

# **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  $\frac{1}{2}$  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

The image shows a screenshot of a PLOS website. The top right corner features a dark grey button labeled "Publish with PLOS" with two sub-links: "Submission Instructions" and "Submit Your Manuscript". Below this is a blue "Connect with Us" bar containing icons for email, RSS, Twitter, Facebook, and a link to "PLOS Blogs". The main content area is a grid of article cards. Each card includes a thumbnail image, a title, a date, and a brief description. The articles are: 1. "Geographic and Temporal Trends in the Molecular Epidemiology and Genetic Mechanisms of Transmitted HIV-1 Drug Resistance" (04/07/2015), 2. "Improving Men's Participation in Preventing Mother-to-Child Transmission of HIV as a Maternal, Neonatal, and Child Health Priority in South Africa" (04/07/2015), 3. "Development and Validation of a Risk Score for Chronic Kidney Disease in HIV Infection Using Prospective Cohort Data from the D:A:D Study" (03/31/2015), 4. "SPEAKING OF MEDICINE: Training the Next Generation of Scientists from Disease Endemic Countries Should be a High Priority in Disease Elimination Efforts" (04/09/2015), 5. "PLOS COMPUTATIONAL BIOLOGY: Quantification of Diabetes Comorbidity Risks across Life Using Nation-Wide Big Claims Data" (04/09/2015), 6. "PLOS COMPUTATIONAL BIOLOGY: GOBLET: The Global Organisation for Bioinformatics Learning, Education and Training" (04/09/2015), and 7. "PLOS BIOLOGY: Using a Sequential Regimen to Eliminate Bacteria at Sublethal Antibiotic Dosages" (04/08/2015). On the right side, there is a red-bordered box containing a Twitter feed. The feed shows several tweets from @PLOSmedicine, each with a link to a PLOS article and a retweet count. The most recent tweet is from @bengoldacre, retweeted by @signature89074.

**RESEARCH ARTICLE** 04/07/2015  
Geographic and Temporal Trends in the Molecular Epidemiology and Genetic Mechanisms of Transmitted HIV-1 Drug Resistance  
Soo-Yon Rhee and colleagues measure regional trends in HIV-1 transmitted drug resistance (TDR) prevalence and investigate the mutations responsible for TDR in different regions and subtypes.  
Image credit: Muxaun Чурпун, Flickr

**POLICY FORUM** 04/07/2015  
Improving Men's Participation in Preventing Mother-to-Child Transmission of HIV as a Maternal, Neonatal, and Child Health Priority in South Africa  
Wessel van den Berg and colleagues outline how increasing male partner involvement in efforts to reduce mother-to-child HIV transmission in South Africa may improve maternal and infant outcomes.  
Image credit: Jack Zallum, Flickr

**RESEARCH ARTICLE** 03/31/2015  
Development and Validation of a Risk Score for Chronic Kidney Disease in HIV Infection Using Prospective Cohort Data from the D:A:D Study  
Amanda Mocroft and colleagues model the risk of developing chronic kidney disease for individuals with HIV treated with different antiretroviral therapies.  
Image credit: Wellcome Library, London, Flickr

04/09/2015  
**SPEAKING OF MEDICINE**  
Training the Next Generation of Scientists from Disease Endemic Countries Should be a High Priority in Disease Elimination Efforts  
Image credit: nyayahealth, Flickr

04/09/2015  
**PLOS COMPUTATIONAL BIOLOGY**  
Quantification of Diabetes Comorbidity Risks across Life Using Nation-Wide Big Claims Data  
Image credit: v1cbr, Flickr

04/09/2015  
**PLOS COMPUTATIONAL BIOLOGY**  
GOBLET: The Global Organisation for Bioinformatics Learning, Education and Training  
Image credit: leyfo, Flickr

04/08/2015  
**PLOS BIOLOGY**  
Using a Sequential Regimen to Eliminate Bacteria at Sublethal Antibiotic Dosages  
Image credit: e-Magne, Flickr

**Connect with Us**  
PLOS Blogs

**Tweets**

**PLOS Medicine** @PLOSmedicine 15 Apr  
20-30% of clinical trial results are unreported. Read the rationale for WHO's position on trial reports @PLOSmedicine dx.doi.org/10.1371/journa...  
Retweeted by Ollie Minton  
Show Summary

**PLOS Medicine** @PLOSmedicine 15 Apr  
20-30% of clinical trial results are unreported. Read the rationale for WHO's position on trial reports @PLOSmedicine dx.doi.org/10.1371/journa...  
Retweeted by Iain Chalmers  
Show Summary

**PLOS Medicine** @PLOSmedicine 15 Apr  
20-30% of clinical trial results are unreported. Read the rationale for WHO's position on trial reports @PLOSmedicine dx.doi.org/10.1371/journa...  
Retweeted by Paolo Chiodini  
Show Summary

**ben goldacre** @bengoldacre 18h  
Nice @sciencemagazine piece on WHO, #alltrials and the battle for trials transparency news.sciencemag.org/health/2015/04... journals.plos.org/plosmedicine/a...  
Retweeted by Anna Adlam  
Show Summary

**ben goldacre** @bengoldacre 15 Apr  
Very robust new @WHO statement on withheld clinical trials who.int/ictrp/results/... journals.plos.org/plosmedicine/a... #alltrials  
Retweeted by Tim Milne  
Show Summary

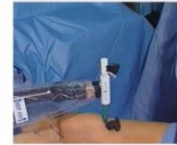
**Kevin Ogden** @signature89074 1h

# Changing Environments:

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

Web-only content  
Multimedia  
(Audio/Video)

Other once-  
impossible format



## INGUINOSCOPY FOR VULVAR CANCER

inguinal lymphadenectomy inguinoscopy oncology vulvar cancer

Objective: Development of a new surgical technique in order to reduce the complications of groin lymph node dissection without impairing the chances of survival. Material and Methods: The surgical technique is based on video-endoscopic subcutaneous dissection. The gasless technique with a lifting system holding the skin of the femoral triangle is used. Dissection of all...

[Details >](#)

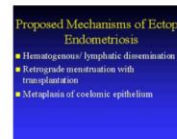


## Bowel resection for deep infiltrating endometriosis

bowel resection circular stapler deep infiltrating endometriosis endometriosis retroperitoneal dissection stapler

Introduction: Intestinal endometriosis is a disabling disease present in 6% to 30% of deep endometriosis cases. It can be the cause of abdominal bloating, constipation, intestinal cramping and painful bowel movements, defecation pain and intestinal stenosis up to intestinal occlusion. Colorectal endometriosis requires surgical treatment that can be performed by abdominal route or by laparoscopy. The...

[Details >](#)



## Catamenial pneumothorax and Pulmonary endometriosis

catamenial pneumothorax endometriosis endometriosis rare sites lung endometriosis

Objective: To present a case of catamenial pneumothorax and diaphragmatic endometriosis that was managed thoracoscopically. A review of the literature is also presented. A 28-year-old woman initially presented with bloody stools and chronic constipation. During a review of systems, the patient described monthly chest pain associated with her menses. The initial workup included a pre-operative...

[Details >](#)



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 apophysis, 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.

## Example of Video-integrated, web-based article

## 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