Cochrane Library

Cochrane Database of Systematic Reviews

2015 CRG Impact Factor and Usage report

Trusted evidence.
Informed decisions.
Better health.

1. How the Hepato-Biliary Group contributes to *Cochrane Database of Systematic Reviews* (*CDSR*)

Each year in June, Thomson Reuters publish the Impact Factors of all journals indexed in the Journal Citation Report.

The 2015 Impact Factor for *CDSR* is **6.103**, which describes the ratio of the number of reviews published during 2013 and 2014 (1,888) to the number of citations these reviews received in 2015 (11,522).

The 2015 CRG Impact Factor for the Hepato-Biliary Group is **3.000** (47 publications cited 141 times).

A review published by the Hepato-Biliary Group in 2013 or 2014 was cited, on average, 3.000 times in 2015.

When considering the citation data presented below, please be aware of the following:

- The data used to generate Impact Factors for individual Cochrane Review Groups (CRG) was extracted from Thomson Reuters Web of Science. This is slightly different from the data used to calculate the Impact Factor of the *Cochrane Database of Systematic Reviews* (*CDSR*). All journal Impact Factors (including the Impact Factor of the *CDSR*) are published in the Journal Citation Reports (JCR). The data used to calculate journal Impact Factors are not made publically available. Individual CRG Impact Factor data, therefore, should not be quoted as 'official', but can be used within the organisation.

- Cites for individual Cochrane Reviews and individual CRG Impact Factors are allocated by a process of hand-matching. Each year a proportion of cites cannot be matched to citable items because the cited work is not cited correctly. For example, a common error when citing Cochrane Reviews is to omit the version number or suffix from the DOI. The accuracy of the source data provided by Thomson also has an impact on the success rate of the citation matching. The table below shows the percentage of cites that were successfully hand-matched for the past five Impact Factor reports. This report has an 82% success rate which means the majority of Groups will receive a lower CRG Impact Factor than last year.

Impact Factor Year	Cites received*	Cites successfully matched	% of successfully matched cites
2015	11,522	9,397	82%
2014	11,932	11,720	98%
2013	9,859	8,515	86%
2012	8,087	6,411	79%
2011	7,721	6,685	87%

*Source – Journal Citation Reports

- All New and Updated reviews that have a new citation record are included in the *CDSR* Impact Factor calculation.
- The *CDSR* was not included in the June 2016 release of the JCR. This was due to an error in the indexing of *CDSR* content. *CDSR* and full citation data related to the *CDSR* will be included in the JCR update in September 2016.
- Each individual review group faces a variety of challenges in the publication of Cochrane Reviews, and some of these may impact upon the data presented below.

The ten most cited reviews from the Hepato-Biliary Group contributing to the 2015 Impact Factor were:

CD Number	Title	Times Cited
CD005440.pub3	Early versus delayed laparoscopic cholecystectomy for people with acute cholecystitis	27
CD008261.pub2	Pharmacological interventions for prevention or treatment of postoperative pain in people undergoing laparoscopic cholecystectomy	18
CD008623.pub2	Statins for non-alcoholic fatty liver disease and non-alcoholic steatohepatitis	12
CD010162.pub2	Laparoscopic versus open liver resection for benign and malignant hepatic lesions in adults	11
CD003046.pub3	Radiofrequency (thermal) ablation versus no intervention or other interventions for hepatocellular carcinoma	8
CD003327.pub3	Surgical versus endoscopic treatment of bile duct stones	7
CD006575.pub3	Virtual reality training for surgical trainees in laparoscopic surgery	6
CD003327.pub4	Surgical versus endoscopic treatment of bile duct stones	5
CD003617.pub2	Interferon for interferon nonresponding and relapsing patients with chronic hepatitis C	4
CD005642.pub3	Peginterferon alpha-2a versus peginterferon alpha-2b for chronic hepatitis C	4

The full list of Cochrane Reviews contributing to the 2015 Impact Factor for the Hepato-Biliary Group is provided in the accompanying Excel file.

The ten most cited reviews published in the *CDSR* (all CRGs) contributing to the 2015 Impact Factor were:

CD Number	Title	Review Group	Times Cited
CD001431.pub4	Decision aids for people facing health treatment or screening decisions	Consumers and Communication Group	146
CD004816.pub5	Statins for the primary prevention of cardiovascular disease	Heart Group	108
CD003311.pub3	Cooling for newborns with hypoxic ischaemic encephalopathy	Neonatal Group	94
CD003543.pub3	Interventions to improve antibiotic prescribing practices for hospital inpatients	Effective Practice and Organisation of Care Group	78
CD004014.pub5	Surgery for women with anterior compartment prolapse	Gynaecology and Fertility Group	69
CD009329.pub2	Pharmacological interventions for smoking cessation: an overview and network meta-analysis	Tobacco Addiction Group	69
CD008965.pub4	Neuraminidase inhibitors for preventing and treating influenza in adults and children	Acute Respiratory Infections Group	61
CD000422.pub3	Vaccines for preventing pneumococcal infection in adults	Acute Respiratory Infections Group	60
CD001877.pub5	Screening for breast cancer with mammography	Breast Cancer Group	60
CD002213.pub3	Interprofessional education: effects on professional practice and healthcare outcomes	Effective Practice and Organisation of Care Group	57

2. How the Hepato-Biliary Group Impact Factor compares to that of other Cochrane Review Groups (CRGs):

Figure 1, details the 2015 CRG Impact Factor for each CRG. Figure 2 shows the number of publications and citations contributing to the 2015 Impact Factor for each CRG as a percentage of the *CDSR*. It is important to remember that these figures have been calculated using hand-matched data from Web of Science and are not 'official' Impact Factors.

Figure 1: "Impact Factor" for each CRG (i.e. number of cites in 2015 to reviews published in 2013–2014, divided by the number of reviews published in 2013–2014)

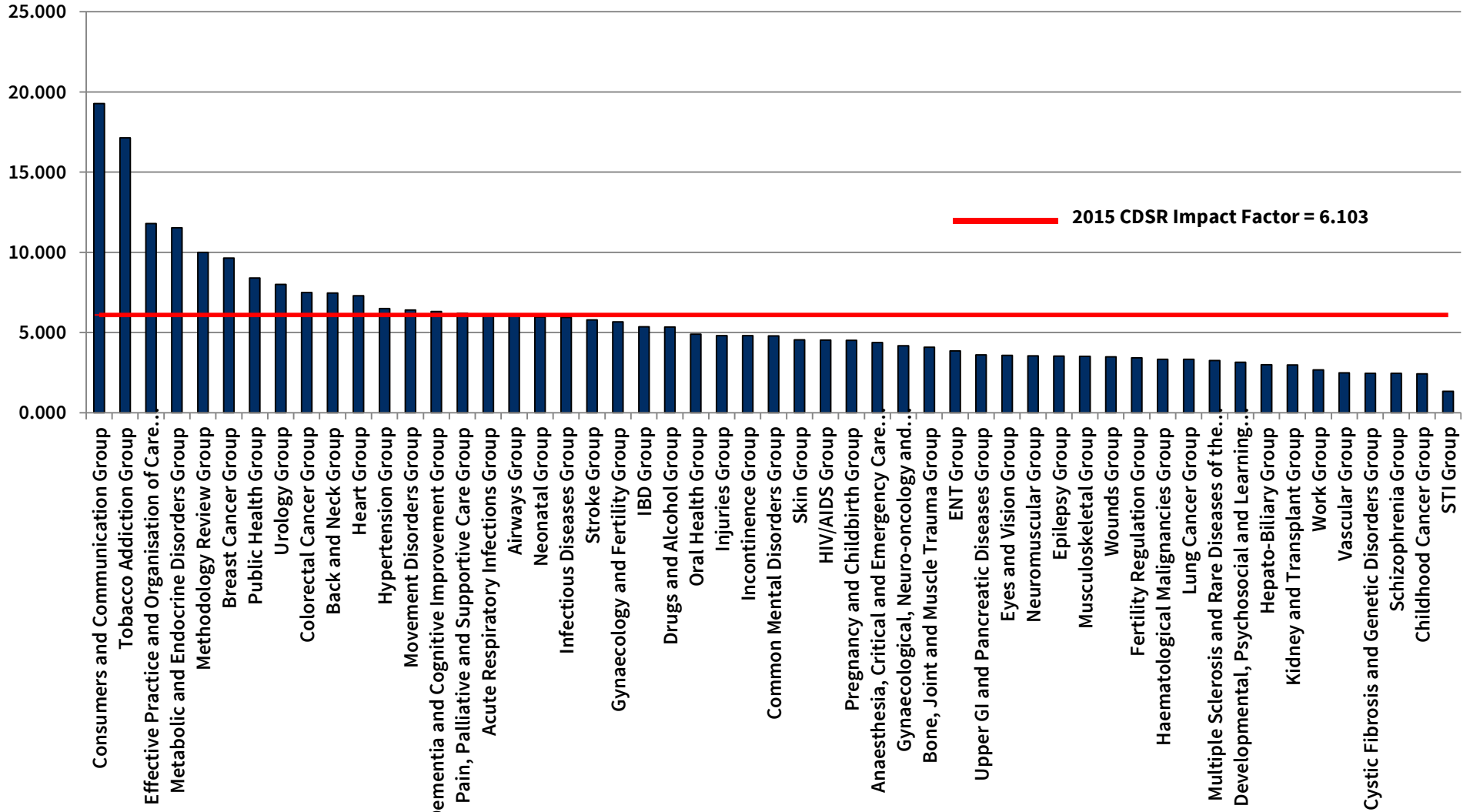
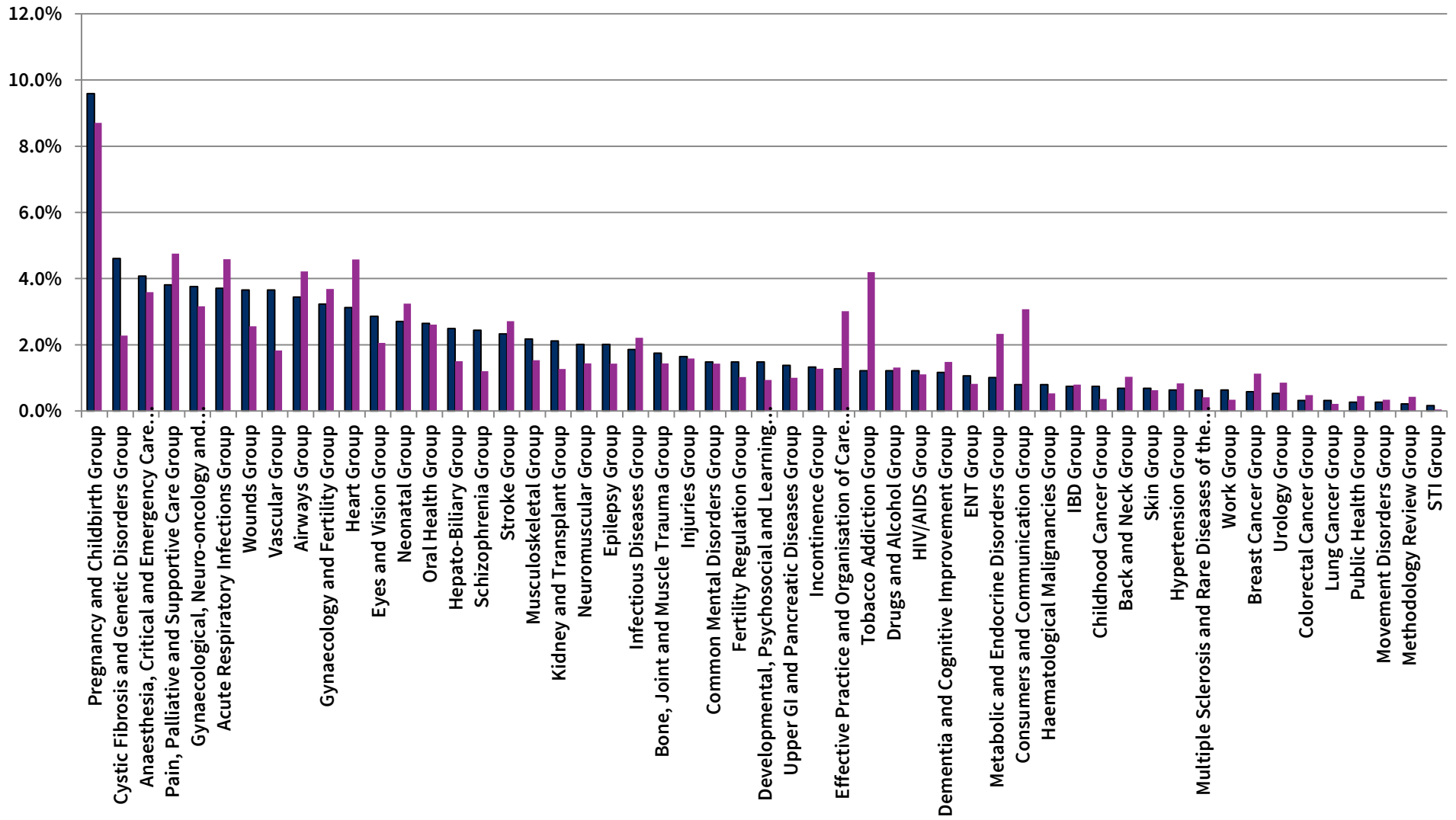


Figure 2: % Publications (blue) and % Citations (purple) of *CDSR* for each CRG (in order of percentage of publications)



3. How the Hepato-Biliary Group Impact Factor compares with that of journals publishing in the same category:

We have compared the CRG data with journals in the relevant Journal Citation Reports subject categories. The journal with the top Impact Factor in the category is not always directly comparable – either because of the scope of the journal, or the number of reviews published. Please contact Gavin Stewart (gstewart@wiley.com), if you would like to compare your groups Impact Factor to journals other than those included in the table below.

CRG	Category (Median IF)	IF of journal ranked 10th in the category	Highest ranked journal by IF
Hepato-Biliary Group	Gastroenterology & Hepatology	Gastrointestinal Endoscopy	Gastroenterology
3.000	2.728	6.217	18.187

4. How the citation data compare to Wiley Online Library usage data:

When considering the usage data presented below, please be aware of the following:

- A proportion of full text downloads cannot be associated with an individual Cochrane Review so the usage data included in this report is an underestimate of overall usage activity.
- Only usage activity related to Cochrane Systematic Reviews hosted on the Wiley Online Library platform is included in this report. The report does not include usage activity related to Cochrane Systematic Reviews hosted on Third Party platforms.

The ten most accessed Cochrane Systematic Reviews from the Hepato-Biliary Group in 2015 were:

CD Number	Review Title	Full text downloads
CD005440.pub3	Early versus delayed laparoscopic cholecystectomy for people with acute cholecystitis	1,923
CD007176.pub2	Antioxidant supplements for prevention of mortality in healthy participants and patients with various diseases	1,469
CD003327.pub4	Surgical versus endoscopic treatment of bile duct stones	1,325
CD008344.pub2	Nutritional support for liver disease	898
CD007088.pub2	Percutaneous cholecystostomy for high-risk surgical patients with acute calculous cholecystitis	838

CD008623.pub2	Statins for non-alcoholic fatty liver disease and non-alcoholic steatohepatitis	778
CD001939.pub2	Branched-chain amino acids for people with hepatic encephalopathy	727
CD002907.pub2	Antibiotic prophylaxis for cirrhotic patients with upper gastrointestinal bleeding	706
CD006575.pub3	Virtual reality training for surgical trainees in laparoscopic surgery	644
CD011549	Endoscopic ultrasound versus magnetic resonance cholangiopancreatography for common bile duct stones	629

The 2015 access data for all Hepato-Biliary Group Reviews is provided in the accompanying Excel file.

5. How the usage of Hepato-Biliary Group reviews compares to usage of reviews published by other Cochrane Review Groups:

Figure 3 shows the average number of full text downloads per review as accessed via Wiley Online Library during 2015 (regardless of publication date). Figure 4 shows the number of publications and full text downloads for each CRG as a percentage of the *CDSR*.

Figure 3: Average number of full-text downloads received by Cochrane Review Groups in 2015

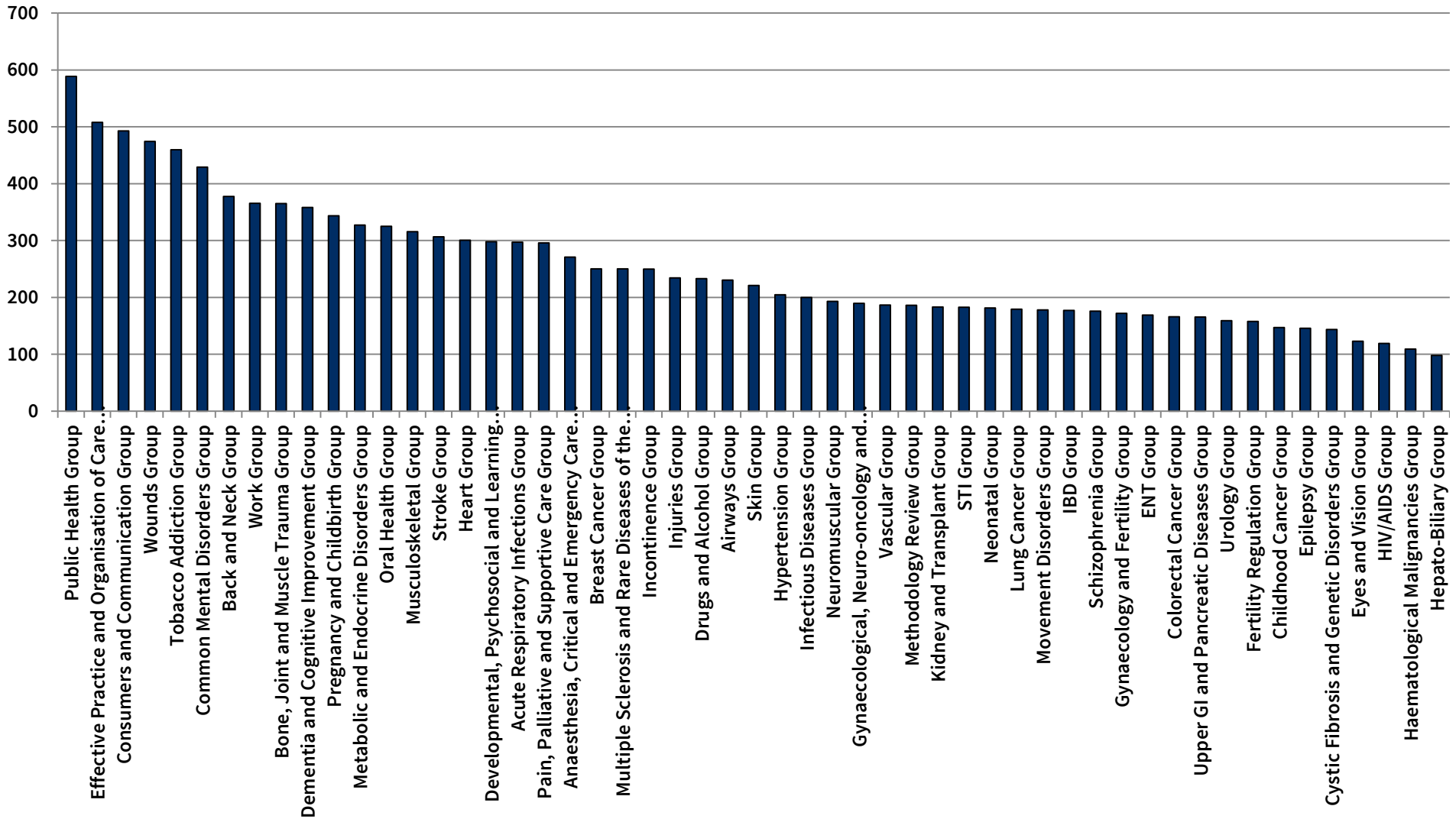
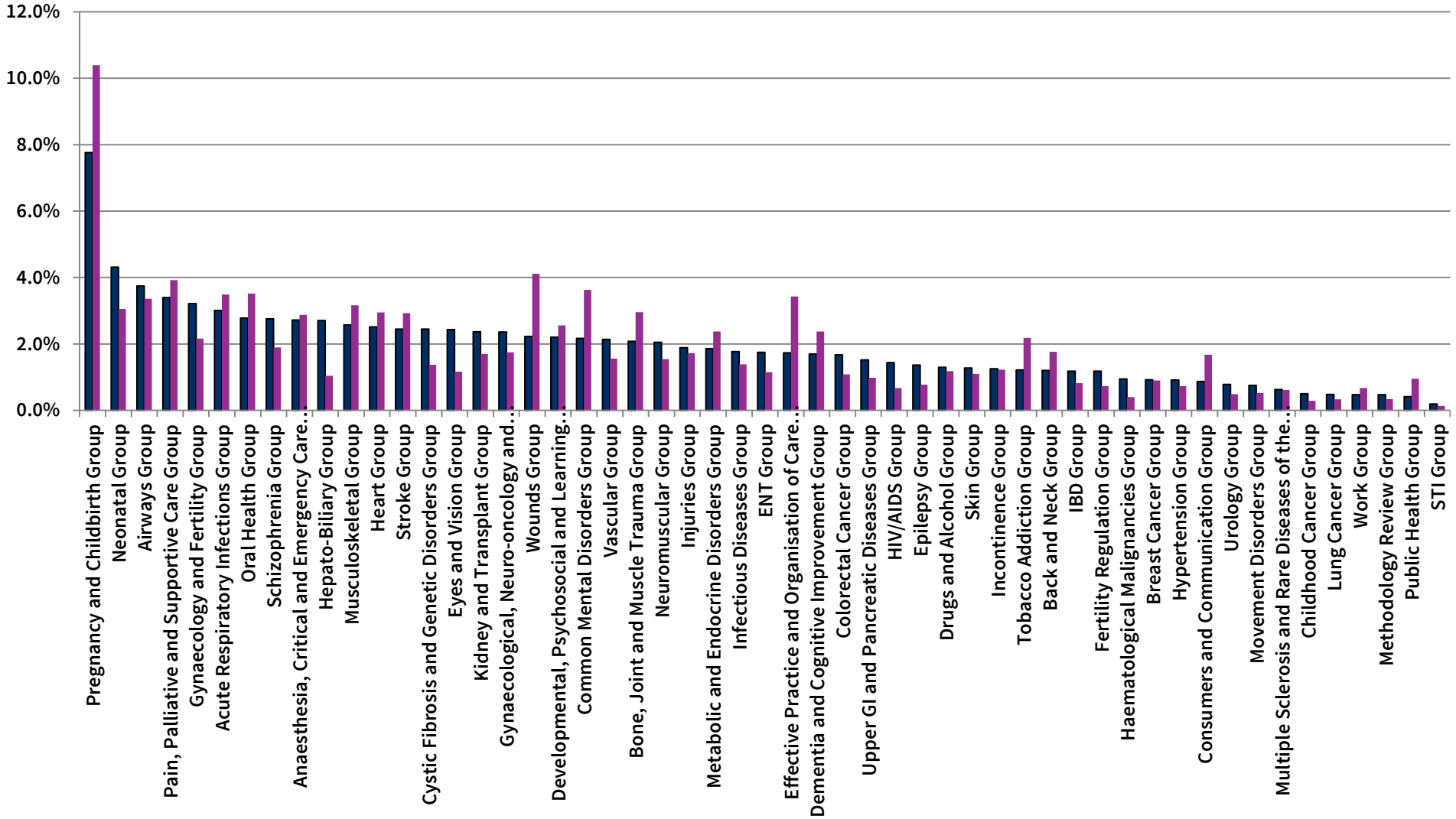


Figure 4: % Publications (blue) and % Full Text Downloads (purple) of *CDSR* for each CRG (in order of percentage of publications)



6. Alternative Metrics

Using the Altmetric system (http://www.altmetric.com/), we are able to report on further measures of the impact of Cochrane Reviews beyond cites and usage. Altmetric have created a cluster of servers that watch social media sites, newspapers, government policy documents and other sources for mentions of scholarly articles.

The Altmetric Attention Score is a quantitative measure of the attention that a scholarly article has received. It is derived from three main Factors:

Volume - The score for an article rises as more people mention it.
Sources - Each category of mention contributes a different base amount to the final score (further information including a breakdown of sources can be found here).
Authors - How often the author of each mention talks about scholarly articles influences the contribution of the mention.

The unique Altmetric Attention Score is available on the abstract page of every Cochrane Review that has achieved a score of one or above.

Altmetric has tracked mentions of 8,012 articles from the *CDSR* up to August 2016.

The highest Altmetric Attention Scores from Cochrane Reviews published by the Hepato-Biliary Group in 2015 (scores retrieved 27th July 2016) were:

Score	Review Title	B	T	F	N
10	Branched-chain amino acids for people with hepatic encephalopathy	0	11	0	0
10	Transient elastography for diagnosis of stages of hepatic fibrosis and cirrhosis in people with alcoholic liver disease	0	1	0	1
9	S-adenosyl-L-methionine for alcoholic liver diseases	1	0	0	0
7	Branched-chain amino acids for people with hepatic encephalopathy	0	11	1	0
7	Glucocorticosteroid-free versus glucocorticosteroid-containing immunosuppression for liver transplanted patients	0	10	1	0
4	Vitamin K for upper gastrointestinal bleeding in people with acute or chronic liver diseases	0	0	1	0
3	Ultrasound versus liver function tests for diagnosis of common bile duct stones	0	5	0	0
3	Interferon alpha versus any other drug for chronic hepatitis D	0	0	0	0
2	Antifibrinolytic amino acids for upper gastrointestinal bleeding in people with acute or chronic liver disease	0	2	0	0

2	Percutaneous ethanol injection or percutaneous acetic acid injection for early hepatocellular carcinoma	0	3	0	0

B=Bloggers T=Tweeters F=Facebook walls N=News outlets

Altmetric track 'mentions' from 16 different sources including references in policy documents, citations in Wikipedia pages and discussions on Peer Review sites.

The Cochrane Review ranked first in 2015; 'Portion, package or tableware size for changing selection and consumption of food, alcohol and tobacco' has the highest Altmetric Attention Score of all Cochrane Reviews. The article was #97 in 'The Altmetric top 100', a list published by Altmetric to show what academic research caught the public imagination in 2015.

7. Initiatives to enhance usage: *Cochrane Clinical Answers*

Cochrane Clinical Answers (*CCA*) has been developed to increase accessibility of Cochrane Reviews for the clinical audience and thus increase use of Cochrane content to inform decision-making within the patient journey. We have compared the ten most accessed reviews from your CRG with Clinical Answers published on the *CCA* website to assess correlation between your most accessed content and *CCA* coverage. These data are purely informative and aimed to enhance CRG awareness of the *CCA* project and to start a dialogue between CRGs and the *CCA* editorial team regarding inclusion of their Reviews within the *CCA* website.

The Cochrane Clinical Answers based on the ten most accessed Cochrane Systematic Reviews from the Hepato-Biliary Group in 2015 were:

CD Number	Review Title
CD005440.pub3	Early versus delayed laparoscopic cholecystectomy for people with acute cholecystitis
CD007176.pub2	Antioxidant supplements for prevention of mortality in healthy participants and patients with various diseases
CD003327.pub4	Surgical versus endoscopic treatment of bile duct stones
CD001939.pub2	Branched-chain amino acids for people with hepatic encephalopathy
CD002907.pub2	Antibiotic prophylaxis for cirrhotic patients with upper gastrointestinal bleeding

The full list of Cochrane Clinical Answers based on Hepato-Biliary Group Reviews can be obtained by contacting Karen Pettersen, Senior Editor Wiley Cochrane Team at kpettersen@wiley.com

Additional resources:

- A Frequently Asked Questions document (FAQ) is available from the Cochrane Library website. You can access this document here.

- For further details of Cochrane Reviews in the press, please contact Jo Anthony, Senior Media and Communications Officer, Cochrane (janthony@cochrane.org).
- If you have any queries regarding the data presented in this report, please contact Gavin Stewart, Cochrane Editor at Wiley (gstewart@wiley.com).