE 14 - VIA GASTRUCIATO, 5 - MILAN

American
Heart
Association

American
Stroke
Association®

science is why

Controversies in Hypertension

Structured Debate Style Articles



CONTROVERSIES IN HYPERTENSION

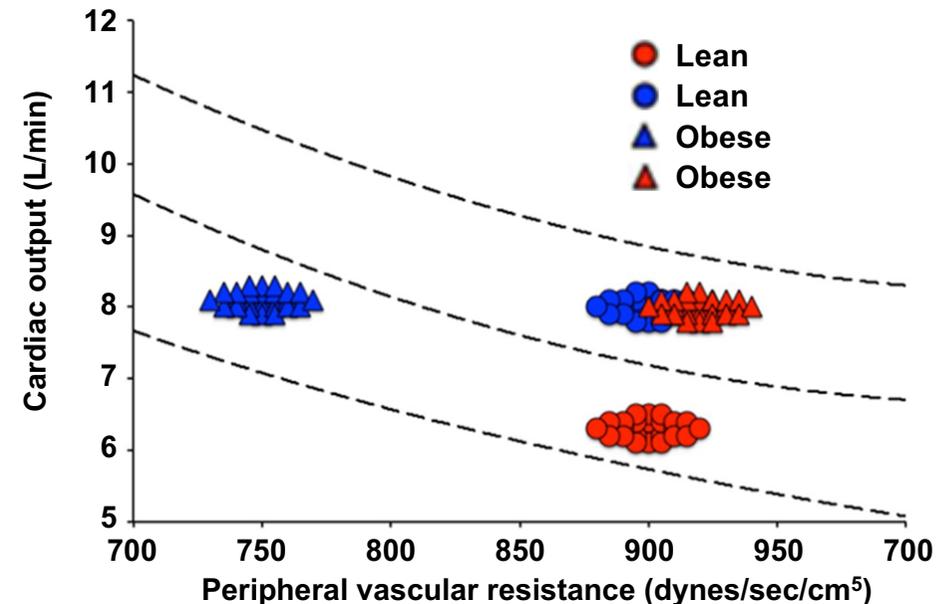
Isolated Systolic Hypertension in Young People Is Not Spurious and Should Be Treated

Pro Side of the Argument

*Carmel M. McEniery, Stanley S. Franklin,
John R. Cockcroft & an B. Wilkinson*

Con Side of the Argument

Empar Lurbe & Josep Redon



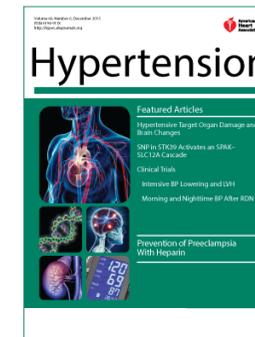
- Two articles in each Controversy: Pro and Con
- Evidence supporting each view is detailed
- Response to the opposing article is included

Guidelines Debate Series

Is it Time to Reappraise Blood Pressure Thresholds and Targets?

“As hypertension experts we have the responsibility to re-evaluate current evidence and reappraise guidelines for diagnosis and management. Exactly what the future recommendations will be remain uncertain...”

Touyz RM and Dominiczak AD



“Further studies are certainly needed to identify those patients who may benefit by lower BP. Specific trials in groups of patients with careful characterization of their phenotypic manifestations and possibly also of genetic markers may be the most useful and precise approach for assessing when to start treatment and how low BP should be reduced.”

Rosei EA



Guidelines Debate Series

Is it Time to Reappraise Blood Pressure Thresholds and Targets?



“The very fact that there is still a wide debate between supporters of the lower the better concept and of the J-curve hypothesis is a good demonstration that evidence on the issue is lacking....”

López-Jaramillo P, et al

“The CHEP process is a highly rigorous one, firmly evidence-based, and has allowed the rapid response to new practice-changing data ... This process might be a model for other organizations internationally to adapt to rapidly changing information that can improve patient outcomes.”



Padwel R, Rabi DM, Schiffrin EL



Publishing in *Hypertension*

Added Benefits

- Highlighted in Clinical Implications
- Accompanying Editorial Commentary
- Featured on journal cover

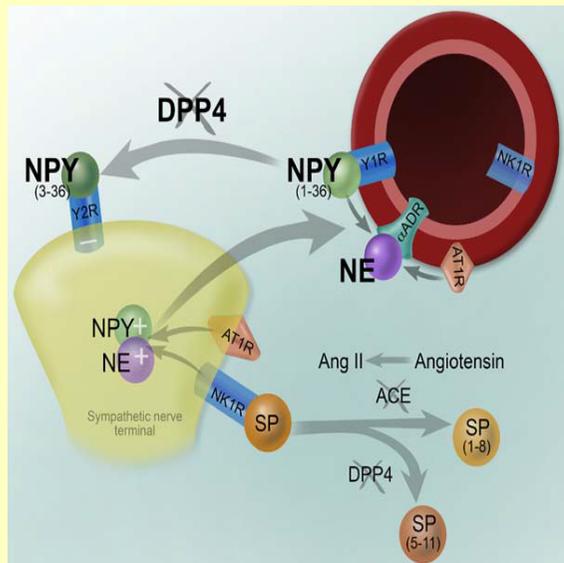
CLINICAL IMPLICATIONS

Hypertension, Vol. 68, No. 3, September 2016

Editorial Commentary

Editorial Commentary
Examining EXAMINE for an interaction with Angiotensin-converting enzyme inhibition

Wilson JR and Brown N



Volume 68, Number 3, September 2016
ISSN 0194-911X
<http://hyper.ahajournals.org>

Hypertension

Featured Articles

- Genomics and Metabolomics of Thiazide Diuretics
- Role of Kallistatin in Vascular and Organ Injury
- Relations of Vascular Function to Incident AF: The Framingham Heart Study
- Trajectories of Atrial Fibrillation Risk Factors: The Framingham Heart Study
- Endogenous Ouabain: Recent Advances and Controversies

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American Heart Association

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Media Coverage of Published Articles

Averaging one article in every issue (2016)



January 12, 2016

Small Decreases in Kidney Function Associated With CVD Risk

This article originally appeared [here](#).

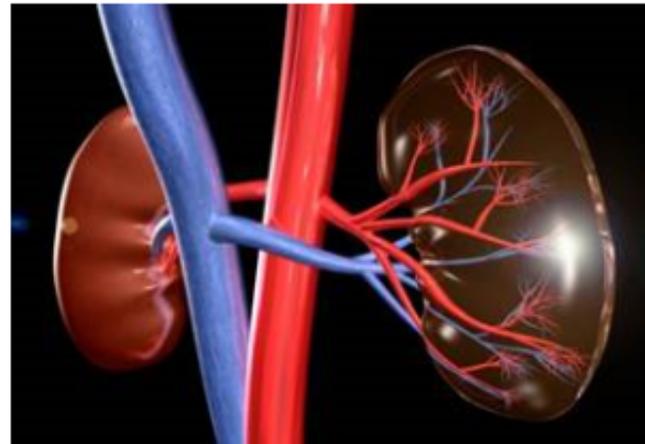


HealthDay News — Even a slight decline in kidney function can potentially lead to heart damage, according to research published online January 11 in *Hypertension*.

The study included 68 living kidney donors, average age 47, who were followed for a year after donating their kidney. They were compared with a control group of 56 people, average age 44, who did not donate a kidney.

Compared to those in the control group, the kidney donors had an expected decrease in kidney function, an increase in left ventricular mass, and increased risk of developing detectable cardiac troponin. There was no difference in blood pressure between the two groups.

"Even in very healthy people, a small reduction in kidney function from normal to just a bit below normal was associated with an increase in the mass of the left ventricle," senior author Jonathan Townend, MD, a professor of cardiology at Queen Elizabeth Hospital Birmingham in the United Kingdom, said in a journal news release.



Slight Kidney function declines resulted in increase of mass in the left ventricle



science is why



Media Coverage of Published Article

High blood pressure: Hypertension could be autoimmune disease, study finds

The World Today By Gloria Kalache

Updated Wed at 2:16am

Hypertension could be an autoimmune disease, a breakthrough study finds, with scientists saying the discovery leads to new ways to treat the condition.

The condition of elevated blood pressure affects about 4 million adult Australians, and for some it can prove difficult to control with conventional medication.

"It's estimated that because hypertension is so common and because it's the major cause of heart attacks, strokes and the major cause of kidney failure, it's estimated that hypertension is actually the single most important biomedical risk factor as a cause of death and disability worldwide," Associate Professor Grant Drummond from Monash University said.



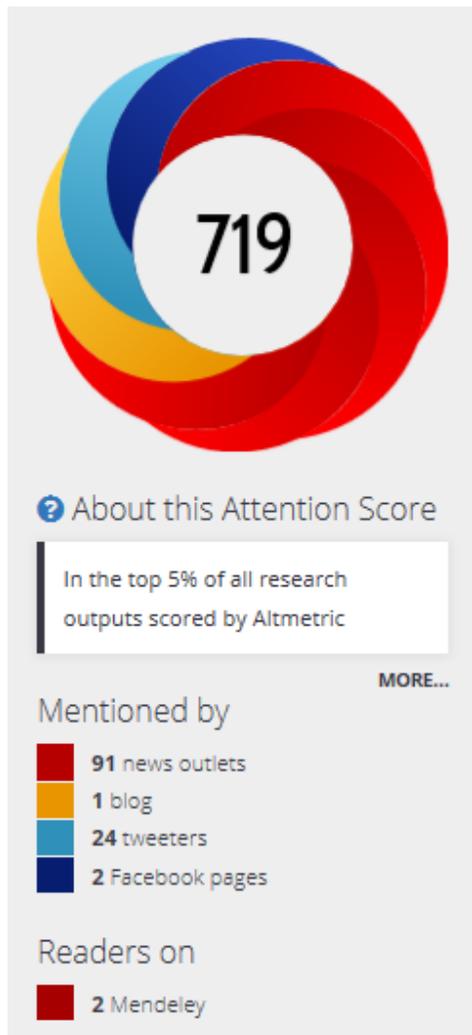
PHOTO: About four million Australians have hypertension, or high blood pressure. (iStockPhoto)

RELATED STORY: Fish oil not protective against heart disease, study finds

MAP: Melbourne 3000

Reach the widest audience

Stellar Altmetric (attention) scores for January – June 2016



Healthful Dietary Patterns and the Risk of Hypertension Among Women With a History of Gestational Diabetes Mellitus: A Prospective Cohort Study

Associations of Short-Term and Long-Term Exposure to Ambient Air Pollutants With Hypertension: A Systematic Review and Meta-Analysis





Thank you and Discussion