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## EDITORIAL

### More Global More Portugal



This will be the last edition under the name of Revista Portuguesa de Pneumologia/Pulmonology Portuguese Journal. Since 1995, the Sociedade Portuguesa de Pneumologia official journal was published under that name, following some years under its initial name of Arquivos da Sociedade Portuguesa de Patologia Respiratória. Along these years we have witnessed an outstanding evolution, that is to say the Medline indexation in 2003 and the progressive increase in the impact factor since 2011, the first year that this metric classification was attributed by Thomson Reuters<sup>1–5</sup>. This positive journey has only been possible because of a significant increase in the quality of the papers, in their scientific content combined with a demanding editorial policy. The new name PULMONOLOGY, as has previously been explained, is the final stage of this evolution and its main objective is to facilitate the international visibility of the journal in the very demanding arena of respiratory journals<sup>3</sup>. Our main slogan could be 'more Global more Portugal'. However, it is only a step forward, one that was planned some years ago<sup>6,7</sup>. For those who are afraid that the nature of the journal is changing, I want to reassure them that we are undertaking this in the profound belief that this is the journal of Portuguese Respiratory Society. We strongly believe that this is the right way to assist and preserve Portuguese respiratory research and publication, since the main editorial team will continue to be national, but their visibility and recognition will increase in an international journal open to international authors, reviewers and associate editors. What we are doing now can somehow be compared to a family deciding to repaint the outside of their home to make it more fashionable and attractive.

The publications in recent years on a diverse number of topics have maintained PJP as a general respiratory journal, since these have covered a wide diversity of respiratory topics<sup>8–17</sup>. The most popular issues, the consequence of the respiratory disorders with the highest social impact and also the object of interest and research of a higher number of investigators, have been predominant. The highest number of original manuscripts was on the subject of obstructive disorders such as COPD or asthma and sleeping breathing disorders with all their related topics<sup>8–13</sup>. However, we have had the opportunity to publish articles related with other topics, like lung cancer, bronchiectasis, cystic fibrosis,

tuberculosis and even papers with an interface with other specializations such as Pediatrics or Epidemiology, and we think that this is the right direction for a journal which is open to the whole variety of respiratory research and which is also a forum for scientific discussion not only with other respiratory physicians but also with those who in their work are in some way connected with the respiratory system<sup>14–18</sup>. We have also noted an increase in the number of consensus documents and guidelines resulting from panel discussions that have included the national experts from the main respiratory pathologies<sup>19–22</sup>. Publication of national and regional studies focused on patients with rare diseases will certainly increase our awareness of the main characteristics of these diseases and how the diagnostic approach is achieved<sup>14,15,23</sup>. We have persisted in our policy of inviting international reference authors to write an editorial when we considered that some manuscript could provoke discussion and/or promotion of a hot topic or a new idea<sup>24–26</sup>.

Another significant change in the structure of the journal has been the progressive increase in number and impact of the Letters to Editor. Our editorial policy clearly stimulates this type of publication,<sup>27</sup> which only became a regular feature in all editions in 2014. After that, in 2016 the letters to editor in a regular number of eight per edition were divided into research letters including those which contain research data, letters to editor related with clinical cases or considerations about a relevant topic related with respiratory diseases and finally in correspondence letters related with comments regarding data published previously in the journal. We have seen with particular pleasure the increasing predominance of research letters<sup>28–30</sup>.

This is the editorial policy that will be adopted from the beginning of PULMONOLOGY and we are certain that this new phase of our journal will have the commitment of all the members of our society, something which is absolutely essential for our future success.

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