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# JGO in the year of 2020

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# Current status

| | JGO | Gynecologic Oncology | International Journal of Gynecologic Cancer |
|---|---|---|---|
| 2013 Impact Factor | 1.6 | 3.69 | 1.95 |
| Impact Ranking : Obstetrics & Gynecology | 47/78 | 7/78 | 33/78 |
| Articles | 48 | 432 | 244 |
| Eigenfactor score (removing self-citation) | 0.002 (62/78) | 0.034 (5/78) | 0.012 (12/78) |

# Goals

- Step up to upper ½ ranking without considering self-citation
- Maintaining impact factor over 1.5
- Increasing number of articles without sacrificing impact factor

# How to achieve the goals?

# Role as a Medical Journal

Exchange of health information

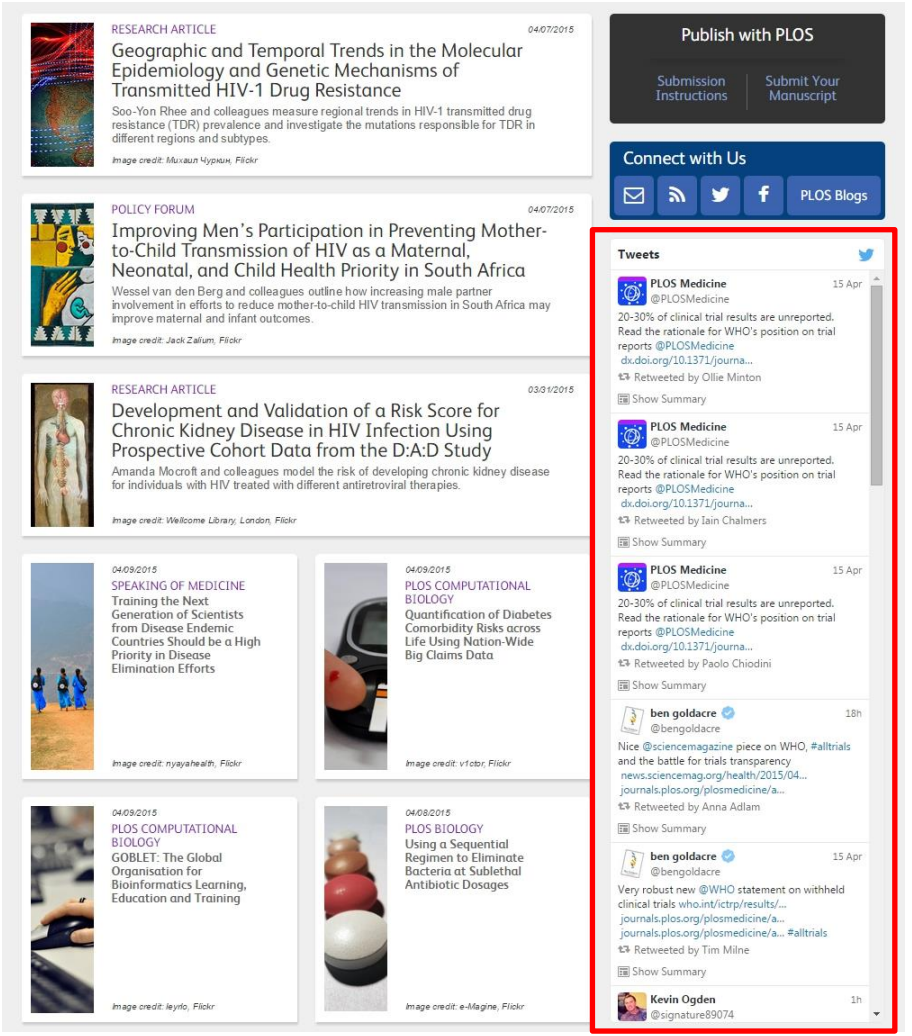
- What information should we carry?
  - Good, robust science
  - Help doctors practice medicine better
  - Impact on health policy
  - Provide decent education

# Ensure Quality

- Timely subject
- Efficient peer-review process
- Good standard of English

# Making Readers

- Target
- Advertise
- Attract
- Get involved
  - Citation
  - Share
  - Comment
- Get feedback

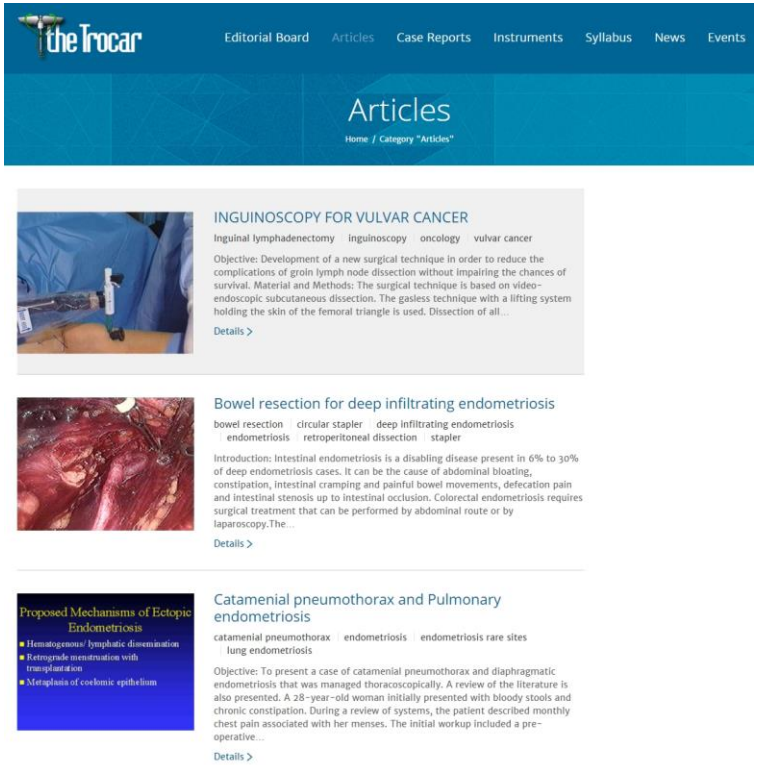


# Changing Environments:

**The Trocar : since 1998**
**Online video journal**
**(the Official Journal of ISGE)**

Web-only content
Multimedia
(Audio/Video)

Other once-impossible format



# Example of Video-integrated, web-based article



retracted in the upper abdomen when possible. At the end of laparoscopy the abdomen is deflated with trocars in place and the site of trocars are irrigated with 5% povidine-iodine and peritoneal trocar sites (10 to 12 mm trocars) are closed

Diaphragm involvement

port site metastasis

In 45 patients, after laparoscopy, minilaparotomy, a 7-9 cm per umbilical midline longitudinal skin incision is performed and the same evaluation is carried out. Finally, the incision is extended from the supra umbilical region to the pubis and the final decision to optimally cytoreduce the patient is taken.



**Results**

All patients were submitted to the clinical and instrumental evaluation. However, only 64 of 95 patients (67.3%) completed the second step of the study. The major reasons for exclusion were i) an anaesthesiological class of risk (ASA) III-IV, which was observed in 16 out of 31 cases (51.6%) and ii) the presence of a large mass estimated > 20 cm or reaching the xifoidal apophasis, occupying all the abdominal cavity and/or infiltrating the abdominal wall, which was observed in 11 cases (35.5%). Other minor reasons for exclusion were 2 large umbilical hernias and 1 emergency surgery for an ipovolemic shock. Moreover, one patient with the diagnosis of a small pelvic recurrence was completely managed by laparoscopy and she did not enter in the study.
The clinico-pathological characteristics of the 64 patients entered in the study are listed in Table I.

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# Mission and vision of JGO in 2020

- Do relevant role as a medical journal
- Improve the information quality
- Communicate with our readers
- Keep up with changing environments