Hospital Universitari Dexeus

Grupo quirónsalud

Memòria d'indicadors bibliomètrics

2025

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(bibliotecari/documentalista)

TAULA DE CONTINGUTS

Fonts d'informació

• **Web of Science (WoS):** Plataforma de l'empresa Clarivate Analytics, formada per una àmplia col·lecció de bases de dades bibliogràfiques, cites i referències de publicacions científiques de qualsevol disciplina del coneixement, en ciència, tecnologia, ciències socials, arts i humanitats. Proporciona informació bibliogràfica, que permet avaluar, analitzar el rendiment i la qualitat científica de la investigació.

• **Journal Citation Reports (JCR):** Base de dades multidisciplinar realitzada per l'Institute for Scientific Information (ISI), que permet de manera sistemàtica i objectiva, mitjançant dades estadístiques, determinar la importància relativa de revistes dins de les seves categories temàtiques. Ofereix un espectre ampli d'aplicacions bibliomètriques pràctiques per als professionals de la informació. La seva cobertura des del 1997 abasta més de 200 disciplines. Inclou, entre altres indicadors, el conegut **Factor d'Impacte**, el **quartil** que ocupa la revista i la posició de la revista dins de la seva **categoria** ; que són les dades sol·licitades per les agències davaluació de l'activitat investigadora per a la valoració de les publicacions en articles de revista. Permet identificar la rellevància que té una revista dins la comunitat investigadora mitjançant indicadors.

• **Science Citation Index Expanded (SCIE):** índex multidisciplinari de la literatura de revistes de ciències inclosa a la Web of Science. Inclou completament més de 8.300 revistes principals de 150 disciplines científiques i inclou totes les referències citades capturades d'articles indexats.

• **Medline:** MedlinePlus és produït per la Biblioteca Nacional de Medicina dels EUA (NLM, per les sigles en anglès), la biblioteca mèdica més gran del món, part dels Instituts Nacionals de la Salut dels EUA. Medline és la part principal de PubMed, una base de dades en línia de cerca de literatura de recerca en ciències biomèdiques i biològiques. PubMed inclou enllaços a molts articles de revistes de text complet a través de PubMed Central.

• **Pubmed:** PubMed és un portal gratuït de la National Library of Medicine (NLM). Ofereix algunes cites i resums de MedLine, així com altres llocs que ofereixen articles i llibres de lliure accés a text complet. A PubMed es troben els articles abans d'haver estat indexats a MedLine.

Indicadors bibliomètrics utilitzats

• **Nombre de treballs indexats a PubMed:** Base de dades de la Biblioteca Nacional de Medicina dels Estats Units. PubMed és una base de dades de lliure accés que permet consultar principalment els continguts de la base de dades Medline, encara que també una varietat de revista científiques de qualitat similar però que no són part de Medline. A través del cercador de nivell bàsic o avançat és possible accedir a referències bibliogràfiques i resums d'aquests articles de recerca biomèdica. Medline té al voltant de 4800 revistes publicades als Estats Units i en més de 70 països del món. Actualment reuneix més de 30 000 000 cites.

• **Nombre de treballs indexats a Web of Science (WoS):** Web of Science és una plataforma de l'empresa *Clarivate Analytics* formada per una àmplia col·lecció de bases de dades bibliogràfiques, cites i referències de publicacions científiques de qualsevol disciplina del coneixement. Proporciona informació bibliogràfica, permet avaluar, analitzar el rendiment i la qualitat científica de la investigació. I tot mitjançant una única interfície de consulta, de forma individual oa diverses bases simultàniament. La llicència nacional de Web Of Science (WoS) és gestionada per FECYT (Fundació Espanyola per a la Ciència i la Tecnologia).

• **Nombre de treballs indexats a Science Citation Index Expanded (SCIE):** Índex multidisciplinari de la literatura de revistes de ciències. És un dels principals de WoS. Creada com a Science Citation Index (SCI) el 1964, és una base de dades documental on es recullen totes les contribucions (articles, editorials, cartes, revisions, discussions, etc.) que es puguin publicar a les revistes de ciència i tecnologia indexades per Clarivate Analytics, anteriorment produïda per Thomson Reuters. institució que produïa en índex era l'Institut per a la Informació Científica, Institute for Scientific Information (ISI), fundat per Eugene Garfield el 1960. Actualment (març del 2021) indexa al voltant de 9.200 de les revistes amb major impacte de tot el món líders en 178 disciplines científiques1 més de 8 de disciplines científiques1. esmentades des de 1900 fins a l'actualitat).

• **Nombre de treballs indexats a Medline:** Medline és possiblement la base de dades de bibliografia mèdica més àmplia que existeix, produïda per la Biblioteca Nacional de Medicina dels Estats Units. Cada registre de Medline és la referència bibliogràfica d'un article científic publicat a una revista mèdica, amb les dades bibliogràfiques bàsiques d'un article (Títol, autors, nom de la revista, any de publicació) que permeten la recuperació d'aquestes referències posteriorment a una biblioteca oa través de programari específic de recuperació.

L'accés a la base de dades és lliure mitjançant PubMed.

• **Nombre de treballs indexats al Quartil 1, Factor d'impacte de cada article, total d'articles amb un Factor d'Impacte major de 10, Quartil de cada article, Categoria i Posició** al Journal Citation Report: Treballs publicats en revistes amb Factor d'Impacte, situades al primer, segon, tercer i quart quartil de les Categories de Jour. Categoria temàtica de la revista i posició dins de la/les Categories de què forma part la revista.

• **Número de treball en revistas de 1er Decil:** Els decils tenen la funció d'avaluar la importància de la revista dins del total de revistes de la seva àrea veient la posició en relació amb elles. En dividir en 10 parts un llistat de revistes ordenades per índex dimpacte, cadascuna daquestes parts serà un decil. Es calcula sobre la base del rànquing creat pel valor Factor d'Impacte que genera el Journal Citation Reports (JCR).Els decils tenen la funció d'avaluar la importància de la revista dins del total de revistes de la seva àrea veient la posició en relació amb elles. En dividir en 10 parts un llistat de revistes ordenades per índex d'impacte, cadascuna d'aquestes parts serà un decil. Es calcula sobre la base del rànquing creat pel valor Factor d'Impacte que genera el Journal Citation Reports (JCR).

• **Índex H:** L'índex h (H-Index o Factor H) és un sistema de mesura de la qualitat professional dels científics basat en la rellevància de la seva producció científica, tenint en compte el conjunt dels treballs més citats d'un investigador i el nombre de cites de cadascun d'aquests treballs. És un nombre que representa el pes que tenen les publicacions d'autors afiliats a l'Hospital Universitari Dexeus a la comunitat científica global.

Es calcula ordenant de major o menor els articles científics segons el nombre de cites rebudes, i l'índex h és el nombre en què coincideixen el número d'ordre amb el nombre de cites. Un exemple de càlcul es pot veure a la figura següent.

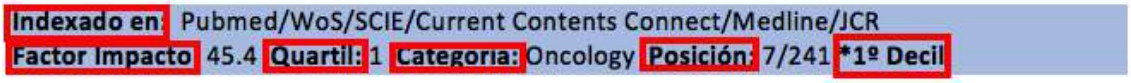
- **Identificació de les principals bases de dades on està indexat :**

Artícle indexat a: Medline/PubMed/ Web of Science (WoS)/Journal Citation Reports (JCR)/SCIE

INTRODUCCIÓ

Amb l'informe anual de la Biblioteca de l'Hospital Universitari Quirón Dexeus (HUQD) pretenem visibilitzar l'activitat científica de l'Hospital i el seu impacte a la comunitat científica mundial.

A més de la recopilació exhaustiva de tots els artícles científics publicats el pasat 2025, s'han destacat en negreta els autors afiliats a l'HUQD. Oferint també una sèrie d'indicadors que mostren:



- **Principals bases de dades on es troben indexats**: Pubmed, Web of Science (WoS), Science Citation Index Expanded (SCIE), Medline i Journal Citation Report (JCR). Algunes són d'accés públic (Pubmed), d'altres restringit a través de les credencials que disposen investigadors, alumnes i professors d'Universitats i el personal bibliotecari de centres d'informació del sector mèdic: WoS, SCIE, Medline i JCR. Per accedir-hi: a través del FECYT.

- **Factor d'impacte** de la revista on l'article es va publicar, ofert per la base de dades JCR.

- **Quartil** de la revista on l'article es va publicar, ofert per la base de dades JCR.

- **Categoria** de la revista on es va publicar, oferta pel JCR.

- **Posició** dins de la **Categoria** de la revista on es va publicar l'article, mostrada també al JCR.

- Si la revista on es va publicar l'article forma part del **1r Decil**.

- **Journal Citation Indicator**,[1] que reflecteix l'impacte mitjà de la citació normalitzada de categoria dels articles publicats a una revista durant un període recent de tres anys.

*en els articles que no s'ofereixen cap d'aquests indicadors és perquè estan en revistes que no estan indexades al JCR, que és l'eina que ofereix tots els indicadors bibliomètrics que hi ha a cada article.

La recopilació dels articles es categoritza per especialitats del HUQD, sota cadascuna podeu consultar el total d'articles de cada departament, la suma del Factor d'Impacte (FI) de tots els articles publicats i la mitjana del FI de tots els articles:

[1] La JCI mitjana d'una categoria és 1. Les revistes amb una JCI d'1,5 tenen un 50% més d'impacte a les cites que la mitjana d'aquesta categoria.

Al final de la recol·lecció exhaustiva de tots els articles classificats per especialitats, podeu consultar també la llista de totes les especialitats ordenades pel Factor d'Impacte del conjunto de les seves publicaciones i una taula comparativa del Factor de Impacto aconseguit per cada departamento del HUQD del 2023, 2024 y 2025.

A l'últim apartat d'aquesta *Memòria dels indicadors bibliomètrics 2025* trobareu també indicadors bibliomètrics importants oferts pel Web Of Science, com:

- l'índex H del passat any 2024

- índex H de tots els anys

- total d'artícles publicats

- total de publicacions (no sols articles, sino també: actes de reunions, revisions d' articles, cartes, editorials, etc.) en revistes indexades al JCR, Índex H i cites rebudes.

- el gràfic del número de citacions en relació al total de publicaciones de cada any

- gràfic del total de publicacions dels investigadors del HUQD de màxima activitat

- principals països dels investigadors que van publicar articles

- principals títols de revistes on es va publicar

- comparativa del número total d'articles publicats els últims anys

- relació del número d'articles amb revistes de Quarti l, podent consultar el total darticles de revistes corresponents al Q1, el total darticles de revistes del Q2, etc.

- tots els artícles que es van publicar en revistes de Quartil 1, classificats per especialitats.

- número total de tots els artícles amb revistes amb un Factor d'Impacte superior a 10, recol·lectats i ordenats de major a menor FI.

- quantitat d'articles publicats en revistes que formen part del 1er Decil, i la relació de tots els artícles de 1er Decil.

Esperem que sigui d'utilitat a tota la comunitat científica del HUQD, ja sigui de suport a la recerca, com en la millora i el refinament de les estratègies de publicació per optimitzar l'impacte en el món editorial de la publicació mèdica i incrementar-ne la visibilitat.

INDICADORS BIBLIOMÈTRICS PUBLICACIONS 2025

Llistat exhaustiu de referències bibliogràfiques d'articles cientifics[2] agrupats per especialitats de l'Hospital Universitari Quiron Dexeus ordenats alfabèticament per inicial del cognom del primer autor de la referència bibliogràfica.

Els indicadors de sota de cada referència bibliogràfica de la barra de color blau (Factor d'Impacte, Quartil, Categoria, Journal Citation Indicator i Posició) són els generats pel Journal Citation Reports (JCR). Els articles que no consten a aquesta base de dades, per tant, no disposen de valors en aquests indicadors.

Els indicadors de sota el nom de cada especialitat del HUQD són:

- Núm. articles indexats: és la suma de tots els articles pel departament/especialitat el passat any 2025.

- Journal Impact Factor-2025: és la suma de tots els valors de Factor d'Impacte (FI) de cada article.

- Factor impacte mitjà x article: és el resultat de dividir la suma de tots els factors d'impacte dels articles de l'especialitat entre el nombre d'articles (però només dels articles amb FI, és a dir, dels indexats a JCR).

INSTITUT ONCOLÒGIC DR. ROSELL – DEXEUS

Núm articles indexats: 27 **Núm articles indexats al JCR:** 25 **Journal Impact Factor ™ – 2025:** 579
Factor Impacte mitjà x article: 23.16

Arrieta O, Lara-Mejía L, Rios-Garcia E, Caballé-Perez E, Cabrera-Miranda L, Ramos-Ramírez M, Dávila-Dupont D, Cardona AF, Cruz-Rico G, Remon J, Garcilazo-Reyes A, **Rosell R**. **Alectinib in combination with bevacizumab as first-line treatment in ALK-rearranged non-small cell lung cancer (ALEK-B): a single-arm, phase 2 trial**. Nat Commun. 2025 May 16;16(1):4553. doi: 10.1038/s41467-025-59744-9. Erratum in: Nat Commun. 2025 Dec 12;16(1):11110. doi: 10.1038/s41467-025-67648-x. PMID: 40379690; PMCID: PMC12084566.

(no abstract)

Indexat a: Pubmed / WoS / Medline / SCIE **Factor Impacte:** 15.7 **Quartil:** 1 **Categoria:** Multidisciplinary Sciences **Posició:** 10/136 **Journal Citation Indicator:** 3.34 ***1er Decil**

[2] Solo artículos científicos, se han excluido los resúmenes de congresos (*meeting abstracts*).

Bartsch R, Marhold M, Garde-Noguera J, Gion M, Ruiz-Borrego M, Greil R, Valero M, Llombart-Cussac A, **García-Mosquera JJ**, Arumi M, Cortés J, Campolier M, Guerrero JA, Slebe F, Martínez-García E, Jiménez-Cortegana C, Vaz-Batista M, Oberndorfer F, Furtner J, Fuereder T, Berghoff AS, Preusser M. **Patritumab deruxtecan (HER3-DXd) in patients with active brain metastases of breast cancer (TUXEDO-3): a multicentre, single-arm, phase 2 trial.** Lancet Oncol. 2025 Nov;26(11):1467-1478. doi: 10.1016/S1470-2045(25)00470-X. PMID: 41167215.

Background: Patritumab deruxtecan (HER3-DXd) is a novel antibody-drug conjugate targeting HER3, which is overexpressed in CNS metastases of metastatic breast cancer. We aimed to evaluate the activity and safety of HER3-DXd in patients with metastatic breast cancer and brain metastases that are newly diagnosed or progressing after local therapy.
Methods: TUXEDO-3 trial is a multicohort, multicentre, open-label, single-arm phase 2 trial, done in six sites in Spain and Austria. In this cohort (1 of 3), we enrolled adults (≥18 years) with histologically documented breast cancer and radiologically documented metastatic disease, newly diagnosed brain metastases or brain metastases progressing after local treatment, at least one measurable brain lesion of ≥10 mm, and an Eastern Cooperative Oncology Group performance status of 0-2. Patients received HER3-DXd 5·6 mg/kg intravenously once every 3 weeks. The threshold for the primary endpoint was at least 15% of patients having intracranial response according to Response Assessment in Neuro-Oncology Brain Metastases criteria. Activity and safety analyses were done in the full analysis population (ie, all participants who received at least one dose of HER3-DXd). This trial (ClinicalTrials.gov NCT05865990 and European Union Clinical Trials Register 2023-503251-10-00) is ongoing and is no longer enrolling patients.
Findings: Between Dec 12, 2023, and July 8, 2024, 21 evaluable female patients (five with luminal breast cancer, nine with HER2-positive breast cancer, and seven with triple-negative breast cancer) were recruited. 15 (71%) were White; race was not reported in the remaining six patients. The median number of previous treatment lines for advanced disease was 4 (IQR 2-4). Median treatment duration was 3·0 months (IQR 0·7-7·7), and median follow-up was 4·9 months (IQR 3·6-8·5). The primary endpoint was met with five (24%) of 21 patients having intracranial responses irrespective of the breast cancer subtype (overall response rate 23·8%, 95% CI 8·2-47·1). The most common grade 3 or worse treatment-emergent adverse events were neutropenia in three (14%) patients, diarrhoea in two (10%) patients, and asthenia and vomiting in one (5%) patient each. Serious adverse events occurred in six (29%) patients, with one (5%) patient having grade 2 pneumonitis related to the study treatment. No treatment-related deaths were reported.
Interpretation: HER3-DXd showed promising clinical activity in patients with metastatic breast cancer and active brain metastases, and could offer a novel therapeutic option in this setting.
Funding: Daiichi-Sankyo and Merck Sharp & Dohme.

Indexat a: Pubmed / WoS / Medline / SCIE **Factor Impacte:** 35.9 **Quartil:** 1 **Categoria:** Oncology **Posició:** 8/328 **Journal Citation Indicator:** 8.62 ***1er Decil**

Calles A, Alonso M, Martín-Martorell P, Gómez A, de Castro J, Martínez-Aguillo M, Estival A, Mosquera J, Martínez-Banaclocha N, Majem M, Reyes R, Azkona E, Ortega AL, Aguin S, Santos A, **Aguilar A**, Cucurull M, Blasco A, Calvo V, Isla D, Nadal E, Aguado C, Sais E, Juan-Vidal O, Diz-Taín M, Taus Á, Villanueva N, Bayona C, Amenedo M, Mielgo X, Arriola E, Baena J; Spanish Lung Cancer Group. **Efficacy and safety of lorlatinib in patients with ALK- and ROS1-rearranged metastatic non-small cell lung cancer treated within the compassionate use program in Spain**. Cancer Treat Res Commun. 2025;43:100905. doi: 10.1016/j.ctarc.2025.100905. Epub 2025 Mar 22. PMID: 40154161.

Background: Lorlatinib, a third-generation tyrosine kinase inhibitor (TKI), targets both ALK and ROS1 rearrangements in non-small cell lung cancer (NSCLC). It is approved for ALK-positive patients after progression on prior TKIs but lacks FDA or EMA approval for ROS1-positive NSCLC. This study evaluates lorlatinib's efficacy and safety in both ALK- and ROS1-positive patients through a compassionate use program in Spain.
Methods: We analyzed ALK-positive patients treated from November 2016 to February 2019 and ROS1-positive patients treated from November 2016 to March 2021. Eligible patients had Stage IV NSCLC with confirmed ALK or ROS1 rearrangements and prior TKI therapy. For ALK-positive patients, at least two prior TKIs were required if crizotinib was used first. For ROS1-positive patients, prior crizotinib was required.
Results: In 61 ALK-positive patients, 59 % had brain metastasis, and 85.2 % received at least two prior ALK TKIs. The overall response rate (ORR) was 32.8 %, with a median progression-free survival (PFS) of 11.2 months. Intracranial ORR was 47.6 %, with higher efficacy in patients with evaluable brain metastasis. In patients with 1, 2, or ≥3 lines of previous TKIs, we observed a median PFS of 15.1, 11.1 and 7.6 months, respectively. Among 42 ROS1-positive patients, 59 % had brain metastasis, and 61.9 % received ≥2 prior therapies. The confirmed ORR was 47.6 %, with 16.7 % complete responses. Median PFS was 10 months. Patients receiving crizotinib alone had a median PFS of 10 months, while those with two prior TKIs had a median PFS of 8.5 months. Intracranial response was 44.4 %, rising to 57.1 % in patients evaluable with brain metastasis. No new safety signals were observed.
Conclusion: Lorlatinib demonstrated consistent efficacy and manageable safety in both ALK- and ROS1-positive NSCLC patients treated under the compassionate use program in Spain. These real-world findings support its use as an effective treatment option in heavily pretreated patients.
Microabstract: We evaluated the efficacy and safety of lorlatinib in ALK- and ROS1-positive NSCLC patients within a compassionate use program in Spain. Among 61 ALK-positive patients, including 59 % with brain metastasis and 85.2 % treated with at least 2 prior ALK TKIs, lorlatinib achieved a confirmed overall response rate (ORR) of 32.8 % and a median progression-free survival (PFS) of 11.2 months. In 42 ROS1-positive patients previously treated with crizotinib, lorlatinib showed an ORR of

47.6 % and a median PFS of 10 months, confirming its clinical activity despite the lack of FDA or EMA approval for this indication.

Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 2.4 **Quartil:** 3 **Categoria:** Oncology **Posició:** 205/328 **Journal Citation Indicator:** 0.52

Cerezuela-Fuentes P, **Gonzalez-Cao M**, Puertolas T, Manzano JL, Maldonado C, Yelamos O, Berciano-Guerrero MA, Martin-Liberal J, Muñoz-Couselo E, Espinosa E, Drozdowskyj A, Berrocal A, Soria A, Marquez-Rodas I, Martin-Algarra S, Quindos M, Puig S; Spanish Melanoma Group (GEM). **Access to systemic treatment of non-melanoma skin cancer in Spain: a survey analysis**. Clin Transl Oncol. 2025 Jan;27(1):386-391. doi: 10.1007/s12094-024-03583-5. Epub 2024 Jul 1. PMID: 38951438.

Background: Novel and highly effective drugs for non-melanoma skin cancer (NMSC) improve patient outcomes, but their high cost strains healthcare systems. Spain's decentralized public health system, managed by 17 autonomous communities (AaCc), raises concerns about equitable access.
Methods: A cross-sectional survey (July-September 2023) was sent to Spanish Multidisciplinary Melanoma Group (GEM Group) members to assess access to new drugs.
Findings: Fifty physicians from 15 Spanish AaCc responded to the survey. Access for drug with approved public reimbursement, Hedgehog inhibitors in basal-cell carcinoma and anti PD-L1 antibody in Merkel carcinoma, was observed in 84% and 86% of centers, respectively. For other EMA-approved treatments, but without reimbursement in Spain access decreased to 78% of centers. Heterogeneity in access was mainly observed intra regions.
Conclusion: Unequal financial support for drugs for NMSC with creates a patchwork of access across Spanish hospitals, with variations even within the same AaCc.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 2.5 **Quartil:** 3 **Categoria:** Oncology **Posició:** 188/328 **Journal Citation Indicator:** 0.57

Fuereder T, Garde-Noguera J, **García-Mosquera JJ**, Ruiz-Borrego M, Valero M, Llombart-Cussac A, Gion M, Greil R, Arumi M, Campolier M, Guerrero JA, Raimondi G, Mancino M, Jiménez-Cortegana C, Vaz-Batista M, Oberndorfer F, Marhold M, Berghoff AS, Furtner J, Bartsch R, Preusser M. **Patritumab deruxtecan (HER3-DXd) in patients with active brain metastases of non-small-cell lung cancer (TUXEDO-3): a multicentre, single-arm, phase 2 trial**. Lancet Oncol. 2025 Nov;26(11):1454-1466. doi: 10.1016/S1470-2045(25)00465-6. PMID: 41167214.

Background: Patritumab deruxtecan (HER3-DXd) is a novel antibody-drug conjugate targeting HER3, which is overexpressed in CNS metastases of advanced non-small-cell lung cancer (NSCLC). We aimed to evaluate the activity and safety of HER3-DXd in patients with advanced NSCLC and newly diagnosed brain metastases or brain metastases progressing after local therapy.

Methods: TUXEDO-3 is a multicohort, multicentre, open-label, single-arm phase 2 trial. In this cohort (2 of 3), we enrolled adults (aged ≥18 years) with histologically documented squamous or non-squamous NSCLC, radiologically documented metastatic disease, newly diagnosed brain metastases or progressing brain metastases after local treatment, at least one brain lesion, no need for immediate local therapy, and an Eastern Cooperative Oncology Group performance status of 0-2. Patients received HER3-DXd 5·6 mg/kg intravenously once every 3 weeks. The threshold to meet the primary endpoint was at least 15% of patients having an intracranial response according to Response Assessment in Neuro-Oncology Brain Metastases criteria. Activity and safety analyses were done in the full analysis set, which included all participants who received at least one dose of HER3-DXd. This trial (ClinicalTrials.govNCT05865990 and European Union Clinical Trials Register 2023-503251-10-00) is ongoing but no longer enrolling patients.
Findings: Between Dec 27, 2023, and Sept 6, 2024, 20 patients were recruited; ten (50%) were female and ten (50%) were male. 16 (80%) of 20 patients were White; race was not reported in the remaining four patients. 13 (65%) of the 20 patients had brain metastases progressing after local therapy and seven (35%) had untreated brain metastases; five (25%) had activating driver mutations. Median follow-up was 5·3 months (IQR 2·0-8·5). The primary endpoint was met, with six (30%) of 20 patients having intracranial responses (objective response rate 30·0%, 95% CI 11·9-54·3). The six responders had non-squamous advanced NSCLC (two [33%] with untreated brain metastases and four [67%] with progressing brain metastases), of whom one (17%) had an activating driver mutation (KRAS G12C). Treatment-related adverse events occurred in 16 (80%) patients, the most common of which were nausea (seven [35%] patients), and diarrhoea and asthenia (each six [30%] patients). The most common grade 3 and 4 adverse events were neutropenia in three (15%) patients and febrile neutropenia in two (10%). There were no treatment-related deaths, and no new safety signals were identified.
Interpretation: HER3-DXd showed promising clinical activity in patients with advanced NSCLC and active brain metastases, and could represent a novel treatment option in this setting.
Funding: Daiichi-Sankyo and Merck Sharp & Dohme.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 35.9 **Quartil:** 1 **Categoria:** Oncology **Posició:** 8/328 **Journal Citation Indicator:** 8.62 ***1er Decil**

García-Mosquera JJ, Pérez-García JM, Ruiz-Borrego M, Stradella A, Bermejo B, Escrivá-de-Romaní S, Calvo Martínez L, Gebhart G, Kerrou K, Gion M, Antonarelli G, Santasusagna Canal S, Rodríguez-Morato J, Mina L, Sampayo-Cordero M, Llombart-Cussac A, Cortés J. **Comparing [18F]FDG-positron emission tomography and breast magnetic resonance imaging to predict pathological complete response and 3-year invasive disease-free survival in HER2-positive early breast cancer patients: an unplanned exploratory analysis of the PHERGain trial**. ESMO Open. 2025 Nov;10(11):105875. doi: 10.1016/j.esmoop.2025.105875. Epub 2025 Nov 6. PMID: 41202503; PMCID: PMC12639436.

Background: The PHERGain trial demonstrated that an [18F]2-fluoro-2-deoxy-d-glucose ([18F]FDG)-positron emission tomography (PET)-based, pathological complete response (pCR)-adapted strategy could be safely utilized to avoid chemotherapy (CT) in patients with human epidermal growth factor receptor 2 (HER2)-positive early breast cancer (EBC) receiving neoadjuvant dual anti-HER2 blockade [trastuzumab and pertuzumab (HP)]. Due to the limited availability of [18F]FDG-PET, this study evaluated breast magnetic resonance imaging (MRI) as an alternative for early treatment response assessment.
Patients and methods: Group B patients (n = 285) initially received two cycles of HP, with subsequent CT introduction if [18F]FDG-PET showed no response. [18F]FDG-PET and MRI were conducted before randomization and after two cycles (early). An additional MRI was carried out before surgery (late). Concordance between [18F]FDG-PET, MRI reduction, and MRI response by RECIST v.1.1 was evaluated, along with accuracy to predict pCR and 3-year invasive disease-free survival (iDFS) rates.
Results: Early imaging assessment showed good accuracy (78.2%) between [18F]FDG-PET and breast MRI tumor reduction (any shrinkage), but not when applying RECIST v.1.1 response criteria (≥30% decrease in the sum of diameters of target lesions). There were higher pCR rates in [18F]FDG-PET responders with early MRI reduction (39.0% versus 29.6% if no reduction) or MRI response (44.0% versus 30.4% if no response). [18F]FDG-PET non-responders without MRI reduction had the lowest pCR (21.7%) and 3-year iDFS (75.3%) rates despite receiving CT. Among [18F]FDG-PET responders, early MRI complete responses (CRs) were uncommon, but extending CT-free treatment increased early MRI CR (9.3%-31.7%) and objective response rates (55.1%-70.0%). Late MRI CR predicted pCR better in hormone receptor (HR)-negative than in HR-positive tumors (positive predictive value: 85.5% versus 61.5%).
Conclusions: Although [18F]FDG-PET is the recommended imaging technique for guiding treatment in HER2-positive EBC patients following the PHERGain strategy, this unplanned analysis suggests that tumor shrinkage assessed by breast MRI could be a viable alternative for adaptive strategies in settings where [18F]FDG-PET is not available.
Keywords: HER2-positive early breast cancer; [(18)F]FDG–PET; magnetic resonance imaging; pathological complete response; pertuzumab; trastuzumab.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 8.3 **Quartil:** 1 **Categoria:** Oncology **Posició:** 36/328 **Journal Citation Indicator:** 1.52

Garzón-Ibáñez M, **Reyes R**, **Molina-Vila MÁ**, **Sullivan IG**. **Landscape and clinical implications of EGFR exon 20 insertions in non-small cell lung cancer patients**. Clin Transl Oncol. 2025 Sep;27(9):3559-3569. doi: 10.1007/s12094-025-03899-w. Epub 2025 Apr 4. PMID: 40186089.

Although most mutations in Epidermal Growth Factor Receptor (EGFR) found in non-small cell lung cancer (NSCLC) patients are targetable drivers, exon 20 insertions (ex20ins) represent a distinct and heterogeneous subgroup with differences in

treatment outcomes and prognosis. Next Generation Sequencing (NGS) testing has played a key role in identifying ex20ins and associated co-alterations, enhancing our understanding of the complex biology within this group. Furthermore, new molecules recently developed, some of them still under investigation, are shown promising results in the clinical management of ex20ins patients. This review aims to give an update of the landscape of EGFR ex20ins, focusing on their molecular and clinical implications as well as on new treatment strategies emerging in clinical trials.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 2.5 **Quartil:** 3 **Categoria:** Oncology **Posició:** 188/328 **Journal Citation Indicator:** 0.57

Gion M, Blancas I, Cortez-Castedo P, Cortés-Salgado A, Marmé F, Blanch S, Morales S, Díaz N, Calvo-Plaza I, Recalde S, **Martínez-Bueno A**, Ruiz-Borrego M, Llabrés E, Taberner MT, de Laurentiis M, García-Vicente S, Guerrero JA, Boix O, Rodríguez-Morató J, Sampayo-Cordero M, Antonarelli G, Pérez-García JM, Cortés J, **Llombart-Cussac A**; ATRACTIB Trial Investigators. **Atezolizumab plus paclitaxel and bevacizumab as first-line treatment of advanced triple-negative breast cancer: the ATRACTIB phase 2 trial.** Nat Med. 2025 Aug;31(8):2746-2754. doi: 10.1038/s41591-025-03734-3. Epub 2025 Jun 4. PMID: 40467896; PMCID: PMC12353800.

Triple-negative breast cancer (TNBC) is a highly aggressive subtype of breast cancer with poor prognosis. The current first-line treatment for advanced TNBC (aTNBC) is determined by the expression of programmed cell death-ligand 1 (PD-L1). In the ATRACTIB trial-a multicenter, single-arm, phase 2 study-we evaluated the combination of atezolizumab, paclitaxel and bevacizumab as first-line treatment for patients with aTNBC, independently of PD-L1 status. The primary endpoint was investigator-assessed progression-free survival. One hundred female patients were enrolled, with most evaluable tumors being PD-L1-negative (97.6%). The primary endpoint was met, with a median progression-free survival of 11.0 months (95% confidence interval (CI): 9.0-13.4; P < 0.001). The objective response rate was 63.0% (95% CI: 52.8-72.4) and median overall survival was 27.4 months (95% CI: 23.4-37.4). No treatment-related deaths or new safety signals were observed. This combination demonstrated significant antitumor activity as first-line therapy for aTNBC patients and merits further investigation. ClinicalTrials.gov Identifier: NCT04408118 .

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 50 **Quartil:** 1 **Categoria:** Biochemistry & Molecular Biology (Q1) ; Cell Biology (Q1) **Posició:** Biochemistry & Molecular Biology 2/320 ; Cell Biology 3/204 **Journal Citation Indicator:** 11.04 ***1er Decil**

Goldman JW, **Bueno AM**, Dooms C, Jhaveri K, de Miguel M, Piha-Paul SA, Unni N, Zick A, Mahipal A, Suga JM, Naltet C, Antoñanzas M, Crown J, Bebchuk J, Eli LD, Lowenthal BH, Mahalingam D. **Neratinib Efficacy in Patients With EGFR Exon 18-Mutant Non-Small-Cell Lung Cancer: Findings From the SUMMIT Basket Trial**. Clin Lung Cancer. 2025 May;26(3):191-200.e1. doi: 10.1016/j.cllc.2024.12.003. Epub 2024 Dec 11. PMID: 39828466.

Background: Activating mutations in the epidermal growth factor receptor (EGFR) gene occur in 7% to 23% of patients with non-small-cell lung cancer (NSCLC). A small proportion of these (3-5%) are exon 18 mutations. Neratinib, an irreversible pan-HER tyrosine kinase inhibitor (TKI), had activity in the phase II SUMMIT basket study. We report efficacy and safety of neratinib in patients with EGFR exon 18-mutant NSCLC in SUMMIT, according to prior EGFR TKI treatment.
Patients and methods: Eligible patients had ECOG performance status 0-2. Prior EGFR TKIs, chemotherapy, and checkpoint inhibitors were allowed. Patients received neratinib (240 mg orally daily) and mandatory diarrhea prophylaxis with loperamide. The primary endpoint was objective response rate (ORR) at 8 weeks (ORR8); other endpoints included ORR, progression-free survival (PFS), duration of response, and safety.
Results: Thirty-one patients were included (24/7 with/without prior TKI). ORR8 was 19.4% (95% CI 7.5-37.5); ORR was 32.3% (95% CI: 16.7-51.4); median PFS 5.75 months (95% CI: 2.27-9.23). Two of 7 patients with baseline central nervous system metastasis had partial responses (median PFS 3.6 months; 95% CI: 1.9-9.1). Six patients with G719A/X/C mutations had partial responses >10 months. Diarrhea was generally controlled (10% grade 3, no grade 4; one patient discontinued treatment because of diarrhea).
Conclusion: Neratinib had meaningful activity in selected patients with EGFR exon 18-mutant NSCLC, including patients pretreated with ≥1 TKI. Diarrhea was generally low grade. Given the lack of effective treatments after EGFR TKI failure for NSCLC with uncommon mutations, further examination of neratinib is warranted.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 5.1 **Quartil:** 1 **Categoria:** Oncology **Posició:** 68/328 **Journal Citation Indicator:** 1.20

Le X, Eisert A, Hsia TC, Raut NV, Ahmad A, Chan OSH, De Bondt C, Farrugia D, Froesch P, **González-Cao M**, Hendriks L, Hochmair MJ, Mazieres J, O'Sullivan H, Popat S, Samol J, van der Wekken AJ, Yang TY, Tho LM, Himpe U, Lam WS, Lee KWC, Petrini I, Berghoff K, Karachaliou N, Joshi K, Vlassak S, Chang GC. **Tepotinib Plus an EGFR Tyrosine Kinase Inhibitor in Patients With EGFR-Mutant MET-Altered NSCLC: A Case Series**. Clin Lung Cancer. 2025 Jun;26(4):338-346.e1. doi: 10.1016/j.cllc.2025.02.013. Epub 2025 Feb 21. PMID: 40140342.

(no abstract)

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 3.3 **Quartil:** 2 **Categoria:** Oncology **Posició:** 123/328 **Journal Citation Indicator:** 0.78

Gonzalez-Cao M, Berciano-Guerrero MÁ, Muñoz-Couselo E, Manzano JL, Cerezuela-Fuentes P, Crespo G, Soria A, de Miguel PA, Gutiérrez Sanz L, de la Rosa CA, García Castaño A, Puértolas T, Espinosa E, Medina J, Bellido L, Berrocal A, Majem M, López Castro R, Fernandez LA, Garcia F, de la Borbolla MR, Martín Algarra S,

Márquez-Rodas I. **Poor efficacy of anti PD-1 antibody based immunotherapy in patients with acral melanoma: results from the Spanish Melanoma Group (GEM) registry.** Clin Transl Oncol. 2026 Feb;28(2):645-653. doi: 10.1007/s12094-025-04018-5. Epub 2025 Aug 21. PMID: 40841506.

Background: Acral melanoma (AM) is uncommon in non-Asian race. Limited data exist in non-Asian population.
Objective: To analyze the activity of immunotherapy in patients diagnosed with AM in Spain.
Methods: We analyzed clinical outcomes of AM in the nationwide Spanish Melanoma Group Registry.
Results: 69 AM (17 stage III; 52 stage IV) and 724 cutaneous melanoma (CM) (190 stage III; 534 stage IV), predominantly non-Hispanic white. Regarding stage IV, AM patients were older (median 73.6 vs. 66.6 years, p = 0.001) and less often BRAF mutant (9.6% vs. 60.7%, p = 0.0001). First line immunotherapy (49 AM; 316 CM), response rate was 15.0% vs 39.1% (p = 0.0033), median progression free survival was 5.5 (95% CI 3.97-8.23) vs 15.3 months (95% CI 8.97- 26.3) (p = 0.001) and median OS was 17.3 (95% CI 13.32-39.97) versus 43.0 months (95% CI 30.81, NR) (p = 0.007), for AM and CM, respectively. Stage III AM were deeper (T4b in 52.9% vs. 25.3%, p = 0.02). In adjuvant anti PD-1-treated patients (14 AM; 156 CM) median RFS was 10.23 months (95% CI 6.0-NR) in AM versus NR (54.5-NR) in CM (p = 0.017) and 5 year OS was 36.1% vs. 75.8% (p = 0.034).
Conclusions: Our data confirms a poor outcome of AM in the Spanish population.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 2.5 **Quartil:** 3 **Categoria:** Oncology **Posició:** 188/328 **Journal Citation Indicator:** 0.57

Leighl NB, Trigo J, Park K, Lee SH, Girard N, **Viteri S**, Garrido P, Krebs MG, Thayu M, Knoblauch RE, Xie J, Bauml JM, Schnepp RW, Londhe A, Xia Y, Mahadevia PJ, Cho BC. **Intracranial and systemic progression on amivantamab in platinum-treated epidermal growth factor receptor exon 20 insertion-mutated advanced non-small cell lung cancer.** Lung Cancer. 2025 Jul;205:108579. doi: 10.1016/j.lungcan.2025.108579. Epub 2025 May 10. PMID: 40446773.

(no abstract)

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 4.4 **Quartil:** 1 **Categoria:** Oncology (Q2) ; Respiratory System (Q1) **Posició:** Oncology 85/328 ; Respiratory System 19/108 **Journal Citation Indicator:** 1.10

Li BT, Gandhi L, Ravichandran V, Besse B, Mazières J, Shapiro GI, Boni V, Waqar SN, Park H, Quinn DI, **Martinez A**, Stemmer SM, Cortot AB, Barlesi F, Quoix E, Burkard ME, Selcuklu SD, Hunt C, Donoghue MTA, Kris MG, Bebchuk J, Eli LD, McCulloch L, Solit DB, Jänne PA. **Efficacy of Neratinib-Based Therapy in ERBB2-Mutant Lung Adenocarcinomas: Findings From 2 International Phase 2 Studies**. Clin Lung Cancer.

2026 Mar;27(2):214-226.e5. doi: 10.1016/j.cllc.2025.09.009. Epub 2025 Oct 1. PMID: 41193346; PMCID: PMC12696912.

Background: ERBB2 mutations are oncogenic drivers in 2% to 4% of lung cancers and potentially actionable using HER2 tyrosine kinase inhibitors.
Patients and methods: Patients with advanced ERBB2-mutant lung cancer entered 2 phase 2 studies (PUMA-NER-4201 [4201]; PUMA-NER-5201 [SUMMIT]). Patients received neratinib (monotherapy 4201; monotherapy SUMMIT), or neratinib with weekly temsirolimus (combination 4201), or trastuzumab every 3 weeks (combination SUMMIT). Protocol-defined endpoints common to both studies were analyzed. Exploratory genomic analyses were conducted.
Clinicaltrials: gov: NCT01827267; NCT01953926.
Results: Sixty patients in 4201 (neratinib, n = 17; neratinib plus temsirolimus, n = 43) and 78 in SUMMIT (neratinib, n = 26; neratinib plus trastuzumab, n = 52) received study treatment. Objective response rates were 0% (95% confidence interval [CI], 0.0-19.5; 4201) and 3.8% (95% CI, 0.1-19.6; SUMMIT) with neratinib, 14.0% (95% CI, 5.3-27.9) with neratinib plus temsirolimus, and 9.6% (95% CI, 3.2-21.0) with neratinib plus trastuzumab. Five patients whose tumors harbored ERBB2 exon 20 insertion, L755P and D769Y missense mutations, and a novel ERBB2-SHC1 fusion had responses ≥ 1 year (neratinib monotherapy, n = 1; SUMMIT; neratinib plus temsirolimus, n = 2; neratinib plus trastuzumab, n = 2). Grade ≥ 3 treatment-related adverse events occurred in 23.5% (4201) and 34.6% (SUMMIT) of neratinib-treated patients, 37.2% of patients treated with neratinib plus temsirolimus, and 48.1% of patients treated with neratinib plus trastuzumab.
Conclusion: Single-agent neratinib has limited activity in ERBB2-mutated lung cancers. Combinations with temsirolimus or trastuzumab did not markedly improve overall outcomes, producing durable responses in a limited subset of patients.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 3.3 **Quartil:** 2 **Categoria:** Oncology **Posició:** 123/328 **Journal Citation Indicator:** 0.78

Jain A, Motatis AKB, Dharmashekar C, Shreevatsa B, Vs S, Srinivas M, Srinivasa SM, P A, Prasad MNN, **Rosell R**, Codony-Servat J, Rangappa S, Iqbal M, Abass KS, Amachawadi RG, Stupin V, Kollur SP, Shivamallu C, Silina E. **Repurposing risperidone as an anti-angiogenic agent for triple-negative breast cancer: a computational to in ovo investigation**. Front Oncol. 2025 Oct 28;15:1645905. doi: 10.3389/fonc.2025.1645905. PMID: 41229499; PMCID: PMC12602248.

Introduction: Triple-negative breast cancer (TNBC) is a challenging subtype of breast cancer to treat because it lacks the expression of progesterone receptor (PR), estrogen receptor (ER), and human epidermal growth factor receptor 2 (HER2). A significant majority of deaths related to cancer are caused by tumor metastasis and angiogenesis. Vascular endothelial growth factor receptor 2 (VEGFR2) plays a significant role in angiogenesis. Instead of developing new molecules, drug repurposing, also known as

repositioning, seeks innovative uses for outdated drugs or those that fail due to ineffectiveness.
Methods: In this study, we performed high-throughput virtual screening of FDA approved drug library taken from Enamine bioactive collection targeting VEGFR proteins, and the top hit compounds analyzed by molecular dynamics simulations and MM-GBSA were considered for further in vitro analyses against human breast cancer cells, MDA-MB-231 and MDA-MB-468 cells followed by in ovo assay using the Chorioallantoic Membrane (CAM) model.
Results: The results revealed that risperidone was effective against triple-negative breast cancer, with IC50 values ranging from 46.53 to 49.76 µM. The findings of our study demonstrated that risperidone, an antipsychotic drug, could successfully inhibit human breast cancer cells in silico, in vitro and in ovo.
Discussion: We could prove that a structure-based drug repurposing approach is an effective strategy to produce a promising antiangiogenic repurposed drug that could also inhibit VEGFR2 in breast cancer. Although risperidone showed modest potency, its clinical availability and repurposing potential support further evaluation in preclinical and clinical settings.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 3.3 **Quartil:** 2 **Categoria:** Oncology **Posició:** 123/328 **Journal Citation Indicator:** 0.68

Lara-Mejía L, Cardona AF, Mas L, Martin C, Samtani S, Corrales L, Cruz-Rico G, Remon J, Galvez-Nino M, Ruiz R, Rios-Garcia E, Tejada F, Lozano-Vazquez N, **Rosell R**, Arrieta O. **Corrigendum to 'Impact of concurrent genomic alterations on clinical outcomes in patients with ALK-rearranged non-small cell lung cancer'** [Journal of Thoracic Oncology, Volume 19 Issue 1 (2024) 119-129]. J Thorac Oncol. 2026 Feb;21(2):340-341. doi: 10.1016/j.jtho.2025.10.004. Epub 2025 Oct 27. Erratum for: J Thorac Oncol. 2024 Jan;19(1):119-129. doi: 10.1016/j.jtho.2023.08.007. PMID: 41143757.

(no abstract)

Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 20.8 **Quartil:** 1 **Categoria:** Oncology (Q1) ; Respiratory System (Q1) **Posició:** Oncology 13/328 ; Respiratory System 3/108 **Journal Citation Indicator:** 4.24 ***1er Decil**

Le XN, Eisert A, Hsia TC, Raut NV, Ahmad A, Chan OSH, De Bondt C, Farrugia D, Froesch P, **Gonzalez-Cao M**, Hendriks L, Hochmair MJ, Mazieres J, O'Sullivan H, Popat S, Samol J, van der Wekken AJ, Yang TY, Tho LM, Himpe U, Lam WS, Lee KWC, Petrini I, Berghoff K, Karachaliou N, Oshi KJ, Vlassak S, Chang GC. **Tepotinib plus an EGFR tyrosine kinase inhibitor in patients with EGFR-mutant MET-altered NSCLC: a case series**. *Clin Lung Cancer*. 2025 Jun;26(4). doi:10.1016/j.cllc.2025.02.013.

(no abstract)

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 5.1 **Quartil:** 1 **Categoria:** Oncology **Posició:** 68/328 **Journal Citation Indicator:** 1.20

López-Miranda E, Pérez-García JM, Gión M, Ribelles N, Cortez-Castedo P, Alonso-Romero JL, García MM, González-Santiago S, Bermejo B, Morales S, Carañana V, **Garrigós L**, Fernández-Pinto M, García-Vicente S, Garcia-Sanz A, Mena-Molina A, Boix O, Alcalá-López D, Llombart-Cussac A, Cortés J. **Ipatasertib combined with non-taxane chemotherapy for patients with previously treated advanced triple-negative breast cancer: the PATHFINDER phase IIa trial.** Breast Cancer Res. 2025 Aug 6;27(1):141. doi: 10.1186/s13058-025-02089-4. PMID: 40770648; PMCID: PMC12326808.

Background: The PI3K/AKT pathway is frequently altered in advanced triple-negative breast cancer (aTNBC), representing a promising target. Ipatasertib, a pan-AKT inhibitor, has shown activity with taxane-based chemotherapy and acceptable safety. This study evaluated the safety and efficacy of ipatasertib with non-taxane chemotherapy for aTNBC.
Methods: The PATHFINDER trial was a multicenter, open-label, non-comparative, phase IIa study with a safety run-in phase. Eligible patients had TNBC pretreated in the advanced setting with one or two chemotherapy regimens, including a taxane, and no prior exposure to PI3K/mTOR/AKT inhibitors. Patients received 21-day cycles of ipatasertib combined with capecitabine (arm A), eribulin (arm B), or carboplatin plus gemcitabine (arm C). The safety run-in phase determined feasibility and phase IIa doses. The primary endpoint was the incidence of treatment-emergent adverse events (TEAEs). Key secondary endpoints included progression-free survival (PFS), overall survival (OS), and objective response rate (ORR). The analysis was exploratory without formal hypothesis testing.
Results: A total of 54 patients were assigned to arms A (N = 22), B (N = 25), and C (N = 7). Arm C was discontinued due to toxicity during the safety run-in phase. At data cut-off (November 2023), the overall median follow-up was 12.1 (range: 0.2-35.6) months. Common TEAEs in arm A were diarrhea (59.1%, 0.0% G ≥ 3), fatigue (36.4%, 0.0% G ≥ 3), and nausea (36.4%, 0.0% G ≥ 3); in arm B neutropenia (52.0%; 32.0% G ≥ 3), diarrhea (52.0%, 4.0% G3) and stomatitis (44.0%; 8.0% G3); and in arm C thrombocytopenia (85.7%, 85.7%G ≥ 3), anemia (85.7%, 57.1% G ≥ 3), neutropenia (71.4%, 71.4% G ≥ 3). No treatment-related deaths occurred. Median PFS was 2.7 (95%CI, 1.5-4.1) and 3.8 (95%CI, 1.5-9.6) months; median OS was 15.5 (95%CI, 11.8-19.3) and 11.5 (95%CI, 8.8-25.1) months; and ORR was 9.1% and 36.0% for arms A and B, respectively. No significant differences in efficacy were observed by PIK3CA mutational status.
Conclusions: Ipatasertib combined with capecitabine or eribulin showed acceptable safety but was not tolerable with carboplatin plus gemcitabine. The addition of ipatasertib to capecitabine or eribulin shows a potential efficacy signal in this patient population, compared to historical monotherapy data of these treatments. Identifying biomarkers to predict response to AKT inhibitors in TNBC is crucial.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 5.6 **Quartil:** 1 **Categoria:** Oncology **Posició:** 58/328 **Journal Citation Indicator:** 1.30

Metzger O, Mandrekar S, Goel S, Gligorov J, Lim E, Ciruelos E, Loibl S, Dockter T, **Gonzàlez Farré X**, Francis PA, Lynce F, Lanzillotti J, DuFrane C, Wall A, Strand C, Krop I, Vaz-Luis I, Tripathy D, Loi S, Prat A, Goetz M, Escrivá-de-Romaní S, Porter D, Spoenlein J, Stover DG, Sardesai S, Heudel P, Koehler M, Huang Bartlett C, Holynskyj A, Gopalakrishna P, Gauthier E, Delaloge S, Miller K, Winer EP, Gianni L, Partridge AH, DeMichele A, Carey LA. **Palbociclib for Hormone-Receptor-Positive, HER2-Positive Advanced Breast Cancer**. N Engl J Med. 2026 Jan 29;394(5):451-462. doi: 10.1056/NEJMoa2511218. PMID: 41604639.

Background: Dual anti-human epidermal growth factor receptor 2 (HER2) therapy plus chemotherapy followed by maintenance treatment with HER2-targeted and endocrine therapies is standard first-line treatment for hormone-receptor-positive, HER2-positive metastatic breast cancer. On the basis of preclinical and clinical data, the addition of palbociclib (a selective inhibitor of cyclin-dependent kinases 4 and 6) may overcome resistance to both endocrine and HER2-directed therapies.
Methods: In this phase 3, open-label, randomized trial, we enrolled patients with hormone-receptor-positive, HER2-positive metastatic breast cancer who did not have disease progression after four to eight cycles of chemotherapy plus HER2-targeted therapy. Patients were randomly assigned in a 1:1 ratio to receive maintenance HER2-targeted and endocrine therapies with or without palbociclib. The primary end point was investigator-assessed progression-free survival. Secondary end points included the objective response, clinical benefit, safety, and overall survival.
Results: A total of 518 patients underwent randomization: 261 were assigned to receive palbociclib and 257 to receive standard therapy. At a median follow-up of 53.5 months, patients in the palbociclib group had significantly longer progression-free survival than those in the standard-therapy group (median duration, 44.3 months vs. 29.1 months; hazard ratio for disease progression or death, 0.75; 95% confidence interval, 0.59 to 0.96; two-sided P = 0.02). Grade 3 and 4 adverse events, predominantly from neutropenia, occurred in 79.7% and 10.0% of the patients, respectively, in the palbociclib group, as compared with 30.6% and 3.6% of the patients, respectively, in the standard-therapy group.
Conclusions: The addition of palbociclib to maintenance anti-HER2 and endocrine therapies led to a significant improvement in progression-free survival over standard therapy, with increased toxic effects, mainly neutropenia. (Funded by Pfizer and others; PATINA ClinicalTrials.gov number, NCT02947685.).

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 78.5 **Quartil:** 1 **Categoria:** Medicine, general & internal **Posició:** 2/232 **Journal Citation Indicator:** 23.28 ***1er Decil**

Molina-Vila MA, **Sullivan IG**, **Mayo-de-Las-Casas C**. **Commentary on A Pulmonary Nodule with an Unexpected Mutation Profile**. Clin Chem. 2025 Mar 3;71(3):355-356. doi: 10.1093/clinchem/hvae215. PMID: 40037405.

(no abstract)

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 6.3 **Quartil:** 1 **Categoria:** Medical laboratory technology **Posició:** 1/33 **Journal Citation Indicator:** 2.49 ***1er Decil**

Márquez-Rodas I, Dutriaux C, Saiag P, de la Cruz Merino L, Castañón Álvarez E, Robert C, Rodríguez-Moreno JF, Arance A, Cerezuela-Fuentes P, Montaudié H, Sanmamed MF, **González-Cao M**, Charles J, López Criado MP, Berrocal A, de Miguel E, Funck-Brentano E, Prey S, Álamo de la Gala MC, Melero I, Avilés-Izquierdo JA, Roman R, Garcia-Pelaez B, Rodriguez S, Trnkova ZJ, Quintero M, Maciá S, Chaney MF, Dalle S. **BO-112 Plus Pembrolizumab for Patients With Anti-PD-1-Resistant Advanced Melanoma: Phase II Clinical Trial SPOTLIGHT-203**. J Clin Oncol. 2025 Sep;43(25):2806-2815. doi: 10.1200/JCO-24-02595. Epub 2025 Jun 27. Erratum in: J Clin Oncol. 2025 Sep;43(25):2840. doi: 10.1200/JCO-25-01680. PMID: 40577656; PMCID: PMC12393066.

Purpose: Patients with anti-PD-1-resistant melanoma (MEL) have no well-defined standard of care. BO-112 is a synthetic, double-stranded RNA (poly I:C) nanoplexed with polyethylenimine that when administered intratumorally has showed in patients with solid tumors potential to revert this resistance. We report efficacy and safety of the phase II clinical trial of intratumoral BO-112 plus intravenous pembrolizumab for patients with anti-PD-1-resistant MEL (ClinicalTrials.gov identifier: NCT04570332).
Methods: Forty-two patients were treated with intratumoral BO-112 once every week for 7 weeks and then once every 3 weeks (up to 2 mg and up to eight lesions per treatment) combined with 200 mg pembrolizumab once every 3 weeks until progressive disease, unacceptable toxicity, death, or up to 1 year. Primary end point was RECIST 1.1 objective response rate (ORR) by independent central radiology review in modified intention-to-treat population (mITT; patients evaluable for response) with 20% ORR positivity threshold. Secondary key end points were progression-free survival (PFS), overall survival (OS), duration of response (DOR), and safety.
Results: For mITT, there were 40 patients and the ORR was 25%, with 10% complete, 15% partial, and 40% stable disease, with nonachieved (NA) median DOR (95% CI, 8.3 to NA). For ITT, there were 42 patients, and the median PFS and OS were 3.7 months (95% CI, 2.2 to 9.2) and NA (95% CI, 9.9 to NA), respectively, with 54% patients alive at 24 months. The combination was well tolerated: 16 patients (38.1%) experiencing ≥G3-4 adverse events, four (9.5%) drug-related, and no deaths related to treatment.
Conclusion: The clinical trial has met its primary end point (ORR) making BO-112 with pembrolizumab a potential strategy to revert anti-PD-1 resistance in patients with MEL. PFS results are in line with other clinical trials in anti-PD-1-resistant scenario, with promising OS data.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 43.4 **Quartil:** 1 **Categoria:** Oncology **Posició:** 6/328 **Journal Citation Indicator:** 6.77 ***1er Decil**

Peters S, Camidge R, Dziadziuszko R, Gadgeel S, Shaw AT, Kim DW, Pérol M, **Rosell DR**, Cheema P, Wan-Teck Lim D, Lin JJ, Pavlakis N, Ahn JS, Zhang L, Henschel V, Higgerson AA, McNally V, Rooney I, Scalori A, Smoljanovic V, Mok T. **Alectinib versus crizotinib in previously untreated ALK-positive advanced non-small cell lung cancer: final overall survival analysis of the phase III ALEX study**. Ann Oncol. 2026 Jan;37(1):92-103. doi: 10.1016/j.annonc.2025.09.018. Epub 2025 Oct 17. PMID: 41110693.

Background: ALEX, a global, randomized, phase III trial evaluated alectinib versus crizotinib in patients with advanced ALK-positive non-small cell lung cancer (NSCLC). This final analysis provides mature overall survival (OS), duration of response (DOR) and long-term safety data.
Patients and methods: Treatment-naïve patients with stage III/IV ALK-positive NSCLC were randomly assigned to receive alectinib [600 mg twice daily (b.i.d.)] or crizotinib (250 mg b.i.d.) until disease progression, unacceptable toxicity, withdrawal, or death. Primary endpoint was investigator-assessed progression-free survival (previously reported). Key secondary endpoints included OS, DOR and safety.
Results: A total of 303 patients (alectinib, n = 152; crizotinib, n = 151) were enrolled. At the updated data cut-off (28 April 2025), after a median follow-up of 53.5 (alectinib) and 23.3 (crizotinib) months, median OS was 81.1 [95% confidence interval (CI) 62.3 months-not estimable] versus 54.2 (95% CI 34.6-75.6 months) months, respectively [hazard ratio (HR) 0.78; 95% CI 0.56-1.08]. Improvement in median OS was observed with alectinib in patients with and without central nervous system (CNS) metastases at baseline [with CNS metastases: 63.4 (n = 59) versus 30.9 (n = 53) months with alectinib versus crizotinib, respectively (HR 0.68; 95% CI 0.40-1.15); without CNS metastases: 94.0 (n = 93) versus 69.8 (n = 98) months (HR 0.87; 95% CI 0.58-1.32)]. Median DOR in confirmed responders was longer with alectinib (42.3 months, 95% CI 31.3-51.3 months) versus crizotinib [11.1 months, 95% CI 7.9-13.0 months (HR 0.41; 95% CI 0.30-0.56)]. Long-term safety (median duration of alectinib treatment, 28.1 months) remained consistent with earlier reports, with no new or unexpected safety concerns identified.
Conclusions: These final OS data show the sustained long-term systemic and intracranial efficacy of alectinib in the first-line treatment of ALK-positive NSCLC and confirm alectinib as a standard of care in this setting.

Indexat a: Pubmed / WoS / SCIE / JCR **Factor Impacte:** 65.4 **Quartil:** 1 **Categoria:** Oncology **Posició:** 4/328 **Journal Citation Indicator:** 8.36 ***1er Decil**

Pérez-García JM, Gion M, Ruiz-Borrego M, Blancas I, López-Miranda E, Blanch S, Recalde S, Rendo CR, González X, Ancizar N, Morales S, Cortez P, Piwowarska Z, Shimizu E, Guerrero JA, Sampayo-Cordero M, **Martínez-Bueno A**, Cortés J, Llombart-Cussac A. **Prevention of sacituzumab govitecan-related neutropenia and diarrhea in patients with HER2-negative advanced breast cancer (PRIMED): an open-label, single-arm, phase 2 trial**. EClinicalMedicine. 2025 Jun 18;85:103309. doi: 10.1016/j.eclinm.2025.103309. PMID: 40606525; PMCID: PMC12221278.

Background: Neutropenia and diarrhea are common sacituzumab govitecan-related adverse events, frequently leading to treatment modifications. PRIMED evaluated primary prophylactic granulocyte colony-stimulating factor (G-CSF) and loperamide to improve sacituzumab govitecan tolerability.
Methods: PRIMED (NCT05520723) was an open-label, single-arm, phase II study that enrolled HER2-negative advanced breast cancer patients previously treated with 1-2 chemotherapy regimens for metastatic disease. Patients with hormone receptor positive tumors previously received CDK4/6 inhibitor in the advanced setting. Sacituzumab govitecan was administered until disease progression or unacceptable toxicity. G-CSF (5 MU/kg/day) and loperamide (2 mg/twice a day or 4 mg/day) were given during the first two cycles and at physician's discretion thereafter. Primary endpoints were (i) incidence of grade ≥3 neutropenia and (ii) incidence of grade ≥2 diarrhea, both assessed after two treatment cycles. Secondary endpoints included efficacy and extended safety.
Findings: Between February 2023 and September 2023, 50 patients were enrolled. At data cut-off, median follow-up was 9.0 months (range, 0.2-13.5). Disease progression was the main reason for treatment discontinuation (33 patients, 66.0%). During the first two cycles, incidence of any grade neutropenia and diarrhea were 28.0% and 34.0%, respectively. Eight patients (16.0%) had ≥ grade 3 neutropenia, meeting this primary endpoint (p = 0.00023). No patients developed febrile neutropenia. Eight patients (16.0%) had ≥ grade 2 diarrhea (4.0% grade 3) (p = 0.084). The rate of adverse events associated with dose reductions and temporary treatment interruptions during the first two cycles was 14.0% and 30.0%, respectively.
Interpretation: Primary prophylactic administration of G-CSF and loperamide resulted in a clinically relevant reduction of the incidence and severity of sacituzumab govitecan-related neutropenia and diarrhea.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 10 **Quartil:** 1 **Categoria:** Medicine, general & internal **Posició:** 13/332 **Journal Citation Indicator:** 2.70 ***1er Decil**

Rosell R. **Concerns about induction of autophagy: à propos of ibrilatazar.** Lung Cancer. 2025 Jul;205:108619. doi: 10.1016/j.lungcan.2025.108619. Epub 2025 Jun 6. PMID: 40499478.

(no abstract)

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 4.4 **Quartil:** 1 **Categoria:** Oncology (Q2) ; Respiratory System (Q1) **Posició:** Oncology 85/328 ; Respiratory System 19/108 **Journal Citation Indicator:** 1.10

Sanborn RE, Zhou C, Tang KJ, Cho BC, Cheng S, Popat S, Ono A, Lu S, Majem M, **Aguilar A**, Del Rosario Garcia Campelo M, Hayashi H, Lee KY, Lee SH, Delmonte A, Alatorre-Alexander J, Richardson G, Santos V, Dooms C, Sabari JK, Shu CA, Girard N, Mansfield AS, Park K, Xia Y, Bhattacharya A, Buyukkaramikli N, Perualila N, Diels J,

Acharya S, Chandler C, Proskorovsky I, Dearden L, Wortman-Vayn H, Mahadevia PJ, Knoblauch RE, Agrawal T, Baig M, Felip E. **Amivantamab-Chemotherapy in Non-Small Cell Lung Cancer with EGFR Exon 20 Insertions: Impact of Treatment Crossover and Other Endpoints from the Phase III PAPILLON Study**. Target Oncol. 2025 Nov;20(6):979-989. doi: 10.1007/s11523-025-01182-0. Epub 2025 Nov 3. PMID: 41184595; PMCID: PMC12669286.

Background: In the PAPILLON study, first-line amivantamab-chemotherapy in epidermal growth factor receptor (EGFR) exon 20 insertion-mutated non-small cell lung cancer demonstrated significantly prolonged progression-free survival and favorable overall survival over chemotherapy; a consistent benefit was also observed across some secondary endpoints. However, the complete clinical benefit of first-line amivantamab-chemotherapy is not fully understood, nor is the survival advantage in the presence of per-protocol crossover from chemotherapy to amivantamab after progression.
Objective: We aimed to assess time to treatment discontinuation (TTD) and time to subsequent therapy (TTST), at the time of primary analysis for progression-free survival, and the effect of the crossover design on overall survival at the time of interim analysis.
Methods: In the phase III PAPILLON study, 308 participants were randomized (amivantamab-chemotherapy, n = 153; chemotherapy, n = 155). Intravenous amivantamab was administered every 3 weeks. Chemotherapy was administered as carboplatin for four cycles and pemetrexed until disease progression. TTD and TTST were evaluated using Kaplan-Meier and Cox proportional hazards models. Crossover-adjusted survival estimates were generated using three established statistical methods.
Results: At a median follow-up of 14.9 months, median TTD was 13.2 versus 7.5 months for amivantamab-chemotherapy versus chemotherapy (hazard ratio [HR] 0.38 [95% confidence interval 0.28-0.51]; nominal p < 0.0001). Median TTST was 17.7 versus 9.9 months (HR 0.35 [95% confidence interval 0.25-0.49]; nominal p < 0.0001). A total of 65/155 participants crossed over from chemotherapy to amivantamab after progression. The crossover-adjusted overall survival continued to demonstrate a favorable survival benefit for amivantamab-chemotherapy versus chemotherapy with HRs of 0.52-0.60, which is more pronounced than the planned interim intention-to-treat overall survival (HR of 0.67; 95% confidence interval 0.42-1.09).
Conclusions: In PAPILLON, TTD and TTST were substantially longer for amivantamab-chemotherapy versus chemotherapy at primary analysis (cut-off on 3 May 2023). Crossover-adjusted analyses of the planned interim overall survival demonstrated a greater benefit for amivantamab-chemotherapy versus chemotherapy, further supporting amivantamab-chemotherapy as the first-line standard of care in EGFR exon 20 insertion-mutated non-small cell lung cancer.

Indexat a: Pubmed / WoS / SCIE / JCR **Factor Impacte:** 4 **Quartil:** 2 **Categoria:** Oncology **Posició:** 97/328 **Journal Citation Indicator:** 0.92

Vaz Batista M, Pérez-García JM, **Garrigós L**, García-Sáenz JÁ, Cortez P, Racca F, Blanch S, Ruiz-Borrego M, Fernández-Ortega A, Fernández-Abad M, Iranzo V, Gion M, Martrat G, Alcalá-López D, Pérez-Escuredo J, Sampayo-Cordero M, Llombart-Cussac A, Braga S, Cortés J. **The DEBBRAH trial: Trastuzumab deruxtecan in HER2-positive and HER2-low breast cancer patients with leptomeningeal carcinomatosis**. Med. 2025 Jan 10;6(1):100502. doi: 10.1016/j.medj.2024.08.001. Epub 2024 Sep 11. PMID: 39265579.

Background: Leptomeningeal disease (LMD) is associated with poor survival and diminished quality of life. Trastuzumab deruxtecan (T-DXd) has shown remarkable intracranial and extracranial activity in human epidermal growth factor receptor 2 (HER2)-positive and HER2-low advanced breast cancer (ABC). The DEBBRAH trial was designed to evaluate its efficacy and safety in patients with HER2-positive and HER2-low ABC with a history of brain metastases (BMs) and/or LMD. Here, we report results from cohort 5, which specifically included patients with pathologically confirmed LMD.
Methods: This single-arm, open-label, five-cohort, phase 2 trial enrolled seven patients in cohort 5 who received 5.4 mg/kg T-DXd intravenously every 21 days until disease progression or unacceptable toxicity. The primary endpoint was overall survival (OS). Key secondary endpoints included progression-free survival (PFS) and safety profile.
Findings: At data cutoff (April 4, 2023), the median duration of follow-up was 12.0 months (range, 2.5-18.6). The median OS was 13.3 months (95% confidence interval [CI], 5.7-NA, $p < 0.001$), meeting the primary endpoint. The median PFS was 8.9 months (95% CI, 2.1-NA). Two (28.6%) of seven patients remained on treatment after 18.6 and 11.9 months, respectively. Of the five patients who progressed and died, none had intracranial progression or clinical worsening of leptomeningeal symptoms. Notably, 71.4% (95% CI, 29.0-96.3) achieved prolonged stabilization (≥24 weeks) by response evaluation criteria in solid tumors (RECIST) v.1.1. No unexpected safety signals and no treatment-related deaths were observed.
Conclusions: T-DXd showed promising antitumor activity in patients with HER2-positive and HER2-low ABC with previously untreated, pathologically confirmed LMD. These encouraging data warrant further investigation to address the unmet need in this difficult-to-treat condition.
Funding: This work was funded by Daiichi Sankyo/AstraZeneca. This trial is registered with ClinicalTrials.gov: NCT04420598.

Indexat a: Pubmed / WoS / Medline / JCR **Factor Impacte:** 11.8 **Quartil:** 1 **Categoria:** 11/195 Medicine, Research & Experimental **Posició:** 11/195 **Journal Citation Indicator:** 3.20
***1er Decil**

Wang Y, **Rosell R**, Hirsch FR, Lu S, Govindan R, Park K, Peters S, Zhang JJ. **Emerging options and future strategies in immunotherapy for advanced lung squamous-cell carcinoma**. Ann Oncol. 2026 Mar;37(3):289-313. doi: 10.1016/j.annonc.2025.11.008. Epub 2025 Nov 17. PMID: 41260258.

Advanced-stage lung squamous-cell carcinoma (LUSC) remains a therapeutic challenge. Although immune checkpoint inhibitors (ICIs) have revolutionized LUSC treatment, only a small subset of LUSC patients can achieve durable clinical benefits, underscoring the need for novel strategies. Emerging immunotherapy strategies have demonstrated early evidence of promise for LUSC patients, particularly multi-specific antibodies and fusion proteins, antibody-drug conjugates, adoptive cell therapies, and cancer vaccines. Additionally, advances in multi-omics and artificial intelligence offer potential for precise immunotherapy by deciphering the complex tumor-immune microenvironment and predicting therapeutic responses. The future of LUSC treatment lies in rational multi-target and biological therapies to boost immune cytotoxicity, as well as innovative technologies to refine patient selection. This review highlights the evolving landscape and outlines a roadmap for next-generation immunotherapies in LUSC.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 65.4 **Quartil:** 1 **Categoria:** Oncology **Posició:** 4/328 **Journal Citation Indicator:** 8.36 ***1er Decil**

Wang Y, Safi M, Hirsch FR, Lu S, Peters S, Govindan R, **Rosell R**, Park K, Zhang JJ. **Immunotherapy for advanced-stage squamous cell lung cancer: the state of the art and outstanding questions**. Nat Rev Clin Oncol. 2025 Mar;22(3):200-214. doi: 10.1038/s41571-024-00979-8. Epub 2025 Jan 6. PMID: 39762577.

Immune-checkpoint inhibitors (ICIs) have transformed the treatment paradigm for advanced-stage squamous non-small-cell lung cancer (LUSC), a histological subtype associated with inferior outcomes compared with lung adenocarcinoma. However, only a subset of patients derive durable clinical benefit. In the first-line setting, multiple ICI regimens are available, including anti-PD-(L)1 antibodies as monotherapy, in combination with chemotherapy, or with an anti-CTLA4 antibody with or without chemotherapy. Several important questions persist regarding the optimal regimen for individual patients, particularly how to identify patients who might benefit from adding chemotherapy and/or anti-CTLA4 antibodies to anti-PD-(L)1 antibodies. An urgent need exists for predictive biomarkers beyond PD-L1 to better guide precision oncology approaches. Deeper knowledge of the underlying molecular biology of LUSC and its implications for response to ICIs will be important in this regard. Integration of this knowledge into multi-omics methods coupled with artificial intelligence might enable the development of more robust biomarkers. Finally, several novel therapeutic strategies, including novel ICIs, bispecific antibodies and personalized cancer vaccines, are emerging. Addressing these unresolved questions through innovative clinical trials and translational research will be crucial to further improving the outcomes of patients with LUSC. In this Review, we provide a comprehensive overview of current immunotherapeutic approaches, unresolved challenges and emerging strategies for patients with LUSC.

Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 83.2 **Quartil:** 1 **Categoria:** Oncology **Posició:** 2/328 **Journal Citation Indicator:** 12.02 ***1er Decil**

ANATOMIA PATOLÒGICA

Núm. articles indexats: 5 Núm. articles indexats al JCR: 1 **Journal Impact Factor ™ – 2025:** 1.1
Factor Impacte mitjà x article: 1.1

Ramon y Cajal S, Mayordomo E, **Tresserra F**. **Many thanks to everyone!! Let's keep pushing forward!!** (Editorial). Rev Española Patologia 2025;58:100829.

(no abstract)

Indexat a: WoS / Medline **Factor Impacte: Quartil: Categoria: Posició: Journal Citation Indicator:**

Tresserra F, Colmenero I, Iglesias M, Ortega L, Temprana-Salvador J, Martínez Lorente A, Dinares C, Mayordomo E, Lozano MD, Matias Guiu X, Ramon Y Cajal S. **Management of second opinions in pathology: Recommendations of the Spanish Society of Anatomical Pathology (SEAP)**. Second opinions in pathology. Rev Esp Patol. 2025 Oct-Dec;58(4):100837. doi: 10.1016/j.patol.2025.100837. Epub 2025 Sep 3. PMID: 40907263.

Introduction: As diagnostic complexity in pathology increases, mainly in cancer diagnoses, the demand for second opinions from specialized and highly qualified centres also increases. There is a certain lack of uniformity in the criteria for carrying out these consultations, managing the material under review, and the responses from the consultant centre.
Material and methods: In order to establish recommendations on the aspects to be considered both by the pathologist or referring centre and by the pathologist or consultant centre, a group of experts from the Spanish Society of Anatomical Pathology conducted a literature review of guidelines and recommendations from other societies and relevant published articles. Based on this review, consensus criteria have been established.
Results: Recommendations are provided on how second opinions in pathology should be managed by both the referring and consultant pathologists, including aspects of material submission and funding.
Conclusion: Second opinions should be carried out following standardized guidelines for both the referring and consultant pathologists, covering referral, management of discrepancies, and funding to ensure a consistent system.

Indexat a: Pubmed / WoS / Medline **Factor Impacte: Quartil: Categoria: Posició: Journal Citation Indicator:**

Tresserra F, Dinarès C, Luque O, Serra M, Castella M, Retamales L, Fabra G, Valera S, Rodríguez I. **Intercenter Study of Interobserver Variability With Optical and Digital Imaging in Cervicovaginal Cytology**. Simulation of a Quality Control Program.

Cytopathology. 2026 Jan;37(1):45-52. doi: 10.1111/cyt.70025. Epub 2025 Sep 19. PMID: 40973996.

Introduction: Participation in diagnostic intercomparison programs is a mandatory requirement for accreditation of cytology laboratories. Results described by these programs in cervico vaginal cytology (CVC) show a significant number of discrepancies. We hypothesised whether the use of IA systems, such as the ThinPrep Genius system, would improve diagnostic concordance.
Methods: We simulated an intercomparison program between two centres in which four observers used the same 30 cases of CVC with negative diagnoses, ASCUS, LSIL and HSIL and observed them with light optic microscopy (OM) and two Genius (G1 and G2) systems, one from each centre.
Results: The diagnostic agreement between OM and the two Genius was similar, with overall agreement values of 82% for G1 and 78% for G2 and OM, and similar kappa values for the three techniques. However, both Genius diagnosed glandular lesions that were not included in the selected cases and were not diagnosed with OM.
Conclusion: The concordance obtained in both OM and Genius is acceptable and falls within the range of that obtained in what is described in intercomparison programs. We must consider the greater affinity for diagnosing glandular lesions with Genius and the fact that there may be discrete differences between two different devices, probably due to calibration.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 1.1 **Quartil:** 3 **Categoria:** Pathology (Q3) ; Cell Biology (Q4) **Posició:** Pathology 66/90 ; Cell Biology 198/204 **Journal Citation Indicator:** 0.29

Tresserra F, **Fabra G**, **Castella M**, **Luque O**, **Fernández-Cid C**, **Gómez C**, **Ubeda A**. **Com ens ajuda la intel·ligència artificial en el diagnòstic de la citologia cérvico-vaginal**. Citopat.cat 2025;17:12-15.

(no abstract)

Indexat a: **Factor Impacte:** **Quartil:** **Categoria:** **Posició:** **Journal Citation Indicator:**

Tresserra F, **Perez-Fuentes J**, **Ara C**. **Tissue reaction of the hydrogel marker HydroMARK**. *Rev Senol Patol Mamar.* 2025 Jul-Sep;38(3):100699. doi:10.1016/j.senol.2025.100699.

(no abstract)

Indexat a: WoS **Factor Impacte:** **Quartil:** **Categoria:** **Posició:** **Journal Citation Indicator:**

ICATME
(Institut Català de Traumatologia i Medicina de l'Esport)

Núm. articles indexats: 33 **Núm. articles indexats al JCR:** 23 **Journal Impact Factor ™ – 2025:** 174.2
Factor Impacte mitjà x article: 7.57

Álvarez-Salinas E, Civetta L, Reparaz J, **Monllau JC**, Morales-Avalos R. **Nonanatomic Posterolateral Tenodesis for Posterior Ligament Reconstruction Augmentation**. Arthrosc Tech. 2024 Aug 20;14(1):103167. doi: 10.1016/j.eats.2024.103167. PMID: 39989706; PMCID: PMC11843311.

A successful posterior cruciate ligament (PCL) reconstruction depends on multiple factors. Various techniques have been described for PCL reconstruction. Despite the constant evolution of reconstructive techniques, 26% of residual laxity cases with grade I and II positive posterior drawer tests have been reported in the literature in patients undergoing PCL reconstruction. Part of these failures is associated with the lack of control of the posterior translation of the tibia and the increase in external tibial rotation. We describe a surgical technique in which a posterolateral tenodesis augmentation associated with a single-bundle reconstruction of the PCL is performed. It is proposed for use in isolated reconstructions of the PCL in cases of grade III ruptures associated with or unassociated with low-grade posterolateral corner injuries.

Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 1.1 **Quartil:** 3 **Categoria:** Orthopedics **Posició:** 98/140 **Journal Citation Indicator:** 0.53

Barrera-Ochoa S, Martínez-Garza JA, **Ibañez M**, Prieto-Mere JA, Bonilla-Chaperon M, Soldado F. **Vascularized Proximal Radius Bone Graft for a Massive Elbow Bone Defect: An Anatomic Study and Case Report**. Tech Hand Up Extrem Surg. 2025 Jun 1;29(2):e00508. doi: 10.1097/BTH.0000000000000508. PMID: 39924814.

From an anatomic perspective, this paper delineates the proximal radial bone branches of the radial artery (RA). We also report the successful clinical use of a vascularized proximal radius bone graft (VPRBG), supplied by the RA, in a complex case involving a massive osseous elbow defect. In 10 latex-colored upper limbs from fresh human cadavers, RA branches were dissected under ×2.5 loupe magnification, noting all periosteal and osseous branches for the proximal radius. VPRBG length was measured. In the proximal forearm, the RA provides 10 (range: 7 to 14) periosteal and osseous branches to supply the area from the radial head to the proximal diaphysis. A 15 cm (11 to 17) vascularized bone graft can be harvested from the proximal radius, and RA dissection generates a 12 cm (9 to 15) pedicle with a wide arc of rotation, readily capable of reaching the distal part of the humerus. We used a 14 cm long VPRBG for elbow arthrodesis to fill a 12 cm defect, caused by a previous recalcitrant elbow infection in a 68-year-old man. The patient experienced no postoperative

complications and successful consolidation was achieved 6 months postoperatively, with flap survival confirmed. After 2 years of follow-up, the contoured dorsal plate was removed, with no signs of infection. Final Disabilities of the Arm, Shoulder, and Hand and Mayo Wrist scores were 23 and 88, respectively. A VPRBG might be a safe and effective surgical option for massive osseous elbow defects, whenever elbow arthrodesis is planned, where it should be combined with a one-bone forearm technique.

Indexat a: Pubmed / Medline **Factor Impacte: Quartil: Categoria: Posició: Journal Citation Indicator:**

Beaufils P, Saffarini M, Karlsson J, Hirschmann MT, Prill R, Becker R, Hantes M, **Monllau JC**. **High scientific value of consensus is based on appropriate and rigorous methodology: The ESSKA formal consensus methodology.** Knee Surg Sports Traumatol Arthrosc. 2025 Jan;33(1):16-20. doi: 10.1002/ksa.12390. Epub 2024 Aug 18. PMID: 39154255.

(no abstract)

Indexat a: Pubmed / Medline / SCIE **Factor Impacte: Quartil: Categoria: Posició: Journal Citation Indicator:**

Campillo-Recio D, Quezada-Peralta E, **Farré-Galofré I**, **Calle-García JA**, **Maldonado-Sotoca Y**, Peniche-Soto O, **Albertí-Fitó G**. **Fourth-Generation Minimally Invasive Hallux Valgus Surgery With Guided Percutaneous System: Step-by-Step Surgical Technique**. Arthrosc Tech. 2025 Mar 20;14(6):103504. doi: 10.1016/j.eats.2025.103504. PMID: 40656733; PMCID: PMC12255461.

Hallux valgus is a common condition in foot and ankle surgery practice. Nonoperative treatment is the first line of management in painful cases. Once these actions have failed, surgical treatment is indicated. Minimally invasive surgery has gained popularity owing to its favorable clinical and radiologic outcomes. Nevertheless, the learning curve of these procedures may be difficult in the initial cases. To solve this problem, some guided devices have been developed. The objective of this technical note is to describe 3-dimensional hallux valgus deformity correction surgery through a guided percutaneous system.

Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 1.1 **Quartil:** 3 **Categoria:** Orthopedics **Posició:** 98/140 **Journal Citation Indicator:** 0.53

Campillo-Recio D, **Farré-Galofré I**, Quezada-Peralta E, **Albertí-Fitó G**, **Calle-García JA**. **Guided Percutaneous Hallux Valgus Surgery: Advancing Into the Future With the Fourth-Generation Technique. Outcomes and Complications.** Foot Ankle Spec. 2025 Nov 18:19386400251382286. doi: 10.1177/19386400251382286. Epub ahead of print. PMID: 41250801.

BackgroundThe aim of this study is to describe the surgical technique, outcomes, and complications associated with fourth-generation percutaneous hallux valgus correction using a guided system.MethodsProspective case series of 28 patients, aged 16 and older (5 men and 23 women), averaging 56.89 years, who underwent surgery for hallux valgus with at least 12 months of follow-up.ResultsThe preoperative American Orthopaedic Foot & Ankle Society (AOFAS)-hallux score increased from 63.8 to 89.7 (P < .001) at 12 months post-surgery. The visual analog scale (VAS) score decreased from 6 to 0.16 (P < .001) in the same period. The preoperative intermetatarsal angle (IMA) decreased from 13.38° to 2.72° (P < .001) post-surgery, while the Hallux valgus angle (HVA) decreased from 23.01° to 5.2° (P < .001). There were 3 complications including 1 superficial wound infection, 1 malpositioning of the screws and 1 hypertrophic non-union.ConclusionThe described percutaneous hallux valgus surgery appears to be reliable, with consistent improvements in clinical outcomes and radiological results. The guided technique is promising in order to reduce common complications.Level of Evidence:Level IV, prospective case series.

Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 2.1 **Quartil:** 2 **Categoria:** Orthopedics **Posició:** 56/140 **Journal Citation Indicator:** 0.85

Conte P, Anzillotti G, **Pizza N**, Chiappe C, Morales-Avalos R, Sanchis-Alfonso V, **Monllau JC**, **Perelli S**. **Radiological assessment of lower limb torsional deformities: a narrative review.** Ann Jt. 2025 Jan 21;10:7. doi: 10.21037/aoj-24-42. PMID: 39981433; PMCID: PMC11836740.

Background and objective: The evaluation of both femoral and tibial torsional profiles remains a challenge in the orthopedic practice since there is no agreement on the most precise and reliable measurement method and technique. The aim of this review is to collect and critically report the most relevant and up-to-date evidence on the radiological techniques available to determine lower limb torsional deformities and to discuss the advantages and limitations of each technique to better define their optimal field of application.
Methods: Literature research on PubMed, Embase, and Google Scholar databases was performed, utilizing the following search string: "torsion" AND ("lower limb" OR "femur" OR "tibia"). Relevant clinical and preclinical studies evaluating different radiological techniques to assess lower limb torsional deformities, and possibly comparing them, were collected and critically reviewed.
Key content and findings: Computed tomography (CT) is still considered the best method to measure both femoral and tibial torsional angles. Its main limitation, the radiation exposure, has been recently addressed with ultra-low dose protocols that were proven to be as accurate as standard protocols. On the other hand, magnetic resonance imaging (MRI) offers a nonionizing, radiation-free option that is now considered almost equivalent to CT. However, MRI consists in a long and expensive procedure that can be hindered by issues linked to metal implants, patient's positioning and measurement variabilities. Lastly, three-dimensional (3D)

reconstructions derived from low-dose biplanar radiographies (LD-BRs) have been proposed as a low-radiating, quick and reliable solution to overcome the limitations of both MRI and CT scans.
Conclusions: To date, CT has still to be considered the gold standard for the radiological assessment of lower limb torsional deformities. Nonetheless, MRI and LD-BR have been proven to be valid and reliable alternatives, especially in specific clinical settings.
Keywords: Torsion; computed tomography evaluation (CT evaluation); femur; lower limb; tibia.

Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 0.9 **Quartil:** 4 **Categoria:** Orthopedics **Posició:** 108/140 **Journal Citation Indicator:** 0.20

Cortina G, Antuofermo SM, Papalia GF, Cortina R, Condello V, **Perelli S**, **Monllau JC**, Madonna V. **Limited clinical benefit of medial meniscus posterior root repair combined with high tibial osteotomy in varus knee osteoarthritis: A systematic review and meta-analysis**. J Exp Orthop. 2025 Sep 22;12(3):e70431. doi: 10.1002/jeo2.70431. PMID: 40989938; PMCID: PMC12451467.

Purpose: Medial meniscus posterior root tears (MMPRTs) are biomechanically comparable to total meniscectomy, leading to meniscal extrusion, increased tibiofemoral contact pressure and accelerated osteoarthritis (OA) in varus-aligned knees. While high tibial osteotomy (HTO) is effective in unloading the medial compartment, the added value of repairing the MMPRT during HTO remains debated. This systematic review and meta-analysis aimed to evaluate whether combined MMPRT repair and HTO provide superior short-term clinical and radiological outcomes compared to HTO alone.
Methods: A systematic search of PubMed, Cochrane and Scopus was performed in March 2025. Comparative studies evaluating HTO with or without concurrent MMPR repair in patients with varus knee and medial OA were included. Primary outcomes were clinical scores (International Knee Documentation Committee [IKDC], Lysholm, Knee Society Score [KSS] and Hospital for Special Surgery [HSS]), radiographic parameters (joint line convergence angle [JLCA], hip-knee-ankle [HKA] angle and joint space width), meniscal extrusion and second-look arthroscopic findings. Statistical analysis was conducted using a random-effects model with Review Manager 5.4.
Results: Eight retrospective comparative studies (n = 630 patients) met the inclusion criteria. MMPRT repair plus HTO demonstrated statistically higher IKDC scores (MD = 3.56; p = 0.001) compared to HTO alone; however, there were no significant differences between groups in terms of Lysholm, KSS function and HSS scores. Radiographically, minimal improvements were noted in JLCA (MD = -0.25; p = 0.006), without clear clinical implications. Meniscal extrusion did not differ significantly between groups (MD = 0.30; p = 0.72). Second-look arthroscopy revealed complete root healing in 22% of cases. The risk of bias was moderate to high.
Conclusion: Short-term follow-up shows that combining MMPRT repair with HTO yields statistically better IKDC clinical scores. Furthermore, the actual benefit of combining

MMPRT repair with HTO in routine clinical practice is questionable. Prospective studies with longer follow-up are required to clarify the long-term clinical impact of MM.
Level of evidence: Level III, systematic review and meta-analysis.

Indexat a: Pubmed / JCR **Factor Impacte:** 2.7 **Quartil:** 1 **Categoria:** Orthopedics (Q2) ; Surgery (Q1) **Posició:** Orthopedics 36/140 ; Surgery 72/314 **Journal Citation Indicator:** 1.04

de Fortuny LM, Santoli A, Giovanoulis V, Vasiliadis AV, **Perelli S**, **Monllau JC**, Djebara AE, Pujol N. **How do surgically treated multiligamentous knee injuries affect overall complication rate and especially stiffness? A systematic review.** Knee Surg Relat Res. 2025 May 1;37(1):18. doi: 10.1186/s43019-025-00270-9. PMID: 40312390; PMCID: PMC12046713.

Background: Multiligamentous knee injuries (MLKIs), defined as injuries involving at least two of the four primary knee ligaments, are rare but severe, with potentially limb- or life-threatening complications. Despite numerous publications, the low incidence and heterogeneity of injury patterns limit high-level evidence for optimal surgical timing, technique, and management of complications. This systematic review aims to consolidate the available evidence on MLKI surgery complications, with a particular focus on arthrofibrosis as the underlying cause of stiffness, infection, and graft failure.
Methods: This systematic review was conducted following Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) 2020 guidelines and registered in the International Prospective Register of Systematic Reviews (PROSPERO) (no. CRD42024618025). A comprehensive search of PubMed, EMBASE, and MEDLINE from January 2013 to November 2024 identified studies reporting complications in surgically treated MLKIs with at least a 12-month follow-up. The studies were screened independently by two reviewers. Data on demographics, injury mechanisms, surgical techniques, and complication outcomes were extracted. Study quality was assessed using the Methodological Index for Non-Randomized Studies (MINORS).
Results: A total of 33 studies with 2863 patients met the inclusion criteria. The mean age was 32.4 years (standard deviation, SD ± 5.37), with males constituting 69.4% of the sample. Arthrofibrosis was the most common complication, requiring surgical management in 8.4% of cases. Graft failure was reported in 5%, while infection, the third most common complication, occurred in 2.86% of cases. Management of lack of range of motion varied, with manipulation under anesthesia and arthroscopic arthrolysis utilized. Surgical timing also influenced outcomes; 54.2% of patients underwent acute surgery (< 21 days), which seems to be associated with increased stiffness rates.
Conclusions: This systematic review highlights the complexity of managing MLKIs, with a 19.2% overall complication rate. Stiffness demanding reoperation remains a rare but a significant challenge, underscoring the need for standardized treatment protocols. However, the included studies demonstrate heterogeneity and lack high methodological rigor, highlighting the need to account for these limitations.

Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 4.4 **Quartil:** **Categoria:** Orthopedics (Q1) ; Surgery (Q1) **Posició:** Orthopedics 11/140; Surgery 20/314 **Journal Citation Indicator:** 1.78
***1er Decil**

de Fortuny LM, Diez XL, Zavala CV, Pons MT. **Trochanteric reduction osteotomy for refractory greater trochanter painful syndrome**. Eur J Orthop Surg Traumatol. 2025 Nov 7;36(1):4. doi: 10.1007/s00590-025-04565-1. Erratum in: Eur J Orthop Surg Traumatol. 2025 Nov 25;36(1):20. doi: 10.1007/s00590-025-04610-z. PMID: 41201654.

Background: Conservative treatment is considered the gold standard for managing greater trochanteric pain syndrome (GTPS), with a reported success rate of 90%. However, when conservative measures fail, surgical intervention may be necessary. Various surgical techniques have been described, but consistent results remain elusive. This study aims to present our outcomes using trochanteric reduction osteotomy (TRO) as a rescue technique for refractory GTPS cases without gluteal tears.
Methods: We retrospectively evaluated all cases of GTPS refractory to conservative treatment that were managed with isolated TRO at a single center. The Visual Analogue Scale (VAS), the Western Ontario and McMaster Universities Arthritis Index (WOMAC), and the Non-Arthritic Hip Score (NAHS) were assessed preoperatively and at the end of follow-up. Additionally, patients were asked if they were satisfied with the procedure and whether they would undergo the surgery again. Complications were also recorded.
Results: A total of 11 TROs were performed in 10 patients with a minimum follow-up of 3 years (3-5.5). The series comprised 90% women, with an average age of 49 years. The mean improvement of the scores was: VAS 5 (- 2/8) points; NAHS 29.24 (- 16/52) points; WOMAC 34.59 (- 40/63) improving in all 3 categories. All patients except one were satisfied with the outcomes. Complications occurred in 5 cases (45.5%), all requiring reoperation: 3 for osteosynthesis failure due to delayed healing, 1 for symptomatic pseudarthrosis, and 1 for a subtrochanteric fracture.
Conclusion: Despite a high complication rate, the clinical outcomes at the end of follow-up are promising, with most patients reporting satisfaction. We believe this surgical option should be considered as part of the therapeutic arsenal for GTPS cases refractory to conservative treatment.
Level of evidence: Case series with no control group.

Indexat a: Pubmed / JCR **Factor Impacte:** 1.5 **Quartil:** 3 **Categoria:** Orthopedics (Q3) ; Surgery (Q3) **Posició:** Orthopedics 85/140 ; Surgery 175/314 **Journal Citation Indicator:** 0.64

Hohmann E, Beaufils P, Beiderbeck D, Chahla J, Geeslin A, Hasan S, Humphrey-Murto S, Hurley E, LaPrade RF, Martetschläger F, Matache B, Moatshe G, **Monllau JC**, Murray I, Niederberger M, Rüetschi U, Shang Z, Weber S, Wong I, Perry NPJ. **Guidelines for Designing and Conducting Delphi Consensus Studies: An Expert Consensus Delphi Study**. Arthroscopy. 2025 Oct;41(10):4208-4224.e10. doi: 10.1016/j.arthro.2025.03.038. Epub 2025 Mar 27. PMID: 40157555.

Purpose: To conduct a Delphi project to develop guidelines for the design and execution of Delphi studies within medical and surgical specialties.
Methods: Open-ended questions in round 1 and open-ended and semi-open questions in round 2 were answered. The results of the first 2 rounds were used to develop a Likert-style questionnaire for round 3. The level of agreement and consensus was defined as 80%. Consensus was further categorized into specific percentage ranges for clarity: 100% unanimous consensus, 90% to 99% very strong consensus, and 80% to 89% consensus.
Results: Consensus was achieved for 35 of 63 items (56%). Unanimous agreement was reached for 4 items (6.3%), while very strong consensus was established for 12 items (19%). Consensus was reached for an additional 19 items (30.1%), and the panel remained undecided on 7 items (11.1%).
Conclusions: Unanimous agreement was reached for iteration, the ability to establish treatment guidelines, a proven track record of panel members, and the requirement for at least 1 steering committee member to be a Delphi expert. Very strong consensus was reached on several key requirements: a clear definition of consensus, controlled feedback between rounds, precise definitions of expert and expertise, and the need for panel members to show experience through publications and clinical practice. Criteria for panel selection should ensure diversity and specialization, with steering committee members being content experts and a minimum of 20 to 30 panel members for broader topics. Regional experts should provide consensus on specific topics only. The steering committee should develop questions, with open-ended questions in round 1 and both types in round 2. Limiting the process to 3 rounds is advisable, aiming for at least 80% consensus in the final round.
Level of evidence: Level V, expert opinion.

Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 5.14 **Quartil:** 1 **Categoria:** Orthopedics (Q1) ; Sport Sciences (Q1) **Posició:** Orthopedics 5/140 ; Sport Sciences 6/134 **Journal Citation Indicator:** 1.99 ***1er Decil**

Ibañez M, Saragnese M, Hoffmann F, Mouton C, Seil R. **Arthroscopic Diagnosis and Treatment of a Hidden Intrameniscal Fracture of the Medial Meniscus.** Arthrosc Tech. 2025 Jan 7;14(5):103420. doi: 10.1016/j.eats.2024.103420. PMID: 40548042; PMCID: PMC12177494.

Our understanding and ability to identify meniscal tears has dramatically increased over the past decade. Many studies have, for example, focused their attention in describing the hidden meniscocapsular and meniscotibial lesions of the posterior horn of the medial meniscus. They highlighted that a significant amount of meniscal tears could still be easily overlooked depending on their location and complexity. These "hidden lesions" are difficult to diagnose with standard preoperative imaging, so arthroscopic probing remains the gold standard. Apart from these particular lesions, in-depth probing of the rest of the the meniscus may have been underestimated, especially in the presence of an unaltered external surface of the meniscus during visual arthroscopic inspection. In this Technical Note, the arthroscopic diagnostic

procedure and repair technique of a hidden meniscal injury, identified as an "intrameniscal fracture," is described.

Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 1.1 **Quartil:** 3 **Categoria:** Orthopedics **Posició:** 98/140 **Journal Citation Indicator:** 0.53

Jokela A, Pasta G, Della Villa F, Abrantes A, Kalogiannidis D, García-Romero-Pérez A, Marano M, Skibinskyi D, Mazzoni S, Pruna R, **Valle X**, Lempainen L. **Mechanisms of Severe Adductor Longus Injuries in Professional Soccer Players: A Systematic Visual Video Analysis**. Orthop J Sports Med. 2025 Feb 6;13(2):23259671241309647. doi: 10.1177/23259671241309647. PMID: 39944769; PMCID: PMC11815783.

Background:Changing direction, kicking, reaching, and jumping have been found to be the primary mechanisms of adductor longus injury. No previous studies specifically analyzing severe adductor longus injury mechanisms using video analysis have been published.
Purpose:To systematically analyze video footage to describe the mechanisms of severe acute adductor longus injuries in male professional soccer players.
Study Design:Cross-sectional study; Level of evidence, 3.
Methods:A total of 20 professional male soccer players (median age, 27 years; range, 18-35 years) who experienced an acute adductor longus injury during a match between October 2017 and December 2023 were included. All analyzed injuries were severe, either complete adductor longus tendon ruptures or partial lesions resulting in an absence from soccer competition of >28 days. Two authors independently reviewed the injuries based on a comprehensive injury causation model. Factors analyzed included playing situation, player/opponent behavior, and biomechanical descriptions encompassing whole-body and joint movements/positions.
Results:Of the 20 included injuries, 13 (65%) were considered noncontact and 7 (35%) were indirect contact. A closed kinetic chain (CKC) injury mechanism was found in 14 injuries (70%), an open kinetic chain (OKC) mechanism was found in 3 injuries (15%), and the injury occurred during high-speed running in the remaining 3 cases (15%). Player actions at the time of injury included reaching with the uninjured leg (CKC stretching; n = 11 [55%]), reaching with the injured leg (OKC stretching; n = 2 [10%]), dribbling (n = 2 [10%]), and landing (n = 2 [10%]). In CKC injuries, hip extension, hip abduction, and external rotation were all found in 64% of the cases. All OKC injuries involved hip abduction, external rotation, and rapid change of movement from hip extension to flexion.
Conclusion:Severe adductor longus injuries occurred predominantly during CKC actions, particularly when reaching for the ball with the uninjured leg. These injuries were consistently characterized by a combination of hip extension, abduction, and external rotation. A crucial aspect in these injuries appears to be the involvement of an eccentric muscle action, featuring rapid muscle activation during rapid muscle lengthening.

Indexat a: Pubmed / WoS / SCIE / JCR **Factor Impacte:** 2.5 **Quartil:** 2 **Categoria:** Orthopedics (Q2) ; Sport Sciences (Q2) **Posició:** Orthopedics (41/140) ; Sport Sciences (44/134) **Journal Citation Indicator:** 0.93

Lee M, Arias C, **Bellotti V**, Bicanic G, Tan KG, Bingham J, Lustig S, Randelli P. **Does the Use of Robotics Increase the Rate of Complications After Total Hip, Total Knee, or Unicondylar Knee Arthroplasty?** J Arthroplasty. 2025 Feb;40(2S1):S5-S7. doi: 10.1016/j.arth.2024.10.109. Epub 2024 Oct 28. PMID: 39477038.

(no abstract)

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 3.8 **Quartil:** 1 **Categoria:** Orthopedics **Posició:** 18/140 **Journal Citation Indicator:** 1.77

López-Contreras J, Duch Llorach P, Roch Villaverde N, Almendral A, López AF, Marimon M, Domínguez-Luzón MA, Martinez-Pastor JC, Ramoneda Salas J, Benito N, Morata L, Zules-Oña R, Limón E, Pujol M, **de la Cruz P**; VINCat Orthopedic Surgery Module Team; Appendix 1. Members of VINCat Orthopedic Surgery Module Team participating in the programme:. **Secular trends in periprosthetic joint infections following primary hip and knee arthroplasties: A 15-year cohort study from the VINCat Program (2008-2022)**. Enferm Infecc Microbiol Clin (Engl Ed). 2025 May;43 Suppl 1:S44-S51. doi: 10.1016/j.eimce.2025.02.015. PMID: 40316368.

Background: The VINCat program, established in Catalonia, Spain, in 2006, is a comprehensive infection prevention program for healthcare-associated infections. This study aims to analyze long-term trends in periprosthetic joint infections (PJI) following primary hip and knee arthroplasties over 15-year period (2008-2022).
Methods: PJI was defined according to CDC-NHSN criteria and updated in 2016 to incorporate the Musculoskeletal Infection Society classification. Data on PJI following total hip arthroplasty (THA), total knee arthroplasty (TKA), and hip hemiarthroplasty (HHA) were prospectively collected and analyzed across three periods: 2008-2012, 2013-2017, and 2018-2022.
Results: Sixty-seven hospitals participated in the surveillance, reporting 189,063 procedures, including 61,267 THA (median age: 69 years, 47% female), 115,940 TKA (median age: 73 years, 68% female), and 11,856 HHA (median age: 86 years, 73% females). PJI incidence rates for THA were 0.9%, 1.1%, and 1.2% across the three periods (odds ratio (OR):1.14, 95% CI: 0.96-1.35). For TKA, rates were 0.9%, 1.0%, and 0.9% (OR:0.95, 95% CI: 0.83-1.09). The incidence of HHA-PJI declined from 3.4% to 2.3% and 1.8% (OR:0.77, 95% CI:0.58-1.03). Overall, the most common etiology was coagulase negative staphylococci followed by Staphylococcus aureus. PJIs were diagnosed after hospital discharge in 87.1% of THA, 89.6% of TKA, and 73.9% of HHA.
Conclusions: The incidence of PJI remains low despite an aging population undergoing orthopedic surgery, highlighting the effectiveness of current infection prevention strategies. A robust, long-term surveillance system is crucial for monitoring

epidemiological trends and guiding the implementation of evidence-based preventive measures.
Keywords: Arthroplasty; Artroplastia; Epidemiological surveillance system; Healthcare associated infections; Infecciones asociadas con la atención; Infecciones nosocomiales; Infección articular protésica o periprotésica; Nosocomial infections; Prevención y control; Prevention and contro; Prevention and control; Prosthetic or periprosthetic joint infection; Sanitaria; Sistema de vigilancia epidemiológica.

Indexat a: Pubmed / SCIE **Factor Impacte: Quartil: Categoria: Posició: Journal Citation Indicator:**

Martinez-Lozano J, **Martorell-de Fortuny L**, **Martin-Domínguez LA**, **Torres-Claramunt R**, Sánchez-Soler J, Perelli S, Hinarejos P, Monllau JC. **Patellofemoral arthroplasty provides similar long-term survival rate and complications with better clinical outcomes compared to facetectomy for the treatment of isolated patellofemoral osteoarthritis**. J Exp Orthop. 2025 Jan 10;12(1):e70136. doi: 10.1002/jeo2.70136. PMID: 39802225; PMCID: PMC11718545.

Purpose: This study aimed to analyse the clinical outcomes and survival of patellofemoral arthroplasty (PFA) in treating isolated patellofemoral osteoarthritis (IPFOA) at our centre. The secondary objective was to compare these results with a historical cohort treated with partial lateral facetectomy plus Insall realignment (PLFIR). We hypothesised that clinical outcomes and survival with PFA are superior to PLFIR and comparable to the literature.
Methods: A retrospective analysis of 120 patients with IPFOA was conducted. The PFA series included 33 patients treated between 2012 and 2019 with a minimum follow-up of 5 years (range 1.2-12.1 years). The PLFIR historical cohort treated between 1995 and 2002 (range 4.1-15.7 years) consisted of 87 patients. Preoperative and post-operative clinical outcomes were assessed using the Knee Society Score (KSS) and Kujala score, and survivorship was evaluated via Kaplan-Meier analysis. Cox regression analysis was used to identify factors influencing surgical failure.
Results: The PFA group demonstrated a 75.8% survival rate at 10 years, with a 24.2% failure rate requiring conversion to total knee arthroplasty (TKA). In the PLFIR group, the 10-year survival rate was 79.3%, although 26.4% required TKA. Both groups exhibited significant improvements in KSS and Kujala score, with PFA showing superior Kujala score improvement ($p = 0.012$). No statistically significant difference in survival between the two groups was observed at 10 years ($p = 0.056$), but PFA showed better long-term clinical outcomes.
Conclusions: PFA demonstrated comparable survival rates to PLFIR in the treatment of IPFOA. Despite a higher initial failure rate, PFA showed a potential for greater improvement in the long term, particularly in terms of anterior knee pain.
Level of evidence: Level IV, retrospective case series analysis compared with a historical cohort.

Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 2.7 **Quartil:** 1 **Categoria:** Orthopedics (Q2) ; Surgery (Q1) **Posició:** Orthopedics (36/140) ; Surgery (64/314) **Journal Citation Indicator:** 1.04

Martorell-de-Fortuny L, Lizano-Diez X, Vargas-Zavala C, Tey-Pons M. **Correction: Trochanteric reduction osteotomy for refractory greater trochanter painful syndrome.** Eur J Orthop Surg Traumatol. 2025 Nov 25;36(1):20. doi: 10.1007/s00590-025-04610-z. Erratum for: Eur J Orthop Surg Traumatol. 2025 Nov 7;36(1):4. doi: 10.1007/s00590-025-04565-1. PMID: 41288777.

(no abstract)

Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 1.5 **Quartil:** **Categoria:** Orthopedics (Q3) ; Surgery (Q3) **Posició:** Orthopedics (85/140) ; Surgery (175/314) **Journal Citation Indicator:** 0.64

Martorell-de Fortuny L, Torres-Claramunt R, Sánchez-Soler JF, Perelli S, Hinarejos P, Monllau JC. **Patellar bone defect grafting does not reduce anterior knee pain after bone-patellar tendon-bone anterior cruciate ligament reconstruction**. Knee Surg Sports Traumatol Arthrosc. 2025 Apr;33(4):1299-1307. doi: 10.1002/ksa.12449. Epub 2024 Aug 28. PMID: 39194385.

Purpose: Donor site morbidity is the main drawback to using bone-patellar tendon-bone (BPTB) as a graft in anterior cruciate ligament (ACL) reconstruction. The objective of the study was to determine whether refilling the patellar bone defect after BPTB harvesting with autograft bone decreased kneeling pain to a greater degree when compared with a group in which bone defect is left unaddressed.
Methods: This is a randomised single-blinded controlled study. Forty patients were randomised into two groups; group 1: Patellar bone defect filled with autologous bone; group 2: Bone defect left undressed. Pain was measured by means of pressure algometry (PA). Functional outcomes were measured with the Kujala and Victorian Institute of Sport Assessment-Patella (VISA-P) score. Magnetic resonance imaging (MRI) was done to measure bone buildup between groups at the 1-year follow-up.
Results: No differences were observed in the different algometry measurements and the scores were assessed at 3, 6 and 12 months postoperatively. The ratio of void filled remained consistently higher ($p = 0.003$) in group 1 when compared to group 2.
Conclusions: Although refilling the lower pole of the patella with autologous bone from the harvested BPTB autograft loads the bone defect, it does not reduce pain at the donor site 1 year after surgery.
Level of evidence: Level 1, therapeutic study.

Indexat a: Pubmed / Medline **Factor Impacte:** **Quartil:** **Categoria:** **Posició:** **Journal Citation Indicator:**

Morales-Avalos R, Chiappe C, Ceniceros-Cantú C, Cienfuegos-Jiménez G, Garza-López J, Ortiz-García CF, Elizondo-Omaña RE, Guzmán-López S, Monllau JC, Sanchis-Alfonso V.

Femoral maltorsion influences both patellofemoral and tibiofemoral contact pressures. A biomechanical evaluation. J ISAKOS. 2025 Jun;12:100866. doi: 10.1016/j.jisako.2025.100866. Epub 2025 Apr 21. PMID: 40268246.

Introduction/objectives: To investigate the effect of femoral maltorsion on both the patellofemoral and the tibiofemoral contact pressures.
Methods: Experimental biomechanical study on 10 embalmed human cadaveric knees (mean age 40.2 years ± 9.5). Krackow sutures were placed in the vastus medialis, vastus lateralis, rectus femoris, vastus intermedius, and hamstrings. A custom-made test apparatus capable of independently loading the quadriceps and hamstring muscle groups and providing ground reaction forces during a simulated squat maneuver and under direct axial compression loading was used. A ground reaction force of 1000 N was applied to the distal tibia and scaled loads of 218N and 80N were applied to the quadriceps and hamstrings, respectively, at 0°, 30°, 60°, and 90° of flexion. Pressure measurements were performed by intra-articularly placed sensors (77.3 × 77.3 mm, SFM6000CXR2 Sensor) and using Snowforce 3 interpretation software. After testing of the native knee, supracondylar femoral osteotomy was performed. Pressure measurements were again made in each knee compartment, at each of the degrees of rotation evaluated.
Results: Medial aspect of the patella showed an increase of contact pressure with external femoral rotation from 10° to 30° compared with 0°. The strongest effect was measured at 30° of knee flexion ($p = 0.005$) with 30° of external rotation ($p = 0.004$) with a value of 2.140 ± 0.1832 Mpa. With internal femoral rotation there is an increment of contact pressure in the lateral aspect of the patella, with the strongest effect at 30° of flexion ($p = 0.0059$) with 30° of internal rotation ($p = 0.0002$) with a value of 1.352 ± 0.08166 Mpa. The medial tibiofemoral contact pressure showed an increment from 10° to 30° of external rotation compared with the native state. The highest pressure was shown at 90° of knee flexion ($p = 0.0006$) and 30° of external rotation ($p = 0.004$) with a value of 1.636 ± 0.01878 Mpa. The lateral tibiofemoral contact pressure increased compared with the control group more with internal than with external rotation. The highest pressure was shown at 90° of flexion ($p < 0.0001$) and 30° of internal rotation ($p < 0.0001$) with a value of 1.432 ± 0.004051 Mpa.
Conclusions: Femoral malrotation influences patellofemoral and tibiofemoral contact pressure. Femoral external rotation may result in worse knee biomechanics than internal rotation.

Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 3.3 **Quartil:** 1 **Categoria:** Orthopedics (Q1) ; Sport Sciences (Q1) **Posició:** Orthopedics (22/140) ; Sport Sciences (22/134) **Journal Citation Indicator:** 1.08

Pascual T, Villacampa G, Oliveira M, Escrivá-de-Romaní S, Pernas S, Paré L, Adamo B, Martínez E, Cortés J, Perelló A, Galan M, Melé M, Villanueva L, Gonzalez-Rodriguez M, Tolosa P, **González-Farré B**, Galván P, Canes J, Nuciforo P, Ferrero-Cafiero JM, González-Farré X, Villagrasa P, Prat A, Ciruelo E. **Palbociclib and trastuzumab for HER2-positive metastatic breast cancer: final overall survival results of cohort A and B**

of SOLTI-1303-PATRICIA trial. ESMO Open. 2025 Sep;10(9):105572. doi:10.1016/j.esmoop.2025.105572. PMID: 40896880.

Background: The SOLTI-1303-PATRICIA trial (NCT02448420) is a phase II study investigating palbociclib and trastuzumab, with or without endocrine therapy, in hormone receptor (HR)-positive/human epidermal growth factor receptor 2 (HER2)-positive metastatic breast cancer (MBC). This manuscript presents final overall survival (OS) results and biomarker analyses. Patients and methods: Patients previously treated with trastuzumab and two to four regimens were eligible. For estrogen receptor (ER)-negative disease (cohort A), patients received palbociclib and trastuzumab. For ER-positive disease, patients were randomized 1 : 1 to cohort B1 (no additional therapy) or B2 (letrozole). OS and long-term progression-free survival (PFS) were pre-defined secondary endpoints. Kaplan-Meier curves and stratified Cox models were used. Results: Among 71 patients, median OS was 29.8 months [95% confidence interval (CI) 20.9-38.0 months]; 4-year OS rates were 13.3% (A), 35.7% (B1), and 32.3% (B2). PAM50 luminal subtypes showed better OS than non-luminal subtypes (38.0 versus 26.6 months). Exploratory biomarker analyses found luminal-related genes associated with better long-term survival, while basal and proliferation-related genes were linked to resistance. Higher luminal A, luminal B, and previously reported chemo-endocrine scores correlated with favorable prognoses. Conclusions: These findings highlight the relevance of gene expression profiling in HER2-positive breast cancer and support biomarker-driven patient selection. Long-term PATRICIA results validate the potential of non-chemotherapy-based approaches in HR-positive/HER2-positive MBC.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 8.3 **Quartil:** 1 **Categoria:** Oncology (Q1) **Posició:** Oncology (36/328) **Journal Citation Indicator:** 1.52

Pérez-Prieto D, Baumer A, Martinez-Lozano J, Aquilina J, Zamora P, Alier A, Sorlí L. **Complete talectomy for post-traumatic osteomyelitis (and/or avascular necrosis): report of a new technique**. J Bone Jt Infect. 2025 Oct 30;10(6):419-424. doi: 10.5194/jbji-10-419-2025. PMID: 41235121; PMCID: PMC12606459.

The main complications after complex talar fractures, especially with respect to open injuries, are avascular necrosis (AVN) and fracture-related infection (FRI) Their treatment is a source of discussion, and reconstruction options are scarce. A descriptive longitudinal study of three cases with a two-stage tibiocalcaneal (TC) arthrodesis (talectomy followed by a retrograde nailing and two tantalum spacers) is presented. Information on infection relapse and fusion of the arthrodesis was collected, along with demographic, radiological, and functional variables (such as Manchester-Oxford Foot Questionnaire, MOXFQ, values; EuroQol index values; and visual analogue scale for pain, VAS-pain, values) After a minimum of 3 years, no infection relapse or pseudoarthrosis was observed. Leg alignment was comparable to the contralateral side. Functional and pain tests showed optimal values: MOXFQ index

of 16.6, mean EuroQol index of 0.782, and mean VAS-pain of 19. For a salvage procedure in FR
AVN of the talus, this two-stage TC arthrodesis is a safe procedure in terms of infection and provides good functional outcomes.

Indexat a: Pubmed / Medline **Factor Impacte: Quartil: Categoria: Posició: Journal Citation Indicator:**

Perelli S, Costa GG, **Ibañez M**, **Pizza N**, Morales-Avalos R, Companys R, Russo A, **Monllau JC**. **Needle-Assisted All-Inside Medial Meniscal Ramp Lesion Repair**. Arthrosc Tech. 2025 May 5;14(7):103574. doi: 10.1016/j.eats.2025.103574. PMID: 40822203; PMCID: PMC12350701.

Multiple techniques have been described to address ramp lesions. Suture hook repair from the posteromedial portal is currently considered the gold standard but can be technically demanding, especially for larger lesions extending into the medial portion of the meniscus. In this technical note, an anatomic repair technique for both the meniscocapsular and meniscotibial ligaments is presented. It requires a bent spinal needle introduced through the posteromedial portal for tear reduction and standard all-inside suture devices introduced from the anteromedial portal.

Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 1.1 **Quartil:** 3 **Categoria:** Orthopedics **Posició:** 98/140 **Journal Citation Indicator:** 0.53

Perelli S, **Conte P**, **Pizza N**, Morales-Avalos R, Kon E, Grassi A, Zaffagnini S, **Monllau JC**. **Meniscal extrusion: Proposal for a novel qualitative classification.** J Exp Orthop. 2024 Dec 31;12(1):e70126. doi: 10.1002/jeo2.70126. PMID: 39741910; PMCID: PMC11685843.

Meniscal extrusion (ME), defined as the radial displacement of the meniscal body outside the margins of the tibial plateau, has been seen as an independent and relevant predictor of intra-articular knee degeneration. Nonetheless, available classifications for ME are exclusively quantitative assessments not considering the context in which extrusion is identified. Indeed, ME can be the result of several different conditions spanning from acute tears to chronic degeneration and its definition cannot be only dependent on the numeric calculation of the radial displacement of the meniscal body. Furthermore, growing evidence supports the existence of a paraphysiological ME resulting from joint loading, limb malalignment, anatomical abnormalities of the meniscal attachments to the femur and tibia or a nonpathological finding after meniscal allograft transplantation. It is therefore clear that an exclusively quantitative assessment of ME cannot be sufficient since this condition can develop in such different clinical scenarios. For this reason, a novel qualitative classification for ME is proposed, differentiating between three distinct conditions: a paraphysiological ME, a pathological ME and ME related to degenerative conditions. Furthermore, a comprehensive review of the present literature has been

conducted to report the most relevant and updated evidence on the topic highlighting the difference in the clinical management of each different category.
Level of evidence: Not applicable.

Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 2.7 **Quartil:** 1 **Categoria:** Orthopedics (Q2) ; Surgery (Q1) **Posició:** Orthopedics (36/140) ; Surgery (72/314) **Journal Citation Indicator:** 1.04

Perelli S, Messori M, Dueñas J, **Pizza N**, Avalos RM, **Ibañez M**, **Monllau JC**. **Augmented Over-The-Top Technique for Revision Anterior Cruciate Ligament Reconstruction.** Arthrosc Tech. 2025 Sep 4;14(11):103856. doi: 10.1016/j.eats.2025.103856. PMID: 41425340; PMCID: PMC12712494.

Revision anterior cruciate ligament reconstruction is technically demanding, particularly in cases with femoral tunnel malposition or tibial tunnel enlargement. The over-the-top (OTT) technique offers a single-stage solution by avoiding femoral tunnel drilling. However, its main limitation is the reduced graft diameter, typically between 5.5 and 7 mm, which may be insufficient in revision settings. This Technical Note describes an augmentation of the classic OTT technique using a peroneus longus tendon allograft wrapped around preserved-insertion hamstring tendons, achieving graft diameters exceeding 8 mm. Standard arthroscopic portals are used to prepare a standard tibial tunnel, whereas a lateral femoral approach is performed to prepare the OTT point. Femoral fixation is secured with staples, and a lateral extra-articular tenodesis is performed to enhance rotational stability. This combined intra- and extra-articular reconstruction allows single-stage revision even in the presence of tunnel enlargement, improving biomechanical strength and potentially accelerating biological integration through preservation of the tibial insertion. The described technique offers a reliable, reproducible, and cost-effective option for complex anterior cruciate ligament revisions.

Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 1.1 **Quartil:** 3 **Categoria:** Orthopedics **Posició:** 98/140 **Journal Citation Indicator:** 0.53

Pizza N, **Conte P**, **Concha M**, **Simón-Sánchez FJ**, **Ibañez M**, **Claramunt RT**, Sartidis A, Hantes M, **Perelli S**, **Monllau JC**. **Good results with low failure rate and high patients' satisfaction after selective bundle anterior cruciate ligament (ACL) reconstruction for partial tears at average 14-years follow-up**. *Knee*. 2025 Aug;55:161–167. doi:10.1016/j.knee.2025.04.015

Purpose: Aim of this study was to report the long-term outcomes of a cohort of patients treated with a selective bundle ACL reconstruction of a partial tear evaluating functional results as well as failure and satisfaction rates. The hypothesis was that good clinical results, high satisfaction and low failure rates could be obtained. Methods: Patients treated with selective bundle ACL reconstruction between September 2008 and September 2011 were included. Functional assessment was performed with the

objective International Knee Documentation Committee (IKDC) ligament evaluation form, the Lysholm knee scale and the Tegner activity level scale. Results: Fifty-two patients were available for follow up. The average follow-up period was 14 years (13-16). Twenty-two had anteromedial bundle tears and 30 had posterolateral bundle tears. On average, a significant improvement was obtained from pre-surgery to last follow-up for Lysholm (pre-surg 64.1 +/- 5.1; last follow-up 95.8 +/- 6.2; $p < 0.001$) and subjective IKDC (pre-surg 56.5 +/- 7.5; last-follow-up 91.6 +/- 9.8; $p < 0.001$) scores. 3 patients underwent ACL revision surgery in the first-year post-surgery and 3 patients reported subjective instability accounting for a cumulative failure rate of 11.5% (6/52) and 7.7% of dissatisfied patients (4/52). Conclusion: Selective bundle ACL reconstruction for partial ACL tears enable good to excellent results with high satisfaction (92.3%) and low revision rates (5.7%) at long-term followup (minimum 13 years, mean 14 years).

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 2 **Quartil:** 2 **Categoria:** Orthopedics (Q2) ; Sport Sciences (Q2) **Posició:** Orthopedics (62/140) ; Sport Sciences (58/134) **Journal Citation Indicator:** 0.83

Prill R, Ma CB, Wong SE, Beaufils P, Monllau JC, Arhos EK, Becker R, Villa FD, Goodloe JB, Irrgang JJ, Klugarova J, Klosterman EL, Królikowska A, Krych AJ, LaPrade RF, Manske R, van Melick N, Monson JK, Ostojic M, Paterno MV, Piontek T, **Perelli S**, Rambaud A, Robinson J, Schmitt LC, Senorski EH, Snaebjornsson T, Tagliero AJ, Giordano AO, Pujol N. **The formal EU-US Meniscus Rehabilitation 2024 Consensus: An ESSKA-AOSSM-AASPT initiative. Part II-Prevention, non-operative treatment and return to sport**. Knee Surg Sports Traumatol Arthrosc. 2025 Aug;33(8):3014-3024. doi: 10.1002/ksa.12689. Epub 2025 Jun 12. PMID: 40501314; PMCID: PMC12310080.

Purpose: Part two of this consensus aimed to provide recommendations for the prevention of meniscus injuries, non-operative treatment of acute tears and degenerative lesions, return to sports and patient-reported outcome measures. Methods: This consensus followed the European Society of Knee Surgery, Sports Traumatology and Arthroscopy (ESSKA) formal consensus methodology. For this combined ESSKA-American Orthopedic Society for Sports Medicine (AOSSM)-American Academy of Sports Physical Therapy (AASPT) initiative, 67 experts from 14 countries, including orthopedic surgeons and physiotherapists, were involved. The 26 Steering Group members established guiding questions, screened the existing evidence, and proposed statements, and provided Grades of recommendations. The 41 Rating Group members assessed the statements according to a Likert scale (1-9). Final documents were assessed by an international peer review group for geographical adaptability. Results: Low to moderate scientific level of evidence was available, so that grades of recommendations were low (three Grade A ratings, four Grade B, three Grade C and 13 Grade D), underlining the relevance of this consensus. One strong and 17 relative agreements with overall median of 8 (8-9) and a mean of 7.92 ± 0.37 were achieved for 23 statements on 18 questions. Prevention of meniscus injuries is possible with general knee injury reduction programmes and through avoidance of certain activities.

Non-operative treatment including physical therapy is the first line approach for degenerative meniscus lesions and may be an option for some acute tears. Return to sports after meniscus tear surgery should be both criterion-based and time-based. Patient reported outcomes in combination with performance-based measures are recommended to evaluate the rehabilitation process.
Conclusion: This international EU-US consensus established recommendations for prevention strategies, describes rehabilitation of non-operated patients and of patients after partial meniscectomy, meniscus repair and meniscus reconstruction, and establishes return to sport criteria. These updated and structured recommendations may be applied by surgeons and physiotherapists.

Indexat a: Pubmed / WoS / Medline / SCIE **Factor Impacte: Quartil: Categoria: Posició: Journal Citation Indicator:**

Prill R, Ma CB, Wong SE, Beaufils P, **Monllau JC**, Arhos EK, Becker R, Della Villa F, Goodloe JB, Irrgang JJ, Klugarova J, Klosterman EL, Królikowska A, Krych AJ, LaPrade RF, Manske R, van Melick N, Monson JK, Ostojic M, Paterno MV, Piontek T, Perelli S, Rambaud A, Robinson J, Schmitt LC, Senorski EH, Snaebjornsson T, Tagliero AJ, Giordano AO, Pujol N. **The Formal EU-US Meniscus Rehabilitation 2024 Consensus: An ESSKA-AOSSM-AASPT Initiative Part II-Prevention, Nonoperative Treatment and Return to Sport**. Orthop J Sports Med. 2025 Jun 12;13(6):23259671251349553. doi: 10.1177/23259671251349553. PMID: 40519541; PMCID: PMC12163282.

Purpose: Part II of this consensus aimed to provide recommendations for the prevention of meniscus injuries, nonoperative treatment of acute tears and degenerative lesions, return to sports and patient-reported outcome measures.
Methods: This consensus followed the European Society of Knee Surgery, Sports Traumatology and Arthroscopy (ESSKA) formal consensus methodology. For this combined ESSKA-American Orthopedic Society for Sports Medicine (AOSSM)-American Academy of Sports Physical Therapy (AASPT) initiative, 67 experts from 14 countries, including orthopedic surgeons and physiotherapists, were involved. The 26 Steering Group members established guiding questions, screened the existing evidence, and proposed statements, and provided Grades of recommendations. The 41 Rating Group members assessed the statements according to a Likert scale (1-9). Final documents were assessed by an international peer review group for geographical adaptability.
Results: Low to moderate scientific level of evidence was available, so that grades of recommendations were low (3 Grade A ratings, 4 Grade B, 3 Grade C and 13 Grade D), underlining the relevance of this consensus. One strong and 17 relative agreements with overall median of 8 (8-9) and a mean of 7.92 ± 0.37 were achieved for 23 statements on 18 questions. Prevention of meniscus injuries is possible with general knee injury reduction programs and through avoidance of certain activities.
Non-operative treatment including physical therapy is the first line approach for degenerative meniscus lesions and may be an option for some acute tears. Return to sports after meniscus tear surgery should be both criterion-based and timebased.

Patient reported outcomes in combination with performance-based measures are recommended to evaluate the rehabilitation process.
Conclusion: This international EU-US consensus established recommendations for prevention strategies, describes rehabilitation of nonoperated patients and of patients after partial meniscectomy, meniscus repair and meniscus reconstruction, and establishes return to sport criteria. These updated and structured recommendations may be applied by surgeons and physiotherapists.
Level of evidence: Level I, consensus.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 2.5 **Quartil:** 2 **Categoria:** Orthopedics (Q2) ; Sport Sciences (Q2) **Posició:** Orthopedics 41/140 ; Sport Sciences 44/134 **Journal Citation Indicator:** 0.93

Pujol N, Giordano AO, Wong SE, Beaufils P, Monllau JC, Arhos EK, Becker R, Della Villa F, Brett Goodloe J, Irrgang JJ, Klugarova J, Klosterman EL, Królikowska A, Krych AJ, LaPrade RF, Manske R, van Melick N, Monson JK, Ostojic M, Paterno MV, Piontek T, **Perelli S**, Rambaud A, Robinson J, Schmitt LC, Senorski EH, Snaebjornsson T, Tagliero AJ, Benjamin Ma C, Prill R. **The formal EU-US Meniscus Rehabilitation 2024 Consensus: An ESSKA-AOSSM-AASPT initiative. Part I-Rehabilitation management after meniscus surgery (meniscectomy, repair and reconstruction).** Knee Surg Sports Traumatol Arthrosc. 2025 Aug;33(8):3002-3013. doi: 10.1002/ksa.12674. Epub 2025 May 12. PMID: 40353298; PMCID: PMC12310086.

Purpose: The aim of part one of this EU-US consensus was to combine literature research and expertise to provide recommendations for the usage of rehabilitation (including physical therapy) of patients undergoing surgical treatment for degenerative meniscus lesions or acute meniscus tears (including meniscectomy, repair, or reconstruction). Prevention programmes, non-operative treatment of acute tears and degenerative lesions, return to sports and patient-reported outcome measures will be presented in a part II article.
Methods: This consensus followed the European Society for Sports Traumatology and Arthroscopy (ESSKA)'s 'formal consensus' methodology. For this combined ESSKA, American Orthopedic Society for Sports Medicine and American Academy of Sports Physical Therapy initiative, 67 experts (26 in the steering group and 41 in the rating group) from 14 countries (US and 13 European countries), including orthopaedic surgeons, sports medicine doctors and physiotherapists were involved. Steering group members established guiding questions, searched the literature and proposed statements. Rating group members assessed the statements according to a Likert scale and provided grades of recommendations, reaching a final agreement about rehabilitation of the knee after meniscus surgery. Final documents were then assessed by a peer review group to address the geographical adaptability.
Results: The overall level of evidence in the literature was low. Of the 19 questions (leading to 29 statements), 1 received a Grade A of recommendation, 2 a Grade B, 9 a Grade C and 17 a Grade D. Nevertheless, the mean median rating of all questions was

8.2/9 (9 being the highest rating on a scale of 1-9). The global mean rating was 8.4 ± 0.2, indicating a high agreement. Rehabilitation depends on the type of lesion, the treatment performed and is the same after medial or lateral meniscus surgery. Rehabilitation after meniscectomy should follow a criterion-based rehabilitation protocol, based on milestones rather than a time-based protocol. After meniscus repair and reconstruction, rehabilitation should be progressed according to both time and criterion-based milestones.
Conclusion: Rehabilitation after meniscus surgery is a debated topic that may influence surgical outcomes if not optimally performed. This international formal consensus established clear, updated and structured recommendations for both surgeons and physiotherapists treating patients after meniscus surgery.
Level of evidence: Level I, consensus.

Indexat a: Pubmed / Medline / SCIE **Factor Impacte: Quartil: Categoria: Posició: Journal Citation Indicator:**

Pujol N, Giordano AO, Wong SE, Beaufils P, Monllau JC, Arhos EK, Becker R, Della Villa F, Goodloe JB, Irrgang JJ, Klugarova J, Klosterman EL, Królikowska A, Krych AJ, LaPrade RF, Manske R, van Melick N, Monson JK, Ostojic M, Paterno MV, Piontek T, **Perelli S**, Rambaud A, Robinson J, Schmitt LC, Senorski EH, Snaebjornsson T, Tagliero AJ, Ma CB, Prill R. **The Formal EU-US Meniscus Rehabilitation 2024 Consensus: An ESSKA-AOSSM-AASPT Initiative: Part I-Rehabilitation Management After Meniscus Surgery (Meniscectomy, Repair and Reconstruction).** Orthop J Sports Med. 2025 May 22;13(5):23259671251343088. doi: 10.1177/23259671251343088. PMID: 40416991; PMCID: PMC12099113.

Purpose: The aim of part one of this EU-US consensus was to combine literature research and expertise to provide recommendations for the usage of rehabilitation (including physical therapy) of patients undergoing surgical treatment for degenerative meniscus lesions or acute meniscus tears (including meniscectomy, repair, or reconstruction). Prevention programmes, non-operative treatment of acute tears and degenerative lesions, return to sports and patient-reported outcome measures will be presented in a part II article.
Methods: This consensus followed the European Society for Sports Traumatology and Arthroscopy (ESSKA)'s "formal consensus" methodology. For this combined ESSKA, American Orthopedic Society for Sports Medicine and American Academy of Sports Physical Therapy initiative, 67 experts (26 in the steering group and 41 in the rating group) from 14 countries (US and 13 European countries), including orthopaedic surgeons, sports medicine doctors and physiotherapists were involved. Steering group members established guiding questions, searched the literature and proposed statements. Rating group members assessed the statements according to a Likert scale and provided grades of recommendations, reaching a final agreement about rehabilitation of the knee after meniscus surgery. Final documents were then assessed by a peer review group to address the geographical adaptability.

Results: The overall level of evidence in the literature was low. Of the 19 questions (leading to 29 statements), 1 received a Grade A of recommendation, 2 a Grade B, 9 a Grade C and 17 a Grade D. Nevertheless, the mean median rating of all questions was 8.2/9 (9 being the highest rating on a scale of 1-9). The global mean rating was 8.4 ± 0.2, indicating a high agreement. Rehabilitation depends on the type of lesion, the treatment performed and is the same after medial or lateral meniscus surgery. Rehabilitation after meniscectomy should follow a criterion-based rehabilitation protocol, based on milestones rather than a time-based protocol. After meniscus repair and reconstruction, rehabilitation should be progressed according to both time and criterion-based milestones.
Conclusion: Rehabilitation after meniscus surgery is a debated topic that may influence surgical outcomes if not optimally performed. This international formal consensus established clear, updated and structured recommendations for both surgeons and physiotherapists treating patients after meniscus surgery.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 2.5 **Quartil:** 2 **Categoria:** Orthopedics (Q2) ; Sport Sciences (Q2) **Posició:** Orthopedics (41/140) ; Sport Sciences (44/134) **Journal Citation Indicator:** 0.93

Sadoghi P, Koutp A, **Prieto DP**, Clauss M, Kayaalp ME, Hirschmann MT. **The projected economic burden and complications of revision hip and knee arthroplasties: Insights from national registry studies**. Knee Surg Sports Traumatol Arthrosc. 2025 Sep;33(9):3211-3217. doi: 10.1002/ksa.12678. Epub 2025 Apr 13. PMID: 40221912; PMCID: PMC12392383.

The rising volume of primary hip and knee arthroplasties has led to a parallel increase in revision surgeries, creating significant clinical and economic challenges for healthcare systems worldwide. This study synthesizes national arthroplasty registry data to evaluate trends in revision aetiology, associated costs and regional disparities. While advancements in prosthetic design have reduced aseptic loosening rates (declining to 35.1% for hips and 18.3% for knees), septic complications now account for a growing proportion of revision cases, rising to 18.2% for hips and 21.6% for knees. Additionally, instability and malalignment persist at 15.9% and 14.1%, respectively. Revision procedures are 76% more costly than primary surgeries, with two-stage septic revisions incurring costs of up to $37,297 per case. Beyond direct surgical costs, prolonged recovery and productivity loss contribute to a broader economic impact. Regional variations, such as higher periprosthetic fracture rates in England and Wales, highlight inconsistencies in data reporting and healthcare practices. Addressing these challenges requires standardized infection definitions, enhanced registry collaboration and investment in infection prevention strategies. The role of referral centres in improving outcomes and reducing costs through multidisciplinary care is increasingly recognized. By integrating evidence-based infection management protocols and leveraging emerging technologies, the orthopaedic community can optimize patient outcomes and reduce the financial burden of revising arthroplasties. LEVEL OF EVIDENCE: Level IV.

Indexat a: Pubmed / Medline / SCIE **Factor Impacte: Quartil: Categoria: Posició: Journal Citation Indicator:**

Sala-Pujals A, Portes Chiva A, Chillon Soria J, Valverde Vilamala D, Dominguez Font E, **Pardo Pol A**. **Immobilization Time for Conservative Treatment of Distal Radial Fractures in Elderly Patients: A Randomized Controlled Trial**. J Bone Joint Surg Am. 2025 Jun 5;107(14):1628-1635. doi: 10.2106/JBJS.24.01480. PMID: 40472139.

Background: The management of distal radial fractures (DRFs) in elderly patients remains controversial. Although conservative treatment with cast immobilization is widely accepted, the optimal duration for immobilization is unclear. This study aimed to compare pain control, functional outcomes, and complication rates between 4-week and 6-week immobilization periods in elderly patients treated nonoperatively for displaced DRFs.
Methods: A single-center randomized controlled trial was conducted, including 150 patients who were ≥65 years of age and had displaced DRFs. Patients were randomized into 2 groups: 4-week immobilization and 6-week immobilization. Pain was assessed using a visual analog scale (VAS) at 10 days after removing the cast and then at 3, 6, and 12 months after injury. Functional outcomes were measured using the Patient-Rated Wrist Evaluation (PRWE) and QuickDASH (the abbreviated version of the Disabilities of the Arm, Shoulder and Hand questionnaire) at 3, 6, and 12 months. Radiographs were reviewed for malunion, and complications and range of motion were also evaluated.
Results: In the 135 patients analyzed, no differences were observed in pain or functional outcomes between the 2 groups at any time point. VAS scores 10 days after the cast removal were similar (3.87 for the 4-week immobilization group and 4.00 for the 6-week group; p = 0.67), as were PRWE scores (14.18 for the 4-week group and 15.51 for the 6-week group; p = 0.686) and QuickDASH scores (15.46 for the 4-week group and 17.86 for the 6-week group; p = 0.449) after 1 year. The malunion rates were 29.9% in the 4-week group and 32.8% in the 6-week group (p = 0.85), and there were no significant differences in complications or range of motion between groups.
Conclusions: A 4-week immobilization period provided equivalent pain control, functional outcomes, and complication rates as a 6-week immobilization period in elderly patients with displaced DRFs treated nonoperatively. Therefore, a shorter immobilization period may be safely recommended for treating these fractures.
Level of evidence: Therapeutic Level I . See Instructions for Authors for a complete description of levels of evidence.
Trial registration: ClinicalTrials.gov NCT05370365.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 4.4 **Quartil:** 1 **Categoria:** Orthopedics (Q1) ; Surgery (Q1) **Posició:** Orthopedics (12/140) ; Surgery (21/314) **Journal Citation Indicator:** 1.94 ***1er Decil**

Simon-Sanchez FJ, **Perelli S**, **Pizza N**, Delmedico M, Morales-Avalos R, **Torres Claramunt R**, **Monllau JC**. **Short and proximalized interference screw fixation leads to tibial**

tunnel bone re-growth and better hamstring graft integration in ACL reconstruction. Knee Surg Sports Traumatol Arthrosc. 2025 Sep;33(9):3080-3087. doi: 10.1002/ksa.12551. Epub 2024 Dec 12. PMID: 39666587.

Purpose: The stability of the graft in the bony tunnels is of utmost importance in the anterior cruciate ligament reconstruction (ACLR) since it ensures safe healing at the tendon-bone interface. The hypothesis was that when a double tibial fixation was used in ACLR with a short graft of autologous hamstrings, tibial tunnel bone re-growth and better graft integration would be observed at short-term follow-up.
Methods: The analysis included a cohort of 112 patients after a primary ACLR with hamstring tendons who underwent postoperative magnetic resonance imaging (MRI) 3.0-Tesla (3.0-T) 6 months after the surgery. The patients were divided into three groups based on the tibial fixation technique: 40 had a screw (group S), 35 had a screw and cortical button (group S + B) and 37 had a screw and anchor (group S + A). Two orthopaedic specialists independently evaluated the images, who measured the screw-free tunnel space, and assessed the presence of bone filling in the free tunnel. Furthermore, Ge's protocol was used to determine the graft healing in the tunnel.
Results: In 94 patients a screw-free tunnel space was detected, and a filling of the tunnel was reported in 80.85% of the cases (76 patients), being partial in 15.79% (12 patients) and complete in 84.21% (64 patients). Patients who presented better graft integration (Ge1) had significantly higher values of screw-free tunnel length compared to the other ones who had lower graft integration (Ge3)($p < 0.05$).
Conclusions: At 6 months postoperative MRI, tibial tunnel bone re-growth and graft-tunnel tibial integration after hamstring ACLR is significantly associated with the presence of free space between the anterior tibial cortex and the most distal portion of the interference screw, hence the use of a short and proximalized interference screw is suggested to restore bone stock after hamstring ACLR.
Level of evidence: Level IV retrospective comparative cohort study.

Indexat a: Pubmed / Medline / SCIE **Factor Impacte: Quartil: Categoria: Posició: Journal Citation Indicator:**

Vilá-Rico J, Mortada-Mahmoud A, Fernández-Rojas E, Jiménez-Blázquez JL, **Campillo-Recio D**. **Arthroscopic Reconstruction of the Anterior Talofibular Ligament and Calcaneofibular Ligament Using Allograft for Chronic Lateral Ankle Instability Allows Patients to Successfully Return to Their Preinjury Sports Activities With Excellent Clinical Outcome at Minimum 2-Year Follow-Up**. Arthroscopy. 2025 Sep;41(9):3601-3610. doi: 10.1016/j.arthro.2025.01.037. Epub 2025 Feb 4. PMID: 39914599.

Purpose: To report and evaluate the time of return to work and sports of patients who underwent an anatomic arthroscopic reconstruction using allograft for chronic lateral ankle instability (CLAI) through 2 portals, and to analyze the functional results as well as the postoperative complications of the reconstruction surgery.

Methods: We retrospectively reviewed patients who underwent allograft arthroscopic reconstruction of anterior talofibular ligament (ATFL) and calcaneofibular ligament (CFL) in the period from January 2018 to January 2022. The inclusion criteria encompassed patients with CLAI who (1) were older than 18 years old; (2) underwent arthroscopic ATFL and CFL reconstruction using allograft; and (3) had been followed up for at least 2 years. The operation was performed with 2 arthroscopic portals, a percutaneous incision for CFL reconstruction, and 2 knotless anchors. Time of return to work and sports was recorded. In addition, Karlsson Ankle Functional Score (KAFS), Tegner Activity Scale (TAS), visual analog pain scale (VAS), and visual analog scale for patient satisfaction (VASPS) were evaluated preoperatively and postoperatively, and all complications were documented at a minimum follow up of 2 years.
Results: In total, 44 patients (mean age, 35.6 ± 9.7 years) were included, and the average follow-up duration was 29.6 ± 3.7 months (range, 24-42 months). The mean time of return to work was 3.29 ± 0.93 months, whereas the mean time of return to sports was 6.45 ± 1.55 months. KAFS increased from 53.91 ± 9.31 to 91.14 ± 6.03 ($P < .001$), mean TAS increased from 2.22 ± 1.05 to 7.34 ± 1.51 ($P < .001$), VAS decreased from 3.95 ± 1.71 to 0.43 ± 0.66 ($P < .001$), and VASPS increased from 1.11 ± 1.43 to 9.59 ± 0.76 ($P < .001$). All patients (100%) achieved the minimal clinically important difference in KAFS, VAS, TAS, and VASPS. Subgroup analysis indicated no statistically significant differences in functional outcomes regarding the presence/absence of associated intra-articular lesions and body mass index (greater or less than 25). Minor complications were observed in only 4 patients (9.1%).
Conclusions: Patients with CLAI who underwent arthroscopic allograft reconstruction of ATFL and CFL through 2 portals and an additional incision successfully returned to their preinjury occupations within 5 months. They also returned to their preinjury level of sports without restrictions, adaptations, or protective measures within 9 months. They showed excellent clinical outcomes, as all patients (100%) achieved the minimal clinically important difference in KAFS, VAS, TAS, and VASPS at minimum of 24 months follow-up. However, 9.1% of patients had minor neurologic complications.
Level of evidence: Level IV, retrospective therapeutic case series.

Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 5.14 **Quartil:** 1 **Categoria:** Orthopedics (Q1) ; Sport Sciences (Q1) **Posició:** Orthopedics 5/140 ; Sport Sciences 6/134 **Journal Citation Indicator:** 1.99 ***1er Decil**

Voskuilen RNJ, Dietvorst M, van der Steen MC, Ito AB, **Ibañez M**, Monllau JC, Seil R, Mouton C, Janssen RPA. **The posterior cruciate ligament-posterior femoral cortex angle (PCL-PCA): A precise indicator of knee decompensation in skeletally immature ACL-injured patients**. Knee Surg Sports Traumatol Arthrosc. 2025 Aug 31. doi: 10.1002/ksa.70032. Epub ahead of print. PMID: 40886085.

Purpose: This study aimed to determine the most reliable and precise method for measuring the buckling phenomenon of the posterior cruciate ligament (PCL) in skeletally immature patients on magnetic resonance imaging (MRI). The posterior cruciate ligament (PCL)-line sign, PCL angle (PCLA), PCL inclination angle (PCLIA) and

PCL-posterior cortex angle (PCL-PCA) were considered. Secondary aims were to (1) compare PCL buckling between healthy and ACL-injured patients to establish a discrimination threshold, (2) assess its validity against other MRI parameters. The hypothesis was that the PCL-PCA is the most reliable and precise method to detect knee decompensation.
Methods: Fifty-five ACL-injured patients with open physes were matched with 51 controls by gender and skeletal age. The PCL buckling phenomenon was measured on MRI using four methods, each repeated after two weeks. The presence of a lateral collateral ligament (LCL) sign, medial/lateral anterior tibial translation (ATT) and meniscal bone angle (MBA) were considered. Intra- and inter-observer reliability were assessed using Cohen's Kappa and intra-class correlation coefficients (ICCs). Standard error of measurement (SEM) and minimal detectable change (MDC) were calculated. Group comparisons used t tests and chi-square tests; receiver-operating characteristic curves identified optimal thresholds, and Pearson correlations assessed relationships between PCL measures and knee decompensation indicators.
Results: PCL-line, PCLA and PCL-PCA showed excellent intra- and inter-observer reliability (ICCs > 0.90), while PCLIA was rated good (ICC = 0.75-0.90). PCL-PCA showed the highest precision (SEM = 2.0°) and best discrimination between healthy and ACL-injured patients (sensitivity: 80%, specificity 74.1%, cut-off ≤ 31.5°) It correlated with medial/lateral MBA (0.36; $p < 0.001$, 0.37; $p < 0.001$, respectively) and ATT (-0.59; $p < 0.001$, -0.52; $p < 0.001$, respectively), yet did not differ between positive and negative LCL signs (n.s.).
Conclusion: PCL-PCA showed the highest reliability/precision to measure the PCL buckling phenomenon. Its correlation with other indicators of knee decompensation confirms that PCL-PCA can be used to detect knee decompensation in children.
Level of evidence: Level III.

Indexat a: Pubmed / Medline / SCIE **Factor Impacte: Quartil: Categoria: Posició: Journal Citation Indicator:**

OBSTETRÍCIA I GINECOLOGIA

Núm. articles indexats: 51 **Núm. articles indexats al JCR:** 49 **Journal Impact Factor ™ – 2025:** 262.3
Factor Impacte mitjà x article: 5.35

Alcazar JL, Peñate L, Casanova V, Piera C, Engels V, Medina M, Ros C, Sotillo L, Antolín E, Pelayo I, Bermejo C, **Pascual MÁ**, **Graupera B**, Barreche I, Orozco R, Ajossa S, Guerriero S. **Prevalence of contrast intravasation in HyCoSy/HyFoSy. Results of a multicenter study and systematic review of the literature with meta-analysis**. Eur J Obstet Gynecol Reprod Biol. 2025 Feb;305:100-106. doi: 10.1016/j.ejogrb.2024.12.004. Epub 2024 Dec 9. PMID: 39673914.

Objective: To determine the frequency of uterine contrast agent intravasation during HyCoSy/HyFoSy for assessing tubal patency in infertile women.
Methods: Prospective observational multicenter study performed in nine European university hospitals, comprising a series of non-consecutive women who underwent HyFoSy (ExEmTM foam) for tubal patency assessment in the context of infertility between May 2016 and December 2022. All examinations were performed using the same scanning protocol. In addition, a systematic review of literature using database search (Pubmed, Scopus and Web of Science) of articles published between January 2000 and March 2024 evaluating the presence of venous contrast intravasation during HyCoSy/HyFoSy for assessment of tubal patency in infertile women. Pooled prevalence for intravasation was estimated. Heterogeneity was assessed by calculating I2. Quality of studies was assessed using the Newcastle-Ottawa scale.
Results: Prospective study: 1946 women were recruited. Intravasation was observed in 12 cases (0.6 %, 95 % CI: 0.5 %-0.9 %). The frequency of intravasation was similar in seven centers, ranging from 0 % to 0.7 %. In two centers the frequency observed was higher, 2.6 % and 3.0 %, respectively. No significant patient reaction or complication was observed in those 12 women with intravasation. In addition, the search identified 74 studies. After exclusions, 11 articles (9 using SonoVueTM and 2 using ExEmTM foam) were included, comprising data from 5028 women. Pooled prevalence for contrast intravasation was significantly higher for SonoVueTM (23.0 %, 95 %CI: 19.0 %-27.0 %) than for ExEmFoam (7.0 %, 95 %CI: 5.0 %-9.0 %). Heterogeneity was high (I2: 91.8 %). Studies quality was good.
Conclusion: Uterine intravasation is less frequent using ExEmTM foam than SonoVueTM.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 1.9 **Quartil:** 2 **Categoria:** Obstetrics & Gynecology (Q2) ; Reproductive Biology (Q3) **Posició:** Obstetrics & Gynecology (66/141) ; Reproductive Biology (30/43) **Journal Citation Indicator:** 0.67

Alcázar JL, Montoya C, Candau C, Catalan C, Orozco R, **Pascual MÁ**, Ajossa S, Guerriero S. **Transvaginal ultrasound for detecting parametrial involvement in suspected deep pelvic endometriosis: updated meta-analysis**. Ultrasound Obstet Gynecol. 2026 Jan;67(1):7-14. doi: 10.1002/uog.70004. Epub 2025 Aug 23. PMID: 40848275; PMCID: PMC12757821.

Objective: To perform an updated meta-analysis evaluating the diagnostic performance of transvaginal ultrasound (TVS) for detecting lateral parametrial involvement in women with suspected deep pelvic endometriosis.
Methods: A literature search was performed in the Web of Science, PubMed and Scopus databases from January 2021 to May 2024 for studies evaluating TVS for detecting parametrial involvement in women with suspected deep pelvic endometriosis, using laparoscopy with or without histology as the reference standard. The information gathered was combined with data from our previous meta-analysis on this topic. Pooled sensitivity and specificity were calculated overall and for subgroup analyses considering parametrial laterality. The Quality Assessment of Diagnostic Accuracy Studies-2 (QUADAS-2) tool was used to evaluate study quality.
Results: After exclusions, four new studies fulfilling the selection criteria were identified. Combined with the four studies included in our previous meta-analysis, eight studies including a total of 6728 women (13 456 parametria) were included. The mean prevalence of parametrial involvement was 21.3%. The pooled sensitivity and specificity of TVS for detecting parametrial involvement were 63% (95% CI, 31-86%) and 98% (95% CI, 96-99%), respectively. When considering only the five studies that reported laterality, the corresponding values were 85% (95% CI, 64-95%) and 98% (95% CI, 92-99%) for the left parametrium and 84% (95% CI, 61-94%) and 97% (95% CI, 92-99%) for the right parametrium. Heterogeneity was high for the overall analysis and subgroup analyses.
Conclusions: The diagnostic performance of TVS for detecting parametrial involvement in women with suspected deep pelvic endometriosis is better than that reported previously. This may be attributable to the use of a standardized TVS scanning technique and improved knowledge of pelvic ultrasound anatomy. Accurate parametrial assessment could improve surgical planning and patient outcome.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 6.3 **Quartil:** 1 **Categoria:** Acoustics (Q1) ; Obstetrics & Gynecology (Q1) **Posició:** Acoustics (2/41) ; Obstetrics & Gynecology (6/141) **Journal Citation Indicator:** 2.02 ***1er Decil**

Donno V, Neves AR, **García-Martinez S**, **Rodriguez I**, **Polyzos NP**. **Dual trigger vs. gonadotropin-releasing hormone agonist trigger for elective fertility preservation: a**

randomized controlled trial. Fertil Steril. 2026 Mar;125(3):488-495. doi: 10.1016/j.fertnstert.2025.09.016. Epub 2025 Sep 16. PMID: 40967454.

Objective: The study aimed to compare the efficacy, in terms of mature oocytes, of dual trigger vs. agonist alone in good-prognosis patients undergoing elective fertility preservation.
Design: Randomized, controlled, single-center, superiority clinical trial.
Subjects: A total of 109 women were enrolled in this study between October 2021 and April 2023 with a 1:1 allocation. Eligible patients were ≤40 years old, with an antral follicular count of <20 and antimüllerian hormone level of ≤3 ng/mL undergoing elective fertility preservation cycles.
Intervention: Controlled ovarian stimulation was performed using 225-300 IU/d of follitropin α or β or 15-20 μg of follitropin δ, tailored to ovarian reserve and weight. Luteinizing hormone surge was suppressed through a progestin-primed ovarian stimulation protocol, with oral administration of micronized progesterone (200 mg daily) from the beginning of ovarian stimulation until the trigger day. As soon as at least three follicles measuring ≥18 mm were observed by ultrasound, patients were randomization to the intervention group (triptorelin 0.2 mg + recombinant human chorionic gonadotropin 250 mcg) or the control group trigger with gonadotropin-releasing hormone agonist (GnRH-a) alone (triptorelin 0.2 mg).
Main outcome measures: The primary endpoint was the number of metaphase II (MII) oocytes retrieved after final oocyte maturation with dual trigger and GnRH-a trigger in patients undergoing elective fertility preservation.
Results: Overall, 109 patients were analyzed, 55 in the dual trigger group and 54 in the control arm (GnRH-a). No statistically significant differences were found regarding the total number of oocytes nor MII oocytes retrieved between the dual trigger and GnRH-a groups (9.22 ± 5.11 vs. 9.56 ± 5.16 [estimated mean difference, -0.34 {95% confidence interval, -2.29 to 1.61}] and 7.31 ± 4.63 vs. 7.94 ± 4.39 group [estimated mean difference, -0.64 {95% confidence interval, -2.07 to 0.80}], respectively). Likewise, no statistically significant differences were found regarding estradiol, progesterone, luteinizing hormone, and follicle-stimulating hormone levels on the day after the trigger. Notably, neither group exhibited any case of ovarian hyperstimulation syndrome.
Conclusion: In patients undergoing fertility preservation, adding human chorionic gonadotropin to GnRH-a for triggering final oocyte maturation is not superior to the administration of GnRH-a alone in terms of MII oocytes. Therefore, the selection of the trigger method should be based on both patients' and clinicians' preferences, with a focus on patients' safety and convenience.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 7 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (5/141) ; Reproductive Biology (3/43) **Journal Citation Indicator:** 2.40 ***1er Decil**

Bafort C, Condous G, Van Schoubroeck D, Szabó G, Hudelist G, Pashkunova D, Buonomo F, **Pascual MA**, Zajicek M, Ledger A, Van den Bosch T, Tomassetti C, Timmerman D.

Ultrasound as a noninvasive diagnostic tool to detect deep endometriosis using the International Deep Endometriosis Analysis terminology. Fertil Steril. 2025 Dec 29:S0015-0282(25)02310-6. doi: 10.1016/j.fertnstert.2025.12.021. Epub ahead of print. PMID: 41475653.

Objective: To evaluate the performance of transvaginal ultrasound (TVS) using the International Deep Endometriosis Analysis (IDEA) terminology in the detection of deep endometriosis (DE).
Design: International multicenter prospective diagnostic accuracy study involving eight academic centers in eight countries (September 2019 - November 2023). The index test was TVS performed in accordance with the IDEA consensus statement. Reference standard was the direct visualization of endometriosis at laparoscopy.
Subjects: Patients with suspicion of DE were included.
Exposure: A total of 1,796 consecutive patients underwent TVS performed according to the IDEA terminology (index test) of which 1,182 subsequently underwent laparoscopic surgery (reference test). On the basis of direct surgical visualization 1,140/1,182 (96.4%) had endometriosis, of whom 923/1,182 (78.1%) presented with DE.
Main outcome measures: Area under the curve (AUC), sensitivity, specificity, positive and negative predictive value (PPV and NPV) were calculated to assess the performance of TVS to detect DE.
Results: Median age was 32 years. 76% were nulliparous, 41% used hormonal therapy at baseline, and 30% had undergone previous endometriosis surgery. The vast majority (92%) experienced dysmenorrhea and 32% presented with infertility. 34% had sonographic signs of adenomyosis. For DE overall, the diagnostic performance of TVS was as follows: AUC 0.88 (95% confidence interval [CI] 0.85-0.90), sensitivity 95% (95% CI 94%-97%), specificity 80% (95% CI 75%-85%), PPV 95% (95% CI 93%-96%), NPV 82% (95% CI 77%-87%). Sensitivity was highest for bowel DE (87%, 95% CI 83%-90%) followed by left uterosacral ligament (USL) (78%, 95% CI 74%-82%). The sensitivity was lowest for the rectovaginal septum (51%, 95% CI 44%-58%). Specificity was highest for bladder DE (99%, 95% CI 99%-100%) and lowest for the left USL (87%, 95% CI 84%-89%).
Conclusion: Noninvasive diagnosis of DE with TVS performed in accordance with the IDEA consensus statement has a high diagnostic accuracy. Implementation of the IDEA methodology in daily gynecological practice has the potential to shorten the diagnostic delay and expedite treatment strategies. Accurate DE mapping may improve triaging referral of patients, trigger a multidisciplinary team, and potentially mitigate operative risks, resulting in a reduced financial burden.
Keywords: Noninvasive diagnosis; deep endometriosis; diagnostic accuracy; laparoscopy; transvaginal sonography.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 7 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (5/141) ; Reproductive Biology (3/43) **Journal Citation Indicator:** 2.40 ***1er Decil**

Barbany-Freixa N, **Hurni Y**, **Pellisé-Tintoré M**, **Graupera B**, **Cabrera S**, **Barri-Soldevila PN**. **Long-Term Anatomical and Functional Outcomes Following Laparoscopic Repair of Severe Cesarean Scar Defect**. J Minim Invasive Gynecol. 2025 Sep;32(9):800-806. doi: 10.1016/j.jmig.2025.06.011. Epub 2025 Jun 19. PMID: 40543760.

Study objective: To assess the long-term anatomical and functional effectiveness of laparoscopic repair for severe cesarean scar defect (CSD), focusing on residual myometrial thickness (RMT), symptom resolution, recurrence rates, and reproductive outcomes.
Design: Retrospective observational study.
Setting: Single-center tertiary hospital.
Patients: Thirty-three women diagnosed with severe CSD, defined as RMT <2.5 mm, who underwent laparoscopic surgical repair between November 2008 and January 2021.
Interventions: Laparoscopic repair of severe CSD with the aim of restoring uterine integrity and improving clinical and reproductive outcomes.
Measurements and main results: RMT was assessed preoperatively, at three months post-surgery, and then annually via transvaginal ultrasound. Primary and secondary outcomes included postoperative RMT changes, CSD repair failure rate, severe CSD recurrence, symptom resolution, and reproductive outcomes. Postoperative RMT significantly increased from a median of 1.0 mm (0-2.3) preoperatively to 5.0 mm (1.0-9.0) at three months (p <.00001) and remained stable during follow-up (median: 6.4 years, range: 2.0-14.2). Symptom resolution rates were 90.9% for abnormal bleeding and 100% for pelvic pain within one year. One patient (3.0%) experienced CSD repair failure. Severe CSD recurrence was observed in one case (3.0%). Among 24 patients attempting pregnancy, 79.2% conceived, with 62.5% achieving live births. No cases of uterine rupture or severe obstetric complications occurred. Severe CSD recurrence after a subsequent cesarean delivery was noted in 6.7% (1/15).
Conclusion: Laparoscopic repair of severe CSD provides durable anatomical restoration, significant symptom relief, and favorable reproductive outcomes with low recurrence rates over long-term follow-up.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 3.3 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology **Posició:** 19/141 **Journal Citation Indicator:** 1.22

Boynukalin FK, Tohma YA, Demir B, Gultomruk M, **Polyzos NP**, Bahceci M, Bozda G. **Serum progesterone variability on embryo transfer day in hormone replacement therapy cycles using intramuscular injections during frozen embryo transfers**. *J Assist Reprod Genet.* 2025 Nov;42(11):3957-3965. doi:10.1007/s10815-025-03646-8. PMID: 40926030.

Purpose: To assess the intra-individual variability of serum progesterone (P) levels on embryo transfer (ET) day, when the same dose of intramuscular progesterone (IM-P) was used in two consecutive hormone replacement therapy (HRT) frozen embryo transfer (FET) cycles.

Methods: A total of 75 patients undergoing two consecutive HRT-FET cycles in one year performed at Bahceci Ankara IVF Center between November 2019 and February 2022 were retrospectively analyzed. Serum P levels were measured at the 117th-119th hours of support by a single laboratory. The two measurements of P levels performed on the day of the first and the second FET were compared to evaluate the intra-individual variability of serum P levels.
Results: Comparisons between the 1st and 2nd FET cycles revealed statistically significant intra-individual variation, with an average difference of -2.47 ng/mL (95% CI: -4.65 to -0.29, p = 0.027) between the two consecutive measurements. To assess their consistency, the limit of agreement was also tested with the Bland-Altman method, in which the mean difference (+ 1.96 × SD and -1.96 × SD) was -2.47 (16.1 and -21.1). Based on a previous study, the frequency of low P levels, as expressed by being > 20.6 ng/mL on ET day, was similar between the 1st and 2nd FET cycles (14.7% vs. 9.3%, p = 0.31). Notably, most patients had improved P levels in the second cycle if initially low, while decreases were rare among those with initially higher levels.
Conclusion: Serum P levels may vary within the same individual across FET cycles despite the use of the same dosage of IM-P. Increasing maternal age, high body mass index, and fluctuating estradiol levels on the day of ET were identified as risk factors contributing to this variability.
Keywords: Frozen embryo transfer; Hormonal replacement therapy; Intra-individual variability; Intramuscular progesterone; Serum progesterone level.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 2.7 **Quartil:** 1 **Categoria:** Genetic & Heredity (Q2) ; Obstetrics & Gynecology (Q1) **Posició:** Genetic & Heredity (86/192) ; Obstetrics & Gynecology (31/141) **Journal Citation Indicator:** 0.89

Coll S, **Hurni Y**, **Barbany-Freixa N**, **La Torre F**, **Vilarrubí-Jordà C**, **Montaño-Serrano M**, **Lázaro-García L**, **Cabrera S**, **Tresserra F**, **Barri-Soldevila PN**, **Lequerica-Cabello MA**. **Low anterior resection syndrome in patients undergoing bowel segmental resection for rectosigmoid endometriosis: A retrospective long-term follow-up study.** Colorectal Dis. 2025 May;27(5):e70113. doi: 10.1111/codi.70113. PMID: 40328510.

Aim: The aim of this work was to evaluate the prevalence of low anterior resection syndrome (LARS) and its long-term evolution following colorectal segmental resection for deep infiltrating endometriosis (DIE) and identify any associated risk factors.
Method: A retrospective observational study was conducted on 124 patients who underwent bowel segmental resection for DIE between 2008 and 2023 at a single tertiary centre. Postoperative rectal function was assessed using the LARS score, and logistic regression analysis was performed to identify independent risk factors for minor/major LARS.
Results: LARS was observed in 5.6% of patients, with 1.6% presenting minor LARS and 4.0% major LARS. Logistic regression identified parametrial resection (odds ratio = 6.2, p = 0.04) as an independent risk factor for minor/major LARS. LARS severity remained stable in all cases over a mean follow-up of 6.9 ± 3.7 years.

Conclusion: As for previously reported studies, our data highlight a relatively low prevalence of LARS following bowel DIE surgery with stable severity over time. Identifying parametrial resection as an independent risk factor underlines the critical need to recognize this specific aspect of endometriosis surgery, ensuring that it is thoroughly addressed during surgical planning and integrated into patient counselling for proper outcomes and expectations. Prospective studies are needed to confirm these findings, explore additional risk factors and better understand the factors influencing long-term outcomes in this patient population.
Keywords: bowel dysfunction; bowel resection; endometriosis; low anterior resection syndrome; rectal resection.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 2.7 **Quartil:** 2 **Categoria:** Gastroenterology & Hepatology (Q2) ; Surgery (Q1) **Posició:** Gastroenterology & Hepatology (Q61/148) ; Surgery (64/314) **Journal Citation Indicator:** 0.90

Del Barco E, Molano LG, Vargas M, Miserachs M, Puerto L, Garrido-Giménez C, Soler Z, Muñoz B, Pratcorona L, **Rimbaut S**, Vidal M, Dalmau M, Casellas A, Carreras E, Manichanh C, Goya M. **The Effect of Probiotics on Preterm Birth Rates in Pregnant Women After a Threatened Preterm Birth Episode (The PROPEV Trial)**. Biomedicines. 2025 May 8;13(5):1141. doi: 10.3390/biomedicines13051141. PMID: 40426968; PMCID: PMC12109440.

Introduction: Preterm birth is the leading cause of perinatal mortality worldwide, with prevalence rates showing little reduction. Although mortality rates have decreased, morbidity rates remain concerningly high. In recent years, there has been a surge in studies examining the etiology, risk factors, and management of preterm birth. The use of vaginal probiotics in pregnant women at risk of preterm birth has garnered attention as a potential approach for improving perinatal outcomes and modulating the vaginal microbiota. However, the efficacy of this intervention remains unclear. Therefore, this study explored the impact of vaginal probiotics on perinatal outcomes and vaginal microbiota composition in pregnant women at risk of preterm birth. Materials and Methods: This was a randomized, prospective, longitudinal, double-blind, placebo-controlled, multicentric trial conducted across seven maternities in Spain from October 2017 to August 2022 in pregnant women at risk of preterm birth. Participants were randomly assigned to receive vaginal probiotics containing four lactobacilli strains or a placebo. The primary outcome was to explore a potential correlation between probiotic use among pregnant women at risk of preterm birth and the actual rate of preterm birth before 37 gestational weeks. Secondary outcomes included an evaluation of preterm birth rates, neonatal morbidity, the vaginal microbiota, and changes in the vaginal microbiota after receiving probiotics. Other secondary outcomes were identifying vaginal microbiota patterns associated with preterm birth and exploring potential therapeutic mechanisms involving probiotics. Trial registration: Clinicaltrials.gov, identifier: NCT03689166. Results: A total of 200 participants were included. Of those, birth data were obtained for 181 women. Demographics were similar between both groups. An analysis of perinatal outcomes found no significant

differences in preterm birth rates, prematurity rates, gestational weeks at delivery, neonatal complications, time to birth, or latency time to delivery. Microbiota analysis showed no significant differences in vaginal microbiota changes between groups. No serious or unexpected adverse reactions were reported. Conclusions: There were no statistically significant differences for spontaneous preterm birth between pregnant women receiving probiotics and pregnant women receiving the placebo.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 3.9 **Quartil:** 2 **Categoria:** Biochemistry & molecula biology (Q2) ; Medicine, research & experimental (Q2) **Posició:** Biochemistry & molecula biology (114/320) ; Medicine, research & experimental (65/195) **Journal Citation Indicator:** 0.83

Donno V, **Prats P**, **Rodriguez I**, **Polyzos NP**. **First-trimester uterine artery pulsatility index and preeclampsia risk in pregnancies after artificial frozen embryo transfer: analysis of over 27,000 pregnancies.** Am J Obstet Gynecol. 2025 May;232(5):464.e1-464.e9. doi: 10.1016/j.ajog.2024.10.033. Epub 2024 Oct 28. PMID: 39477051.

Background: Accumulating evidence indicates that pregnancies after artificial cycle frozen embryo transfer are associated with an increased risk of preeclampsia. Uterine artery Doppler, along with maternal factors and serum biomarkers, is a crucial biomarker for first-trimester preeclampsia screening, aiding in identifying "high-risk" patients. Guidelines strongly recommend administering aspirin (150 mg/d) in these women, owing to robust evidence demonstrating a 62% reduction in the incidence of preeclampsia. Although previous studies suggested lower uterine artery pulsatility index after frozen embryo transfer, no previous studies explored the impact of the type of endometrial preparation in Uterine Artery Doppler or its influence on estimating first-trimester preeclampsia risk.
Objective: The study aims to evaluate the possible impact of endometrial preparation for frozen embryo transfer on the uterine artery pulsatility index during the first-trimester preeclampsia screening.
Study design: This is a retrospective single-center study including 27,289 singleton pregnancies (naturally conceived or after assisted reproductive treatment) who underwent the first-trimester ultrasound screening at our University Hospital between January 2010 and May 2023. Overall, 27,289 pregnancies were included: 23,410 naturally conceived and 3879 following assisted reproductive technologies including 391 after ovulation induction and intrauterine insemination, 888 in vitro fertilization and fresh embryo transfer, and 2600 natural or artificial frozen embryo transfer cycles. An analysis of covariance was conducted to assess if there is an association between the uterine artery pulsatility index value and the mode of conception, adjusting for confounding factors (age, weight, smoking, and oocyte donation).
Results: Overall, pregnancies after artificial frozen embryo transfer demonstrated significantly lower first-trimester uterine artery pulsatility index as compared with all other modes of conception in a multivariable regression analysis adjusted for age, weight, smoking, and oocyte donation. The percent difference was 22.6 [confidence

interval, CI 95%: 20.6; 24.5] compared to naturally conceived pregnancy, 24.5 [CI 95%: 20.7; 28.1] to ovulation induction or intrauterine insemination, 24.8 [CI 95%: 22.9; 27.6] to fresh embryo transfer and 21.7 [CI 95%: 17.6; 25.5] compared to natural cycle frozen embryo transfer. When calculating the risk for initiating preventive aspirin administration, the number of patients with increased risk (>1/100) who initiated prophylactic aspirin was significantly lower in the artificial cycle frozen embryo transfer group (7.8% vs 16.0% in natural cycle P<.001 vs 11.0% in Fresh embryo transfer P=.01 vs 10.5% in ovulation induction or intrauterine insemination P=.14 vs 9.3% in naturally conceived pregnancy P=.03). Surprisingly although significantly fewer patients were considered at high risk for preeclampsia in the artificial cycle frozen embryo transfer group, analysis of the actual incidence of preeclampsia demonstrated 3 times higher preeclampsia incidence in artificial cycle group 5.3% (122/2284) as compared with naturally conceived 1.4% (321/23,410), ovulation induction and intrauterine insemination 1.3% (5/391) or natural cycle pregnancies 1.6% (5/316) and more than 2 times higher when compared to fresh embryo transfer pregnancies 2.3% (20/888), P<.001.
Conclusion: Pregnancies following frozen embryo transfer in artificial cycle are associated with significantly lower uterine artery pulsatility index during first-trimester preeclampsia screening. This results in a significantly lower number of patients being classified as high-risk for developing preeclampsia, despite accumulating evidence that artificial cycles are linked to an increased risk of preeclampsia. Therefore, the first-trimester preeclampsia risk algorithm should be adjusted to accurately assess risk for those patients undergoing artificial cycle frozen embryo transfer, to prevent the undertreatment of patients who are at very high risk of developing preeclampsia and may benefit from prophylactic aspirin.
Keywords: UtAPI; artificial cycle; first-trimester screening; frozen embryo transfer; preeclampsia; uterine artery Doppler.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 3.1 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology **Posició:** 23/141 **Journal Citation Indicator:** 1.23

Fernández-Alonso AM, Fernández-Alonso IM, **Rodríguez I**, Pérez-López FR. **Age and phytoestrogen use, but not resilience, influence urinary incontinence in postmenopausal women.** Minerva Obstet Gynecol. 2025 Apr;77(2):75-84. doi: 10.23736/S2724-606X.24.05440-X. Epub 2024 Oct 8. PMID: 39377287.

Background: The aim of this study was to determine factors involved in urinary incontinence (UI), and psychological resilience in postmenopausal women.
Methods: In this cross-sectional study, 137 postmenopausal women (aged 50-75 years) filled out the 4-item International Consultation on Incontinence Questionnaire short form (ICIQ-SF), the 10-item Center for Epidemiologic Studies Depression Scale (CESD-10), the 10-item Connor-Davidson Resilience Scale (CD-RISC), and a questionnaire containing personal data. We designed a directed acyclic graph (DAG) to identify covariates related to urinary incontinence and resilience in postmenopausal women.

Results: The mean age of all surveyed women was 58.7±5.1 years, the majority were Caucasian (92.7%). There was an inverse correlation between item-1 ICIQ-SF scores and CD-RISC Scores. Women with severe UI had a higher median total ICIQ-SF score and lower total CD-RISC Scores as compared to those with nil or mild (P<0.05 for both). Odds ratios of sociodemographic and clinical characteristics indicate that phytoestrogen use (OR: 10.80; 95% CI 2.42-48.13) and economic problems (OR: 2.46; 95% CI 1.22-4.93) were associated with UI. However, a multivariable logistic model only identified urinary incontinence significantly associated with phytoestrogen use and age (P<0.05). The effect of other variables was attenuated in the model when controlling for population confounders, and significance was not achieved.
Conclusions: Urinary incontinence was significantly associated with economic problems, phytoestrogen use, and depressive symptoms compared to women without urinary complaints. The multivariable logistic model confirmed age and phytoestrogen use as causal factors for urinary incontinence.

Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 1 **Quartil:** 3 **Categoria:** Obstetrics & Gynecology **Posició:** 99/141 **Journal Citation Indicator:** 0.51

Fernández-Alonso AM, López-Baena MT, **García-Alfaro P**, Pérez-López FR. **Systematic review and meta-analysis on the association of metabolic syndrome in women with overactive bladder**. Gynecol Endocrinol. 2025 Dec;41(1):2445682. doi: 10.1080/09513590.2024.2445682. Epub 2025 Jan 2. PMID: 39743909.

Aims: A systematic review and meta-analysis were performed to determine the association of metabolic syndrome (METS) in women with and without overactive bladder (OAB).
Methods: PRISMA guidelines were followed and the protocol was registered at PROSPERO (CRD42024606398). We searched PubMed, Embase, Cochrane Library, and LILACS databases to obtain relevant articles for studies reporting METS outcomes related to OAB published through October 2024. A meta-analysis was performed of available studies using random effect models. Results are reported as mean difference (MD), standardized MD (SMD), or odds ratio (OR) and their 95% confidence interval (CI). Heterogeneity was described with the I2 statistic. The quality of studies was assessed using the Newcastle-Ottawa Scale.
Results: Of the 108 non-duplicated retrieved citations, after successive selection, four case-control studies with low or moderate risk of bias reported information about the association of METS in women assessed with the 8-item OAB Symptom Bother Scale. OAB patients displayed higher body mass index (BMI, MD: 3.27, 95% CI: 2.12, 4.43), waist circumference (MD: 7.96, 95% CI: 4.41, 11.52), fasting blood glucose (SMD: 1.26, 95% CI: 0.18, 2.34), triglycerides (SMD: 0.24, 95% CI: 0.01, 0.47), and LDL-cholesterol (SMD: 0.30, 95%CI: 0.06, 0.54) levels. In addition to low HDL-cholesterol levels (SMD: -0.40, 95% CI: -0.74, -0.06) compared to the control group. There were no significant differences in circulating total cholesterol levels and rates of hypertension, hysterectomy, postmenopausal status, and constipation in women with and without OAB.

Conclusion: Women with OAB display associations with age, BMI, waist circumference, and METS factors.

Indexat a: Pubmed / WoS / Medline / JCR **Factor Impacte:** 1.7 **Quartil:** 3 **Categoria:** Endocrinology & Metabolism (Q4) ; Obstetrics & Gynecology (Q3) **Posició:** Endocrinology & Metabolism (153/193) ; Obstetrics & Gynecology (79/141) **Journal Citation Indicator:** 0.59

Fernández-Alonso AM, **García-Alfaro P**, Pérez-López FR. **Handgrip strength in patients with subclinical hypothyroidism or subclinical hyperthyroidism compared with that in euthyroid individuals: A systematic review and meta-analysis**. Maturitas. 2026 Jan;204:108780. doi: 10.1016/j.maturitas.2025.108780. Epub 2025 Nov 25. PMID: 41298180.

Objective: This systematic review and meta-analysis assessed handgrip strength in patients with either subclinical hypothyroidism or subclinical hyperthyroidism as compared with euthyroid individuals.
Methods: We searched in Web of Science, Scopus, and PubMed databases for information about cross-sectional studies comparing subclinical hypothyroid or subclinical hyperthyroid patients and euthyroid control individuals. The quality of included studies was evaluated with the Newcastle-Ottawa Scale. Random-effect meta-analyses were conducted to minimize the effects of uncertainty associated with inter-study variability. Results are reported as mean differences, standardized mean differences, or odds ratios with 95 % confidence intervals. Heterogeneity between studies was assessed using I2 and τ2 statistics.
Results: Seven studies with low or moderate risk of bias were eligible for inclusion in the meta-analysis of patients with either subclinical hypothyroidism or hyperthyroidism compared with euthyroid individuals. The meta-analysis of five studies of patients with subclinical hypothyroidism showed they had lower handgrip strength (standardized mean difference: -0.61, 95 % confidence interval -1.15, -0.07; p = 0.03) and lower thyroxine levels (standardized mean difference: -0.52, 95 % confidence interval -0.87, -0.16; p = 0.004) than euthyroid individuals. They also had a higher body mass index (mean difference: 1.05, 95 % confidence interval: 0.17, 1.93, p = 0.02), higher total cholesterol (standardized mean difference 0.28, 95 % confidence interval 0.09, 0.46, p = 0.003) and lower thyroxine levels (standardized mean difference: -0.52, 95 % confidence interval -0.87, -0.16; p = 0.004), and a higher risk of sarcopenia (odds ratio: 2.12, 95 % confidence interval 1.40, 3.22, p = 0.0004) than euthyroid individuals. The meta-analyses of four studies of patients with subclinical hyperthyroidism did not show differences in measured outcomes compared with euthyroid individuals.
Conclusions: Patients with subclinical hypothyroidism have lower handgrip strength than euthyroid individuals. There was no significant difference in handgrip strength between patients with subclinical hyperthyroidism and euthyroid individuals.
PROSPERO registration: CRD420251004586.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 3.6 **Quartil:** 1 **Categoria:** Geriatrics & Gerontology (Q2) ; Obstetrics & Gynecology (Q1) **Posició:** Geriatrics & Gerontology (29/73) ; Obstetrics & Gynecology (15/141) **Journal Citation Indicator:** 1.04

Fernandez-Gonzalez S, Zoccoli SG, **Sánchez-Prieto M**, Sánchez A, Villano ND, Benavente Y, Garcia J, Monzó M, Barahona M, Martí L, Alboni C, Costas L, Ponce J. **Robotic versus laparoscopic and open surgery in obese endometrial cancer patients: A systematic review and meta-analysis**. J Robot Surg. 2025 Dec 29;20(1):129. doi: 10.1007/s11701-025-03070-1. PMID: 41460608.

(no abstract)

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 3 **Quartil:** 1 **Categoria:** Surgery **Posició:** 48/314 **Journal Citation Indicator:** 1.16

García-Alfaro P, Pérez-López FR, Sulé MA, **Rodríguez I**. **Evaluation of the association between thyroid-stimulating hormone with handgrip strength and dynapenia in euthyroid postmenopausal women**. Menopause. 2025 Apr 1;32(4):331-336. doi: 10.1097/GME.0000000000002499. Epub 2025 Jan 28. PMID: 39874448.

Objective: To examine the association between serum thyroid-stimulating hormone (TSH) levels with handgrip strength (HGS) and dynapenia in euthyroid postmenopausal women.
Methods: This was an exploratory cross-sectional study among 385 participants from the Department of Obstetrics, Gynecology, and Reproduction of the Dexeus Women's University Hospital, Barcelona, Spain. Age, age at menopause, adiposity, alcohol consumption, body mass index (BMI), and smoking status were recorded. TSH was determined by electrochemiluminescence immunoassay. HGS was measured using a digital dynamometer, and physical activity was assessed by the International Physical Activity Questionnaire. Dynapenia was considered when HGS was <20 kg. A directed acyclic graph was designed to identify confounding variables. Multivariable linear and logistic regression models were adjusted by age, age at menopause, adiposity, BMI, glomerular filtration rate, glycated hemoglobin, physical activity, and smoking status.
Results: Multivariable linear regression model showed that age (β = -0.22; 95% CI, -0.28 to -0.16), adiposity (β = -0.15; 95% CI, -0.22 to -0.07), BMI (β = 0.15; 95% CI, 0.04-0.25), glomerular filtration rate (β = -0.04; 95% CI, -0.07 to -0.01), and physical activity (β = 0.79; 95% CI, 0.07-1.5) were significantly associated with HGS. Instead, serum TSH levels were not significantly associated (β = 0.21; 95% CI, -0.10 to 0.51). Multivariable logistic regression model showed that dynapenia was associated with age (OR, 1.20; 95% CI, 1.12-1.31) and glomerular filtration rate (OR, 1.03; 95% CI, 1.00-1.05). No significant association between TSH and dynapenia was observed (OR, 0.98; 95% CI, 0.78-1.23).
Conclusions: In this study of postmenopausal women, normal TSH levels were not associated with low HGS or dynapenia.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 2.8 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology **Posició:** 33/136 **Journal Citation Indicator:** 1.13

García-Alfaro P, Pérez-López FR, **Rodríguez I**. **Association of serum uric acid with handgrip strength and dynapenia in postmenopausal women**. Climacteric. 2025 Apr;28(2):126-132. doi: 10.1080/13697137.2024.2429423. Epub 2024 Dec 2. PMID: 39620239.

Objective: This study aimed to examine the association of serum uric acid levels with handgrip strength (HGS) and dynapenia in postmenopausal women.
Methods: A cross-sectional study among 422 participants collected data on age, age at menopause, adiposity, alcohol consumption, body mass index, current smoking status, HGS (measured using a digital dynamometer) and physical activity. Serum levels of creatinine, glucose, glycated hemoglobin, total cholesterol, high-density lipoprotein cholesterol, low-density lipoprotein cholesterol, triglycerides, thyroid-stimulating hormone and uric acid were evaluated. Women were categorized into quartiles. A directed acyclic graph was designed to identify confounding variables. Multivariable regression analysis was used to assess associations between uric acid with HGS or dynapenia.
Results: Women with hyperuricemia presented significant association with lower HGS ($p = 0.00028$). After adjusting for potential confounders, the multivariable linear regression to analyze the association between uric acid and HGS showed an inverted U-shaped curve, with quartile 1 ($\beta = -0.54$; 95% confidence interval [CI]: -1.50, 0.40), quartile 3 ($\beta = -0.21$; 95% CI: -1.20, 0.74) and quartile 4 ($\beta = -1.3$; 95% CI: -2.3, -0.37) compared with quartile 2. Serum uric acid levels were significantly associated with HGS ($p = 0.036$).
Conclusions: The association between uric acid quartiles with HGS or dynapenia displayed an inverted U-shaped curve. These findings suggest that specific serum uric acid levels within the normal range are associated with better HGS.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 3.2 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology **Posició:** 21/141 **Journal Citation Indicator:** 0.91

García-Alfaro P, Pérez-López FR, **Martínez SG**, **Rodríguez I**. **Xerostomia and oral health-related quality of life in peri- and postmenopausal women**. Maturitas. 2025 Jun;197:108268. doi: 10.1016/j.maturitas.2025.108268. Epub 2025 Apr 11. PMID: 40239612.

Objective: The menopausal transition triggers hormonal changes that can manifest in oral symptoms such as xerostomia, which can substantially impact women's quality of life. Our study examined the prevalence and severity of xerostomia and its association with menopausal status. Furthermore, we evaluated the impact of xerostomia on oral health-related quality of life in peri- and postmenopausal women.

Methods: This study was a cross-sectional investigation based on the results of a REDCap survey, involving 3211 women aged between 40 and 90 years. The survey recorded age, menopause status, age at menopause, smoking status, and being treated with xerogenic drugs and included two instruments: the Xerostomia Inventory, used to evaluate the oral symptoms; and the Oral Health Impact Profile-14 (OHIP-14), used to assess the related quality of life. Student's t-test, the chi-squared test, Pearson's correlation coefficient, and multivariable logistic and linear regressions were performed for data analysis. Odds ratio (OR), beta coefficient (β), and their 95 % confidence intervals (CIs) were applied to assess associations.
Results: The global prevalence of xerostomia was 71.2 %. The Xerostomia Inventory score correlated with the OHIP-14 score (r = 0.686; p = 0.000). Smoking was significantly associated with the probability of xerostomia (OR = 1.36; 95 % CI = 1.02-1.82), as were the following OHIP-14 domains: functional limitation (OR = 1.43; 95 % CI = 1.30-1.50), physical pain (OR = 1.17; 95 % CI = 1.06-1.29), psychological discomfort (OR = 1.21; 95 % CI = 1.13-1.29), physical disability (OR = 1.11; 95 % CI = 1.02-1.20), psychological disability (OR = 1.18; 95 % CI = 1.09-1.29), and social disability (OR = 1.15; 95 % CI = 1.01-1.32). There were no significant differences in the probability of xerostomia according to the menopausal status. In women with xerostomia the OHIP-14 score was higher than in women without xerostomia (β = 5.50; 95 % CI = 4.69-6.31).
Conclusions: Peri- and postmenopausal women have a high prevalence of xerostomia. There were no differences in the probability of xerostomia between peri- and postmenopausal women. There was a strong association between xerostomia symptoms and poor oral health-related quality of life.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 3.6 **Quartil:** **Categoria:** Geriatrics & Gerontology (Q2) ; Obstetrics & gynecology (Q1) **Posició:** Geriatrics & Gerontology (29/73) ; Obstetrics & gynecology (15/141) **Journal Citation Indicator:** 1.04

Gardner DK, Fauque P, Racowsky C, **Polyzos NP**, Ou P, Rienzi L, de Ziegler D. **Fertile Battle: is it still reasonable to transfer cleavage-stage embryos in 2025?** Fertil Steril. 2025 Dec;124(6):1180-1186. doi: 10.1016/j.fertnstert.2025.10.006. Epub 2025 Oct 31. PMID: 41173660.

(no abstract)

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 7 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (5/141) ; Reproductive Biology (3/43) **Journal Citation Indicator:** 2.40 ***1er Decil**

Godeau AL, Seriola A, Tchaicheeyan O, Casals M, Denkova D, Aroca E, Massafret O, Parra A, Demestre M, Ferrer-Vaquer A, Goren S, Veiga A, **Solé M**, **Boada M**, Comelles J, Martínez E, Colombelli J, Lesman A, Ojosnegros S. **Traction force and mechanosensitivity mediate species-specific implantation patterns in human and**

mouse embryos. Sci Adv. 2025 Aug 15;11(33):eadr5199. doi: 10.1126/sciadv.adr5199. Epub 2025 Aug 15. PMID: 40815643; PMCID: PMC12356271.

The invasion of human embryos in the uterus overcoming the maternal tissue barrier is a crucial step in embryo implantation and subsequent development. Although tissue invasion is fundamentally a mechanical process, most studies have focused on the biochemical and genetic aspects of implantation. Here, we fill the gap by using a deformable ex vivo platform to visualize traction during human embryo implantation. We demonstrate that embryos apply forces remodeling the matrix with species-specific displacement amplitudes and distinct radial patterns: principal displacement directions for mouse embryos, expanding on the surface while human embryos insert in the matrix generating multiple traction foci. Implantation-impaired human embryos showed reduced displacement, as well as mouse embryos with inhibited integrin-mediated force transmission. External mechanical cues induced a mechanosensitive response, human embryos recruited myosin, and directed cell protrusions, while mouse embryos oriented their implantation or body axis toward the external cue. These findings underscore the role of mechanical forces in driving species-specific invasion patterns during embryo implantation.

Indexat a: Pubmed / WoS / Medline **Factor Impacte: Quartil: Categoria: Posició: Journal Citation Indicator:**

Guerriero S, Guerriero S, Oyarce FH, Filippi F, Rolla M, Pedrassani M, Alcázar JL, **Pascual MA**, Pagliuca M, Borzacchelli A, Deiala F, Pisu A, Medas A, Piras B, Desogus C, Ajossa S. **Ultrasound in Deep Endometriosis: A Narrative Review**. Gynecol Obstet Invest. 2025;90(6):560-575. doi: 10.1159/000543342. Epub 2025 Jan 17. PMID: 39827862.

Background: Over the past decade, transvaginal ultrasound (TVUS) has revolutionized the diagnosis of deep endometriosis. We can now accurately describe and evaluate lesions in multiple compartments of the pelvis, increasing diagnostic capacity without the need for initial laparoscopy. Recent consensus and publications support the new and growing evidence for this technique. Research into deep endometriosis has increased substantially, and new diagnostic evidence is now available.
Objectives: The aim of this article was to review the state of the art in ultrasound diagnosis of deep endometriosis.Methods: We performed a detailed search of the PubMed database to identify eligible primary studies. We included English-language publications with the following terms: "endometriosis" AND "deep" AND "ultrasound" AND "transvaginal." Studies focusing on ultrasound in deep endometriosis were included; we selected them based on title reading, then narrowed the selection by reading the abstract. We excluded publications that did not use TVUS as one of the main techniques to evaluate deep endometriosis.
Results: Two hundred forty-three studies were identified and selected as described above, resulting in a total of 73 studies included in this review.
Conclusions: Our understanding of deep endometriosis has evolved over the past decade. Efforts have been made to reduce the diagnostic delay in this common disease, particularly with the increased use of imaging, especially TVUS, as a first-line

diagnostic modality because of its availability, good test performance, cost-effectiveness, and low environmental impact compared to other imaging modalities. This statement is supported by recent publications and guidelines from some medical societies. Advances in technology, equipment and research have allowed us to identify additional compartments involved, including the parametrium. The progress made in recent years offers hope for earlier detection and improved management of patients with suspected endometriosis who suffer not only from pelvic pain but also from infertility.

Indexat a: Pubmed / JCR **Factor Impacte:** 2.3 **Quartil:** 2 **Categoria:** Obstetrics & Gynecology **Posició:** 46/141 **Journal Citation Indicator:** 0.87

Gómez-Hidalgo NR, Cabrera S, Bebia V, García-Pineda V, Padilla-Iserte P, **Fabregas FF**, Fuste P, Alonso P, Rodriguez TG, Fernandez-Gonzalez S, Chacon E, Alvarez JAP, Oliver R, Gil-Moreno A. **The MULTISENT Study: A Multicenter Study on the Detection Rate of Sentinel Lymph Node Mapping in Endometrial Cancer Across Spain**. Ann Surg Oncol. 2025 Jul 23. doi: 10.1245/s10434-025-17836-2. Epub ahead of print. PMID: 40702200.

Introduction: This study aimed to evaluate the accuracy of sentinel lymph node (SLN) biopsy in endometrial cancer across Spain.
Methods: We conducted a multicenter, retrospective study including patients with stage I-II endometrial cancer (according to International Federation of Gynecology and Obstetrics [FIGO] 2009 criteria, all histologies and grades) who underwent SLN mapping from 2015 to 2022. Indocyanine green (ICG), ICG + technetium-99m (99mTC) and 99mTC with different sites of injections (cervical, uterus, or both) were used. Twenty-nine Spanish centers were enrolled.
Results: Overall, 1221 patients were analyzed. The median number of resected SLNs was 2 (interquartile range 1-3); 526 (43%) patients received ICG, 332 (27.1%) patients received ICG + 99mTC, and 363 (29.7%) patients received 99mTC alone or with blue dye. The cervical injection was used in 1121 (92%) patients, 60 (5%) patients underwent a uterine injection, and 40 (3%) patients received both. The bilateral mapping rates were 324 (61.6%) for the ICG group, 250 (75.3%) for the ICG + 99mTC group, and 173 (47.7%) for the 99mTC group ($p < 0.001$). The aortic mapping rate was 18 (3.4%) for the ICG group, 38 (11.5 %) for the ICG + 99mTC group, and 25 (6.9%) for the 99mTC group, respectively ($p < 0.001$). Empty node packets were only diagnosed in 10 (1.6%) patients in the ICG group ($p < 0.001$). The sensitivity was 77% for the ICG group, 90% for the ICG + 99mTC group, and 97% for the 99mTC-alone group. The false negative rates were 6 (3.2%) for the ICG group, 2 (1.4%) for the CG + 99mTC group, and 1 (0.5%) for the 99mTC-alone group ($p < 0.244$).
Conclusion: We did not find any differences among tracers in terms of accuracy; otherwise, combining 99mTc and ICG achieved the highest overall and bilateral detection rates.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 3.5 **Quartil:** 1 **Categoria:** Oncology (Q2) ; Surgery (Q1) **Posició:** Oncology (106/328) ; Surgery (39/314) **Journal Citation Indicator:** 1.22

Hurni Y, **La Torre F,** Barbany-Freixa N, Platón-Galofré C, Coll S, García-Martínez S, Cabrera S, **Barri-Soldevila P**. **Plasma energy ablation versus cystectomy in fertility-sparing surgery for endometriomas: impact on recurrence and ovarian reserve**. Reprod Biomed Online. 2025;52:105409. doi:10.1016/j.rbmo.2025.105409.

(no abstract)

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 3.5 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (17/141) ; Reproductive Biology (8/43) **Journal Citation Indicator:** 1.33

Hurni Y, **La Torre F**, **Barbany-Freixa N**, **Barri-Soldevila PN**. **Intraoperative transvaginal ultrasound: a novel approach to refine surgical strategy in rectosigmoid endometriosis surgery**. J Ultrasound. 2025 Sep;28(3):739-744. doi: 10.1007/s40477-025-01061-4. Epub 2025 Aug 7. PMID: 40775182; PMCID: PMC12496381.

Purpose: To describe a standardized intraoperative transvaginal ultrasound (IOTVUS) technique for assessing rectosigmoid deep infiltrating endometriosis (DIE), and to explore its potential advantages in guiding real-time surgical decision-making.
Methods: This technical report outlines a stepwise protocol for performing IOTVUS during laparoscopic surgery. Following pelvic dissection and bowel mobilization, the pelvis is filled with saline to improve acoustic transmission. A 2D convex end-fire transvaginal probe is inserted to assess the rectosigmoid colon. Lesions are evaluated in multiple planes, measuring their dimensions, depth, circumferential involvement, and proximity to the anal verge. Findings are used intraoperatively to guide the choice of surgical approach-shaving, disc excision, or segmental resection.
Results: IOTVUS provides real-time, high-resolution imaging of rectosigmoid DIE, enabling accurate characterization of lesion morphology after anatomical restoration. The technique facilitates the selection of the most appropriate surgical intervention based on objective, intraoperative assessment. It also allows post-excision verification of lesion removal.
Conclusion: IOTVUS is a promising, underutilized tool for intraoperative guidance in rectosigmoid DIE surgery. It supports precise lesion characterization and personalized surgical planning.

Indexat a: Pubmed / Medline **Factor Impacte:** 1.4 **Quartil:** 3 **Categoria:** Radiology, nuclear medicine & medical imaging **Posició:** 147/213 **Journal Citation Indicator:** 0.42

Hurni Y, **La Torre F**, **Saiz-Vivo R**, **García-Martínez S**, **Barbany-Freixa N**, **Cabrera S**, **Úbeda A**. **Incidence of postoperative intrauterine adhesions and septal remnants following hysteroscopic septum resection: A retrospective study.** Int J Gynaecol Obstet. 2025 Nov 15. doi: 10.1002/ijgo.70672. Epub ahead of print. PMID: 41239831.

Objective: To analyze the incidence and characteristics of postoperative intrauterine adhesions (IUAs) and septal remnants (SRs) following hysteroscopic septum resection performed without anti-adhesion adjuvant therapies.
Methods: This retrospective cohort study included patients with a septate uterus (U2a/U2b, ESHRE/ESGE classification) who underwent hysteroscopic septum resection without anti-adhesion adjuvant therapies between 2014 and 2023. Only patients with second-look hysteroscopy performed within 1-6 months postoperatively were included. Patients with pre-existing intrauterine adhesions, submucosal fibroids, prior septum resection, or adjuvant therapy use were excluded. Primary outcomes were the incidence, location, and type of postoperative IUAs and SRs.
Results: A total of 285 patients were included in the analysis. Postoperative IUAs were identified in two (0.7%) cases. SRs were observed in 98 (34.4%) patients, with 21 (7.4%) cases measuring <5 mm, 76 (26.7%) cases between 5-10 mm, and one (0.4%) case exceeding 10 mm. Among the 196 patients who attempted conception postoperatively, 161 (82.1%) achieved pregnancy. A total of 39 (24.2%) patients experienced miscarriage, three (1.9%) had an ectopic pregnancy, and live birth was achieved in 114 (58.2%) cases.
Conclusion: Hysteroscopic septum resection without anti-adhesion therapies resulted in a low incidence of IUA and frequent SRs. Routine second-look hysteroscopy may aid early detection and treatment. Further studies are needed to clarify its role in optimizing reproductive outcomes.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 2.6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology **Posició:** 35/141 **Journal Citation Indicator:** 1.09

Martorell-de-Fortuny L, Lizano-Diez X, Vargas-Zavala C, Tey-Pons M. **Correction: Trochanteric reduction osteotomy for refractory greater trochanter painful syndrome**. Eur J Orthop Surg Traumatol. 2025 Nov 25;36(1):20. doi: 10.1007/s00590-025-04610-z. Erratum for: Eur J Orthop Surg Traumatol. 2025 Nov 7;36(1):4. doi: 10.1007/s00590-025-04565-1. PMID: 41288777.

Purpose: To describe a standardized intraoperative transvaginal ultrasound (IOTVUS) technique for assessing rectosigmoid deep infiltrating endometriosis (DIE), and to explore its potential advantages in guiding real-time surgical decision-making.
Methods: This technical report outlines a stepwise protocol for performing IOTVUS during laparoscopic surgery. Following pelvic dissection and bowel mobilization, the pelvis is filled with saline to improve acoustic transmission. A 2D convex end-fire transvaginal probe is inserted to assess the rectosigmoid colon. Lesions are evaluated in multiple planes, measuring their dimensions, depth, circumferential involvement,

and proximity to the anal verge. Findings are used intraoperatively to guide the choice of surgical approach-shaving, disc excision, or segmental resection.
Results: IOTVUS provides real-time, high-resolution imaging of rectosigmoid DIE, enabling accurate characterization of lesion morphology after anatomical restoration. The technique facilitates the selection of the most appropriate surgical intervention based on objective, intraoperative assessment. It also allows post-excision verification of lesion removal.
Conclusion: IOTVUS is a promising, underutilized tool for intraoperative guidance in rectosigmoid DIE surgery. It supports precise lesion characterization and personalized surgical planning.

Indexat a: Pubmed / JCR **Factor Impacte:** 1.5 **Quartil:** 3 **Categoria:** Orthopedics (Q3) ; Surgery (Q3) **Posició:** Orthopedics 85/140 ; Surgery 175/314 **Journal Citation Indicator:** 0.64

Klein Meuleman SJM, Verberkt C, **Barri PN**, Murji A, Donnez O, Grimbizis G, Saridogan E, Bourne T, Zhang J, Pomorski M, Tsuji S, van den Bosch T, Stegwee SI, Huirne JAF, de Leeuw RA; 2Close study group, CSDi study group. **Prevalence of cesarean scar disorder in patients 3 years after a first cesarean section**. Acta Obstet Gynecol Scand. 2025 Oct;104(10):1972-1979. doi: 10.1111/aogs.70005. Epub 2025 Aug 21. PMID: 40836782; PMCID: PMC12451200.

Introduction: A symptomatic uterine niche is a long-term complication after a cesarean section (CS). A group of international niche experts reached consensus on a standardized definition of a disorder caused by a symptomatic niche, named cesarean scar disorder (CSDi). However, the prevalence of this disorder is unclear. The aim of this study was to assess the prevalence of CSDi in patients 3 years after a first CS.
Material and methods: A secondary analysis was performed on the 3-year follow-up results of the 2Close study. The 2Close study was a multicenter randomized controlled trial that evaluated single- versus double-layer uterine closure at CS in 32 hospitals in the Netherlands and included 2292 patients (registered in Dutch trial register: [NTR5480]). Patients, aged ≥18 years, undergoing a first CS were included. Three months after their CS, transvaginal ultrasonography was performed to evaluate the uterine scar for the presence of a niche. Three years after their CS, a digital questionnaire was sent to evaluate the primary and secondary symptoms of CSDi. For this secondary analysis, patients were excluded if they were pregnant, breastfeeding, or using hormonal contraception. The primary outcome of the study was the prevalence of CSDi.
Results: Of the 1648 participants who completed the 3-year questionnaire, patients were excluded due to pregnancy or breastfeeding (n = 305), use of hormonal contraception (n = 509), missing ultrasound evaluations (n = 76), and incomplete responses (n = 88). Of the 670 patients included in this analysis, 543 (81.0%) had a uterine niche visible on ultrasound and 127 (19.0%) were without a niche. The prevalence of CSDi at 3 years following a first CS was 42.5% (285/670). Most reported symptoms were chronic pelvic pain (35.0%), postmenstrual spotting (32.8%), and abnormal vaginal discharge (23.2%).

Conclusions: Our study found a high prevalence of CSDi 3 years following their first CS. Symptoms were self-reported and the exclusion criteria of pregnancy, breastfeeding, or hormonal contraception use could have introduced selection bias. Therefore, this percentage could be an overestimation of the actual prevalence. However, this high prevalence should be included in counseling patients with a scheduled CS.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 3.1 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology **Posició:** 23/141 **Journal Citation Indicator:** 1.21

La Marca A, Semprini M, Mastellari E, **Donno V**, Capuzzo M, Alboni C, Giulini S. **Fertility preservation in women with endometriosis**. Hum Reprod Open. 2025 Feb 28;2025(2):hoaf012. doi: 10.1093/hropen/hoaf012. PMID: 40123895; PMCID: PMC11930344.

Background: Endometriosis is a chronic disease that can compromise fertility in up to 30-50% of affected patients, and it is estimated that patients affected by endometriosis represent about 10% of patients undergoing ART treatments. The hypothesized underlying mechanisms explaining infertility are various, but great attention has been given to the relationship between ovarian endometriomas and reduced ovarian reserve.Objective and rationale: Infertility in patients with endometriosis does not have univocal management, since surgical therapy can increase the chances of natural conception, but at the same time increases the risk of damage to the ovarian reserve. In some cases, IVF procedures should be considered instead of surgery, within a personalized strategy. It has therefore been proposed that patients with endometriosis are eligible for fertility preservation.
Search methods: This article is based on a critical review of literature on peer-reviewed article indexing databases including PubMed, Scopus and Medline, using as keywords: 'fertility preservation', 'oocyte vitrification', 'endometriosis', 'endometrioma', 'ovarian reserve' and 'in vitro fertilization'.
Outcomes: Data regarding the feasibility of oocyte cryopreservation in patients with endometriosis have increased over recent years, indicating that these patients seem to have the same number of oocytes retrieved and IVF outcomes similar to those who perform fertility preservation for other indications. However, probably due to a reduced ovarian reserve, several cycles of ovarian stimulation may be needed to gather a suitable number of retrieved oocytes per patient. Age, ovarian reserve, and previous ovarian surgery are the main factors affecting the success of fertility preservation. Bilateral endometriomas, a history of unilateral endometrioma surgery with a contralateral recurrence, and preoperative reduced ovarian reserve are the most common indications for fertility preservation. The choice between primary surgery and ART is often complex, requiring a therapeutic strategy tailored to the patient's clinical characteristics and needs, such as age, type and severity of endometriosis lesions, presence of symptoms, surgical history, and desire for pregnancy.
Limitations reasons for caution: The development of endometriosis-related infertility and the severity of ovarian damage due to endometriosis lesions per se or their surgical treatment are difficult to predict, and data are lacking concerning which

subgroups of patients with endometriosis might benefit most from fertility preservation.
Wider implications: Women with endometriosis, and in particular women with bilateral ovarian endometriomas or recurrent surgery on the ovaries, should be advised about risk of ovarian reserve damage. Oocyte cryopreservation is an established technique that has been demonstrated as feasible and successful for these patients; however, the specific indications have not yet been established.
Study funding/competing interests: There are no funding sources for the study and no conflicts of interest to declare.

Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 11.1 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (2/141) ; Reproductive Biology (2/43) **Journal Citation Indicator:** 3.08 ***1er Decil**

La Torre F, **Hurni Y**, Farsi E, Nardi E, Castiglione F, Sorbi F, Petrella MC, Fambrini M, Petraglia F. **Adenomyosis associated with endometrial cancer: Possible correlation with pathological, immunohistochemical and molecular characteristics**. Gynecol Oncol. 2025 Apr;195:45-49. doi: 10.1016/j.ygyno.2025.02.017. Epub 2025 Mar 6. PMID: 40054046.

Background/objective: Adenomyosis is a benign uterine disorder characterized by an inflammatory and hyperestrogenic state. Its association with endometrial cancer (EC) remains controversial. This study aimed to investigate the correlation between adenomyosis and the pathological, immunohistochemical (IHC), and molecular features of EC.
Methods: This retrospective cohort study analyzed 172 patients with EC who underwent surgical staging. Patients were stratified into two groups based on the presence of adenomyosis. The primary endpoint was the prevalence of FIGO stage ≥IB disease. Secondary endpoints included tumor histotype, grade, lymphovascular invasion, IHC markers, and molecular alterations. Logistic regression was performed to identify independent predictors of adverse pathological features.
Results: Adenomyosis was identified in 37.2 % of EC patients. These patients were younger, less likely to be postmenopausal, and exhibited significantly lower rates of FIGO stage ≥IB disease, deep myometrial invasion, lymphovascular invasion, and extrauterine spread. Multivariate analysis confirmed adenomyosis as an independent protective factor against FIGO stage ≥IB disease. This protective effect could be attributed to the altered myometrial microenvironment in adenomyosis, characterized by inflammation, smooth muscle hyperplasia, and fibrosis, which appears to limit tumor invasiveness. No significant differences were observed in IHC or molecular profiles, although a trend toward higher prevalence of KRAS mutations was observed in patients with adenomyosis.
Conclusion: Adenomyosis was associated with a lower prevalence of FIGO stage ≥IB disease, deep myometrial invasion, lymphovascular invasion, and extrauterine spread. These findings suggest that structural changes in the myometrial microenvironment

may play a role in limiting tumor invasiveness and spread, warranting further investigation.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 4.1 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Oncology (Q2) **Posició:** Obstetrics & Gynecology (11/141) ; Oncology (91/328) **Journal Citation Indicator:** 1.32 ***1er Decil**

Leathersich SJ, **García S**, Blockeel C, **Martínez F**, Gosálvez A, Humaidan P, Fuente L, Fàbregues F, Pinborg A, Stoop D, **Barri P**, **Polyzos NP**. **Factors affecting quality of life in women with diminished ovarian reserve**. Fertil Steril. 2026 Jan;125(1):160-162. doi: 10.1016/j.fertnstert.2025.08.038. Epub 2025 Sep 3. PMID: 40912601.

Declaration of Interests S.J.L. reports funding from Royal Australian & New Zealand College of Obstetricians and Gynaecologists as the recipient of the unrestricted Jean Murray Jones Scholarship which provides funding for Ph.D; consulting fees from Merck; honoraria from Organon and Hologic; travel support from Merck, Organon, Besins Healthcare, and Ferring Pharmaceuticals; Board Member of Menopause Alliance Australia, Advisory Member of Doctors' Health Alliance of Western Australia, Board Member–Reproductive Technology Council of WA. S.G. reports honoraria and travel support from Ferring Pharmaceuticals. C.B. has received consulting fees and honoraria from IBSA, Ferring Pharmaceuticals, Gedeon Richter, Organon, Merck A/S, and Abbott. F.M. has received educational support from Ferring Pharmaceuticals. A.G. has nothing to disclose. P.H. has received honoraria from Merck, IBSA, Gedeon Richter, and Besins Healthcare. L.d.l.F. has nothing to disclose. F.F. has received honoraria from IBSA. A.P. reports funding from Gedeon Richter,Ferring Pharmaceuticals, Merck A/S, and Cryos outside the submitted work; consulting fees from IBSA, Ferring, GedeonRichter, Cryos, and Merck A/S; honoraria from Gedeon Richter, Ferring Pharmaceuticals, Merck A/S, and Organon; travel support from Gedeon Richter. D.S. has nothing to disclose. P.B. has nothing to disclose. N.P.P. has received grants from Merck Serono, Ferring Pharmaceuticals, Theramex, Organon, and Besins Healthcare; consulting fees from Merck Serono, Besins Healthcare, Organon, and IBSA; and honoraria from Merck Serono, Theramex, IBSA, Ferring Pharmaceuticals, Organon, Roche Diagnostics, and Besins Healthcare and is a shareholder in Alife Fertility and FertilAI.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 7 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (5/141) ; Reproductive Biology (3/43) **Journal Citation Indicator:** 2.40 ***1er Decil**

Leathersich SJ, Roche CS, Walls M, Nathan E, Hart RJ. **Particulate air pollution at the time of oocyte retrieval is independently associated with reduced odds of live birth in subsequent frozen embryo transfers**. Hum Reprod. 2025 Jan 1;40(1):110-118. doi: 10.1093/humrep/deae259. PMID: 39673285.

Study question: Does exposure to particulate matter (PM) air pollution prior to oocyte retrieval or subsequent frozen embryo transfer (FET) affect the odds of live birth?

Summary answer: Live birth rates are lower when particulate matter (PM2.5 and PM10) levels are higher prior to oocyte retrieval, regardless of the conditions at the time of embryo transfer.
What is known already: Exposure to air pollution is associated with adverse reproductive outcomes, including reduced fecundity and ovarian reserve, and an increased risk of infertility and pregnancy loss. It is uncertain whether the effect on ART outcomes is due to the effects of pollution on oogenesis or on early pregnancy.
Study design, size, duration: This retrospective cohort study included 3659 FETs in 1835 patients between January 2013 and December 2021, accounting for all FETs performed at a single clinic over the study period. The primary outcome was the live birth rate per FET. Outcome data were missing for two embryo transfers which were excluded. Daily levels of PM2.5, PM10, nitric oxide, nitrogen dioxide, sulphur dioxide, ozone and carbon monoxide were collected during the study period and calculated for the day of oocyte retrieval and the day of embryo transfer, and during the preceding 2-week, 4-week, and 3-month periods.
Participants/materials, setting, methods: Clinical and embryological outcomes were analysed for their association with pollution over 24 hours, 2 weeks, 4 weeks, and 3 months, with adjustment for repeated cycles per participant, age at the time of oocyte retrieval, a quadratic age term, meteorological season, year, and co-exposure to air pollutants. Multi-pollutant models were constructed to adjust for co-exposures to other pollutants. Median concentrations in pollutant quartiles were modelled as continuous variables to test for overall linear trends; a Bonferroni correction was applied to maintain an overall alpha of 0.05 across the four exposure periods tested.
Main results and the role of chance: Increased PM2.5 exposure in the 3 months prior to oocyte retrieval was associated with decreased odds of live birth (linear trend P = 0.011); the odds of live birth when PM2.5 concentrations were in the highest quartile were reduced by 34% (OR 0.66, 95% CI 0.47-0.92) when compared to the lowest quartile. A consistent direction of effect was seen across other exposure periods prior to oocyte retrieval, with an apparent dose-dependent relationship. Increased exposure to PM10 particulate matter in the 2 weeks prior to oocyte retrieval was associated with decreased odds of live birth (linear trend P = 0.009); the odds of live birth were decreased by 38% (OR 0.62, 95% CI 0.43-0.89, P = 0.010) when PM10 concentrations were in the highest quartile compared with the lowest quartile. Consistent trends were not seen across other exposure periods. None of the gaseous pollutants had consistent effects, prior to either oocyte retrieval or embryo transfer.
Limitations, reasons for caution: This was a retrospective cohort study, however, all FETs during the study period were included and data were missing for only two FETs. The results are based on city-level pollution exposures, and we were not able to adjust for all possible factors that may affect live birth rates. Results were not stratified based on specific patient populations, and it was not possible to calculate the cumulative live birth rate per commenced cycle.
Wider implications of the findings: This is the first study to specifically analyse FETs to separate the effects of environmental exposures prior to oocyte retrieval from those around the time of embryo transfer. Our findings suggest that increased PM exposure prior to oocyte retrieval is associated with reduced live birth rate following FET,

independent of the conditions at the time of embryo transfer. Importantly, the air quality during the study period was excellent, suggesting that even 'acceptable' levels of air pollution have detrimental reproductive effects during gametogenesis. At the low pollution levels in our study, exposure to gaseous pollutants did not appear to affect live birth rates. This has important implications for our understanding of the effects of pollution on reproduction, and highlights the urgent need for effective policies limiting pollution exposure to protect human health and reproduction.
Study funding/competing interest(s): No funding was provided for this study. S.J.L. is supported by the Jean Murray Jones Scholarship from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, has received educational sponsorship from Besins, Ferring, Merck, and Organon, honoraria from Hologic and Organon, consulting fees from Merck unrelated to the current study, and is a member of the Reproductive Technology Council of Western Australia. S.J.L. and R.J.H. are board members of Menopause Alliance Australia. C.S.R., M.W., and E.N. have no conflicts of interest to declare. R.J.H. is the Medical Director of Fertility Specialists of Western Australia, the National Medical Director of City Fertility Australia, and a shareholder in CHA SMG. He chairs the Western Australian Minister's Expert Panel on ART and Surrogacy. R.J.H. has made presentations for and received honoraria from Merck, Merck-Serono, Origio, Igenomix, Gideon-Richter, and Ferring, and has received support for attending meetings from Merck, Organon, and Ferring.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 6.1 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (7/141) ; Reproductive Biology (4/43) **Journal Citation Indicator:** 2.23 ***1er Decil**

Magoutas K, **Leathersich S**, Hart R, Ireland D, Walls M, Payne M. **Lower Semen Quality Among Men in the Modern Era-Is There a Role for Diet and the Microbiome?** Microorganisms. 2025 Jan 13;13(1):147. doi: 10.3390/microorganisms13010147. PMID: 39858914; PMCID: PMC11768045.

The prevalence of infertility is increasing worldwide; poor nutrition, increased sedentary lifestyles, obesity, stress, endocrine-disrupting chemicals, and advanced age of childbearing may contribute to the disruption of ovulation and influence oocyte and sperm quality and overall reproductive health. Historically, infertility has been primarily attributed to female factors, neglecting the importance of male fertility; this has resulted in an incomplete understanding of reproductive health. Male factors account for 40-50% of infertility cases. In half of these cases, the proximal cause for male infertility is unknown. Sperm contributes half of the nuclear DNA to the embryo, and its quality is known to impact fertilisation rates, embryo quality, pregnancy rates, risk of spontaneous miscarriage, de novo autosomal-dominant conditions, psychiatric and neurodevelopment conditions, and childhood diseases. Recent studies have suggested that both the microenvironment of the testes and diet quality may play an important role in fertility; however, there is limited research on the combination of these factors. This review summarises current known causes of male infertility and then focuses on the potential roles for diet and the seminal microbiome. Future research in this area

will inform dietary interventions and health advice for men with poor semen quality, potentially alleviating the need for costly and invasive assisted reproduction treatments and allowing men to take an active role in the fertility conversation which has historically focussed on women individually.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 4.2 **Quartil:** 2 **Categoria:** Microbiology **Posició:** 46/163 **Journal Citation Indicator:** 0.90

Meuleman SJMK, Verberkt C, **Barri PN**, Murji A, Donnez O, Grimbizis G, Saridogan E, Bourne T, Zhang J, Pomorski M, Tsuji S, van den Bosch T, Stegwee SI, Huirne JAF, de Leeuw RA; 2Close Study Group; CSDi Study Group. **Prevalence of cesarean scar disorder in patients 3 years after a first cesarean section**. *Acta Obstet Gynecol Scand*. 2025 Oct;104(10):1972–1979. doi:10.1111/aogs.70005.

Introduction A symptomatic uterine niche is a long-term complication after a cesarean section (CS). A group of international niche experts reached consensus on a standardized definition of a disorder caused by a symptomatic niche, named cesarean scar disorder (CSDi). However, the prevalence of this disorder is unclear. The aim of this study was to assess the prevalence of CSDi in patients 3 years after a first CS.Material and Methods A secondary analysis was performed on the 3-year follow-up results of the 2Close study. The 2Close study was a multicenter randomized controlled trial that evaluated single- versus double-layer uterine closure at CS in 32 hospitals in the Netherlands and included 2292 patients (registered in Dutch trial register: [NTR5480]). Patients, aged >= 18 years, undergoing a first CS were included. Three months after their CS, transvaginal ultrasonography was performed to evaluate the uterine scar for the presence of a niche. Three years after their CS, a digital questionnaire was sent to evaluate the primary and secondary symptoms of CSDi. For this secondary analysis, patients were excluded if they were pregnant, breastfeeding, or using hormonal contraception. The primary outcome of the study was the prevalence of CSDi.Results Of the 1648 participants who completed the 3-year questionnaire, patients were excluded due to pregnancy or breastfeeding (n = 305), use of hormonal contraception (n = 509), missing ultrasound evaluations (n = 76), and incomplete responses (n = 88). Of the 670 patients included in this analysis, 543 (81.0%) had a uterine niche visible on ultrasound and 127 (19.0%) were without a niche. The prevalence of CSDi at 3 years following a first CS was 42.5% (285/670). Most reported symptoms were chronic pelvic pain (35.0%), postmenstrual spotting (32.8%), and abnormal vaginal discharge (23.2%).Conclusions Our study found a high prevalence of CSDi 3 years following their first CS. Symptoms were self-reported and the exclusion criteria of pregnancy, breastfeeding, or hormonal contraception use could have introduced selection bias. Therefore, this percentage could be an overestimation of the actual prevalence. However, this high prevalence should be included in counseling patients with a scheduled CS.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 3.1 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology **Posició:** 23/141 **Journal Citation Indicator:** 1.21

Neves AR, Casarini L, Carretta C, Manfredini R, **García Martínez S**, Vuong NL, Blockeel C, Simoni M, **Polyzos NP**. **The impact of genetic variants in folliculogenesis and steroidogenesis pathways on ovarian response: a post hoc multicenter multiethnic cohort study.** J Assist Reprod Genet. 2025 Dec;42(12):4191-4204. doi: 10.1007/s10815-025-03719-8. Epub 2025 Oct 20. PMID: 41114748; PMCID: PMC12705480.

Purpose: To evaluate whether genetic variants in genes involved in folliculogenesis and steroidogenesis are associated with ovarian response in Vietnamese and Caucasian women undergoing IVF/ICSI.
Methods: This was a post hoc analysis of a prospective multicenter study including patients < 38 years old with normal ovarian reserve markers undergoing their first or second ovarian stimulation cycle. All patients were genotyped for 67 single nucleotide variants (SNVs) and underwent ovarian stimulation with a fixed 150 IU rFSH dose. Primary outcomes were the number of oocytes retrieved, hypo-response (< 10 oocytes), follicular output rate (FORT), follicle-to-oocyte index (FOI), and steroid hormone levels on trigger day.
Results: A total of 368 patients were included. Multivariable regression identified novel associations between ovarian response and SNVs in GPER (rs3808350), ATF7IP (rs3213764), YWHAZ (rs10098502), COMT (rs4680), TCN2 (rs1801198), GNA11 (rs8092), APLP2 (rs2054247), AP4E1 (rs4775912), SMARCA4 (rs1122608), IGF1R (rs2016347), DENND1A (rs2479106), and BMP15 (rs3897937). Previously reported associations with LHB rs1056917, AMH rs4807216, and AMHR2 rs2002555 were also confirmed.
Conclusions: This study supports a role for multiple genetic variants in modulating ovarian response to stimulation, providing a basis for future work toward personalized ovarian stimulation protocols. However, the post hoc design limits causal inference, and prospective validation is warranted.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 2.7 **Quartil:** 1 **Categoria:** Genetic & Heredity (Q2) ; Obstetrics & Gynecology (Q1) **Posició:** Genetic & Heredity (86/192) ; Obstetrics & Gynecology (31/141) **Journal Citation Indicator:** 0.89

Palacios-Verdú G, **Clua E**, **Sumarroca M**, **Roca-Feliu M**, **Freour T**, **Polyzos NP**. **Mitigating adverse pregnancy and neonatal outcomes through expanded carrier screening in an oocyte donation programme**. Reprod Biomed Online. 2025 Jun;50(6):104744. doi: 10.1016/j.rbmo.2024.104744. Epub 2024 Dec 2. PMID: 40222240.

Research question: How frequent are adverse outcomes in an oocyte donation programme, and how many recessive conditions can be prevented by implementing expanded carrier screening (ECS)? Design: This retrospective observational study used data from oocyte donation cycles between January 2014 and December 2021 at the Reproductive Medicine Unit of a University Hospital in Spain. Adverse outcomes were

studied in 4565 oocyte donation cycles assigned as low-risk at the time of genetic matching. The number of high-risk assignations was identified when ECS was applied to the oocyte donor and recipient's male partner (or sperm donor for double donation). Results: Of 4565 oocyte donation cycles, 67 recipients (1.47%) reported an adverse obstetric or neonatal outcome. A genetic aetiology was confirmed in 25 (37.3%). The remaining 42 (62.7%) cases included congenital malformations, neurodevelopmental disorders and other conditions with unknown genetic origins. Moreover, 211 (4.6%, 211/4565) high-risk assignations were identified where both the oocyte donor and recipient's male partner were carriers of the same autosomal recessive condition. This could have led to an additional 1.15% of children born with an autosomal recessive condition (25% pound 4.6%). Additionally, 52 (2.8%, 52/1875) oocyte donor candidates were carriers of X-linked conditions, which would have led to an additional 0.7% (25% pound 2.8%) being born with an X-Linked disorder. ECS implementation resulted in a 55.7% reduction in adverse outcome risk, from a potential rate of 3.32% (1.47% + 1.15% + 0.7%) to an actual incidence of 1.47%. Conclusions: ECS reduces the probability that children born from oocyte donation will inherit the recessive conditions screened for. However, certain adverse outcomes remain unavoidable.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 3.5 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (17/141) ; Reproductive Biology (8/43) **Journal Citation Indicator:** 1.33

Planella LV, **García IR**, Camps SF, **Barri-Soldevila PN**, **Díaz SC**. **Optimizing Vaginal Cuff Closure: A Systematic Review and Meta-Analysis of Barbed Versus Conventional Sutures in Total Laparoscopic and Robot-Assisted Hysterectomies**. J Minim Invasive Gynecol. 2025 Oct;32(10):862-876. doi: 10.1016/j.jmig.2025.06.023. Epub 2025 Jul 9. PMID: 40639552.

Objective: This meta-analysis aimed to compare barbed sutures (BS) and conventional sutures (CS) for vaginal cuff closure in total laparoscopic and robot-assisted hysterectomies, evaluating their impact on operative time, suture time, blood loss, postoperative complications, surgical site infections, and granulation tissue formation.
Data sources: A comprehensive search of the electronic databases PubMed/MEDLINE and Embase was conducted, covering literature published from 2004 to June 2024.
Methods of study selection: A systematic review and meta-analysis were conducted, including 24 studies comprising 4.593 women (2212 in the BS group and 2.381 in the CS group). Data were analyzed separately for laparoscopic and robot-assisted procedures.
Tabulation, integration, and results: No significant differences were found in vaginal cuff dehiscence rates between BS and CS in both surgical approaches. In laparoscopic hysterectomies, BS significantly reduced operative time by 8.58 minutes (95% confidence interval [CI], -14.05 to -3.10), suture time by 4.9 minutes (95% CI, -7.16 to -2.65), and estimated blood loss by 5.42 mL (95% CI, -10.71 to -0.12). In robot-assisted hysterectomies, BS significantly reduced operative time (-37.82 minutes; 95% CI, -54.88 to -20.76) and granulation tissue formation (2.61% vs 11.29%, favoring BS; 95% CI,

0.18-1.23). No significant differences were observed in postoperative complications or surgical site infections for either approach.
Conclusion: BS are a safe and effective option for vaginal cuff closure in minimally invasive hysterectomies. They offer significant advantages in laparoscopic procedures by reducing operative time, suture time, and blood loss, whereas in robot-assisted surgeries, they shorten operative time and decrease granulation tissue formation. These findings support the use of BS as a reliable choice for optimizing surgical outcomes.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 3.3 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology **Posició:** 19/141 **Journal Citation Indicator:** 1.22

Polyzos NP. **Endometrial preparation protocols for frozen embryo transfer: risk assessment and individualized management**. Hum Reprod. 2025 Oct 1;40(10):1815-1823. doi: 10.1093/humrep/deaf149. Erratum in: Hum Reprod. 2026 Jan 1;41(1):131. doi: 10.1093/humrep/deaf222. PMID: 40796314.

(no abstract)

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 6.1 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (7/141) ; Reproductive Biology (4/43) **Journal Citation Indicator:** 2.23 ***1er Decil**

Prats P, **Palacios-Verdú MG**, **Rodríguez-Melcón A**, **Rodríguez I**, **Serra B**, **Parriego M**, **Donno V**, **Polyzos NP**. **Influence of trophectoderm biopsy for preimplantation genetic testing in the serum level of first trimester biomarkers**. Reprod Biomed Online. 2025 Mar;50(3):104490. doi: 10.1016/j.rbmo.2024.104490. Epub 2024 Oct 18. PMID: 39920027.

Research question: Does trophectoderm biopsy for preimplantation genetic testing for aneuploidies (PGT-A) affect maternal serum first-trimester pregnancy biomarkers (pregnancy-associated plasma protein A [PAPP-A], free β-HCG and placental growth factor [PIGF])?
Design: Retrospective cohort study of all singleton pregnancies (n = 9794) after naturally conceived (n = 8005) IVF and fresh embryo transfers (n = 478), frozen embryo transfer of non PGT-A (FET) (n = 963) or PGT-A tested embryos (FET + PGT-A) (n = 348). Serum levels of free β-HCG and PAPP-A were measured in all women with a viable pregnancy at 8-13.6 weeks of pregnancy; PIGF was measured in 3784 women. Biomarkers were converted to a multiple of the expected normal median (MOM) for a pregnancy of the same gestational day. The medians for the multiple of the median were calculated and compared.
Results: Free β-HCG did not differ according to mode of conception. The PAPP-A concentrations were significantly lower in IVF and fresh embryo transfers (-0.1 Log10 MOM raw PAPP-A) compared with FET + PGT-A (-0.04 Log 10 MOM raw PAPP-A, P = 0.009) and natural conceptions (-0.0187 Log 10 MOM raw PAPP-A) (P < 0.001). The

PIGF levels were significantly lower in the FET + PGTA group versus natural conception (P = 0.001). Difference in means adjusted by crown rump length was 4.6 pg/ml (95% CI 2.7 to 6.6) for natural conceptions, 3.5 pg/ml (95% CI 0.34 to 6.6) for IVF and 2.2 pg/ml (95% CI 0.06 to 4.4) for FET.
Conclusion: Trophectoderm biopsy for PGT-A has a significant effect on first-trimester maternal serum PAPP-A and PIGF. This needs to be further validated, as it may mislead the estimation of the first-trimester risk of aneuploidies and pre-eclampsia.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 3.5 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (17/141) ; Reproductive Biology (8/43) **Journal Citation Indicator:** 1.33

Preusser M, Garde-Noguera J, **Garcia-Mosquera JJ**, Gion M, Greil R, Arumi M, Ruiz-Borrego M, Llombart-Cussac A, Valero M, Cortés J, Campolier M, Guerrero JA, González-Alonso P, Jiménez-Cortegana C, Rodríguez-Morató J, Vaz-Batista M, Oberndorfer F, Marhold M, Berghoff AS, Furtner J, Fuereder T, Bartsch R. **Patritumab deruxtecan in leptomeningeal metastatic disease of solid tumors: the phase 2 TUXEDO-3 trial**. *Nat Med*. 2025 Aug;31(8):2797–2805. doi:10.1038/s41591-025-03744-1.

Leptomeningeal metastatic disease (LMD) is a severe complication of solid cancers with poor outcomes and limited treatment options. The antibody-drug conjugate patritumab deruxtecan (HER3-DXd) demonstrated efficacy in breast and lung cancers, and HER3 is involved in central nervous system metastases, particularly in parenchymal colonization. In this study, we investigated HER3-DXd efficacy and safety in patients with LMD in cohort 3 of the TUXEDO-3 phase 2 trial. Key eligibility criteria included age >= 18 years, treatment-naive LMD or LMD progressing after radiotherapy from any solid tumor and Eastern Cooperative Oncology Group performance status of 0-2. Between January and July 2024, 20 evaluable patients (nine with type I and 11 with type II LMD) were accrued and received HER3-DXd 5.6 mg kg-1 intravenously every 3 weeks. Main primary tumor types included breast (60%) and lung (30%) cancers. Median follow-up time was 5.4 months. The primary endpoint was met with 65.0% patients alive after 3 months. The Kaplan-Meier-estimated 3-month and 6-month overall survival rates were 69.6% and 58.9%, respectively. Overall response rate was 11.1% for intracranial, 30.8% for extracranial and 26.3% for overall lesions. Clinical benefit rate was 50.0% for intracranial, 38.5% for extracranial and 47.4% for overall lesions. Neurological symptoms and quality of life remained stable or improved during study treatment. No new neurological adverse events were observed. The most common adverse events of any grade were anemia (nine (40.9%) patients, one (4.5%) grade >= 3), nausea (seven (31.8%) patients, no grade >= 3), neutropenia (six (27.3%) patients, three (13.6%) grade >= 3), diarrhea (six (27.3%) patients, one (4.5%) grade >= 3), asthenia (six (27.3%) patients, no grade >= 3) and thrombocytopenia and headache (five (22.7%) patients, one (4.5%) grade >= 3 each). TUXEDO-3 showed clinically relevant HER3-DXd activity in patients with LMD. ClinicalTrials.gov identifier: NCT05865990.

Indexat a: WoS / Medline / SCIE / JCR **Factor Impacte:** 50 **Quartil:** 1 **Categoria:** Biochemistry & Molecular Biology (Q1) ; Cell Biology (Q1) **Posició:** Biochemistry & Molecular Biology (2/320) ; Cell Biology (3/204) **Journal Citation Indicator:** 11.04 ***1er Decil**

Rodríguez MA, **Echevarría M**, **Perdomo L**, **Rodríguez I**, **Albaiges G**, Illa M, **Prats P**. **Fetal Advanced Neurosonography in the First Trimester of Pregnancy.** Fetal Diagn Ther. 2025;52(6):547-560. doi: 10.1159/000546460. Epub 2025 May 28. Erratum in: Fetal Diagn Ther. 2025;52(6):650. doi: 10.1159/000547612. PMID: 40435985.

(no abstract)

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 1.6 **Quartil:** 3 **Categoria:** Obstetrics & Gynecology **Posició:** 87/141 **Journal Citation Indicator:** 0.66

Roca-Feliu M, **Clua E**, **Pons MC**, **García S**, Freour T, **Polyzos NP**. **'Blame it on my youth': when very young age of oocyte donors appears to be associated with poorer embryo development**. Reprod Biomed Online. 2025 Jul;51(1):104859. doi: 10.1016/j.rbmo.2025.104859. Epub 2025 Feb 3. PMID: 40413852.

Research question: Is the age of oocyte donors associated with usable and top-quality blastocyst rates?
Design: Retrospective cross-sectional study (January 2016-October 2022) of 1738 oocyte recipient cycles with culture to blastocyst stage. Cycles were categorized according to the age of oocyte donors (Group I, <20 years; Group II, 20-25 years; Group III, ≥26 years). Usable and top-quality blastocyst rates were compared using chi-squared test. For the multivariable analysis, a generalized logistic mixed model was applied to estimate the odds for every endpoint. The probabilities of obtaining one usable blastocyst and one top-quality blastocyst based on the number of inseminated oocytes were estimated.
Results: The usable blastocyst rate was 42.8%, and this differed significantly with the age of the oocyte donor: 33.2% for Group I, 42.9% for Group II, and 43.5% for Group III (P < 0.001). When adjusting for covariates, the usable blastocyst rate remained significantly lower for Group I compared with Group III (OR 0.65, 95% CI 0.49-0.86). The top-quality blastocyst rate was 56.7%, and this did not differ significantly with the age of the oocyte donor (P = 0.565). In order to have the same 90% likelihood of obtaining at least one usable blastocyst as the reference group (Group III), two more oocytes (six versus four) are required when the oocyte donor is aged <20 years. Similarly, three more oocytes (12 versus nine) are needed to have the same 90% chance of obtaining at least one top-quality blastocyst.
Conclusions: In comparison with oocyte donors aged ≥26 years, those aged <20 years have a significantly lower usable blastocyst rate but a comparable top-quality blastocyst rate. These findings allow for adjustment of the number of oocytes assigned to recipients based on the age of the donor to ensure comparable outcomes across age groups while preventing the creation of too many supernumerary embryos.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 3.5 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (17/141) ; Reproductive Biology (8/43) **Journal Citation Indicator:** 1.33

Roncero-Carol J, Olaizola-Muñoa J, Arán B, Mularoni LS, Miret Cuesta M, Blanco-Cabra N, Casals M, Rumbo M, **Solé Inarejos M**, Ojosnegros S, Alsina B, Torrents E, Veiga A, Irimia M, Hoijman E. **Epithelial cells provide immunocompetence to the early embryo for bacterial clearance**. Cell Host Microbe. 2025 Jul 9;33(7):1106-1120.e8. doi: 10.1016/j.chom.2025.05.025. Epub 2025 Jun 18. PMID: 40808292.

Early embryos are exposed to environmental perturbations that may influence their development, including bacteria. Despite lacking a proper immune system, the surface epithelium of early embryos (trophectoderm in mammals) can phagocytose defective pluripotent cells. Here, we explore the dynamic interactions between early embryos and bacteria. Quantitative live imaging of infection models developed in zebrafish embryos reveals the efficient phagocytic capability of surface epithelia in detecting, ingesting, and destroying infiltrated E. coli and S. aureus. In vivo single-cell interferences uncover actin-based epithelial zippering protrusions mediating bacterial phagocytosis, safeguarding developmental robustness upon infection. Transcriptomic and inter-scale dynamic analyses of phagocyte-bacteria interactions identify specific features of this epithelial phagocytic program. Notably, live imaging of mouse and human blastocysts supports a conserved role of the trophectoderm in bacterial phagocytosis. This defensive role of the surface epithelium against bacterial infection provides immunocompetence to early embryos, with relevant implications for understanding failures in human embryogenesis.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 18.7 **Quartil:** 1 **Categoria:** Microbiology (Q1) ; Parasitology (Q1) **Posició:** Microbiology (6/163) ; Parasitology (1/47) **Journal Citation Indicator:** 5.75 ***1er Decil**

Sachs-Guedj N, **Coroleu B**, **Álvarez M**, **García Martínez S**, **Polyzos NP**. **Serum progesterone concentrations and subcutaneous progesterone supplementation in endometriosis: artificial-cycle frozen embryo transfer**. Reprod Biomed Online. 2025 Dec;51(6):105107. doi: 10.1016/j.rbmo.2025.105107. Epub 2025 Jun 18. PMID: 41108829.

Research question: Are there differences between patients with and without endometriosis in progesterone concentrations the day before artificial-cycle frozen embryo transfer (AC-FET) and in live birth rate (LBR) following subcutaneous progesterone when indicated?
Design: This retrospective cohort included 985 AC-FET cycles with vaginal progesterone (600 mg/day) from January 2019 to December 2022 at a university-affiliated fertility centre. Among them, 168 cycles (17.05%) were from patients with endometriosis (n = 128) and 817 from controls (n = 649). LBR was evaluated based on progesterone the

day before transfer. Subcutaneous progesterone (25 mg/day) was given when <10.6 ng/ml. Cycles were divided into four groups: 1 (endometriosis, reference, 51 cycles) and 3 (controls, 274 cycles) with progesterone <10.6 ng/ml plus supplementation; 2 (endometriosis, 117 cycles) and 4 (controls, 543 cycles) with progesterone ≥10.6 ng/ml. Results: The likelihood of progesterone <10.6 ng/ml before transfer was similar between groups (adjusted odds ratio [aOR] 0.98, 95% CI 0.65-1.47). After adjustment for age, BMI and embryo quality, LBR were comparable between group 1 and groups 2 (aOR 0.79, 95% CI 0.36-1.74), 3 (aOR 0.91, 95% CI 0.45-1.84) and 4 (aOR 1.39, 95% CI 0.71-2.74). Higher progesterone >90th percentile (23.31 ng/ml) on pregnancy test day was associated with higher clinical pregnancy (controls: 73% vs 50.5%, P <0.001; endometriosis: 83.3% vs 46.1%, P = 0.016) and LBR (controls: 63.5% vs 38.2%, P <0.001; endometriosis: 66.7% vs 32.8%, P = 0.027).
Conclusions: Progesterone concentrations before transfer are comparable between endometriosis and control cycles. Vaginal progesterone with subcutaneous supplementation leads to comparable LBR, regardless of endometriosis status.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 3.5 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (17/141) ; Reproductive Biology (8/43) **Journal Citation Indicator:** 1.33

Servin-Barthet C, Martínez-García M, Paternina-Die M, Marcos-Vidal L, Martín de Blas D, Soler A, Khymenets O, Bergé D, Casals G, **Prats P**, Pozo OJ, Pretus C, Carmona S, Vilarroya O. **Pregnancy entails a U-shaped trajectory in human brain structure linked to hormones and maternal attachment.** Nat Commun. 2025 Jan 16;16(1):730. doi: 10.1038/s41467-025-55830-0. PMID: 39820539; PMCID: PMC11739485.

Growing evidence places the gestational period as a unique moment of heightened neuroplasticity in adult life. In this longitudinal study spanning pre, during, and post pregnancy, we unveil a U-shaped trajectory in gray matter (GM) volume, which dips in late pregnancy and partially recovers during postpartum. These changes are most prominent in brain regions associated with the Default Mode and Frontoparietal Network. The U-shaped trajectory is predominantly linked to gestational factors, as it only presents in gestational mothers and correlates with fluctuations in estrogens over time. Finally, the mother's mental health status mediates the relationship between postpartum GM volume recovery and maternal attachment at 6 months postpartum. This research sheds light on the complex interplay between hormones, brain development, and behavior during the transition to motherhood. It addresses a significant knowledge gap in the neuroscience of human pregnancy and opens new possibilities for interventions aimed at enhancing maternal health and well-being.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 15.7 **Quartil:** 1 **Categoria:** Multidisciplinary Sciences **Posició:** 10/136 **Journal Citation Indicator:** 3.34 ***1er Decil**

Stormlund S, Sopa N, Zedeler A, Bogstad J, Prætorius L, Nielsen HS, Klajnbard A, Englund A, Kitlinski ML, Freiesleben NC, **Polyzos NP**, Bergh C, Humaidan P, Andersen

AN, Løssl K, Pinborg A. **Cumulative live birth rates in a freeze-all or fresh transfer strategy after one ART cycle in ovulatory women**. Reprod Biomed Online. 2025 Jun;50(6):104449. doi: 10.1016/j.rbmo.2024.104449. Epub 2024 Sep 12. PMID: 40350355.

Research question: Are cumulative live birth rates similar following a freeze-all strategy compared with a fresh transfer strategy including all subsequent vitrified-warmed cycles from the same oocyte retrieval?
Design: The study related to the secondary outcome in a multicentre randomized controlled trial including 460 women allocated in a 1:1 ratio to: (i) a freeze-all strategy including a gonadotrophin-releasing hormone agonist trigger and single vitrified-warmed blastocyst transfer in a subsequent modified-natural frozen-thawed embryo transfer (FET) cycle; or (ii) a fresh transfer strategy with a human chorionic gonadotrophin trigger and single blastocyst in the fresh cycle. Women were recruited over a 2-year period from May 2016 to September 2018. The minimum follow-up time from the start of ovarian stimulation was 2 years.
Results: Baseline and treatment-related characteristics were similar between the two groups, and an equal number of participants had an additional FET following the initial fresh or frozen transfer in the two groups. Combining all FET from the included oocyte retrievals, the cumulative live birth rate was 42.6% (95/223) in the freeze-all group versus 41.7% (96/230) in the fresh strategy group (risk ratio 1.0, 95% CI 0.87-1.19; P = 0.93). The median time (interquartile range) to the first pregnancy was 106.0 (80.5-156.5) versus 29.0 (27.0-113.5) days in the freeze-all and fresh transfer group, respectively. The total number of deliveries from all subsequent FET cycles was similar between the freeze-all strategy and fresh transfer strategy group: 15.2% (34/223) versus 12.6% (29/230), respectively (P = 0.5).
Conclusions: When comparing a freeze-all strategy with a fresh transfer strategy in a randomized controlled trial setting, no significant difference was found in the cumulative live birth rates between the two strategies.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 3.5 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (17/141) ; Reproductive Biology (8/43) **Journal Citation Indicator:** 1.33

Tresserra F, Perez-Fuentes J, Ara C. **Tissue reaction of the hydrogel marker HydroMARK**. Rev Senol Patol Mamar. 2025;38:100699. doi:10.1016/j.senol.2025.100699.

(no abstract)

Indexat a: JCR **Factor Impacte:** 0.2 **Quartil:** 4 **Categoria:** Obstetrics & Gynecology (Q4) ; Oncology (Q4) **Posició:** Obstetrics & Gynecology (133/141) ; Oncology (318/321) **Journal Citation Indicator:** 0.08

Tresserra F, Dinarès C, **Luque O**, Serra M, **Castella M**, Retamales L, **Fabra G**, Valera S, **Rodríguez I**. **Intercenter Study of Interobserver Variability With Optical and Digital Imaging in Cervicovaginal Cytology. Simulation of a Quality Control Program**. Cytopathology. 2026 Jan;37(1):45-52. doi: 10.1111/cyt.70025. Epub 2025 Sep 19. PMID: 40973996.

Introduction: Participation in diagnostic intercomparison programs is a mandatory requirement for accreditation of cytology laboratories. Results described by these programs in cervico vaginal cytology (CVC) show a significant number of discrepancies. We hypothesised whether the use of IA systems, such as the ThinPrep Genius system, would improve diagnostic concordance.
Methods: We simulated an intercomparison program between two centres in which four observers used the same 30 cases of CVC with negative diagnoses, ASCUS, LSIL and HSIL and observed them with light optic microscopy (OM) and two Genius (G1 and G2) systems, one from each centre.
Results: The diagnostic agreement between OM and the two Genius was similar, with overall agreement values of 82% for G1 and 78% for G2 and OM, and similar kappa values for the three techniques. However, both Genius diagnosed glandular lesions that were not included in the selected cases and were not diagnosed with OM.
Conclusion: The concordance obtained in both OM and Genius is acceptable and falls within the range of that obtained in what is described in intercomparison programs. We must consider the greater affinity for diagnosing glandular lesions with Genius and the fact that there may be discrete differences between two different devices, probably due to calibration.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 1.1 **Quartil:** 3 **Categoria:** Cell Biology (Q4) ; Pathology (Q3) **Posició:** Cell Biology (198/204) ; Pathology (66/90) **Journal Citation Indicator:** 0.29

Úbeda A, **Cabrera S**, **Escales C**, **Funes B**, **Martínez M**, **Puche A**, **Martínez García S**. **Predictors of vasovagal symptoms or syncope during outpatient diagnostic hysteroscopy: A prospective observational study.** Eur J Obstet Gynecol Reprod Biol. 2025 May;309:121-125. doi: 10.1016/j.ejogrb.2025.03.044. Epub 2025 Mar 20. PMID: 40121697.

Objective: To analyze factors conditioning the apparition of vasovagal prodromic symptoms or vagal syncope during or immediately after a diagnostic hysteroscopy performed in an outpatient setting.
Study design: Prospective observational study including 1255 patients who received an outpatient diagnostic hysteroscopy in the Hysteroscopy Unit of Quirón Dexeus University Hospital, Barcelona, Spain since April 2019 until December 2021. Data such as fasting, smoking, analgesic or anxiolytic treatment intake, parity and menopausal status were collected. Patients with pathologies or treatments that could modify pain tolerance were excluded.

Results: Mean age was 42.7 ± 9.03 years. An 84.3 % of patients were premenopausal, while 15.7 % were smokers and 59 % of them had smoked 30 min before the procedure. Thirty-three point three percent of patients were fasting and 56.5 % had taken analgesic or anxiolytic pre-medication. A total of 79 patients (6.3 %) developed symptoms of vasovagal reaction. Pain was reported as 7.56 ± 1.97 in the Visual Analogic Scale (VAS) in patients with vagal symptoms versus 4.95 ± 2.66 in patients without vagal symptoms ($p < 0.001$). In the multivariate logistic model only a higher VAS score and a previous history of vasovagal symptoms during medical procedures were associated to a higher probability of developing vagal symptoms after adjusted by covariates [Odds Ratio (OR): 1.67 (95 % confidence interval (CI):1.45;1.93), OR:3.44 (95 % CI: 2.04;5.79) respectively].
Conclusions: When performing an outpatient hysteroscopy, patients should be asked about their previous history of vagal symptoms during medical procedures. Painful procedures should be immediately stopped in order to prevent discomfort, avoid the apparition of vagal prodromes or syncope and improve satisfaction with the procedure.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 1.9 **Quartil:** 2 **Categoria:** Obstetrics & Gynecology (Q2) ; Reproductive Biology (Q3) **Posició:** Obstetrics & Gynecology (66/141) ; Reproductive Biology (30/43) **Journal Citation Indicator:** 0.67

Working Group on the update of the ESHRE/ALPHA Istanbul Consensus; Coticchio G, Ahlström A, **Arroyo G**, Balaban B, Campbell A, De Los Santos MJ, Ebner T, Gardner DK, Kovačič B, Lundin K, Magli MC, Mcheik S, Morbeck DE, Rienzi L, Sfontouris I, Vermeulen N, Alikani M. **The Istanbul consensus update: a revised ESHRE/ALPHA consensus on oocyte and embryo static and dynamic morphological assessment**†,‡. Hum Reprod. 2025 Jun 1;40(6):989-1035. doi: 10.1093/humrep/deaf021. PMID: 40288770; PMCID: PMC12127515.

Study question: What are the current recommended criteria for morphological assessment of oocytes, zygotes, and embryos?
Summary answer: The present ESHRE/Alpha Scientists in Reproductive Medicine consensus document provides several novel recommendations to assess oocyte and embryo morphology and rank embryos for transfer.
What is known already: A previous Alpha Scientists in Reproductive Medicine/ESHRE consensus on oocyte and embryo morphological assessment was published in 2011. After more than a decade, and the integration of time-lapse technology into embryo culture and assessment, a thorough review and update was needed.
Study design, size, duration: A working group consisting of Alpha Scientists in Reproductive Medicine executive committee members and ESHRE Special interest group of Embryology members formulated recommendations on oocyte and embryo assessment.
Participants/materials, setting, methods: The working group included 17 internationally recognized experts with extensive experience in clinical embryology. Seven members represented Alpha Scientists in Reproductive Medicine and eight

members represented ESHRE, along with to two methodological experts from the ESHRE central office. Based on a systematic literature search and discussion of existing evidence, the recommendations of the Istanbul Consensus (2011) were reassessed and, where appropriate, updated based on consensus within the working group. A stakeholder review was organized after the updated draft was finalized. The final version was approved by the working group, the Alpha executive committee and the ESHRE Executive Committee.
Main results and the role of chance: This updated consensus paper provides 20 recommendations focused on the timeline of preimplantation developmental events and morphological criteria for oocyte, zygote, and embryo assessment. Based on duration of embryo culture, recommendations are given on the frequency and timing of assessments to ensure consistency and effectiveness.
Limitations, reasons for caution: Several criteria relevant to oocyte and embryo morphology have not been well studied, leading to either a recommendation against their use for grading or for their use in ranking rather than grading. Future updates may require further revision of these recommendations.
Wider implications of the findings: This document provides embryologists with advice on best practices when assessing oocyte and embryo quality based on the most recent evidence.
Study funding/competing interest(s): The consensus meeting and writing of the paper were supported by funds from ESHRE and Alpha Scientists in Reproductive Medicine. The working group members did not receive any payment. G.C. declared payments or honoraria for lectures from Gedeon Richter and Cooper Surgical. A.C. declared text book royalties (Mastering Clinical Embryology, published 2024), consulting fees from Cooper Surgical, Gedeon Richter and TMRW Life Sciences, honoraria for lectures from Merck, Ferring, and Gedeon Richter, and participation in the HFEA Scientific Advances Committee; she also disclosed being treasurer and vice-president of Alpha Scientists in Reproductive Medicine, a shareholder in Care Fertility Limited and Fertile Mind Limited, and having stock options in TMRW Life Sciences and U-Ploid Biotechnology Ltd. L.R. declared consulting fees from Organon, payments or honoraria for lectures from Merck, Organon, IBSA, Finox, Geden Richter, Origio, Organon, Ferring, Fundation IVI; she also disclosed being a member of the Advisory Scientific Board of IVIRMA (Paid) and a member of the Advisory Scientific Board of Nterilizer (unpaid). I.S. declared payments or honoraria for lectures from Vitrolife and Cooper Surgical, and stock options from Alife Health. M.A. declared payments or honoraria for lectures from Vitrolife and support for attending meetings from Vitrolife and Cooper Surgical (both unrelated to this manuscript). The other authors have no conflicts of interest to declare.
Disclaimer: This Good Practice Recommendations (GPRs) document represents the consensus views of the members of this working group based on the scientific evidence available at the time of the meeting. GPRs should be used for information and educational purposes. They should not be interpreted as setting a standard of care or be deemed inclusive of all proper methods of care or be exclusive of other methods of care reasonably directed to obtaining the same results. They do not replace the

need for application of clinical judgement to each individual presentation, or variations based on locality and facility type.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 6.1 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (7/141) ; Reproductive Biology (4/43) **Journal Citation Indicator:** 2.23 ***1er Decil**

Working Group on the update of the ESHRE/ALPHA Istanbul Consensus,; Coticchio G, Ahlström A, **Arroyo G**, Balaban B, Campbell A, De Los Santos MJ, Ebner T, Gardner DK, Kovačič B, Lundin K, Magli MC, Mcheik S, Morbeck DE, Rienzi L, Sfontouris I, Vermeulen N, Alikani M. **The Istanbul Consensus update: a revised ESHRE/ALPHA consensus on oocyte and embryo static and dynamic morphological assessment**† ‡. Reprod Biomed Online. 2025 Jun;50(6):104955. doi: 10.1016/j.rbmo.2025.104955. Epub 2025 Apr 28. PMID: 40300986.

This European Society of Human Reproduction and Embryology (ESHRE)/Alpha Scientists in Reproductive Medicine (ALPHA) consensus document provides several novel recommendations to assess oocyte and embryo morphology and rank embryos for transfer. A previous ALPHA/ESHRE consensus on oocyte and embryo morphological assessment was published in 2011. After more than a decade, and the integration of time-lapse technology into embryo culture and assessment, a thorough review and update was needed. A working group consisting of ALPHA members and ESHRE Special interest group of Embryology members formulated recommendations on oocyte and embryo assessment. The working group included 17 internationally recognized experts with extensive experience in clinical embryology. Seven members represented ALPHA and eight members represented ESHRE, along with two methodological experts from the ESHRE central office. Based on a systematic literature search and discussion of existing evidence, the recommendations of the Istanbul Consensus (2011) were reassessed and, where appropriate, updated based on consensus within the working group. A stakeholder review was organized after the updated draft was finalized. The final version was approved by the working group, the ALPHA Executive Committee and the ESHRE Executive Committee. This updated consensus paper provides 20 recommendations focused on the timeline of preimplantation developmental events and morphological criteria for oocyte, zygote and embryo assessment. Based on the duration of embryo culture, recommendations are given on the frequency and timing of assessments to ensure consistency and effectiveness. Several criteria relevant to oocyte and embryo morphology have not been well studied, leading to either a recommendation against their use for grading or for their use in ranking rather than grading. Future updates may require further revision of these recommendations. This document provides embryologists with advice on best practices when assessing oocyte and embryo quality based on the most recent evidence.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 3.5 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (17/141) ; Reproductive Biology (8/43) **Journal Citation Indicator:** 1.33 ***1ºDecil**

Wu JN, Pérez-López FR, **Rodríguez I**, Yao L, Mao LY. **Association between maternal circulating total triiodothyronine and subsequent risk of preeclampsia**. Eur J Med Res. 2025 Sep 4;30(1):842. doi: 10.1186/s40001-025-03118-w. PMID: 40908476; PMCID: PMC12409951.

Introduction: To clarify the uncertain association between maternal total triiodothyronine (TT3) levels and preeclampsia risk.
Methods: In a hospital-based cohort of pregnant women with universal thyroid testing, we assessed the association between TT3 and preeclampsia using directed acyclic graphs (DAG) to control confounders.
Results: Maternal TT3 levels were associated with preeclampsia risk, with an adjusted odd ratio (OR) of 2.32 (95% confidence interval (CI) 2.02-2.68) in women with the highest TT3 quartile comparing to those in the lowest quartile. A J-shaped association was identified for early onset preeclampsia, with particularly strong association when thyroid-stimulating hormone exceeded 2.5 µIU/mL (OR, 17.22, 95% CI 4.52-65.60). Gestational age > 18 weeks at measurement significantly modified the effect of TT3 on preeclampsia risk, with an interaction OR of 3.22 (95% CI 1.56-6.62).
Conclusion: Increased maternal TT3 levels were associated with preeclampsia. TT3 may contribute to preeclampsia pathogenesis and serve as a clinical biomarker, especially for early onset cases with thyroid dysfunction.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 3.4 **Quartil:** 2 **Categoria:** Medicine, research & experimental **Posició:** 75/195 **Journal Citation Indicator:** 0.71

Zaffagnini G, **Solé M**, Duran JM, **Polyzos NP**, Böke E. **The proteostatic landscape of healthy human oocytes**. EMBO J. 2025 Aug;44(16):4611-4630. doi: 10.1038/s44318-025-00493-2. Epub 2025 Jul 16. PMID: 40670770; PMCID: PMC12361380.

Oocytes, female germ cells that develop into eggs, are among the longest-lived cells in the animal body. Recent studies on mouse oocytes highlight unique adaptations in protein homeostasis (proteostasis) within these cells. However, the mechanisms of proteostasis in human oocytes remain virtually unstudied. We present the first large-scale study of proteostatic activity in human oocytes using over 100 freshly donated oocytes from 21 healthy women aged 19-34 years. We analysed the activity and distribution of lysosomes, proteasomes, and mitochondria in both immature and mature oocytes. Notably, human oocytes exhibit nearly twofold lower proteolytic activity than surrounding somatic cells, with further decreases as oocytes mature. Oocyte maturation is also coupled with lysosomal exocytosis and a decrease in mitochondrial membrane potential. We propose that reduced organelle activity preserves key cellular components critical for early embryonic development during the prolonged maturation of human oocytes. Our findings highlight the distinctive biology

of human oocytes and the need to investigate human-specific reproductive biology to address challenges in female fertility.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 8.3 **Quartil:** 1 **Categoria:** Biochemistry & Molecular Biology (Q1) ; Cell Biology (Q1) **Posició:** Biochemistry & Molecular Biology 30/320 ; Cell Biology 34/204 **Journal Citation Indicator:** 1.65 ***1er Decil**

Zurera-Egea C, **Mateo S**, Novo S, Asensio M, **Boada M**, Antich M, Rovira S, Sarrate Z, Blanco J, Anton E. **The Utility of Sperm DNA Fragmentation as a Diagnostic Tool for Male Infertility and Its Predictive Value for Assisted Reproductive Technology Outcomes**. Int J Mol Sci. 2025 Jun 30;26(13):6314. doi: 10.3390/ijms26136314. PMID: 40650094; PMCID: PMC12250217.

Standard semen parameters remain the cornerstone of male infertility evaluation, though they often poorly reflect the likelihood of success in assisted reproductive technology (ART). This study evaluates sperm DNA fragmentation (SDF) as a diagnostic tool for male infertility and predictive biomarker for ART success. Semen samples were collected from 20 fertile donors and 40 infertile patients with abnormal semen parameters. A fraction of each sample was used for SDF assessment via TUNEL assay and flow cytometry, while the remaining portion was processed for conventional semen analysis and ART. Infertile patients exhibited higher SDF levels (32.77 ± 13.61%) compared to donors (22.19 ± 8.37%; $p < 0.01$), a difference that remained statistically significant across all subgroups stratified by semen parameters. Additionally, significant correlations were obtained between the percentage of SDF and sperm count ($r = -0.4036$), motility ($r = -0.6377$), and morphology ($r = -0.2783$). Regarding ART outcomes, patients with low-quality embryos exhibited higher SDF levels compared to those with high-quality embryos (30.02 ± 12.52% vs. 23.16 ± 8.41%; $p = 0.0036$). Receiver operating characteristic (ROC) curve analysis revealed an area under the curve (AUC) above 0.7 for the classification of male infertility as well as the assessment of embryo quality. Overall, our results support the utility of SDF as both a diagnostic biomarker for male infertility and a predictive indicator of embryo quality in ART, particularly in the presence of an oocyte-related female factor.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 4.9 **Quartil:** **Categoria:** Biochemistry & Molecular Biology (Q1) ; Chemistry, multidisciplinary (Q2) **Posició:** Biochemistry & Molecular Biology (72/320) ; Chemistry, multidisciplinary (70/239) **Journal Citation Indicator:** 0.71

ENDOCRINOLOGIA I NUTRICIÓ

Núm. articles indexats: 1 Núm. articles indexats al JCR: 1 **Journal Impact Factor ™ – 2025:** 4.6
Factor Impacte mitjà x article: 4.6

Leathersich S, Roche C, Hart R. **Minimising OHSS in women with PCOS**. Front Endocrinol (Lausanne). 2025 Mar 13;16:1507857. doi: 10.3389/fendo.2025.1507857. PMID: 40182629; PMCID: PMC11966453.

Ovarian hyperstimulation syndrome (OHSS) is a serious iatrogenic complication of ovarian stimulation during in vitro fertilisation (IVF) treatment and is associated with significant morbidity and a small risk of mortality. Women with polycystic ovary syndrome (PCOS) are at a substantially increased risk of developing OHSS compared to those without. This paper reviews the current evidence for strategies to mitigate the risk of OHSS in this patient population. In order to minimise the risk of OHSS, clinicians should identify patients at high risk prior to commencing treatment and provide adequate pre-treatment counselling regarding the risks and benefits of IVF treatment, as well as alternative treatment options. Strategies that can reduce the risk of OHSS include co-treatment with metformin in gonadotropin releasing hormone (GnRH) agonist cycles, use of GnRH antagonist or PPOS protocols, appropriate gonadotropin dosing, the use of a GnRH agonist trigger for oocyte maturation in antagonist or PPOS protocols, cryopreservation of all embryos with deferred frozen embryo transfer, and treatment with dopamine-agonists after oocyte collection. In vitro maturation (IVM) offers an alternative with no risk of OHSS, however currently has a lower cumulative live birth rate than conventional IVF. These strategies can prevent significant early and late OHSS in women with PCOS and should be used to optimise the safety of IVF for this high-risk population, striving for OHSS-free treatment for all patients undergoing IVF.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 4.6 **Quartil:** 1 **Categoria:** Endocrinology & Metabolism **Posició:** 43/193 **Journal Citation Indicator:** 0.93

APARELL DIGESTIU I ENDOSCOPIA

Núm. articles indexats: 7 **Núm. articles indexats al JCR:** 4 **Journal Impact Factor ™ – 2025:** 20.5
Factor Impacte mitjà x article: 5.12

Arvaniti P, Rodríguez-Tajes S, Padilla M, Olivas I, Mauro E, El Maimouni C, Lytvyak E, Verhelst X, Engel B, Taubert R, Lorente-Pérez S, Conde I, Riveiro-Barciela M, Ruiz-Cobo JC, Álvarez-Navascués C, Salcedo M, Gómez J, Janik MK, Mateos B, Efe C, Granito A, Dajti E, Azzaroli F, Horta D, **Vila C**, Castello I, Pérez-Medrano I, Arencibia A, Gerussi A, Bruns T, Colaprieto F, Lleo A, Van den Ende N, Verbeek J, Díaz-González Á, Morillas RM, Torner-Simó M, Bernal V, Fernández EM, Gevers TJG, Terziroli Beretta-Piccoli B, Gómez E, Cuenca P, de Boer YS, Kerkar N, Assis DN, Liberal R, Drenth JPH, Tana MM, Sebode M, Schregel I, Schramm C, Lohse AW, Montano-Loza AJ, Zachou K, Villamil A, Dalekos GN, Londoño MC; International Autoimmune Hepatitis Group (IAIHG); European Reference Network on Hepatological Diseases (ENR RARE-LIVER); Spanish Registry for Autoimmune and Cholestatic Diseases (ColHai) Registry. **Hepatic Encephalopathy and MELD-Na Predict Treatment Benefit in Autoimmune Hepatitis-related Decompensated Cirrhosis**. Clin Gastroenterol Hepatol. 2026 Apr;24(4):1055-1067.e6. doi: 10.1016/j.cgh.2025.02.010. Epub 2025 Apr 8. PMID: 40210079.

Background & aims: Management of patients with autoimmune hepatitis (AIH)-related decompensated cirrhosis is challenging because of the risk of treatment-related complications and lack of clinical recommendations. We investigated the predictive factors for treatment benefit in AIH-related decompensated cirrhosis at diagnosis and developed an algorithm to guide treatment decisions in clinical practice.
Methods: This retrospective, international, multicenter study included 232 patients with histologically confirmed AIH-related decompensated cirrhosis at diagnosis. The sub-hazard ratio (SHR) of mortality was determined by competing risk analysis, considering liver transplantation (LT) as competing event. A decision tree analysis was used to develop a treatment algorithm.
Results: At diagnosis, 89% of patients had ascites, and 41% had overt hepatic encephalopathy (OHE). Treated patients (n = 214; 92%) had higher aminotransferases, bilirubin, and modified hepatic activity index. The SHR of mortality was lower in treated patients (0.438; 95% confidence interval [CI], 0.196-0.981; P = .045). Patients without OHE grade 3/4 and Model for End-Stage Liver Disease-Sodium (MELD-Na) ≤28 at

diagnosis were more likely to benefit from treatment. In these patients, a decline in MELD-Na ≥11 after 4 weeks of treatment had a 100% negative predictive value for death/LT. Forty-nine percent of treated patients recompensated during follow-up. Twenty percent of patients had to discontinue treatment, 65% during the first 4 weeks, and only 4% due to infectious complications. OHE ≥grade 2 and MELD-Na at diagnosis predicted the need for treatment discontinuation.
Conclusions: Immunosuppression is beneficial in patients with AIH-related decompensated cirrhosis and active disease. OHE and MELD-Na at diagnosis, along with a decline in MELD-Na at 4 weeks of treatment, are the most important determinants of outcome and can guide treatment decisions.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 12.2 **Quartil:** 1 **Categoria:** Gastroenterology & Hepatology **Posició:** 9/148 **Journal Citation Indicator:** 2.90 ***1er Decil**

Crespo J, Fernández Rodríguez CM, Martín Arranz MD, Téllez L, Argüelles-Arias F, Orive A, **Espinet E**. **Role of the gastroenterologist in the comprehensive management of people living with obesity.** SEPD Position Paper. Rev Esp Enferm Dig. 2025 Oct;117(10):547-553. doi: 10.17235/reed.2025.11636/2025. PMID: 41020952.

Obesity represents the most prevalent chronic metabolic disease and one of the greatest healthcare and social challenges of our time. Its close association with multiple digestive disorders-including metabolic dysfunction-associated steatotic liver disease (MASLD), various digestive cancers, inflammatory bowel disease, and gastroesophageal reflux disease-positions the gastroenterologist as a key actor in its detection, stratification, and comprehensive management. The SEPD position statement underscores the need to move beyond a complication-centered approach and to establish the gastroenterology consultation as a privileged entry point for the care of individuals living with obesity. SEPD advocates for a digestive-centered framework that integrates prevention, advanced diagnostics, pharmacological therapies, endoscopy, and surgery within a continuum of care led by gastroenterologists. Distinctively, the position statement incorporates metabolic endoscopy as a minimally invasive and cost-effective alternative, serving as a bridge between pharmacological treatment and surgery-an area in which Spanish gastroenterologists have developed recognized expertise and international leadership. It also promotes a stigma-free approach, calling for respectful and equitable language as part of the society's explicit ethical commitment. Furthermore, SEPD emphasizes the importance of real-world registries focused on digestive outcomes, fostering collaborative research and the generation of evidence applicable to both clinical practice and health policy. Taken together, this document reaffirms SEPD's clinical, scientific, and social commitment in the fight against obesity, advancing an innovative, person-centered, interdisciplinary, and humanistic approach aimed at transforming healthcare delivery and decisively contributing to the improvement of digestive and overall population health.

Indexat a: Pubmed / Medline / SCIE **Factor Impacte: Quartil: Categoria: Posició: Journal Citation Indicator:**

Espinet-Coll E, Nebreda-Durán J, Bautista-Altamirano C, Perretta S, Galvao-Neto M. **Endoscopic sleeve gastroplasty (ESG) – A semi-systematic review of current evidence, metabolic impact, special populations, and comparative strategies.** Rev Esp Enferm Dig. 2025 Dec 18. doi: 10.17235/reed.2025.11719/2025. Epub ahead of print. PMID: 41410254.

Obesity is a major global health challenge. Conventional lifestyle interventions or emerging anti-obesity medications often fail to achieve sustained long-term results. Metabolic and bariatric surgery (MBS) remains the gold-standard treatment for moderate-to-severe obesity and its comorbidities. However, concerns regarding operative risk, irreversibility, high cost, and patient refusing surgical option limit broader adoption. Endoscopic bariatric therapies (EBT) have emerged as a minimally invasive alternative bridging medical and surgical approaches. Endoscopic sleeve gastroplasty (ESG) has become the most widely adopted. First described in 2013, ESG has demonstrated feasibility, safety, and efficacy in obesity management. Large case series and meta-analyses report 15-20% total weight loss up to 24 months, emerging 5-year data, and 50-80% improvement in obesity-related comorbidities. Serious adverse events occur in less than 2.5% of cases. ESG is highly cost-effective compared with lifestyle intervention alone. Relative to laparoscopic sleeve gastrectomy, ESG offers lower procedural risk, faster recovery, and anatomical preservation, making it suitable for patients with mild-to-moderate obesity or elevated surgical risk. Emerging innovations in EBT include ESG technical improvements, robotic-assisted ESG, new suturing devices, combination therapy with GLP-1RAs, small-intestine metabolic interventions, and AI-assisted navigation. With ongoing advancements and expanding indications, ESG is poised to become a cornerstone of modern obesity management. This semi-systematic review summarizes recent global ESG evidence from 2020 to 2025, highlighting mechanisms and technical aspects, indications, efficacy in weight loss and metabolic improvement, special populations, safety, cost-effectiveness, and comparisons with diet alone, pharmacotherapy, and bariatric surgery.

Indexat a: Pubmed / Medline **Factor Impacte: Quartil: Categoria: Posició: Journal Citation Indicator:**

Espinet-Coll E, Turró-Arau R, Nebreda-Durán J, Abad-Belando R, MartínezNúñez-Martínez Ó, Saenger F, Varas-Lorenzo M, Samaniego-Aquino FA, **Díaz-Galán P**, Ortega-Sabater A, Grau-Manrubia G, López-Roldán G, Alberdi-Alonso JM, Galvao Neto M. **Prospective, Multicenter Clinical Trial to Evaluate the Safety of the Stella® Intragastric Balloon at 7 Months and the Balloon Delivery System**. Obes Surg. 2025 Oct;35(10):4440-4451. doi: 10.1007/s11695-025-08264-y. Epub 2025 Sep 19. Erratum in: Obes Surg. 2025 Dec;35(12):5662. doi: 10.1007/s11695-025-08361-y. PMID: 40968297; PMCID: PMC12540573.

Background: The intragastric balloon (IGB) is a well-established treatment for obesity. However, several models have been developed to optimize outcomes and procedural efficiency. The Stella®-IGB is a novel, double-lumen device, designed for guidewire-assisted placement to improve procedural safety and patient comfort.
Methods: This is a prospective, multicenter, longitudinal, non-randomized study aimed to demonstrate the safety and feasibility of the Stella®-IGB system. Balloon insertion, delivery system, 6-month permanence integrity, 7-month adverse events (AEs) according to Clavien-Dindo AGREE classification, intolerance rate, weight loss and metabolic improvement were investigated.
Results: Sixty-nine patients (72.46% females), median age of 42.0 years (IQR 34, 52) and BMI of 33.5 kg/m2 (IQR 31.0, 36.1) were included. Adequate balloon insertion and 6-month good integrity permanence were obtained in 66/69 (95.65%). Three dysfunction cases were observed: one technical deploy difficulty (twisting of the feeding catheter), one device rupture due to extensive fungal colonization of the balloon and one partially deflated balloon. None presented clinical or endoscopic sequelae. The median balloon insertion time was 4.23 s (IQR 3.04, 5.0), with a first attempt rate of 97.1%. Balloon intolerance was detected in 5.8% of patients. At 6-month follow-up the mean %TWL was 15.39% (95%CI 13.77, 17.00%), with significant metabolic improvement. Globally, 211 grade I-II minor AEs were reported, with no serious AEs (95%CI 0.98, 1).
Conclusion: Stella®-IGB uses a double-lumen probe and a guidewire for a more comfortable and safe placement procedure. No serious AEs were observed. Stella®-IGB could expand current indications to IGB placement for endoscopists-in-training and in case of pharyngo-esophageal anatomical alterations.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 3.1 **Quartil:** 1 **Categoria:** Surgery **Posició:** 45/314 **Journal Citation Indicator:** 1.37

Espinet-Coll E, Turró-Arau R, Nebreda-Durán J, Abad-Belando R, Núñez-Martínez Ó, Saenger F, Varas-Lorenzo M, Samaniego-Aquino FA, Díaz-Galán P, Ortega-Sabater A, Grau-Manrubia G, López-Roldán G, Alberdi-Alonso JM, Neto MG. **Correction: Prospective, Multicenter Clinical Trial To Evaluate the Safety of the Stella® Intragastric Balloon at 7 Months and the Balloon Delivery System.** Obes Surg. 2025 Dec;35(12):5662. doi: 10.1007/s11695-025-08361-y. Erratum for: Obes Surg. 2025 Oct;35(10):4440-4451. doi: 10.1007/s11695-025-08264-y. PMID: 41144148; PMCID: PMC12722263.

(no abstract)

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 3.1 **Quartil:** 1 **Categoria:** Surgery **Posició:** 45/314 **Journal Citation Indicator:** 1.37

Llach J, Flores L, de Hollanda A, Andreu A, **Espinet-Coll E**, Casanova G, Olivé MI, Rivas E, Ibarzabal A, Osorio J, Vidal J, Balaguer F, Pellisé M. **Transoral outlet reduction for**

dumping syndrome after gastric bypass: A case series. Gastroenterol Hepatol. 2025 Nov;48(9):502468. English, Spanish. doi: 10.1016/j.gastrohep.2025.502468. Epub 2025 May 18. PMID: 40393627.

Background: Changing direction, kicking, reaching, and jumping have been found to be the primary mechanisms of adductor longus injury. No previous studies specifically analyzing severe adductor longus injury mechanisms using video analysis have been published.
Purpose: To systematically analyze video footage to describe the mechanisms of severe acute adductor longus injuries in male professional soccer players.
Study design: Cross-sectional study; Level of evidence, 3.
Methods: A total of 20 professional male soccer players (median age, 27 years; range, 18-35 years) who experienced an acute adductor longus injury during a match between October 2017 and December 2023 were included. All analyzed injuries were severe, either complete adductor longus tendon ruptures or partial lesions resulting in an absence from soccer competition of >28 days. Two authors independently reviewed the injuries based on a comprehensive injury causation model. Factors analyzed included playing situation, player/opponent behavior, and biomechanical descriptions encompassing whole-body and joint movements/positions.
Results: Of the 20 included injuries, 13 (65%) were considered noncontact and 7 (35%) were indirect contact. A closed kinetic chain (CKC) injury mechanism was found in 14 injuries (70%), an open kinetic chain (OKC) mechanism was found in 3 injuries (15%), and the injury occurred during high-speed running in the remaining 3 cases (15%). Player actions at the time of injury included reaching with the uninjured leg (CKC stretching; n = 11 [55%]), reaching with the injured leg (OKC stretching; n = 2 [10%]), dribbling (n = 2 [10%]), and landing (n = 2 [10%]). In CKC injuries, hip extension, hip abduction, and external rotation were all found in 64% of the cases. All OKC injuries involved hip abduction, external rotation, and rapid change of movement from hip extension to flexion.
Conclusion: Severe adductor longus injuries occurred predominantly during CKC actions, particularly when reaching for the ball with the uninjured leg. These injuries were consistently characterized by a combination of hip extension, abduction, and external rotation. A crucial aspect in these injuries appears to be the involvement of an eccentric muscle action, featuring rapid muscle activation during rapid muscle lengthening.

Indexat a: Pubmed / Medline / SCIE **Factor Impacte: Quartil: Categoria: Posició: Journal Citation Indicator:**

Torres-Borrego J, Suárez-Pérez J, Aliaga-Mazas Y, Burgos AM, **Nevot-Falcó S**. **Allergy to Alternaria alternata: Comprehensive review from the origin to the therapeutic approach**. Allergol Immunopathol (Madr). 2025 Sep 1;53(5):179-188. doi: 10.15586/aei.v53i5.1454. PMID: 40923435.

Alternaria alternata is an ubiquitous mold commonly found in both outdoor and indoor environments. It is a common airborne mold recognized as a significant aeroallergen linked to pediatric allergic rhinitis and asthma. Although sensitization rates in children vary regionally, evidence suggests that A. alternata allergy significantly impacts pediatric respiratory health and as its exposure worsens, respiratory outcomes in susceptible pediatric populations Alternaria. Children are especially vulnerable due to their developing immune and respiratory systems and greater exposure to environmental allergens. This narrative review aims to summarize current knowledge on A. alternata as an allergenic source in children, including its biology, allergenic components (especially Alt a 1), interactions with immune system, airway epithelium interacting with other allergens, and clinical relevance. We also discuss the allergen-specific immunotherapy strategies with standardized extracts that are effective and safe in pediatric patients. Understanding the role of Alternaria in allergic disease is essential for early and accurate diagnosis (including component-resolved methods), effective intervention, and improving long-term outcomes in affected children. Future research should focus on novel vaccine technologies and standardized pediatric-specific treatment protocols.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 2.1 **Quartil:** 3 **Categoria:** Allergy (Q3) ; Immunology (Q4) **Posició:** Allergy (23/40) ; Immunology (140/183) **Journal Citation Indicator:** 0.52

CIRURGIA MAXIL·LOFACIAL, IMPLANTOLOGIA I ESTÈTICA FACIAL

Núm. articles indexats: 4 Núm. articles indexats al JCR: 4 **Journal Impact Factor ™ – 2025:** 11.89
Factor Impacte mitjà x article: 2.97

Ruiz-Castilla M, **Dos-Santos BP**, **Yuste M**. **Breast Implant and Fat Grafting With Radial Scoring for Tuberous Breast Deformity With Lower Pole Constriction: A Retrospective Cohort Study**. Plast Reconstr Surg Glob Open. 2025 Aug 22;13(8):e7045. doi: 10.1097/GOX.0000000000007045. PMID: 40861504; PMCID: PMC12373092.

Background: Diverse surgical techniques can be used to correct tuberous breast deformity (TBD). This study aimed to analyze lower pole expansion using breast implants and fat grafting with radial scoring for TBD correction.
Methods: This retrospective study included patients who underwent TBD surgery between 2018 and 2022. All patients in whom a breast implant was used were included. Two groups were considered according to the use of fat grafting. Patients and surgeons assessed aesthetic outcomes at follow-up using the Aesthetic Items Scale.
Results: Sixty-two patients (median age of 30 y) were included in the study. Fat grafting was performed in 42 (67.7%) patients, and the volume of fat used was 65 (35 -120) mL.

No significant differences existed in radial scoring use (16 [80.0%] versus 35 [83.3%]) between the groups. In the fat grafting group, the Aesthetic Items Scale improved in shape, volume, symmetry, and total score. No patients reported altered sensitivity, and only 1 (1.6%) required revision surgery.
Conclusions: Combining diverse surgical techniques (implants, fat grafting, radial scoring) was associated with good aesthetic outcomes in TBD correction. This approach may be considered a feasible surgical approach for TBD.

Indexat a: Pubmed / WoS / Medline / JCR **Factor Impacte:** 3.4 **Quartil:** 1 **Categoria:** Surgery **Posició:** 41/314 **Journal Citation Indicator:** 1.54

Ustrell-Barral M, Zamora-Olave C, Khoury-Ribas L, **Rovira-Lastra B**, Martinez-Gomis J. **Relationship between sleep bruxism and masticatory performance in healthy adults: A cross-sectional study**. J Prosthet Dent. 2025 Sep;134(3):712-722. doi: 10.1016/j.prosdent.2025.03.029. Epub 2025 Apr 18. PMID: 40253234.

Statement of problem: Bruxism may have positive clinical consequences, but whether it contributes to masticatory function remains unclear.
Purpose: The purpose of this clinical study was to clarify the relationship between sleep bruxism and masticatory performance in young adults with healthy dentitions and to determine the roles of occlusal force, dental occlusion, temporomandibular disorders (TMDs), and jaw symptoms.
Material and methods: Ninety-seven dental students with healthy dentitions participated in this cross-sectional study (median age, 21.9 years; 84 women). Sleep bruxism was assessed at the dental level as the relative peeled area of a BruxChecker worn for 3 nights. Occlusal contact area and maximum occlusal force were measured using silicone transillumination and the Innobyte system. Frequencies of bruxism-related jaw symptoms and TMD were determined using the BruxScreen and diagnostic criteria for TMD protocols. Masticatory performance was assessed by masticating bagged silicone for 20 cycles and calculating the masticatory performance index as the percentage of silicone in weight that passed a 3.15-mm sieve. Bivariate and multiple linear regression analyses were performed, followed by moderated mediation modeling that considered the relative peeled area as a predictor, masticatory performance index as an outcome, and sex as a covariate (α=.05).
Results: Relative peeled area showed a bivariate positive correlation with the masticatory performance index ($P<.05$), but this was not significant in the stepwise multiple regression model ($P>.05$). Moderated mediation analysis revealed the relative peeled area exerted a positive indirect effect on masticatory performance via the occlusal force and occlusal contact area, which functioned as serial mediators. This indirect effect was not significant in participants with TMD pain and frequent jaw symptoms ($P>.05$).
Conclusions: Sleep bruxism may enhance masticatory performance in healthy dentate adults without TMD pain or bruxism-related jaw symptoms. This effect is primarily mediated by an increase in occlusal force and an enlargement of the occlusal contact area.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 3.4 **Quartil:** 2 **Categoria:** Medicine, research & experimental **Posició:** 75/195 **Journal Citation Indicator:** 0.71

Ustrell-Barral M, Zamora-Olave C, Khoury-Ribas L, **Rovira-Lastra B**, Martinez-Gomis J. **Relationship between bruxism behaviors and painful and non-painful jaw symptoms in healthy young adults, evaluated using different modes of assessment**. Cranio. 2026 May;44(3):472-482. doi: 10.1080/08869634.2025.2548051. Epub 2025 Aug 19. PMID: 40827438.

Objective: This study aimed to determine the relationship between sleep bruxism behaviors and jaw symptoms in healthy young adults.
Methods: This cross-sectional study included 99 dental students. Participants completed the Oral Behavior Checklist and the BruxScreen protocol and wore a BruxChecker for three nights.
Results: We found a positive correlation between self-reported awake and sleep bruxism and both painful and non-painful jaw symptoms. BruxChecker perforation, jaw symptoms, and tooth wear predicted self-report frequency of sleep bruxism on ordinal regression. However, sleep bruxism assessed with the BruxChecker or clinical examination was not associated with the frequency of any jaw symptoms.
Conclusion: In healthy young adults, the grinding component of sleep bruxism evaluated at the dental level is not associated with the frequency of either painful or non-painful jaw symptoms. Tooth wear and non-painful jaw symptoms might contribute to the self-reported frequency of sleep bruxism.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 1.094 **Quartil:** 2 **Categoria:** Dentistry, oral surgery & medicine **Posició:** 73/91 **Journal Citation Indicator:** 0.51

Ustrell-Barral M, Zamora-Olave C, Khoury-Ribas L, **Rovira-Lastra B**, Martinez-Gomis J. **The BruxChecker System for Quantitatively Assessing Sleep Bruxism at the Dental Level: Reliability, Reference Values and Methodological Considerations**. J Oral Rehabil. 2025 Jul;52(7):979-990. doi: 10.1111/joor. 13959. Epub 2025 Apr 17. PMID: 40247454; PMCID: PMC12162415.

Background: There is a need for reliable instruments that can quantitatively assess sleep bruxism at the dental level.
Objectives: This study aimed to determine the test-retest reliability of the occlusal peeled area using the BruxChecker, the methodological aspects that affect this reliability, and the reference values in a population of dental students.
Methods: Eighty-four dental students participated in this test-retest study (median age, 21.7 years; 74 women). A BruxChecker was worn for 3 consecutive nights and scanned after each night in the plaster model and by transillumination. The relative and absolute peeled areas were measured using the FIJI software, and BruxChecker perforation was determined visually. Reliability was assessed by the intraclass correlation coefficient (ICC) and Cohen's kappa.

Results: The absolute and relative peeled areas of the BruxChecker by transillumination after 2 or 3 nights provided the highest ICC values, which ranged from 0.918 to 0.929. BruxChecker perforation was present in 45% of the participants, with a kappa value of 0.777. The respective median peeled areas were 84.3 mm^2 and 9.9% for the absolute and relative values after using the BruxChecker for three nights. Ranges for the 10th-90th percentiles were 4.7%-17.0% and 39.4%-143.4 mm^2, respectively. Conclusions: The BruxChecker system demonstrates excellent reliability in measuring the occlusal peeled area in the studied population. This study proposes reference values for absolute and relative peeled areas after using the BruxChecker for three nights and scanning by transillumination.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 4 **Quartil:** 1 **Categoria:** Dentistry, oral surgery & medicine **Posició:** 14/163 **Journal Citation Indicator:** 1.43

ANESTESIOLOGIA

Núm. articles indexats: 4 **Núm. articles indexats al JCR:** 4 **Journal Impact Factor ™ – 2025:** 12
Factor Impacte mitjà x article: 3

Espinós Ramírez C, Roca Amatria G, Castellví Obiols P, Martínez-Rodríguez D, **Raynard M**, Viscasillas Draper B, Masgoret P, Rodríguez Cosmen C, Subirana Giménez L, Martinez García M, Mestres G, Melo M, Nebot Galindo A, Montero Gaig N, Sánchez-Migallón V, Valencia Royo D, Pacheco Comino NL, Bermejo Perez I, Santos Farré C, Toll Salillas L, Alonso Gelabert A, **Homs M**, Ribas P, **Teixell C**, Plaza Moral AM, Tena B, Fernández Castiñeira A, Armengol Gay M, Fort Pelai B, García Bartoló C, Mestre Iniesta C, Peig Font A, Esteller PG, Clave JL, Gasca Pera S, Batalla A, Vargas Raidi V. **Assessing the Experience and Management of Acute Post-Operative Pain from Caesarean Delivery: A Multi-Centre Cohort Study**. J Clin Med. 2025 Jun 30;14(13):4638. doi: 10.3390/jcm14134638. PMID: 40649012; PMCID: PMC12250761.

Background: Caesarean section is considered one of the surgeries with the highest prevalence of postoperative pain, yet this is often underestimated and undertreated. This study was aimed at evaluating the prevalence and severity of postoperative pain, assessing which analgesic strategy is the most effective and identifying those risk factors associated with poorer analgesic results. Methods: A multi-centre observational study was conducted on 514 women undergoing elective caesarean section. The primary endpoints included postoperative pain severity at rest and with movement at 6 and 24 h. Results: The combination of intrathecal morphine and fentanyl with acetaminophen and Non Steroid Anti-inflammatory Drugs (NSAIDs) was associated with better pain control than any of the following treatments: intrathecal fentanyl with systemic acetaminophen and NSAIDs (2.49 ± 2.04 vs. 3.91 ± 2.75, ES = -0.610, p = 0.01),

elastomeric pump at 6 h at rest (2.49 ± 2.04 vs. 4.10 ± 2.86, ES -0.733, p = 0.04) and with movement (4.44 ± 2.41 vs. 6.14 ± 3.08, ES -0.671, p = 0.01) or epidural analgesia (4.44 ± 2.41 vs. 5.65 ± 2.57, ES -0.496, p = 0.02). No risk factors predicting poorer postoperative analgesia were found. Conclusions: The prevalence of postoperative pain control after elective caesarean section is high. The best analgesic postoperative regimen includes intrathecal morphine together with fentanyl and systemic analgesics. No risk factors associated with poorer outcomes were found.

Indexat a: Pubmed / WoS / JCR **Factor Impacte:** 2.9 **Quartil:** 1 **Categoria:** Medicine, general & internal **Posició:** 65/332 **Journal Citation Indicator:** 0.90

Frutos V, Delgado D, Cuñat T, Aguilar JL, **Recasens-Urbez J**, **Homs M**, Fernandez-Bravo A, Izquierdo RM, Munoz-Ortego J, Sánchez M, Cordero-García C, Abejón D, Cayuela M. **Optimal Information for Chronic Pain (OICP): Delphi Consensus on Patient Assessment and Interventional Techniques**. J Pain Res. 2025 Oct 31;18:5661-5671. doi: 10.2147/JPR.S548388. PMID: 41209743; PMCID: PMC12593803.

Purpose: Chronic pain is characterized by a persistence beyond the healing time of the injury. However, clinical documentation in this field remains highly variable, limiting the quality of patient care and research. Due to its multifactorial nature, a comprehensive evaluation of the methods used is essential. The objective of this work was to develop a consensus to define the optimal requirements for the evaluation of patients with chronic pain, with implications for real-world data analysis, predictive modeling, and standardized care pathways.
Patients and methods: A Delphi method was employed to gather expert opinions and to establish optimal criteria for evaluating chronic pain patients. After composition of the steering group and selection of the expert panel, based on clinical experience and multidisciplinary background, three surveys were conducted related to patient/pathology, treatment and follow-up. Survey items were derived from literature review and clinical guidelines and rated on a 5-point Likert scale. Three rounds per survey were conducted and the variables were categorized as essential if more than 70%/70%/75% of the experts agreed and less than 20%/10%/5% disagreed in each of the 3 rounds. The variables on which there was most consensus cover the whole pain management, including demographics, pain treatments, and follow-up assessing pain and medication consumption.
Results: The number of variables considered essential to be collected were 38/60 in patient/pathology survey, 103/150 in treatment survey and 13/34 in follow-up survey, reaching an overall percentage of 63.1%. The variables on which there was most consensus cover all pain management, including demographics, pain treatments, and follow-up assessing pain and medication use.
Conclusion: This work identifies several variables considered essential in the management of chronic pain patients, covering aspects related to the patient, pathology, treatment and follow-up, pointing out the importance of consensus within this field of medicine.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 2.5 **Quartil:** 2 **Categoria:** Clinical neurology **Posició:** 143/286 **Journal Citation Indicator:** 0.70

Homs M, Milà R, **Recasens J**, Delgado D, **Borràs RM**, Valdés R, Parés D. **Efficacy of Autologous Conditioned Serum on the Dorsal Root Ganglion in Patients with Chronic Radicular Pain: Prospective Randomized Placebo-Controlled Double Blind Clinical Trial (RADISAC Trial)**. J Clin Med. 2025 Nov 1;14(21):7771. doi: 10.3390/jcm14217771. PMID: 41227167; PMCID: PMC12608376.

Background: Pulsed radiofrequency (PRF) applied to the dorsal root ganglion (DRG) has been proposed as an effective neuromodulator treatment for persistent radicular pain. Autologous conditioned serum (ACS) therapy, derived from the patient's own blood, offers a conservative approach. This study aims to evaluate the efficacy of ACS applied to the DRG as an adjunct in treating lower limb radicular pain (LLRP). Methods: A prospective, randomized, double-blind, placebo-controlled clinical trial was conducted comparing PRF combined with ACS versus PRF with physiological saline (PhS) on the DRG. Seventy patients (35 per group) with radicular pain lasting ≥6 months and refractory to previous treatments were enrolled. The primary outcome measure was the Numeric Pain Rating Scale (NPRS); secondary measures included the Oswestry Disability Index (ODI), Mood Assessment Scale (MOAS), SF-12 quality of life questionnaire, and DN4 neuropathic pain scale. Assessments occurred at baseline, 1 month, 3 months, 6 months, and 12 months post-intervention. Results: A total of 70 patients were included. The ACS group showed a significant reduction in pain compared to controls at 30 days ($p < 0.05$). Additionally, neuropathic symptoms such as tingling, numbness, stubbing, and burning decreased significantly in the ACS group during this period ($p < 0.05$). While both groups experienced pain reduction over time, no significant differences persisted at 6 months. No adverse effects were reported. Conclusions: The addition of ACS to PRF provides a short-term, statistically significant reduction in radicular pain at 30 days, suggesting it is a safe and effective adjunct therapy for lower limb radicular pain.

Indexat a: Pubmed / WoS / JCR **Factor Impacte:** 2.9 **Quartil:** 1 **Categoria:** Medicine, general & internal **Posició:** 65/332 **Journal Citation Indicator:** 0.90

Perrotta M, D'Adamo E, Strozzi C, D'Egidio C, Del Rosso F, Maconi A, Picone S, Giardinelli G, Cepelli L, Cicolini I, Conte M, Bellinaso M, Negri R, Gazzolo F, Cassinari M, **Abella L**, Abdelhameed AS, Mangifesta R, Gazzolo D. **Capillary blood parameters are gestational age, birthweight, delivery mode and gender dependent in healthy preterm and term infants**. Clin Chem Lab Med. 2024 Aug 23;63(1):177-183. doi: 10.1515/cclm-2024-0821. PMID: 39191205.

Objectives: The measurement of blood pH and gas analytes (BPGA), soon after birth, constitutes the first-line standard of care procedure in high-risk newborns. However, no data is available in capillary blood on perinatal bias such as gestational age (GA), weight at birth (BW), delivery mode, and gender. The aims of the present study were to

investigate whether in a cohort of healthy preterm (PT) and term (T) infants BPGA were GA, BW, delivery mode and gender dependent, thus affecting BPGA reliability as diagnostic test.
Methods: We performed a prospective case-control study in 560 healthy infants (PT: n=115, T: n=445). BPGA was measured within 24-h from birth. Perinatal characteristics, outcomes, and clinical examination were also recorded.
Results: PT infants showed higher ($p<0.001$) carbon dioxide partial pressure (pCO2), fraction of fetal hemoglobin (HbF), base excess (BE), bicarbonate (HCO3), and lower lactate (Lac) levels. When corrected for delivery mode, higher ($p<0.001$) HbF, BE, HCO3, and lower Lac levels were found. Similarly, higher ($p<0.05$, for all) pCO2, HbF, BE, HCO3 and lower Lac levels were found between female and male PT and T infants. Repeated multiple logistic regression analysis showed that BPGA was GA, BW, delivery mode and gender dependent.
Conclusions: The present results showing that BPGA can be affected by a series of perinatal outcomes open the way to further investigations providing longitudinal BPGA reference curves in the transitional phase, thus empowering BPGA role as a reliable diagnostic and therapeutic strategies efficacy marker.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 3.7 **Quartil:** 1 **Categoria:** 7/33 **Posició: Journal Citation Indicator:** 1.53

OFTALMOLOGIA

Núm. articles indexats: 11 **Núm. articles indexats al JCR:** 10 **Journal Impact Factor ™ – 2025:** 35.8
Factor Impacte mitjà x article: 3.58

Boldu-Roig J, Sorli-Clemente E, Kuljuh-Causevic A, Loras A, Anton A, Martinez-Cadenas C. **Iris Pigmented Lesions: Unraveling the Genetic Basis of Iris Freckles and Nevi**. Invest Ophthalmol Vis Sci. 2025 Apr 1;66(4):62. doi: 10.1167/iovs.66.4.62. PMID: 40261663; PMCID: PMC12020957.

Purpose: To investigate the diversity of pigmented benign lesions in the human iris, aiming to provide insights for forensic, biomedical, and ophthalmological research.Methods: A cohort of 1014 individuals of Spanish descent was analyzed. Digital slit-lamp photographs were used to evaluate iris pigmentation traits, including iris freckles, iris nevi, iris color, and the presence of a pigmented collarette. A candidate gene association study was performed on these pigmentation traits.Results: Both iris freckles and nevi were associated with increased age, female sex, pigmented collarette, and eye color (mainly green). Additionally, higher freckle and nevus counts were observed in participants with more facial freckles and cutaneous nevi and were positively associated with each other. After adjustment, a positive significant association was identified between the presence of iris freckles and genetic variants in

the IRF4, HERC2, and OCA2 genes, as well as SLC45A2, although only in females. The prevalence of iris nevi was significantly lower compared to freckles. The presence of iris nevi also showed positive associations with genetic variants in IRF4 and HERC2, plus TYR in brown-eyed individuals only. No association was identified between MC1R, the major cutaneous freckle gene, and the presence of iris freckles or nevi.Conclusions: The genetic basis of iris freckles and nevi reveals associations with well-known pigmentation genes (particularly IRF4), as well as eye color, sex, and age. These findings contribute to our understanding of iris pigmented benign lesions and their potential implications in conditions such as uveal melanoma, age-related macular degeneration, or solar damage.

Indexat a: Pubmed / Medline / WoS / SCIE / JCR **Factor Impacte:** 5.5 **Quartil:** 1 **Categoria:** Ophthalmology **Posició:** 10/98 **Journal Citation Indicator:** 1.74

De Faria A, Charoenrook V, Larena R, **Ferragut-Alegre Á**, Valero R, Julio G, Barraquer RI. **A Novel Pathogenic Variant in the *KRT3* Gene in a Family with Meesmann Corneal Dystrophy**. J Clin Med. 2025 Jan 28;14(3):851. doi: 10.3390/jcm14030851. PMID: 39941522; PMCID: PMC11818442.

Background/Objectives: to report a novel KRT3 Meesmann corneal dystrophy (MECD) mutation and its clinical findings in a Spanish family, thus completing the international database. Case series study. Methods: Two generations of three family members were studied. The clinical ophthalmologic evaluation was made including best-corrected visual acuity (BCVA), biomicroscopy with and without fluorescein, fundoscopy, Schirmer test I, non-invasive break-up time (NiBUT), and esthesiometry. In vivo confocal microscopy (IVCM), anterior segment optical coherence tomography (AS-OCT) with an epithelial map, and genetic analysis were also performed. Results: A novel heterozygous mutation in the KRT3 gene c.1527G>T (p. Glu509Asp) was identified. Biomicroscopy revealed bilateral multiple corneal intraepithelial cysts. IVCM showed numerous and relatively small microcysts (12-32 µm), hyperreflective materials, subepithelial nerve and Bowman's layer alterations. AS-OCT scan revealed diffuse hyperreflectivity and the epithelial map displayed thickening of the corneal epithelium in the interpalpebral zone (proband: 52-68 µm and father's proband: 55-71 µm) with a slightly thinned cornea. Conclusions: We identified a new mutation in the KRT3 gene-c.1527G>T (p. Glu509Asp) in a Spanish family with MECD. A comprehensive characterization of the clinical signs, using different techniques, especially an epithelial map, could be useful to diagnose and monitor epithelial changes by quantitative measures. Epithelial map changes provide better understanding of MECD differential epithelial behavior and its progression changes. Larger studies will be necessary to better understand these specific patterns and clinically evaluate new therapies.

Indexat a: Pubmed / WoS / SCIE / JCR **Factor Impacte:** 3.3 **Quartil:** 1 **Categoria:** Medicine, general & internal **Posició:** 67/336 **Journal Citation Indicator:** 0.86

Del-Pozo-Lérida S, **Boldú-Roig J**, Miguel-Escuder L, Moll-Udina A, Sánchez-Valera M, Morató M, Hereu M, Llorenç V, Adán A. **Clinical utility of ultra-widefield indocyanine green angiography**

in posterior uveitis. J Fr Ophtalmol. 2025 Nov;48(9):104664. doi: 10.1016/j.jfo.2025.104664. Epub 2025 Oct 24. PMID: 41138288.

Purpose: To describe the ultrawide-field indocyanine green angiography (UWF-ICGA) findings in a cohort of patients with uveitis and analyze the potential advantages of ultrawide-field angiography.Methods: An observational, retrospective, single-center study was conducted. All patients with posterior uveitis or panuveitis who underwent UWF-ICGA at Hospital Clínic de Barcelona (Spain) were included. Images were reviewed by three different ophthalmologists and graded based on the Tugal-Tukun score, with particular attention to peripheral findings. Results: Forty patients (79 eyes) were included. The mean age was 52 years; twenty-nine were female (72.5%). The most frequent uveitis etiology was birdshot chorioretinopathy. Peripheral findings were found in 25 patients (62.5%). The most frequent finding was hypofluorescent dark dots (40 eyes, 50.6%) followed by early stromal vessel hyperfluorescence (32 eyes, 40.5%). Tugal-Tutkun scoring was between 0 and 3 in 20 patients (50%), corresponding to the clinical activity of the uveitis at that time. Two patients showed subclinical lesions in the fellow eye on UWF-ICGA that were not apparent on funduscopic examination. Immunosuppressive treatment was initiated based on the ICGA findings in these patients. In seven patients (17.5%), UWF-ICGA directly influenced the diagnosis and therapeutic management. Conclusion: Ultra-wide field systems allow detection of peripheral lesions that could go unnoticed with conventional imaging systems. In our cohort, clinical uveitis activity generally correlated with the Tugal-Tutkun angiographic score. UWF-ICGA is a useful tool for the diagnosis and follow-up of uveitis. It can be useful for making therapeutic decisions in some patients. Keywords: Angiographie à la vert d'indocyanine; Indocyanine green angiography; Lésions choroïdiennes périphériques; Peripheral choroidal lesions; Posterior uveitis; Score de Tugal-Tutkun; Système ultra-grand champ; Tugal-Tukun score; Ultrawide-field system; Uvéite postérieure.

Indexat a: Pubmed / Medline / WoS / SCIE **Factor Impacte: Quartil: Categoria: Posició: Journal Citation Indicator:**

Franquesa-Garcia F, Romero-Nuñez B, Martin-Pinardel R, De Zanet S, González-López JJ, Escobar-Barranco JJ, Ruiz-Del-Tiempo MP, Boixadera A, Fonollosa A, **Gómez-Benlloch A**, Velazquez-Villoria D, Fernández-Vigo JI, Garay-Aramburu G, Parrado-Carrillo A, Castillon L, Gómez Sánchez S, Lavid FJ, Arruabarrena C, Figueras-Roca M, Bernal-Morales C, Ciller C, Zarranz-Ventura J; DIADEMA investigators. **Artificial intelligence-based fluid quantification predicts clinical outcomes in diabetic macular oedema eyes treated with intravitreal dexamethasone implants: DIADEMA project**. Br J Ophthalmol. 2026 Jan 16:bjo-2025-328172. doi: 10.1136/bjo-2025-328172. Epub ahead of print. PMID: 41545173.

Aim: To explore associations between artificial intelligence (AI)-based baseline optical coherence tomography (OCT) fluid compartment quantifications and 12-month visual outcomes in diabetic macular oedema (DME) eyes treated with the intravitreal dexamethasone implant.Methods: This was a multicentre, real-world, national DME database and associated OCT dataset study. Demographics, visual acuity (VA), treatments and visit data were collected using a validated web-based tool (Fight Retinal Blindness). Fluid compartment quantifications, including intraretinal fluid (IRF) and subretinal fluid (SRF), were measured in nanolitres (nL) using a validated AI tool (Discovery). Univariate and multivariate regression mixed models evaluated associations between anatomical variables and VA outcomes.Results: A total of 101 treatment-naïve DME eyes were grouped into quartiles according to their fluid volume for each fluid compartment (Q1: lowest volume, Q4: highest volume). Baseline IRF was associated with

greater VA gains at month 12 (+6.34 letters, p=0.07) but poorer final VA (-8.95, p=0.07), while SRF was associated with worse final VA at 12 months (-12.5, p=0.01). At month 3, IRF was associated with a VA decrease at 12 months (-13.7, p=0.02) and lower final VA (-29.8, p<0.001). At month 12, IRF was associated with lower final VA (-11.6, p=0.03). Quantitatively, a reduction of 100 nL of IRF at 3 months was associated with a +1.54 letters gain (p=0.03) in the multivariate analysis.Conclusion: This real-world, multicentre study describes objective baseline fluid volumes that predict visual outcomes at 12 months in routine clinical care. Accurate quantification of baseline fluid volumes may play a predictive role for final visual outcomes.

Indexat a: Pubmed / Medline / WoS / SCIE / JCR **Factor Impacte:** 4.5 **Quartil:** 1 **Categoria:** Ophtalmology **Posició:** 15/98 **Journal Citation Indicator:** 1.74

Gómez-Benlloch A, Widmer-Pintos J, Arnaldos-López C. **Punctiform and polychromatic pre-Descemet corneal dystrophy, a rare corneal pathology**. Clin Exp Optom. 2025 Aug;108(6):744-745. doi: 10.1080/08164622.2025.2452267. Epub 2025 Jan 26. PMID: 39864099.

(no abstract)

Indexat a: Pubmed / Medline / WoS / SCIE / JCR **Factor Impacte:** 1.6 **Quartil:** 3 **Categoria:** Ophtalmology **Posició:** 63/98 **Journal Citation Indicator:** 0.62

Gómez-Benlloch A, Widmer-Pintos JN, Carrillo S. **Yasunari Nodules: A Diagnostic Criterion for Neurofibromatosis Type 1**. Ophthalmol Retina. 2025 Jul;9(7):e73. doi: 10.1016/j.oret.2024.11.012. Epub 2024 Dec 14. PMID: 39674927.

(no abstract)

Indexat a: Pubmed / Medline / WoS / JCR **Factor Impacte:** 5.9 **Quartil:** 1 **Categoria:** Ophtalmology **Posició:** 9/98 **Journal Citation Indicator:** 2.57 ***1º Decil**

Gómez-Benlloch A, Widmer-Pintos JN, Arnaldos-López C. **Reactive Orbital Myositis as a First Manifestation of Renal Cell Carcinoma**. Case Rep Ophthalmol. 2025 Jul 2;16(1):551-558. doi: 10.1159/000545489. PMID: 40791802; PMCID: PMC12338982**.**

Introduction: Orbital myositis (OM) is an inflammatory condition of the extraocular muscles, often idiopathic but occasionally associated with systemic diseases or malignancies. Secondary OM due to metastatic disease is rare. We report a case of OM as the initial manifestation of metastatic renal cell carcinoma, emphasizing the need for comprehensive evaluation of atypical ocular presentations.Case presentation: An 81-year-old male with a history of age-related macular degeneration presented with acute onset of pain and restricted movement in his left eye. Computed tomography imaging revealed an osteolytic lesion in the left sphenoid bone, causing reactive myositis. Further systemic evaluation identified a left renal mass with evidence of pulmonary and skeletal metastases. A core needle biopsy confirmed the diagnosis of metastatic renal cell carcinoma. Given the advanced disease stage, the patient was managed with palliative treatment. Despite medical interventions, he succumbed to the disease 6 months after symptom onset.Conclusion: This case underscores the significance of considering malignancy in the differential diagnosis of OM, particularly in elderly patients with atypical

ocular symptoms. Early recognition and systemic evaluation are crucial for timely diagnosis and management of underlying malignancies presenting with orbital involvement.

Indexat a: Pubmed / Medline / WoS / JCR **Factor Impacte:** 0.6 **Quartil:** 4 **Categoria:** Ophtalmology **Posició:** 91/98 **Journal Citation Indicator:** 0.27

Moreno-Valladares A, Vinokurtseva A, González-Rodríguez JM, Ahmed IIK, Gonzalez-Aquino E, Puerto-Amorós N, Roquet E, **Soldevila A**, Canut MI. **12-Month Intraocular Pressure and Hypotensive Medications Outcomes After Phaco-ELIOS Procedure-A Real World Study**. J Glaucoma. 2025 Aug 1;34(8):585-590. doi: 10.1097/IJG.0000000000002590. Epub 2025 May 13. PMID: 40359015.

Précis: Combined phaco-ELIOS in ocular hypertension and glaucoma showed a statistically significant reduction in the number of hypotensive medications of 1.5 compared with baseline, with 78.4% of eyes being medication-free at 12 months.Purpose: To describe the change in medication and intraocular pressure 12 months after the combined phacoemulsification-ELIOS procedure.Methods: Retrospective, multicenter interventional case series of adults with ocular hypertension or glaucoma undergoing phaco-ELIOS. Clinical data were collected and analyzed from preoperative baseline up to 12 months postoperatively. The primary outcome was the mean change in medication compared with baseline. Secondary outcomes were intraocular pressure change from baseline, incidence of acute postoperative intraocular pressure elevation, and surgical success at 1 year, defined as intraocular pressure reduction of ≥20% compared with baseline with no increase in medications, or reduction of ≥1 medications compared with baseline with intraocular pressure equal or below baseline, with no secondary glaucoma surgeries and no loss of light perception.Results: One hundred twelve eyes were included. Forty-two patients (51.2%) were female. Mean (±SD) age was 70.6 (±9.6) years. The most frequent diagnosis was primary open angle glaucoma (71.4%). The mean number of medications at baseline and 12 months was 1.8 (±0.8) and 0.4 (±0.7), respectively, representing a reduction of 1.5 (±1.0) (P <0.0001). At the end of follow-up, 78.4% of eyes were medication-free. Mean intraocular pressure at baseline and 12 months was 19.9 (±4.0) mm Hg and 16.7 (±2.6) mm Hg, respectively, a significant decrease of 3.2 mm Hg (±4.0) or 13.7% (P <0.0001). Surgical success was achieved in 75.9% of eyes at 12 months.Conclusions: Combined phaco-ELIOS in glaucoma significantly reduced medication use and IOP, with over 75% of eyes being medication-free at 12 months.

Indexat a: Pubmed / Medline / WoS / SCIE / JCR **Factor Impacte:** 2.2 **Quartil:** 2 **Categoria:** Ophtalmology **Posició:** 43/98 **Journal Citation Indicator:** 0.94

Vergés C, **Giménez-Capitán A**, **Ribas V**, **Martínez-Pérez E**, **González MJ**, **March de Ribot F**, **Armiger-Borras N**, **Caycedo A**, **Rodríguez-Muñoz C**, **Alegre C**, **Muñoz S**, **Salgado-Borges J**, **Mayo-de-Las-Casas C**. **Clinical and genetic profiling of fibromyalgia-associated dry eye: A multifactorial approach.** Ocul Surf. 2025 Oct;38:377-387. doi: 10.1016/j.jtos.2025.10.012. Epub 2025 Oct 31. PMID: 41177509.

Background: Fibromyalgia syndrome (FM) is a chronic pain disorder affecting 3-6 % of the global population, often underdiagnosed and lacking specific diagnostic tests. Many patients also present with dry eye disease (DED), suggesting a possible link. This study explores the relationship between DED and FM-associated DED (FM-DED) by evaluating corneal nerve abnormalities using in vivo corneal confocal microscopy (IVCM), alongside gene expression and polymorphisms (COMT, MTHFR) related to inflammation.
Methods: The study included 113 participants: 81 patients (44 with DED, 37 with FM-DED) and 32 healthy controls (HC). Cell lines SK-OV-3, NCI-H1781, and NCI-H460 were included as controls. Clinical evaluations, IVCM, and genotyping of COMT Val158Met and MTHFR C677T from blood samples were conducted. Conjunctival gene expression was analyzed using an nCounter custom panel of 77 genes. Protein-Protein Interaction (PPI) network analysis identified key biological processes.
Results: FM-DED patients showed significantly reduced corneal nerve density and increased Langerhans cells and microneuromas, with strong correlation with pain (($|\rho| > 0.7$). Significant differences were observed in OSDI, NITBUT, TMH, and meibomian gland atrophy, but not in osmolarity or Schirmer I test. The GA genotype of COMT Val158Met was more frequent in FM-DED (60 %) and associated with severe cases. The CT genotype of MTHFR C677T was linked to increased corneal damage. Gene expression analysis showed immune-related gene overexpression (MUC1, IFITM1, PSMB8), with FM-DED-specific upregulation of PIGR and CEACAM6. PPI analysis highlighted lipopolysaccharide-mediated signaling.
Conclusions: Genetic polymorphisms and immune dysregulation contribute to FM-DED pathophysiology, supporting the need for differentiated diagnosis and targeted therapies.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 5.6 **Quartil:** 1 **Categoria:** Ophtalmology **Posició:** 6/99 **Journal Citation Indicator:** 2.73 ***1º Decil**

Vergés C, **Ribas V**, **Salgado-Borges J**, **Giménez-Capitán A**, **March de Ribot F**. **Prospective Evaluation of RedTouch Laser in the Treatment of Dry Eye Disease Secondary to Meibomian Gland Dysfunction**. Clin Ophthalmol. 2025 May 30;19:1731-1742. doi: 10.2147/OPTH.S519700. PMID: 40464038; PMCID: PMC12132061.

Purpose: To validate the efficacy of RedTouch laser, a new 675 nm laser system in treating dry eye disease (DED) secondary to Meibomian gland dysfunction (MGD), comparing generalized periocular treatment versus direct targeting of the meibomian glands.
Patients and methods: 70 patients with mild and moderate DED-MGD received 4 sessions of laser treatment separated by 3 weeks, with assessments before treatment, T0, and at the end, T1, after 2 months from the last session. Patients were divided randomly into 2 groups (G1 and G2) of 35 patients each to test different protocols. In G1, the eyelids and periocular area were treated with a 675 nm laser and G2, with the same treatment as in G1 but combined with a free pencil-shaped handpiece on the

tarsal conjunctiva of the superior and inferior eyelids as well as on the lid margin of both eyelids.
Results: The outcomes resulted in a significant improvement in all symptoms and signs of both groups, OSDI, CFS, NITMH, NITBUT, Osmolarity and Schirmer test1. However, G2-receiving additional targeted meibomian gland treatment-showed superior outcomes across all parameters (G1 vs G2, $p < 0.001$), including the signs of the Meibomian glands and the lid margin (G1 vs G2, $p < 0.001$).
Conclusion: RedTouch laser is an effective treatment in patients with DED related to MGD, improving signs and symptoms. While periocular skin treatment alone provides clinical benefits, outcomes are significantly better when the laser is applied directly to the lid margin and tarsal conjunctiva, targeting the meibomian glands more specifically. No complications were observed.

Indexat a: Pubmed / WoS / Medline / JCR **Factor Impacte:** 2.2 **Quartil:** 2 **Categoria:** Ophthalmology **Posició:** 37/99 **Journal Citation Indicator:** 0.89

Zarranz-Ventura J, Marías-Pérez S, Martin-Pinardel R, Fernandez-Bonet M, Pina-Marin B, Cobos E, Rodríguez-Fernandez CA, Parrado-Carrillo A, Alarcón-Valero I, **Barnes C**, Cilveti E, Aramburu-Claveria J, Ascaso-Puyuelo FJ, Calvo P, Ruiz-Del-Tiempo MP, Susanna-González G, Figueras-Roca M, Casaroli-Marano RP, Bernal-Morales C; Fight Retinal Blindness Spain (FRB Spain) investigators. **Brolucizumab clinical and safety outcomes in a neovascular age-related macular degeneration national database: Fight Retinal Blindness Spain (FRB Spain)**. Eye (Lond). 2025 Aug;39(12):2407-2414. doi: 10.1038/s41433-025-03871-6. Epub 2025 Jun 5. PMID: 40473932; PMCID: PMC12325991.

Aim: To evaluate clinical outcomes, treatment intervals, and safety outcomes of brolucizumab (BRO) treatment in a national neovascular age-related macular degeneration (nAMD) database.Methods: Multicentre, national, routine clinical care database study of nAMD eyes receiving ≥1 BRO injection. Demographics, visual acuity (VA) measured in logMAR letters, macular neovascularization (MNV) activity, number of injections, visit data and information on any adverse events were collected at baseline and at 3, 6, 9 and 12 months after BRO initiation for each patient/eye.Results: A total of 305 eyes received ≥1 BRO injection and 214 eyes (14% naïve, 86% switchers) completed ≥3 months follow-up. In switchers, the percentage of eyes extended to ≥8 week intervals at 3/6/9 months was 43.2%/45.7%/54.5% and to ≥10 week intervals was 12.9%/18.5%/13.6%, respectively. Eyes with VA ≥ 70 increased from 36% at baseline to 48% at 3 months and 50% at 9 months. MNV lesion activity status decreased from 94% (active/active-only SRF, 46/48%) at baseline to 56% (21/35%), 61% (23/38%), 76% (27/49%) and 65% (24/41%) at months 3/6/9 and 12, respectively. Adverse effects were observed in 6.5% of the treated eyes, being the most prevalent anterior uveitis (3.2%), vitritis (4.5%) and vasculitis (2.2%).Conclusion: In this series BRO achieves an extension in the treatment intervals in half of the patients which require frequent reinjections (<8 weekly), reducing MNV activity in a third of this specific difficult-to-treat subgroup. The adverse event rates described are consistent

with other cohorts and need to be considered to inform treatment decisions in case-by-case discussions.

Indexat a: Pubmed / Medline / WoS / SCIE / JCR **Factor Impacte:** 4.4 **Quartil:** 1 **Categoria:** Ophtalmology **Posició:** 17/98 **Journal Citation Indicator:** 1.24

PEDIATRIA DEXEUS – PAIDO SALUT INFANTIL

Núm. articles indexats: 9 **Núm. articles indexats al JCR:** 6 **Journal Impact Factor ™ – 2025:** 30.8
Factor Impacte mitjà x article: 5.13

Belfi A, **Vega L**, Aguar M, Carmen Bravo M, Cañizo D, Díaz Rueda L, Camprubí-Camprubí M; en representación del Grupo de Neuromonitorización del paciente con cardiopatía congénita. **Neuromonitoring and follow-up in patients with congenital heart disease in Spain**. An Pediatr (Engl Ed). 2025 Feb;102(2):503739. doi: 10.1016/j.anpede.2025.503739. Epub 2025 Feb 13. PMID: 39952855.

Introduction: There is evidence of the high incidence of neurological abnormalities in patients with congenital heart disease (CHD). Despite this, perioperative neuromonitoring strategies and long-term follow-up protocols are not standardized in Spain.
Objective: The aim of our study was to describe current clinical practice in neuromonitoring, neuroimaging and neurodevelopmental follow-up in patients with CHD in Spanish hospitals that perform paediatric cardiac surgery (PCS).
Material and method: We conducted a survey by adapting a questionnaire originally developed by the European Association Brain and Congenital Heart Disease Consortium to collect data on aspects such as the implementation of perioperative neuromonitoring and the type of neuroimaging techniques and neurological follow-up performed. The questionnaire was distributed to the 19 Spanish hospitals that perform PCS.
Results: We received responses from 17 centres. Eighty-eight percent performed some type of preoperative neuroimaging and 81% postoperative monitoring. The most widely used technique was transfontanellar sonography. Fifty-six percent of the centres used some form of intraoperative neuromonitoring, most frequently near-infrared spectroscopy. Nineteen percent had an established protocol for the follow-up of these patients and 13% were in the process of developing it.
Conclusions: There is considerable heterogeneity in neuromonitoring, neuroimaging and neurologic follow-up practices in the management of patients with CHD in hospitals that perform PCS in Spain. These findings highlight the need to pursue a consensus in order to standardise neuromonitoring and neurologic follow-up strategies in children with CHD in Spain.

Indexat a: Pubmed / WoS / Medline **Factor Impacte: Quartil: Categoria: Posició: Journal Citation Indicator:**

Boix H, **Gómez A**, **Serrano P**, **Torres M**. **Integrated follow-up of former extremely preterm infants: how to do it?** Eur J Pediatr. 2025 Dec 29;185(1):44. doi: 10.1007/s00431-025-06716-2. PMID: 41460346.

Extremely preterm (EP) infants, defined as those born before 28 weeks of gestation or weighing less than 1000 g, face high rates of long-term complications despite improved neonatal survival. This narrative review summarizes current evidence and international consensus on the post-discharge follow-up of EP infants, with emphasis on neurodevelopment, somatic growth, pulmonary and sensory outcomes, and family-centered care. Key domains include early identification of cerebral palsy using neurological assessments such as the General Movements and Hammersmith scales, cognitive monitoring with standardized tools (e.g., Bayley Scales), nutritional and growth surveillance beyond anthropometrics, structured respiratory evaluations including immunoprophylaxis, and timely screening for vision and hearing deficits. In addition, the integration of caregiver-reported outcomes and mental health screening is essential to tailor follow-up strategies and support parental wellbeing. Models of care vary globally, from tertiary-based programs to hybrid and community-integrated approaches, highlighting the need for adaptable, interdisciplinary frameworks. Coordinated long-term follow-up that extends into early childhood is vital to reduce disparities and optimize functional outcomes in this vulnerable population. What is Known: • Extremely preterm infants are at high risk for long-term neurodevelopmental, respiratory, nutritional, and sensory complications, even when neonatal survival improves. • Neurodevelopmental tools such as the Bayley, General Movements, and Hammersmith Scales are widely used for early screening of cognitive and motor outcomes. What is New: • It highlights the importance of Patient-Reported Outcome Measures in complementing clinical surveillance with caregiver perspectives. • It underscores the limitations of early assessments alone and supports extending developmental monitoring into the preschool and school-age years.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 2.6 **Quartil:** 1 **Categoria:** 37/191 **Posició: Journal Citation Indicator:** 1.35

Bueno-Gomez A, Castro FJ, Gran F, Garrido-Pontnou M, Dolader P, Rosés-Noguer F. **Brugada Phenocopy in a Child With Parvovirus B19 Myocarditis**. JACC Case Rep. 2025 Oct 1;30(30):105283. doi: 10.1016/j.jaccas.2025.105283. PMID: 41043933; PMCID: PMC12540282.

Background: Sodium channelopathies predispose to life-threatening arrhythmias. Brugada phenocopies (BrPs) are nongenetic conditions that mimic Brugada syndrome and may have a reversible cause.

Case presentation: A 16-month-old child presented with a 12-day ventricular tachycardia storm and a spontaneous type 1 Brugada electrocardiogram pattern during sinus rhythm. The patient initially presented with no fever and normal ventricular function on admission that deteriorated severely within 6 days. Blood viral polymerase chain reaction was positive for parvovirus B19, and endomyocardial biopsy confirmed myocarditis. Targeted treatment led to full recovery.
Discussion: This is the first reported case to our knowledge of BrP caused by viral myocarditis. It highlights the diagnostic challenges and the importance of correct diagnosis and treatment.
Take-home messages: In pediatric refractory ventricular tachycardia, even with a Brugada pattern (possible BrP), myocarditis should be considered, as early diagnosis and treatment can be lifesaving. Blood viral polymerase chain reaction is a highly sensitive diagnostic tool for diagnosis of viral myocarditis in children.

Indexat a: Pubmed / **Factor Impacte: Quartil: Categoria: Posició: Journal Citation Indicator:**

Couce ML, Cernada M, **Boix H**, Sánchez-Redondo MD, Espinosa Fernández MG, González-Pacheco N, Martín A, Pérez-Muñuzuri A; en representación del Comité de Estándares Sociedad Española de Neonatología. **Current situation and new steps in newborn screening in Spain**. An Pediatr (Engl Ed). 2025 Mar;102(3):503775. doi: 10.1016/j.anpede.2025.503775. Epub 2025 Mar 4. PMID: 40044559.

After more than 50 years of experience, newborn screening (NBS) programs represent one of the most significant advancements in public health, particularly in pediatric and neonatal care, benefiting almost 350 000 children annually in Spain. Following the inclusion of congenital hearing loss screening in 2003 and screening for seven congenital diseases by newborn blood spot test in 2014 as part of the population-wide neonatal screening program of the National Health System (NHS), significant advances have been achieved in recent years. This progress is evident in the implementation of screening for critical congenital heart diseases, approved in January 2024 by the National Public Health Commission of the Interterritorial Council of the NHS, as well as screening for congenital diseases through the newborn blood spot test, with the incorporation of new conditions enabled by advances in second-tier testing and emerging scientific evidence. Neonatologists and pediatricians must keep abreast of these developments and where the field is heading, as even more rapid progress may take place with the advent of genomic newborn screening.

Indexat a: Pubmed / WoS / Medline / SCIE **Factor Impacte: Quartil: Categoria: Posició: Journal Citation Indicator:**

Marín Soro M, Gisbert Gustemps L, **Boix Alonso H**, Martínez-Maldonado S, Coronado Contreras R. **Prenatal, Perinatal, and Postnatal Factors in a Cohort of Very Preterm and Very Low Birth Weight Toddlers with Suspected Autism Spectrum Disorder**. J

Autism Dev Disord. 2025 Jun 4. doi: 10.1007/s10803-025-06897-7. Epub ahead of print. PMID: 40465070.

There is growing interest in the identification of prenatal, perinatal, and postnatal factors that correlate with autism spectrum disorders (ASD) and these have been extensively studied in the general population. This study aimed to investigate the relationship between these factors and the elevated likelihood of being diagnosed with ASD in the very preterm and very low birth weight population. Conducted as a prospective longitudinal study, this research monitored 133 neonates born very preterm (less than 32 weeks of gestation) or weighing less than 1,500 g at birth from birth until 2 years of age. Having a mother born abroad, low gestational age, bronchopulmonary dysplasia, hearing loss, longer NICU stay and low Apgar score of 10 min were associated with an increase in suspected ASD. Conversely, cesarean delivery, and full-dose corticosteroid maturation were associated with a lower incidence of ASD. Some factors associated with ASD in the very preterm population may differ from those found in the general population. Large-scale studies with longitudinal datasets are warranted.

Indexat a: Pubmed / WoS / Medline / JCR **Factor Impacte:** 2.8 **Quartil:** 2 **Categoria:** Psychology, developmental **Posició:** 32/94 **Journal Citation Indicator:** 0.97

Oulego-Erroz I, Del Pilar De Castro-Vecino M, González-Cortés R, Alonso-Ojembarrena A, Rodriguez-Nuñez A, Palanca-Arias D, Quesada-Ortega Ú, Sanchiz-Cardenas S, Murillo-Pozo MÁ, López-González J, Sánchez-Yáñez P, Valencia-Ramos J, Fernández-de la Ballina A, Chaves-Caro N, Borrego-Domínguez R, Sánchez-Porras M, Rodríguez-Martínez M, Carballo-Martín PJ, Bermúdez-Barrezueta L, Rodríguez-Fanjul J, Vivanco-Allende A, Rodríguez-Campoy P, **Vega-Puyal L**, Gil-Antón J, Sánchez-Martínez I, Pérez-Quevedo O, Muñoyerro-Sesmero M, Barón-González de Suso L, Mayordomo-Colunga J; LUS-PICO Study Group. **Lung Ultrasound Score, Severity of Acute Lung Disease, and Prolonged Mechanical Ventilation in Children**. Am J Respir Crit Care Med. 2025 Jan;211(1):103-112. doi: 10.1164/rccm.202404-0843OC. PMID: 39417699.

Rationale: Lung ultrasonography (US) may be useful for the prognostication of acute lung disease. Objectives: To assess whether the lung US score is associated with the severity of lung disease and may predict prolonged invasive mechanical ventilation (IMV) in critically ill children. Methods: Prospective observational multicenter study in children aged 1 month to 18 years who required respiratory support in the ICU. Children with chronic parenchymal lung disease were excluded. The lung US score was obtained at 12 hours and 48-72 hours after admission. Prolonged IMV was defined as at least 7 consecutive days. Correlation of the lung US score with oxygenation as well as its prognostic accuracy for prolonged IMV were investigated. Measurements and Main Results: A total of 538 children were included, and 62 (11.5%) required prolonged mechanical ventilation. In these subjects, the lung US score was higher at 12 (median, 24 [IQR, 19-26] vs. 8 [3-14]; P < 0.001) and 48-72 hours (16 [10.5-22.5] vs. 6 [3-11]; P <

0.001). At 12 hours, the lung US score correlated with oxygenation index (R2 = 0.435 [95% CI, 0.293-0.566]; ρ coefficient, -0.705; P < 0.001) and oxygen saturation index (R2 = 0.499 [95% CI, 0.370-0.613]; ρ coefficient, 0.651; P < 0.001). The lung US score at 12 hours had good accuracy in predicting prolonged IMV (area under the receiver operating characteristic curve [AUROC], 0.87; 95% CI, 0.81-0.93), and its use in a multivariable model had excellent accuracy in derivation (AUROC, 0.92; 95% CI, 0.89-0.95) and internal validation (AUROC, 0.91; 95% CI, 0.90-0.92). Conclusions: In critically ill children, the lung US score early after admission may predict prolonged IMV.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 19.4 **Quartil:** 1 **Categoria:** Critical care medicine (Q1) ; Respiratory System (Q1) **Posició:** Critical care medicine (3/62) ; Respiratory System (4/108) **Journal Citation Indicator:** 4.39 ***1er Decil**

Pérez-Bertólez S. **Rotation of the corpora cavernosa for ventral penile curvature: A length-preserving approach**. J Pediatr Urol. 2025 Dec;21(6):1955-1959. doi: 10.1016/j.jpurol.2025.08.009. Epub 2025 Aug 12. PMID: 40850880.

Ventral penile curvature (VPC) poses a significant surgical challenge, particularly in cases of severe angulation. Conventional techniques such as dorsal plication often result in penile shortening, while ventral grafting requires additional surgical stages. Corporal rotation offers an effective, length-preserving alternative but remains underutilized in pediatric patients. We describe a standardized technique for corporal rotation in children with or without hypospadias. In a series of 21 patients with long-term follow-up (median: 4.1 years), complete penile straightening was achieved in all cases, with no recurrence or significant shortening. This technique provides a reliable, reproducible option for VPC correction in pediatric urology.

Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 1.9 **Quartil:** 2 **Categoria:** Pediatrics (Q1) ; Urology & Nephrology (Q3) **Posició:** Pediatrics (77/191) ; Urology & Nephrology (69/133) **Journal Citation Indicator:** 0.78

Pérez-Bertólez S. **Response to Letter to the editor re: "Rotation of the corpora cavernosa for ventral penile curvature: A length-preserving approach"**. J Pediatr Urol. 2025 Dec;21(6):1961-1962. doi: 10.1016/j.jpurol.2025.08.025. Epub 2025 Aug 28. PMID: 40940209.

(no abstract)

Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 1.9 **Quartil:** 2 **Categoria:** Pediatrics (Q1) ; Urology & Nephrology (Q3) **Posició:** Pediatrics (77/191) ; Urology & Nephrology (69/133) **Journal Citation Indicator:** 0.78

Villaverde, S., Pedrero-Tomé, R., Papaevangelou, V., Syridou, G., Karagiannidou, S., Lyall, H., Payne, H., Frick, M. A., Soler-Palacín, P., Baquero-Artigao, F., Rodríguez-Molino, P., Fortuny-Guasch, C., Rios-Barnés, M., Sánchez-Mateos, M., Saavedra-Lozano, J., Bringué,

X., Moliner, E., Castells, L., Muga, O., Vives-Oños, I., **R Porta**, … cCMVnet Registry Study Group (2025). **Antiviral Treatment and Risk of Hearing Loss in Asymptomatic and Mild Symptomatic Infants With Congenital Cytomegalovirus**. Pediatr Infect Dis J. 2025 Mar 1;44(3):239-245. doi: 10.1097/INF.0000000000004583. Epub 2024 Oct 9. PMID: 39383383.

Background: To assess hearing outcomes at 24 months of age in infants with mild congenital cytomegalovirus (cCMV) infection, depending on whether they have received antiviral treatment or not.
Methods: A retrospective study within the European Registry of Children with cCMV was performed. Included children had cCMV diagnosed in utero/in the first 21 days of life, with normal physical examination, alanine aminotransferase <80 U/L and platelets >100,000 cs/mm 3 and absence of hearing loss (HL) at birth. Cranial ultrasound (cUS) and/or cranial magnetic resonance imaging was normal or with minor findings (isolated lenticulostriate vasculopathy and/or germinolysis/caudothalamic or subependymal cysts, and/or focal/multifocal white matter involvement). The main outcome was the presence of HL at 24 months of age.
Results: One hundred ninety-six patients met inclusion criteria. A total of 34.7% received antiviral treatment with valganciclovir/ganciclovir. Children treated had lower gestational age, birth weight and head circumference, and maternal primary infection was less frequent. Among treated children, 21.3% presented minor findings in cUS versus 6.3% in nontreatment group (P = 0.003). Nine patients (4.6%) developed HL at 24 months. Among children with HL, 20% presented minor findings in cUS versus 11.3% in non-HL group (P = NS). HL rate was similar in treated and nontreated groups (4.6% vs. 6.3%; P = 0.6).
Conclusions: One-third of the children were treated with antivirals and infants with minor neuroimaging findings at birth were more likely to receive antiviral. There were no differences in the prevalence of HL at 2 years of age between treated and not-treated children. Minor neuroimaging findings were not clearly associated with an increased risk of delayed onset HL.

Indexat a: Pubmed / JCR / Medline / SCIE / JCR **Factor Impacte:** 2.2 **Quartil:** 3 **Categoria:** Immunology (Q3) ; Infectious Diseases (Q3) **Posició:** Immunology (135/183) ; Infectious Diseases (82/137) **Journal Citation Indicator:** 0.86

PSIQUIATRIA Y PSICOLOGIA (PSICODEX SL)

Núm. articles indexats: 2 **Núm. articles indexats al JCR:** **Journal Impact Factor ™ – 2025:**
Factor Impacte mitjà x article:

El Servei de Psiquiatria i Psicologia (Psicodex SL) de l'Hospital Universitari Dexeus compta amb una revista de publicació pròpia: "Psicosomàtica i Psiquiatria" (ISSN electrònic: 2565-0564). És l'òrgan oficial de la Societat Espanyola de Medicina Psicosomática (SEMP) i de la Societat Espanyola de Salut Mental Perinatal (MARES). El seu editor científic és el Dr. Josep Mª Farré, i diversos membres de Psicodex formen part també dels seus dinamitzadors i del Consell de Redacció.

>URL de la revista: https://raco.cat/index.php/PsicosomPsiquiatr

Marti Oristrell N, Cobo J, **Lasheras G**, Crespo E, Martínez V, Parramon-Puig G, Sanz C, Andreu L, Motrico E, Hernández C, Trautmann-Villalba P, Palacios-Hernández B, Osma J. **Encuesta a profesionales sobre la Asistencia en Salud Mental Perinatal en Hispanoamérica: Análisis de resultados**. Psicosom Psquiatr. 2025;(33). doi:10.60940/PsicosomPsiquiatrnum330401.

Introducción: Los problemas de salud mental perinatal (SMP) son aquellos que ocurren desde la concepción hasta el primer año del bebé. En América Latina, la depresión posparto (DPP) puede alcanzar el 20.5%, y hasta el 15% en el estado español, constituyendo un gran desafío de salud pública. Sin embargo, la detección y el tratamiento son insuficientes en todos los países hispanohablantes o ciertas áreas, especialmente en aquellos de menos ingresos.Objetivo: Identificar recursos asistenciales y formativos para la atención de la SMP en países hispanohablantes y detectar brechas y oportunidades. Metodología: Se realizó una encuesta en línea semiestructurada a profesionales de SMP entre diciembre de 2022 y enero de 2023, analizando los datos con SPSS. Resultados: Se obtuvieron 48 respuestas de 13 países, destacando Argentina y España por número de respuestas. Más del 60% reportó falta de asistencia pública en SMP, salvo en Argentina, España y Chile. El 70% reportó servicios disponibles en el sector privado. En cuanto a la detección, el 71% desconocía procedimientos específicos en el ámbito público, mientras que, en el privado, el 55% en España y el 75% en Chile utilizan herramientas para DPP. Solo el 25% conocía guías oficiales y el 41.47% reportó información sobre formación en SMP, con ciertos datos contradictorios o desconocimiento sobre opciones formativas. Conclusiones: Este análisis preliminar de los datos enfatiza la necesidad de mejorar los conocimientos

disponibles sobre los servicios y la asistencia a la SMP en todos los países hispanohablantes. Es necesario contar con datos reales para poder mejorar la planificación y las estrategias futuras, desarrollando y reforzando las estructuras actuales y aprovechando todas las fortalezas disponibles, en especial las formativas.

Indexat a: Factor Impacte: Quartil: Categoria: Posició: Journal Citation Indicator:

Serrano García A, **Farré Martí JM**, Parramon Puig G, Menéndez Muñoz M, **Lasheras Pérez G**. **Informe analítico sobre los programas de Psiquiatría Enlace en España. El caso específico de la Salud Mental Perinatal**. Psicosom Psquiatr. 2025;(35). doi:10.60940/PsicosomPsiquiatrnum35040102.

La Psiquiatría de Enlace e Interconsulta (PEI) es fundamental para el abordaje de la comorbilidad médico-psiquiátrica en el hospital general. A pesar de su demostrada eficacia en la mejora de resultados clínicos y la reducción de costes, su implementación en España presenta una variabilidad significativa. Objetivo: Analizar la situación actual de los programas de PEI en hospitales españoles, evaluando su prevalencia, áreas de especialización, dotación de recursos humanos y barreras estructurales. Metodología: Estudio descriptivo observacional basado en una muestra de hospitales españoles. Se realizó un análisis mixto (cuantitativo y cualitativo) de la presencia de programas específicos, composición de equipos, modalidades terapéuticas y percepción de efectividad por otros servicios médicos. Resultados: Se halló una alta penetración del modelo (>90% de los centros), con predominio de programas en PsicoOncologia, Salud Mental Perinatal (SMP) y Trasplantes, y la emergencia de subespecialidades innovadoras (ej. atención a personas transgénero). Sin embargo, se identificaron barreras críticas: escasez de financiación específica, falta de dedicación exclusiva ("multitarea") y alta rotación de personal. No obstante, la valoración de la efectividad por parte de los servicios solicitantes fue mayoritariamente positiva. Conclusiones: La PEI en España muestra una sólida consolidación clínica y capacidad de adaptación, pero adolece de precariedad estructural. Para garantizar su sostenibilidad, es imperativo transitar de un modelo de interconsulta reactiva a unidades funcionales estables con financiación propia y equipos multidisciplinares dedicados.

Indexat a: Factor Impacte: Quartil: Categoria: Posició: Journal Citation Indicator:

REUMATOLOGIA

Núm. articles indexats: 4 **Núm. articles indexats al JCR:** 4 **Journal Impact Factor ™ – 2025:** 19.2
Factor Impacte mitjà x article: 4.8

Llorca J, Ferraz-Amaro I, Castañeda S, Raya E, Rodríguez-Rodríguez L, Rodríguez-Montero S, Sánchez-Nievas G, López-Meseguer A, Plaza Z, Sánchez-Alonso F, García-Gómez C, González-Juanatey C, González-Gay MÁ, **Ramentol M**; CARMA Project Collaborative Group. **Evaluating the reliability of cardiovascular risk scales in patients with chronic inflammatory rheumatic diseases**. Semin Arthritis Rheum. 2025 Jun;72:152694. doi: 10.1016/j.semarthrit.2025.152694. Epub 2025 Feb 24. PMID: 40056476.

Objective: To compare the performance of the QRESEARCH risk estimator version 3 (QRISK3), the Systematic COronary Risk Evaluation (SCORE) 2, and Predicting Risk of cardiovascular disease EVENTs (PREVENT) equationin a cohort of individuals with chronic inflammatory rheumatic diseases (CIRD) enrolled in the Spanish prospective CARdiovascular in RheuMAtology (CARMA) project.
Methods: Between July 2010 and January 2012, the study recruited CIRD patients from 67 hospitals across Spain. It included individuals diagnosed with rheumatoid arthritis, ankylosing spondylitis, and psoriatic arthritis. At the 10-year follow-up, data for all patients included in the initial cohort were assessed. We estimated four 10-year cardiovascular disease (CVD) incidence risk scores using data recorded at recruitment.
Results: 2080 patients were included in this analysis. QRISK3 and PREVENT-CVD predicted an average of approximately 10 % CV events across the entire cohort, while SCORE2 and PREVENT-Atherosclerotic Cardiovascular Disease (ASCVD) predicted an average of only 6.3 %. The linear correlation coefficients between each pair of scales were consistently above 0.8, with an average of 0.9074. Notably, lower correlations were observed between QRISK3 and the other scales. When identifying patients with higher CV risk, the kappa index was higher between SCORE2, PREVENT-CVD, and PREVENT-ASCVD than between QRISK3 and any other scale. These findings suggest that most patients identified as high-risk by SCORE2 would also be classified as high-risk when using PREVENT-CVD or PREVENT-ASCVD.
Conclusions: The higher correlation and reliability observed between SCORE2, PREVENT-CVD, and PREVENT-ASCVD in our series of CIRD patients followed over a 10-year period suggest that these scales may be largely interchangeable for identifying high-risk CIRD patients.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 4.4 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 9/58 **Journal Citation Indicator:** 1.22

Magallares B, Cerdá D, Betancourt J, Fraga G, Park H, Codes-Méndez H, **Quesada-Masachs E**, López-Corbeto M, Torrent M, Marín A, Herrera S, Gich I, Boronat S, Casademont J, Corominas H, Malouf J. **Risk factors associated with low bone mineral density and childhood osteoporosis in a population undergoing skeletal growth: a cross-sectional analytic study**. Front Endocrinol (Lausanne). 2025 May 23;16:1587985. doi: 10.3389/fendo.2025.1587985. PMID: 40487764; PMCID: PMC12141024.

Background: Early identification of risk factors for low bone mass for chronological age (LBMca) and childhood osteoporosis (cOP) in patients undergoing skeletal growth is essential to mitigate long-term skeletal complications. cOP is diagnosed when LBMca (BMD Z-score ≤2) is accompanied by a clinically significant fracture history, or when vertebral fragility fractures are present.
Methods: Patients under 21 years of age with at least one risk factor for LBMca (malabsorption syndrome, chronic inflammatory diseases, hematological diseases, endocrinopathies, drugs that affect bone metabolism, or insufficient calcium intake) were included. Data on fractures history and physical activity levels were collected. Spine and whole-body dual-energy x-ray absorptiometry (DXA) and vertebral morphometry were performed. Age-adjusted linear regression analysis evaluated associations between bone mineral density (BMD) and risk factors.
Results: A total of 103 patients were included (mean age 9.8 years; 52.4% female), and 96.1% had more than two risk factors. The prevalence of LBMca was 10.5% and the prevalence of cOP was 4.8%. Vertebral BMD was positively associated with male sex. Whole body BMD was negatively associated with sedentary lifestyle and fracture history. Total body less head BMD showed negative associations with current steroid treatment, sedentary lifestyle, and history of fractures.
Conclusions: Pediatric populations at risk of LBMca or cOP often have multiple risk factors, notably modifying ones such as physical inactivity. Up to 10.5% of children with risk factors present LBMca and 4.8% have an undiagnosed or unknown cOP. Longitudinal studies are warranted to understand the long-term impact of the identified risk factors, including age, sex, sedentary lifestyle, ethnicity and vitamin D status, on bone health.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 4.6 **Quartil:** 1 **Categoria:** Endocrinology & metabolism **Posició:** 43/193 **Journal Citation Indicator:** 0.93

Magallares B, Malouf J, Codes-Méndez H, Park HS, Betancourt J, Fraga G, **Quesada-Masachs E**, López-Corbeto M, Torrent M, Marín A, Herrera S, Gich I, Boronat S, Casademont J, Corominas H, Cerdá D. **Pediatric densitometry: is the Z score adjustment necessary in all cases?** Front Endocrinol (Lausanne). 2025 Apr 9;16:1587382. doi: 10.3389/fendo.2025.1587382. PMID: 40270717; PMCID: PMC12014424.

Background: The International Society for Clinical Densitometry recommends adjusting the bone mineral density (BMD) Z-score in children with short stature or growth delay. However, it is not clear whether height-for-age Z-score (HAZ) adjustment is required in all children. The aim of this study was to determine whether HAZ adjustment is necessary by examining variability in unadjusted and adjusted Z-scores for the main regions of interest in a large pediatric cohort.

Methods: We evaluated 103 patients ≤ 20 years of age who underwent lumbar spine and whole-body dual-energy x-ray absorptiometry (DXA) at our tertiary care hospital from 2016 to 2018. The formula proposed by Zemel was used to calculate the HAZ.
Results: A total of 103 participants were included (54 females; 52.4%). The mean age was 9.8 years. Height percentiles were ≤ 3 or ≥ 97 in seven (6.8%) and five (4.9%) patients. Diagnostic criteria for low bone mineral density (LBMD; BMD Z-score ≤ -2) were met in 8 lumbar spine scans and 10 whole-body scans. After HAZ adjustment, the prevalence of LBMD decreased from 8.2% (n=8) to 6.4% (n=6) in the lumbar spine scans and from 10.5% (n=10) to 7.2% (n=8) in the whole-body scans. Agreement between the adjusted and non-adjusted HAZ data was 0.498 for the lumbar spine and 0.557 for the whole body. The diagnostic discrepancy rate for LBMD diagnosis was 7%. After HAZ adjustment, 5% patients no longer met LBMD criteria while conversely 2% met LBMD criteria only after adjustment.
Conclusions: The high diagnostic discrepancy rate (7%) for LBMN in this unselected pediatric cohort underscores the value of performing HAZ adjustment of Z-scores to improve diagnostic accuracy. This divergence between adjusted and unadjusted Z-scores suggests that all pediatric patients, not only those with short stature or growth retardation, may benefit from densitometric size adjustment. This is especially true in individuals whose stature is at the upper end of the range, where size may obscure a diagnosis of LBMD.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 4.6 **Quartil:** 1 **Categoria:** Endocrinology & metabolism **Posició:** 43/193 **Journal Citation Indicator:** 0.93

Vergés C, **Giménez-Capitán A**, **Ribas V**, **Martínez-Pérez E**, **González MJ**, **March de Ribot F**, **Armiger-Borras N**, **Caycedo A**, **Rodríguez-Muñoz C**, **Alegre C**, **Muñoz S**, **Salgado-Borges J**, **Mayo-de-Las-Casas C**. **Clinical and genetic profiling of fibromyalgia-associated dry eye: A multifactorial approach.** Ocul Surf. 2025 Oct;38:377-387. doi: 10.1016/j.jtos.2025.10.012. Epub 2025 Oct 31. PMID: 41177509.

Background: Fibromyalgia syndrome (FM) is a chronic pain disorder affecting 3-6 % of the global population, often underdiagnosed and lacking specific diagnostic tests. Many patients also present with dry eye disease (DED), suggesting a possible link. This study explores the relationship between DED and FM-associated DED (FM-DED) by evaluating corneal nerve abnormalities using in vivo corneal confocal microscopy (IVCM), alongside gene expression and polymorphisms (COMT, MTHFR) related to inflammation.

Methods: The study included 113 participants: 81 patients (44 with DED, 37 with FM-DED) and 32 healthy controls (HC). Cell lines SK-OV-3, NCI-H1781, and NCI-H460 were included as controls. Clinical evaluations, IVCM, and genotyping of COMT Val158Met and MTHFR C677T from blood samples were conducted. Conjunctival gene expression was analyzed using an nCounter custom panel of 77 genes. Protein-Protein Interaction (PPI) network analysis identified key biological processes.
Results: FM-DED patients showed significantly reduced corneal nerve density and increased Langerhans cells and microneuromas, with strong correlation with pain ($|\rho| > 0.7$). Significant differences were observed in OSDI, NITBUT, TMH, and meibomian gland atrophy, but not in osmolarity or Schirmer I test. The GA genotype of COMT Val158Met was more frequent in FM-DED (60 %) and associated with severe cases. The CT genotype of MTHFR C677T was linked to increased corneal damage. Gene expression analysis showed immune-related gene overexpression (MUC1, IFITM1, PSMB8), with FM-DED-specific upregulation of PIGR and CEACAM6. PPI analysis highlighted lipopolysaccharide-mediated signaling.
Conclusions: Genetic polymorphisms and immune dysregulation contribute to FM-DED pathophysiology, supporting the need for differentiated diagnosis and targeted therapies.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 5.6 **Quartil:** 1 **Categoria:** Ophtalmology **Posició:** 6/99 **Journal Citation Indicator:** 2.73 ***1er Decil**

CARDIOLOGIA

Núm. articles indexats: 2 **Núm. articles indexats al JCR:** 2 **Journal Impact Factor ™ – 2025:** 11
Factor Impacte mitjà x article: 5.5

Benditt DG, Fedorowski A, Sutton R, van Dijk JG, Baron-Esquivas G, Biaggioni I, Brignole M, De Jong JSY, De Lange FJ, Freeman R, Furlan R, Grubb B, Hamdan MH, Kenny RA, Lim PB, **Angel MM**, Olshansky B, Rafanelli M, Raj SR, Reyes J, Rivasi G, Russo V, Sheldon R, Stewart JM, Thijs R, Ungar A, Van Rossum IA. '**Transient immediate orthostatic hypotension' is preferable to 'initial' orthostatic hypotension**. Auton Neurosci. 2025 Aug;260:103288. doi: 10.1016/j.autneu.2025.103288. Epub 2025 May 16. PMID: 40424818.

A drop of systemic blood pressure (BP) occurring shortly after individuals move from supine or seated position to upright posture with subsequent prompt spontaneous resolution is a common physiological occurrence in humans. If the induced hypotension is severe, lightheadedness or postural instability leading to falls and injury may occur. By consensus, a transient systolic BP drop >40 mmHg within 15 s of standing is deemed abnormal and has become termed 'initial orthostatic hypotension' (initial OH, iOH). However, the term 'initial OH' implies that another hypotensive event will

follow shortly. In essence, if an OH event is deemed to be 'initial', then one might reasonably assume that a subsequent OH event is imminent. However, in the setting of abrupt movement to upright posture, the BP drop is usually solitary and brief (resolution within 15-30 s); thereafter the individual is usually OH symptom-free until they undertake another similar postural change. Currently, there is no single descriptor for a posture change driven, short-lived, spontaneously resolving OH event, without the implication that further hypotension is imminent as is implied by the term 'initial OH'. In order to foster more accurate nomenclature, we recommend that 'initial OH' be retired, and 'immediate OH' or transient 'immediate OH' be substituted. While 'immediate' OH may be imperfect, it conveys an early onset event without implying additional imminent OH. Thus immediate OH or transient immediate are more accurate descriptors of this common transient hypotensive event. The abbreviation, 'iOH', remains unchanged.

Indexat a: Pubmed / WoS / Medline / SCIE **Factor Impacte:** 3.3 **Quartil:** 2 **Categoria:** Neurosciences **Posició:** 122/314 **Journal Citation Indicator:** 0.79

Castrejón-Castrejón S, Martínez Cossiani M, Basterra Sola N, Romero Roldán JD, Ibáñez Criado JL, Osca J, Roca-Luque I, **Moya A**, Quesada A, Hidalgo Olivares VM, Pérez Castellano N, Fernández-Gómez JM, Macías-Ruiz R, Villanueva BB, Gonzalo Bada N, Froilán Torres C, Sanz Verdejo B, Sánchez Somonte P, Escobar Cervantes C, Moreno R, Merino JL; POWER FAST III Trial Investigators. **High-Power Short-Duration Radiofrequency Application for Faster and Safer Pulmonary Vein Isolation: The POWER-FAST III Trial**. JACC Clin Electrophysiol. 2025 Feb;11(2):350-361. doi: 10.1016/j.jacep.2024.10.009. Epub 2024 Dec 18. PMID: 39708035.

Background: The optimal radiofrequency application (RFa) parameters for safe and durable pulmonary vein isolation (PVI) are debated. High-power short-duration (HPSD) has been used as an alternative to conventional power delivery (CPD).
Objectives: This study sought to compare HPSD 70 W/9-10 s (HPSD-70) with CPD 25-40 W in patients undergoing PVI.
Methods: Patients were randomized to HPSD-70 or CPD (25-40). The primary outcomes were freedom from atrial arrhythmia recurrences and the incidence of esophageal thermal lesions (EDELs) after ablation.
Results: Among 304 patients randomized, 301 remained in the study (median age: 61 years; Q1-Q3: 53-69 years; 72% men): 294 patients (97.7%) underwent ablation, 285 (94.7%) underwent endoscopy, and 290 (98.6%) completed the follow-up. At 12 months, 100 patients (73.5%) in the CPD (25-40) group and 87 patients (67%) in the HPSD-70 group were free from recurrences off antiarrhythmic drugs (HR: 1.28; 95% CI: 0.82-1.99; P = 0.28). The incidences of EDELs were 2.7% in the CPD (25-40) group and 3.6% in the HPSD-70 group (P = 0.94). Median left atrial dwell (153 vs 137 min; P = 0.03) and total RF times for definitive PVI (31 vs 11.2 min; P < 0.001) were shorter with HPSD-70 ablation. Four symptomatic embolic events (2 strokes, 1 transient ischemic attack, and 1 splenic infarct) occurred with HPSD-70 and none with CPD (25-40) RFa (P = 0.056).

Conclusions: HPSD-70 RFa was noninferior to prevent arrhythmia recurrences, and the incidence of EDELs was similar compared with CPD (25-40) RFa. The embolic events were numerically higher in the HPSD-70 group. (High Radiofrequency Power for Faster and Safer Pulmonary Vein Ablation Trial [POWER FAST III]; NCT04153747).

Indexat a: Pubmed / WoS / SCIE / JCR **Factor Impacte:** 7.7 **Quartil:** 1 **Categoria:** Cardiac & Cardiovascular systems **Posició:** 21/231 **Journal Citation Indicator:** 2.06 ***1er Decil**

NEUMOLOGIA

Núm. articles indexats: 4 **Núm. articles indexats al JCR:** 2 **Journal Impact Factor ™ – 2025:** 24
Factor Impacte mitjà x article: 12

Álvarez-Gutiérrez FJ, Blanco Aparicio M, Casas Maldonado F, Plaza V, Soto Campos G, González-Barcala FJ, Almonacid C, Arismendi E, Cabrera C, Cabestre García R, Carretero JÁ, Castilla Martínez M, **Castillo Vizuete JA**, Cisneros Serrano C, Díaz de Atauri ÁG, Diaz Pérez D, Domingo Ribas C, García Rivero JL, López Neyra A, Martínez Moragón E, de Mir Messa I, Muñoz Gall X, Padilla Galo A, Perpiñá Tordera M, Pérez de Llano L, Sánchez Toril F, Sanz Santiago V, Valverde Molina J. **Documento de consenso de asma grave. Actualización 2025 [Consensus document for Severe Asthma**. 2025 Update]. Open Respir Arch. 2025 Aug 31;7(4):100486. Spanish. doi: 10.1016/j.opresp.2025.100486. PMID: 41049458; PMCID: PMC12495165.

Severe asthma is a heterogeneous syndrome with several clinical variants and often represents a complex disease requiring a specialized and multidisciplinary approach, as well as the use of multiple drugs. The prevalence of severe asthma varies from one country to another, and it is estimated that 50% of these patients present a poor control of their disease. For the best management of the patient, it is necessary to have a correct diagnosis, an adequate follow-up and undoubtedly to offer the best available treatment, including biologic treatments with monoclonal antibodies. With this objective, this consensus process was born, which began in its first version in 2018, whose goal is to offer the patient the best possible management of their disease to minimize their symptomatology. For this 2025 consensus update, a literature review was conducted by the authors, and new sections of how to treat asthma comorbidities or pediatric asthma were added, as a paragraph about monoclonal antibody switch. Subsequently, through a two-round interactive Delphi process, a broad panel of asthma experts from SEPAR and the regional pulmonology societies proposed the recommendations and conclusions contained in this document.

Indexat a: Pubmed / Medline **Factor Impacte: Quartil: Categoria: Posició: Journal Citation Indicator:**

Bousquet J, Sousa-Pinto B, Vieira RJ, Schünemann HJ, Zuberbier T, Bognanni A, Togias A, Samolinski B, Valiulis A, Williams S, Bedbrook A, Czarlewski W, Torres MJ, Shamji MH, Morais-Almeida M, Canonica GW, Vecillas LL, Dykewicz MS, Jacomelli C, Klimek L, Leemann L, Lourenço O, Palamarchuk Y, Papadopoulos NG, Pereira AM, Savouré M, Toppila-Salmi SK, Ventura MT, Yepes-Nuñez JJ, Cruz AA, Ciprandi G, Gemicioglu B, Giovannini M, Gradauskiene B, Jartti T, Jeseňák M, Kuna P, Kvedariene V, Larenas-Linnemann DE, Latiff AHA, Mohammad Y, Ohta K, Mahesh PA, Pali-Schöll I, Pfaar O, Regateiro FS, Roche N, Sofiev M, Taborda-Barata L, Ulrik CS, Rostan MV, Viegi G, Zhang L, Antó JM, Haahtela T, Cherrez-Ojeda I, Ivancevich JC, Khaltaev N, Yorgancioglu A, Abdullah B, Al-Ahmad M, Al-Nesf MA, Amaral R, Asllani J, Bergmann KC, Bernstein JA, Blaiss MS, Braido F, Camargos P, Carreiro-Martins P, Casale T, Cecchi L, Fiocchi AG, Giuliano AFM, Christoff G, Cirule I, Correia-de-Sousa J, Costa EM, Del Giacco S, Devillier P, Dokic D, Hossny E, Iinuma T, Irani C, Ispayeva Z, Julge K, Kaidashev I, Bennoor KS, Kraxner H, Kull I, Kulus M, Kupczyk M, Kurchenko A, La Grutta S, Miculinic N, Tuyet LLT, Makris M, Milenkovic B, Lee SM, Montefort S, Moreira A, Mullol J, Nadif R, Nakonechna A, Neffen HE, Niedoszytko M, Nyembue D, O'Hehir R, Ogulur I, Okamoto Y, Olze H, Palomares O, Panzner P, Patella V, Pawankar R, Pitsios C, Popov TA, Puggioni F, Quirce S, Ramonaité A, Recto M, Repka-Ramirez MS, Roberts G, Robles-Velasco K, Rottem M, Salapatas M, Sastre J, Scichilone N, Sisul JC, Solé D, Soto-Martinez ME, Sova M, Tantilipikorn P, Todo-Bom A, Tsaryk V, Tsiligianni I, Urrutia-Pereira M, Valovirta E, Van Ganse E, Vasankari T, Wallace D, Wang Y, Worm M, Yusuf OM, Zidarn M, Gil-Mata S, Marques-Cruz M, Mahboub B, Ansotegui IJ, Romano A, Artesani MC, Barreto B, Becker S, Beghe B, Bouchard J, Bourgoin-Heck M, Brussino L, Buhl R, Calvo-Gil M, Dahl VC, **Vizuete JAC**, Charpin D, Chavannes NH, Chełmińska M, Cheng L, Chkhartishvili E, Chong-Neto HJ, Choudhury D, Chu D, Cingi C, Compalati E, Cvetkovski B, Da Silva J, D'Amato G, Davies J, Di Bona D, Dimou MV, Teixeira MDC, Doulaptsi M, Pérez JMF, Gawlik R, Goksel O, Gómez MR, Gonzalez Diaz SN, Gotua M, Grigoreas C, Grisle I, Guzman MA, Tan RH, Hyland M, Ierodiakonou D, Karavelia A, Kisiel M, Kosnik M, Kritikos V, Lombardi C, Martini M, Meço C, Mesonjesi E, Mihaltan F, Moniuszko M, Naclerio R, Neisinger S, Ordak M, Paoletti G, Perdomo-Flores EA, Pham-Thi N, Prokopakis E, Yeverino DR, Rolla G, Romantowski J, Rouadi PW, Rukhadze M, Sakurai D, Salameh L, Sarquis FS, Kosak TS, Soyka M, Sozinova O, Specjalski K, Tomic-Spiric V, Vachova M, van Hage M, Koyuncu IV, Vichyanond P, Wagenmann M, Ko FWS, Werminghaus P, Xepapadaki VP, Xiang YK, Fonseca JA. **Methodology for the Development of the Allergic Rhinitis and Its Impact on Asthma (ARIA)-EAACI 2024-2025 Guidelines: From Evidence-to-Decision Frameworks to Digitalised Shared Decision-Making Algorithms**. Allergy. 2026 Feb;81(2):427-453. doi: 10.1111/all.70100. Epub 2025 Nov 21. PMID: 41268627; PMCID: PMC12862529.

The Allergic Rhinitis and its Impact on Asthma (ARIA) guidelines produced their first edition in 1999, with subsequent revisions in 2008, 2010, 2016 and 2019. A new iteration of ARIA-ARIA 2024-2025-in collaboration with EAACI is currently being developed, focusing on the management of allergic rhinitis. ARIA 2024-2025 follows the GRADE framework and is endorsed by the European Academy of Allergy and

Clinical Immunology (EAACI). A set of approaches has been used to develop guideline questions, including surveying key opinion leaders and using artificial intelligence (AI)-based tools to analyse web searches on allergic rhinitis and to generate questions. Each prioritised guideline question is assessed through an Evidence-to-Decision (EtD) framework. EtDs support the systematic and transparent formulation of recommendations, comprising 12 criteria for which the best available evidence should be sought. In the context of ARIA-EAACI 2024-2025, such evidence is derived not only from randomised controlled trials but also-among others-from patient-generated data sources that better reflect the affected individuals' perspectives. Moreover, ARIA-EAACI 2024-2025 incorporates evidence on planetary health. Developed guideline recommendations will support the creation of digitalised decision algorithms and care pathways. This paper describes the methodology used to develop the person-centred, digitally enabled and AI-assisted ARIA-EAACI 2024-2025. Among others, it describes (i) the development and prioritisation of guideline questions, (ii) sources of evidence for EtDs and (iii) the development of digitalised decision algorithms and care pathways.

Indexat a: Pubmed / SCIE / JCR **Factor Impacte:** 12 **Quartil:** 1 **Categoria:** Allergy (Q1) ; Immunology (Q1) **Posició:** Allergy (1/40) ; Immunology (9/183) **Journal Citation Indicator:** 2.12
***1er Decil**

Jimenez-Ruiz CA, de Granda-Orive JI, Rábade Castedo C, Farber HJ, Ocampo A, Luhning S, Raboso-Moreno B, Del Puerto-Garcia L, Buljubasich D, Pacheco-Gallego MC, **Castillo-Vizueta JA**, Mirambeaux-Villalona R, García-Rueda M, Riesco-Miranda JA, Ramos-Pinedo Á, Signes-Costa J, Blanquicett-Barrios L, de Higes-Martinez E, Casillas-Suarez C, Rodríguez-García C, Villar-Laguna C, Francisco-Corral G, Pastor-Esplá E, Vaquero-Lozano P, Carrion-Valero F, Cañón-Barroso L, Sandoval-Contreras R, Gorordo-Unzueta I, Pitti-Pérez R, Muñoz-Vidal MÁ, Calvo-Pascual S, Cabrera-Cesar E, Díaz-Santos G, Cristóbal-Fernández M. **Use of New Tobacco and Nicotine Products as a Harm Reduction Strategy: A Critical Review of the Evidence**. Open Respir Arch. 2025 Dec 24;8(2):100534. doi: 10.1016/j.opresp.2025.100534. PMID: 41626032; PMCID: PMC12858725.

The sale, distribution, and indiscriminate use of new tobacco and nicotine products have multiplied. The most relevant products are: electronic cigarettes (ECs), heated tobacco (HT), and nicotine pouches (NPs). From the tobacco industry and its related health sectors, and even from some health institutions with no clear influence from this industry, the use of all these devices is being promoted as an excellent harm reduction strategy for those conventional tobacco smokers who do not want to or cannot quit smoking. This paper reviewed the lack of scientific evidence of this strategy.

Indexat a: Pubmed / **Factor Impacte: Quartil: Categoria: Posició: Journal Citation Indicator:**

Sousa-Pinto B, Bousquet J, Vieira RJ, Schünemann HJ, Zuberbier T, Bognanni A, Togias A, Samolinski B, Valiulis A, Williams S, Bedbrook A, Czarlewski W, Torres MJ, Shamji MH, Morais-Almeida M, Canonica GW, Vecillas LL, Dykewicz MS, Jacomelli C, Klimek L, Leemann L, Lourenço O, Palamarchuk Y, Papadopoulos NG, Pereira AM, Savouré M, Toppila-Salmi SK, Ventura MT, Yepes-Nuñez JJ, Cruz AA, Ciprandi G, Gemicioglu B, Giovannini M, Gradauskiene B, Jartti T, Jeseňák M, Kuna P, Kvedariene V, Larenas-Linnemann DE, Latiff AH, Mohammad Y, Ohta K, Mahesh PA, Pali-Schöll I, Pfaar O, Regateiro FS, Roche N, Taborda-Barata L, Ulrik CS, Rostan MV, Viegi G, Zhang L, Haahtela T, Cherrez-Ojeda I, Carlos Ivancevich J, Khaltaev N, Yorgancioglu A, Abdullah B, Al-Ahmad M, Al-Nesf MA, Amaral R, Asllani J, Bergmann KC, Bernstein JA, Blaiss MS, Braido F, Camargos P, Carreiro-Martins P, Casale T, Cecchi L, Fiocchi A, Giuliano AFM, Christoff G, Cirule I, de Sousa JC, Costa EM, Del Giacco S, Devillier P, Dokic D, Hossny E, Iinuma T, Irani C, Ispayeva Z, Julge K, Kaidashev I, Bennoor KS, Kraxner H, Kull I, Kulus M, Kupczyk M, Kurchenko A, La Grutta S, Miculinic N, Tuyet LLT, Makris M, Milenkovic B, Lee SM, Montefort S, Moreira A, Mullol J, Nadif R, Nakonechna A, Neffen HE, Niedoszytko M, Nyembue D, O'Hehir RE, Ogulur I, Okamoto Y, Olze H, Palomares O, Panzner P, Patella V, Pawankar R, Pitsios C, Popov TA, Puggioni F, Quirce S, Ramonaité A, Recto M, Repka-Ramirez MS, Roberts G, Robles-Velasco K, Rottem M, Salapatas M, Sastre J, Scichilone N, Sisul JC, Solé D, Soto-Martinez ME, Sova M, Tantilipikorn P, Todo-Bom A, Tsaryk V, Tsiligianni I, Urrutia-Pereira M, Valovirta E, Vasankari T, Wallace D, Wang Y, Worm M, Yusuf OM, Zidarn M, Gil-Mata S, Marques-Cruz M, Mahboub B, Ansotegui IJ, Romano A, Aberer W, Artesani MC, Azzolini E, Barreto B, Bartra J, Becker S, Beghe B, Boner A, Borowiack E, Bouchard J, Bourgoin-Heck M, Brussino L, Buhl R, **Castillo-Vizuete JA**, Charpin D, Chavannes NH, Chełmińska M, Cheng L, Chkhartishvili E, Cho SH, Chong-Neto HJ, Choudhury D, Chu DK, Cingi C, Compalati E, Costa RA, Cunha OM, Cvetkovski B, Cardona-Dahl V, D'Amato G, Davies J, Di Bona D, Gonzalez Diaz SN, Dimou MV, Doulaptsi M, Ferreira-da-Silva R, Gawlik R, Calvo-Gil M, Goksel O, Gómez MR, Gotua M, Grigoreas C, Grisle I, Guzman MA, Tan RH, Hyland M, Ierodiakonou D, Karavelia A, Keith P, Kisiel M, Kosak TS, Kosnik M, Koyuncu IV, Kritikos V, Litynska J, Lombardi C, Louis G, Martini M, Meço C, Mesonjesi E, Mihaltan F, Moniuszko M, Naclerio RN, Nadeau KC, Neisinger S, Ollert M, Ordak M, Paoletti G, Park HS, Parmelli E, Perdomo-Flores EA, Pérez JMF, Pham-Thi N, Prokopakis E, Ribeiro-Vaz I, Rolla G, Romantowski J, Rombaux P, Rouadi PW, Rukhadze M, Ryan D, Sadowska E, Sakurai D, Salameh L, Sarquis FS, Serrano E, Da Silva J, Soyka M, Specjalski K, Tomic-Spiric V, Stevanovic K, Subramaniam A, Teixeira MDC, Thomander T, Vachova M, van Hage M, Vichyanond P, Wagenmann M, Ko FWS, Werminghaus P, Xepapadaki PV, Xiang YK, Yang Q, Yeverino DR, Zuberbier J, Fonseca JA. **Allergic Rhinitis and Its Impact on Asthma (ARIA)-EAACI Guidelines-2024-2025 Revision: Part I-Guidelines on Intranasal Treatments**. Allergy. 2026 Apr;81(4):954-976. doi: 10.1111/all.70131. Epub 2025 Dec 1. PMID: 41324154; PMCID: PMC13040648.

Background: Allergic rhinitis (AR) impacts quality of life, work and school productivity. Over the last years, an important body of evidence resulting from mHealth data has led to a better understanding of AR. Such advances have motivated an EAACI-endorsed update of the Allergic Rhinitis and its Impact on Asthma (ARIA) guidelines (ARIA

2024-2025). This manuscript presents the ARIA 2024-2025 recommendations for intranasal treatments, one of the mainstays for AR management.
Methods: The ARIA 2024-2025 guideline panel issued recommendations following the Grading of Recommendations, Assessment, Development, and Evaluation (GRADE) evidence-to-decision framework. Several sources of evidence were used to inform panel judgments and recommendations, including systematic reviews, evaluation of mHealth and pharmacovigilance data, as well as a survey of experts on costs.
Results: Eleven guideline questions concerning intranasal treatments for AR were prioritized, leading to recommendations. Overall, these questions concern the choice between different classes of intranasal medications-most notably, intranasal corticosteroids (INCS), antihistamines (INAH), fixed combinations of INAH+INCS and decongestants-or between different individual medications within each class. Four questions had not been evaluated in previous ARIA guidelines, while for the other three there was a change in the strength or directionality of recommendations. Overall, recommendations point to the suggested use of INAH+INCS over INAH or INCS and INCS over INAH.
Conclusion: This ARIA 2024-2025 article supports patients, their caregivers, and healthcare professionals in choosing an intranasal treatment. However, decisions on AR treatment should consider the clinical variability of the disease, patients' values, and the affordability of medications.

The Allergic Rhinitis and its Impact on Asthma (ARIA) guidelines produced their first edition in 1999, with subsequent revisions in 2008, 2010, 2016 and 2019. A new iteration of ARIA-ARIA 2024-2025-in collaboration with EAACI is currently being developed, focusing on the management of allergic rhinitis. ARIA 2024-2025 follows the GRADE framework and is endorsed by the European Academy of Allergy and Clinical Immunology (EAACI). A set of approaches has been used to develop guideline questions, including surveying key opinion leaders and using artificial intelligence (AI)-based tools to analyse web searches on allergic rhinitis and to generate questions. Each prioritised guideline question is assessed through an Evidence-to-Decision (EtD) framework. EtDs support the systematic and transparent formulation of recommendations, comprising 12 criteria for which the best available evidence should be sought. In the context of ARIA-EAACI 2024-2025, such evidence is derived not only from randomised controlled trials but also-among others-from patient-generated data sources that better reflect the affected individuals' perspectives. Moreover, ARIA-EAACI 2024-2025 incorporates evidence on planetary health. Developed guideline recommendations will support the creation of digitalised decision algorithms and care pathways. This paper describes the methodology used to develop the person-centred, digitally enabled and AI-assisted ARIA-EAACI 2024-2025. Among others, it describes (i) the development and prioritisation of guideline questions, (ii) sources of evidence for EtDs and (iii) the development of digitalised decision algorithms and care pathways.

Indexat a: Pubmed / SCIE / JCR **Factor Impacte:** 12 **Quartil:** 1 **Categoria:** Allergy (Q1) ; Immunology (Q1) **Posició:** Allergy (1/40) ; Immunology (9/183) **Journal Citation Indicator:** 2.12
***1er Decil**

AL·LERGIOLOGIA

Núm. articles indexats: 2 **Núm. articles indexats al JCR:** 2 **Journal Impact Factor ™ – 2025:** 13.3
Factor Impacte mitjà x article: 6.65

Bachert C, Brusselle G, **Castillo Vizuete JA**, Dávila I, Laudien M, Seccia V, Schmid-Grendelmeier P, Vultaggio A, Kallinikou K, Walrave L, Klimek L. **Consensus from European experts on severe eosinophilic asthma and chronic rhinosinusitis with nasal polyps: Results from the OverSEA Delphi study**. J Allergy Clin Immunol Glob. 2025 Jul 3;4(4):100529. doi: 10.1016/j.jacig.2025.100529. PMID: 40832363; PMCID: PMC12359228.

Background: Managing patients with severe asthma with an eosinophilic phenotype (SEA) with comorbid respiratory conditions such as chronic rhinosinusitis with nasal polyps (CRSwNP) continues to encounter significant challenges and lack of coordinated management among treating physicians.
Objective: The OverSEA study aims to provide insights into current clinical practices and formulate recommendations for managing these patients.
Methods: The two-round Delphi survey, conducted March-June 2023, was developed by a multidisciplinary 11-member Scientific Committee including pulmonologists, allergists, and ear, nose and throat specialists, and involved 205 experts from these specialties across 8 European countries. Consensus was defined as ≥70% agreement. Topics covered included the initial assessment, treatment, follow-up, and multidisciplinary management of patients with SEA and CRSwNP.
Results: There was a consensus that evaluating for CRSwNP (88%), allergic rhinitis (79%), chronic rhinosinusitis without nasal polyps (77%), and aspirin/nonsteroidal anti-inflammatory-exacerbated respiratory disease (71%) is crucial for diagnosing upper respiratory tract comorbidities in patients with SEA. The necessity of a multidisciplinary approach for all stages of disease management (diagnosis, 82%; treatment decision-making, 83%, follow-up, 79%), and the usefulness of biologics in simultaneously managing asthma and CRSwNP symptoms (87%) were emphasized.
Conclusion: The OverSEA study is the largest European initiative providing recommendations for optimizing the management of patients with SEA and comorbid CRSwNP. It underscores the importance of evaluating patients with SEA for comorbid upper airways diseases, particularly CRSwNP, and promotes a multidisciplinary approach, encouraging pulmonologists, allergists, and otorhinolaryngologists to collaborate closely to streamline patient diagnosis, follow-up, and treatment decisions.

Indexat a: Pubmed / WoS / Medline / JCR **Factor Impacte:** 11.2 **Quartil:** 1 **Categoria:** Allergy (Q1) ; Immunology (Q1) **Posició:** Allergy (3/40) ; Immunology (11/183) **Journal Citation Indicator:** 2.43 ***1er Decil**

Valdesoiro-Navarrete L, Piquer Gibert M, Menchon NM, Pinto-Fernández C, García-Magán C, **Claver-Monzón Á**, Thorndike-Piedra F, Valero CB, Fernández SP, Prieto-Del-Prado A, Ortega-Bernal G, Aragonés AM. **IgE-mediated allergy to egg protein**. Allergol Immunopathol (Madr). 2025 Jul 1;53(4):157-168. doi: 10.15586/aei.v53i4.1447. PMID: 40682244.

Egg allergy is one of the most common food allergies in the pediatric population. It significantly impacts the quality of life of patients and their families. Egg allergy is an adverse reaction mediated by an immune mechanism. There are different mechanisms involved. This review refers to immunoglobulin E (IgE)-mediated egg allergy. The prevalence of egg sensitization and allergy is higher in children with cow's milk allergy and in those with atopic dermatitis. The prognosis for egg allergy in young children is generally good, although in some cases it tends to persist at adult age. The main allergens in egg white are ovomucoid and ovalbumin. Diagnosis is based on the suggestive clinical history and the study of specific positive egg allergy. Oral food challenge test is the gold standard test to confirm diagnosis. Egg allergy, like other food allergies, is primarily managed with the avoidance diet and symptomatic treatment in case of an allergic reaction. The current approach emphasizes minimizing restrictive diets, if possible. Therefore, obtaining an accurate diagnosis through component-resolved diagnostics is essential, and whenever necessary, confirming tolerance through oral challenge tests. Food immunotherapy can be potentially curative and can be regarded as a therapeutic option for IgE-mediated egg allergy. It increases the amount of food tolerated and reduces the risk of a life-threatening anaphylactic reaction. There are different approaches: orally, sublingually, subcutaneous, or via epicutaneous. Among these, oral immunotherapy is the most extensively studied and widely used approach in clinical practice.

Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 2.1 **Quartil:** 3 **Categoria:** Allergy (Q3) ; Immunology (Q4) **Posició:** Allergy (23/40) ; Immunology (140/183) **Journal Citation Indicator:** 0.52

MEDICINA INTERNA

Núm. articles indexats: 1 **Journal Impact Factor ™ – 2025: Factor Impacte mitjà x article:**

Riera-Mestre A, **Portolà O**, **Vidaller A**. **Scurvy: A call to maintain awareness**. Med Clin (Barc). 2025 Jun 13;164(11):106887. English, Spanish. doi: 10.1016/j.medcli.2024.11.020. Epub 2025 Jan 18. PMID: 39828447.

(no abstract)

Indexat a: Pubmed / Medline / SCIE **Factor Impacte: Quartil: Categoria: Posició: Journal Citation Indicator:**

INFERMERIA

Núm. articles indexats: 1 **Journal Impact Factor ™ – 2025: Factor Impacte mitjà x article:**

Barrufet MP, Almendral A, Garcia À, Del Rio O, Agusti C, **de la Cruz P**, Invernon L, Coroleu D, Limón E, Pujol M; members of VINCat caesarean section SSI surveillance; Appendix A. Members of VINCat Caesarean Section SSI surveillance participating in the study. **Surveillance of surgical site infections among caesarean section in VINCat hospitals: Results from 2008 to 2022**. Enferm Infecc Microbiol Clin (Engl Ed). 2025 May;43 Suppl 1:S37-S43. doi: 10.1016/j.eimce.2024.07.012. Epub 2025 Mar 12. PMID: 40082114.

Background: The VINCat programme focuses on monitoring surgical site infections (SSI) in caesarean sections (CS) performed across affiliated hospitals.
Methods: The study included CS performed from 2008 to 2022, with a follow-up of 30 days after the intervention. The analysis of cumulative incidence rate of SSI was stratified into three 5-year periods (Periods 1-3). SSI was defined according to the National Healthcare Safety Network (NHSN) classification. SSI surveillance was carried out in accordance with the methodology established by the VINCat programme.
Results: From 2008 to 2022, 36,387 CS were surveyed at 34 hospitals: 13,502 in Period 1, 12,985 in Period 2 and 9900 in Period 3. The mean age was 33 years. Overall, SSI incidence fell from 3.81% in Period 1 to 2.66% in Period 3 (rho=-0.838; p<0.001). Superficial SSI decreased from 3.1% in Period 1 to 2.15% in Period 3 (rho=-0.795; p<0.001). The rate of organ-space SSI remained consistent across all three periods, maintaining a rate of 0.27 (rho=-0.092; p=0.745). Culture was performed in 58.9% of infections. The microorganisms most frequently identified were Staphylococcus aureus (20.64%), Coagulase-negative staphylococci (CoNS) (13.52%), and Escherichia coli (11.27%). Antibiotic prophylaxis was appropriate in 73.76% of the procedures.
Conclusions: Appropriate monitoring of post-CS SSI rates allows the implementation of preventive measures to reduce their incidence.

Indexat a: Pubmed / Medline / SCIE **Factor Impacte: Quartil: Categoria: Posició: Journal Citation Indicator:**

- Recull d'indicadors bibliomètrics dels departaments/unitats de l'HUQD

Relació de totes les especialitats de l'Hospital amb la suma total dels seus indicadors bibliomètrics. Ordenada de major a menor factor d'impacte.

(Feu clic a l'enllaç del nom de cada especialitat/departament per accedir al llistat exhaustiu d'articles amb els seus indicadors corresponents.)

INSTITUT ONCOLÒGIC DR. ROSELL – DEXEUS

Núm. articles indexats: 27
Núm. articles indexats al JCR: 25
Journal Impact Factor ™ – 2025: 579
Factor Impacte mitjà x article: 23.16

OBSTETRÍCIA I GINECOLOGIA (SALUT DE LA DONA DEXEUS)

Núm. articles indexats: 51
Núm. articles indexats al JCR: 49
Journal Impact Factor ™ – 2025: 262.3
Factor Impacte mitjà x article: 5.35

REUMATOLOGIA

Núm. articles indexats: 4
Núm. articles indexats al JCR: 4
Journal Impact Factor ™ – 2025: 19.2
Factor Impacte mitjà x article: 4.8

ANATOMIA PATOLÒGICA

Núm. articles indexats: 5
Núm. articles indexats al JCR: 1
Journal Impact Factor ™ – 2025: 1.1
Factor Impacte mitjà x article: 1.1

ICATME (Institut Català de Traumatologia i Medicina de l'Esport)

Núm. articles indexats: 33
Núm. articles indexats al JCR: 23
Journal Impact Factor ™ – 2025: 174.2
Factor Impacte mitjà x article: 7.57

CIRURGIA MAXIL·LOFACIAL, IMPLANTOLOGIA I ESTÈTICA FACIAL

Núm. articles indexats: 4
Núm. articles indexats al JCR: 4
Journal Impact Factor ™ – 2025: 11.89
Factor Impacte mitjà x article: 2.97

PEDIATRIA DEXEUS – PAIDO SALUT INFANTIL

Núm. articles indexats: 9
Núm. articles indexats al JCR: 6
Journal Impact Factor ™ – 2025: 30.8
Factor Impacte mitjà x article: 5.13

CARDIOLOGIA

Núm. articles indexats: 2
Núm. articles indexats al JCR: 2
Journal Impact Factor ™ – 2025: 11
Factor Impacte mitjà x article: 5.5

PSIQUIATRIA I PSICOLOGIA (PSICODEX SL)

Núm. articles indexats: 2
Núm. articles indexats al JCR: 0
Journal Impact Factor ™ – 2025: 0
Factor Impacte mitjà x article: 0

ANESTESIOLOGIA

Núm. articles indexats: 4
Núm. articles indexats al JCR: 4
Journal Impact Factor ™ – 2025: 12
Factor Impacte mitjà x article: 3

NEUMOLOGIA

Núm. articles indexats: 4
Núm. articles indexats al JCR: 2
Journal Impact Factor ™ – 2025: 24
Factor Impacte mitjà x article: 12

APARELL DIGESTIU I ENDOCOPIA

Núm. articles indexats: 7
Núm. articles indexats al JCR: 4
Journal Impact Factor ™ – 2025: 20.5
Factor Impacte mitjà x article: 5.12

ENDOCRINOLOGIA I NUTRICIÓ

Núm. articles indexats: 1
Núm. articles indexats al JCR: 1
Journal Impact Factor ™ – 2025: 4.6

Factor Impacte mitjà x article: 4.6

OFTALMOLOGIA

Núm. articles indexats: 11
Núm. articles indexats al JCR: 10
Journal Impact Factor ™ – 2025: 35.8
Factor Impacte mitjà x article: 3.58

AL·LERGIOLOGIA

Núm. articles indexats: 2
Núm. articles indexats al JCR: 2
Journal Impact Factor ™ – 2025: 13.3
Factor Impacte mitjà x article: 6.65

MEDICINA INTERNA

Núm. articles indexats: 1
Núm. articles indexats al JCR: 0
Journal Impact Factor ™ – 2025: 0
Factor Impacte mitjà x article: 0

INFERMERIA

Núm. articles indexats: 1
Núm. articles indexats al JCR: 0
Journal Impact Factor ™ – 2025: 0
Factor Impacte mitjà x article: 0

- Impact Factor (IF) total

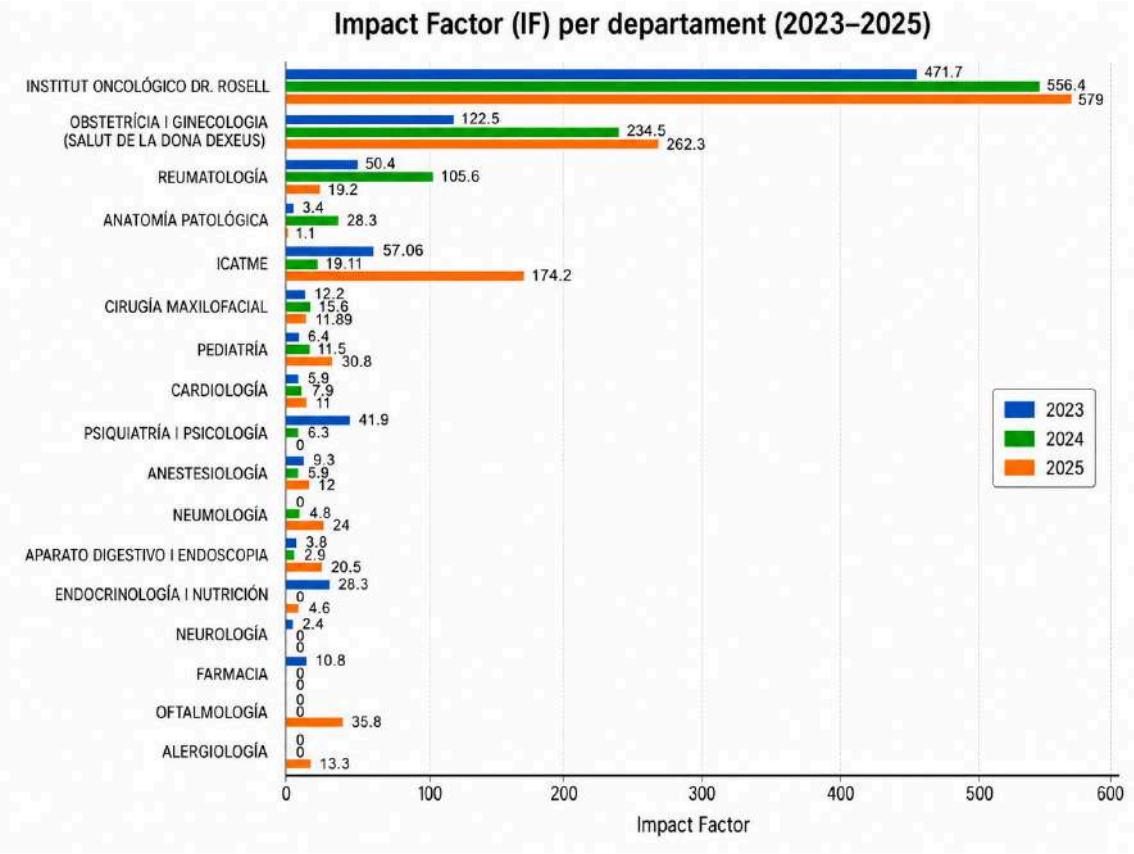
Suma de tots els IF de cada especialitat/unitat de l'HUQD:

IF total: 1199.69

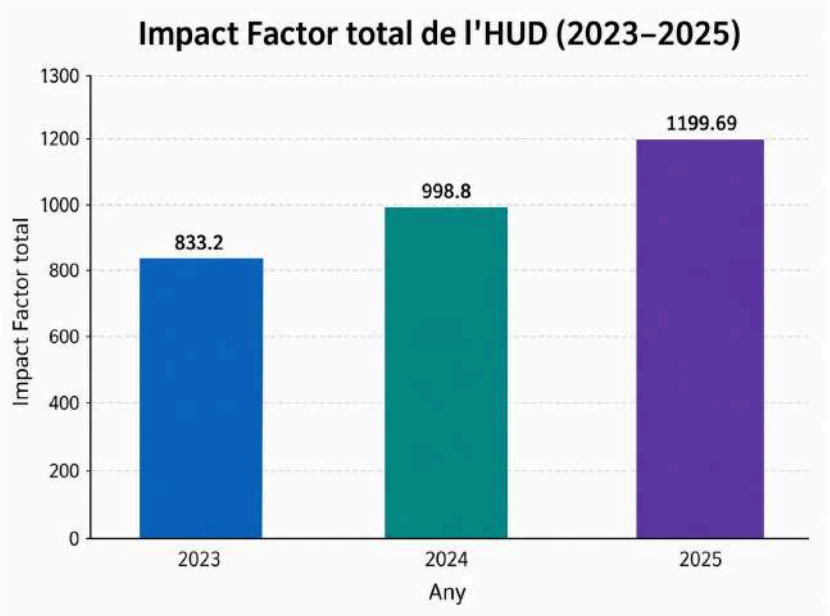
- Comparativa IF últims anys

	2023	2024	2025
INSTITUT ONCOLÒGIC DR. ROSELL	471.7	556.4	579
OBSTETRÍCIA I GINECOLOGIA (SALUT DE LA DONA DEXEUS)	122.5	234.5	262.3

REUMATOLOGIA	50.4	105.6	19.2
ANATOMIA PATOLÒGICA	3.4	28.3	1.1
ICATME	57.06	19.11	174.2
CIRUGIA MAXIL·LOFACIAL	12.2	15.6	11.89
PEDIATRIA	6.4	11.5	30.8
CARDIOLOGIA	5.9	7.9	11
PSIQUIATRIA I PSICOLOGIA	41.9	6.3	0
ANESTESIOLOGIA	9.3	5.9	12
NEUMOLOGIA	0	4.8	24
APARELL DIGESTIU I ENDOSCOPIA	3.8	2.9	20.5
ENDOCRINOLOGIA I NUTRICIÓ	28.3	0	4.6
NEUROLOGIA	2.4	0	0
FARMACIA	10.8	0	0
OFTALMOLOGIA	0	0	35.8
AL·LERGIOLOGIA	0	0	13.3
TOTAL	**833.2**	**998.8**	**1199.69**



IF TOTAL 2023	IF TOTAL 2024	IF TOTAL 2025
833.2	998.8	1199.69



- URL de cerca de las publicacions de l'HUQD a la Web of Science (WoS)

> Enllaç WoS publicacions HUQD any 2025

> Enllaç WoS publicacions HUQD tots els anys

INDICADORS BIBLIOMÈTRICS GLOBALS

ÍNDEX H (WEB OF SCIENCE CITATION REPORT 2025)

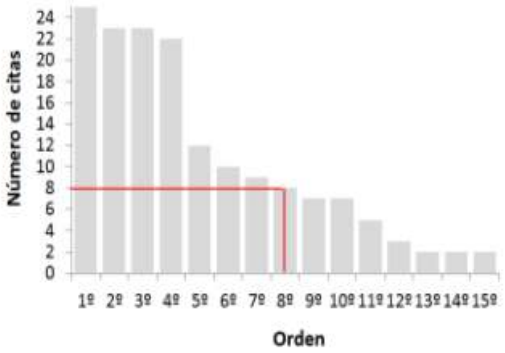
L'índex h (H-index o factor h) és un sistema de mesura de la qualitat científica dels investigadors basat en la rellevància de la seva producció científica, ja que té en compte el conjunt dels treballs més citats d'un investigador i el nombre de citacions que ha rebut cadascun d'aquests treballs. És un indicador que representa l'impacte de les publicacions dels autors afiliats a l'Hospital Universitari Dexeus dins la comunitat científica internacional.

L'índex h és un sistema proposat per Jorge Hirsch, de la Universitat de Califòrnia, l'any 2005 per mesurar la qualitat científica dels físics i d'altres investigadors, en funció del nombre de citacions que han rebut els seus articles científics.

Es calcula ordenant els articles científics de més a menys segons el nombre de citacions rebudes. L'índex h correspon al valor en què coincideixen la posició de l'article en aquesta ordenació i el nombre de citacions que ha rebut. A la figura següent es mostra un exemple del seu càlcul.

Exemple: un científic o una institució/universitat té un índex h igual a *h* si ha publicat *h* treballs que han rebut, com a mínim, *h* citacions cadascun.

Artículos ordenados según el número de citas	Número de citas
1º	25
2º	23
3º	23
4º	22
5º	12
6º	10
7º	9
8º	8
9º	7
10º	7
11º	5
12º	3
13º	2
14º	2
15º	2



Segons Jorge Hirsch, un índex h de 20, després de 20 anys d'activitat científica, és característic d'un investigador d'èxit. Un índex h de 40 després de 20 anys identifica investigadors d'excel·lència, com ara els que desenvolupen la seva activitat a les universitats i centres de recerca més prestigiosos del món.

Tots els indicadors que es presenten a continuació s'han obtingut a partir dels informes de la Web of Science (WoS) i, per tant, es basen en els articles publicats en revistes indexades en aquesta base de dades.

- **Nombre d'articles, Índex H i cites rebudes(2025)**

Índex h d'articles científics en revistes indexades al Journal Citation Reports (any 2025): 7

Nombre total d'articles científics publicats el 2025 en revistes indexades a la Web of Science (WoS): 61

Total de citacions rebudes el 2025: 218, mitjana de citacions per publicació: 3,57

> Enllaç al 'Citation Report' del WoS

- **Nombre d'articles, Índex H i cites rebudes (tots els anys: 1900-2025)**

Índex h de totes les publicacions (1900–2025): 58

Nombre total d'articles científics publicats entre 1900 i 2025 en revistes indexades al Journal Citation Reports (JCR): 510

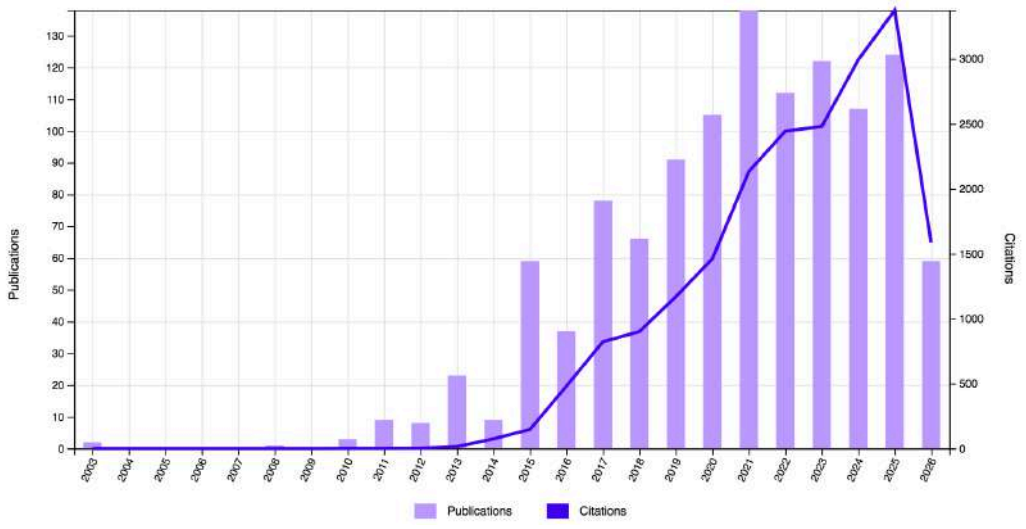
Total de citacions rebudes: 15.633, mitjana de citacions per publicació: 30,65

- Nombre de publicacions (tot tipus de publicació: articles, meeting abstracts, revisions, editorials,...) i Índex H (tots els anys: 1900-2025) (en revistes indexades al JCR)

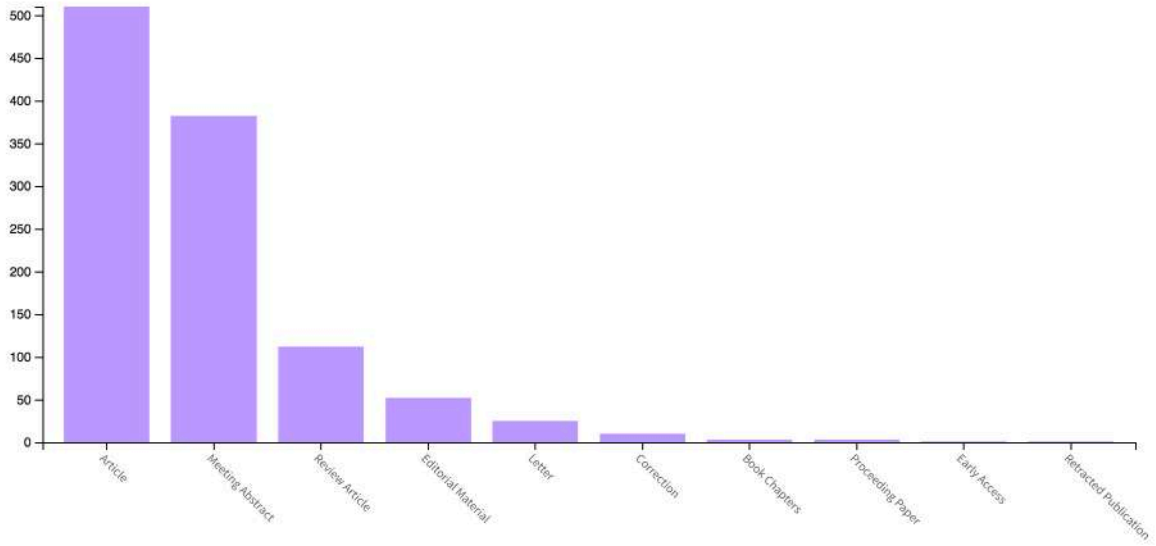
Nombre total de publicacions entre 1900 i 2025 en revistes indexades al Journal Citation Reports (JCR): 1.153

Índex h de totes les publicacions (1900–2025): 65

Total de citacions rebudes: 20.083, mitjana de citacions per publicació: 17,42



- **Tipus de publicació (tots els anys, 1900-2025)**

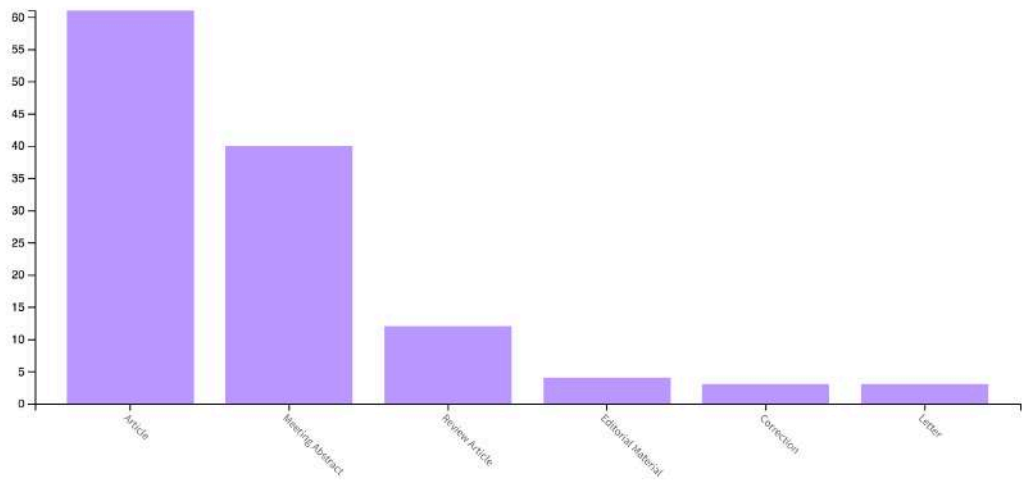


1- Article, 2- Meeting Abstract, 3- Review Article, 4- Editorial Material, 5- Letter, 6- Correction, 7- Early Access, 8- Book chapters, 9- Proceeding paper, 10- Retracted publication

Field: Document Types	Record Count	% of 1093
Article	510	46.661%
Meeting Abstract	382	34.950%
Review Article	112	10.247%
Editorial Material	52	4.758%
Letter	25	2.287%
Correction	10	0.915%
Book Chapters	3	0.274%
Proceeding Paper	3	0.274%
Early Access	1	0.091%
Retracted Publication	1	0.091%
Retraction	1	0.091%

Article: 530, Meeting Abstract: 385, Review Article: 114, Editorial Material: 54, Letter: 26, Correction: 10, Early Access: 4, Book Chapters: 3, Proceeding paper: 3

- **Tipus de publicació (2025)**

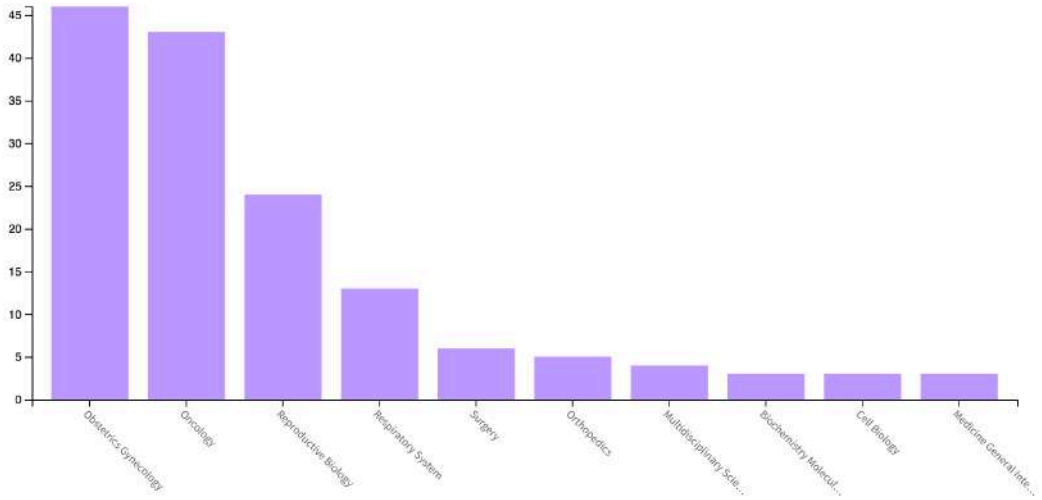


1-Article, 2-Meeting Abstract, 3-Review Article, 4- Editorial Material, 5- Early Access, 6- Letter, 7- Proceeding paper

Field: Document Types	Record Count	% of 129
Article	66	51.163%
Meeting Abstract	40	31.008%
Review Article	13	10.078%
Editorial Material	4	3.101%
Correction	3	2.326%
Letter	3	2.326%

Article: 61, Meeting Abstract: 40, Review Article: 12, Editorial Material: 4, Correction: 3 , Letter: 3, Early Access: 1

WEB OF SCIENCE CATEGORIES (RESEARCH AREAS) 2025



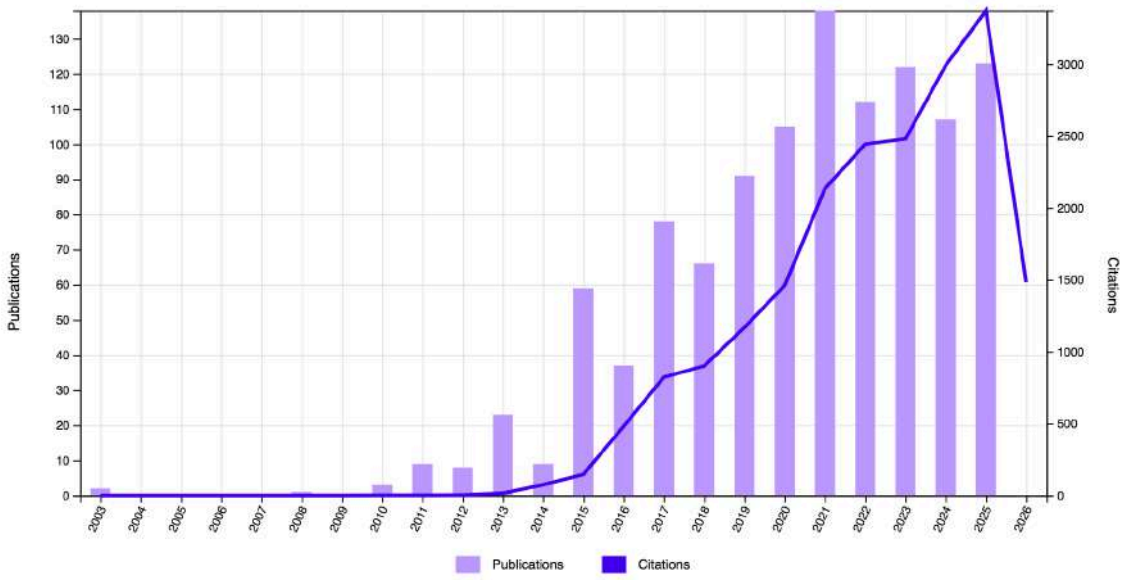
1- Obstetrics & Gynecology, 2- Oncology, 3- Reproductive biology, 4-Respiratory System, 5- Surgery, 6- Orthopedics, 7- Multidisciplinary Sciences, 8- Biochemistry Molecular Biology, 9- Cell biology, 10- Medicine General Internal

NÚMERO DE COPS CITADES I PUBLICACIONS AL LLARG DEL TEMPS (TIMES CITED AND PUBLICATIONS OVER TIME)[3]

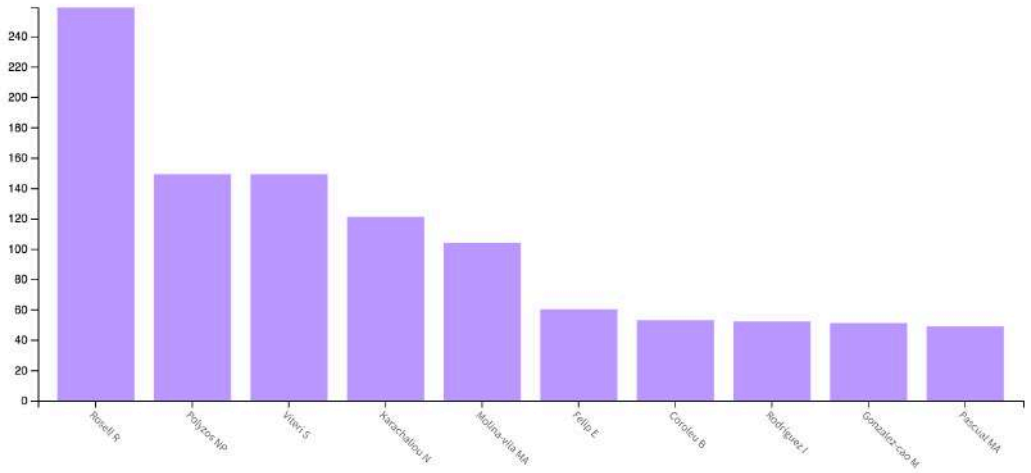
Gràfic de les vegades que es van citar publicacions de l'Hospital Universitari Quirón Dexeus (línia blava) i quantitat de publicacions (barres de color lila).

Com s'observa, hi ha un gran descens de les publicacions i de les citacions des dels anys de la pandèmia de la COVID-19.

[3] Informe de Web of Science (WoS), en base a las publicaciones de las revistas que están indexadas en dicha base de datos.



AUTORS (tots els anys, 1900-2025)[4]

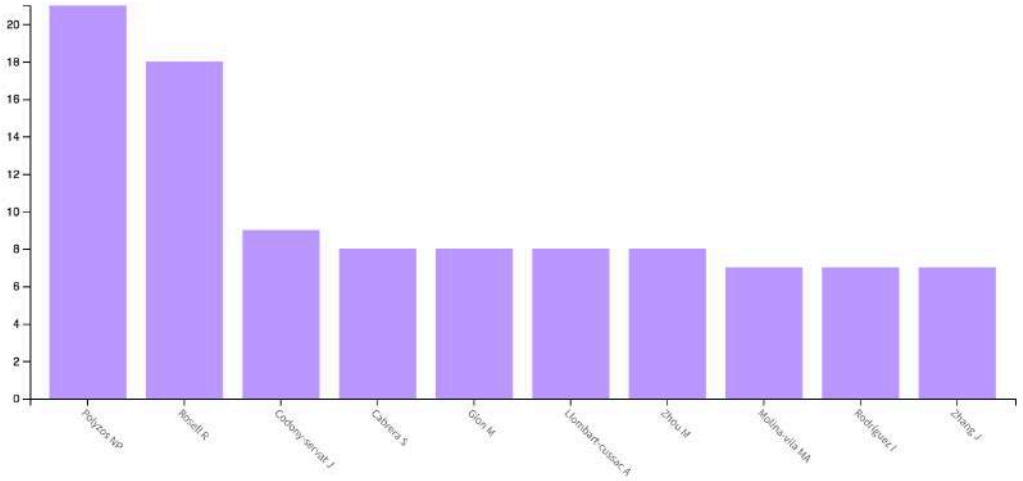


1-Rosell, 2-Polyzos, 3-Viteri, 4-Karachaliou, 5-Molina-vila, 6-Felip, 7-Coroleu, 8-Rodríguez, 9-Gonzalez-cao, 10-Pascual

[4] Informe de Web of Science (WoS), en base a las publicaciones indexadas en el WoS.

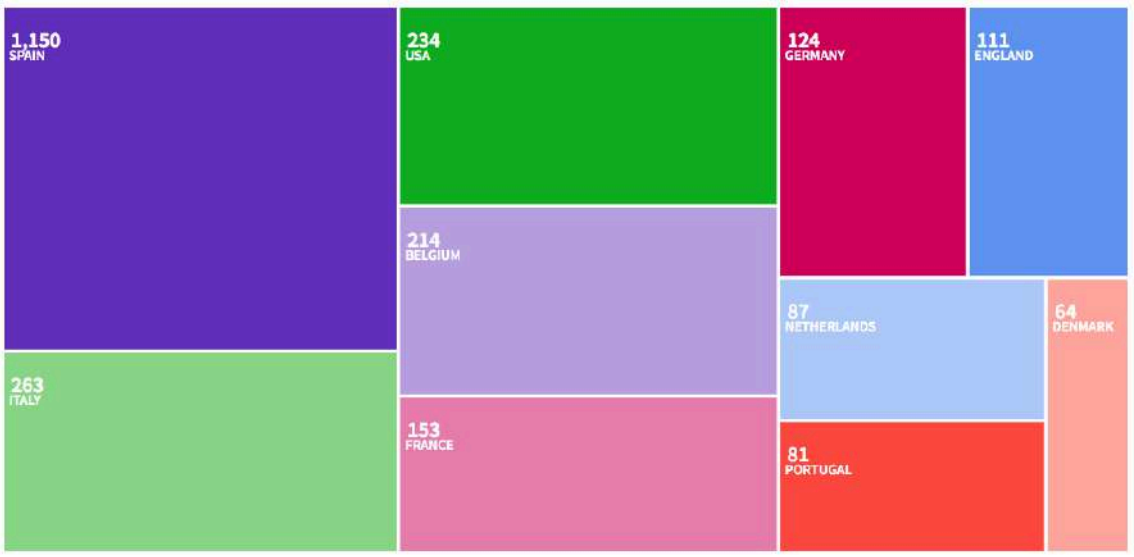
AUTORS (2025)[3]

Autores amb més publicacions:



1- Polyzos NP, 2- Rosell R, 3- Codony-servat, 4- Cabrera, 5- Gion, 6- Llombart-cussac, 7- Zhou, 8- Molina-vila, 9- Rodríguez, 10- Zhang

PAÏSOS (tots els anys, 1900-2025)[5]



1-Espanya, 2-Itàlia, 3-Estats Units, 4-Bèlgica, 5-França, 6-Alemanya, 7- Anglaterra, 8- Països Baixos, 9- Portugal, 10- Dinamarca

[5] Informe de Web of Science (WoS), basat en els títols de revista indexats en aquesta base de dades.

PAÏSOS (2025)[4]

1-Espanya (129), 2-Estats Units (30), 3-Itàlia (27), 4-Bèlgica (25), 5-França (23), 6-Xina (17), 7-Alemanya (13), 8-Portugal (11), 9-Austràlia (12), 10-Anglaterra (10)

TÍTOLS DE REVISTA (tots els anys)[6]

1-Human Reproduction, 2-Journal of Thoracic Oncology, 3- Annals of Oncology, 4- Journal of Clinical Oncology, 5-Ultrasound in Obstetrics Gynecology, 6-Cancer Research, 7-Translational lung cancer research, 8-Reproductive Biomedecine Online, 9-International Journal of Gynecological Cancer, 10-Fertility and Sterility

[6] Informe de la Web of Science (WoS) (basat amb els títols de revista indexats en aquesta base de dades)

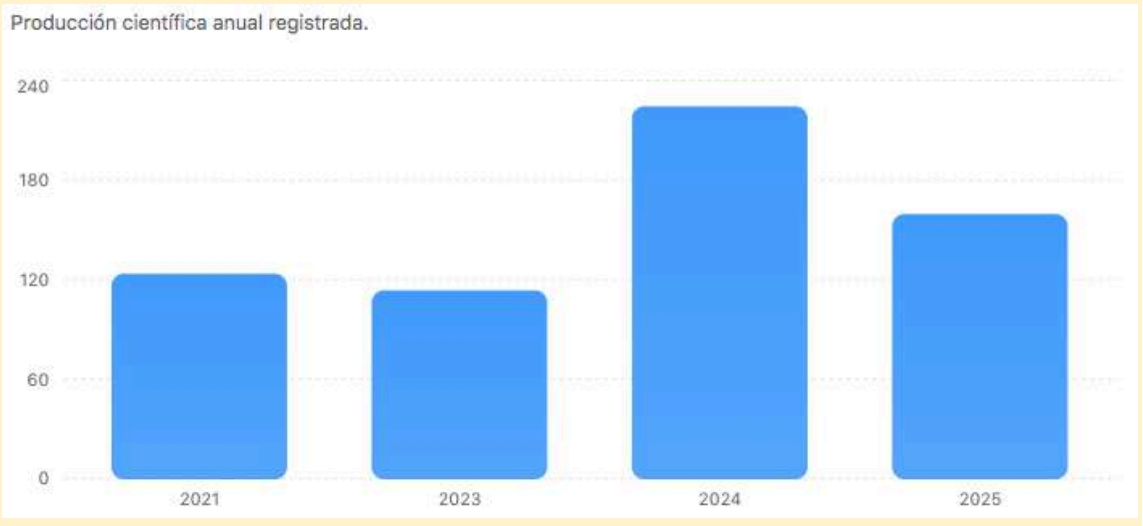
TÍTOLS DE REVISTA (2025)[5]

1- Human Reproduction, 2- Annals of Oncology, 3- Journal of Thoracic Oncology, 4- Reproductive Biomedicine Online, 5- International Journal of Gynaecological Cancer, 6- Journal of Clinical Oncology, 7- Clinical Translational Oncology, 8- Nature Communications, 9- Lancet Oncology, 10- Anales de Pediatria

NÚMERO TOTAL D'ARTICLES

Nombre d'articles comptabilitzant tots els recuperats de les principals bases de dades utilitzades a la Memòria: PubMed, Web of Science, Science Citation Index Expanded, Medline i Journal Citation Reports.

- **Nombre total d'articles publicats el 2021 per investigadors HUQD: 123**
- **Nombre total d'articles publicats el 2023 per investigadors HUQD: 113**
- **Nombre total d'articles publicats el 2024 per investigadors HUQD: 224**
- **Nombre total d'articles publicats el 2025 per investigadors HUQD: 168**



ARTICLES EN RELACIÓ AL QUARTIL (2025)

El quaratil es un indicador, ofert pel JCR[7], que serveix per avaluar la importància relativa d'una revista dins del conjunt de revistes de la seva àrea. És una mesura de la posició d'una revista en relació amb totes les de la seva àrea.

Els quartils ordenen les revistes de major a menor segons l'índex o factor d'impacte: **Q1**, grup format pel primer 25 % de les revistes del llistat; **Q2**, grup que ocupa del 25 % al 50 %; **Q3**, grup que se situa entre el 50 % i el 75 %; i **Q4**, grup que comprèn el darrer 25 % de les revistes del llistat.

➔ **Què passa amb les revistes indexades en més d'una categoria?**

Una mateixa revista pot estar indexada en més d'una categoria i, per tant, tenir un quartil diferent en cadascuna de les categories en què ha estat indexada.

Exemple de barra informativa d'un article publicat en una revista indexada en dues categories (*Medicine, Research & Experimental* i *Pharmacology & Pharmacy*):

Indexado en: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacto:** 3.8
Quartil: 3 **Categoria:** Medicine, research & experimental ; Pharmacology&Pharmacy (Q2)
Posición: Medicine, research & experimental 73/136 ; Pharmacology & Pharmacy 105/278

(En vermell, el quartil de la primera categoria en què està indexada la revista; en verd, l'altra categoria amb el quartil corresponent que hi ocupa.)

[7] Journal Citation Reports. Es una herramienta objetiva y sistemática para evaluar de forma crítica las principales publicaciones del mundo. Brinda información estadística basada en los datos de citas.Solo se informa del cuartil, por lo tanto, en los artículos publicados en revistas incluidas en dicha base de datos.

2024

- **Nombre d'articles en revistes pertanyents al Quartil 1: 98**
- **Nombre d'articles en revistes pertanyents al Quartil 2: 21**
- **Nombre d'articles en revistes pertanyents al Quartil 3: 10**
- **Nombre d'articles en revistes pertanyents al Quartil 4: 6**

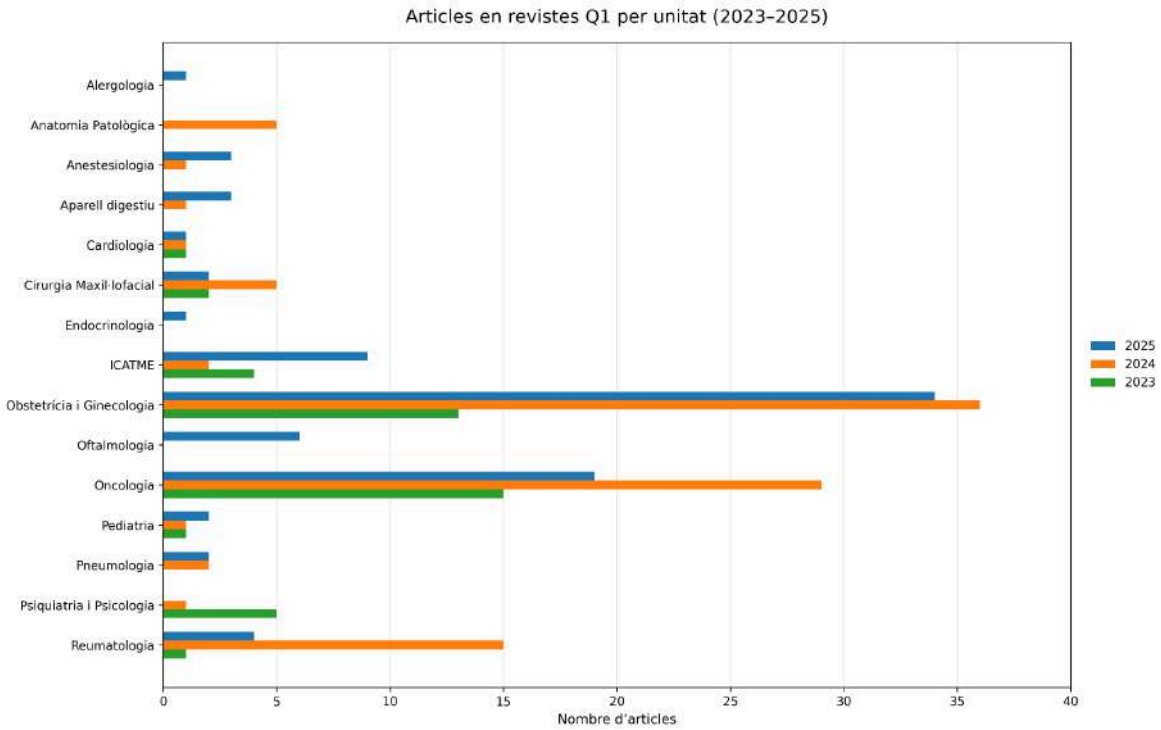
2025

- **Nombre d'articles en revistes pertanyents al Quartil 1: 87**
- **Nombre d'articles en revistes pertanyents al Quartil 2: 33**
- **Nombre d'articles en revistes pertanyents al Quartil 3: 19**
- **Nombre d'articles en revistes pertanyents al Quartil 4: 6**

ARTICLES EN REVISTES PERTANYENTS AL QUARTIL 1

ARTÍCULOS EN REVISTAS Q1	2023	2024	2025
Alergiologia	—	—	1
Anatomia Patològica	0	5	0
Anestesiologia	0	1	3
Aparell digestiu	0	1	3
Cardiologia	1	1	1
Cirurgia Maxil·lofacial	2	5	2
Endocrinologia	—	—	1
ICATME	4	2	9
Obstetrícia i Ginecologia	13	36	36
Oftalmologia	—	—	6
Oncologia	15	29	19
Pediatria	1	1	2
Neumologia	0	2	2
Psiquiatria y Psicologia	5	1	0

Reumatologia	1	15	4
Total	42	98	88



RECULL D'ARTICLES EN REVISTES PERTANYENTS AL QUARTIL 1

(Agrupats per especialitats i ordenats alfabeticament per cognom del primer autor de la cita)

ONCOLOGIA (QUARTIL 1)

Total publicacions Quartil 1 Oncologia: 19

Arrieta O, Lara-Mejía L, Rios-Garcia E, Caballé-Perez E, Cabrera-Miranda L, Ramos-Ramírez M, Dávila-Dupont D, Cardona AF, Cruz-Rico G, Remon J, Garcilazo-Reyes A, **Rosell R**. **Alectinib in combination with bevacizumab as first-line treatment in ALK-rearranged non-small cell lung cancer (ALEK-B): a single-arm, phase 2 trial**. Nat Commun. 2025 May 16;16(1):4553. doi: 10.1038/s41467-025-59744-9. Erratum in: Nat Commun. 2025 Dec 12;16(1):11110. doi: 10.1038/s41467-025-67648-x. PMID: 40379690; PMCID: PMC12084566.
Indexat a: Pubmed / WoS / Medline / SCIE **Factor Impacte:** 15.7 **Quartil:** 1 **Categoria:** Multidisciplinary Sciences **Posició:** 10/136 **Journal Citation Indicator:** 3.34 **1º Decil**

Bartsch R, Marhold M, Garde-Noguera J, Gion M, Ruiz-Borrego M, Greil R, Valero M, Llombart-Cussac A, **García-Mosquera JJ**, Arumi M, Cortés J, Campolier M, Guerrero JA, Slebe F, Martínez-García E, Jiménez-Cortegana C, Vaz-Batista M, Oberndorfer F, Furtner J, Fuereder T, Berghoff AS, Preusser M. **Patritumab deruxtecan (HER3-DXd) in patients with active brain metastases of breast cancer (TUXEDO-3): a multicentre, single-arm, phase 2 trial.** Lancet Oncol. 2025 Nov;26(11):1467-1478. doi: 10.1016/S1470-2045(25)00470-X. PMID: 41167215.
Indexat a: Pubmed / WoS / Medline / SCIE **Factor Impacte:** 35.9 **Quartil:** 1 **Categoria:** Oncology **Posició:** 8/328 **Journal Citation Indicator:** 8.62 ***1ºDecil**

Fuereder T, Garde-Noguera J, **García-Mosquera JJ**, Ruiz-Borrego M, Valero M, Llombart-Cussac A, Gion M, Greil R, Arumi M, Campolier M, Guerrero JA, Raimondi G, Mancino M, Jiménez-Cortegana C, Vaz-Batista M, Oberndorfer F, Marhold M, Berghoff AS, Furtner J, Bartsch R, Preusser M. **Patritumab deruxtecan (HER3-DXd) in patients with active brain metastases of non-small-cell lung cancer (TUXEDO-3): a multicentre, single-arm, phase 2 trial**. Lancet Oncol. 2025 Nov;26(11):1454-1466. doi: 10.1016/S1470-2045(25)00465-6. PMID: 41167214.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 35.9 **Quartil:** 1 **Categoria:** Oncology **Posició:** 8/328 **Journal Citation Indicator:** 8.62 ***1ºDecil**

García-Mosquera JJ, Pérez-García JM, Ruiz-Borrego M, Stradella A, Bermejo B, Escrivá-de-Romaní S, Calvo Martínez L, Gebhart G, Kerrou K, Gion M, Antonarelli G, Santasusagna Canal S, Rodríguez-Morato J, Mina L, Sampayo-Cordero M, Llombart-Cussac A, Cortés J. **Comparing [18F]FDG-positron emission tomography and breast magnetic resonance imaging to predict pathological complete response and 3-year invasive disease-free survival in HER2-positive early breast cancer patients: an unplanned exploratory analysis of the PHERGain trial**. ESMO Open. 2025 Nov;10(11):105875. doi: 10.1016/j.esmoop.2025.105875. Epub 2025 Nov 6. PMID: 41202503; PMCID: PMC12639436.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 8.3 **Quartil:** 1 **Categoria:** Oncology **Posició:** 36/328 **Journal Citation Indicator:** 1.52

Laurentiis M, García-Vicente S, Guerrero JA, Boix O, Rodríguez-Morató J, Sampayo-Cordero M, Antonarelli G, Pérez-García JM, Cortés J, Llombart-Cussac A; ATRACTIB Trial Investigators. **Atezolizumab plus paclitaxel and bevacizumab as first-line treatment of advanced triple-negative breast cancer: the ATRACTIB phase 2 trial.** Nat Med. 2025 Aug;31(8):2746-2754. doi: 10.1038/s41591-025-03734-3. Epub 2025 Jun 4. PMID: 40467896; PMCID: PMC12353800.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 50 **Quartil:** 1 **Categoria:** Biochemistry & Molecular Biology (Q1) ; Cell Biology (Q1) **Posició:** Biochemistry & Molecular Biology 2/320 ; Cell Biology 3/204 **Journal Citation Indicator:** 11.04 ***1ºDecil**

Goldman JW, **Bueno AM**, Dooms C, Jhaveri K, de Miguel M, Piha-Paul SA, Unni N, Zick A, Mahipal A, Suga JM, Naltet C, Antoñanzas M, Crown J, Bebchuk J, Eli LD, Lowenthal BH, Mahalingam D. **Neratinib Efficacy in Patients With EGFR Exon 18-Mutant Non-Small-Cell Lung Cancer: Findings From the SUMMIT Basket Trial**. Clin Lung Cancer. 2025 May;26(3):191-200.e1. doi: 10.1016/j.cllc.2024.12.003. Epub 2024 Dec 11. PMID: 39828466.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 5.1 **Quartil:** 1 **Categoria:** Oncology **Posició:** 68/328 **Journal Citation Indicator:** 1.20

Leighl NB, Trigo J, Park K, Lee SH, Girard N, **Viteri S**, Garrido P, Krebs MG, Thayu M, Knoblauch RE, Xie J, Bauml JM, Schnepp RW, Londhe A, Xia Y, Mahadevia PJ, Cho BC. **Intracranial and systemic progression on amivantamab in platinum-treated epidermal growth factor receptor exon 20 insertion-mutated advanced non-small cell lung cancer.** Lung Cancer. 2025 Jul;205:108579. doi: 10.1016/j.lungcan.2025.108579. Epub 2025 May 10. PMID: 40446773.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 4.4 **Quartil:** 1 **Categoria:** Oncology (Q2) ; Respiratory System (Q1) **Posició:** Oncology 85/328 ; Respiratory System 19/108 **Journal Citation Indicator:** 1.10

Lara-Mejía L, Cardona AF, Mas L, Martin C, Samtani S, Corrales L, Cruz-Rico G, Remon J, Galvez-Nino M, Ruiz R, Rios-Garcia E, Tejada F, Lozano-Vazquez N, **Rosell R**, Arrieta O. **Corrigendum to 'Impact of concurrent genomic alterations on clinical outcomes in patients with ALK-rearranged non-small cell lung cancer'** [Journal of Thoracic Oncology, Volume 19 Issue 1 (2024) 119-129]. J Thorac Oncol. 2026 Feb;21(2):340-341. doi: 10.1016/j.jtho.2025.10.004. Epub 2025 Oct 27. Erratum for: J Thorac Oncol. 2024 Jan;19(1):119-129. doi: 10.1016/j.jtho.2023.08.007. PMID: 41143757.
Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 20.8 **Quartil:** 1 **Categoria:** Oncology (Q1) ; Respiratory System (Q1) **Posició:** Oncology 13/328 ; Respiratory System 3/108 **Journal Citation Indicator:** 4.24 **1º Decil**

Le XN, Eisert A, Hsia TC, Raut NV, Ahmad A, Chan OSH, De Bondt C, Farrugia D, Froesch P, **Gonzalez-Cao M**, Hendriks L, Hochmair MJ, Mazieres J, O'Sullivan H, Popat S, Samol J, van der Wekken AJ, Yang TY, Tho LM, Himpe U, Lam WS, Lee KWC, Petrini I, Berghoff K, Karachaliou N, Oshi KJ, Vlassak S, Chang GC. **Tepotinib plus an EGFR tyrosine kinase inhibitor in patients with EGFR-mutant MET-altered NSCLC: a case series**. *Clin Lung Cancer*. 2025 Jun;26(4). doi:10.1016/j.cllc.2025.02.013.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 5.1 **Quartil:** 1 **Categoria:** Oncology **Posició:** 68/328 **Journal Citation Indicator:** 1.20

López-Miranda E, Pérez-García JM, Gión M, Ribelles N, Cortez-Castedo P, Alonso-Romero JL, García MM, González-Santiago S, Bermejo B, Morales S, Carañana V, **Garrigós L**, Fernández-Pinto M, García-Vicente S, Garcia-Sanz A, Mena-Molina A, Boix O, Alcalá-López D, Llombart-Cussac A, Cortés J. **Ipatasertib combined with non-taxane chemotherapy for patients with previously treated advanced triple-negative breast cancer: the PATHFINDER phase IIa trial.** Breast Cancer Res. 2025 Aug 6;27(1):141. doi: 10.1186/s13058-025-02089-4. PMID: 40770648; PMCID: PMC12326808.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 5.6 **Quartil:** 1 **Categoria:** Oncology **Posició:** 58/328 **Journal Citation Indicator:** 1.30

Metzger O, Mandrekar S, Goel S, Gligorov J, Lim E, Ciruelos E, Loibl S, Dockter T, **Gonzàlez Farré X**, Francis PA, Lynce F, Lanzillotti J, DuFrane C, Wall A, Strand C, Krop I, Vaz-Luis I, Tripathy D, Loi S, Prat A, Goetz M, Escrivá-de-Romaní S, Porter D, Spoenlein J, Stover DG, Sardesai S, Heudel P, Koehler M, Huang Bartlett C, Holynskyj A, Gopalakrishna P, Gauthier E, Delaloge S, Miller K, Winer EP, Gianni L, Partridge AH, DeMichele A, Carey LA. **Palbociclib for Hormone-Receptor-Positive, HER2-Positive Advanced Breast Cancer**. N Engl J Med. 2026 Jan 29;394(5):451-462. doi: 10.1056/NEJMoa2511218. PMID: 41604639.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 78.5 **Quartil:** 1 **Categoria:** Medicine, general & internal **Posició:** 2/232 **Journal Citation Indicator:** 23.28 ***1er Decil**

Molina-Vila MA, **Sullivan IG**, **Mayo-de-Las-Casas C**. **Commentary on A Pulmonary Nodule with an Unexpected Mutation Profile**. Clin Chem. 2025 Mar 3;71(3):355-356. doi: 10.1093/clinchem/hvae215. PMID: 40037405.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 6.3 **Quartil:** 1 **Categoria:** Medical laboratory technology **Posició:** 1/33 **Journal Citation Indicator:** 2.49 ***1er Decil**

Márquez-Rodas I, Dutriaux C, Saiag P, de la Cruz Merino L, Castañón Álvarez E, Robert C, Rodríguez-Moreno JF, Arance A, Cerezuela-Fuentes P, Montaudié H, Sanmamed MF, **González-Cao M**, Charles J, López Criado MP, Berrocal A, de Miguel E, Funck-Brentano E, Prey S, Álamo de la Gala MC, Melero I, Avilés-Izquierdo JA, Roman R, Garcia-Pelaez B, Rodriguez S, Trnkova ZJ, Quintero M, Maciá S, Chaney MF, Dalle S. **BO-112 Plus Pembrolizumab for Patients With Anti-PD-1-Resistant Advanced Melanoma: Phase II Clinical Trial SPOTLIGHT-203**. J Clin Oncol. 2025 Sep;43(25):2806-2815. doi: 10.1200/JCO-24-02595. Epub 2025 Jun 27. Erratum in: J Clin Oncol. 2025 Sep;43(25):2840. doi: 10.1200/JCO-25-01680. PMID: 40577656; PMCID: PMC12393066.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 43.4 **Quartil:** 1 **Categoria:** Oncology **Posició:** 6/328 **Journal Citation Indicator:** 6.77 ***1ºDecil**

Peters S, Camidge R, Dziadziuszko R, Gadgeel S, Shaw AT, Kim DW, Pérol M, **Rosell DR**, Cheema P, Wan-Teck Lim D, Lin JJ, Pavlakis N, Ahn JS, Zhang L, Henschel V, Higgerson AA, McNally V, Rooney I, Scalori A, Smoljanovic V, Mok T. **Alectinib versus crizotinib in previously untreated ALK-positive advanced non-small cell lung cancer: final overall survival analysis of the phase III ALEX study**. Ann Oncol. 2026 Jan;37(1):92-103. doi: 10.1016/j.annonc.2025.09.018. Epub 2025 Oct 17. PMID: 41110693.
Indexat a: Pubmed / WoS / SCIE / JCR **Factor Impacte:** 65.4 **Quartil:** 1 **Categoria:** Oncology **Posició:** 4/328 **Journal Citation Indicator:** 8.36 ***1ºDecil**

Pérez-García JM, Gion M, Ruiz-Borrego M, Blancas I, López-Miranda E, Blanch S, Recalde S, Rendo CR, González X, Ancizar N, Morales S, Cortez P, Piwowarska Z, Shimizu E, Guerrero JA, Sampayo-Cordero M, **Martínez-Bueno A**, Cortés J, Llombart-Cussac A. **Prevention of sacituzumab govitecan-related neutropenia and diarrhea in patients with HER2-negative advanced breast cancer (PRIMED): an open-label, single-arm, phase 2 trial**. EClinicalMedicine. 2025 Jun 18;85:103309. doi: 10.1016/j.eclinm.2025.103309. PMID: 40606525; PMCID: PMC12221278.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 10 **Quartil:** 1 **Categoria:** Medicine, general & internal **Posició:** 13/332 **Journal Citation Indicator:** 2.70 ***1ºDecil**

Rosell R. **Concerns about induction of autophagy: à propos of ibrilatazar.** Lung Cancer. 2025 Jul;205:108619. doi: 10.1016/j.lungcan.2025.108619. Epub 2025 Jun 6. PMID: 40499478.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 4.4 **Quartil:** 1 **Categoria:** Oncology (Q2) ; Respiratory System (Q1) **Posició:** Oncology 85/328 ; Respiratory System 19/108 **Journal Citation Indicator:** 1.10

Vaz Batista M, Pérez-García JM, **Garrigós L**, García-Sáenz JÁ, Cortez P, Racca F, Blanch S, Ruiz-Borrego M, Fernández-Ortega A, Fernández-Abad M, Iranzo V, Gion M, Martrat G, Alcalá-López D, Pérez-Escuredo J, Sampayo-Cordero M, Llombart-Cussac A, Braga S, Cortés J. **The DEBBRAH trial: Trastuzumab deruxtecan in HER2-positive and HER2-low breast cancer patients with leptomeningeal carcinomatosis**. Med. 2025 Jan 10;6(1):100502. doi: 10.1016/j.medj.2024.08.001. Epub 2024 Sep 11. PMID: 39265579.
Indexat a: Pubmed / WoS / Medline / JCR **Factor Impacte:** 11.8 **Quartil:** 1 **Categoria:** 11/195 Medicine, Research & Experimental **Posició:** 11/195 **Journal Citation Indicator:** 3.20 ***1ºDecil**

Wang Y, **Rosell R**, Hirsch FR, Lu S, Govindan R, Park K, Peters S, Zhang JJ. **Emerging options and future strategies in immunotherapy for advanced lung squamous-cell carcinoma**. Ann Oncol. 2026 Mar;37(3):289-313. doi: 10.1016/j.annonc.2025.11.008. Epub 2025 Nov 17. PMID: 41260258.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 65.4 **Quartil:** 1 **Categoria:** Oncology **Posició:** 4/328 **Journal Citation Indicator:** 8.36 ***1ºDecil**

Wang Y, Safi M, Hirsch FR, Lu S, Peters S, Govindan R, **Rosell R**, Park K, Zhang JJ. **Immunotherapy for advanced-stage squamous cell lung cancer: the state of the art and outstanding questions**. Nat Rev Clin Oncol. 2025 Mar;22(3):200-214. doi: 10.1038/s41571-024-00979-8. Epub 2025 Jan 6. PMID: 39762577.
Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 83.2 **Quartil:** 1 **Categoria:** Oncology **Posició:** 2/328 **Journal Citation Indicator:** 12.02 ***1ºDecil**

OBSTETRÍCIA I GINECOLOGIA (QUARTIL 1)

Total publicacions Quartil 1 Obstetrícia i Ginecologia: 36

Alcázar JL, Montoya C, Candau C, Catalan C, Orozco R, **Pascual MÁ**, Ajossa S, Guerriero S. **Transvaginal ultrasound for detecting parametrial involvement in suspected deep pelvic endometriosis: updated meta-analysis**. Ultrasound Obstet Gynecol. 2026 Jan;67(1):7-14. doi: 10.1002/uog.70004. Epub 2025 Aug 23. PMID: 40848275; PMCID: PMC12757821.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 6.3 **Quartil:** 1 **Categoria:** Acoustics (Q1) ; Obstetrics & Gynecology (Q1) **Posició:** Acoustics (2/41) ; Obstetrics & Gynecology (6/141) **Journal Citation Indicator:** 2.02 ***1er Decil**

Donno V, Neves AR, **García-Martinez S**, **Rodriguez I**, **Polyzos NP**. **Dual trigger vs. gonadotropin-releasing hormone agonist trigger for elective fertility preservation: a randomized controlled trial.** Fertil Steril. 2026 Mar;125(3):488-495. doi: 10.1016/j.fertnstert.2025.09.016. Epub 2025 Sep 16. PMID: 40967454.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 7 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (5/141) ; Reproductive Biology (3/43) **Journal Citation Indicator:** 2.40 ***1er Decil**

Bafort C, Condous G, Van Schoubroeck D, Szabó G, Hudelist G, Pashkunova D, Buonomo F, **Pascual MA**, Zajicek M, Ledger A, Van den Bosch T, Tomassetti C, Timmerman D. **Ultrasound as a noninvasive diagnostic tool to detect deep endometriosis using the International Deep Endometriosis Analysis terminology**. Fertil Steril. 2025 Dec 29:S0015-0282(25)02310-6. doi: 10.1016/j.fertnstert.2025.12.021. Epub ahead of print. PMID: 41475653.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 7 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (5/141) ; Reproductive Biology (3/43) **Journal Citation Indicator:** 2.40 ***1er Decil**

Barbany-Freixa N, **Hurni Y**, **Pellisé-Tintoré M**, **Graupera B**, **Cabrera S**, **Barri-Soldevila PN**. **Long-Term Anatomical and Functional Outcomes Following Laparoscopic Repair of Severe Cesarean Scar Defect**. J Minim Invasive Gynecol. 2025 Sep;32(9):800-806. doi: 10.1016/j.jmig.2025.06.011. Epub 2025 Jun 19. PMID: 40543760.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 3.3 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology **Posició:** 19/141 **Journal Citation Indicator:** 1.22

Boynukalin FK, Tohma YA, Demir B, Gultomruk M, **Polyzos NP**, Bahceci M, Bozda G. **Serum progesterone variability on embryo transfer day in hormone replacement therapy cycles using intramuscular injections during frozen embryo transfers**. *J Assist Reprod Genet.* 2025 Nov;42(11):3957-3965. doi:10.1007/s10815-025-03646-8. PMID: 40926030.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 2.7 **Quartil:** 1 **Categoria:** Genetic & Heredity (Q2) ; Obstetrics & Gynecology (Q1) **Posició:** Genetic & Heredity (86/192) ; Obstetrics & Gynecology (31/141) **Journal Citation Indicator:** 0.89

Donno V, **Prats P**, **Rodriguez I**, **Polyzos NP**. **First-trimester uterine artery pulsatility index and preeclampsia risk in pregnancies after artificial frozen embryo transfer: analysis of over 27,000 pregnancies.** Am J Obstet Gynecol. 2025 May;232(5):464.e1-464.e9. doi: 10.1016/j.ajog.2024.10.033. Epub 2024 Oct 28. PMID: 39477051.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 3.1 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology **Posició:** 23/141 **Journal Citation Indicator:** 1.23

Fernández-Alonso AM, **García-Alfaro P**, Pérez-López FR. **Handgrip strength in patients with subclinical hypothyroidism or subclinical hyperthyroidism compared with that in euthyroid individuals: A systematic review and meta-analysis**. Maturitas. 2026 Jan;204:108780. doi: 10.1016/j.maturitas.2025.108780. Epub 2025 Nov 25. PMID: 41298180.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 3.6 **Quartil:** 1 **Categoria:** Geriatrics & Gerontology (Q2) ; Obstetrics & Gynecology (Q1) **Posició:** Geriatrics & Gerontology (29/73) ; Obstetrics & Gynecology (15/141) **Journal Citation Indicator:** 1.04

Fernandez-Gonzalez S, Zoccoli SG, **Sánchez-Prieto M**, Sánchez A, Villano ND, Benavente Y, Garcia J, Monzó M, Barahona M, Martí L, Alboni C, Costas L, Ponce J. **Robotic versus laparoscopic and open**

surgery in obese endometrial cancer patients: A systematic review and meta-analysis. J Robot Surg. 2025 Dec 29;20(1):129. doi: 10.1007/s11701-025-03070-1. PMID: 41460608.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 3 **Quartil:** 1 **Categoria:** Surgery **Posició:** 48/314 **Journal Citation Indicator:** 1.16

García-Alfaro P, Pérez-López FR, Sulé MA, **Rodríguez I**. **Evaluation of the association between thyroid-stimulating hormone with handgrip strength and dynapenia in euthyroid postmenopausal women**. Menopause. 2025 Apr 1;32(4):331-336. doi: 10.1097/GME.0000000000002499. Epub 2025 Jan 28. PMID: 39874448.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 2.8 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology **Posició:** 33/136 **Journal Citation Indicator:** 1.13

García-Alfaro P, Pérez-López FR, **Rodríguez I**. **Association of serum uric acid with handgrip strength and dynapenia in postmenopausal women**. Climacteric. 2025 Apr;28(2):126-132. doi: 10.1080/13697137.2024.2429423. Epub 2024 Dec 2. PMID: 39620239.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 3.2 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology **Posició:** 21/141 **Journal Citation Indicator:** 0.91

García-Alfaro P, Pérez-López FR, **Martínez SG**, **Rodríguez I**. **Xerostomia and oral health-related quality of life in peri- and postmenopausal women**. Maturitas. 2025 Jun;197:108268. doi: 10.1016/j.maturitas.2025.108268. Epub 2025 Apr 11. PMID: 40239612.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 3.6 **Quartil:** 1 **Categoria:** Geriatrics & Gerontology (Q2) ; Obstetrics & gynecology (Q1) **Posició:** Geriatrics & Gerontology (29/73) ; Obstetrics & gynecology (15/141) **Journal Citation Indicator:** 1.04

Gardner DK, Fauque P, Racowsky C, **Polyzos NP**, Ou P, Rienzi L, de Ziegler D. **Fertile Battle: is it still reasonable to transfer cleavage-stage embryos in 2025?** Fertil Steril. 2025 Dec;124(6):1180-1186. doi: 10.1016/j.fertnstert.2025.10.006. Epub 2025 Oct 31. PMID: 41173660.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 7 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (5/141) ; Reproductive Biology (3/43) **Journal Citation Indicator:** 2.40 ***1ºDecil**

Gómez-Hidalgo NR, Cabrera S, Bebia V, García-Pineda V, Padilla-Iserte P, **Fabregas FF**, Fuste P, Alonso P, Rodriguez TG, Fernandez-Gonzalez S, Chacon E, Alvarez JAP, Oliver R, Gil-Moreno A. **The MULTISENT Study: A Multicenter Study on the Detection Rate of Sentinel Lymph Node Mapping in Endometrial Cancer Across Spain**. Ann Surg Oncol. 2025 Jul 23. doi: 10.1245/s10434-025-17836-2. Epub ahead of print. PMID: 40702200.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 3.5 **Quartil:** 1 **Categoria:** Oncology (Q2) ; Surgery (Q1) **Posició:** Oncology (106/328) ; Surgery (39/314) **Journal Citation Indicator:** 1.22

Hurni Y, **La Torre F,** Barbany-Freixa N, Platón-Galofré C, Coll S, García-Martínez S, Cabrera S, **Barri-Soldevila P**. **Plasma energy ablation versus cystectomy in fertility-sparing surgery for endometriomas: impact on recurrence and ovarian reserve**. Reprod Biomed Online. 2025;52:105409. doi:10.1016/j.rbmo.2025.105409.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 3.5 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (17/141) ; Reproductive Biology (8/43) **Journal Citation Indicator:** 1.33

Hurni Y, **La Torre F**, **Saiz-Vivo R**, **García-Martínez S**, **Barbany-Freixa N**, **Cabrera S**, **Úbeda A**. **Incidence of postoperative intrauterine adhesions and septal remnants following hysteroscopic septum resection: A retrospective study.** Int J Gynaecol Obstet. 2025 Nov 15. doi: 10.1002/ijgo.70672. Epub ahead of print. PMID: 41239831.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 2.6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology **Posició:** 35/141 **Journal Citation Indicator:** 1.09

Klein Meuleman SJM, Verberkt C, **Barri PN**, Murji A, Donnez O, Grimbizis G, Saridogan E, Bourne T, Zhang J, Pomorski M, Tsuji S, van den Bosch T, Stegwee SI, Huirne JAF, de Leeuw RA; 2Close study group, CSDi study group. **Prevalence of cesarean scar disorder in patients 3 years after a first cesarean section**. Acta Obstet Gynecol Scand. 2025 Oct;104(10):1972-1979. doi: 10.1111/aogs.70005. Epub 2025 Aug 21. PMID: 40836782; PMCID: PMC12451200.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 3.1 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology **Posició:** 23/141 **Journal Citation Indicator:** 1.21

La Marca A, Semprini M, Mastellari E, **Donno V**, Capuzzo M, Alboni C, Giulini S. **Fertility preservation in women with endometriosis**. Hum Reprod Open. 2025 Feb 28;2025(2):hoaf012. doi: 10.1093/hropen/hoaf012. PMID: 40123895; PMCID: PMC11930344.

Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 11.1 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (2/141) ; Reproductive Biology (2/43) **Journal Citation Indicator:** 3.08 ***1ºDecil**

La Torre F, **Hurni Y**, Farsi E, Nardi E, Castiglione F, Sorbi F, Petrella MC, Fambrini M, Petraglia F. **Adenomyosis associated with endometrial cancer: Possible correlation with pathological, immunohistochemical and molecular characteristics**. Gynecol Oncol. 2025 Apr;195:45-49. doi: 10.1016/j.ygyno.2025.02.017. Epub 2025 Mar 6. PMID: 40054046.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 4.1 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Oncology (Q2) **Posició:** Obstetrics & Gynecology (11/141) ; Oncology (91/328) **Journal Citation Indicator:** 1.32 ***1ºDecil**

Leathersich SJ, **García S**, Blockeel C, **Martínez F**, Gosálvez A, Humaidan P, Fuente L, Fàbregues F, Pinborg A, Stoop D, **Barri P**, **Polyzos NP**. **Factors affecting quality of life in women with diminished ovarian reserve**. Fertil Steril. 2026 Jan;125(1):160-162. doi: 10.1016/j.fertnstert.2025.08.038. Epub 2025 Sep 3. PMID: 40912601.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 7 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (5/141) ; Reproductive Biology (3/43) **Journal Citation Indicator:** 2.40 ***1ºDecil**

Leathersich SJ, Roche CS, Walls M, Nathan E, Hart RJ. **Particulate air pollution at the time of oocyte retrieval is independently associated with reduced odds of live birth in subsequent frozen embryo transfers**. Hum Reprod. 2025 Jan 1;40(1):110-118. doi: 10.1093/humrep/deae259. PMID: 39673285.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 6.1 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (7/141) ; Reproductive Biology (4/43) **Journal Citation Indicator:** 2.23 ***1ºDecil**

Meuleman SJMK, Verberkt C, **Barri PN**, Murji A, Donnez O, Grimbizis G, Saridogan E, Bourne T, Zhang J, Pomorski M, Tsuji S, van den Bosch T, Stegwee SI, Huirne JAF, de Leeuw RA; 2Close Study Group; CSDi Study Group. **Prevalence of cesarean scar disorder in patients 3 years after a first cesarean section**. *Acta Obstet Gynecol Scand*. 2025 Oct;104(10):1972–1979. doi:10.1111/aogs.70005.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 3.1 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology **Posició:** 23/141 **Journal Citation Indicator:** 1.21

Neves AR, Casarini L, Carretta C, Manfredini R, **García Martínez S**, Vuong NL, Blockeel C, Simoni M, **Polyzos NP**. **The impact of genetic variants in folliculogenesis and steroidogenesis pathways on ovarian response: a post hoc multicenter multiethnic cohort study.** J Assist Reprod Genet. 2025 Dec;42(12):4191-4204. doi: 10.1007/s10815-025-03719-8. Epub 2025 Oct 20. PMID: 41114748; PMCID: PMC12705480.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 2.7 **Quartil:** 1 **Categoria:** Genetic & Heredity (Q2) ; Obstetrics & Gynecology (Q1) **Posició:** Genetic & Heredity (86/192) ; Obstetrics & Gynecology (31/141) **Journal Citation Indicator:** 0.89

Palacios-Verdú G, **Clua E**, **Sumarroca M**, **Roca-Feliu M**, **Freour T**, **Polyzos NP**. **Mitigating adverse pregnancy and neonatal outcomes through expanded carrier screening in an oocyte donation programme**. Reprod Biomed Online. 2025 Jun;50(6):104744. doi: 10.1016/j.rbmo.2024.104744. Epub 2024 Dec 2. PMID: 40222240.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 3.5 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (17/141) ; Reproductive Biology (8/43) **Journal Citation Indicator:** 1.33

Planella LV, **García IR**, Camps SF, **Barri-Soldevila PN**, **Díaz SC**. **Optimizing Vaginal Cuff Closure: A Systematic Review and Meta-Analysis of Barbed Versus Conventional Sutures in Total Laparoscopic and Robot-Assisted Hysterectomies**. J Minim Invasive Gynecol. 2025 Oct;32(10):862-876. doi: 10.1016/j.jmig.2025.06.023. Epub 2025 Jul 9. PMID: 40639552.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 3.3 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology **Posició:** 19/141 **Journal Citation Indicator:** 1.22

Polyzos NP. **Endometrial preparation protocols for frozen embryo transfer: risk assessment and individualized management**. Hum Reprod. 2025 Oct 1;40(10):1815-1823. doi: 10.1093/humrep/deaf149. Erratum in: Hum Reprod. 2026 Jan 1;41(1):131. doi: 10.1093/humrep/deaf222. PMID: 40796314.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 6.1 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (7/141) ; Reproductive Biology (4/43) **Journal Citation Indicator:** 2.23 ***1ºDecil**

Prats P, **Palacios-Verdú MG**, **Rodríguez-Melcón A**, **Rodríguez I**, **Serra B**, **Parriego M**, **Donno V**, **Polyzos NP**. **Influence of trophectoderm biopsy for preimplantation genetic testing in the serum level of first trimester biomarkers**. Reprod Biomed Online. 2025 Mar;50(3):104490. doi: 10.1016/j.rbmo.2024.104490. Epub 2024 Oct 18. PMID: 39920027.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 3.5 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (17/141) ; Reproductive Biology (8/43) **Journal Citation Indicator:** 1.33

Preusser M, Garde-Noguera J, **Garcia-Mosquera JJ**, Gion M, Greil R, Arumi M, Ruiz-Borrego M, Llombart-Cussac A, Valero M, Cortés J, Campolier M, Guerrero JA, González-Alonso P, Jiménez-Cortegana C, Rodríguez-Morató J, Vaz-Batista M, Oberndorfer F, Marhold M, Berghoff AS, Furtner J, Fuereder T, Bartsch R. **Patritumab deruxtecan in leptomeningeal metastatic disease of solid tumors: the phase 2 TUXEDO-3 trial**. *Nat Med*. 2025 Aug;31(8):2797–2805. doi:10.1038/s41591-025-03744-1.
Indexat a: WoS / Medline / SCIE / JCR **Factor Impacte:** 50 **Quartil:** 1 **Categoria:** Biochemistry & Molecular Biology (Q1) ; Cell Biology (Q1) **Posició:** Biochemistry & Molecular Biology (2/320) ; Cell Biology (3/204) **Journal Citation Indicator:** 11.04 ***1ºDecil**

Roca-Feliu M, **Clua E**, **Pons MC**, **García S**, Freour T, **Polyzos NP**. **'Blame it on my youth': when very young age of oocyte donors appears to be associated with poorer embryo development**. Reprod Biomed Online. 2025 Jul;51(1):104859. doi: 10.1016/j.rbmo.2025.104859. Epub 2025 Feb 3. PMID: 40413852.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 3.5 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (17/141) ; Reproductive Biology (8/43) **Journal Citation Indicator:** 1.33

Roncero-Carol J, Olaizola-Muñoa J, Arán B, Mularoni LS, Miret Cuesta M, Blanco-Cabra N, Casals M, Rumbo M, **Solé Inarejos M**, Ojosnegros S, Alsina B, Torrents E, Veiga A, Irimia M, Hoijman E. **Epithelial**

cells provide immunocompetence to the early embryo for bacterial clearance. Cell Host Microbe. 2025 Jul 9;33(7):1106-1120.e8. doi: 10.1016/j.chom.2025.05.025. Epub 2025 Jun 18. PMID: 40808292.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 18.7 **Quartil:** 1 **Categoria:** Microbiology (Q1) ; Parasitology (Q1) **Posició:** Microbiology (6/163) ; Parasitology (1/47) **Journal Citation Indicator:** 5.75 ***1ºDecil**

Sachs-Guedj N, **Coroleu B**, **Álvarez M**, **García Martínez S**, **Polyzos NP**. **Serum progesterone concentrations and subcutaneous progesterone supplementation in endometriosis: artificial-cycle frozen embryo transfer**. Reprod Biomed Online. 2025 Dec;51(6):105107. doi: 10.1016/j.rbmo.2025.105107. Epub 2025 Jun 18. PMID: 41108829.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 3.5 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (17/141) ; Reproductive Biology (8/43) **Journal Citation Indicator:** 1.33

Servin-Barthet C, Martínez-García M, Paternina-Die M, Marcos-Vidal L, Martín de Blas D, Soler A, Khymenets O, Bergé D, Casals G, **Prats P**, Pozo OJ, Pretus C, Carmona S, Vilarroya O. **Pregnancy entails a U-shaped trajectory in human brain structure linked to hormones and maternal attachment.** Nat Commun. 2025 Jan 16;16(1):730. doi: 10.1038/s41467-025-55830-0. PMID: 39820539; PMCID: PMC11739485.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 15.7 **Quartil:** 1 **Categoria:** Multidisciplinary Sciences **Posició:** 10/136 **Journal Citation Indicator:** 3.34 ***1ºDecil**

Stormlund S, Sopa N, Zedeler A, Bogstad J, Prætorius L, Nielsen HS, Klajnbard A, Englund A, Kitlinski ML, Freiesleben NC, **Polyzos NP**, Bergh C, Humaidan P, Andersen AN, Løssl K, Pinborg A. **Cumulative live birth rates in a freeze-all or fresh transfer strategy after one ART cycle in ovulatory women**. Reprod Biomed Online. 2025 Jun;50(6):104449. doi: 10.1016/j.rbmo.2024.104449. Epub 2024 Sep 12. PMID: 40350355.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 3.5 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (17/141) ; Reproductive Biology (8/43) **Journal Citation Indicator:** 1.33

Working Group on the update of the ESHRE/ALPHA Istanbul Consensus; Coticchio G, Ahlström A, **Arroyo G**, Balaban B, Campbell A, De Los Santos MJ, Ebner T, Gardner DK, Kovačič B, Lundin K, Magli MC, Mcheik S, Morbeck DE, Rienzi L, Sfontouris I, Vermeulen N, Alikani M. **The Istanbul consensus update: a revised ESHRE/ALPHA consensus on oocyte and embryo static and dynamic morphological assessment**†,‡. Hum Reprod. 2025 Jun 1;40(6):989-1035. doi: 10.1093/humrep/deaf021. PMID: 40288770; PMCID: PMC12127515.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 6.1 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (7/141) ; Reproductive Biology (4/43) **Journal Citation Indicator:** 2.23

Working Group on the update of the ESHRE/ALPHA Istanbul Consensus,; Coticchio G, Ahlström A, **Arroyo G**, Balaban B, Campbell A, De Los Santos MJ, Ebner T, Gardner DK, Kovačič B, Lundin K, Magli MC, Mcheik S, Morbeck DE, Rienzi L, Sfontouris I, Vermeulen N, Alikani M. **The Istanbul Consensus update: a revised ESHRE/ALPHA consensus on oocyte and embryo static and dynamic morphological assessment**† ‡. Reprod Biomed Online. 2025 Jun;50(6):104955. doi: 10.1016/j.rbmo.2025.104955. Epub 2025 Apr 28. PMID: 40300986.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 3.5 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (17/141) ; Reproductive Biology (8/43) **Journal Citation Indicator:** 1.33 ***1ºDecil**

Zaffagnini G, **Solé M**, Duran JM, **Polyzos NP**, Böke E. **The proteostatic landscape of healthy human oocytes**. EMBO J. 2025 Aug;44(16):4611-4630. doi: 10.1038/s44318-025-00493-2. Epub 2025 Jul 16. PMID: 40670770; PMCID: PMC12361380.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 8.3 **Quartil:** 1 **Categoria:** Biochemistry & Molecular Biology (Q1) ; Cell Biology (Q1) **Posició:** Biochemistry & Molecular Biology 30/320 ; Cell Biology 34/204 **Journal Citation Indicator:** 1.65 **1ºDecil**

Zurera-Egea C, **Mateo S**, Novo S, Asensio M, **Boada M**, Antich M, Rovira S, Sarrate Z, Blanco J, Anton E. **The Utility of Sperm DNA Fragmentation as a Diagnostic Tool for Male Infertility and Its Predictive Value for Assisted Reproductive Technology Outcomes**. Int J Mol Sci. 2025 Jun 30;26(13):6314. doi: 10.3390/ijms26136314. PMID: 40650094; PMCID: PMC12250217.

Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 4.9 **Quartil:** 1 **Categoria:** Biochemistry & Molecular Biology (Q1) ; Chemistry, multidisciplinary (Q2) **Posició:** Biochemistry & Molecular Biology (72/320) ; Chemistry, multidisciplinary (70/239) **Journal Citation Indicator:** 0.71

ICATME (TRAUMATOLOGIA) (QUARTIL 1)

Total publicaciones Quartil 1 ICATME: 9

Cortina G, Antuofermo SM, Papalia GF, Cortina R, Condello V, **Perelli S**, **Monllau JC**, Madonna V. **Limited clinical benefit of medial meniscus posterior root repair combined with high tibial osteotomy in varus knee osteoarthritis: A systematic review and meta-analysis**. J Exp Orthop. 2025 Sep 22;12(3):e70431. doi: 10.1002/jeo2.70431. PMID: 40989938; PMCID: PMC12451467.

Indexat a: Pubmed / JCR **Factor Impacte:** 2.7 **Quartil:** 1 **Categoria:** Orthopedics (Q2) ; Surgery (Q1) **Posició:** Orthopedics 36/140 ; Surgery 72/314 **Journal Citation Indicator:** 1.04

Hohmann E, Beaufils P, Beiderbeck D, Chahla J, Geeslin A, Hasan S, Humphrey-Murto S, Hurley E, LaPrade RF, Martetschläger F, Matache B, Moatshe G, **Monllau JC**, Murray I, Niederberger M, Rüetschi U, Shang Z, Weber S, Wong I, Perry NPJ. **Guidelines for Designing and Conducting Delphi Consensus Studies: An Expert Consensus Delphi Study**. Arthroscopy. 2025 Oct;41(10):4208-4224.e10. doi: 10.1016/j.arthro.2025.03.038. Epub 2025 Mar 27. PMID: 40157555.

Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 5.14 **Quartil:** 1 **Categoria:** Orthopedics (Q1) ; Sport Sciences (Q1) **Posició:** Orthopedics 5/140 ; Sport Sciences 6/134 **Journal Citation Indicator:** 1.99 ***1ºDecil**

Lee M, Arias C, **Bellotti V**, Bicanic G, Tan KG, Bingham J, Lustig S, Randelli P. **Does the Use of Robotics Increase the Rate of Complications After Total Hip, Total Knee, or Unicondylar Knee Arthroplasty?** J Arthroplasty. 2025 Feb;40(2S1):S5-S7. doi: 10.1016/j.arth.2024.10.109. Epub 2024 Oct 28. PMID: 39477038.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 3.8 **Quartil:** 1 **Categoria:** Orthopedics **Posició:** 18/140 **Journal Citation Indicator:** 1.77

Martinez-Lozano J, **Martorell-de Fortuny L**, **Martin-Domínguez LA**, **Torres-Claramunt R**, Sánchez-Soler J, Perelli S, Hinarejos P, Monllau JC. **Patellofemoral arthroplasty provides similar long-term survival rate and complications with better clinical outcomes compared to facetectomy for the treatment of isolated patellofemoral osteoarthritis**. J Exp Orthop. 2025 Jan 10;12(1):e70136. doi: 10.1002/jeo2.70136. PMID: 39802225; PMCID: PMC11718545.

Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 2.7 **Quartil:** 1 **Categoria:** Orthopedics (Q2) ; Surgery (Q1) **Posició:** Orthopedics (36/140) ; Surgery (64/314) **Journal Citation Indicator:** 1.04

Morales-Avalos R, Chiappe C, Ceniceros-Cantú C, Cienfuegos-Jiménez G, Garza-López J, Ortiz-García CF, Elizondo-Omaña RE, Guzmán-López S, Monllau JC, Sanchis-Alfonso V. **Femoral maltorsion influences both patellofemoral and tibiofemoral contact pressures. A biomechanical evaluation**. J ISAKOS. 2025 Jun;12:100866. doi: 10.1016/j.jisako.2025.100866. Epub 2025 Apr 21. PMID: 40268246.

Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 3.3 **Quartil:** 1 **Categoria:** Orthopedics (Q1) ; Sport Sciences (Q1) **Posició:** Orthopedics (22/140) ; Sport Sciences (22/134) **Journal Citation Indicator:** 1.08

Pascual T, Villacampa G, Oliveira M, Escrivá-de-Romaní S, Pernas S, Paré L, Adamo B, Martínez E, Cortés J, Perelló A, Galan M, Melé M, Villanueva L, Gonzalez-Rodriguez M, Tolosa P, **González-Farré B**, Galván P, Canes J, Nuciforo P, Ferrero-Cafiero JM, González-Farré X, Villagrasa P, Prat A, Ciruelo E. **Palbociclib and trastuzumab for HER2-positive metastatic breast cancer: final overall survival results of cohort A and B of SOLTI-1303-PATRICIA trial**. ESMO Open. 2025 Sep;10(9):105572. doi:10.1016/j.esmoop.2025.105572. PMID: 40896880.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 8.3 **Quartil:** 1 **Categoria:** Oncology (Q1) **Posició:** Oncology (36/328) **Journal Citation Indicator:** 1.52

Perelli S, **Conte P**, **Pizza N**, Morales-Avalos R, Kon E, Grassi A, Zaffagnini S, **Monllau JC**. **Meniscal extrusion: Proposal for a novel qualitative classification.** J Exp Orthop. 2024 Dec 31;12(1):e70126. doi: 10.1002/jeo2.70126. PMID: 39741910; PMCID: PMC11685843.
Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 2.7 **Quartil:** 1 **Categoria:** Orthopedics (Q2) ; Surgery (Q1) **Posició:** Orthopedics (36/140) ; Surgery (72/314) **Journal Citation Indicator:** 1.04

Sala-Pujals A, Portes Chiva A, Chillon Soria J, Valverde Vilamala D, Dominguez Font E, **Pardo Pol A**. **Immobilization Time for Conservative Treatment of Distal Radial Fractures in Elderly Patients: A Randomized Controlled Trial**. J Bone Joint Surg Am. 2025 Jun 5;107(14):1628-1635. doi: 10.2106/JBJS.24.01480. PMID: 40472139.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 4.4 **Quartil:** 1 **Categoria:** Orthopedics (Q1) ; Surgery (Q1) **Posició:** Orthopedics (12/140) ; Surgery (21/314) **Journal Citation Indicator:** 1.94
***1ºDecil**

Vilá-Rico J, Mortada-Mahmoud A, Fernández-Rojas E, Jiménez-Blázquez JL, **Campillo-Recio D**. **Arthroscopic Reconstruction of the Anterior Talofibular Ligament and Calcaneofibular Ligament Using Allograft for Chronic Lateral Ankle Instability Allows Patients to Successfully Return to Their Preinjury Sports Activities With Excellent Clinical Outcome at Minimum 2-Year Follow-Up**. Arthroscopy. 2025 Sep;41(9):3601-3610. doi: 10.1016/j.arthro.2025.01.037. Epub 2025 Feb 4. PMID: 39914599.
Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 5.14 **Quartil:** 1 **Categoria:** Orthopedics (Q1) ; Sport Sciences (Q1) **Posició:** Orthopedics 5/140 ; Sport Sciences 6/134 **Journal Citation Indicator:** 1.99
***1ºDecil**

ENDOCRINOLOGIA I NUTRICIÓ (QUARTIL 1)

Leathersich S, Roche C, Hart R. **Minimising OHSS in women with PCOS**. Front Endocrinol (Lausanne). 2025 Mar 13;16:1507857. doi: 10.3389/fendo.2025.1507857. PMID: 40182629; PMCID: PMC11966453.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 4.6 **Quartil:** 1 **Categoria:** Endocrinology & Metabolism **Posició:** 43/193 **Journal Citation Indicator:** 0.93

APARELL DIGESTIU I ENDOSCOPIA (QUARTIL 1)

Total publicaciones Quartil 1 Aparell Digestiu i Endoscopia: 3

Arvaniti P, Rodríguez-Tajes S, Padilla M, Olivas I, Mauro E, El Maimouni C, Lytvyak E, Verhelst X, Engel B, Taubert R, Lorente-Pérez S, Conde I, Riveiro-Barciela M, Ruiz-Cobo JC, Álvarez-Navascués C, Salcedo M, Gómez J, Janik MK, Mateos B, Efe C, Granito A, Dajti E, Azzaroli F, Horta D, **Vila C**, Castello I, Pérez-Medrano I, Arencibia A, Gerussi A, Bruns T, Colaprieto F, Lleo A, Van den Ende N, Verbeek J, Díaz-González Á, Morillas RM, Torner-Simó M, Bernal V, Fernández EM, Gevers TJG, Terziroli Beretta-Piccoli B, Gómez E, Cuenca P, de Boer YS, Kerkar N, Assis DN, Liberal R, Drenth JPH, Tana MM, Sebode M, Schregel I, Schramm C, Lohse AW, Montano-Loza AJ, Zachou K, Villamil A, Dalekos GN,

Londoño MC; International Autoimmune Hepatitis Group (IAIHG); European Reference Network on Hepatological Diseases (ENR RARE-LIVER); Spanish Registry for Autoimmune and Cholestatic Diseases (ColHai) Registry. **Hepatic Encephalopathy and MELD-Na Predict Treatment Benefit in Autoimmune Hepatitis-related Decompensated Cirrhosis**. Clin Gastroenterol Hepatol. 2026 Apr;24(4):1055-1067.e6. doi: 10.1016/j.cgh.2025.02.010. Epub 2025 Apr 8. PMID: 40210079.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 12.2 **Quartil:** 1 **Categoria:** Gastroenterology & Hepatology **Posició:** 9/148 **Journal Citation Indicator:** 2.90 **1º Decil**

Espinet-Coll E, Turró-Arau R, Nebreda-Durán J, Abad-Belando R, MartínezNúñez-Martínez Ó, Saenger F, Varas-Lorenzo M, Samaniego-Aquino FA, **Díaz-Galán P**, Ortega-Sabater A, Grau-Manrubia G, López-Roldán G, Alberdi-Alonso JM, Galvao Neto M. **Prospective, Multicenter Clinical Trial to Evaluate the Safety of the Stella® Intragastric Balloon at 7 Months and the Balloon Delivery System**. Obes Surg. 2025 Oct;35(10):4440-4451. doi: 10.1007/s11695-025-08264-y. Epub 2025 Sep 19. Erratum in: Obes Surg. 2025 Dec;35(12):5662. doi: 10.1007/s11695-025-08361-y. PMID: 40968297; PMCID: PMC12540573.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 3.1 **Quartil:** 1 **Categoria:** Surgery **Posició:** 45/314 **Journal Citation Indicator:** 1.37

Espinet-Coll E, Turró-Arau R, Nebreda-Durán J, Abad-Belando R, Núñez-Martínez Ó, Saenger F, Varas-Lorenzo M, Samaniego-Aquino FA, Díaz-Galán P, Ortega-Sabater A, Grau-Manrubia G, López-Roldán G, Alberdi-Alonso JM, Neto MG. **Correction: Prospective, Multicenter Clinical Trial To Evaluate the Safety of the Stella® Intragastric Balloon at 7 Months and the Balloon Delivery System.** Obes Surg. 2025 Dec;35(12):5662. doi: 10.1007/s11695-025-08361-y. Erratum for: Obes Surg. 2025 Oct;35(10):4440-4451. doi: 10.1007/s11695-025-08264-y. PMID: 41144148; PMCID: PMC12722263.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 3.1 **Quartil:** 1 **Categoria:** Surgery **Posició:** 45/314 **Journal Citation Indicator:** 1.37

CIRURGIA MAXIL·LOFACIAL (QUARTIL 1)

Ruiz-Castilla M, **Dos-Santos BP**, **Yuste M**. **Breast Implant and Fat Grafting With Radial Scoring for Tuberous Breast Deformity With Lower Pole Constriction: A Retrospective Cohort Study**. Plast Reconstr Surg Glob Open. 2025 Aug 22;13(8):e7045. doi: 10.1097/GOX.0000000000007045. PMID: 40861504; PMCID: PMC12373092.
Indexat a: Pubmed / WoS / Medline / JCR **Factor Impacte:** 3.4 **Quartil:** 1 **Categoria:** Surgery **Posició:** 41/314 **Journal Citation Indicator:** 1.54

Ustrell-Barral M, Zamora-Olave C, Khoury-Ribas L, **Rovira-Lastra B**, Martinez-Gomis J. **The BruxChecker System for Quantitatively Assessing Sleep Bruxism at the Dental Level: Reliability, Reference Values and Methodological Considerations**. J Oral Rehabil. 2025 Jul;52(7):979-990. doi: 10.1111/joor. 13959. Epub 2025 Apr 17. PMID: 40247454; PMCID: PMC12162415.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 4 **Quartil:** 1 **Categoria:** Dentistry, oral surgery & medicine **Posició:** 14/163 **Journal Citation Indicator:** 1.43

ANESTESIOLOGIA (QUARTIL 1)

Total publicaciones Quartil 1 Anestesiologia: 3

Espinós Ramírez C, Roca Amatria G, Castellví Obiols P, Martínez-Rodríguez D, **Raynard M**, Viscasillas Draper B, Masgoret P, Rodríguez Cosmen C, Subirana Giménez L, Martinez García M, Mestres G, Melo M, Nebot Galindo A, Montero Gaig N, Sánchez-Migallón V, Valencia Royo D, Pacheco Comino NL, Bermejo Perez I, Santos Farré C, Toll Salillas L, Alonso Gelabert A, **Homs M**, Ribas P, **Teixell C**, Plaza Moral AM, Tena B, Fernández Castiñeira A, Armengol Gay M, Fort Pelai B, García Bartoló C, Mestre Iniesta C, Peig Font A,

Esteller PG, Clave JL, Gasca Pera S, Batalla A, Vargas Raidi V. **Assessing the Experience and Management of Acute Post-Operative Pain from Caesarean Delivery: A Multi-Centre Cohort Study**. J Clin Med. 2025 Jun 30;14(13):4638. doi: 10.3390/jcm14134638. PMID: 40649012; PMCID: PMC12250761.
Indexat a: Pubmed / WoS / JCR **Factor Impacte:** 2.9 **Quartil:** 1 **Categoria:** Medicine, general & internal **Posició:** 65/332 **Journal Citation Indicator:** 0.90

Homs M, Milà R, **Recasens J**, Delgado D, **Borràs RM**, Valdés R, Parés D. **Efficacy of Autologous Conditioned Serum on the Dorsal Root Ganglion in Patients with Chronic Radicular Pain: Prospective Randomized Placebo-Controlled Double Blind Clinical Trial (RADISAC Trial)**. J Clin Med. 2025 Nov 1;14(21):7771. doi: 10.3390/jcm14217771. PMID: 41227167; PMCID: PMC12608376.
Indexat a: Pubmed / WoS / JCR **Factor Impacte:** 2.9 **Quartil:** 1 **Categoria:** Medicine, general & internal **Posició:** 65/332 **Journal Citation Indicator:** 0.90

Perrotta M, D'Adamo E, Strozzi C, D'Egidio C, Del Rosso F, Maconi A, Picone S, Giardinelli G, Cepelli L, Cicolini I, Conte M, Bellinaso M, Negri R, Gazzolo F, Cassinari M, **Abella L**, Abdelhameed AS, Mangifesta R, Gazzolo D. **Capillary blood parameters are gestational age, birthweight, delivery mode and gender dependent in healthy preterm and term infants**. Clin Chem Lab Med. 2024 Aug 23;63(1):177-183. doi: 10.1515/cclm-2024-0821. PMID: 39191205.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 3.7 **Quartil:** 1 **Categoria:** 7/33 **Posició:** **Journal Citation Indicator:** 1.53

OFTALMOLOGIA (QUARTIL 1)

Total publicaciones Quartil 1 Oftalmologia: 6

De Faria A, Charoenrook V, Larena R, **Ferragut-Alegre Á**, Valero R, Julio G, Barraquer RI. A Novel **Pathogenic Variant in the *KRT3* Gene in a Family with Meesmann Corneal Dystrophy**. J Clin Med. 2025 Jan 28;14(3):851. doi: 10.3390/jcm14030851. PMID: 39941522; PMCID: PMC11818442.
Indexat a: Pubmed **Factor Impacte: Quartil: Categoria: Posició: Journal Citation Indicator:**

Gómez-Benlloch A, Widmer-Pintos JN, Arnaldos-López C. **Reactive Orbital Myositis as a First Manifestation of Renal Cell Carcinoma**. Case Rep Ophthalmol. 2025 Jul 2;16(1):551-558. doi: 10.1159/000545489. PMID: 40791802; PMCID: PMC12338982.
Indexat a: Pubmed **Factor Impacte: Quartil: Categoria: Posició: Journal Citation Indicator:**

Gómez-Benlloch A, Widmer-Pintos JN, Carrillo S. **Yasunari Nodules: A Diagnostic Criterion for Neurofibromatosis Type 1**. Ophthalmol Retina. 2025 Jul;9(7):e73. doi: 10.1016/j.oret.2024.11.012. Epub 2024 Dec 14. PMID: 39674927.
Indexat a: Pubmed / Medline / WoS / JCR **Factor Impacte:** 5.9 **Quartil:** 1 **Categoria:** Ophtalmology **Posició:** 9/98 **Journal Citation Indicator:** 2.57 ***1er Decil**

Moreno-Valladares A, Vinokurtseva A, González-Rodríguez JM, Ahmed IIK, Gonzalez-Aquino E, Puerto-Amorós N, Roquet E, **Soldevila A**, Canut MI. **12-Month Intraocular Pressure and Hypotensive Medications Outcomes After Phaco-ELIOS Procedure-A Real World Study**. J Glaucoma. 2025 Aug 1;34(8):585-590. doi: 10.1097/IJG.0000000000002590. Epub 2025 May 13. PMID: 40359015.
Indexat a: Pubmed **Factor Impacte: Quartil: Categoria: Posició: Journal Citation Indicator:**

Vergés C, **Giménez-Capitán A**, **Ribas V**, **Martínez-Pérez E**, **González MJ**, **March de Ribot F**, **Armiger-Borras N**, **Caycedo A**, **Rodríguez-Muñoz C**, **Alegre C**, **Muñoz S**, **Salgado-Borges J**, **Mayo-de-Las-Casas C**. **Clinical and genetic profiling of fibromyalgia-associated dry eye: A multifactorial approach.** Ocul Surf. 2025 Oct;38:377-387. doi: 10.1016/j.jtos.2025.10.012. Epub 2025 Oct 31. PMID: 41177509.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 5.6 **Quartil:** 1 **Categoria:** Ophtalmology **Posició:** 6/99 **Journal Citation Indicator:** 2.73 ***1er Decil**

Zarranz-Ventura J, Marías-Pérez S, Martin-Pinardel R, Fernandez-Bonet M, Pina-Marin B, Cobos E, Rodríguez-Fernandez CA, Parrado-Carrillo A, Alarcón-Valero I, **Barnes C**, Cilveti E, Aramburu-Claveria J, Ascaso-Puyuelo FJ, Calvo P, Ruiz-Del-Tiempo MP, Susanna-González G, Figueras-Roca M, Casaroli-Marano RP, Bernal-Morales C; Fight Retinal Blindness Spain (FRB Spain) investigators. **Brolucizumab clinical and safety outcomes in a neovascular age-related macular degeneration national database: Fight Retinal** Blindness Spain (FRB Spain). Eye (Lond). 2025 Aug;39(12):2407-2414. doi: 10.1038/s41433-025-03871-6. Epub 2025 Jun 5. PMID: 40473932; PMCID: PMC12325991.
Indexat a: Pubmed **Factor Impacte: Quartil: Categoria: Posició: Journal Citation Indicator:**

PEDIATRIA (QUARTIL 1)

Total publicaciones Quartil 1 Pediatria: 2

Boix H, **Gómez A**, **Serrano P**, **Torres M**. **Integrated follow-up of former extremely preterm infants: how to do it?** Eur J Pediatr. 2025 Dec 29;185(1):44. doi: 10.1007/s00431-025-06716-2. PMID: 41460346.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 2.6 **Quartil:** 1 **Categoria:** 37/191 **Posició: Journal Citation Indicator:** 1.35

Oulego-Erroz I, Del Pilar De Castro-Vecino M, González-Cortés R, Alonso-Ojembarrena A, Rodriguez-Nuñez A, Palanca-Arias D, Quesada-Ortega Ú, Sanchiz-Cardenas S, Murillo-Pozo MÁ, López-González J, Sánchez-Yáñez P, Valencia-Ramos J, Fernández-de la Ballina A, Chaves-Caro N, Borrego-Domínguez R, Sánchez-Porras M, Rodríguez-Martínez M, Carballo-Martín PJ, Bermúdez-Barrezueta L, Rodríguez-Fanjul J, Vivanco-Allende A, Rodríguez-Campoy P, **Vega-Puyal L**, Gil-Antón J, Sánchez-Martínez I, Pérez-Quevedo O, Muñoyerro-Sesmero M, Barón-González de Suso L, Mayordomo-Colunga J; LUS-PICO Study Group. **Lung Ultrasound Score, Severity of Acute Lung Disease, and Prolonged Mechanical Ventilation in Children**. Am J Respir Crit Care Med. 2025 Jan;211(1):103-112. doi: 10.1164/rccm.202404-0843OC. PMID: 39417699.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 19.4 **Quartil:** 1 **Categoria:** Critical care medicine (Q1) ; Respiratory System (Q1) **Posició:** Critical care medicine (3/62) ; Respiratory System (4/108) **Journal Citation Indicator:** 4.39 ***1er Decil**

REUMATOLOGIA (QUARTIL 1)

Total publicaciones Quartil 1 Reumatologia: 4

Llorca J, Ferraz-Amaro I, Castañeda S, Raya E, Rodríguez-Rodríguez L, Rodríguez-Montero S, Sánchez-Nievas G, López-Meseguer A, Plaza Z, Sánchez-Alonso F, García-Gómez C, González-Juanatey C, González-Gay MÁ, **Ramentol M**; CARMA Project Collaborative Group. **Evaluating the reliability of cardiovascular risk scales in patients with chronic inflammatory rheumatic diseases**. Semin Arthritis Rheum. 2025 Jun;72:152694. doi: 10.1016/j.semarthrit.2025.152694. Epub 2025 Feb 24. PMID: 40056476.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 4.4 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 9/58 **Journal Citation Indicator:** 1.22

Magallares B, Cerdá D, Betancourt J, Fraga G, Park H, Codes-Méndez H, **Quesada-Masachs E**, López-Corbeto M, Torrent M, Marín A, Herrera S, Gich I, Boronat S, Casademont J, Corominas H, Malouf J. **Risk factors associated with low bone mineral density and childhood osteoporosis in a population**

undergoing skeletal growth: a cross-sectional analytic study. Front Endocrinol (Lausanne). 2025 May 23;16:1587985. doi: 10.3389/fendo.2025.1587985. PMID: 40487764; PMCID: PMC12141024.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 4.6 **Quartil:** 1 **Categoria:** Endocrinology & metabolism **Posició:** 43/193 **Journal Citation Indicator:** 0.93

Magallares B, Malouf J, Codes-Méndez H, Park HS, Betancourt J, Fraga G, **Quesada-Masachs E**, López-Corbeto M, Torrent M, Marín A, Herrera S, Gich I, Boronat S, Casademont J, Corominas H, Cerdá D. **Pediatric densitometry: is the Z score adjustment necessary in all cases?** Front Endocrinol (Lausanne). 2025 Apr 9;16:1587382. doi: 10.3389/fendo.2025.1587382. PMID: 40270717; PMCID: PMC12014424.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 4.6 **Quartil:** 1 **Categoria:** Endocrinology & metabolism **Posició:** 43/193 **Journal Citation Indicator:** 0.93

Vergés C, **Giménez-Capitán A**, **Ribas V**, **Martínez-Pérez E**, **González MJ**, **March de Ribot F**, **Armiger-Borras N**, **Caycedo A**, **Rodríguez-Muñoz C**, **Alegre C**, **Muñoz S**, **Salgado-Borges J**, **Mayo-de-Las-Casas C**. **Clinical and genetic profiling of fibromyalgia-associated dry eye: A multifactorial approach.** Ocul Surf. 2025 Oct;38:377-387. doi: 10.1016/j.jtos.2025.10.012. Epub 2025 Oct 31. PMID: 41177509.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 5.6 **Quartil:** 1 **Categoria:** Ophtalmology **Posició:** 6/99 **Journal Citation Indicator:** 2.73 ***1ºDecil**

CARDIOLOGIA (QUARTIL 1)

Castrejón-Castrejón S, Martínez Cossiani M, Basterra Sola N, Romero Roldán JD, Ibáñez Criado JL, Osca J, Roca-Luque I, **Moya A**, Quesada A, Hidalgo Olivares VM, Pérez Castellano N, Fernández-Gómez JM, Macías-Ruiz R, Villanueva BB, Gonzalo Bada N, Froilán Torres C, Sanz Verdejo B, Sánchez Somonte P, Escobar Cervantes C, Moreno R, Merino JL; POWER FAST III Trial Investigators. **High-Power Short-Duration Radiofrequency Application for Faster and Safer Pulmonary Vein Isolation: The POWER-FAST III Trial**. JACC Clin Electrophysiol. 2025 Feb;11(2):350-361. doi: 10.1016/j.jacep.2024.10.009. Epub 2024 Dec 18. PMID: 39708035.
Indexat a: Pubmed / WoS / SCIE / JCR **Factor Impacte:** 7.7 **Quartil:** 1 **Categoria:** Cardiac & Cardiovascular systems **Posició:** 21/231 **Journal Citation Indicator:** 2.06 ***1ºDecil**

NEUMOLOGIA (QUARTIL 1)

Bousquet J, Sousa-Pinto B, Vieira RJ, Schünemann HJ, Zuberbier T, Bognanni A, Togias A, Samolinski B, Valiulis A, Williams S, Bedbrook A,[...], **Vizuete JAC**, Charpin D, Chavannes NH, Chełmińska M, Cheng L, Chkhartishvili E, Chong-Neto HJ, Choudhury D, Chu D, Cingi C, Compalati E, Cvetkovski B, Da Silva J, D'Amato G, Davies J, Di Bona D, Dimou MV, Teixeira MDC, Doulaptsi M, Pérez JMF, Gawlik R, Goksel O, Gómez MR, Gonzalez Diaz SN, Gotua M, Grigoreas C, Grisle I, Guzman MA, Tan RH, Hyland M, Ierodiakonou D, Karavelia A, Kisiel M, Kosnik M, Kritikos V, Lombardi C, Martini M, Meço C, Mesonjesi E, Mihaltan F, Moniuszko M, Naclerio R, Neisinger S, Ordak M, Paoletti G, Perdomo-Flores EA, Pham-Thi N, Prokopakis E, Yeverino DR, Rolla G, Romantowski J, Rouadi PW, Rukhadze M, Sakurai D, Salameh L, Sarquis FS, Kosak TS, Soyka M, Sozinova O, Specjalski K, Tomic-Spiric V, Vachova M, van Hage M, Koyuncu IV, Vichyanond P, Wagenmann M, Ko FWS, Werminghaus P, Xepapadaki VP, Xiang YK, Fonseca JA. **Methodology for the Development of the Allergic Rhinitis and Its Impact on Asthma (ARIA)-EAACI 2024-2025 Guidelines: From Evidence-to-Decision Frameworks to Digitalised Shared Decision-Making Algorithms**. Allergy. 2026 Feb;81(2):427-453. doi: 10.1111/all.70100. Epub 2025 Nov 21. PMID: 41268627; PMCID: PMC12862529.
Indexat a: Pubmed / SCIE / JCR **Factor Impacte:** 12 **Quartil:** 1 **Categoria:** Allergy (Q1) ; Immunology (Q1) **Posició:** Allergy (1/40) ; Immunology (9/183) **Journal Citation Indicator:** 2.12 ***1ºDecil+**

AL·LERGIOLOGIA (QUARTIL 1)

Bachert C, Brusselle G, **Castillo Vizuete JA**, Dávila I, Laudien M, Seccia V, Schmid-Grendelmeier P, Vultaggio A, Kallinikou K, Walrave L, Klimek L. **Consensus from European experts on severe eosinophilic asthma and chronic rhinosinusitis with nasal polyps: Results from the OverSEA Delphi study**. J Allergy Clin Immunol Glob. 2025 Jul 3;4(4):100529. doi: 10.1016/j.jacig.2025.100529. PMID: 40832363; PMCID: PMC12359228.

Indexat a: Pubmed / WoS / Medline / JCR **Factor Impacte:** 11.2 **Quartil:** 1 **Categoria:** Allergy (Q1) ; Immunology (Q1) **Posició:** Allergy (3/40) ; Immunology (11/183) **Journal Citation Indicator:** 2.43
***1er Decil**

Total articles de cada departament de l'HUQD en revistes pertanyents al Q1, Q2, Q3, Q4

	Q1	Q2	Q3	Q4
Oncologia (Institut Oncològic Dr. Rosell)	19	6	4	0
Anatomia Patològica	0	0		0
Traumatologia (ICATME)	9	8	2	1
Obstetrícia i Ginecologia	34	15	9	4
Endocrinologia i Nutrició	1	0	0	0
Aparell Digestiu	3	0	0	0
Cirurgia Maxil·lofacial	2	0	0	0
Anestesiologia	3	1	0	0
Oftalmologia	6	2	1	1
Pediatria	2	3	3	0

Cardiologia	1	1	0	0
Reumatologia	4	0	0	0
Psiquiatria i Psicologia	0	0	0	0
Neumologia	2	0	0	0
Alergiologia	0	0	1	1
Total	86	36	20	7

ARTICLES 2025 EN REVISTES AMB UN FACTOR D'IMPACTE >10

El **factor d'impacte (FI)** és una mesura de la importància d'una publicació científica i és proporcionat per la base de dades **Journal Citation Reports (JCR)**. És un indicador creat per Eugene Garfield de l'Institut per a l'Informació Científica per a aquelles publicacions de les quals es fa aquest seguiment. Els resultats es publiquen en un informe anual anomenat Journal Citation Reports.

Quin número es considera un bon factor d'impacte?

En molts camps d'estudi, un factor d'impacte de **10 o superior** es considera excepcional i, en alguns àmbits, un factor d'impacte **superior a 3** ja es considera molt bo. Tanmateix, els factors d'impacte de les revistes incloses al **Journal Citation Reports (JCR)** varien significativament d'una disciplina a una altra.

- **Nombre d'articles en publicacions amb un factor d'impacte superior a 10: 20**

Any	Número d'articles FI > 10
2025	20
2024	18
2023	12

- **Articles en publicacions amb un factor d'impacte superior a 10, classificats per departaments/unitats de l'HUQD:**

Unidades del HUQD	Nº artículos FI > 10

Oncologia	**11**
Obstetrícia i Ginecologia	**4**
Aparell Digestiu	**1**
Pediatria	**1**
Neumologia	**2**
Alergiologia	**1**
Total	**20**

- **Articles en publicacions amb un FI > 10 (ordenats de major a menor factor d'impacte):**

Wang Y, Safi M, Hirsch FR, Lu S, Peters S, Govindan R, **Rosell R**, Park K, Zhang JJ. **Immunotherapy for advanced-stage squamous cell lung cancer: the state of the art and outstanding questions**. Nat Rev Clin Oncol. 2025 Mar;22(3):200-214. doi: 10.1038/s41571-024-00979-8. Epub 2025 Jan 6. PMID: 39762577.
Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 83.2 **Quartil:** 1 **Categoria:** Oncology **Posició:** 2/328 **Journal Citation Indicator:** 12.02 ***1ºDecil**
[Oncologia]

Metzger O, Mandrekar S, Goel S, Gligorov J, Lim E, Ciruelos E, Loibl S, Dockter T, **Gonzàlez Farré X**, Francis PA, Lynce F, Lanzillotti J, DuFrane C, Wall A, Strand C, Krop I, Vaz-Luis I, Tripathy D, Loi S, Prat A, Goetz M, Escrivá-de-Romaní S, Porter D, Spoenlein J, Stover DG, Sardesai S, Heudel P, Koehler M, Huang Bartlett C, Holynskyj A, Gopalakrishna P, Gauthier E, Delaloge S, Miller K, Winer EP, Gianni L, Partridge AH, DeMichele A, Carey LA. **Palbociclib for Hormone-Receptor-Positive, HER2-Positive Advanced Breast Cancer**. N Engl J Med. 2026 Jan 29;394(5):451-462. doi: 10.1056/NEJMoa2511218. PMID: 41604639.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 78.5 **Quartil:** 1 **Categoria:** Medicine, general & internal **Posició:** 2/232 **Journal Citation Indicator:** 23.28 ***1er Decil**
[Oncologia]

Peters S, Camidge R, Dziadziuszko R, Gadgeel S, Shaw AT, Kim DW, Pérol M, **Rosell DR**, Cheema P, Wan-Teck Lim D, Lin JJ, Pavlakis N, Ahn JS, Zhang L, Henschel V, Higgerson AA, McNally V, Rooney I, Scalori A, Smoljanovic V, Mok T. **Alectinib versus crizotinib in previously untreated ALK-positive advanced non-small cell lung cancer: final overall survival analysis of the phase III ALEX study**. Ann Oncol. 2026 Jan;37(1):92-103. doi: 10.1016/j.annonc.2025.09.018. Epub 2025 Oct 17. PMID: 41110693.
Indexat a: Pubmed / WoS / SCIE / JCR **Factor Impacte:** 65.4 **Quartil:** 1 **Categoria:** Oncology **Posició:** 4/328 **Journal Citation Indicator:** 8.36 ***1ºDecil**
[Oncologia]

Wang Y, **Rosell R**, Hirsch FR, Lu S, Govindan R, Park K, Peters S, Zhang JJ. **Emerging options and future strategies in immunotherapy for advanced lung squamous-cell carcinoma**. Ann Oncol. 2026 Mar;37(3):289-313. doi: 10.1016/j.annonc.2025.11.008. Epub 2025 Nov 17. PMID: 41260258.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 65.4 **Quartil:** 1 **Categoria:** Oncology **Posició:** 4/328 **Journal Citation Indicator:** 8.36 ***1ºDecil**
[Oncologia]

Gion M, Blancas I, Cortez-Castedo P, Cortés-Salgado A, Marmé F, Blanch S, Morales S, Díaz N, Calvo-Plaza I, Recalde S, Martínez-Bueno A, Ruiz-Borrego M, Llabrés E, Taberner MT, de Laurentiis M, García-Vicente S, Guerrero JA, Boix O, Rodríguez-Morató J, Sampayo-Cordero M, Antonarelli G, Pérez-García JM, Cortés J, Llombart-Cussac A; ATRACTIB Trial Investigators. **Atezolizumab plus paclitaxel and bevacizumab as first-line treatment of advanced triple-negative breast cancer: the ATRACTIB phase 2 trial.** Nat Med. 2025 Aug;31(8):2746-2754. doi: 10.1038/s41591-025-03734-3. Epub 2025 Jun 4. PMID: 40467896; PMCID: PMC12353800.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 50 **Quartil:** 1 **Categoria:** Biochemistry & Molecular Biology (Q1) ; Cell Biology (Q1) **Posició:** Biochemistry & Molecular Biology 2/320 ; Cell Biology 3/204 **Journal Citation Indicator:** 11.04 ***1ºDecil**
[Oncologia]

Preusser M, Garde-Noguera J, **Garcia-Mosquera JJ**, Gion M, Greil R, Arumi M, Ruiz-Borrego M, Llombart-Cussac A, Valero M, Cortés J, Campolier M, Guerrero JA, González-Alonso P, Jiménez-Cortegana C, Rodríguez-Morató J, Vaz-Batista M, Oberndorfer F, Marhold M, Berghoff AS, Furtner J, Fuereder T, Bartsch R. **Patritumab deruxtecan in leptomeningeal metastatic disease of solid tumors: the phase 2 TUXEDO-3 trial**. *Nat Med*. 2025 Aug;31(8):2797–2805. doi:10.1038/s41591-025-03744-1.
Indexat a: WoS / Medline / SCIE / JCR **Factor Impacte:** 50 **Quartil:** 1 **Categoria:** Biochemistry & Molecular Biology (Q1) ; Cell Biology (Q1) **Posició:** Biochemistry & Molecular Biology (2/320) ; Cell Biology (3/204) **Journal Citation Indicator:** 11.04 ***1ºDecil**
[Obstetrícia i Ginecologia]

Márquez-Rodas I, Dutriaux C, Saiag P, de la Cruz Merino L, Castañón Álvarez E, Robert C, Rodríguez-Moreno JF, Arance A, Cerezuela-Fuentes P, Montaudié H, Sanmamed MF, **González-Cao M**, Charles J, López Criado MP, Berrocal A, de Miguel E, Funck-Brentano E, Prey S, Álamo de la Gala MC, Melero I, Avilés-Izquierdo JA, Roman R, Garcia-Pelaez B, Rodriguez S, Trnkova ZJ, Quintero M, Maciá S, Chaney MF, Dalle S. **BO-112 Plus Pembrolizumab for Patients With Anti-PD-1-Resistant Advanced Melanoma: Phase II Clinical Trial SPOTLIGHT-203**. J Clin Oncol. 2025 Sep;43(25):2806-2815. doi: 10.1200/JCO-24-02595. Epub 2025 Jun 27. Erratum in: J Clin Oncol. 2025 Sep;43(25):2840. doi: 10.1200/JCO-25-01680. PMID: 40577656; PMCID: PMC12393066.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 43.4 **Quartil:** 1 **Categoria:** Oncology **Posició:** 6/328 **Journal Citation Indicator:** 6.77 ***1ºDecil**
[Oncologia]

Bartsch R, Marhold M, Garde-Noguera J, Gion M, Ruiz-Borrego M, Greil R, Valero M, Llombart-Cussac A, **García-Mosquera JJ**, Arumi M, Cortés J, Campolier M, Guerrero JA, Slebe F, Martínez-García E, Jiménez-Cortegana C, Vaz-Batista M, Oberndorfer F, Furtner J, Fuereder T, Berghoff AS, Preusser M. **Patritumab deruxtecan (HER3-DXd) in patients with active brain metastases of breast cancer (TUXEDO-3): a multicentre, single-arm, phase 2 trial.** Lancet Oncol. 2025 Nov;26(11):1467-1478. doi: 10.1016/S1470-2045(25)00470-X. PMID: 41167215.
Indexat a: Pubmed / WoS / Medline / SCIE **Factor Impacte:** 35.9 **Quartil:** 1 **Categoria:** Oncology **Posició:** 8/328 **Journal Citation Indicator:** 8.62
[Oncologia]

Fuereder T, Garde-Noguera J, **García-Mosquera JJ**, Ruiz-Borrego M, Valero M, Llombart-Cussac A, Gion M, Greil R, Arumi M, Campolier M, Guerrero JA, Raimondi G, Mancino M, Jiménez-Cortegana C, Vaz-Batista M, Oberndorfer F, Marhold M, Berghoff AS, Furtner J, Bartsch R, Preusser M. **Patritumab deruxtecan (HER3-DXd) in patients with active brain metastases of non-small-cell lung cancer (TUXEDO-3): a multicentre, single-arm, phase 2 trial**. Lancet Oncol. 2025 Nov;26(11):1454-1466. doi: 10.1016/S1470-2045(25)00465-6. PMID: 41167214.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 35.9 **Quartil:** 1 **Categoria:** Oncology **Posició:** 8/328 **Journal Citation Indicator:** 8.62 ***1ºDecil**
[Oncologia]

Lara-Mejía L, Cardona AF, Mas L, Martin C, Samtani S, Corrales L, Cruz-Rico G, Remon J, Galvez-Nino M, Ruiz R, Rios-Garcia E, Tejada F, Lozano-Vazquez N, **Rosell R**, Arrieta O. **Corrigendum to 'Impact of concurrent genomic alterations on clinical outcomes in patients with ALK-rearranged non-small cell lung cancer'** [Journal of Thoracic Oncology, Volume 19 Issue 1 (2024) 119-129]. J Thorac Oncol. 2026 Feb;21(2):340-341. doi: 10.1016/j.jtho.2025.10.004. Epub 2025 Oct 27. Erratum for: J Thorac Oncol. 2024 Jan;19(1):119-129. doi: 10.1016/j.jtho.2023.08.007. PMID: 41143757.
Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 20.8 **Quartil:** 1 **Categoria:** Oncology (Q1) ; Respiratory System (Q1) **Posició:** Oncology 13/328 ; Respiratory System 3/108 **Journal Citation Indicator:** 4.24 ***1ºDecil**
[Oncologia]

Oulego-Erroz I, Del Pilar De Castro-Vecino M, González-Cortés R, Alonso-Ojembarrena A, Rodriguez-Nuñez A, Palanca-Arias D, Quesada-Ortega Ú, Sanchiz-Cardenas S, Murillo-Pozo MÁ, López-González J, Sánchez-Yáñez P, Valencia-Ramos J, Fernández-de la Ballina A, Chaves-Caro N, Borrego-Domínguez R, Sánchez-Porras M, Rodríguez-Martínez M, Carballo-Martín PJ, Bermúdez-Barrezueta L, Rodríguez-Fanjul J, Vivanco-Allende A, Rodríguez-Campoy P, **Vega-Puyal L**, Gil-Antón J, Sánchez-Martínez I, Pérez-Quevedo O, Muñoyerro-Sesmero M, Barón-González de Suso L, Mayordomo-Colunga J; LUS-PICO Study Group. **Lung Ultrasound Score, Severity of Acute Lung Disease, and Prolonged Mechanical Ventilation in Children**. Am J Respir Crit Care Med. 2025 Jan;211(1):103-112. doi: 10.1164/rccm.202404-0843OC. PMID: 39417699.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 19.4 **Quartil:** 1 **Categoria:** Critical care medicine (Q1) ; Respiratory System (Q1) **Posició:** Critical care medicine (3/62) ; Respiratory System (4/108) **Journal Citation Indicator:** 4.39
[Pediatria]

Roncero-Carol J, Olaizola-Muñoa J, Arán B, Mularoni LS, Miret Cuesta M, Blanco-Cabra N, Casals M, Rumbo M, **Solé Inarejos M**, Ojosnegros S, Alsina B, Torrents E, Veiga A, Irimia M, Hoijman E. **Epithelial cells provide immunocompetence to the early embryo for bacterial clearance**. Cell Host Microbe. 2025 Jul 9;33(7):1106-1120.e8. doi: 10.1016/j.chom.2025.05.025. Epub 2025 Jun 18. PMID: 40808292.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 18.7 **Quartil:** 1 **Categoria:** Microbiology (Q1) ; Parasitology (Q1) **Posició:** Microbiology (6/163) ; Parasitology (1/47) **Journal Citation Indicator:** 5.75 ***1ºDecil**
[Obstetrícia i Ginecologia]

Arrieta O, Lara-Mejía L, Rios-Garcia E, Caballé-Perez E, Cabrera-Miranda L, Ramos-Ramírez M, Dávila-Dupont D, Cardona AF, Cruz-Rico G, Remon J, Garcilazo-Reyes A, **Rosell R**. **Alectinib in combination with bevacizumab as first-line treatment in ALK-rearranged non-small cell lung cancer (ALEK-B): a single-arm, phase 2 trial**. Nat Commun. 2025 May 16;16(1):4553. doi: 10.1038/s41467-025-59744-9. Erratum in: Nat Commun. 2025 Dec 12;16(1):11110. doi: 10.1038/s41467-025-67648-x. PMID: 40379690; PMCID: PMC12084566.
Indexat a: Pubmed / WoS / Medline / SCIE **Factor Impacte:** 15.7 **Quartil:** 1 **Categoria:** Multidisciplinary Sciences **Posició:** 10/136 **Journal Citation Indicator:** 3.34
[Oncologia]

Servin-Barthet C, Martínez-García M, Paternina-Die M, Marcos-Vidal L, Martín de Blas D, Soler A, Khymenets O, Bergé D, Casals G, **Prats P**, Pozo OJ, Pretus C, Carmona S, Vilarroya O. **Pregnancy entails a U-shaped trajectory in human brain structure linked to hormones and maternal attachment.** Nat Commun. 2025 Jan 16;16(1):730. doi: 10.1038/s41467-025-55830-0. PMID: 39820539; PMCID: PMC11739485.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 15.7 **Quartil:** 1 **Categoria:** Multidisciplinary Sciences **Posició:** 10/136 **Journal Citation Indicator:** 3.34 ***1ºDecil**
[Obstetrícia i Ginecologia]

Arvaniti P, Rodríguez-Tajes S, Padilla M, Olivas I, Mauro E, El Maimouni C, Lytvyak E, Verhelst X, Engel B, Taubert R, Lorente-Pérez S, Conde I, Riveiro-Barciela M, Ruiz-Cobo JC, Álvarez-Navascués C, Salcedo M, Gómez J, Janik MK, Mateos B, Efe C, Granito A, Dajti E, Azzaroli F, Horta D, **Vila C**, Castello I, Pérez-Medrano I, Arencibia A, Gerussi A, Bruns T, Colaprieto F, Lleo A, Van den Ende N, Verbeek J, Díaz-González Á, Morillas RM, Torner-Simó M, Bernal V, Fernández EM, Gevers TJG, Terziroli Beretta-Piccoli B, Gómez E, Cuenca P, de Boer YS, Kerkar N, Assis DN, Liberal R, Drenth JPH, Tana MM, Sebode M, Schregel I, Schramm C, Lohse AW, Montano-Loza AJ, Zachou K, Villamil A, Dalekos GN, Londoño MC; International Autoimmune Hepatitis Group (IAIHG); European Reference Network on Hepatological Diseases (ENR RARE-LIVER); Spanish Registry for Autoimmune and Cholestatic Diseases (ColHai) Registry. **Hepatic Encephalopathy and MELD-Na Predict Treatment Benefit in Autoimmune Hepatitis-related Decompensated Cirrhosis**. Clin Gastroenterol Hepatol. 2026 Apr;24(4):1055-1067.e6. doi: 10.1016/j.cgh.2025.02.010. Epub 2025 Apr 8. PMID: 40210079.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 12.2 **Quartil:** 1 **Categoria:** Gastroenterology & Hepatology **Posició:** 9/148 **Journal Citation Indicator:** 2.90 ***1ºDecil**
[Aparell digestiu i endoscopia]

Bousquet J, Sousa-Pinto B, Vieira RJ, Schünemann HJ, Zuberbier T, Bognanni A, Togias A, Samolinski B, Valiulis A, Williams S, Bedbrook A, Czarlewski W, Torres MJ, Shamji MH, Morais-Almeida M, Canonica GW, Vecillas LL, Dykewicz MS, Jacomelli C, Klimek L, Leemann L, Lourenço O, Palamarchuk Y, Papadopoulos NG, Pereira AM, Savouré M, Toppila-Salmi SK, Ventura MT, Yepes-Nuñez JJ, Cruz AA, Ciprandi G, Gemicioglu B, Giovannini M, Gradauskiene B, Jartti T, Jeseňák M, Kuna P, Kvedariene V, Larenas-Linnemann DE, Latiff AHA, Mohammad Y, Ohta K, Mahesh PA, Pali-Schöll I, Pfaar O, Regateiro FS, Roche N, Sofiev M, Taborda-Barata L, Ulrik CS, Rostan MV, Viegi G, Zhang L, Antó JM, Haahtela T, Cherrez-Ojeda I, Ivancevich JC, Khaltaev N, Yorgancioglu A, Abdullah B, Al-Ahmad M, Al-Nesf MA, Amaral R, Asllani J, Bergmann KC, Bernstein JA, Blaiss MS, Braido F, Camargos P, Carreiro-Martins P, Casale T, Cecchi L, Fiocchi AG, Giuliano AFM, Christoff G, Cirule I, Correia-de-Sousa J, Costa EM, Del Giacco S, Devillier P, Dokic D, Hossny E, Iinuma T, Irani C, Ispayeva Z, Julge K, Kaidashev I, Bennoor KS, Kraxner H, Kull I, Kulus M, Kupczyk M, Kurchenko A, La Grutta S, Miculinic N, Tuyet LLT, Makris M, Milenkovic B, Lee SM, Montefort S, Moreira A, Mullol J, Nadif R, Nakonechna A, Neffen HE, Niedoszytko M, Nyembue D, O'Hehir R, Ogulur I, Okamoto Y, Olze H, Palomares O, Panzner P, Patella V, Pawankar R, Pitsios C, Popov TA, Puggioni F, Quirce S, Ramonaité A, Recto M, Repka-Ramirez MS, Roberts G, Robles-Velasco K, Rottem M, Salapatas M, Sastre J, Scichilone N, Sisul JC, Solé D, Soto-Martinez ME, Sova M, Tantilipikorn P, Todo-Bom A, Tsaryk V, Tsiligianni I, Urrutia-Pereira M, Valovirta E, Van Ganse E, Vasankari T, Wallace D, Wang Y, Worm M, Yusuf OM, Zidarn M, Gil-Mata S, Marques-Cruz M, Mahboub B, Ansotegui IJ, Romano A, Artesani MC, Barreto B, Becker S, Beghe B, Bouchard J, Bourgoin-Heck M, Brussino L, Buhl R, Calvo-Gil M, Dahl VC, **Vizuete JAC**, Charpin D, Chavannes NH, Chełmińska M, Cheng L, Chkhartishvili E, Chong-Neto HJ, Choudhury D, Chu D, Cingi C, Compalati E, Cvetkovski B, Da Silva J, D'Amato G, Davies J, Di Bona D, Dimou MV, Teixeira MDC, Doulaptsi M, Pérez JMF, Gawlik R, Goksel O, Gómez MR, Gonzalez Diaz SN, Gotua M, Grigoreas C, Grisle I, Guzman MA, Tan RH, Hyland M, Ierodiakonou D, Karavelia A, Kisiel M, Kosnik M, Kritikos V, Lombardi C, Martini M, Meço C, Mesonjesi E, Mihaltan F, Moniuszko M, Naclerio R, Neisinger S, Ordak M, Paoletti G, Perdomo-Flores EA, Pham-Thi N, Prokopakis E, Yeverino DR, Rolla G, Romantowski J, Rouadi PW, Rukhadze M, Sakurai D, Salameh L, Sarquis FS, Kosak TS, Soyka M, Sozinova O, Specjalski K, Tomic-Spiric V, Vachova M, van Hage M, Koyuncu IV, Vichyanond P, Wagenmann M, Ko FWS, Werminghaus P, Xepapadaki VP, Xiang YK, Fonseca JA. **Methodology for the Development of the Allergic Rhinitis and Its Impact on Asthma (ARIA)-EAACI 2024-2025 Guidelines: From Evidence-to-Decision Frameworks to Digitalised Shared Decision-Making Algorithms**. Allergy. 2026 Feb;81(2):427-453. doi: 10.1111/all.70100. Epub 2025 Nov 21. PMID: 41268627; PMCID: PMC12862529.
Indexat a: Pubmed / SCIE / JCR **Factor Impacte:** 12 **Quartil:** 1 **Categoria:** Allergy (Q1) ; Immunology (Q1) **Posició:** Allergy (1/40) ; Immunology (9/183) **Journal Citation Indicator:** 2.12 ***1ºDecil**
[Neumologia]

Sousa-Pinto B, Bousquet J, Vieira RJ, Schünemann HJ, Zuberbier T, Bognanni A, Togias A, Samolinski B, Valiulis A, Williams S, Bedbrook A, Czarlewski W, Torres MJ, Shamji MH, Morais-Almeida M, Canonica GW, Vecillas LL, Dykewicz MS, Jacomelli C, Klimek L, Leemann L, Lourenço O, Palamarchuk Y,

Papadopoulos NG, Pereira AM, Savouré M, Toppila-Salmi SK, Ventura MT, Yepes-Nuñez JJ, Cruz AA, Ciprandi G, Gemicioglu B, Giovannini M, Gradauskiene B, Jartti T, Jeseňák M, Kuna P, Kvedariene V, Larenas-Linnemann DE, Latiff AH, Mohammad Y, Ohta K, Mahesh PA, Pali-Schöll I, Pfaar O, Regateiro FS, Roche N, Taborda-Barata L, Ulrik CS, Rostan MV, Viegi G, Zhang L, Haahtela T, Cherrez-Ojeda I, Carlos Ivancevich J, Khaltaev N, Yorgancioglu A, Abdullah B, Al-Ahmad M, Al-Nesf MA, Amaral R, Asllani J, Bergmann KC, Bernstein JA, Blaiss MS, Braido F, Camargos P, Carreiro-Martins P, Casale T, Cecchi L, Fiocchi A, Giuliano AFM, Christoff G, Cirule I, de Sousa JC, Costa EM, Del Giacco S, Devillier P, Dokic D, Hossny E, Iinuma T, Irani C, Ispayeva Z, Julge K, Kaidashev I, Bennoor KS, Kraxner H, Kull I, Kulus M, Kupczyk M, Kurchenko A, La Grutta S, Miculinic N, Tuyet LLT, Makris M, Milenkovic B, Lee SM, Montefort S, Moreira A, Mullol J, Nadif R, Nakonechna A, Neffen HE, Niedoszytko M, Nyembue D, O'Hehir RE, Ogulur I, Okamoto Y, Olze H, Palomares O, Panzner P, Patella V, Pawankar R, Pitsios C, Popov TA, Puggioni F, Quirce S, Ramonaité A, Recto M, Repka-Ramirez MS, Roberts G, Robles-Velasco K, Rottem M, Salapatas M, Sastre J, Scichilone N, Sisul JC, Solé D, Soto-Martinez ME, Sova M, Tantilipikorn P, Todo-Bom A, Tsaryk V, Tsiligianni I, Urrutia-Pereira M, Valovirta E, Vasankari T, Wallace D, Wang Y, Worm M, Yusuf OM, Zidarn M, Gil-Mata S, Marques-Cruz M, Mahboub B, Ansotegui IJ, Romano A, Aberer W, Artesani MC, Azzolini E, Barreto B, Bartra J, Becker S, Beghe B, Boner A, Borowiack E, Bouchard J, Bourgoin-Heck M, Brussino L, Buhl R, **Castillo-Vizuete JA**, Charpin D, Chavannes NH, Chełmińska M, Cheng L, Chkhartishvili E, Cho SH, Chong-Neto HJ, Choudhury D, Chu DK, Cingi C, Compalati E, Costa RA, Cunha OM, Cvetkovski B, Cardona-Dahl V, D'Amato G, Davies J, Di Bona D, Gonzalez Diaz SN, Dimou MV, Doulaptsi M, Ferreira-da-Silva R, Gawlik R, Calvo-Gil M, Goksel O, Gómez MR, Gotua M, Grigoreas C, Grisle I, Guzman MA, Tan RH, Hyland M, Ierodiakonou D, Karavelia A, Keith P, Kisiel M, Kosak TS, Kosnik M, Koyuncu IV, Kritikos V, Litynska J, Lombardi C, Louis G, Martini M, Meço C, Mesonjesi E, Mihaltan F, Moniuszko M, Naclerio RN, Nadeau KC, Neisinger S, Ollert M, Ordak M, Paoletti G, Park HS, Parmelli E, Perdomo-Flores EA, Pérez JMF, Pham-Thi N, Prokopakis E, Ribeiro-Vaz I, Rolla G, Romantowski J, Rombaux P, Rouadi PW, Rukhadze M, Ryan D, Sadowska E, Sakurai D, Salameh L, Sarquis FS, Serrano E, Da Silva J, Soyka M, Specjalski K, Tomic-Spiric V, Stevanovic K, Subramaniam A, Teixeira MDC, Thomander T, Vachova M, van Hage M, Vichyanond P, Wagenmann M, Ko FWS, Werminghaus P, Xepapadaki PV, Xiang YK, Yang Q, Yeverino DR, Zuberbier J, Fonseca JA. **Allergic Rhinitis and Its Impact on Asthma (ARIA)-EAACI Guidelines-2024-2025 Revision: Part I-Guidelines on Intranasal Treatments**. Allergy. 2026 Apr;81(4):954-976. doi: 10.1111/all.70131. Epub 2025 Dec 1. PMID: 41324154; PMCID: PMC13040648.
Indexat a: Pubmed / SCIE / JCR **Factor Impacte:** 12 **Quartil:** 1 **Categoria:** Allergy (Q1) ; Immunology (Q1) **Posició:** Allergy (1/40) ; Immunology (9/183) **Journal Citation Indicator:** 2.12 ***1ºDecil**
[Neumologia]

Vaz Batista M, Pérez-García JM, **Garrigós L**, García-Sáenz JÁ, Cortez P, Racca F, Blanch S, Ruiz-Borrego M, Fernández-Ortega A, Fernández-Abad M, Iranzo V, Gion M, Martrat G, Alcalá-López D, Pérez-Escuredo J, Sampayo-Cordero M, Llombart-Cussac A, Braga S, Cortés J. **The DEBBRAH trial: Trastuzumab deruxtecan in HER2-positive and HER2-low breast cancer patients with leptomeningeal carcinomatosis**. Med. 2025 Jan 10;6(1):100502. doi: 10.1016/j.medj.2024.08.001. Epub 2024 Sep 11. PMID: 39265579.
Indexat a: Pubmed / WoS / Medline / JCR **Factor Impacte:** 11.8 **Quartil:** 1 **Categoria:** 11/195 Medicine, Research & Experimental **Posició:** 11/195 **Journal Citation Indicator:** 3.20 ***1ºDecil**
[Oncologia]

Bachert C, Brusselle G, **Castillo Vizuete JA**, Dávila I, Laudien M, Seccia V, Schmid-Grendelmeier P, Vultaggio A, Kallinikou K, Walrave L, Klimek L. **Consensus from European experts on severe eosinophilic asthma and chronic rhinosinusitis with nasal polyps: Results from the OverSEA Delphi study**. J Allergy Clin Immunol Glob. 2025 Jul 3;4(4):100529. doi: 10.1016/j.jacig.2025.100529. PMID: 40832363; PMCID: PMC12359228.
Indexat a: Pubmed / WoS / Medline / JCR **Factor Impacte:** 11.2 **Quartil:** 1 **Categoria:** Allergy (Q1) ; Immunology (Q1) **Posició:** Allergy (3/40) ; Immunology (11/183) **Journal Citation Indicator:** 2.43 ***1er Decil**
[Alergiologia]

La Marca A, Semprini M, Mastellari E, **Donno V**, Capuzzo M, Alboni C, Giulini S. **Fertility preservation in women with endometriosis**. Hum Reprod Open. 2025 Feb 28;2025(2):hoaf012. doi: 10.1093/hropen/hoaf012. PMID: 40123895; PMCID: PMC11930344.
Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 11.1 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (2/141) ; Reproductive Biology (2/43)
Journal Citation Indicator: 3.08 ***1ºDecil**
[Obstetrícia i Ginecologia]

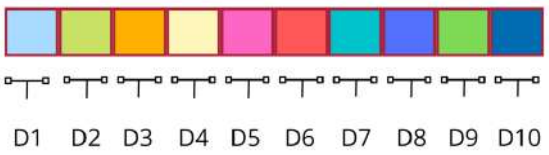
ARTÍCLES 2025 AL 1er DECIL

- **Número d'articles al 1er Decil (any 2025): 39**

Any	Artícles 1er Decil
2025	40
2024	45
2023	9

Igual que els quartils, els **decils** tenen la funció d'avaluar la importància d'una revista dins del conjunt de revistes de la seva àrea, tenint en compte la seva posició relativa respecte de la resta.

En dividir en 10 parts un llistat de revistes ordenades segons l'índex o factor d'impacte, cadascuna d'aquestes parts constitueix un decil.



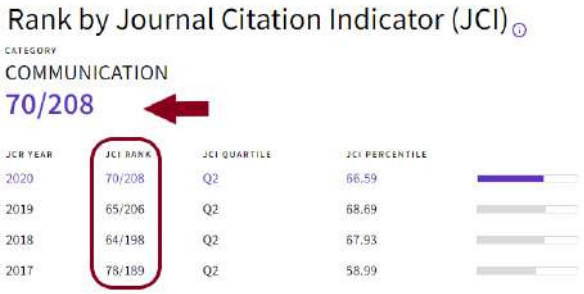
-Com es calcula[8] a quin decil pertany una revista?

Exemple de com calcular el decil al qual pertany una revista:

Busquem la revista al Journal Citation Reports (JCR).

1. Veiem a quina categoria pertany la revista.

[8] El decil es calcularà a partir dels articles publicats en revistes indexades al Journal Citation Reports (JCR), ja que es determina en funció del nombre total de revistes de cada categoria d'aquesta base de dades.



2. A l'apartat *Rank by Journal Impact Factor*, hi trobem el nombre de revistes de cadascuna de les categories.

3. Fem el càlcul manualment, dividint el nombre total de revistes d'aquella categoria entre deu, per determinar en quin decil es troba la revista.

♦ Ej: la categoria COMMUNICATION 208 entre 10 = 20,8

(20,8 és, per tant, el nombre de revistes que correspon a cada decil de la categoria «Communication».)

♦ La nostra revista ocupa la posició 70 i, per tant, pertany al 4t decil. *Una altra fòrmula per calcular-ho[9]

[9] dividir posición entre el número de revistas de cada decil de la Categoría de revistas que analizamos y sumar un dígito, ejemplo: 70:20,8=3.3 , luego sumamos 1: 3.3+1= 4.3. La revista del artículo del ejemplo, está por tanto en el 4º Decil.

- **Llistat dels articles publicats en revistes del 1er decil:**

(ordenats alfabèticament en ordre ascendent segons la inicial del cognom del primer autor)

Alcázar JL, Montoya C, Candau C, Catalan C, Orozco R, **Pascual MÁ**, Ajossa S, Guerriero S. **Transvaginal ultrasound for detecting parametrial involvement in suspected deep pelvic endometriosis: updated meta-analysis**. Ultrasound Obstet Gynecol. 2026 Jan;67(1):7-14. doi: 10.1002/uog.70004. Epub 2025 Aug 23. PMID: 40848275; PMCID: PMC12757821.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 6.3 **Quartil:** 1 **Categoria:** Acoustics (Q1) ; Obstetrics & Gynecology (Q1) **Posició:** Acoustics (2/41) ; Obstetrics & Gynecology (6/141)
Journal Citation Indicator: 2.02 ***1er Decil**
[Obstetrícia i Ginecologia]

Arrieta O, Lara-Mejía L, Rios-Garcia E, Caballé-Perez E, Cabrera-Miranda L, Ramos-Ramírez M, Dávila-Dupont D, Cardona AF, Cruz-Rico G, Remon J, Garcilazo-Reyes A, **Rosell R**. **Alectinib in combination with bevacizumab as first-line treatment in ALK-rearranged non-small cell lung cancer (ALEK-B): a single-arm, phase 2 trial**. Nat Commun. 2025 May 16;16(1):4553. doi: 10.1038/s41467-025-59744-9. Erratum in: Nat Commun. 2025 Dec 12;16(1):11110. doi: 10.1038/s41467-025-67648-x. PMID: 40379690; PMCID: PMC12084566.
Indexat a: Pubmed / WoS / Medline / SCIE **Factor Impacte:** 15.7 **Quartil:** 1 **Categoria:** Multidisciplinary Sciences **Posició:** 10/136 **Journal Citation Indicator:** 3.34 ***1er Decil**
[Obstetrícia i Ginecologia]

Arvaniti P, Rodríguez-Tajes S, [...], **Vila C**, Castello I, Pérez-Medrano I, Arencibia A, Gerussi A,[...] Dalekos GN, Londoño MC; International Autoimmune Hepatitis Group (IAIHG); European Reference Network on Hepatological Diseases (ENR RARE-LIVER); Spanish Registry for Autoimmune and Cholestatic Diseases (ColHai) Registry. **Hepatic Encephalopathy and MELD-Na Predict Treatment Benefit in Autoimmune Hepatitis-related Decompensated Cirrhosis**. Clin Gastroenterol Hepatol. 2026 Apr;24(4):1055-1067.e6. doi: 10.1016/j.cgh.2025.02.010. Epub 2025 Apr 8. PMID: 40210079.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 12.2 **Quartil:** 1 **Categoria:** Gastroenterology & Hepatology **Posició:** 9/148 **Journal Citation Indicator:** 2.90 ***1er Decil**
[Aparell digestiu i endoscopia]

Bachert C, Brusselle G, **Castillo Vizuete JA**, Dávila I, Laudien M, Seccia V, Schmid-Grendelmeier P, Vultaggio A, Kallinikou K, Walrave L, Klimek L. **Consensus from European experts on severe eosinophilic asthma and chronic rhinosinusitis with nasal polyps: Results from the OverSEA Delphi study**. J Allergy Clin Immunol Glob. 2025 Jul 3;4(4):100529. doi: 10.1016/j.jacig.2025.100529. PMID: 40832363; PMCID: PMC12359228.
Indexat a: Pubmed / WoS / Medline / JCR **Factor Impacte:** 11.2 **Quartil:** 1 **Categoria:** Allergy (Q1) ; Immunology (Q1) **Posició:** Allergy (3/40) ; Immunology (11/183) **Journal Citation Indicator:** 2.43
***1er Decil**
[Alergiologia]

Bafort C, Condous G, Van Schoubroeck D, Szabó G, Hudelist G, Pashkunova D, Buonomo F, **Pascual MA**, Zajicek M, Ledger A, Van den Bosch T, Tomassetti C, Timmerman D. **Ultrasound as a noninvasive diagnostic tool to detect deep endometriosis using the International Deep Endometriosis Analysis terminology**. Fertil Steril. 2025 Dec 29:S0015-0282(25)02310-6. doi: 10.1016/j.fertnstert.2025.12.021. Epub ahead of print. PMID: 41475653.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 7 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (5/141) ; Reproductive Biology (3/43) **Journal Citation Indicator:** 2.40
***1er Decil**
[Obstetrícia i Ginecologia]

Bartsch R, Marhold M, Garde-Noguera J, Gion M, Ruiz-Borrego M, Greil R, Valero M, Llombart-Cussac A, **García-Mosquera JJ**, Arumi M, Cortés J, Campolier M, Guerrero JA, Slebe F, Martínez-García E, Jiménez-Cortegana C, Vaz-Batista M, Oberndorfer F, Furtner J, Fuereder T, Berghoff AS, Preusser M. **Patritumab deruxtecan (HER3-DXd) in patients with active brain metastases of breast cancer (TUXEDO-3): a multicentre, single-arm, phase 2 trial.** Lancet Oncol. 2025 Nov;26(11):1467-1478. doi: 10.1016/S1470-2045(25)00470-X. PMID: 41167215.

Indexat a: Pubmed / WoS / Medline / SCIE **Factor Impacte:** 35.9 **Quartil:** 1 **Categoria:** Oncology **Posició:** 8/328 **Journal Citation Indicator:** 8.62
***1er Decil**

[Oncologia]

Bousquet J, [...] B, Becker S, Beghe B, Bouchard J, Bourgoin-Heck M, Brussino L, Buhl R, Calvo-Gil M, Dahl VC, **Vizuete JAC**, Charpin D, Chavannes NH, Chełmińska M, Cheng L, Chkhartishvili E, Chong-Neto HJ, Choudhury D, Chu D, Cingi C, Compalati E, [...]. **Methodology for the Development of the Allergic Rhinitis and Its Impact on Asthma (ARIA)-EAACI 2024-2025 Guidelines: From Evidence-to-Decision Frameworks to Digitalised Shared Decision-Making Algorithms**. Allergy. 2026 Feb;81(2):427-453. doi: 10.1111/all.70100. Epub 2025 Nov 21. PMID: 41268627; PMCID: PMC12862529.

Indexat a: Pubmed / SCIE / JCR **Factor Impacte:** 12 **Quartil:** 1 **Categoria:** Allergy (Q1) ; Immunology (Q1) **Posició:** Allergy (1/40) ; Immunology (9/183) **Journal Citation Indicator:** 2.12
***1er Decil**

[Neumologia]

Castrejón-Castrejón S, Martínez Cossiani M, Basterra Sola N, Romero Roldán JD, Ibáñez Criado JL, Osca J, Roca-Luque I, **Moya A**, Quesada A, Hidalgo Olivares VM, Pérez Castellano N, Fernández-Gómez JM, Macías-Ruiz R, Villanueva BB, Gonzalo Bada N, Froilán Torres C, Sanz Verdejo B, Sánchez Somonte P, Escobar Cervantes C, Moreno R, Merino JL; POWER FAST III Trial Investigators. **High-Power Short-Duration Radiofrequency Application for Faster and Safer Pulmonary Vein Isolation: The POWER-FAST III Trial**. JACC Clin Electrophysiol. 2025 Feb;11(2):350-361. doi: 10.1016/j.jacep.2024.10.009. Epub 2024 Dec 18. PMID: 39708035.

Indexat a: Pubmed / WoS / SCIE / JCR **Factor Impacte:** 7.7 **Quartil:** 1 **Categoria:** Cardiac & Cardiovascular systems **Posició:** 21/231 **Journal Citation Indicator:** 2.06
***1er Decil**

[Cardiologia]

de Fortuny LM, Santoli A, Giovanoulis V, Vasiliadis AV, **Perelli S**, **Monllau JC**, Djebara AE, Pujol N. **How do surgically treated multiligamentous knee injuries affect overall complication rate and especially stiffness? A systematic review.** Knee Surg Relat Res. 2025 May 1;37(1):18. doi: 10.1186/s43019-025-00270-9. PMID: 40312390; PMCID: PMC12046713.

Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 4.4 **Quartil:** **Categoria:** Orthopedics (Q1) ; Surgery (Q1) **Posició:** Orthopedics 11/140; Surgery 20/314 **Journal Citation Indicator:** 1.78
***1er Decil**

[ICATME]

Donno V, Neves AR, **García-Martinez S**, **Rodriguez I**, **Polyzos NP**. **Dual trigger vs. gonadotropin-releasing hormone agonist trigger for elective fertility preservation: a randomized controlled trial.** Fertil Steril. 2026 Mar;125(3):488-495. doi: 10.1016/j.fertnstert.2025.09.016. Epub 2025 Sep 16. PMID: 40967454.

Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 7 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (5/141) ; Reproductive Biology (3/43) **Journal Citation Indicator:** 2.40
***1er Decil**

[Obstetrícia i Ginecologia]

Fuereder T, Garde-Noguera J, **García-Mosquera JJ**, Ruiz-Borrego M, Valero M, Llombart-Cussac A, Gion M, Greil R, Arumi M, Campolier M, Guerrero JA, Raimondi G, Mancino M, Jiménez-Cortegana C,

Vaz-Batista M, Oberndorfer F, Marhold M, Berghoff AS, Furtner J, Bartsch R, Preusser M. **Patritumab deruxtecan (HER3-DXd) in patients with active brain metastases of non-small-cell lung cancer (TUXEDO-3): a multicentre, single-arm, phase 2 trial**. Lancet Oncol. 2025 Nov;26(11):1454-1466. doi: 10.1016/S1470-2045(25)00465-6. PMID: 41167214.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 35.9 **Quartil:** 1 **Categoria:** Oncology **Posició:** 8/328 **Journal Citation Indicator:** 8.62 ***1er Decil**
[Obstetrícia i Ginecologia]

Gardner DK, Fauque P, Racowsky C, **Polyzos NP**, Ou P, Rienzi L, de Ziegler D. **Fertile Battle: is it still reasonable to transfer cleavage-stage embryos in 2025?** Fertil Steril. 2025 Dec;124(6):1180-1186. doi: 10.1016/j.fertnstert.2025.10.006. Epub 2025 Oct 31. PMID: 41173660.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 7 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (5/141) ; Reproductive Biology (3/43) **Journal Citation Indicator:** 2.40 ***1er Decil**
[Obstetrícia i Ginecologia]

Gion M, Blancas I, Cortez-Castedo P, Cortés-Salgado A, Marmé F, Blanch S, Morales S, Díaz N, Calvo-Plaza I, Recalde S, Martínez-Bueno A, Ruiz-Borrego M, Llabrés E, Taberner MT, de Laurentiis M, García-Vicente S, Guerrero JA, Boix O, Rodríguez-Morató J, Sampayo-Cordero M, Antonarelli G, Pérez-García JM, Cortés J, Llombart-Cussac A; ATRACTIB Trial Investigators. **Atezolizumab plus paclitaxel and bevacizumab as first-line treatment of advanced triple-negative breast cancer: the ATRACTIB phase 2 trial.** Nat Med. 2025 Aug;31(8):2746-2754. doi: 10.1038/s41591-025-03734-3. Epub 2025 Jun 4. PMID: 40467896; PMCID: PMC12353800.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 50 **Quartil:** 1 **Categoria:** Biochemistry & Molecular Biology (Q1) ; Cell Biology (Q1) **Posició:** Biochemistry & Molecular Biology 2/320 ; Cell Biology 3/204 **Journal Citation Indicator:** 11.04 ***1er Decil**
[Oncologia]

Gómez-Benlloch A, Widmer-Pintos JN, Carrillo S. **Yasunari Nodules: A Diagnostic Criterion for Neurofibromatosis Type 1**. Ophthalmol Retina. 2025 Jul;9(7):e73. doi: 10.1016/j.oret.2024.11.012. Epub 2024 Dec 14. PMID: 39674927.
Indexado en: Pubmed / Medline / WoS / JCR **Factor Impacto:** 5.9 **Quartil:** 1 **Categoría:** Ophtalmology **Posición:** 9/98 **Journal Citation Indicator:** 2.57 ***1º Decil**
[Oftalmología]

Hohmann E, Beaufils P, Beiderbeck D, Chahla J, Geeslin A, Hasan S, Humphrey-Murto S, Hurley E, LaPrade RF, Martetschläger F, Matache B, Moatshe G, **Monllau JC**, Murray I, Niederberger M, Rüetschi U, Shang Z, Weber S, Wong I, Perry NPJ. **Guidelines for Designing and Conducting Delphi Consensus Studies: An Expert Consensus Delphi Study**. Arthroscopy. 2025 Oct;41(10):4208-4224.e10. doi: 10.1016/j.arthro.2025.03.038. Epub 2025 Mar 27. PMID: 40157555.
Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 5.14 **Quartil:** 1 **Categoria:** Orthopedics (Q1) ; Sport Sciences (Q1) **Posició:** Orthopedics 5/140 ; Sport Sciences 6/134 **Journal Citation Indicator:** 1.99 ***1er Decil**
[ICATME]

La Marca A, Semprini M, Mastellari E, **Donno V**, Capuzzo M, Alboni C, Giulini S. **Fertility preservation in women with endometriosis**. Hum Reprod Open. 2025 Feb 28;2025(2):hoaf012. doi: 10.1093/hropen/hoaf012. PMID: 40123895; PMCID: PMC11930344.
Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 11.1 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (2/141) ; Reproductive Biology (2/43) **Journal Citation Indicator:** 3.08 ***1er Decil**
[Obstetrícia i Ginecologia]

La Torre F, **Hurni Y**, Farsi E, Nardi E, Castiglione F, Sorbi F, Petrella MC, Fambrini M, Petraglia F. **Adenomyosis associated with endometrial cancer: Possible correlation with pathological, immunohistochemical and molecular characteristics**. Gynecol Oncol. 2025 Apr;195:45-49. doi: 10.1016/j.ygyno.2025.02.017. Epub 2025 Mar 6. PMID: 40054046.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 4.1 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Oncology (Q2) **Posició:** Obstetrics & Gynecology (11/141) ; Oncology (91/328) **Journal Citation Indicator:** 1.32 ***1er Decil**
[Obstetrícia i Ginecologia]

Lara-Mejía L, Cardona AF, Mas L, Martin C, Samtani S, Corrales L, Cruz-Rico G, Remon J, Galvez-Nino M, Ruiz R, Rios-Garcia E, Tejada F, Lozano-Vazquez N, **Rosell R**, Arrieta O. **Corrigendum to 'Impact of concurrent genomic alterations on clinical outcomes in patients with ALK-rearranged non-small cell lung cancer'** [Journal of Thoracic Oncology, Volume 19 Issue 1 (2024) 119-129]. J Thorac Oncol. 2026 Feb;21(2):340-341. doi: 10.1016/j.jtho.2025.10.004. Epub 2025 Oct 27. Erratum for: J Thorac Oncol. 2024 Jan;19(1):119-129. doi: 10.1016/j.jtho.2023.08.007. PMID: 41143757.
Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 20.8 **Quartil:** 1 **Categoria:** Oncology (Q1) ; Respiratory System (Q1) **Posició:** Oncology 13/328 ; Respiratory System 3/108 **Journal Citation Indicator:** 4.24 ***1er Decil**
[Oncologia]

Leathersich SJ, **García S**, Blockeel C, **Martínez F**, Gosálvez A, Humaidan P, Fuente L, Fàbregues F, Pinborg A, Stoop D, **Barri P**, **Polyzos NP**. **Factors affecting quality of life in women with diminished ovarian reserve**. Fertil Steril. 2026 Jan;125(1):160-162. doi: 10.1016/j.fertnstert.2025.08.038. Epub 2025 Sep 3. PMID: 40912601.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 7 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (5/141) ; Reproductive Biology (3/43) **Journal Citation Indicator:** 2.40 ***1er Decil**
[Obstetrícia i Ginecologia]

Leathersich SJ, Roche CS, Walls M, Nathan E, Hart RJ. **Particulate air pollution at the time of oocyte retrieval is independently associated with reduced odds of live birth in subsequent frozen embryo transfers**. Hum Reprod. 2025 Jan 1;40(1):110-118. doi: 10.1093/humrep/deae259. PMID: 39673285.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 6.1 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (7/141) ; Reproductive Biology (4/43) **Journal Citation Indicator:** 2.23 ***1er Decil**
[Obstetrícia i Ginecologia]

Márquez-Rodas I, Dutriaux C, Saiag P, de la Cruz Merino L, Castañón Álvarez E, Robert C, Rodríguez-Moreno JF, Arance A, Cerezuela-Fuentes P, Montaudié H, Sanmamed MF, **González-Cao M**, Charles J, López Criado MP, Berrocal A, de Miguel E, Funck-Brentano E, Prey S, Álamo de la Gala MC, Melero I, Avilés-Izquierdo JA, Roman R, Garcia-Pelaez B, Rodriguez S, Trnkova ZJ, Quintero M, Maciá S, Chaney MF, Dalle S. **BO-112 Plus Pembrolizumab for Patients With Anti-PD-1-Resistant Advanced Melanoma: Phase II Clinical Trial SPOTLIGHT-203**. J Clin Oncol. 2025 Sep;43(25):2806-2815. doi: 10.1200/JCO-24-02595. Epub 2025 Jun 27. Erratum in: J Clin Oncol. 2025 Sep;43(25):2840. doi: 10.1200/JCO-25-01680. PMID: 40577656; PMCID: PMC12393066.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 43.4 **Quartil:** 1 **Categoria:** Oncology **Posició:** 6/328 **Journal Citation Indicator:** 6.77 ***1er Decil**
[Oncologia]

Metzger O, Mandrekar S, Goel S, Gligorov J, Lim E, Ciruelos E, Loibl S, Dockter T, **Gonzàlez Farré X**, Francis PA, Lynce F, Lanzillotti J, DuFrane C, Wall A, Strand C, Krop I, Vaz-Luis I, Tripathy D, Loi S, Prat A, Goetz M, Escrivá-de-Romaní S, Porter D, Spoenlein J, Stover DG, Sardesai S, Heudel P, Koehler M, Huang Bartlett C, Holynskyj A, Gopalakrishna P, Gauthier E, Delaloge S, Miller K, Winer EP, Gianni L, Partridge AH,

DeMichele A, Carey LA. **Palbociclib for Hormone-Receptor-Positive, HER2-Positive Advanced Breast Cancer**. N Engl J Med. 2026 Jan 29;394(5):451-462. doi: 10.1056/NEJMoa2511218. PMID: 41604639.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 78.5 **Quartil:** 1 **Categoria:** Medicine, general & internal **Posició:** 2/232 **Journal Citation Indicator:** 23.28 ***1er Decil**
[Oncologia]

Molina-Vila MA, **Sullivan IG**, **Mayo-de-Las-Casas C**. **Commentary on A Pulmonary Nodule with an Unexpected Mutation Profile**. Clin Chem. 2025 Mar 3;71(3):355-356. doi: 10.1093/clinchem/hvae215. PMID: 40037405.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 6.3 **Quartil:** 1 **Categoria:** Medical laboratory technology **Posició:** 1/33 **Journal Citation Indicator:** 2.49 ***1er Decil**
[Oncologia]

Oulego-Erroz I, Del Pilar De Castro-Vecino M, González-Cortés R, Alonso-Ojembarrena A, Rodriguez-Nuñez A, Palanca-Arias D, Quesada-Ortega Ú, Sanchiz-Cardenas S, Murillo-Pozo MÁ, López-González J, Sánchez-Yáñez P, Valencia-Ramos J, Fernández-de la Ballina A, Chaves-Caro N, Borrego-Domínguez R, Sánchez-Porras M, Rodríguez-Martínez M, Carballo-Martín PJ, Bermúdez-Barrezueta L, Rodríguez-Fanjul J, Vivanco-Allende A, Rodríguez-Campoy P, **Vega-Puyal L**, Gil-Antón J, Sánchez-Martínez I, Pérez-Quevedo O, Muñoyerro-Sesmero M, Barón-González de Suso L, Mayordomo-Colunga J; LUS-PICO Study Group. **Lung Ultrasound Score, Severity of Acute Lung Disease, and Prolonged Mechanical Ventilation in Children**. Am J Respir Crit Care Med. 2025 Jan;211(1):103-112. doi: 10.1164/rccm.202404-0843OC. PMID: 39417699.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 19.4 **Quartil:** 1 **Categoria:** Critical care medicine (Q1) ; Respiratory System (Q1) **Posició:** Critical care medicine (3/62) ; Respiratory System (4/108) **Journal Citation Indicator:** 4.39 ***1er Decil**
[Pediatria]

Pérez-García JM, Gion M, Ruiz-Borrego M, Blancas I, López-Miranda E, Blanch S, Recalde S, Rendo CR, González X, Ancizar N, Morales S, Cortez P, Piwowarska Z, Shimizu E, Guerrero JA, Sampayo-Cordero M, **Martínez-Bueno A**, Cortés J, Llombart-Cussac A. **Prevention of sacituzumab govitecan-related neutropenia and diarrhea in patients with HER2-negative advanced breast cancer (PRIMED): an open-label, single-arm, phase 2 trial**. EClinicalMedicine. 2025 Jun 18;85:103309. doi: 10.1016/j.eclinm.2025.103309. PMID: 40606525; PMCID: PMC12221278.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 10 **Quartil:** 1 **Categoria:** Medicine, general & internal **Posició:** 13/332 **Journal Citation Indicator:** 2.70 ***1er Decil**
[Oncologia]

Peters S, Camidge R, Dziadziuszko R, Gadgeel S, Shaw AT, Kim DW, Pérol M, **Rosell DR**, Cheema P, Wan-Teck Lim D, Lin JJ, Pavlakis N, Ahn JS, Zhang L, Henschel V, Higgerson AA, McNally V, Rooney I, Scalori A, Smoljanovic V, Mok T. **Alectinib versus crizotinib in previously untreated ALK-positive advanced non-small cell lung cancer: final overall survival analysis of the phase III ALEX study**. Ann Oncol. 2026 Jan;37(1):92-103. doi: 10.1016/j.annonc.2025.09.018. Epub 2025 Oct 17. PMID: 41110693.
Indexat a: Pubmed / WoS / SCIE / JCR **Factor Impacte:** 65.4 **Quartil:** 1 **Categoria:** Oncology **Posició:** 4/328 **Journal Citation Indicator:** 8.36 ***1er Decil**
[Oncologia]

Polyzos NP. **Endometrial preparation protocols for frozen embryo transfer: risk assessment and individualized management**. Hum Reprod. 2025 Oct 1;40(10):1815-1823. doi: 10.1093/humrep/deaf149. Erratum in: Hum Reprod. 2026 Jan 1;41(1):131. doi: 10.1093/humrep/deaf222. PMID: 40796314.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 6.1 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (7/141) ; Reproductive Biology (4/43) **Journal Citation Indicator:** 2.23 ***1er Decil**
[Obstetrícia i Ginecologia]

Preusser M, Garde-Noguera J, **Garcia-Mosquera JJ**, Gion M, Greil R, Arumi M, Ruiz-Borrego M, Llombart-Cussac A, Valero M, Cortés J, Campolier M, Guerrero JA, González-Alonso P, Jiménez-Cortegana C, Rodríguez-Morató J, Vaz-Batista M, Oberndorfer F, Marhold M, Berghoff AS, Furtner J, Fuereder T, Bartsch R. **Patritumab deruxtecan in leptomeningeal metastatic disease of solid tumors: the phase 2 TUXEDO-3 trial**. *Nat Med*. 2025 Aug;31(8):2797–2805. doi:10.1038/s41591-025-03744-1.
Indexat a: WoS / Medline / SCIE / JCR **Factor Impacte:** 50 **Quartil:** 1 **Categoria:** Biochemistry & Molecular Biology (Q1) ; Cell Biology (Q1) **Posició:** Biochemistry & Molecular Biology (2/320) ; Cell Biology (3/204) **Journal Citation Indicator:** 11.04 ***1er Decil**
[Obstetrícia i Ginecologia]

Roncero-Carol J, Olaizola-Muñoa J, Arán B, Mularoni LS, Miret Cuesta M, Blanco-Cabra N, Casals M, Rumbo M, **Solé Inarejos M**, Ojosnegros S, Alsina B, Torrents E, Veiga A, Irimia M, Hoijman E. **Epithelial cells provide immunocompetence to the early embryo for bacterial clearance**. Cell Host Microbe. 2025 Jul 9;33(7):1106-1120.e8. doi: 10.1016/j.chom.2025.05.025. Epub 2025 Jun 18. PMID: 40808292.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 18.7 **Quartil:** 1 **Categoria:** Microbiology (Q1) ; Parasitology (Q1) **Posició:** Microbiology (6/163) ; Parasitology (1/47) **Journal Citation Indicator:** 5.75 ***1er Decil**
[Obstetrícia i Ginecologia]

Sala-Pujals A, Portes Chiva A, Chillon Soria J, Valverde Vilamala D, Dominguez Font E, **Pardo Pol A**. **Immobilization Time for Conservative Treatment of Distal Radial Fractures in Elderly Patients: A Randomized Controlled Trial**. J Bone Joint Surg Am. 2025 Jun 5;107(14):1628-1635. doi: 10.2106/JBJS.24.01480. PMID: 40472139.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 4.4 **Quartil:** 1 **Categoria:** Orthopedics (Q1) ; Surgery (Q1) **Posició:** Orthopedics (12/140) ; Surgery (21/314) **Journal Citation Indicator:** 1.94 ***1er Decil**
[ICATME]

Servin-Barthet C, Martínez-García M, Paternina-Die M, Marcos-Vidal L, Martín de Blas D, Soler A, Khymenets O, Bergé D, Casals G, **Prats P**, Pozo OJ, Pretus C, Carmona S, Vilarroya O. **Pregnancy entails a U-shaped trajectory in human brain structure linked to hormones and maternal attachment.** Nat Commun. 2025 Jan 16;16(1):730. doi: 10.1038/s41467-025-55830-0. PMID: 39820539; PMCID: PMC11739485.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 15.7 **Quartil:** 1 **Categoria:** Multidisciplinary Sciences **Posició:** 10/136 **Journal Citation Indicator:** 3.34 ***1er Decil**
[Obstetrícia i Ginecologia]

Sousa-Pinto B, Bousquet J, Vieira RJ, [...] Brussino L, Buhl R, **Castillo-Vizuete JA**, Charpin D, Chavannes NH, Chełmińska M, Cheng L, Chkhartishvili E, Cho SH, Chong-Neto HJ, Choudhury D, Chu DK, Cingi C, Compalati E, Costa RA, Cunha OM, Cvetkovski B, Cardona-Dahl V, D'Amato G, Davies J, Di Bona D, [...]. **Allergic Rhinitis and Its Impact on Asthma (ARIA)-EAACI Guidelines-2024-2025 Revision: Part I-Guidelines on Intranasal Treatments**. Allergy. 2026 Apr;81(4):954-976. doi: 10.1111/all.70131. Epub 2025 Dec 1. PMID: 41324154; PMCID: PMC13040648.
Indexat a: Pubmed / SCIE / JCR **Factor Impacte:** 12 **Quartil:** 1 **Categoria:** Allergy (Q1) ; Immunology (Q1) **Posició:** Allergy (1/40) ; Immunology (9/183) **Journal Citation Indicator:** 2.12 ***1er Decil**
[Neumologia]

Vaz Batista M, Pérez-García JM, **Garrigós L**, García-Sáenz JÁ, Cortez P, Racca F, Blanch S, Ruiz-Borrego M, Fernández-Ortega A, Fernández-Abad M, Iranzo V, Gion M, Martrat G, Alcalá-López D, Pérez-Escuredo J, Sampayo-Cordero M, Llombart-Cussac A, Braga S, Cortés J. **The DEBBRAH trial: Trastuzumab deruxtecan in HER2-positive and HER2-low breast cancer patients with leptomeningeal carcinomatosis**. Med. 2025 Jan 10;6(1):100502. doi: 10.1016/j.medj.2024.08.001. Epub 2024 Sep 11. PMID: 39265579.

Indexat a: Pubmed / WoS / Medline / JCR **Factor Impacte:** 11.8 **Quartil:** 1 **Categoria:** 11/195 Medicine, Research & Experimental **Posició:** 11/195 **Journal Citation Indicator:** 3.20 ***1er Decil**
[Oncologia]

Vergés C, **Giménez-Capitán A**, **Ribas V**, **Martínez-Pérez E**, **González MJ**, **March de Ribot F**, **Armiger-Borras N**, **Caycedo A**, **Rodríguez-Muñoz C**, **Alegre C**, **Muñoz S**, **Salgado-Borges J**, **Mayo-de-Las-Casas C**. **Clinical and genetic profiling of fibromyalgia-associated dry eye: A multifactorial approach.** Ocul Surf. 2025 Oct;38:377-387. doi: 10.1016/j.jtos.2025.10.012. Epub 2025 Oct 31. PMID: 41177509.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 5.6 **Quartil:** 1 **Categoria:** Ophtalmology **Posició:** 6/99 **Journal Citation Indicator:** 2.73 ***1er Decil**
[Oftalmologia] [Reumatologia]

Vilá-Rico J, Mortada-Mahmoud A, Fernández-Rojas E, Jiménez-Blázquez JL, **Campillo-Recio D**. **Arthroscopic Reconstruction of the Anterior Talofibular Ligament and Calcaneofibular Ligament Using Allograft for Chronic Lateral Ankle Instability Allows Patients to Successfully Return to Their Preinjury Sports Activities With Excellent Clinical Outcome at Minimum 2-Year Follow-Up**. Arthroscopy. 2025 Sep;41(9):3601-3610. doi: 10.1016/j.arthro.2025.01.037. Epub 2025 Feb 4. PMID: 39914599.
Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 5.14 **Quartil:** 1 **Categoria:** Orthopedics (Q1) ; Sport Sciences (Q1) **Posició:** Orthopedics 5/140 ; Sport Sciences 6/134 **Journal Citation Indicator:** 1.99 ***1er Decil**
[ICATME]

Wang Y, **Rosell R**, Hirsch FR, Lu S, Govindan R, Park K, Peters S, Zhang JJ. **Emerging options and future strategies in immunotherapy for advanced lung squamous-cell carcinoma**. Ann Oncol. 2026 Mar;37(3):289-313. doi: 10.1016/j.annonc.2025.11.008. Epub 2025 Nov 17. PMID: 41260258.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 65.4 **Quartil:** 1 **Categoria:** Oncology **Posició:** 4/328 **Journal Citation Indicator:** 8.36 ***1er Decil**
[Oncologia]

Wang Y, Safi M, Hirsch FR, Lu S, Peters S, Govindan R, **Rosell R**, Park K, Zhang JJ. **Immunotherapy for advanced-stage squamous cell lung cancer: the state of the art and outstanding questions**. Nat Rev Clin Oncol. 2025 Mar;22(3):200-214. doi: 10.1038/s41571-024-00979-8. Epub 2025 Jan 6. PMID: 39762577.
Indexat a: Pubmed / Medline / JCR **Factor Impacte:** 83.2 **Quartil:** 1 **Categoria:** Oncology **Posició:** 2/328 **Journal Citation Indicator:** 12.02 ***1er Decil**
[Oncologia]

Working Group on the update of the ESHRE/ALPHA Istanbul Consensus; Coticchio G, Ahlström A, **Arroyo G**, Balaban B, Campbell A, De Los Santos MJ, Ebner T, Gardner DK, Kovačič B, Lundin K, Magli MC, Mcheik S, Morbeck DE, Rienzi L, Sfontouris I, Vermeulen N, Alikani M. **The Istanbul consensus update: a revised ESHRE/ALPHA consensus on oocyte and embryo static and dynamic morphological assessment**†,‡. Hum Reprod. 2025 Jun 1;40(6):989-1035. doi: 10.1093/humrep/deaf021. PMID: 40288770; PMCID: PMC12127515.
Indexat a: Pubmed / Medline / SCIE / JCR **Factor Impacte:** 6.1 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology (Q1) ; Reproductive Biology (Q1) **Posició:** Obstetrics & Gynecology (7/141) ; Reproductive Biology (4/43) **Journal Citation Indicator:** 2.23 ***1er Decil**
[Obstetrícia i Ginecologia]

Zaffagnini G, **Solé M**, Duran JM, **Polyzos NP**, Böke E. **The proteostatic landscape of healthy human oocytes**. EMBO J. 2025 Aug;44(16):4611-4630. doi: 10.1038/s44318-025-00493-2. Epub 2025 Jul 16. PMID: 40670770; PMCID: PMC12361380.
Indexat a: Pubmed / WoS / Medline / SCIE / JCR **Factor Impacte:** 8.3 **Quartil:** 1 **Categoria:** Biochemistry & Molecular Biology (Q1) ; Cell Biology (Q1) **Posició:** Biochemistry & Molecular Biology 30/320 ; Cell Biology 34/204 **Journal Citation Indicator:** 1.65 ***1er Decil**

[Obstetrícia i Ginecologia]

Unitats de l'HUQD	Núm. articles en revistes 1er Decil
Obstetrícia i Ginecologia	16
Oncologia	11
Neumologia	2
Reumatologia	1
ICATME	4
Alergiologia	1
Aparell digestiu i endoscopia	1
Cardiologia	1
Oftalmologia	2
Pediatria	1
Total	38

VALORACIÓ FINAL

L'Informe Bibliomètric 2025 de l'Hospital Universitari Quirón Dexeus posa de manifest la consolidació d'una activitat investigadora sòlida, competitiva i amb una elevada projecció científica. Tot i que el número total d'articles publicats el 2025 ha estat de 159, inferior als 224 registrats el 2024, aquesta variació s'ha d'interpretar en el context del caràcter especialment productiu de l'exercici anterior i, sobretot, conjuntament amb els indicadors de qualitat i impacte assolits durant el 2025.

En aquest sentit, el factor d'impacte acumulat del conjunt d'especialitats va assolir els 1.150,59 punts el 2025, davant els 998,813 obtinguts el 2024. Això representa un increment de 151,777 punts, equivalent a un 15,2 %, i confirma una evolució favorable de la qualitat i l'impacte de la producció científica de l'hospital.

La producció en revistes del primer quartil continua sent especialment destacada. Al 2025 s'han publicat 82 artícles en revistes Q1, que representen el 51,6 % del total de treballs, davant del 43,7 % registrat el 2024. A més a més, s'ha incrementat el número d'artícles publicats en revistes amb un factor d'impacto superior a 10, passant de 18 a 20 publicacions. La presència en revistas del primer decil manté igualment un nivell relevante, con una contribución especialmente notable de Obstetrícia i Ginecologia (Dexeus Mujer), Oncologia (Institut Oncològic Dr. Rosell) i Traumatologia (ICATME).

Per àrees, l'Institut Oncològic Dr. Rosell continua liderant l'impacte científic de l'hospital, amb un factor d'impacte acumulat de 579 punts i una mitjana de 23,16 per article indexat al *Journal Citation Reports*. Obstetrícia i Ginecologia Obstetrícia i Ginecologia manté el seu paper com una de les principals àrees en volum i impacte, amb 51 publicacions i 262,3 punts de factor d'impacte. També destaca l'evolució d' ICATME, que incrementa de manera significativa la seva producció i el seu impacte acumulat, contribuint a una major diversificació de l'activitat científica del centre.

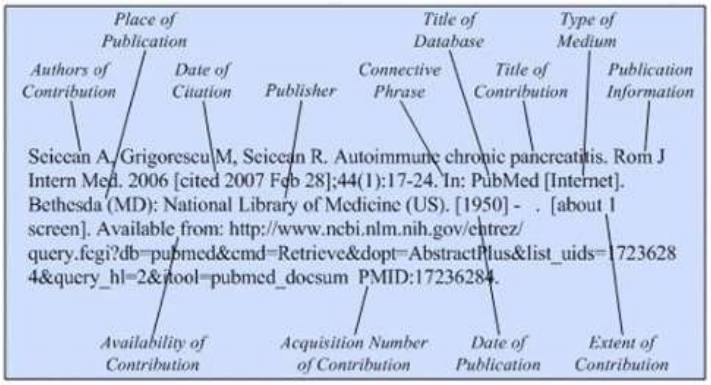
Pel que fa als indicadors globals de Web of Science, el *Citation Report* recull 61 artícles científics publicats el 2025, davant dels 97 del 2024. Això suposa una disminució de 36 treballs (−37,1 %) respecte de l'any anterior. Tanmateix, la reducció quantitativa va acompanyada d'una evolució favorable dels indicadors d'impacte: el índex H anual augmenta de 6 el 2024 a 7 el 2025, fet que evidencia una major capacitat de les publicacions vinculades a l'hospital per rebre citacions i generar influència en la comunitat científica.

Pel que fa a les citacions, el total de cites rebudes passa de 133 el 2024 a 218 el 2025, mentre que la mitjana de citacions per publicació augmenta d'1,37 a 3,57. En conjunt, aquests resultats suggereixen una major repercussió bibliomètrica de la producció inclosa en el *Citation Report* de 2025, malgrat que el volum d'articles indexats a Web of Science hagi estat inferior al de l'exercici previ.

En conjunt, els resultats de 2025 reflecteixen una evolució cap a un model de producció científica orientat a la qualitat, amb una elevada presència en revistes de prestigi, un increment del factor d'impacte global i una millora dels indicadors de citació. El repte per als propers exercicis serà mantenir aquesta orientació cap a publicacions d'alt impacte, impulsar les àrees de recerca amb més potencial de creixement i avaluar també la repercussió real que assoleixen els treballs un cop publicats, mitjançant indicadors com les citacions rebudes a mitjà i llarg termini. D'aquesta manera, l'Hospital Universitari Dexeus podrà continuar consolidant el seu posicionament com a centre assistencial, docent i investigador de referència.

ANNEX

ESTIL DE CITACIÓ BIBLIOGRÀFICA UTILITZAT: NLM VANCOUVER



El format de citació utilitzat en la recopilació de cites bibliogràfiques dels articles científics publicats per la comunitat investigadora de l'HUQD és el de la National Library of Medicine - Vancouver. La referència bibliogràfica, si l'article és a PubMed [10], la genera automàticament l'eina de citació de PubMed.

Les normes Vancouver són l'estil de citació més utilitzat en ciències de la salut. L'estil NLM és un estil de citació internacional emprat predominantment en l'àmbit de les ciències mèdiques i biològiques. L'acrònim NLM significa *National Library of Medicine*, un institut que forma part dels *National Institutes of Health* dels Estats Units.

El seu origen es troba en el Comitè Internacional de Directors de Revistes Mèdiques, que es va reunir a Vancouver (Canadà) l'any 1978 amb l'objectiu d'establir un estil uniforme pel que fa al format dels articles enviats a les seves revistes. Aquest estil es coneix com a «normes Vancouver».

Els requisits per a manuscrits incloïen formats per a les referències bibliogràfiques desenvolupats per la *National Library of Medicine* (NLM) dels Estats Units. El Grup Vancouver va créixer i es va convertir en el Comitè Internacional de Directors de Revistes Mèdiques (CIDRM).

Els títols de les revistes estan abreujats segons l'estil utilitzat per la *National Library of Medicine* (NLM). Per consultar a quin títol correspon cada abreviació:

- NLM Catalog: Journals referenced in the NCBI Databases de PubMed.

[10] **PubMed** és una base de dades d'accés lliure que permet consultar principalment i majoritàriament els continguts de la base de dades MEDLINE, tot i que també inclou una varietat de revistes científiques de qualitat similar però que no en formen part de MEDLINE. MEDLINE és una de les principals bases de dades en línia per a la cerca de literatura científica en ciències biomèdiques i biològiques. Mitjançant el seu cercador de nivell bàsic o avançat és possible accedir a referències bibliogràfiques i resums d'aquests articles de recerca biomèdica. És ofert per la Biblioteca Nacional de Medicina dels Estats Units com a part d'Entrez.

- L'apèndix B del llibre (Patrias, 2007): Additional sources for journal title abbreviations

> Més informació sobre com citar en estil NLM-Vancouver: Guía sobre como citar según el modelo NLM de la Universitat Autònoma de Barcelona (UAB).

ACRÒNIMS I SIGLES UTILITZATS

- **Acrònims i sigles en les referències bibliogràfiques:**

DOI

Le X, Paz-Ares LG, Van Meerbeeck J, **Viteri S**, Galvez CC, Smit EF, Garassino M, Veillon R, Baz DV, Pradera JF, Sereno M, Kozuki T, Kim YC, Yoo SS, Han JY, Kang JH, Son CH, Choi YJ, Stroh C, Juraeva D, Vioix H, Bruns R, Otto G, Johne A, Paik PK. **Tepotinib in patients with non-small cell lung cancer with high-level MET amplification detected by liquid biopsy: VISION Cohort B.** Cell Rep Med. 2023 Nov 21;4(11):101280. doi: 10.1016/j.xcrm.2023.101280. Epub 2023 Nov 8. PMID: 37944528; PMCID: PMC10694660.

L'identificador d'objecte digital, conegut en anglès com a ***digital object identifier*** i abreujat com a DOI, és un enllaç permanent en forma de codi alfanumèric que identifica de manera única un contingut electrònic.

Una forma habitual d'emprar el sistema DOI és assignar a les publicacions científiques un número específic que qualsevol persona pot utilitzar per localitzar l'article esmentat a través de la xarxa. A diferència del sistema URL, utilitzat a les pàgines web, el sistema DOI no canvia amb el pas del temps, encara que l'article es reubiqui en una adreça diferent, ja que incorpora la informació en forma de metadades.

PMID

Le X, Paz-Ares LG, Van Meerbeeck J, **Viteri S**, Galvez CC, Smit EF, Garassino M, Veillon R, Baz DV, Pradera JF, Sereno M, Kozuki T, Kim YC, Yoo SS, Han JY, Kang JH, Son CH, Choi YJ, Stroh C, Juraeva D, Vioix H, Bruns R, Otto G, Johne A, Paik PK. **Tepotinib in patients with non-small cell lung cancer with high-level MET amplification detected by liquid biopsy: VISION Cohort B.** Cell Rep Med. 2023 Nov 21;4(11):101280. doi: 10.1016/j.xcrm.2023.101280. Epub 2023 Nov 8. PMID: 37944528; PMCID: PMC10694660.

En les referències bibliogràfiques del llistat d'articles, els articles indexats a PubMed incorporen l'identificador PMID al final de la citació bibliogràfica.

PMID, acrònim de «**PubMed Identifier**» o «PubMed Unique Identifier», és un número únic assignat a cada citació d'un article de revistes biomèdiques i de ciències de la vida recollit a PubMed. Aquest registre pertany a la Biblioteca Nacional de Medicina dels Estats Units (MEDLINE).

PMCID

Algunes de les cites bibliogràfiques indexades a PubMed tenen també, a més del PMID, el PMCID: ***PubMed Central Identifier***. La Biblioteca Nacional de Medicina dels Estats

Units assigna també un PMCID a cada article a text complet de PubMed Central. Tots els articles que s'ofereixen a PubMed tenen PMID, però només els d'accés lliure tenen PMCID[11].

- **Acrònims a la secció "Indexat a" de la barra informativa de cada article:**

WoS

Acrònim de ***Web of Science***. Plataforma de l'empresa Clarivate Analytics, formada per una àmplia col·lecció de bases de dades bibliogràfiques, de citacions i de referències de publicacions científiques de qualsevol disciplina del coneixement: ciència, tecnologia, ciències socials, arts i humanitats. Proporciona informació bibliogràfica que permet avaluar i analitzar el rendiment i la qualitat científica de la recerca.

SCIE

Acrònim de ***Science Citation Index Expanded***. Índex multidisciplinari de la literatura de revistes científiques inclosa a la *Web of Science*. Cobreix íntegrament més de 8.300 revistes principals de 150 disciplines científiques i inclou totes les referències citades extretes dels articles indexats.

JCR

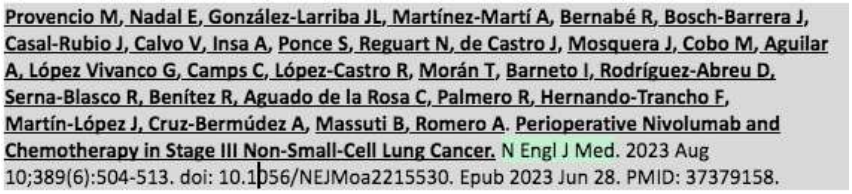
Acrònim de ***Journal Citation Reports***. Base de dades multidisciplinària elaborada per l'*Institute for Scientific Information* (ISI), que permet determinar de manera sistemàtica i objectiva, mitjançant dades estadístiques, la importància relativa de les revistes dins de les seves categories temàtiques. Ofereix un ampli ventall d'aplicacions bibliomètriques pràctiques per als professionals de la informació.

La seva cobertura, des de 1997, abasta més de 200 disciplines. Inclou, entre altres indicadors, el conegut **factor d'impacte**, el **quartil** que ocupa la revista i la **posició de la revista** dins de la seva **categoria**; dades que són sol·licitades per les agències d'avaluació de l'activitat investigadora per valorar les publicacions en articles de revista. Permet identificar la rellevància que té una revista dins de la comunitat investigadora mitjançant indicadors.

[11] Para cumplir con la política de acceso público, cualquier persona que envíe una solicitud, propuesta o informe a los NIH debe incluir un PMCID al citar los artículos aplicables de su autoría o que surjan de su investigación financiada por los National Institutes of Health (NIH)# de los EEUU.

- **Acrónims dels títols de les revistes en les referències bibliogràfiques**

Els títols de les revistes estan abreujats segons l'estil utilitzat per la National Library of Medicine (NLM). Exemple:



Provencio M, Nadal E, González-Larriba JL, Martínez-Martí A, Bernabé R, Bosch-Barrera J, Casal-Rubio J, Calvo V, Insa A, Ponce S, Reguart N, de Castro J, Mosquera J, Cobo M, Aguilar A, López Vivanco G, Camps C, López-Castro R, Morán T, Barneto I, Rodríguez-Abreu D, Serna-Blasco R, Benítez R, Aguado de la Rosa C, Palmero R, Hernando-Trancho F, Martín-López J, Cruz-Bermúdez A, Massuti B, Romero A. Perioperative Nivolumab and Chemotherapy in Stage III Non-Small-Cell Lung Cancer. N Engl J Med. 2023 Aug 10;389(6):504-513. doi: 10.1056/NEJMoa2215530. Epub 2023 Jun 28. PMID: 37379158.

N Engl J Med = New England Journal of Medicine

Per consultar a quin títol de revista equival cada abreviació:

- NLM Catalog: Journals referenced in the NCBI Databases de PubMed.

- Apèndix B del llibre (Patrias, 2007): Additional sources for journal title abbreviations

PARAULES CLAU UTILITZADES PER RECUPERAR ELS ARTICLES DE L'HUQD A LA WoS [12]

Un dels obstacles que cal superar per recuperar totes les publicacions realitzades per la comunitat investigadora de l'Hospital Universitari Quirón Dexeus (HUQD) és tenir present la varietat de sigles, acrònims i denominacions utilitzats al llarg del temps. A més, actualment tampoc no s'han unificat els criteris a l'hora d'indicar l'afiliació en les publicacions del seu personal.

Els termes utilitzats són els següents:

Hospital Universitari Quirón Dexeus	Dexeus Font
HUQD	Grupo Quironsalud
hosp univ dexeus	Grupo Quirónsalud
hospital universitari dexeus	Quirón Dexeus
hospital universitario quirón dexeus	Quiron
hospital universitario dexeus	Dexeus Institute of Oncology
instituto universitario dexeus	Hosp Quiron Dexeus, IOR
Quiron Dexeus University Hospital	IOR
ICATME	Dexeus Univ Hosp
Institut Català de Traumatologia i Medicina de l'Esport	Dr Rosell Oncol Inst
Salut de la Dona	Inst Oncol Dr Rosell
Salud de la Mujer	Quiron Dexeus Univ Hosp
Consultoris Dexeus	Dexeus Univ Inst
Consultorios Dexeus	USP Institut Universitari Dexeus
Institut Dexeus	USP Instituto Universitario Dexeus
Clínica Dexeus	Instituto Dexeus
Dexeus Mujer	Institut Dexeus
Dexeus Dona	

[12] Web of Science

Research Organization Registry (ROR): https://ror.org/00scfzf83

- URL de la cerca de les publicacions de l' HUQD al Web of Science (WoS)

> Enllaç WoS publicacions HUQD 2025

> Enllaç WoS publicacions HUQD tots els anys

Data de consulta: Febrer - Juny 2026

- Data de consulta de les bases de dades bibliomètriques (WoS, JCR,etc.)

Data de consulta de les bases de dades bibliomètriques i de les publicacions científiques: Abril, Maig i Juny 2026.

- **Journal Citation Reports (JCR)**

Els indicadors de la base de dades bibliomètrica *Journal Citation Reports* (JCR), com ara el factor d'impacte, la posició en el rànquing, la categoria temàtica, etc., s'actualitzen anualment, habitualment a **finals de juny**.

L'actualització correspon a les dades de l'any anterior. Per exemple, els JCR publicats el juny de 2024 inclouen les dades bibliomètriques de 2023. Aquesta actualització inclou el *Journal Impact Factor* (JIF), el *Journal Citation Indicator* (JCI), la classificació en quartils (Q1, Q2, etc.) segons les categories i altres mètriques rellevants.

- **Web of Science (WoS)**

Els indicadors de la base de dades *Web of Science* (WoS) s'actualitzen amb freqüències diferents; és a dir, **depèn del tipus d'indicador i del producte específic dins de la plataforma**:

Web of Science Core Collection: aquesta base de dades s'actualitza **diàriament**, set dies a la setmana, incorporant nous registres i informació actualitzada. Això permet als usuaris accedir a les dades més recents en qualsevol moment. (http://clarivate.libguides.com)

Essential Science Indicators (ESI): els indicadors inclosos a l'ESI, que mesuren el rendiment de la recerca en diverses disciplines, **s'actualitzen bimensualment**, és a dir, sis vegades l'any. Cada actualització cobreix un període mòbil de 10 anys i 6 mesos. (http://esi.help.clarivate.com)

InCites Benchmarking & Analytics: aquest servei, que proporciona anàlisis detallades de la producció científica, s'actualitza **mensualment**.

- **Pubmed y Medline**

Aquestes dues bases de dades de la Biblioteca Nacional de Medicina dels Estats Units (NLM) s'actualitzen **a diari**.

- **Sciences Citation Index Expanded (SCIE)**

El *Science Citation Index Expanded* (SCIE), que està integrat dins de la *Web of Science Core Collection*, s'actualitza **a diari**.

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Pubmed [Internet]. [Betehsda]: National Center for Biotechnology Information (NCBI) ; National Library of Medicine (NLM) ; 2024 [citat 10 de juny de 2026]. Disponible a: https://pubmed.ncbi.nlm.nih.gov/

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Science Citation Index Expanded (SCI-EXPANDED) [Internet]. Barcelona: Clarivate Analytics; 2024 [citat 10 de juny de 2026]. Disponible a: https://www.wos-sci.fecyt.es

Web of Science (WoS) [Internet]. Barcelona: Clarivate Analytics; 2024 [citat 10 de juny de 2026]. Disponible a: https://www.woscc.fecyt.es

[13] Model de citació bibliogràfica utilitzat: NLM Vancouver
Citacions bibliogràfiques segons el model NLM [Internet]. Barcelona: UAB; 2024 [citado 2 abril de 2024]. Disponible en: https://ddd.uab.cat/pub/guibib/106929/modelnlm_a2021_cat.pdf