Hospital Universitari Dexeus

Grupo quirónsalud

Memòria d' Indicadors Bibliomètrics

2024

Biblioteca Hospital Universitari Dexeus

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(bibliotecari/documentalista)

TAULA DE CONTINGUTS

Fonts d’informació utilitzades

• **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 d’avaluació 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. A més a més, aquest any 2024 afegim també un altre indicador extret d’aquesta base de dades: el **Journal Citation Indicator,** amb el que es reflecteix l'impacte mitjà de la citació normalitzada de categoria (CNCI) dels articles citables (articles i ressenyes) publicats per una revista durant un període recent de tres anys. La JCI mitjana d'una categoria és 1. Les revistes amb una JCI d'1,5 tenen un 50% més d'impacte en les citacions que la mitjana d'aquesta categoria. Es pot utilitzar juntament amb altres mètriques per ajudar-vos a avaluar les revistes.

• **Science Citation Index Expanded (SCIE):** índex multidisciplinar 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 (*National Library of Medicine*), 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 recerca 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 a 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 i majoritàriament 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. A aquest índex de citació també se'l coneix com ISI ja que al principi la 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 més impacte de tot el món líders en 178 disciplines científiques (més de 53 milions de registres i 1.18 bilions de referències citades des del 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 des de la Internet, a través de PubMed.

• **Nombre de treballs indexats a Current Contents Connect:** Base de dades que proporciona fàcil accés als sumaris, resums i informació bibliogràfica dels temes més recents publicats a revistes científiques líders, així com més de 7.000 llocs web avaluats.

- **Nombre de publicacions de revistes indexades al Quartil 1, Factor d'impacte de cada article**, **total d'articles amb un Factor d'Impacte major que 10**, **Quartil de cada article**, **Categoria** i **Posició** al Journal Citation Report: Treballs publicats a revistes amb Factor d'Impacte , situades en el primer, segon, tercer i quart quartil de les categories de Journal Citation Report. Categoria temàtica de la revista i posició dins de les categories de la qual forma part la revista.

  • **Nombre de treballs en revistes 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).

  • **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.

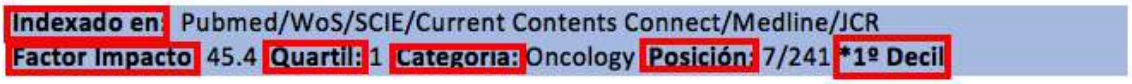
- **Identificació de les principals bases de dades on està indexat:**

Artícle Indexat a: Medline/ Current Contents Connect/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 articles científics publicats el passat 2024, amb el ressaltament en negreta de l'autor/s afiliats a l'HUQD, oferim també una sèrie d'indicadors per quantificar-ne la transcendència a la comunitat investigadora de l'àmbit mèdic a què pertanyen. Com veureu a continuació, per a cada article s'ofereixen un seguit d'indicadors bibliomètrics (obtinguts del Journal Citation Reports) 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 JCR, **Posició** que ocupa en la seva categoria.

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

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

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

La recopilació dels articles es categoritza per especialitats del HUQD[2], 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 :

Al final del llistat de caràcter exhaustiu de tots els artícles científics classificats per especialitat , podeu consultar també la relació de totes les especialitats del HUQD ordenades de major a menos Factor d'Impacte de les revistes on es publicaren les seves publicacions, així com també una comparativa de del Factor d'Impacte (IF) amb l'anterior any 2023 de cadascun dels departaments del HUQD.

A l'últim apartat d'aquesta *Memòria dels indicadors bibliomètrics 2024* trobareu també indicadors bibliomètrics importants oferts pel Web Of Science, com:

- Índex H any 2024

- Índex H de tots els anys

- total d'articles publicats

- total de publicacions (no només articles, sinó també: actes de reunions, revisions d'articles, cartes, editorials, etc.)

- el gràfic del nombre de citacions rebudes en relació al total de publicacions de cada any

- gràfic del total de publicacions dels investigadors de l'HUQD de major activitat

- països dels investigadors que han publicat

- principls títols de revista on s'ha publicat

- nombre total d'articles de l'any 2024 i nombre total d'articles de l'últim informe bibliomètric (2021)

- quantitat d'articles en revistes de Quartil 1,

[2] Hospital Universitari Quirón Dexeus

- recopilació de tots els articles que es van publicar a revistes de Q1, classificats per especialitats

- nombre total de tots els articles amb revistes amb un Factor d'Impacte major que 10, recopilats i ordenats de major a menor FI.

- quantitat d'articles publicats en revistes que formen part del 1er Decil:, i el llistat de referencies bibliogràfiques dels articles de revistes que formen part del 1er Decil: en la seva categoria.

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 2024

Llistat exhaustiu de cites darticles científics agrupats per especialitats de l'HUQD i 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:

- Articles indexats: és la suma de tots els articles pel departament/especialitat l'any passat 2024.

- Articles indexats al JCR: articles que han estat registrats i catalogats al Journal Citation Report. El JCR és una de les principals bases de dades científiques i acadèmiques, de forma que si un article hi és inclòs: el seu impacte, búsqueda i reconeixement es magnifica. És aquesta base de dades la que ens indica el Factor d'Impacte, el quartil de la revista , la categoria a la que pertany i la posició dintre d'aquesta categoria.

- Journal Impact Factor-2024: és la suma de tots els valors de Factor d'Impacte de cada article (només dels indexats al JCR).

- 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:38 **Núm. Articles indexats al JCR:** 33 **Journal Impact Factor ™ – 2024:** 556.4
Factor Impacte mitjà x article: 16.86

Ascierto PA, Casula M, Bulgarelli J, Pisano M, Piccinini C, Piccin L, Cossu A, Mandalà M, Ferrucci PF, Guidoboni M, Rutkowski P, Ferraresi V, Arance A, Guida M, Maiello E, Gogas H, Richtig E, Fierro MT, Lebbe C, Helgadottir H, Queirolo P, Spagnolo F, Tucci M, Del Vecchio M, **Cao MG**, Minisini AM, De Placido S, Sanmamed MF, Mallardo D, Paone M, Vitale MG, Melero I, Grimaldi AM, Giannarelli D, Dummer R, Sileni VC, Palmieri G. **Sequential immunotherapy and targeted therapy for metastatic BRAF V600 mutated melanoma: 4-year survival and biomarkers evaluation from the phase II SECOMBIT trial**. Nat Commun. 2024 Jan 2;15(1):146. doi: 10.1038/s41467-023-44475-6. PMID: 38167503; PMCID: PMC10761671.

No prospective data were available prior to 2021 to inform selection between combination BRAF and MEK inhibition versus dual blockade of programmed cell death protein-1 (PD-1) and cytotoxic T lymphocyte antigen-4 (CTLA-4) as first-line treatment options for BRAFV600-mutant

melanoma. SECOMBIT (NCT02631447) was a randomized, three-arm, noncomparative phase II trial in which patients were randomized to one of two sequences with immunotherapy or targeted therapy first, with a third arm in which an 8-week induction course of targeted therapy followed by a planned switch to immunotherapy was the first treatment. BRAF/MEK inhibitors were encorafenib plus binimetinib and checkpoint inhibitors ipilimumab plus nivolumab. Primary outcome of overall survival was previously reported, demonstrating improved survival with immunotherapy administered until progression and followed by BRAF/MEK inhibition. Here we report 4-year survival outcomes, confirming long-term benefit with first-line immunotherapy. We also describe preliminary results of predefined biomarkers analyses that identify a trend toward improved 4-year overall survival and total progression-free survival in patients with loss-of-function mutations affecting JAK or low baseline levels of serum interferon gamma (IFNy). These long-term survival outcomes confirm immunotherapy as the preferred first-line treatment approach for most patients with BRAFV600-mutant metastatic melanoma, and the biomarker analyses are hypothesis-generating for future investigations of predictors of durable benefit with dual checkpoint blockade and targeted therapy.

Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 14.7 **Quartil:** 1 **Categoria:** Multidisciplinary Sciences **Posició:** 8/134 **Journal Citation Indicator:** 3.28 ***1er Decil**

Cavagna RD, **Bertran-Alamillo J**, **Gimenez-Capitán A**, de Paula FE, Bonatelli M, Mourao J, **Aguado C**, **García-Román S**, **Román R**, Reis MT, Leal LF, Reis RM, **Molina-Vila MA**. **NTRK mRNA overexpression is common in human tumors and associates with sensitivity to entrectinib in cell line models**. *Eur J Cancer*. 2024 Oct;211(Suppl 1):S110-1. doi:10.1016/j.ejca.2024.114806.

(no abstract)

Indexat a: WoS / JCR **Factor Impacte:** 7.6 **Quartil:** 1 **Categoria:** Oncology **Posició:** 38/322 **Journal Citation Indicator:** 1.69

Cavagna RO, Escremim de Paula F, Berardinelli GN, Bonatelli M, Santana I, Albino da Silva EC, Teixeira GR, Zaniolo BG, Mourão Dias J, Ferreira da Silva FA, Baston Silva CE, Guimarães MGB, Barone CP, Jacinto AA, Noleto da Nóbrega Oliveira RE, Miziara JE, De Marchi P, **Molina-Vila MA**, Leal LF, Reis RM. **Molecular profile of driver genes in lung adenocarcinomas of Brazilian patients who have never smoked: implications for targeted therapies**. Oncologist. 2024 Oct 3;29(10):e1419-e1424. doi: 10.1093/oncolo/oyae129. PMID: 38944844; PMCID: PMC11449088.

Introduction. Lung cancer in never-smoker (LCINS) patients accounts for 20% of lung cancer cases, and its biology remains poorly understood, particularly in genetically admixed populations. We elucidated the molecular profile of driver genes in Brazilian LCINS.Methods The mutational and gene fusion status of 119 lung adenocarcinomas from self-reported never-smoker patients, was assessed using targeted sequencing (NGS), nCounter, and immunohistochemistry. A panel of 46 ancestry-informative markers determined patients' genetic ancestry.Results The most frequently mutated gene was EGFR (49.6%), followed by TP53 (39.5%), ALK (12.6%), ERBB2 (7.6%), KRAS (5.9%), PIK3CA (1.7%), and less than 1% alterations in RET, NTRK1, MET triangle ex14, PDGFRA, and BRAF. Except for TP53 and PIK3CA, all other alterations were mutually exclusive. Genetic ancestry analysis revealed a

predominance of European (71.1%), and a higher African ancestry was associated with TP53 mutations.Conclusion Brazilian LCINS exhibited a similar molecular profile to other populations, except the increased ALK and TP53 alterations. Importantly, 73% of these patients have actionable alterations that are suitable for targeted treatments.Lung cancer in never-smoker patients accounts for 20% of lung cancer cases, and its biology is poorly understood. This study focused on the molecular profile of driver genes in Brazilian patients who never smoked.

Indexat a: WoS / JCR / Medline **Factor Impacte:** 4.8 **Quartil:** 1 **Categoria:** Oncology **Posició:** 70/322 **Journal Citation Indicator:** 1.04

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.

BackgroundNovel 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.MethodsA cross-sectional survey (July-September 2023) was sent to Spanish Multidisciplinary Melanoma Group (GEM Group) members to assess access to new drugs.FindingsFifty 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.ConclusionUnequal 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 / WoS / Medline **Factor Impacte:** 2.8 **Quartil:** 2
Categoria: Oncology **Posició:** 157/322 **Journal Citation Indicator:** 0.60

Chen X, Ye M, Ai R, Shan C, Lai M, Hong W, Yang Y, Wang H, Li J, Zhen J, Zhou J, Hu Q, Li S, Rossi A, Hida T, **Rosell R**, Zhong S, Cai L. **PD-1-induced encephalopathy: a report of 2 cases on neurological toxicities with immune checkpoint inhibitors**. Transl Cancer Res. 2024 Feb 29;13(2):1196-1207. doi: 10.21037/tcr-23-2043. Epub 2024 Feb 2. PMID: 38482411; PMCID: PMC10928638.

Background: Immune-related adverse effects (irAEs) often occur during immune checkpoint inhibitor (ICI) therapy. In the nervous system, the incidence of irAEs ranges from 0.1-12%, with 80% occurring within the first 4 months of ICI application. For complications of the nervous system, adequate diagnosis is made by signs, symptoms, imaging and cerebrospinal fluid. If severe irAEs occur, ICIs should be discontinued and patients should be treated with high-dose glucocorticoids, immunoglobulins, or immunosorbent therapy with systemic support. Patients who develop severe neurologic irAEs have a poorer prognosis. Case Description: In this article, we report 2 cases of encephalopathy induced by anti-programmed cell death protein 1 (PD-1) monoclonal antibodies at the initial diagnoses. Our findings may help clinicians to differentiate

between encephalopathy caused by immunotherapy and other neurological disorders. Case 1 was a 24-year-old male patient who had undergone PD-1 immunotherapy to treat olfactory neuroblastoma. After the 6th course of therapy, he began to develop persistent epilepsy, which decreased significantly after high doses of glucocorticoid and immunosorbent therapy were administered. Based on his medical history and laboratory examination results, PD-1-induced encephalopathy was the most likely diagnosis. Case 2 was a 67-year-old female patient who had been treated with PD-1/programmed death ligand-1 therapy for lung adenocarcinoma. She began to have headaches after 1 cycle of treatment, and her cognitive function gradually decreased with the continuation of immunotherapy. Conclusions: These case reports show the difficulty in distinguishing PD-1-induced encephalopathy from other neurological disorders, especially paraneoplastic neurological syndromes. If not treated properly, patients' lives may be endangered. Thus, early identification and early treatment are very important.

Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 1.5 **Quartil:** 4 **Categoria:** Oncology **Posició:** 259/322 **Journal Citation Indicator:** 0.22

Ciruelos, E., Pascual, T., Villacampa, G., Pernas, S., Sanchez-Bayona, R., Ponce-Lorenzo, J. J., de Ibarguren, B. C. S., Escrivá-de-Romaní, S., Perello, A., Montaño, A., Martinez, E., González, A. L., Olivé, M. M., De La Haba, J., Cortés, J., Oliveira, M., Villanueva, L., Gonzalez, X., Villagrasa, P., & Prat, A. (2024). **Primary results from PATRICIA cohort C (SOLTI-1303), a randomized phase II study evaluating palbociclib with trastuzumab and endocrine therapy in pretreated HER2-positive and PAM50 luminal advanced breast cancer**. Journal of Clinical Oncology, 42(16), 1008. https://doi.org/10.1200/JCO.2024.42.16_suppl.1008

(no abstract)

Indexat a: WoS / JCR **Factor Impacte:** 42.1 **Quartil:** 1 **Categoria:** Oncology **Posició:** 6/322 **Journal Citation Indicator:** 6.51 ***1er Decil**

García, J. M. P., Cortes, J., Ruiz-Borrego, M., Stradella, A., Bermejo, B., Escrivá-de-Romani, S., Calvo, L., Gebhart, G., Kerrou, K., García-Mosquera, J. J., Gion, M., Antonarelli, G., López-Montero, L., Rodríguez-Morató, J., Mina, L., Sampayo-Cordero, M., Llombart-Cussac, A. (2024). **Comparing ^18F-FDG positron emission tomography (PET) and breast magnetic resonance imaging (MRI) to predict pathological complete response (pCR) and 3-year invasive disease-free survival (3-y iDFS) in patients (pts) with HER2+ early breast cancer (EBC): An unplanned exploratory analysis of PHERGain trial**. Journal of Clinical Oncology, 42(16), 586. https://doi.org/10.1200/JCO.2024.42.16_suppl.586

(no abstract)

Indexat a: WoS / JCR **Factor Impacte:** 42.1 **Quartil:** 1 **Categoria:** Oncology **Posició:** 6/322 **Journal Citation Indicator:** 6.51 ***1er Decil**

García-Roman S, **Garzón-Ibáñez M**, **Bertrán-Alamillo J**, **Jordana-Ariza N**, **Giménez-Capitán A**, **García-Peláez B**, **Vives-Usano M, Codony-Servat J**, d'Hondt E, **Rosell R**, **Molina-Vila MÁ**. **Vaccine antibodies against a synthetic epidermal growth factor variant enhance the antitumor effects of inhibitors targeting the MAPK/ERK and PI3K/Akt pathways**. Transl Oncol.

2024 Feb;40:101878. doi: 10.1016/j.tranon.2024.101878. Epub 2024 Jan 6. PMID: 38183801; PMCID: PMC10818253.

Background: The EGFR pathway is involved in intrinsic and acquired resistance to a wide variety of targeted therapies in cancer. Vaccination represents an alternative to the administration of anti-EGFR monoclonal antibodies, such as cetuximab or panitumumab. Here, we tested if anti-EGF antibodies generated by vaccination (anti-EGF VacAbs) could potentiate the activity of drugs targeting the ERK/MAPK and PI3K/Akt pathways.
Methods: Non-small cell lung cancer (NSCLC), colorectal cancer (CRC) and melanoma cell lines harboring KRAS, NRAS, BRAF and PIK3CA mutations were used. Anti-EGF VacAbs were obtained by immunizing rabbits with a fusion protein containing a synthetic, highly mutated variant of human EGF. Cell viability was determined by MTT, total and phosphorylated proteins by Western blotting, cell cycle distribution and cell death by flow cytometry and emergence of resistance by microscopic examination in low density cultures.
Results: Anti-EGF VacAbs potentiated the antiproliferative effects of MEK, KRAS G12C, BRAF, PI3K and Akt inhibitors in KRAS, NRAS, BRAF and PIK3CA mutant cells and delayed the appearance of resistant clones in vitro. The effects of anti-EGF VacAbs were comparable or superior to those of panitumumab and cetuximab. The combination of anti-EGF VacAbs with the targeted inhibitors effectively suppressed EGFR downstream pathways and sera from patients immunized with an anti-EGF vaccine also blocked activation of EGFR effectors.
Conclusions: Anti-EGF VacAbs enhance the antiproliferative effects of drugs targeting the ERK/MAPK and PIK3CA/Akt pathways. Our data provide a rationale for clinical trials testing anti-EGF vaccination combined with inhibitors selected according to the patient's genetic profile.

Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 4.5 **Quartil:** 1
Categoria: Oncology **Posició:** 78/322 **Journal Citation Indicator:** 1.06

Gebhart G, Keyaerts M, Guiot T, Flamen P, Ruiz-Borrego M, Stradella A, Bermejo B, Escriva-de-Romani S, Calvo Martínez L, Ribelles N, Fernandez-Abad M, Albacar C, Colleoni M, **Garrigos L**, Atienza de Frutos M, Dalenc F, Prat A, Marmé F, Schmid P, Kerrou K, Braga S, Gener P, Sampayo-Cordero M, Cortés J, Pérez-García JM, Llombart-Cussac A. **Optimal [18F]FDG PET/CT Cutoff for Pathologic Complete Response in HER2-Positive Early Breast Cancer Patients Treated with Neoadjuvant Trastuzumab and Pertuzumab in the PHERGain Trial**. J Nucl Med. 2024 May 1;65(5):708-713. doi: 10.2967/jnumed.123.266384. PMID: 38575192.

The PHERGain trial investigated the potential of metabolic imaging to identify candidates for chemotherapy deescalation in human epidermal growth factor receptor 2 (HER2)-positive, invasive, operable breast cancer with at least 1 breast lesion evaluable by [18F]FDG PET/CT. [18F]FDG PET/CT responders were defined as patients with an SUVmax reduction (ΔSUVmax) of at least 40% in all of their target lesions after 2 cycles of trastuzumab and pertuzumab (HP) (with or without endocrine therapy). In total, 227 of 285 patients (80%) included in the HP arm showed a predefined metabolic response and received a total of 8 cycles of HP (with or without endocrine therapy). Pathologic complete response (pCR), defined as ypT0/isN0, was achieved in 37.9% of the patients. Here, we describe the secondary preplanned analysis of the best cutoff of ΔSUVmax for pCR prediction. Methods: Receiver-operating-characteristic analysis was applied to look for the most appropriate ΔSUVmax cutoff in HER2-positive early breast cancer patients treated exclusively with neoadjuvant HP (with or without endocrine therapy). Results: The ΔSUVmax capability of predicting pCR in terms of the area under the

receiver-operating-characteristic curve was 72.1% (95% CI, 65.1-79.2%). The optimal ΔSUVmax cutoff was found to be 77.0%, with a 51.2% sensitivity and a 78.7% specificity. With this cutoff, 74 of 285 patients (26%) would be classified as metabolic responders, increasing the pCR rate from 37.9% (cutoff ≥ 40%) to 59.5% (44/74 patients) (P < 0.01). With this optimized cutoff, 44 of 285 patients (15.4%) would avoid chemotherapy in either the neoadjuvant or the adjuvant setting compared with 86 of 285 patients (30.2%) using the original cutoff (P < 0.001). Conclusion: In the PHERGain trial, an increased SUVmax cutoff (≥77%) after 2 cycles of exclusive HP (with or without endocrine therapy) achieves a pCR in the range of the control arm with chemotherapy plus HP (59.5% vs. 57.7%, respectively), further identifying a subgroup of patients with HER2-addicted tumors. However, the original cutoff (≥40%) maximizes the number of patients who could avoid chemotherapy.

Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 9.1 **Quartil:** 1 **Categoria:** Radiology, nuclear medicine & medical imaging **Posició:** 6/204 **Journal Citation Indicator:** 2.97 ***1er Decil**

Gion M, **García-Mosquera JJ**, Pérez-García JM, Peg V, Ruiz-Borrego M, Stradella A, Bermejo B, Guerrero JA, López-Montero L, Mancino M, Rodríguez-Morató J, Antonarelli G, Sampayo-Cordero M, Llombart-Cussac A, Cortés J. **Correlation between trophoblast cell-surface antigen-2 (Trop-2) expression and pathological complete response in patients with HER2-positive early breast cancer treated with neoadjuvant docetaxel, carboplatin, trastuzumab, and pertuzumab**. Breast Cancer Res Treat. 2024 Jun;205(3):589-598. doi: 10.1007/s10549-024-07292-z. Epub 2024 Mar 8. PMID: 38456970.

Purpose: The prognostic and predictive role of trophoblast cell-surface antigen-2 (Trop-2) overexpression in human epidermal growth factor receptor 2-positive (HER2-positive) breast cancer is currently unknown. We retrospectively analyzed Trop-2 expression and its correlation with clinicopathologic features and pathological complete response (pCR) in HER2-positive early breast cancer (EBC) patients treated with neoadjuvant docetaxel, carboplatin, trastuzumab, and pertuzumab in the PHERGain study. Methods: Trop-2 expression at baseline was determined in formalin-fixed, paraffin-embedded primary tumor biopsies by immunohistochemistry and was first classified into expressing (Trop-2-positive) or not-expressing (Trop-2-negative) tumors. Then, it was classified by histochemical score (H-score) according to its intensity into low (0-9), intermediate (10-49), and high (≥ 50). The association between clinicopathologic features, pCR, and Trop-2 expression was performed with Fisher's exact test. Results: Forty-one patients with tissue evaluable for Trop-2 expression were included, with 28 (68.3%) Trop-2-positive tumors. Overall, 17 (41.46%), 14 (34.15%), and 10 (24.40%) tumors were classified as low, intermediate, and high, respectively. Trop-2 expression was significantly associated with decreased pCR rates (50.0% vs. 92.3%; odds ratio [OR] 0.05; 95% CI, 0.002-0.360]; p adjusted = 0.01) but was not correlated with any clinicopathologic features (p ≥ 0.05). Tumors with the highest Trop-2 H-score were less likely to obtain a pCR (OR 0.03; 95% CI, 0.001-0.290, p adjusted < 0.01). This association was confirmed in univariate and multivariate regression analyses. Conclusion: These findings suggest a potential role of Trop-2 expression as a biomarker of resistance to neoadjuvant chemotherapy plus dual HER2 blockade and may become a strategic target for future combinations in HER2-positive EBC patients.

Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 3 **Quartil:** 2 **Categoria:** Oncology **Posició:** 142/322 **Journal Citation Indicator:** 0.73

Girard N, Park K, Lee SH, **Viteri S**, Schioppa CA, Diels J, Oguz M, Rodrigues BH, Rahhali N, Sermon J, Ghilotti F, Li T, Thayu M, Knoblauch RE, Mahadevia P, Cho BC. **A brief report on stable disease among amivantamab-treated patients with post-platinum epidermal growth factor receptor exon 20 insertion-mutated non-small cell lung cancer: A response-based analysis from the CHRYSALIS study**. Cancer Treat Res Commun. 2024;40:100832. doi: 10.1016/j.ctarc.2024.100832. Epub 2024 Jul 9. PMID: 39033692.

Background: Amivantamab, an EGFR-MET bispecific antibody, is the first approved targeted therapy for patients with EGFR Ex20ins NSCLC after prior platinum-based chemotherapy-a population with historically poor outcomes before amivantamab approval. As antitumor activity in single-arm studies typically focuses on responders, the evaluation of outcomes in patients with stable disease (SD) as best response is of clinical interest. Patients and methods: Among 114 patients with post-platinum EGFR Ex20ins NSCLC in CHRYSALIS (NCT02609776; data cutoff: March 30, 2021), response was assessed by blinded independent central review via RECIST v1.1. Patients alive and receiving therapy at 12 weeks were grouped by response at this landmark: partial or complete response (PR+), SD, or progressive disease (PD). Progression-free survival (PFS) and overall survival (OS) by response cohort were determined using the Kaplan-Meier method; hazard ratios (HRs) and 95% confidence intervals (CIs) between response cohorts were calculated using Cox proportional hazards regression. Results: Among patients alive and receiving therapy at 12 weeks (n=107), 42 (39%) had PR+, 52 (49%) had SD, and 13 (12%) had PD. Among patients with PR+ and SD, median PFS was 12.2 and 7.0 months, respectively. A corresponding improvement in OS was observed in patients achieving PR+ (median: not reached; HR vs PD=0.21 [95% CI: 0.08-0.54]) and SD (median: 23.0 months; HR vs PD=0.33 [95% CI: 0.14-0.77]), relative to those with PD (median: 14.0 months). Conclusion: SD was observed in 49% of patients receiving amivantamab, with corresponding increases in OS that dramatically improved the prognoses of this patient population.

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

González-Cao M, Cai X, Bracht JWP, Han X, Yang Y, **Pedraz-Valdunciel C**, Morán T, García-Corbacho J, Aguilar A, Bernabé R, De Marchi P, Sussuchi da Silva L, Leal LF, Reis RM, **Codony-Servat J**, Jantus-Lewintre E, **Molina-Vila MA**, Cao P, Rosell R. **HMGB1 Expression Levels Correlate with Response to Immunotherapy in Non-Small Cell Lung Cancer**. Lung Cancer (Auckl). 2024 May 9;15:55-67. doi: 10.2147/LCTT.S455034. PMID: 38741920; PMCID: PMC11090191.

Purpose: High-mobility group box 1 protein (HMGB1) is subject to exportin 1 (XPO1)-dependent nuclear export, and it is involved in functions implicated in resistance to immunotherapy. We investigated whether HMGB1 mRNA expression was associated with response to immune checkpoint inhibitors (ICI) in non-small cell lung cancer (NSCLC). Patients and Methods: RNA was isolated from pretreatment biopsies of patients with advanced NSCLC treated with ICI. Gene expression analysis of several genes, including HMGB1, was conducted using the NanoString Counter analysis system (PanCancer Immune Profiling Panel). Western blotting analysis and cell viability assays in EGFR and KRAS mutant cell lines were carried out. Evaluation of the antitumoral effect of ICI in combination with XPO1 blocker (selinexor) and trametinib was determined in a murine Results: HMGB1 mRNA levels in NSCLC patients treated

with ICI correlated with progression-free survival (PFS) (median PFS 9.0 versus 18.0 months, P=0.008, hazard ratio=0.30 in high versus low HMGB1). After TNF-alpha stimulation, HMGB1 accumulates in the cytoplasm of PC9 cells, but this accumulation can be prevented by using selinexor or antiretroviral drugs. Erlotinib or osimertinib with selinexor in EGFR-mutant cells and trametinib plus selinexor in KRAS mutant abolish tumor cell proliferation. Selinexor with a PD-1 inhibitor with or without trametinib abrogates the tumor growth in the murine Lewis lung cancer model. Conclusion: An in-depth exploration of the functions of HMGB1 mRNA and protein is expected to uncover new potential targets and provide a basis for treating metastatic NSCLC in combination with ICI.

Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 5.1 **Quartil:** 1 **Categoria:** Oncology **Posició:** Oncology 65/322 **Journal Citation Indicator:** 0.60

González-Cao M, **Pedraz C**, **Molina-Vila MÁ**, **Rosell R**. **Pangaea Oncology, Dexeus University Hospital: bridging preclinical and clinical research**. Mol Cancer. 2024 Jan 25;23(1):24. doi: 10.1186/s12943-023-01927-3. PMID: 38267921; PMCID: PMC10809738.

(no abstract)

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

Gonzalez-Cao M, Puertolas T, Manzano JL, Maldonado C, Yelamos O, Berciano-Guerrero MÁ, Cerezuela P, 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 melanoma drugs in Spain: a cross-sectional survey**. Clin Transl Oncol. 2024 May 16. doi: 10.1007/s12094-024-03501-9. Epub ahead of print. PMID: 38750345.

Background: The development of highly active drugs has improved the survival of melanoma patients, but elevated drug prices place a significant burden on health care systems. In Spain, the public health care system is transferred to the 17 autonomous communities (AACC). The objective of this study is to describe the situation of drug access for melanoma patients in Spain and how this decentralized system is affecting equity. Methods: From July to September 2024, a cross-sectional survey was sent to members of the Spanish Multidisciplinary Melanoma Group (GEM Group). The questionnaire consulted about the real access to new drugs in each hospital. The responses were collected anonymously and analyzed according to several variables, including the AACC. Results: The survey was answered by 50 physicians in 15 AACC. No major differences on access between AACC were observed for indications that are reimbursed by the Spanish Health Care System (adjuvant immunotherapy for stage IIIC-IIID and resected stage IV melanoma). Important differences in drug access were observed among AACC and among centers within the same AACC, for most of the EMA indications that are not reimbursed (adjuvant immunotherapy for stages IIB-IIC-IIIA-IIIB) or that are not fully reimbursed (ipilimumab plus nivolumab in advanced stage). Homogeneously, access to adjuvant targeted drugs, TIL therapy and T-VEC, is extremely low or non-existing in all AACC. Conclusions: For most indications that reimbursement is restricted out of the EMA indication, a great diversity on access was found throughout the different hospitals in Spain, including heterogeneity intra-AACC.

Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 2.8 **Quartil:** 2

Categoria: Oncology **Posició:** 157/322 **Journal Citation Indicator:** 0.60

Gregorc, V., **González-Cao, M.**, Salvagni, S., Koumarianou, A., Gil-Bazo, I., Maio, M., Viteri, S., Majem, M., Gutiérrez, V., Caro, R. B., Sanmamed, M. F., Zhu, H., Shen, H., Wang, Y., & Rosell, R. (2024). **KROCUS: A phase II study investigating the efficacy and safety of fulzerasib (GFH925) in combination with cetuximab in patients with previously untreated advanced KRAS G12C mutated NSCLC**. Journal of Clinical Oncology, 42(17_suppl), LBA8511. https://doi.org/10.1200/JCO.2024.42.17_suppl.LBA8511

(no abstract)

Indexat a: WoS / JCR **Factor Impacte:** 42.1 **Quartil:** 1 **Categoria:** Oncology **Posició:** 6/322 **Journal Citation Indicator:** 6.51 ***1er Decil**

Heidinger M, Egle D, Piscuoglio S, Navarro-Aguadero MÁ, Sánchez S, Hergueta-Redondo M, Gallardo M, Barrio S, **García-Peláez B**, **Molina-Vila MA**, Maggi N, Eller RS, Loesch JM, Alborelli I, Peinado H, Weber W, Weber WP. **Extracellular Vesicle DNA Extraction and Sequencing in Ancient Serum Samples From Patients With Breast Cancer**. Anticancer Res. 2024 Jul;44(7):2981-2988. doi: 10.21873/anticanres.17110. PMID: 38925824.

Background/Aim: Extracellular vesicle DNA (EVDNA) has emerged as a novel biomarker for tumor mutation detection using liquid biopsies, exhibiting biological advantages compared to cell-free DNA (cfDNA). This study assessed the feasibility of EV-DNA and cfDNA extraction and sequencing in old serum samples of patients with breast cancer (BC). Patients and Methods: A total of 28 serum samples of 27 patients with corresponding clinical information were collected between 1983 and 1991. EV-DNA was extracted using Exo-GAG kit (Nasabiotech) and cfDNA using QIAsymphony DSP Virus/Pathogen Midi Kit (Qiagen), respectively. Subsequently, 10 matched samples (EV-DNA n=5, cfDNA n=5) of five patients were subjected to sequencing using the OncomineTM Breast cfDNA Research Assay v2 (Thermo Fisher Scientific). Results: Samples were collected on median 1.9 years after primary diagnosis [interquartile range (IQR)=0.2-7.2]. Median follow-up was 9.5 years (IQR=5.2-14.2). Median age of serum samples was 36.1 years (IQR=34.5-37.3). EV-DNA and cfDNA were extracted from 100% (28/28) of the included samples. Both, DNA quantity and concentration were comparable between EV-DNA and cfDNA. Sequencing was successfully performed in 100% (10/10) of the included samples. Two matched analyses yielded equivalent results in EV-DNA and cfDNA (no mutations, n=1; PIK3CA mutation, n=1), whilst in two analyses, PIK3CA mutation was only found in cfDNA, and in one analysis, a TP53 mutation was only found in EV-DNA. Conclusion: EV-DNA extraction and sequencing in old serum samples of patients with BC is feasible and has the potential to address clinically relevant questions in longitudinal studies.

Indexat a: Pubmed / WoS / Medline **Factor Impacte:** 1.6 **Quartil:** 4 **Categoria:** Oncology **Posició:** 254/322 **Journal Citation Indicator:** 0.42

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. **Impact of Concurrent Genomic Alterations on Clinical Outcomes in Patients With ALK-Rearranged NSCLC**. J Thorac Oncol. 2024 Jan;19(1):119-129. doi: 10.1016/j.jtho.2024.08.007. Epub 2024 Aug 10. PMID: 37572870.

Introduction: ALK tyrosine kinase inhibitors have exhibited promising activity against advanced ALK-rearranged NSCLC. However, co-occurring genetic alterations, such as CDKN2A/ B or TP53, may negatively affect the efficacy of targeted therapies. Methods: From December 2017 to December 2022, this study cohort analyzed next-generation sequencing data of 116 patients with metastatic ALK-rearranged NSCLC from five Latin American cancer centers. Clinicopathologic and molecular features were associated with clinical outcomes and risk of brain metastasis (BrM) in patients with and without concurrent somatic alterations. Results: All patients (N 1/4 116) received a secondgeneration ALK tyrosine kinase inhibitor, and alectinib was selected in 87.2% of cases. Coalterations occurred in 62% of the cases; the most frequent were TP53 mutations (27%) and CDKN2A/B loss (18%). The loss of CDKN2A/B was associated with an increased risk of BrM, with a cumulative incidence of 33.3% versus 7.4% in the non-coaltered subgroup. Compared with patients without coalterations, patients with concurrent CDKN2A/B loss (n 1/4 21) had a shorter median progression-free survival (10.2 versus 34.2 mo, p < 0.001) and overall survival (26.2 versus 80.7 mo, p < 0.001). In the multivariate analysis, cooccurring CDKN2A/B loss was associated with poorer progression-free survival and OS despite the presence of other somatic coalterations, TP53 mutations, BrM, and Eastern Cooperative Oncology Group Performance Status. Conclusions: This study confirmed the worse prognostic value, which depicted co-occurring alterations in patients with ALK rearrangement. CDKN2A/B loss was substantially associated with worse outcomes and a higher risk of brain metastases. The evidence presented in our study may help select patients with ALK-positive tumors suitable for treatment escalation and closer brain follow-up.

Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 21.1 **Quartil:** 1 **Categoria:** Oncology (Q1) ; Respiratory System (Q1) **Posició:** Oncology 13/322 ; Respiratory System 2/101 **Journal Citation Indicator:** 4.29

Le X, Garassino MC, Ahn MJ, Felip E, Cortot AB, Sakai H, Mazieres J, Thomas M, **Viteri S**, Conte P, Yang JCH, Iams WT, Griesinger F, Stroh C, Juraeva D, Wang D, Johne A, Paik PK. **ctDNA dynamics, prognostic markers and resistance mechanisms in tepotinib-treated METex14 skipping NSCLC in the VISION trial**. J Thorac Oncol. 2024;18(11 Suppl):S94-5. doi:10.1016/j.jtho.2024.09.107.

Introduction. Tepotinib showed robust and durable efficacy in NSCLC with *MET* exon 14 skipping (*MET*ex14). Liquid biopsy (LBx) biomarkers (NGS and circulating MET-related markers) were analyzed for potential prognostic, predictive, or pharmacodynamic relevance (data cut-off: Nov 20, 2022). Methods:Baseline, on-treatment and/or end-of-treatment (EOT) LBx from the VISION study were analyzed by ctDNA NGS (Guardant360®) or ELISA for shed MET (sMET) and hepatocyte growth factor (HGF). Baseline and on-treatment biomarkers were evaluated for association with outcomes. Acquired resistance was investigated in post-progression EOT samples. Analyses were exploratory. Results: Baseline HGF and sMET data were available from 233 and 245 patients, respectively, and were similar according to treatment line, race, or age. Patients with high baseline HGF (>upper quartile [1.67 ng/mL], n=58) vs low HGF (≤upper quartile, n=175) had numerically shorter mDOR (13.4 [95% CI: 6.6, ne] vs 19.4 [10.8, ne] months) and mPFS (8.0 [4.1, 11.0] vs 13.7 [11.0, 19.7] months). Baseline sMET levels were not associated with response status (CR/PR, SD, or PD). However, in 244 patients with baseline and ≥1 on-treatment sMET measurement, relative change from baseline was associated with numerically higher ORR, mPFS and mOS in low sMET change (≤lower quartile, n=61) vs high (>lower quartile, n=183). Among 165 patients with baseline LBx NGS

profiles, 114 were positive (L+) and 51 were negative (L–) for *MET*ex14 (all L– patients had *MET*ex14 by tissue NGS). ORR was comparable, but mDOR and mPFS were longer in L– vs L+ patients. Concomitant baseline oncogenic alterations were identified by NGS. In analyses of outcomes according to baseline alterations, objective response was observed in 7/10 patients with *MET* amplification, 1/5 with *KRAS*/*NRAS* mutation, 1/5 with PI3K/AKT pathway alterations, and 0/2 with *EGFR* mutations. Patients with *TP53* mutations (73/165; 44%) had comparable ORR but shorter mPFS compared to patients with wild-type *TP53* (8.2 [6.8, 11.0] vs 11.3 [8.5, 19.7] months). Eighty-one L+ patients had two consecutive on-treatment samples; 65 (80%) had confirmed molecular response (MR; >75% depletion from baseline in ctDNA *MET*ex14 variant allele frequency [VAF] in two consecutive on-treatment samples), 12 (15%) had molecular progression (MP; *MET*ex14 VAF increase from baseline in ≥1 on-treatment sample), and 4 (5%) had neither MR/MP. Outcomes were better in patients with confirmed MR vs MP (ORR: 63.1% [50.2, 74.7] vs 16.7% [2.1, 48.4]; mDOR: 18.5 [9.0, 46.4] vs 6.2 [4.1, ne] months; mPFS 11.2 [9.5, 19.7] vs 4.2 [1.4, 8.2] months). 73 patients had EOT NGS profiles for resistance mechanism analysis. Nine (12%) had acquired *MET* kinase domain mutations, of whom 7 had PR as best response. 9/73 (12%) had emerging off-target alterations in *KRAS* (mutation, n=1; amplification, n=2), *EGFR* (mutation, n=1; amplification, n=4), *MYC* (amplification, n=2), *BRAF* (amplification, n=1), *RB1* (mutation, n=1), and *ERBB2* (amplification, n=1), potentially contributing to tepotinib resistance. Conclusions: In the largest on-treatment LBx biomarker dataset for a MET inhibitor in *MET*ex14 NSCLC, MR was associated with improved outcomes and *TP53* mutation had negative prognostic significance. On-target secondary *MET* mutations and bypass pathway activation were potential resistance mechanisms.

Indexat a: Pubmed / WoS / JCR **Factor Impacte:** 21.1 **Quartil:** 1 **Categoria:** Oncology (Q1) ; Respiratory System (Q1) **Posició:** Oncology 13/322 ; Respiratory System 2/101 **Journal Citation Indicator:** 4.29 ***1er Decil**

Llombart-Cussac A, Prat A, Pérez-García JM, Mateos J, Pascual T, Escrivà-de-Romani S, Stradella A, Ruiz-Borrego M, de Las Heras BB, Keyaerts M, Galvan P, Brasó-Maristany F, **García-Mosquera JJ**, Guiot T, Gion M, Sampayo-Cordero M, Di Cosimo S, Pérez-Escuredo J, de Frutos MA, Cortés J, Gebhart G. **Clinicopathological and molecular predictors of [18F]FDG-PET disease detection in HER2-positive early breast cancer: RESPONSE, a substudy of the randomized PHERGain trial**. Eur J Nucl Med Mol Imaging. 2024 Apr 8. doi: 10.1007/s00259-024-06683-0. Epub ahead of print. PMID: 38587643.

Background: The PHERGain study (NCT03161353) is assessing early metabolic responses to neoadjuvant treatment with trastuzumab-pertuzumab and chemotherapy de-escalation using a [18Fluorine]fluorodeoxyglucose-positron emission tomography ([18F]FDG-PET) and a pathological complete response-adapted strategy in HER2-positive (HER2+) early breast cancer (EBC). Herein, we present RESPONSE, a PHERGain substudy, where clinicopathological and molecular predictors of [18F]FDG-PET disease detection were evaluated. Methods: A total of 500 patients with HER2 + EBC screened in the PHERGain trial with a tumor size > 1.5 cm by magnetic resonance imaging (MRI) were included in the RESPONSE substudy. PET[-] criteria entailed the absence of ≥ 1 breast lesion with maximum standardized uptake value (SUVmax) ≥ 1.5 × SUVmean liver + 2 standard deviation. Among 75 PET[-] patients screened, 21 with SUVmax levels < 2.5 were randomly selected and matched with 21 PET[+] patients with SUVmax levels ≥ 2.5 based on patient characteristics associated with [18F]FDG-PET status. The association between baseline SUVmax and [18F]FDG-PET status ([-] or [+]) with clinicopathological characteristics was assessed. In addition, evaluation of stromal

tumor-infiltrating lymphocytes (sTILs) and gene expression analysis using PAM50 and Vantage 3D™ Cancer Metabolism Panel were specifically compared in a matched cohort of excluded and enrolled patients based on the [18F]FDG-PET eligibility criteria. Results: Median SUVmax at baseline was 7.2 (range, 1-39.3). Among all analyzed patients, a higher SUVmax was associated with a higher tumor stage, larger tumor size, lymph node involvement, hormone receptor-negative status, higher HER2 protein expression, increased Ki67 proliferation index, and higher histological grade ($p < 0.05$). [18F]FDG-PET [-] criteria patients had smaller tumor size ($p = 0.014$) along with the absence of lymph node involvement and lower histological grade than [18F]FDG-PET [+] patients ($p < 0.01$). Although no difference in the levels of sTILs was found among 42 matched [18F]FDG-PET [-]/[+] criteria patients ($p = 0.73$), [18F]FDG-PET [-] criteria patients showed a decreased risk of recurrence (ROR) and a lower proportion of PAM50 HER2-enriched subtype than [18F]FDG-PET[+] patients ($p < 0.05$). Differences in the expression of genes involved in cancer metabolism were observed between [18F]FDG-PET [-] and [18F]FDG-PET[+] criteria patients. Conclusions: These results highlight the clinical, biological, and metabolic heterogeneity of HER2+ breast cancer, which may facilitate the selection of HER2+ EBC patients likely to benefit from [18F]FDG-PET imaging as a tool to guide therapy.

Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 8.6 **Quartil:** 1 **Categoria:** Radiology, nuclear medicine & medical imaging **Posició:** 8/204 **Journal Citation Indicator:** 2.47
***1er Decil**

Lopez-Miranda, E., García, J. M. P., Gion, M., Ribelles, N., Cortez, P., Romero, J. L. A., Martínez-García, M., Gonzalez-Santiago, S., Bermejo, B., Murillo, S. M., Carañana, V., Garrigós, L., Fernández, M., Boix, O., Alcalá-López, D., Cortes, J., & Llombart, A. (2024). **Ipatasertib (IPA) combined with non-taxane chemotherapy (CT) for patients (pts) with previously treated advanced triple-negative breast cancer (aTNBC): The PATHFINDER phase IIa trial**. Journal of Clinical Oncology, 42(16), 1098. https://doi.org/10.1200/JCO.2024.42.16_suppl.1098

(no abstract)

Indexat a: WoS / JCR **Factor Impacte:** 42.1 **Quartil:** 1 **Categoria:** Oncology **Posició:** 6/322 **Journal Citation Indicator:** 6.51

Manguinhas R, Serra PA, Gil N, **Rosell R**, Oliveira NG, Guedes RC. **Novel DNA Repair Inhibitors Targeting XPG to Enhance Cisplatin Therapy in Non-Small Cell Lung Cancer: Insights from In Silico and Cell-Based Studies**. Cancers (Basel). 2024 Sep 16;16(18):3174. doi: 10.3390/cancers16183174. PMID: 39335146; PMCID: PMC11430689.

Simple Summary Non-small cell lung cancer (NSCLC) is marked by low survival and resistance to platinum-based chemotherapy. Recent studies have emphasized the critical role of DNA repair mechanisms in NSCLC tumorigenesis and response to treatment. XPG endonuclease, a crucial component of the Nucleotide Excision Repair (NER) pathway, has emerged as a promising biomarker of clinical outcome in advanced NSCLC and its downregulation improved cisplatin efficacy by increasing DNA damage. However, so far, no study has been carried out with the purpose of identifying XPG inhibitors. This work thus aims to discover potential small-molecule inhibitors of XPG to be used in combination with cisplatin therapy to enhance its efficacy in NSCLC patients.Abstract NSCLC is marked by low survival and resistance to platinum-based chemotherapy. The XPG endonuclease has emerged as a promising biomarker for predicting

the prognosis of cisplatin-treated patients and its downregulation having been reported to increase cisplatin efficacy. This study presents an integrated strategy for identifying small molecule inhibitors of XPG to improve cisplatin therapy in NSCLC. A structure-based virtual screening approach was adopted, including a structural and physicochemical analysis of the protein, and a library of small molecules with reported inhibitory activities was retrieved. This analysis identified Lys84 as a crucial residue for XPG activity by targeting its interaction with DNA. After molecular docking and virtual screening calculations, 61 small molecules were selected as potential XPG inhibitors, acquired from the ChemBridge database and then validated in H1299 cells, a NSCLC cell line exhibiting the highest ERCC5 expression. The MTS assay was performed as a first screening approach to determine whether these potential inhibitors could enhance cisplatin-induced cytotoxicity. Overall, among the eight compounds identified as the most promising, three of them revealed to significantly increase the impact of cisplatin. The inherent cytotoxicity of these compounds was further investigated in a non-tumoral lung cell line (BEAS-2B cells), which resulted in the identification of two non-cytotoxic candidates to be used in combination with cisplatin in order to improve its efficacy in NSCLC therapy.

Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 4.5 **Quartil:** 1 **Categoria:** Oncology **Posició:** 78/322 **Journal Citation Indicator:** 0.91

Manguinhas R, Serra PA, Soares RB, **Rosell R**, Gil N, Oliveira NG, Guedes RC. **Unveiling Novel ERCC1-XPF Complex Inhibitors: Bridging the Gap from In Silico Exploration to Experimental Design**. Int J Mol Sci. 2024 Jan 19;25(2):1246. doi: 10.3390/ijms25021246. PMID: 38279246; PMCID: PMC10816628.

Modifications in DNA repair pathways are recognized as prognostic markers and potential therapeutic targets in various cancers, including non-small cell lung cancer (NSCLC). Overexpression of ERCC1 correlates with poorer prognosis and response to platinum-based chemotherapy. As a result, there is a pressing need to discover new inhibitors of the ERCC1-XPF complex that can potentiate the efficacy of cisplatin in NSCLC. In this study, we developed a structure-based virtual screening strategy targeting the inhibition of ERCC1 and XPF interaction. Analysis of crystal structures and a library of small molecules known to act against the complex highlighted the pivotal role of Phe293 (ERCC1) in maintaining complex stability. This residue was chosen as the primary binding site for virtual screening. Using an optimized docking protocol, we screened compounds from various databases, ultimately identifying more than one hundred potential inhibitors. Their capability to amplify cisplatin-induced cytotoxicity was assessed in NSCLC H1299 cells, which exhibited the highest ERCC1 expression of all the cell lines tested. Of these, 22 compounds emerged as promising enhancers of cisplatin efficacy. Our results underscore the value of pinpointing crucial molecular characteristics in the pursuit of novel modulators of the ERCC1-XPF interaction, which could be combined with cisplatin to treat NSCLC more effectively.

Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 4.9 **Quartil:** 1 **Categoria:** Biochemistry & Molecular Biology Q1 ; Chemistry, Multidisciplinary Q2 **Posició:** Biochemistry & Molecular Biology 66/313 ; Chemistry, Multidisciplinary 68/231 **Journal Citation Indicator:** 0.71

Márquez-Rodas I, Álvarez A, Arance A, Valduvieco I, Berciano-Guerrero MÁ, Delgado R, Soria A, Lopez Campos F, Sánchez P, Romero JL, Martin-Liberal J, Lucas A, Díaz-Beveridge R, Conde-Moreno AJ, Álamo de la Gala MDC, García-Castaño A, Prada PJ, **González Cao M**, **Puertas E**, Vidal J, Foro P, Aguado de la Rosa C, Corona JA, Cerezuela-Fuentes P, López P, Luna P, Aymar N, Puértolas T, Sanagustín P, Berrocal A. **Encorafenib and binimetinib followed by radiotherapy for patients with BRAFV600-mutant melanoma and brain metastases (E-BRAIN/GEM1802 phase II study)**. Neuro Oncol. 2024 Nov 4;26(11):2074-2083. doi: 10.1093/neuonc/noae116. PMID: 38946469; PMCID: PMC11534317.

Background. Encorafenib plus binimetinib (EB) is a standard-of-care treatment for advanced BRAF(V600)-mutant melanoma. We assessed the efficacy and safety of encorafenib plus binimetinib in patients with BRAF(V600)-mutant melanoma and brain metastasis (BM) and explored if radiotherapy improves the duration of response. Methods. E-BRAIN/GEM1802 was a prospective, multicenter, single-arm, phase II trial that enrolled patients with melanoma BRAF(V600)-mutant and BM. Patients received encorafenib 450 mg once daily plus binimetinib 45 mg BID, and those who achieved a partial response or stable disease at first tumor assessment were offered radiotherapy. Treatment continued until progression. Primary endpoint was intracranial response rate (icRR) after 2 months of EB, establishing a futility threshold of 60%. Results. The study included 25 patients with no BM symptoms and 23 patients with BM symptoms regardless of using corticosteroids. Among them, 31 patients (64.6%) received sequential radiotherapy. After 2 months, icRR was 70.8% (95% CI: 55.9-83.1); 10.4% complete response. Median intracranial progression-free survival (PFS) and OS were 8.5 (95% CI: 6.4-11.8) and 15.9 (95% CI: 10.7-21.4) months, respectively (8.3 months for icPFS and 13.9 months OS for patients receiving RDT). Most common grades 3-4 treatment-related adverse event was alanine aminotransferase (ALT) increased (10.4%). Conclusions. Encorafenib plus binimetinib showed promising clinical benefit in terms of icRR, and tolerable safety profile with low frequency of high-grade TRAEs, in patients with BRAFV600-mutant melanoma and BM, including those with symptoms and need for steroids. Sequential radiotherapy is feasible but it does not seem to prolong response.

Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 16.4 **Quartil:** 1 **Categoria:** Clinical neurology **Posició:** 4/280 **Journal Citation Indicator:** 3.38

Michels S, Massutí B, Vasyliv I, Stratmann J, Frank J, Adams A, Felip E, Grohé C, Rodriguez-Abreu D, Bischoff H, Carcereny I Costa E, Corral J, Pereira E, Fassunke J, Fischer RN, Insa A, Koleczko S, Nogova L, Reck M, Reutter T, Riedel R, Schaufler D, Scheffler M, Weisthoff M, Provencio M, Merkelbach-Bruse S, Hellmich M, Sebastian M, Büttner R, Persigehl T, **Rosell R**, Wolf J. **Overall survival and central nervous system activity of crizotinib in ROS1-rearranged lung cancer-final results of the EUCROSS trial**. ESMO Open. 2024 Feb;9(2):102237. doi: 10.1016/j.esmoop.2024.102237. Epub 2024 Feb 12. PMID: 38350336; PMCID: PMC10937203.

Background: In 2019, we reported the first efficacy and safety analysis of EUCROSS, a phase II trial investigating crizotinib in ROS1 fusion-positive lung cancer. At that time, overall survival (OS) was immature and the effect of crizotinib on intracranial disease control remained unclear. Here, we present the final analysis of OS, systemic and intracranial activity, and the impact of co-occurring aberrations.

Materials and methods: EUCROSS was a prospective, single-arm, phase II trial. The primary endpoint was best overall response rate (ORR) using RECIST 1.1. Secondary and exploratory endpoints were progression-free survival (PFS), OS, and efficacy in pre-defined subgroups. Results: Median OS of the intention-to-treat population (N = 34) was 54.8 months [95% confidence interval (CI) 20.3 months-not reached (NR); median follow-up 81.4 months] and median all-cause PFS of the response-evaluable population (N = 30) was 19.4 months (95% CI 10.1-32.2 months). Time on treatment was significantly correlated with OS (R = 0.82; P < 0.0001). Patients with co-occurring TP53 aberrations (28%) had a significantly shorter OS [hazard ratio (HR) 11; 95% CI 2.0-56.0; P = 0.006] and all-cause PFS (HR 4.2; 95% CI 1.2-15; P = 0.025). Patients with central nervous system (CNS) involvement at baseline (N = 6; 20%) had a numerically shorter median OS and all-cause PFS. Median intracranial PFS was 32.2 months (95% CI 23.7 months-NR) and the rate of isolated CNS progression was 24%. Conclusions: Our final analysis proves the efficacy of crizotinib in ROS1-positive lung cancer, but also highlights the devastating impact of TP53 mutations on survival and treatment efficacy. Additionally, our data show that CNS disease control is durable and the risk of CNS progression while on crizotinib treatment is low.

Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 7.1 **Quartil:** 1 **Categoria:** Oncology **Posició:** 40/322 **Journal Citation Indicator:** 1.39

Molina-Alejandre M, Perea F, Calvo V, Martinez-Toledo C, Nadal E, Sierra-Rodero B, Casarrubios M, Casal-Rubio J, Martinez-Martí A, Insa A, Massuti B, **Viteri S**, Barneto Aranda I, Rodriguez-Abreu D, de Castro J, Martínez JM, Cobo M, Wistuba II, Parra ER, Martín-López J, Megías D, Muñoz-Viana R, Garrido F, Aptsiauri N, Ruiz-Cabello F, Provencio M, Cruz-Bermúdez A. **Perioperative chemoimmunotherapy induces strong immune responses and long-term survival in patients with HLA class I-deficient non-small cell lung cancer**. J Immunother Cancer. 2024 Oct 20;12(10):e009762. doi: 10.1136/jitc-2024-009762. PMID: 39428126; PMCID: PMC11492944.

Background: Loss of human leukocyte antigen (HLA) class I expression and loss of heterozygosity (LOH) are common events implicated in the primary resistance of non-small cell lung cancer (NSCLC) to immunotherapy. However, there is no data on perioperative chemoimmunotherapy (ChIO) efficacy or response mechanisms in the context of HLA class I defects. Methods: Baseline HLA class I tumor status (HLA-deficient (HLA-DEF) or HLA-proficient (HLA-PRO)) was determined by DNA LOH combined with immunohistochemistry for protein levels in tissue of 24 patients with NSCLC treated with perioperative nivolumab plus chemotherapy from NADIM trial (NCT03081689). We integrated HLA tumor status with molecular data (programmed death-ligand 1 (PD-L1), TMB, TCR repertoire, TILs populations, bulk RNA-seq, and spatial transcriptomics (ST)) and clinical outcomes (pathological response and survival data) to study the activity of perioperative ChIO considering HLA class I defects. Results: HLA-DEF tumors comprised 41.7% of analyzed tumors and showed a desert-like microenvironment at baseline, with lower PD-L1 levels and reduced immune infiltrate. However, perioperative ChIO induced similar complete pathological response (CPR) rates in both HLA-DEF and PRO tumors (50% and 60% respectively, p=0.670), as well as 3-year survival rates: Progression-free survival (PFS) and overall survival (OS) of 70% (95% CI 32.9% to 89.2%) for HLA-DEF, and PFS 71.4% (95% CI 40.6% to 88.2%) and OS 92.9% (95% CI 59.1% to 99.0%) for HLA-PRO (log-rank PFS p=0.909, OS p=0.137). Proof-of-concept ST analysis of a CPR HLA-DEF tumor after ChIO showed a strong immune response with tertiary lymphoid structures (TLS), CD4+T cells with HLA class II colocalization, and activated CD8+T cells.

Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 10.3 **Quartil:** 1 **Categoria:** Immunology **Posició:** 12/181 **Journal Citation Indicator:** 2.02 ***1er Decil**

Molina-Vila M, **Bertran-Alamillo J**, **Gimenez-Capitan A**, **Aguado C**, **Martinez-Perez E**, **Garcia-Roman S**, **Roman R**, Rodriguez S, **Aldeguer E**, de Oliveira Cavagna R, Ferro Leal L, Manuel Reis R, Rosell R. **ROS1 mRNA upregulation is common in human tumors and associates with sensitivity to tyrosine kinase inhibitors in cell line models**. Eur J Cancer. 2024 Oct;211(Suppl 1):S106. doi: 10.1016/j.ejca.2024.114793.

(no abstract)

Indexat a: WoS / JCR **Factor Impacte:** 7.6 **Quartil:** 1 **Categoria:** Oncology **Posició:** 38/322 **Journal Citation Indicator:** 1.69

Neves AR, **Garcia S**, Vuong LN, Blockeel C, Spits C, Polyzos NP. **The Additive Effect of Combinations of FSH Receptor Gene Variants in Ovarian Response to Stimulation**. Reprod Sci. 2024 Nov;31(11):3560-3568. doi: 10.1007/s43032-024-01700-x. Epub 2024 Sep 25. PMID: 39322797.

To analyze whether combinations of polymorphisms within FSHR gene influence ovarian response (OR) to stimulation. A multicenter prospective cohort study was conducted from 11/2016-06/2019 in Europe and Asia including predicted normo-responders under 38y. Patients underwent ovarian stimulation using fixed-dose 150 IU rFSH in a GnRH antagonist protocol. FSHR variants rs6165, rs6166 and rs1394205 were genotyped and combined in diplotypes. OR was compared following multivariable regression. rs6165/rs6166 genotype AG/AG exhibited more hypo-response (33.1% vs. 24%,adjOR 1.77 [95%CI 1.08-2.90]) and lower Follicle to Oocyte Index (FOI) compared with other diplotypes (EMD -11.72 [95%CI -20.89;-2.55]). Genotype GG/AA showed less hypo-response (19.1% vs. 31%, adjOR 0.48 [95%CI 0.24-0.96]), while AA/AA had higher FOI (EMD 20.04 [95%CI 4.51;35.56]). Concerning rs6165/rs1394205, less oocytes (EMD -1.99 [95%CI -3.57;-0.42]) and lower FOI (EMD -12.07 [95%CI -23.09;-1.05]) were retrieved with genotype AG/AG and higher FORT with genotype AA/AG (EMD 17.88 [95%CI 3.77;31.98]). Regarding rs6166/rs1394205, less hypo-response (16.3% vs. 29.5%,adjOR 0.42 [95%CI 0.19-0.97]), more oocytes (EMD 3.45 [95%CI 1.57;5.34]) and higher FOI (EMD 17.57 [95%CI 4.41;30.73) were found with genotype AA/GG. Genotype AA/AG presented higher FORT (EMD 13.47 [95%CI 2.51,24.42]), while more hypo-response (56.3% vs. 26.4%,adjOR 6.30 [95%CI 1.88;21.08]) and lower FOI (EMD -23.51 [95%CI -45.04;-1.97]) was reported with AG/AA. In accordance with our previous studies, FSHR polymorphisms have a statistically significant impact on OR, both individually and in association. However, only rs6166/rs1394205 genotype AA/GG seems to have a clinically significant effect, with a decrease in the prevalence of hypo-response, higher oocyte yield and increase in FOI.

Indexat a: WoS / Pubmed / JCR / Medline **Factor Impacte:** 2.6 **Quartil:** 2 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 41/136 ; Reproductive Biology 19/39 **Journal Citation Indicator:** 0.87

Pernas S, Sanfeliu E, Villacampa G, Salvador J, Perelló A, **González X**, Jiménez B, Merino M, Palacios P, Pascual T, Alba E, Villanueva L, Chillara S, Ferrero-Cafiero JM, Galvan P, Prat A, Ciruelos E. **Palbociclib and letrozole for hormone receptor-positive HER2-negative breast cancer with residual disease after neoadjuvant chemotherapy**. NPJ Breast Cancer. 2024 Nov 26;10(1):101. doi: 10.1038/s41523-024-00710-x. PMID: 39592624; PMCID: PMC11599376.

With the incorporation of cyclin-dependent kinase inhibitors in early breast cancer (BC), a better identification of biomarkers is needed. The PROMETEO II trial aimed to evaluate the antitumor activity of palbociclib plus letrozole and to identify response biomarkers in patients with operable HR+/HER2- BC and residual disease after neoadjuvant chemotherapy (NAC). The primary endpoint was the rate of complete cell cycle arrest (CCCA), centrally determined by Ki67 ≤ 2.7% at surgery. A comprehensive translational analysis was conducted. At surgery, the CCCA rate was 59.1%, with a 44.2% decrease in Ki67 from the end of NAC. Changes in intrinsic subtypes occurred in 48% of patients, with proliferation genes suppressed, and immune genes more upregulated in tumors with CCCA. Overall, 14% of tumors were classified as PD-L1+ after palbociclib. Nine patients experienced grade 3 adverse events (AEs). Palbociclib showed an anti-proliferative effect, with increased immune infiltration in residual tumors with CCCA.Trial registration: Palbociclib Plus Letrozole in Hormone Receptor Positive Residual Disease After Neoadjuvant Chemotherapy (PROMETEO II) ClinicalTrial.gov number NCT04130152. Study registration; October 17, 2019.

Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 6.6 **Quartil:** 1 **Categoria:** Oncology **Posició:** 44/322 **Journal Citation Indicator:** 1.35

Postel-Vinay S, Coves J, Texier M, Aldea M, Gazzah A, Dómine M, Planchard D, De Las Peñas R, Sala Gonzalez MA, **Viteri S**, Perez J, Ortega AL, Moran T, Camps C, Lopez-Martin A, Provencio M, Soria JC, Besse B, Massuti B, **Rosell R**. **Olaparib maintenance versus placebo in platinum-sensitive non-small cell lung cancer: the Phase 2 randomized PIPSeN trial**. Br J Cancer. 2024 Feb;130(3):417-424. doi: 10.1038/s41416-023-02514-5. Epub 2024 Dec 14. PMID: 38097741; PMCID: PMC10844295.

Background: Platinum-sensitivity is a phenotypic biomarker of Poly (ADP-ribose) polymerase inhibitors (PARPi) sensitivity in histotypes where PARPi are approved. Approximately one-third of non-small cell lung cancers (NSCLC) are platinum-sensitive. The double-blind, randomized phase II PIPSeN (NCT02679963) study evaluated olaparib, a PARPi, as maintenance therapy for patients with platinum-sensitive advanced NSCLC.
Methods: Chemonaïve patients with ECOG performance status of 0-1, platinum-sensitive, EGFR- and ALK-wild-type, stage IIIB-IV NSCLC were randomized (R) to receive either olaparib (O) maintenance or a placebo (P). The primary objective was progression-free survival (PFS) from R. Secondary objectives included overall survival (OS) and safety. With an anticipated hazard ratio of 0.65, 144 patients were required to be randomized, and approximately 500 patients enrolled. Results: The trial was prematurely terminated because anti-PD(L)1 therapy was approved during the trial recruitment. A total of 182 patients were enrolled, with 60 patients randomized: 33 and 27 in the O and P arms, respectively. Patient and tumor characteristics were well-balanced between arms, except for alcohol intake (33% vs 11% in the O and P arms, respectively, p = 0.043). The median PFS was 2.9 and 2.0 months in the O and P

arms, respectively (logrank p = 0.99). The median OS was 9.4 and 9.5 months in the O and P arms, respectively (p = 0.28). Grade ≥3 toxicities occurred in 15 and 8 patients in O and P arms, with no new safety concerns. Conclusion: PIPSeN was terminated early after enrollment of only 50% of the pre-planned population, thus being statistically underpowered. Olaparib maintenance did neither improve median PFS nor OS in this patient population.

Indexat a: Pubmed / JCR **Factor Impacte:** 6.4 **Quartil:** 1 **Categoria:** Oncology **Posició:** 46/322 **Journal Citation Indicator:** 1.46

Rosell R, Jantus-Lewintre E, Cao P, Cai X, Xing B, Ito M, Gomez-Vazquez JL, Marco-Jordán M, Calabuig-Fariñas S, Cardona AF, Codony-Servat J, Gonzalez J, València-Clua K, Aguilar A, Pedraz-Valdunciel C, Dantes Z, Jain A, Chandan S, Molina-Vila MA, Arrieta O, Ferrero M, Camps C, González-Cao M. **KRAS-mutant non-small cell lung cancer (NSCLC) therapy based on tepotinib and omeprazole combination**. Cell Commun Signal. 2024 Jun 12;22(1):324. doi: 10.1186/s12964-024-01667-x. PMID: 38867255; PMCID: PMC11167791.

Background: KRAS-mutant non-small cell lung cancer (NSCLC) shows a relatively low response rate to chemotherapy, immunotherapy and KRAS-G12C selective inhibitors, leading to short median progression-free survival, and overall survival. The MET receptor tyrosine kinase (c-MET), the cognate receptor of hepatocyte growth factor (HGF), was reported to be overexpressed in KRAS-mutant lung cancer cells leading to tumor-growth in anchorage-independent conditions. Methods: Cell viability assay and synergy analysis were carried out in native, sotorasib and trametinib-resistant KRAS-mutant NSCLC cell lines. Colony formation assays and Western blot analysis were also performed. RNA isolation from tumors of KRAS-mutant NSCLC patients was performed and KRAS and MET mRNA expression was determined by real-time RT-qPCR. In vivo studies were conducted in NSCLC (NCI-H358) cell-derived tumor xenograft model. Results: Our research has shown promising activity of omeprazole, a V-ATPase-driven proton pump inhibitor with potential anti-cancer properties, in combination with the MET inhibitor tepotinib in KRAS-mutant G12C and non-G12C NSCLC cell lines, as well as in G12C inhibitor (AMG510, sotorasib) and MEK inhibitor (trametinib)-resistant cell lines. Moreover, in a xenograft mouse model, combination of omeprazole plus tepotinib caused tumor growth regression. We observed that the combination of these two drugs downregulates phosphorylation of the glycolytic enzyme enolase 1 (ENO1) and the low-density lipoprotein receptor-related protein (LRP) 5/6 in the H358 KRAS G12C cell line, but not in the H358 sotorasib resistant, indicating that the effect of the combination could be independent of ENO1. In addition, we examined the probability of recurrence-free survival and overall survival in 40 early lung adenocarcinoma patients with KRAS G12C mutation stratified by KRAS and MET mRNA levels. Significant differences were observed in recurrence-free survival according to high levels of KRAS mRNA expression. Hazard ratio (HR) of recurrence-free survival was 7.291 (p = 0.014) for high levels of KRAS mRNA expression and 3.742 (p = 0.052) for high MET mRNA expression. Conclusions: We posit that the combination of the V-ATPase inhibitor omeprazole plus tepotinib warrants further assessment in KRAS-mutant G12C and non G12C cell lines, including those resistant to the covalent KRAS G12C inhibitors.

Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 8.2 **Quartil:** 2 **Categoria:** Cell biology **Posició:** 32/205 **Journal Citation Indicator:** 1

Rosell R, **Pedraz-Valdunciel C**, Jain A, Shivamallu C, Aguilar A. **Deterministic reprogramming and signaling activation following targeted therapy in non-small cell lung cancer driven by mutations or oncogenic fusions**. Expert Opin Investig Drugs. 2024 Mar;33(3):171-182. doi: 10.1080/13543784.2024.2320710. Epub 2024 Feb 23. PMID: 38372666.

Introduction: Targeted therapy is used to treat lung adenocarcinoma caused by epidermal growth factor receptor (EGFR) mutations in the tyrosine kinase domain and rare subtypes (<5%) of non-small cell lung cancer. These subtypes include fusion oncoproteins like anaplastic lymphoma kinase (ALK), ROS1, rearranged during transfection (RET), and other receptor tyrosine kinases (RTKs). The use of diverse selective oral inhibitors, including those targeting rat sarcoma viral oncogene homolog (KRAS) mutations, has significantly improved clinical responses, extending progression-free and overall survival.
Areas covered: Resistance remains a critical issue in lung adenocarcinoma, notably in EGFR mutant, echinoderm microtubule associated protein-like 4 (EML4)-ALK fusion, and KRAS mutant tumors, often associated with epithelial-to-mesenchymal transition (EMT).
Expert opinion: Despite advancements in next generation EGFR inhibitors and EML4-ALK therapies with enhanced brain penetrance and identifying resistance mutations, overcoming resistance has not been abated. Various strategies are being explored to overcome this issue to achieve prolonged cancer remission and delay resistance. Targeting yes-associated protein (YAP) and the mechanisms associated with YAP activation through Hippo-dependent or independent pathways, is desirable. Additionally, the exploration of liquid-liquid phase separation in fusion oncoproteins forming condensates in the cytoplasm for oncogenic signaling is a promising field for the development of new treatments.

Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 4.9 **Quartil:** 1 **Categoria:** Pharmacology & Pharmacy **Posició:** 46/354 **Journal Citation Indicator:** 1.03

Salvia R, Rico LG, Morán T, Bradford JA, Ward MD, **Drozdowskyj A**, Climent-Martí J, Martínez-Cáceres EM, **Rosell R**, Petriz J. **Prognostic Significance of PD-L1 Expression on Circulating Myeloid-Derived Suppressor Cells in NSCLC Patients Treated with Anti-PD-1/PD-L1 Checkpoint Inhibitors**. Int J Mol Sci. 2024 Nov 15;25(22):12269. doi: 10.3390/ijms252212269. PMID: 39596334; PMCID: PMC11594642.

Even though anti-PD-1/PD-L1 immune checkpoint inhibitors (ICIs) in non-small cell lung cancer (NSCLC) have improved survival, a high percentage of patients still do not respond to ICIs. Myeloid-derived suppressor cells (MDSCs) are circulating cells that express PD-L1 and can infiltrate and proliferate in the tumor microenvironment, inducing immunosuppression. By evaluating changes in PD-L1 expression of live peripheral blood MDSCs, we are able to define a new PD-L1 index, useful in predicting ICI escape in NSCLC patients before initiating anti-PD-1/PD-L1 immunotherapy. In this study, a cohort of 37 NSCLC patients was prospectively analyzed, obtaining independent PD-L1 indexes. In patients with a PD-L1 index > 5.88, progressive disease occurred in 58.33% of patients [median progression-free survival (PFS) = 5.73 months; 95%CI = 2.67-20.53], showing significant differences when compared with patients with a PD-L1 index ≤ 5.88, in whom 7.69% progressed and median PFS was not reached (NR); *p*-value = 0.0042. Overall survival (OS) was significantly worse in patients with a high vs. low PD-L1 index (41.67% vs. 76.92%; median OS = 18.03 months, 95%CI = 6.77-25.23 vs. NR, 95%CI = 1.87-NR; *p*-value = 0.035). The PD-L1 index can be applied to stratify NSCLC patients according to their probability of response to ICIs at baseline. In addition to quantifying tumoral expression, this index could be used to compare nonresponse to treatment.

Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 4.9 **Quartil:** 1 **Categoria:** Biochemistry & Molecular Biology Q1 ; Chemistry, Multidisciplinary Q2 **Posició:** Biochemistry & Molecular Biology 66/313 ; Chemistry, Multidisciplinary 68/231 **Journal Citation Indicator:** 0.71

Speel EM, Dafni U, Thunnissen E, Hendrik Rüschoff J, O'Brien C, Kowalski J, Kerr KM, Bubendorf L, Sansano I, Joseph L, Kriegsmann M, Navarro A, Monkhorst K, Bille Madsen L, Hernandez Losa J, Biernat W, Stenzinger A, Rüland A, Hillen LM, Marti N, **Molina-Vila MA**, Dellaporta T, Kammler R, Peters S, Stahel RA, Finn SP, Radonic T; Lungscape Consortium (see Appendix). **ROS1 fusions in resected stage I-III adenocarcinoma: Results from the European Thoracic Oncology Platform Lungscape project**. Lung Cancer. 2024 Aug;194:107860. doi: 10.1016/j.lungcan.2024.107860. Epub 2024 Jun 26. PMID: 39002492.

Background: ROS1 fusion is a relatively low prevalence (0.6 - 2.0%) but targetable driver in lung adenocarcinoma (LUAD). Robust and low-cost tests, such as immunohistochemistry (IHC), are desirable to screen for patients potentially harboring this fusion. The aim was to investigate the prevalence of ROS1 fusions in a clinically annotated European stage I-III LUAD cohort using IHC screening with the in vitro diagnostics (IVD)-marked clone SP384, followed by confirmatory molecular analysis in pre-defined subsets. Methods: Resected LUADs constructed in tissue microarrays, were immunostained for ROS1 expression using SP384 clone in a ready-to-use kit and Ventana immunostainers. After external quality control, analysis was performed by trained pathologists. Staining intensity of at least 2 + (any percentage of tumor cells) was considered IHC positive (ROS1 IHC +). Subsequently, ROS1 IHC + cases were 1:1:1 matched with IHC0 and IHC1 + cases and subjected to orthogonal ROS1 FISH and RNA-based testing. Results: The prevalence of positive ROS1 expression (ROS1 IHC +), defined as IHC 2 +/3 +, was 4 % (35 of 866 LUADs). Twenty-eight ROS1 IHC + cases were analyzed by FISH/RNA-based testing, with only two harboring a confirmed ROS1 gene fusion, corresponding to a lower limit for the prevalence of ROS1 gene fusion of 0.23 %. They represent a 7 % probability of identifying a fusion among ROS1 IHC + cases. Both confirmed cases were among the only four with sufficient material and H-score >= 200, leading to a 50 % probability of identifying a ROS1 gene fusion in cases with an H-score considered strongly positive. All matched ROS1 IHC- (IHC0 and IHC1 +) cases were also found negative by FISH/RNA-based testing, leading to a 100 % probability of lack of ROS1 fusion for ROS1 IHC- cases. Conclusions: The prevalence of ROS1 fusion in an LUAD stage I-III European cohort was relatively low. ROS1 IHC using SP384 clone is useful for exclusion of ROS1 gene fusion negative cases.

Indexat a: WoS / Pubmed / Medline **Factor Impacte:** 4.5 **Quartil:** 1 **Categoria:** Oncology ; Respiratory System **Posició:** Oncology 78/322 ; Respiratory System 20/101 **Journal Citation Indicator:** 1.12

Spigel DR, Ahn MJ, Majem M, Rodríguez LM, Lee KH, Carcereny E, **Hernández AA**, Insa A, Cho EK, Besse B, Rha SY, Weiss J, D'Arcangelo M, Im SA, Kim SW, Carneiro BA, Gadgeel SM, Mitchell P, Asare JM, Gainer SD, Achour I, Subramaniam DS, Felip E. **Volrustomig plus platinum doublet chemotherapy (CTx) in first-line non-small cell lung cancer (NSCLC): Phase 1b trial update**. J Thorac Oncol. 2024 Oct;19(10 Suppl):S33-S34. doi: 10.1016/j.jtho.2024.08.019.

(no abstract)

Indexat a: WoS / JCR **Factor Impacte:** 21.1 **Quartil:** 1 **Categoria:** Oncology (Q1) ; Respiratory System (Q1) **Posició:** Oncology 13/322 ; Respiratory System 2/101 **Journal Citation Indicator:** 4.29 ***1er Decil**

Sullivan I, **Aguado C**, Baroni M, Teixeira S, **Bertran J**, Giménez A, Aldeguer E, **Román R**, Reguart N, López L, Cavagna R, Marín E, **García B**, **Rodríguez S**, **Rosell R**, Ferro L, Chae Y, Reis R, **Molina MA**. **RET overexpression in absence of fusions or mutations associates with sensitivity to RET TKIs in lung cancer**. Eur J Cancer. 2024 Oct;211(Suppl 1):S108-S109. doi: 10.1016/j.ejca.2024.114800.

(no abstract)

Indexat a: WoS / JCR **Factor Impacte:** 7.6 **Quartil:** 1 **Categoria:** Oncology **Posició:** 38/322 **Journal Citation Indicator:** 1.69

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, 2024), 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.

Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 12.8 **Quartil:** 1 **Categoria:** Medicine, research & experimental **Posició:** 5/189 **Journal Citation Indicator:** 3.85 ***1er Decil**

Vaz Batista M, Pérez-García JM, Cortez P, **Garrigós L**, Fernández-Abad M, Gion M, **Martínez-Bueno A**, Saavedra C, Teruel I, Fernandez-Ortega A, Servitja S, Ruiz-Borrego M, de la Haba-Rodríguez J, Martrat G, Pérez-Escuredo J, Alcalá-López D, Sampayo-Cordero M, Braga S, Cortés J, Llombart-Cussac A. **Trastuzumab deruxtecan in patients with previously treated HER2-low advanced breast cancer and active brain metastases: the DEBBRAH trial**. ESMO Open. 2024 Sep;9(9):103699. doi: 10.1016/j.esmoop.2024.103699. Epub 2024 Sep 9. PMID: 39255534; PMCID: PMC11415677.

Background: Trastuzumab deruxtecan (T-DXd) is approved for human epidermal growth factor receptor 2 (HER2)positive and HER2-low advanced breast cancer (ABC). T-DXd has shown encouraging intracranial activity in HER2positive ABC patients with stable or active brain metastases (BMs); however, its efficacy fi cacy in patients with HER2-low ABC with BMs is not well established yet. Methods: DEBBRAH is a single-arm, fi ve-cohort, phase II study evaluating T-DXd in patients with central nervous system involvement from HER2-positive and HER2-low ABC. Here, we report results from patients with heavily pretreated HER2-low ABC and active BMs, enrolled in cohorts 2 (n n = 6, asymptomatic untreated BMs) and 4 (n n = 6, progressing BMs after local therapy). Patients received 5.4 mg/kg T-DXd intravenously once every 21 days. The primary endpoint was intracranial objective response rate per Response Assessment in Neuro-Oncology Brain Metastases (RANO-BM) for both cohorts. Results: Intracranial objective response rate per RANO-BM was 50.0% [3/6 patients; 95% confidence fi dence interval (CI) 11.8% to 88.2%] and 33.3% [2/6 patients; 95% CI 4.3% to 77.7%; P = 0.033 (one-sided)] in cohorts 2 and 4, respectively. All responders had partial responses. Median time to intracranial response was 2.3 months (range, 1.5-4.0 months) and median duration of intracranial response was 7.2 months (range, 2.8-16.8 months). Median progression-free survival per RECIST v.1.1. was 5.4 months (95% CI 4.1-10.0 months). Treatment-emergent adverse events occurred in all patients included (16.7% grade 3). Three patients (25.0%) had grade 1 interstitial lung disease/pneumonitis. Conclusions: T-DXd demonstrated promising intracranial activity in pretreated HER2-low ABC patients with active BMs. Further studies are needed to validate these results in larger cohorts. This trial is registered with ClinicalTrials.gov, NCT04420598.

Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 7.1 **Quartil:** 1 **Categoria:** Oncology **Posició:** 40/322 **Journal Citation Indicator:** 1.39

Weiss SA, Sznol M, Shaheen M, Berciano-Guerrero MÁ, Couselo EM, Rodríguez-Abreu D, Boni V, Schuchter LM, **Gonzalez-Cao M**, Arance A, Wei W, Ganti AK, Hauke RJ, Berrocal A, Iannotti NO, Hsu FJ, Kluger HM. **A Phase II Trial of the CD40 Agonistic Antibody Sotigalimab (APX005M) in Combination with Nivolumab in Subjects with Metastatic Melanoma with Confirmed Disease Progression on Anti-PD-1 Therapy**. Clin Cancer Res. 2024 Jan 5;30(1):74-81. doi: 10.1158/1078-0432.CCR-23-0475. PMID: 37535056; PMCID: PMC10767304.

Purpose: Disease progression during or after anti-PD-1-based treatment is common in advanced melanoma. Sotigalimab is a CD40 agonist antibody with a unique epitope specificity and Fc receptor binding profile optimized for activation of CD40-expressing antigen-presenting cells. Preclinical data indicated that CD40 agonists combined with anti-PD1 could overcome resistance to anti-PD-1.
Patients and methods: We conducted a multicenter, open-label, phase II trial to evaluate the combination of sotigalimab 0.3 mg/kg and nivolumab 360 mg every 3 weeks in patients with advanced melanoma following confirmed disease progression on a PD-1 inhibitor. The primary objective was to determine the objective response rate (ORR).

Results: Thirty-eight subjects were enrolled and evaluable for safety. Thirty-three were evaluable for activity. Five confirmed partial responses (PR) were observed for an ORR of 15%. Two PRs are ongoing at 45.9+ and 26+ months, whereas the other three responders relapsed at 41.1, 18.7, and 18.4 months. The median duration of response was at least 26 months. Two additional patients had stable disease for >6 months. Thirty-four patients (89%) experienced at least one adverse event (AE), and 13% experienced a grade 3 AE related to sotigalimab. The most common AEs were pyrexia, chills, nausea, fatigue, pruritus, elevated liver function, rash, vomiting, headache, arthralgia, asthenia, myalgia, and diarrhea. There were no treatment-related SAEs, deaths, or discontinuation of sotigalimab due to AEs. Conclusions: Sotigalimab plus nivolumab had a favorable safety profile consistent with the toxicity profiles of each agent. The combination resulted in durable and prolonged responses in a subset of patients with anti-PD-1-resistant melanoma, warranting further evaluation in this setting. See related commentary by Wu and Luke, p. 9.

Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 10.4 **Quartil:** 1 **Categoria:** Oncology **Posició:** 26/322 **Journal Citation Indicator:** 2.52 ***1er Decil**

ANATOMIA PATOLÒGICA

Núm. Articles indexats: 11 **Núm. Articles indexats al JCR:** 3 **Journal Impact Factor ™ – 2024:** 28.3
Factor Impacte mitjà x article: 9.43

Anjos Souza C, Blanco-Heredia J, Trincado JL, **Gonzalez-Cao M**, Gonçalves-Ribeiro S, Ruiz Gil S, Puttick C, Cedeño S, Callari M, Marra M, Gazzo AM3, Weigelt B, McGranahan N, Rosell R, Brander C, **Tresserra F**, Reis-Filho JS, Guimarães Tiezzi D, de la Iglesia N, Heyn H, De Mattos-Arruda L. **Converging and evolving immuno-genomic routes lead to immune escape in breast cancer**. Nat Commun. 2024 Feb 21;15(1):1302. doi: 10.1038/s41467-024-45292-1. PMID: 38383522.

The interactions between tumor and immune cells along the course of breast cancer progression remain largely unknown. Here, we extensively characterize multiple sequential and parallel multiregion tumor and blood specimens of an index patient and a cohort of metastatic triple-negative breast cancers. We demonstrate that a continuous increase in tumor genomic heterogeneity and distinct molecular clocks correlated with resistance to treatment, eventually allowing tumors to escape from immune control. TCR repertoire loses diversity over time, leading to convergent evolution as breast cancer progresses. Although mixed populations of effector memory and cytotoxic single T cells coexist in the peripheral blood, defects in the antigen presentation machinery coupled with subdued T cell recruitment into metastases are observed, indicating a potent immune avoidance microenvironment not compatible with an effective antitumor response in lethal metastatic disease. Our results demonstrate that the immune responses against cancer are not static, but rather follow dynamic processes that match cancer genomic progression, illustrating the complex nature of tumor and immune cell interactions.

Indexat a: Pubmed / WoS / JCR **Factor Impacte:** 14.7 **Quartil:** 1 **Categoria:** Multidisciplinary Sciences **Posició:** 8/134 **Journal Citation Indicator:** 3.28 ***1er Decil**

Bermudo G, Molina-Molina M, **Llatjós R**. **Pulmonary and Cutaneous Angiomatoid Fibrous Histiocytoma**. Arch Bronconeumol. 2024 Feb;60(2):101-102. English, Spanish. doi: 10.1016/j.arbres.2024.10.008. Epub 2024 Oct 30. PMID: 37949761.

(no abstract)

Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 8.7 **Quartil:** 1 **Categoria:** Respiratory System **Posició:** 9/101 **Journal Citation Indicator:** 1.38 ***1er Decil**

Castella M, **Tresserra F**, Luque O, Fernandez-Cid, Fabra G, Gomez C. **Noves perspectives en el fluxe de treball del citotàcnic pel cribatge de càncer de cérvix, introducció a la intel·ligència artificial**. Experiència en l'hospital Universitari Dexeus. Citopat.cat 2024;16:52-55.

(no abstract)

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

Fabra G, Gomez C, Fernandez-Cid C, Luque O, Castella M, **Tresserra F**. **Melanoma metàstatic en cavitat peritoneal**.Citopat.cat 2024;16:80-83.

(no abstract)

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

Giménez-Pérez M, Hernández S, Padullés A, Boix-Palop L, Grau S, Badia JM, Ferrer R, Calbo E, Limón E, Pujol M, Horcajada JP; **Cuadrado G**, **Suárez I**, **Montoya J**, **Trevisanello L**, Members of the E. coli Study Group, on behalf of VINCat Program. **Impact of an antimicrobial stewardship program indicator on the appropriateness of the empiric antibiotic treatment of urinary source Escherichia coli bacteraemia**. Int J Antimicrob Agents. 2024 Aug;64(2):107202. doi: 10.1016/j.ijantimicag.2024.107202. Epub 2024 May 18. PMID: 38768736.

A prospective multicentre study was carried out between 2017 and 2021 to assess (1) the appropriateness of the empirical treatment to the local guidelines of urinary source Escherichia coli bacteraemia, (2) the appropriateness of empirical treatment to antibiotic sensitivity results and (3) the degree of error in the local guidelines regarding the antibiotic sensitivity reported in acute care hospitals enrolled in the vigilància de les infeccions relacionades amb l'atenció sanitària de Catalunya program. During the study period, 79.0% of the empirical treatments analysed complied with the guidelines and 88.1% were appropriate in view of the in vitro activity of the isolated strain. The rate of appropriateness rose from 73.8% in 2017 to 81.0% in 2021 (P < 0.001). The degree of error in the recommendations regarding the in vitro activity of the isolated strains was 5.9% and remained stable during the study period. Antibiotic families correctly prescribed according to the guidelines were third-generation cephalosporins (54.9%), carbapenems (16.8%) and combinations of penicillins and beta-lactamase inhibitors (16.4%). Of the 8009 E. coli strains, 19.0% were extended-spectrum beta-lactamases producers, 36.8% were resistant to quinolones and 0.5% were resistant to carbapenems. The broad implementation of an antimicrobial stewardship program with quality indicators of antibiotic

use improved compliance to local guidelines in the empiric treatment of urinary tract E. coli bacteraemia. The degree of error in local guidelines was low but higher in more complex hospitals and in healthcare-associated infections. Guidelines need to be constantly updated with the use of epidemiological data, rapid diagnostic tests and the analysis of patient risk factors specific to each geographical area.

Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 4.9 **Quartil:** 1 **Categoria:** Infectious diseases **Posició:** 16/132 **Journal Citation Indicator:** 2.43

Martínez Lorente A, Rosello Sastre E, Jesús Fernández Aceñero M, Zaragoza Macián L, Azúa Romeo J, Alfaro-Cervelló C, Navarro S, García Fernández E, Temprana-Salvador J, Iglesias Coma M, Olivares Vegas F, Fernández Figueras M, Aso Manso S, Aguirre Anda JJ, Salas Valién JS, Álvarez Alegret R, Hernández Losa J, Jou Muñoz C, Dinarès Fernández C, Urbano Carrillo M, Béjar Valera J, Chappuis de Oliveira C, Centeno Haro M, Leiva Cepas F, **Tresserra Casas F**. **Recomendaciones de la SEAP-IAP para la recolección, el almacenamiento y el uso de materiales biológicos de origen humano y los datos relacionados, destinados a la investigación. Consideración genérica de biobanco y revisión ético-legal (Parte II) [SEAP-IAP recommendations for the collection, storage and use of biological materials of human origin and related data intended for research. Generic biobank consideration and ethical-legal review (Part II)]**. Rev Esp Patol. 2024 Oct-Dec;57(4):250-257. Spanish. doi: 10.1016/j.patol.2024.04.005. Epub 2024 Jul 25. PMID: 39393892.

The working group set up by the SEAP-IAP addresses in this Part II some general considerations and five particular considerations to be taken into account when a biological sample of human origin, coming from our archives, acquires a different destination from the usual one, in this case for research. From this moment on, we must follow mandatory legal and ethical rules, and the different recitals provide us with guidelines to ensure good practice, both for biological material and its associated data. The traditional task of custody given to the Pathological Anatomy is approached, as always, from the point of view of responsibility and, in this article, adjusted to its time.

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

Martinez-Ramos D, Piñero A, **Tresserra F**, Alcobilla E, Algara M. **Editorial: Impact factor achieved (But this is just the beginning)**. Rev. Senol. Patol. Mamar. 2024;37:100561. doi: 10.1016/j.senol.2023.100561

(no abstract)

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

Morillo E, Sanchez-Prieto M, Garcia S, Baulies S, Fábregas R, Ara C, **Tresserra F**. **Técnica de la biopsia selectiva del ganglio centinela en tumores multifocales de la mama**. Rev Senol Patol Mamar 2024 (en prensa). doi: 10.1016/j.senol.2024.100573.

(no abstract)

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

Ramón y Cajal S, Mayordomo E, **Tresserra F,** Oliva M, Palanca G, Lorenzi A, Villacañas M, Beneyto V, Sasiambarrena B, Cuenca C, Rodríguez A. **Análisis de la Anatomía Patológica en España**. Sociedad Española de Anatomía Patologica 2024.

[llibre]

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

Tresserra F, Fabra G, Luque O, Castella M, Gomez C, Fernandez-Cid C, Rodriguez I. **Validation of digital image slides for diagnosis in cervico-vaginal cytology**. Rev Esp Patologia 2024;57:182-9. doi: 10.1016/j.patol.2024.03.005

Objective: To test the diagnostic concordance between microscopic (MI) and digital (DG) observation of cervico-vaginal (CV) cytology in a validation study of the technique. Methods: Five cytotechnologists (CT) reviewed 888 routine CV cytology cases from the Cervical Pathology Unit of our center over a 2-week period of time. The cases were first observed by MI and at the end of the day the cases were observed by DG. Statistical analysis used: Agreement calculated using the Kappa index. Results: Most of the diagnoses corresponded to benign (64%) or inflammatory conditions (14%) and 24% corresponded to the intraepithelial lesion or malignancy (ILM) category. The overall kappa coefficient of concordance was strong (0.87). Among the different CTs it was almost perfect in two, strong in two and moderate in one. In 18 cases (10%) there were discrepancies between techniques in the category of ILM. In 10 (56%) cases there was an overdiagnosis in DG and in 8 (44%) an overdiagnosis in MI. Only in two cases, the diagnostic discrepancy exceeded one degree of difference between lesions, and they were ASCUS or AGUS for DG and CIN 2 for MI. Conclusions: In this validation test in which routine cases during a two-week period have been used, observing the cases with both techniques on the same day, we have obtained a strong degree of concordance. The discordances obtained have not been considered relevant.

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

Tresserra F, Rosello E, Fernández MJ, Zaragoza L, Azúa J, Alfaro C, Navarro S, García E, Temprana J, Iglesias M, Olivares F, Fernández M, Aso S, Aguirre JJ, Salas JS, Álvarez R, Hernández J, Jou, Dinarès C, Urbano M, Béjar J, Chappuis C, Centeno M, Leiva F, Martínez A. **Tiempos y condiciones de almacenamiento de las muestras en Anatomía Patológica. Recomendaciones de la sociedad española de Anatomía Patológica (SEAP). Parte 1: muestras destinadas al diagnóstico**. Rev Esp Patol 2024;57:235-249.

(no abstract)

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

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

Núm. Articles indexats: 15 **Núm. Articles indexats al JCR:** 10 **Journal Impact Factor ™ – 2024:**19.113
Factor Impacte mitjà x article: 1.911

Alabau-Rodriguez S, Garrido Ferrer JF, **Bulló Mir X**, Martín Dominguez LA, Pardo Pol A, Soldado Carrera F. **Congenital Radioulnar Synostosis Review: Recommendations and Treatment Outcomes**. Children (Basel). 2024 Oct 30;11(11):1317. doi: 10.3390/children11111317. PMID: 39594892; PMCID: PMC11593211.

Background/Objectives: Congenital radioulnar synostosis (CRS) is a rare congenital disorder of the elbow joint caused by the abnormal fusion of the radius and ulna during fetal development, leading to limited forearm rotation and functional impairment. This narrative review aims to summarize the key aspects of diagnostic suspicion, treatment options, and lifestyle management strategies for individuals affected by CRS. Relevant sections: While CRS often occurs sporadically, there are familial cases with an autosomal dominant inheritance pattern. The diagnosis is established through a combination of clinical evaluation and radiological imaging, which confirms the presence and extent of the synostosis. Identifying the specific type and severity of CRS is critical for management decisions. Surgical interventions are considered based on factors such as the patient's age, level of functional limitation, and symptom severity, while conservative treatment may be appropriate for cases with mild impairment. Discussion: Various surgical techniques have been described, but derotation osteotomy has emerged as a preferred option due to its predictable improvement in forearm function. Nevertheless, surgical treatment poses challenges, including potential complications like nerve injury and recurrence of deformity. Cultural and individual considerations, such as the desired forearm position, must be addressed to achieve optimal outcomes aligned with the patient's lifestyle and needs. Conclusions: Managing CRS requires a nuanced and individualized approach, recognizing the unique challenges each patient presents. This review highlights the importance of continuous research to refine diagnostic and therapeutic strategies, ultimately aiming to enhance functional outcomes and quality of life for CRS patients.

Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 2 **Quartil:** 2 **Categoria:** Pediatrics **Posició:** 69/186 **Journal Citation Indicator:** 0.98

Barrera-Ochoa S, **Ibañez M**, Francisco S, Sapage R, Alabau-Rodríguez S, **Mir-Bullo X**. **Locking plate versus retrograde intramedullary headless compression screw for unstable extra-articular metacarpal base fractures of the thumb**. Injury. 2024 Dec;54 Suppl 7:110891. doi: 10.1016/j.injury.2024.110891. Epub 2024 Jan 13. PMID: 38225157.

The purpose was to compare clinical and radiological outcomes between two fixation techniques used to treat extra-articular fractures involving the base of the thumb metacarpal: retrograde intramedullary cannulated headless screw (RICHS) and locking plate (LP). Fifty-one patients who underwent RICHS (n = 22) or LP fixation (n = 29) from January 2010 through 2020 were included in this retrospective case-control study with mean follow-up 39 months. No

inter-group differences were observed comparing mean time to radiological union, grip strength, range of motion, pain severity or QuickDASH scores. Mean surgery time was shorter with RICHS (18.9 min) than with LP fixation (44.4 min). Mean time to return to work or routine activities was less in RICHS than LP (22 vs. 32 days), as was the percentage of patients requiring hardware removal (0% vs. 44.8%). We conclude that RICHS fixation requires less operating time and yields faster post-operative return to full function and fewer secondary procedures.

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

Coelho A, Parés-Alfonso I, Companys R, Sánchez-Soler JF, **Torres-Claramunt R**, Alier A, **Monllau JC**. **[Translated article] Risk factors for infection of tibial plateau fractures**. Rev Esp Cir Ortop Traumatol. 2024 Jan-Feb;68(1):T44-T49. English, Spanish. doi: 10.1016/j.recot.2024.11.015. Epub 2024 Nov 22. PMID: 37995815.

Introduction: Tibial plateau fractures are injuries prone to postoperative infection, with its reported incidence being higher than that of other fractures, between 5% and 12%. The primary objectives of this study were to quantify the postoperative infection rate of internal fixation of tibial plateau fractures (TPFs) and to identify the risk factors for this.
Material and methods: Retrospective cohort study including patients who underwent TPF osteosynthesis between 2015 and 2020, in the same center. The study population was divided into two groups, according to the presence or absence of postoperative infection. Demographic variables related to the fracture, surgical parameters, as well as the need for reoperation were collected. Finally, in the case of debridement, the number of positive cultures and the pathogen responsible for the infection were collected, as well as the treatment applied.
Results: One hundred and twenty-four patients were included, with a total of 14 infections (global infection rate of 11.3%). Risk factors for developing infection were open fractures (p=.002), Schatzker V and VI type fractures (p=.002) and the use of external fixation (p<.001). Regarding the surgical variables, only the longest ischemia time (p=.032) was identified as a risk factor. Staphylococcus aureus was the most frequently identified microorganism (43%), followed by Enterobacter cloacae (35.7%). Conclusion: The overall infection rate after osteosynthesis of tibial plateau fractures was 11.3%. Different factors are associated with a higher risk of infection, including diabetes mellitus, open fractures, the use of external fixation, a higher grade in the Schatzker classification or a longer intraoperative ischemia time.

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

Ginebreda I, **Ibáñez M**, **Canu N**, **Echavarria C**, **Lebre J**, **Pérez M**. **Health-related Quality of Life in Patients with Achondroplasia after Global Limb-lengthening Surgery: A Case Series**. J Limb Lengthening Reconstr. 2024 Jul-Dec;10(2):10. doi: 10.4103/jllr.jllr_7_24.

Background:Achondroplasia can impact daily activities and impair quality of life (QoL). Surgical lengthening of the upper and lower limbs has been reported to increase independence and improve QoL, but further evidence is needed to allow well-informed treatment decisions. Question/Purpose: (1) What height and limb-length improvements are achieved with global limb-lengthening surgery? (2) Does global limb-lengthening surgery improve patient QoL? (3) What major complications are observed with global limb lengthening? Subjects and Methods:This retrospective case series reviewed patients with achondroplasia who underwent global (tibial, femoral, and humeral) elongation between 1986 and 2012 at our institution. Patients were followed for 3 years postoperatively to measure gains in height and limb length. Postelongation QoL was assessed with the 36-item short form health survey (SF-36) and compared with a historical nonsurgical control group. Results:After global lengthening in 35 patients (210 segments), mean increases in limb length (right and left, respectively) were 15.0 and 15.3 cm for the tibia, 14.1 and 14.1 cm for the femur, and 10.8 and 10.9 cm for the humerus, gaining in average 29 cm from lengthening the lower extremities. When compared with a control group (short stature who did not receive limb-lengthening surgery [n = 44]), our patients reported significantly higher mean scores across all eight SF-36 subscales (P < 0.0001 for all subscales). Major complications were reported for 62.2% of patients, most commonly valgus axial deviation of the tibia (both tibias in 24.3%), early consolidation of the tibia (8.1%), and postelongation fracture of the femur (8.1%). Conclusion:Global limb lengthening achieved significant improvements in patient-reported functional and emotional QoL compared with historical nonsurgical controls and an acceptable rate of major complications.

Indexat a: WoS / JCR **Factor Impacte:** 0.6 **Quartil:** **Categoria:** Orthopedics ; Surgery **Posició:** Orthopedics 114/130 ; Surgery 252/286 **Journal Citation Indicator:** 0.17

Morales-Avalos R, **Masferrer-Pino Á**, Padilla-Medina JR, **Amestoy-Ramos J**, **Ibáñez M**, **Perelli S**, Ariztegui-Andrade C, Espregueira-Mendes J, **Monllau JC**. **Mid-Term Clinical and Radiological Outcomes of Lateral Meniscal Allograft Transplantation with Suture-Only Fixation Plus Capsulodesis**. J Knee Surg. 2024 Jan;37(1):26-36. doi: 10.1055/a-1946-7079. Epub 2022 Sep 19. PMID: 36122692.

Meniscal allograft transplantation (MAT) is an effective reconstructive procedure for treating a symptomatic postmeniscectomy syndrome. It consists of replacing the lost meniscal tissue aiming to improve the clinical outcomes and prevent progressive deterioration of the joint. The aim of this study was to evaluate meniscal graft survivorship and report on the radiographic (in terms of graft extrusion and joint space width and alignment) and the functional results through a midterm follow-up of lateral MAT performed with a soft tissue fixation technique after capsulodesis. In total, 23 patients who underwent lateral MAT as a single procedure were included. The Knee injury and Osteoarthritis Outcome Score, Lysholm, Tegner, and visual analog scale scales were used for patient assessment. Magnetic resonance imaging and a complete radiographic protocol were conducted to determine the degree of meniscal extrusion and the changes in the degree of osteoarthritis and coronal alignment. Assessments were performed after 2 and 7 years of follow-up. A significant improvement in all the scores, relative to preoperative values, was found after 7 years of follow-up. This improvement remained

consistent throughout the first and second follow-up periods. A mean absolute extrusion of 2.2 mm ± 1.6 and an extrusion percentage of 28.0% ± 11.43 were found, with no significant differences throughout the follow-up periods. There was no statistically significant difference in terms of the frontal mechanical axis and joint space narrowing between the preoperative value and at the first and second follow-up periods. A survival rate of 85.7% was found after 7 years of follow-up. Capsulodesis results in a low degree of meniscal extrusion in isolated lateral MAT fixed with a suture-only technique, which is maintained after 7 years of follow-up, with a high graft survival index (>85%) and satisfactory results on the functional scales.

Indexat a: Pubmed / JCR **Factor Impacte:** 1.6 **Quartil:** 3 **Categoria:** Orthopedics **Posició:** 69/136 **Journal Citation Indicator:** 0.94

Morales-Avalos R, Torres-González EM, Padilla-Medina JR, **Monllau JC**. **ACL anatomy: Is there still something to learn?** Rev Esp Cir Ortop Traumatol. 2024 Mar 18:S1888-4415(24)00071-7. English, Spanish. doi: 10.1016/j.recot.2024.03.009. Epub ahead of print. PMID: 38508380.

Background: The different bony and soft tissue reference points and the micro and macroscopic structures of the knee continue to be the object of focused study and analysis. Upon reviewing the most recent literature, we saw the wide spectrum of studies that seek to define the different anatomical aspects of the anterior cruciate ligament (ACL). Purpose: The purpose of this paper is to review the most recent publications on the ACL and its morphology in which its microscopic composition and macroscopic anatomy are addressed. Results: The ACL consists of typeI (90%) and typeIII (10%) collagen matrix. Its length ranges from 27 to 38mm and its width from 10 to 12mm. The ACL cross-section area measures an average of 44mm2, and its shape resembles that of an hourglass or a bow tie. ACL bundles have been defined as anteromedial, intermediate, and posterolateral. Femoral and tibial footprints were seen to present a high degree of variability in shape and size. Furthermore, the blood supply is given by the medial genicular artery and innervation by the tibial nerve branches. Additionally, the ACL functionally prevents anterior translation of the tibia and stabilizes against the internal rotation of the tibia and valgus angulation of the knee. Conclusions: There is great variability in the anatomy of the ACL as well as its attachment sites. At the same time, the shape and size of its footprint has become a factor in determining individualized ACL reconstruction. The persistence of morphological variability in the aging of the ACL and important aspects of surgical planning and decision making with respect to anatomical risk factors suggest that further studies are called for.

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

Pardo-Pol A, Fontanellas-Fes A, **Pérez-Prieto D**, Sorli L, Hinarejos P, **Monllau JC**. **The Use of Erythromycin and Colistin Cement in Total Knee Arthroplasty Does Not Reduce the Incidence of Infection: A Randomized Study in 2,893 Knees With a 9-year Average Follow-Up**. J Arthroplasty. 2024 Apr 17:S0883-5403(24)00362-0. doi: 10.1016/j.arth.2024.04.039. Epub ahead of print. PMID: 38640967.

Background: One of the most severe complications of primary total knee arthroplasty (TKA) is prosthetic joint infection. Currently, the use of antibiotic-loaded cement for the prevention of infection is still controversial. The aim of the present study was to evaluate if the use of

antibiotic-loaded cement reduces the infection rate in primary TKA in long-term follow-up (more than 5 years average follow-up).Methods: This study is the follow-up extension of a prospective randomized study, with 2,893 cemented TKA performed between 2005 and 2010 at our institution. There were 2 different cohorts depending on which bone cement was used: without antibiotics (control group) or those loaded with erythromycin and colistin (study group). All patients received the same systemic prophylactic antibiotics. The patients were followed for a minimum of twelve months. The diagnosis of prosthetic joint infection was done according to Zimmerli criteria.Results: In 1,452 patients, the prosthetic components were fixed using bone cement without antibiotics, whereas in 1,441 patients, bone cement was loaded with erythromycin and colistin. Both groups were comparable in terms of all the possible risk factors studied. We found a total of 53 deep infections, with a mean rate of 1.8%. There were no differences between the groups as to whether bone cement with or without antibiotics had been used (P = .58). The average duration of follow-up was 8.7 years. In terms of prosthetic revision due to aseptic loosening, there were no differences between groups (P = .32), with 33 revision arthroplasties in the control group and 37 in the study group. Moreover, we analyzed the erythromycin resistance rate, with no differences between both groups (P = .6).Conclusions: The use of erythromycin and colistin-loaded bone cement in TKA did not lead to a decrease in the rate of infection in long-term follow-up, a finding that suggests that its use would not be indicated in the general population.

Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 3.4 **Quartil:** 1 **Categoria:** Orthopedics **Posició:** 15/136 **Journal Citation Indicator:** 1.75

Perelli S, Costa GG, Russo A, Hinarejos P, **Torres-Claramunt R**, Sanchez-Soler J, Morales-Avalos R, **Monllau JC**. **The distal tibiofibular syndesmosis is a reliable landmark for 3° varus tibial resection in total knee arthroplasty: a radiological evaluation on 1296 cases**. Arch Orthop Trauma Surg. 2024 Feb;144(2):879-885. doi: 10.1007/s00402-023-05099-z. Epub 2024 Oct 21. PMID: 37864591.

Purpose: The purpose of this study was to evaluate the reproducibility and the accuracy of distal tibiofibular syndesmosis (DTFS) as landmark to perform controlled varus tibial resections during total knee arthroplasty (TKA). The hypothesis was that DTFS can be used to perform an accurate 3° varus tibial cut. Methods: A retrospective analysis on a consecutive series of standard weightbearing full-length anteroposterior views of the lower limbs radiographic images was conducted. For each radiograph, the hip-knee-ankle (HKA) angle, the angle between the tibial mechanical axis and the line connecting the centre of the tibial spines and the DTFS (tibiofibular angle, TFA) and the medial proximal tibial angle (MPTA) were calculated. Each measurement was carried out twice by three independent observers, and intra- and inter-observer measurement reliability were assessed using the intraclass correlation coefficient (ICC) analysis. Results: A total of 1296 lower limbs were analysed from a series of 648 weightbearing full-length anteroposterior radiographs. The ICC were > 90% for all measurements. The mean TFA value was 2.94 ± 0.68 (range 2.38-3.51). No differences were detected comparing the mean TFA value on the right and left limb (p = 0.795) as well as comparing the values in male and female patients (p = 0.691). Linear regression analysis did not find statistically significant correlation between TFA and MPTA, or TFA and HKA angles, respectively. Conclusion: The distal tibiofibular syndesmosis is a reliable and easy reproducible radiographic landmark that can be used when planning a 3° varus tibial cut. Future studies are needed to confirm the validity of this method also in clinical settings.

Indexat a: Pubmed / JCR **Factor Impacte:** 2 **Quartil:** 2 **Categoria:** Orthopedics ; Surgery **Posició:** Orthopedics 49/136 ; Surgery 110/292 **Journal Citation Indicator:** 0.94

Ramón R, Holguín E, **Ribas M**, Al Hussin N, Ezechieli M. **Modified Ludloff's medial approach for resection of heterotopic ossification of the hip following severe SARS-CoV-2 infection: a case report**. J Hip Preserv Surg. 2024 Jan 4;11(2):150-155. doi: 10.1093/jhps/hnad048. PMID: 39070205; PMCID: PMC11272633.

The coronavirus disease 2019 pandemic has significantly affected people worldwide. Herein, we present a case of massive heterotopic ossification (HO) of the right hip following severe SARS-CoV-2 infection. The exact origin of HO development is still unknown, but a critical illness, chronic immobilization and hypoxia are important risk factors. Considering the location and size of the HOs in this case, modified Ludloff's medial approach of the hip was used. This approach allows for good exposure and access to the medial and inferior part of the hip joint and the successful extirpation of the pathologic tissue.

Indexat a: JCR / Medline **Factor Impacte:** 1.4 **Quartil:** 3 **Categoria:** Orthopedics **Posició:** 82/136 **Journal Citation Indicator:** 0.61

Rovira Martí P, **Ginebreda Martí I**, García Fontecha C. **Prophylactic Intramedullary Rodding After Femoral Lengthening in Patients With Achondroplasia and Hypochondroplasia**. J Pediatr Orthop. 2024 Mar 1;44(3):e249-e254. doi: 10.1097/BPO.0000000000002594. Epub 2024 Dec 12. PMID: 38084006.

Background: Femoral fracture after femoral lengthening in patients with achondroplasia and hypochondroplasia is a frequent complication, occurring in up to 30%. The purpose of this study is to demonstrate the effectiveness of prophylactic intramedullary rodding in preventing this complication. Methods: Multicenter retrospective study involving 86 femoral lengthening procedures in 43 patients with achondroplasia or hypochondroplasia. Forty-two femora (21 patients) were prophylactically managed with intramedullary Rush rodding after external fixation removal (11 females and 10 males, mean age 14.6 years) compared with 44 femora (22 patients) without prophylactic intramedullary rodding (13 females and 9 males, mean age 15.2 years). The mean amount of lengthening in the rodding group was 13.3 cm (52.6%) with an External Fixation Index of 25.8 days/cm; in patients without rodding was 14.3 cm (61.5%) and 24.5 days/cm, respectively. Results: Seven cases (15.9%) without rodding developed fractures. Four of them required surgical correction due to displacement or shortening. Only 1 patient (2.4%) had fracture of the femur after prophylactic rodding, and surgery was not required. The incidence of femur fracture was significantly lower in the prophylactic rodding group compared with the nonrodding group (2.4% vs. 15.9%, respectively; P =0.034). There were no cases of infection or avascular necrosis. Conclusions: Prophylactic intramedullary rodding is a safe and effective method for preventing femoral fractures after femoral lengthening in patients with achondroplasia or hypochondroplasia.

Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 1.4 **Quartil:** 3 **Categoria:** Orthopaedics ; Pediatrics **Posició:** Orthopaedics 82/136 ; Pediatrics 100/186 **Journal Citation Indicator:** 0.73

Sanchis-Alfonso V, Sanchez-Soler JF, Ribera-Martinez N, Espregueira-Mendes J, **Monllau JC**, Tey-Pons M. **Beyond the patella: Treatment of cam femoroacetabular impingement syndrome improves anterior knee pain**. J ISAKOS. 2024 May 3:S2059-7754(24)00087-7. doi: 10.1016/j.jisako.2024.04.017. Epub ahead of print. PMID: 38703826.

Objectives: This study aimed to investigate if there is a relationship between cam femoroacetabular impingement syndrome (cam-FAIS) and chronic anterior knee pain (AKP). Methods: This is a pilot retrospective review of 12 AKP patients with no structural anomalies in the patellofemoral joint and no skeletal malalignment in the lower limbs. All the patients were resistant to proper conservative treatment for AKP (AKP-R). Subsequently, these patients developed pain in the ipsilateral hip several months later, and upon evaluation, were diagnosed with cam-FAIS. Arthroscopic femoral osteoplasty and labral repair were performed and clinical follow-up of hip and knee pain and function (Kujala Score and Non-arthritic Hip Score -NAHS-) was carried out. Results: All the patients showed improvement in the knee and hip pain scores with a statistically significant clinical difference in all of them at 69 months follow up (range: 18 to 115) except one patient without improvement in the groin VAS score post-operatively. Visual analogical scale (VAS) of knee pain improved from 6.3 (range: 5 to 8) to a postoperative 0.5 (range: 0 to 3.5), ($p < 0.001$). The VAS of groin pain improved from 4.4 (range: 2 to 8) to a postoperative 0.9 (range: 0 to 3), ($p < 0.001$). NAHS improved from a preoperative 67.9 (range: 28.7 to 100) to a postoperative 88 (range: 70 to 100), ($p < 0.015$) and knee Kujala's score improved from a preoperative 48.7 (range: 22 to 71) to a postoperative 96 (range: 91 to 100), ($p < 0.001$). Conclusion: This study's principal finding suggests an association between cam-FAIS and AKP-R in young patients who exhibit normal knee imaging and lower limbs skeletal alignment. Addressing cam-FAIS in these cases leads to resolution of both groin and knee pain, resulting in improved functional outcomes for both joints.
Study design: Retrospective cohort series with a single contemporaneous long-term follow-up. Level of evidence: IV.

Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 2.7 **Quartil:** 3 **Categoria:** Orthopedics ; Sport Sciences **Posició:** Orthopedics 27/136 ; Sport Sciences 28/127 **Journal Citation Indicator:** 0.62

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. 2024 Dec 12. doi: 10.1002/ksa.12551. Epub ahead of print. 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.

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

Tey-Pons M, Sanchis-Alfonso V, Parra-Calabuig L, Griffin DR, Espregueira-Mendes J, **Monllau JC**. **Anterior knee pain patients without structural knee abnormalities and normal lower limb skeletal alignment have a higher prevalence of cam-femoroacetabular impingement syndrome than the general population**. J ISAKOS. 2024 Mar 14:S2059-7754(24)00051-8. doi: 10.1016/j.jisako.2024.03.006. Epub ahead of print. PMID: 38490438.

Objectives: This study aimed to ascertain the prevalence of cam femoroacetabular impingement syndrome (cam-FAIS) in anterior knee pain (AKP) patients devoid of both structural patellofemoral joint abnormalities and lower limb skeletal malalignment. A secondary objective was to examine pain and disability differences between AKP patients with and without cam-FAIS. Methods: A total of 209 AKP patients were screened for eligibility. Inclusion criteria were normal imaging studies and normal lower limb alignment, and exclusion criteria were previous knee surgery and knee and/or hip osteoarthritis. Of those, 49 (23.4%) were eligible and this number matched a previous power analysis to detect statistically significant differences in prevalence of cam-FAIS in a population of AKP patients. The first step in the study sequence was to ask the patient whether they had groin pain. If so, the impingement test was done. Then, the femoral cam morphology defined by an alpha angle greater than or equal to 55° in a 45° Dunn axial view of the hip was ruled out. Additionally, patients completed Kujala and International Knee Documentation Committee (IKDC) functional knee scores for disability assessment. General population control group was obtained from literature. Results: The study included 9 males and 40 females, with an average age of 36 (20-50, ±SD 8.03) years. Groin pain and positive impingement test were found in 26/49 patients (53%). An alpha angle ≥55° was observed in 35/49 patients (71%). A combination of groin pain, positive impingement test and an alpha angle ≥55° was seen in 18/49 patients (37%). The AKP patients with groin pain, a positive impingement test and an alpha angle ≥55° exhibited statistically similar pain and disability levels as AKP patients without cam-FAIS. Conclusion: The results of this study suggest that AKP patients without structural abnormalities in the patellofemoral joint and without lower limbs malalignment have a statistically significantly higher prevalence of cam-FAIS than the general population. Moreover, AKP patients with cam-FAIS have a statistically similar degree of pain and disability than AKP patients without it.

Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 2.7 **Quartil:** 3 **Categoria:** Orthopedics ; Sport Sciences **Posició:** Orthopedics 27/136 ; Sport Sciences 28/127 **Journal Citation Indicator:** 0.62

Torres-Claramunt R, Alós-Mairal J, **Ibáñez M**, **Perelli S**, Gelber P, **Monllau JC**. **Clinical Outcomes After Polyurethane Meniscal Scaffolds Implantation Remain Stable Despite a Joint Space Narrowing at 10-Year Follow-Up**. Arthroscopy. 2024 Apr;40(4):1256-1261. doi: 10.1016/j.arthro.2024.08.081. Epub 2024 Sep 15. PMID: 37716635.

Purpose: To report the clinical outcomes, radiologic evolution, and survivorship of a series of patients affected by the postmeniscectomy syndrome and treated with a polyurethane scaffold at a minimum 10-year follow-up. In addition, the radiologic evolution of these patients was also assessed. Methods: All the patients operated on with a polyurethane meniscal scaffold implantation to treat postmeniscectomy syndrome from 2008 to 2011 were prospectively followed. Clinical evaluations and radiologic studies were assessed at the preoperative period, at 5-year follow-up, and at minimum 10-year follow-up. Clinical outcomes were based on patient-reported outcomes (e.g., the Knee injury and Osteoarthritis Outcome Score, International Knee Documentation Committee, Lysholm, and Tegner). Radiographical evaluation of the joint-space narrowing was done in the Rosenberg view. Failure was defined as patients who required surgery to remove the scaffold or those patients who needed surgery for a total or partial knee replacement. Results: Twenty-one of 27 patients, with a mean age of 56 ± 9.8 years, were available for the final follow-up. The mean follow-up was 11.8 (range, 10-12.7) years. Six patients were lost to follow-up. All functional scores showed a significant improvement (P < .001) at the 5- and 10-year follow-up. The exception was the Tegner score, which remained stable. The joint-space width was maintained from the preoperative period (1.9 ± 1.2 mm) up to the 5-year follow-up (1.3 ± 1.5 mm, P = .3) and decreased by the last evaluation (0.6 ± 1.2 mm, P = .001) at the last follow-up. Two (9.5%) of 21 patients were converted to a total knee replacement during the study period. None of the other patients needed revision surgery during the study period. Conclusions: The polyurethane meniscal scaffold provides significant and stable pain relief over time and improved functional outcomes at a minimum of 10 years after surgery. However, degenerative changes progressed in the treated compartment, with a joint-space narrowing over the 10-year period.

Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 1.313 **Quartil:** 1 **Categoria:** Orthopedics ; Sport Sciences **Posició:** Orthopedics 7/42 ; Sport Sciences n/a **Journal Citation Indicator:** n/a

OBSTETRÍCIA I GINECOLOGIA

Núm. Articles indexats: 52 **Núm. Articles indexats al JCR:** 48 **Journal Impact Factor ™ – 2024:** 234.5
Factor Impacte mitjà x article: 4.88

Achótegui Sebastián E, Calhaz-Jorge C, De Geyter C, Ebner T, Plancha CE, Goossens V, Pinborg A, **Polyzos NP**, Rossignoli L, Rugescu IA, Smeenk J, Strowitzki T, Tassot J, Mocanu EV, Vermeulen N, Wyns C, Magli MC. **EuMAR stakeholder engagement: an analysis of medically assisted reproduction (MAR) data collection practices in EU countries**†. Hum Reprod. 2024 Nov 1;39(11):2379-2386. doi: 10.1093/humrep/deae209. PMID: 39276145; PMCID: PMC11532600.

STUDY QUESTION What are the current national medically assisted reproduction (MAR) data collection systems across EU Member States, and how can these countries contribute to a unique, cycle-by-cycle registry for the European Monitoring of Medically Assisted Reproduction (EuMAR) project? SUMMARY ANSWER The study identified significant variation in MAR data

collection practices across Member States, with differences in data types, collection methods, and reporting requirements; the EuMAR project emerges as an opportunity to enhance data standardization and improve MAR data collection in the EU. WHAT IS KNOWN ALREADY There is a need for new approaches in MAR data collection that include long-term and cross border follow-up. The EuMAR project intends to establish a unified, cycle-by-cycle registry of data on MAR treatments in EU countries, from which accurate cumulative outcomes can be calculated. STUDY DESIGN, SIZE, DURATION This cross-sectional study involved a survey and interviews with stakeholders from 26 EU Member States conducted in 2023 over a period of seven months. PARTICIPANTS/MATERIALS, SETTING, METHODS Representatives from national competent authorities and professional associations involved in MAR data collection in EU countries were invited to complete the survey and interviewed to assess current data flows, information requirements, and their interest in the EuMAR project. MAIN RESULTS AND THE ROLE OF CHANCE Half of the participating countries reported having a national MAR registry with cycle-by-cycle data (n = 13), while 31% reported having a national registry with aggregated data (n = 8) and 19% reported having no national registry (n = 5). Of the countries with a national cycle-by-cycle registry, eight countries collect identifiable data, five countries collect pseudonymized data, and one country collects fully anonymized data. Informed consent is required in 10 countries. The main advantages that participants expected from a European registry like EuMAR were the possibility of obtaining national statistics in the absence of a national registry and improving the calculation of cumulative outcomes. LIMITATIONS, REASONS FOR CAUTION The results of the study are based on self-reported data, which may be subject to bias, however, the validity of the collected information was verified with different means, including follow-up calls for clarifications and sharing final transcript reports. The feasibility of the proposed data flow models will be tested in a pilot study. WIDER IMPLICATIONS OF THE FINDINGS Despite the heterogeneity of data collection practices across EU countries, the results show that stakeholders have high expectations of the benefits that the EuMAR registry can bring, namely the improvement of data consistency, cross-border comparability, and cumulative live birth rates, leading to better information for patients, health care providers and policy makers.

Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19

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 / WoS / SCIE / JCR / Medline **Factor Impacte:** 2.1 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive biology **Posició:** Obstetrics & Gynecology 68/136 ; Reproductive biology 25/39 **Journal Citation Indicator:** 0.70

Álvarez M, **Polyzos NP**, **Rodríguez I**, **Sachs-Guedj N**, **Solé M**, **Coroleu B**. **A decrease in serum progesterone-levels (P4) during early luteal phase in modified-natural frozen embryo transfer (mNC-FET) is significantly associated with lower pregnancy rates**. Hum Reprod. 2024 Jul;39(1 Suppl):I406. doi: 10.1093/humrep/deaa095.

(no abstract)

Indexat a: Pubmed / WoS / JCR **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19

Alviggi C, Humaidan P, Fischer R, Conforti A, Dahan MH, Marca A, Orvieto R, **Polyzos NP**, Roque M, Sunkara SK, Ubaldi FM, Vuong L, Yarali H, D'Hooghe T, Longobardi S, Esteves SC. **Patients with low prognosis in ART: a Delphi consensus to identify potential clinical implications and measure the impact of POSEIDON criteria**. Reprod Biol Endocrinol. 2024 Oct 10;22(1):122. doi: 10.1186/s12958-024-01291-x. PMID: 39385174; PMCID: PMC11465546.

Background Currently, there is no consensus on the optimal management of women with low prognosis in ART. In this Delphi consensus, a panel of international experts provided real-world clinical perspectives on a series of literature-supported consensus statements regarding the overall relevance of the POSEIDON criteria for women with low prognosis in ART. Methods Using a Delphi-consensus framework, twelve experts plus two Scientific Coordinators discussed and amended statements and supporting references proposed by the Scientific Coordinators (Round 1). Statements were distributed via an online survey to an extended panel of 53 experts, of whom 36 who voted anonymously on their level of agreement or disagreement with each statement using a six-point Likert-type scale (1 = Absolutely agree; 2 = More than agree; 3 = Agree; 4 = Disagree; 5 = More than disagree; 6 = Absolutely disagree) (Round 2). Consensus was reached if > 66% of participants agreed or disagreed. Results The extended panel voted on seventeen statements and subcategorized them according to relevance. All but one statement reached consensus during the first round; the remaining statement reached consensus after rewording. Statements were categorized according to impact, low-prognosis validation, outcomes and patient management. The POSEIDON criteria are timely and clinically sound. The preferred success measure is cumulative live birth and key management strategies

include the use of recombinant FSH preparations, supplementation with r-hLH, dose increases and oocyte/embryo accumulation through vitrification. Tools such as the ART Calculator and Follicle-to-Oocyte Index may be considered. Validation data from large, prospective studies in each POSEIDON group are now needed to corroborate existing retrospective data. Conclusions This Delphi consensus provides an overview of expert opinion on the clinical implications of the POSEIDON criteria for women with low prognosis to ovarian stimulation.

Indexat a: Pubmed / WoS / Medline **Factor Impacte:** 4.2 **Quartil:** 1 **Categoria:** Endocrinology & Metabolism ; Reproductive Biology **Posició:** Endocrinology & Metabolism 40/186 ; Reproductive Biology 5/39 **Journal Citation Indicator:** 1.18

Arbat A, Bellver J, Garcia-Velasco J, Visnova H, Kurzawa R, Gosalvez A, **Polyzos NP**, Espinós JJ, Trinchant R, Llorens M, Torres R, Canals I. **Efficacy results from the phase II randomized clinical trial: OXO-001 in infertile women undergoing egg donation IVF/ICSI**. Hum Reprod. 2024 Jul;39(1 Suppl):I15. doi: 10.1093/humrep/deae108.027.

(no abstract)

Indexat a: Pubmed / WoS / JCR **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**

Castán Larraz B, Esteban LM, Castán Mateo S, **Chóliz Ezquerro M**, Calvo Torres J, Esteban-Escaño J, Rodríguez Solanilla B, Cisneros Gimeno A, Savirón-Cornudella R. **The utility of fetal heart rate deceleration's descending slope in searching for a non-National Institute of Child Health and Human Development parameter for the detection of fetal acidosis**. Int J Gynaecol Obstet. 2024 Mar 5. doi: 10.1002/ijgo.15454. Epub ahead of print. PMID: 38441244.

Objective. To identify new parameters predicting fetal acidemia.MethodsA retrospective case-control study in a cohort of deliveries from a tertiary referral hospital-based cohort deliveries in Zaragoza, Spain between 2018 and 2021 was performed. To predict fetal acidemia, the NICHD categorizations and non-NICHD parameters were analyzed in the electronic fetal monitoring (EFM). Those included total reperfusion time, total deceleration area and the slope of the descending limb of the fetal heart rate of the last deceleration curve. The accuracy of the parameters was evaluated using the specificity for (80%, 85%, 90%, 95%) sensitivity and the area under the receiver operating characteristic curve (AUC).ResultsA total of 10 362 deliveries were reviewed, with 224 cases and 278 controls included in the study. The NICHD categorizations showed reasonable discriminatory ability (AUC = 0.727). The non-NICHD parameters measured during the 30-min fetal monitoring, total deceleration area (AUC = 0.807, 95% CI: 0.770, 0.845) and total reperfusion time (AUC = 0.750, 95% CI: 0.707, 0.792), exhibited higher discriminatory ability. The slope of the descending limb of the fetal heart rate of the last deceleration curve had the best AUC value (0.853, 95% CI: 0.816, 0.889). The combination of total deceleration area or total reperfusion time with the slope demonstrated high discriminatory ability (AUC = 0.908, 95% CI: 0.882, 0.933; specificities of 71.6% and 72.7% for a sensitivity of 90%).ConclusionsThe slope of the descending limb of the fetal heart rate of the last deceleration curve is the strongest predictor of fetal acidosis, but its combination with the total reperfusion time shows better clinical utility. Slope combined with total reperfusion time exhibit higher discriminatory ability to detect fetal acidosis in comparison to previous categorizations and better clinical utility to predict fetal acidosis.

Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 2.6 **Quartil:** 2 **Categoria:** Obstetrics & Gynecology **Posició:** 41/136 **Journal Citation Indicator:** 1.07

Ballester M, **Parriego M**, **Coll L**, **Garcia S**, Freour T, **Polyzos NP**, **Boada M**. **Incorporation of an automated sperm counting method: a matter of time**. Hum Reprod. 2024 Jul;39(1 Suppl):I239. (no abstract)

Indexat a: Pubmed / WoS / JCR **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**

Caba MS, Leathersich S, **Donno V**, **Rodriguez I**, **Polyzos N**. **The effect of ambient exposure to air pollutants on live birth rates in frozen embryo transfer cycles**. Hum Reprod. 2024 Jul;39(1 Suppl):O-163. doi: 10.1093/humrep/deae108.182.

(no abstract)

Indexat a: Pubmed / WoS / JCR **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**

Chacon E, Boria F, Lyer RR, Fanfani F, Malzoni M, Bretová P, Luzarraga Aznar A, Fruscio R, Jedryka MA, Tóth R, Perrone AM, Kakkos A, Cristóbal Quevedo I, Congedo L, Zanagnolo V, Fernandez-Gonzalez S, Ferro B, Narducci F, Hovhannisyan T, Aksahin E, Cardenas L, Oliver MR, Nozaleda G, Arnaez M, Misiek M, Ferrero A, Pain FA, **Zarragoitia J**, Diaz C, Ceppi L, Mehdiyev S, Roldán-Rivas F, Guijarro-Campillo AR, Amengual J, Manzour N, Sanchez Lorenzo L, Núñez-Córdoba JM, Gonzalez Martin A, Minguez JA, Chiva L; SENECA Working Group. **SENECA study: staging endometrial cancer based on molecular classification**. Int J Gynecol Cancer. 2024 Sep 2;34(9):1313-1321. doi: 10.1136/ijgc-2024-005711. PMID: 39153831.

Objective Management of endometrial cancer is advancing, with accurate staging crucial for guiding treatment decisions. Understanding sentinel lymph node (SLN) involvement rates across molecular subgroups is essential. To evaluate SLN involvement in early-stage (International Federation of Gynecology and Obstetrics 2009 I-II) endometrial cancer, considering molecular subtypes and new European Society of Gynaecological Oncology (ESGO) risk classification.Methods The SENECA study retrospectively reviewed data from 2139women with stage I-II endometrial cancer across 66 centers in 16 countries. Patients underwent surgery with SLN assessment following ESGO guidelines between January 2021 and December 2022. Molecular analysis was performed on pre-operative biopsies or hysterectomy specimens.Results Among the 2139 patients, the molecular subgroups were as follows: 272 (12.7%) p53 abnormal (p53abn, 1191 (55.7%) non-specific molecular profile (NSMP), 581 (27.2%) mismatch repair deficient (MMRd), 95 (4.4%) POLE mutated (POLE-mut). Tracer diffusion was detected in, at least one side, in 97.2% of the cases; with a bilateral diffusion observed in 82.7% of the cases. By ultrastaging (90.7% of the cases) or one-step nucleic acid amplification (198 (9.3%) of the cases), 205 patients were identified with affected sentinel lymph nodes, representing 9.6% of the sample. Of these, 139 (67.8%) had low-volume metastases (including micrometastases, 42.9%; and isolated tumor cells, 24.9%) while 66 (32.2%) had macrometastases. Significant differences in SLN involvement were observed

between molecular subtypes, with p53abn and MMRd groups having the highest rates (12.50% and 12.40%, respectively) compared with NSMP (7.80%) and POLE-mut (6.30%), (p=0.004); (p53abn, OR=1.69 (95% CI 1.11 to 2.56), p=0.014; MMRd, OR=1.67 (95% CI 1.21 to 2.31), p=0.002). Differences were also noted among ESGO risk groups (2.84% for low-risk patients, 6.62% for intermediate-risk patients, 21.63% for high-intermediate risk patients, and 22.51% for high-risk patients; p<0.001).Conclusions Our study reveals significant differences in SLN involvement among patients with early-stage endometrial cancer based on molecular subtypes. This underscores the importance of considering molecular characteristics for accurate staging and optimal management decisions.

Indexat a: Pubmed / WoS / SCIE / JCR **Factor Impacte:** 4.5 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Oncology **Posició:** Obstetrics & Gynecology 11/136 ; Oncology 78/322 **Journal Citation Indicator:** 1.15 ***1er Decil**

Coll S, **Vila M**, **Caminal J**, **Pagès A**, **Sanjosé M**, **Tresserra F**, **Rodríguez I**, **Fernández R**, **Barri-Soldevila PN**. **Long-term follow-up after laparoscopic reparation of pelvic organ prolapses in a large teaching gynecological center**. Eur J Obstet Gynecol Reprod Biol. 2024 Dec;303:146-152. doi: 10.1016/j.ejogrb.2024.10.034. Epub 2024 Oct 24. PMID: 39471759.

Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 2.1 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive biology **Posició:** Obstetrics & Gynecology 68/136 ; Reproductive biology 25/39 **Journal Citation Indicator:** 0.70

Cosyns S, Dony N, **Polyzos N**, Buyl R, Tournaye H, Schotte C. **Impact of diagnosis and surgical treatment of early stage borderline ovarian tumours on distress, anxiety, and psychosexual health**. J Psychosom Obstet Gynaecol. 2024 Dec;45(1):2404010. doi: 10.1080/0167482X.2024.2404010. Epub 2024 Sep 20. PMID: 39301872.

Women diagnosed with gynecological cancer are likely to face additional consequences beyond those common to all cancer patients leading to significant physical and psychological morbidity. Longitudinal studies addressing the prevalence of psychological distress, anxiety, or psychosexual health during follow-up in patients diagnosed with borderline ovarian tumors are lacking. This study explores this prevalence compared with controls who underwent comparable surgical treatment for benign ovarian tumors. A prospective 1:1 nonmatched case-control study was set up, registered on ClinicalTrials.gov under number NCT04253327. Thirty early stage borderline ovarian tumor patients participated, and 30 controls were included. The study materials consisted of different questionnaires. A general one on patient's sociodemographic and medical information. A questionnaire about anxiety and distress made up of three validated questionnaires: Hospital Anxiety and Depression Scale, Perceived Stress Scale and Body Image Scale. As last one the psychosexual health questionnaire consisted of the Female Sexual Function Index, the Female Sexual Distress Scale and two European Organisation for Research and Treatment of Cancer questionnaires. Both groups were comparable and did not differ significantly in terms of demographic characteristics. Patients with early stage borderline ovarian tumors experience a significant higher burden of mental health issues due to disease and treatment and/or are more worried about their future health. Surprisingly, both early stage borderline ovarian tumor patients and controls showed high levels of anxiety and moderate stress. Many patients in both groups experience sexual dysfunction and distress.

These findings support active screening for anxiety, depression and psychosexual perturbance during postoperative follow-up to accommodate this.

Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 2.1 **Quartil:** 2 **Categoria:** Obstetrics & Gynecology ; Psychiatry **Posició:** Obstetrics & Gynecology 58/136 ; Psychiatry 148/279 **Journal Citation Indicator:** 0.8

Donno V, **Neves AR**, **Martinez SG**, **Polyzos NP**. **Dual trigger is not superior to GnRH Agonist alone for final oocyte maturation in elective fertility preservation. A Randomized Controlled Trial**. Hum Reprod. 2024 Jul;39(1 Suppl):I41.
(no abstract)

Indexat a: Pubmed / WoS / JCR **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**

ESHRE Guideline Group on the Number of Embryos to Transfer; Alteri A, **Arroyo G**, Baccino G, Craciunas L, De Geyter C, Ebner T, Koleva M, Kordic K, Mcheik S, Mertes H, Pavicic Baldani D, Rodriguez-Wallberg KA, Rugescu I, Santos-Ribeiro S, Tilleman K, Woodward B, Vermeulen N, Veleva Z. **ESHRE guideline: number of embryos to transfer during IVF/ICSI**†. Hum Reprod. 2024 Apr 3;39(4):647-657. doi: 10.1093/humrep/deae010. PMID: 38364208; PMCID: PMC10988112.

STUDY QUESTION: Which clinical and embryological factors should be considered to apply double embryo transfer (DET) instead of elective single embryo transfer (eSET)? SUMMARY ANSWER: No clinical or embryological factor per se justifies a recommendation of DET instead of eSET in IVF/ICSI. WHAT IS KNOWN ALREADY: DET is correlated with a higher rate of multiple pregnancy, leading to a subsequent increase in complications for both mother and babies. These complications include preterm birth, low birthweight, and other perinatal adverse outcomes. To mitigate the risks associated with multiple pregnancy, eSET is recommended by international and national professional organizations as the preferred approach in ART. STUDY DESIGN, SIZE, DURATION: The guideline was developed according to the structured methodology for development and update of ESHRE guidelines. Literature searches were performed in PUBMED/MEDLINE and Cochrane databases, and relevant papers published up to May 2024, written in English, were included. Live birth rate, cumulative live birth rate, and multiple pregnancy rate were considered as critical outcomes. PARTICIPANTS/MATERIALS, SETTING, METHODS: Based on the collected evidence, recommendations were discussed until a consensus was reached within the Guideline Development Group (GDG). A stakeholder review was organized after the guideline draft was finalized. The final version was approved by the GDG and the ESHRE Executive Committee. MAIN RESULTS AND THE ROLE OF CHANCE: The guideline provides 35 recommendations on the medical and non-medical risks associated with multiple pregnancies and on the clinical and embryological factors to be considered when deciding on the number of embryos to transfer. These recommendations include 25 evidence-based recommendations, of which 24 were formulated as strong recommendations and one as conditional, and 10 good practice points. Of the evidence-based recommendations, seven (28%) were supported by moderate-quality evidence. The remaining recommendations were supported by low (three recommendations; 12%), or very low-quality evidence (15 recommendations; 60%). Owing to the lack of evidence-based research, the guideline also clearly mentions recommendations for future studies. LIMITATIONS, REASONS FOR CAUTION:

The guideline assessed different factors one by one based on existing evidence. However, in real life, clinicians' decisions are based on several prognostic factors related to each patient's case. Furthermore, the evidence from randomized controlled trials is too scarce to formulate high-quality evidence-based recommendations. WIDER IMPLICATIONS OF THE FINDINGS: The guideline provides health professionals with clear advice on best practice in the decision-making process during IVF/ICSI, based on the best evidence currently available, and recommendations on relevant information that should be communicated to patients. In addition, a list of research recommendations is provided to stimulate further studies in the field.

Indexat a: Pubmed / WoS / JCR **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**

Fatemi HM, **Polyzos N**, Larsson P, Mannaerts B. **Pharmacokinetic and pharmacodynamic modelling to explore dosing regimens of corifollitropin alfa for ovarian stimulation without the need for additional daily recFSH injections**. Hum Reprod. 2024 Jul;39(1 Suppl):P-576.

(no abstract)

Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**

Feferkorn I, Santos-Ribeiro S, Ubaldi FM, Velasco JG, Ata B, Blockeel C, Conforti A, Esteves SC, Fatemi HM, Gianaroli L, Grynberg M, Humaidan P, Lainas GT, La Marca A, Craig LB, Lathi R, Norman RJ, Orvieto R, Paulson R, Pellicer A, **Polyzos N**, Roque M, Sunkara SK, Tan SL, Urman B, Venetis C, Weissman A, Yarali H, Dahan MH. **Correction to: The HERA (Hyper-response Risk Assessment) Delphi consensus for the management of hyper-responders in in vitro fertilization**. J Assist Reprod Genet. 2024 Feb;41(2):519-520. doi: 10.1007/s10815-023-03003-7. Erratum for: J Assist Reprod Genet. 2024 Nov;40(11):2681-2695. PMID: 38079078; PMCID: PMC10894774.

(no abstract)

Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 3.2 **Quartil:** 2 **Categoria:** Genetic & Heredity ; Obstetrics & Gynecology **Posició:** Genetic & Heredity 69/191 ; Obstetrics & Gynecology 24/136 **Journal Citation Indicator:** 0.94

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. 2024 Oct 8;10.23736/S2724-606X.24.05440-X.

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 use as causal factors for incontinence.

Indexat a: WoS / JCR **Factor Impacte:** 1.6 **Quartil:** 3 **Categoria:** Obstetrics & Gynecology **Posició:** 82/136 **Journal Citation Indicator:** 0.55

Garcia-Alfaro P, Garcia IR, Browne JL, Xauradó RF. **Mammographic parameters and endogenous hormones association in postmenopausal women**. Revista de senología y patología mamaria. 2024 Jun;37(1). doi: 10.1016/j.senol.2024.1005620214-1582

Objectives: To examine the association between endogenous hormones with mammographic breast density, glandular volume, and breast volume in postmenopausal women. Material and methods: A cross-sectional study among 363 postmenopausal women not using menopausal hormonal treatment. The following data were collected: age, age at menopause, smoking status, body mass index, adiposity, and physical activity. Plasma levels of folliclestimulating hormone, estradiol, testosterone, dehydroepiandrosterone sulfate (DHEAS), Delta 4 androstenedione, cortisol, insulin-like growth factor-1 (IGF-1), and 25-hydroxyvitamin D were evaluated. Directed acyclic graph was used for the selection of potential confounding variables, and the linear regression was adjusted for confounders to study the association between endogenous hormones and mammographic parameters. Results are reported as beta-coefficients (beta) and 95% confidence interval (95% CI). Results: Multivariable linear regression analysis adjusted for confounding variables showed that cortisol (beta = 0.20; 95% CI: 0.02; 0.37), and Delta 4 androstenedione (beta = -1.90; 95% CI: -3.30, -0.39) were significantly associated with breast density. IGF-1 (beta = -0.01; 95% CI: -0.20, -0.01) was the only hormone with significant association with glandular volume. No relationship was found between the studied hormones and breast volume. Conclusions: Higher cortisol and lower Delta 4 androstenedione levels are associated with higher breast density, and higher IGF-1 levels are associated with lower glandular volume in postmenopausal women. (c) 2024 SESPM. Published by Elsevier Espana, S.L.U. All rights reserved.

Indexat a: WoS / JCR **Factor Impacte:** 0.3 **Quartil:** 4 **Categoria:** Obstetrics & Gynecology ; Oncology **Posició:** Obstetrics & Gynecology 125/136 ; Oncology 309/322 **Journal Citation Indicator:** 0.10

Garcia-Alfaro P, Garcia IR, Browne JL, Xauradó RF. **Selective sentinel lymph node biopsy technique in multifocal breast tumor**. Revista de senología y patología mamaria. 2024 Apr-Jun;37(2). doi: 10.1016/j.senol.2024.100573

Introduction: Multifocal (MF) breast cancer challenges the diagnostic strategy due to the controversy about selective sentinel node biopsy (SSNB) in these cases. The aim was to evaluate the feasibility of SSNB and associated tumor characteristics in patients with MF breast cancer. Material and methods: A longitudinal retrospective study of patients diagnosed with MF carcinoma between 1999 and 2022 was performed. A total of 254 cases were included, of which SSNB was performed in 124. Relevant clinical and tumor variables were analyzed using data from anonymized medical records and corresponding ethical approval. Results: The mean age of the patients was 53.9 +/- 11.6 years. The predominant histological type was ductal (71.8%). The mean size of the major focus was 14.8 +/- 9.5. SSNB showed negative results in most cases (70.9%), while in others isolated tumor cells (0.8%), micrometastases (6.5%), and macrometastases (21.8%) were detected. Prevalence of estrogen receptor -positive (94.4%), progesterone-positive (82.3%), and HER2-negative (62.9%) tumors was observed. Conclusion: SSNB in MF tumors was performed in most cases in which multifocality did not contraindicate the technique. In those cases where SSNB was performed, ductal carcinomas were predominant, same as hormone receptor positive and HER2 negative carcinomas.

Indexat a: WoS / JCR **Factor Impacte:** 0.3 **Quartil:** 4 **Categoria:** Obstetrics & Gynecology ; Oncology **Posició:** Obstetrics & Gynecology 125/136 ; Oncology 309/322 **Journal Citation Indicator:** 0.10

Guedj NS, **Coroleu B**, **Alvarez M**, **García S**, **Polyzos NP**. **Role of serum progesterone levels and subcutaneous progesterone supplementation in endometriosis patients undergoing artificial cycle frozen embryo transfer**. Hum Reprod. 2024 Jul;39(1 Suppl):O-147.

(no abstract)

Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19

Heremans R, Wynants L, Valentin L, Leone FPG, **Pascual MA**, Fruscio R, Testa AC, Buonomo F, Guerriero S, Epstein E, Bourne T, Timmerman D, Van den Bosch T; IETA Consortium. **Estimating risk of endometrial malignancy and other intracavitary uterine pathology in women without abnormal uterine bleeding using IETA-1 multinomial regression model: validation study.** Ultrasound Obstet Gynecol. 2024 Apr;63(4):556-563. doi: 10.1002/uog.27530. Epub 2024 Mar 4. PMID: 37927006.

Objectives: To assess the ability of the International Endometrial Tumor Analysis (IETA)-1 polynomial regression model to estimate the risk of endometrial cancer (EC) and other intracavitary uterine pathology in women without abnormal uterine bleeding.Methods: This was a retrospective study, in which we validated the IETA-1 model on the IETA-3 study cohort (n = 1745). The IETA-3 study is a prospective observational multicenter study. It includes women without vaginal bleeding who underwent a standardized transvaginal ultrasound examination in one of seven ultrasound centers between January 2011 and December 2018. The

ultrasonography was performed either as part of a routine gynecological examination, during follow-up of non-endometrial pathology, in the work-up before fertility treatment or before treatment for uterine prolapse or ovarian pathology. Ultrasonographic findings were described using IETA terminology and were compared with histology, or with results of clinical and ultrasound follow-up of at least 1 year if endometrial sampling was not performed. The IETA-1 model, which was created using data from patients with abnormal uterine bleeding, predicts four histological outcomes: (1) EC or endometrial intraepithelial neoplasia (EIN); (2) endometrial polyp or intracavitary myoma; (3) proliferative or secretory endometrium, endometritis, or endometrial hyperplasia without atypia; and (4) endometrial atrophy. The predictors in the model are age, body mass index and seven ultrasound variables (visibility of the endometrium, endometrial thickness, color score, cysts in the endometrium, non-uniform echogenicity of the endometrium, presence of a bright edge, presence of a single dominant vessel). We analyzed the discriminative ability of the model (area under the receiver-operating-characteristics curve (AUC); polytomous discrimination index (PDI)) and evaluated calibration of its risk estimates (observed/expected ratio). Results: The median age of the women in the IETA-3 cohort was 51 (range, 20-85) years and 51% (887/1745) of the women were postmenopausal. Histology showed EC or EIN in 29 (2%) women, endometrial polyps or intracavitary myomas in 1094 (63%), proliferative or secretory endometrium, endometritis, or hyperplasia without atypia in 144 (8%) and endometrial atrophy in 265 (15%) women. The endometrial sample had insufficient material in five (0.3%) cases. In 208 (12%) women who did not undergo endometrial sampling but were followed up for at least 1 year without clinical or ultrasound signs of endometrial malignancy, the outcome was classified as benign. The IETA-1 model had an AUC of 0.81 (95% CI, 0.73-0.89, n = 1745) for discrimination between malignant (EC or EIN) and benign endometrium, and the observed/expected ratio for EC or EIN was 0.51 (95% CI, 0.32-0.82). The model was able to categorize the four histological outcomes with considerable accuracy: the PDI of the model was 0.68 (95% CI, 0.62-0.73) (n = 1532). The IETA-1 model discriminated very well between endometrial atrophy and all other intracavitary uterine conditions, with an AUC of 0.96 (95% CI, 0.95-0.98). Including only patients in whom the endometrium was measurable (n = 1689), the model's AUC was 0.83 (95% CI, 0.75-0.91), compared with 0.62 (95% CI, 0.52-0.73) when using endometrial thickness alone to predict malignancy (difference in AUC, 0.21; 95% CI, 0.08-0.32). In postmenopausal women with measurable endometrial thickness (n = 848), the IETA-1 model gave an AUC of 0.81 (95% CI, 0.71-0.91), while endometrial thickness alone gave an AUC of 0.70 (95% CI, 0.60-0.81) (difference in AUC, 0.11; 95% CI, 0.01-0.20). Conclusion: The IETA-1 model discriminates well between benign and malignant conditions in the uterine cavity in patients without abnormal bleeding, but it overestimates the risk of malignancy. It also discriminates well between the four histological outcome categories. © 2024 International Society of Ultrasound in Obstetrics and Gynecology.

Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 6.1 **Quartil:** 1 **Categoria:** Acoustics ; Obstetrics & Gynecology **Posició:** Acoustics 2/40 ; Obstetrics & Gynecology 5/136 **Journal Citation Indicator:** 2.19 ***1er Decil**

Hourvitz A, **Polyzos N,** Sauerbrun-Cutler MT, Matevossian K, Reuvenny S, Youngster M, Luz A, Itzhak N, Moran E, Hourvitz R, Baum M, Maman E. (2024). **AI-Powered oocyte prediction for trigger timing: cross-continental validation of data from previously unseen clinics**. Fertility and Sterility. 2024 Oct 122. e155. 10.1016/j.fertnstert.2024.07.553.

(no abstract)

Indexat a: WoS / SCIE / JCR **Factor Impacte:** 6.6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 4/136 ; Reproductive Biology 3/39 **Journal Citation Indicator:** 2.25 ***1er Decil**

Izquierdo M, **Baulies S**, **Ara C**, **Garcia M**, **Fargas F**, **Fabregas R**, **Tresserra F**, **Barri S P**. **Prognostic factors in pregnancy-associated breast cancer: one year versus two years** [abstract]. In: Proceedings of the 2023 San Antonio Breast Cancer Symposium; 2023 Dec 5-9; San Antonio, TX. Philadelphia (PA): AACR; Cancer Res. 2024;84(9 Suppl):Abstract nr PO2-26-06. doi:10.1158/1538-7445.SABCS23-PO2-26-06.

Aims: The trend of delayed delivery, the number of women with breast cancer during a pregnancy or in the years after pregnancy is expected to increase Pregnancy breast cancer confers a worse prognostic. Study if the interval pregnancy breast cancer more one year to two years influences the prognostic factors like pregnancy breast cancer one year after Methods: Study 1186 patients with breast cancer and prognostic factors. Analyze delivery before breast cancer, and the interval of last childbirth, one year, more one year to two years and more two years, with prognostic factors (nodes, estrogen receptor, progesterone receptor, HER2 receptor and Ki 67) Results: Breast cancer pregnancy one year after were in 37 patients, more one year to two years in 25 patients and more two years in 491 patients. Positive nodes one year after were in 21 patients, more one year to two year were in seven patients (p < 0'05), and more two years in 155 patients (p=ns). There are not differences (p=ns) in estrogen receptor, progesterone receptor and Ki67, one year versus more one year to two years and more to two years. HER2 and histologic grade there are not differences (p=ns) in one year after versus more one year to two years, but there are differences (p < 0’05) versus more two years Conclusion: Interval last childbirth breast cancer more than one year to two years influences prognostic factors for later breast cancer, and not have differences with prognostic factors than pregnancy one year after.

Indexat a: JCR **Factor Impacte:** 12.5 **Quartil:** 1 **Categoria:** Oncology **Posició:** 21/322 **Journal Citation Indicator:** 1.99 ***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.

Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19

Lefebvre T, Campas M, Matta K, Ouzia S, Guitton Y, Duval G, Ploteau S, Marchand P, Le Bizec B, **Freour T**, Antignac JP, de Tullio P, Cano-Sancho G. **A comprehensive multiplatform metabolomic analysis reveals alterations of 2-hydroxybutyric acid among women with deep endometriosis related to the pesticide trans-nonachlor**. Sci Total Environ. 2024 Mar 25;918:170678. doi: 10.1016/j.scitotenv.2024.170678. Epub 2024 Feb 3. PMID: 38316313.

Background: Exposure to persistent organic pollutants (POPs) has been related to the risk of endometriosis however the mechanisms remain unclear. The objective of the present study was to characterize the metabolic profiles underpinning the associations between POPs and endometriosis risk. Methodology: A hospital-based case-control study was conducted in France to recruit women with and without surgically confirmed deep endometriosis. Women's serum was analyzed using gas and liquid chromatography coupled to high-resolution mass spectrometry (HRMS) to measure the levels of polychlorinated biphenyls (PCBs), organochlorinated pesticides (OCPs) and per-/polyfluoroalkyl substances (PFAS). A comprehensive metabolomic profiling was conducted using targeted HRMS and 1H nuclear magnetic resonance (1H NMR) to cover polar and non-polar fractions. A "meet-in-the-middle" statistical framework was applied to identify the metabolites related to endometriosis and POP levels, using multivariate linear and logistic regressions adjusting for confounding variables. Results: Fourteen PCBs, six OCPs and six PFAS were widely found in almost all serum samples. The pesticide trans-nonachlor was the POP most strongly and positively associated with deep endometriosis risk, with odds ratio (95 % confidence interval) of 2.42 (1.49; 4.12), followed by PCB180 and 167. Women with endometriosis exhibited a distinctive metabolic profile, with elevated serum levels of lactate, ketone bodies and multiple amino acids and lower levels of bile acids, phosphatidylcholines (PCs), cortisol and hippuric acid. The metabolite 2-hydroxybutyrate was simultaneously associated to endometriosis risk and exposure to trans-nonachlor. Conclusions: To the best of our knowledge, this is the first comprehensive metabolome-wide association study of endometriosis, integrating ultra-trace profiling of POPs. The results confirmed a metabolic alteration among women with deep endometriosis that could be also associated to the exposure to POPs. Further observational and experimental studies will be required to delineate the causal ordering of those associations and gain insight on the underlying mechanisms.

Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 8.2 **Quartil:** 1 **Categoria:** Environmental sciences **Posició:** 31/358 **Journal Citation Indicator:** 1.62

Lobo R, Jepsen IE, Falahati A, **Polyzos NP**, García-Velasco JA, Pinborg A, Gravotta E. **Effectiveness of follitropin delta in patients with potential poor response: A post hoc analysis from the ESTHER-1 trial**. Hum Reprod. 2024 Jul;39(1 Suppl):I477.

(no abstract)

Indexat a: Pubmed / WoS / SCIE / JCR **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19

Montero Carreras C, **Cortés Olivera B**, **Saiz-Vivó R**, Ferrer Menduiña Q, **Garcia Martínez S**, **Rodríguez Pérez MA**, **Rodríguez Melcón A**, **Prats Rodriguez P**. **Aberrant right subclavian artery: the importance of distinguishing between isolated and non-isolated cases in prenatal diagnosis and clinical management**. J Perinat Med. 2024 Dec 18. doi: 10.1515/jpm-2024-0398. Epub ahead of print. PMID: 39688891.

Objectives: This study aimed to evaluate the association of aberrant right subclavian artery (ARSA) with genetic abnormalities and postnatal symptomatology, by comparing isolated and non-isolated ARSA cases. Methods: Retrospective, descriptive and comparative study involving fetuses diagnosed with ARSA during routine fetal ultrasound scans, between 19 and 40 weeks, in a tertiary referral university hospital in Barcelona from January 2007 to December 2024. Results: Out of 154 fetuses diagnosed with ARSA, 75.3 % (116) were classified as isolated cases, while 24.7 % (38) had associated structural anomalies. Non-invasive prenatal testing with cell-free DNA was performed in 27.3 % (42) of cases, yielding low-risk results in 96.6 %, with only one case of trisomy 21 detected. Genetic evaluation was pursued in 15.6 % (24) of cases, revealing abnormalities in three fetuses: one with trisomy 21 and two with 22q11 deletion. All affected fetuses had associated structural defects. Overall, 151 fetuses survived after birth, there were two terminations of pregnancy and one stillbirth. Mild symptoms at birth were observed in 1.9 % (3) of newborns, all from the non-isolated ARSA group. Conclusions: These findings emphasize the significance of distinguishing between isolated and non-isolated ARSA cases in prenatal diagnosis and clinical management, suggesting that isolated ARSA may be considered a normal vascular variation.

Indexat a: Pubmed / Medline **Factor Impacte:** 1.7 **Quartil:** 2 **Categoria:** Obstetrics & Gynecology (Q3) ; Pediatrics (Q2) **Posició:** Obstetrics & Gynecology 77/136 ; Pediatrics 78/186 **Journal Citation Indicator:** 0.83

Morillo E, Prat A, Sánchez-Prieto M, García S, Baulies S, Fàbregas R, Ara C, Tresserra F. **Selective sentinel lymph node biopsy technique in multifocal breast tumors**. Revista de senología y patología mamaria. 2024 Apr -Jun 37 (2). doi: 10.1016/j.senol.2024.100573.

Introduction: Multifocal (MF) breast cancer challenges the diagnostic strategy due to the controversy about selective sentinel node biopsy (SSNB) in these cases. The aim was to evaluate the feasibility of SSNB and associated tumor characteristics in patients with MF breast cancer. Material and methods: A longitudinal retrospective study of patients diagnosed with MF carcinoma between 1999 and 2022 was performed. A total of 254 cases were included, of which SSNB was performed in 124. Relevant clinical and tumor variables were analyzed using data from anonymized medical records and corresponding ethical approval. Results: The mean

age of the patients was 53.9 +/- 11.6 years. The predominant histological type was ductal (71.8%). The mean size of the major focus was 14.8 +/- 9.5. SSNB showed negative results in most cases (70.9%), while in others isolated tumor cells (0.8%), micrometastases (6.5%), and macrometastases (21.8%) were detected. Prevalence of estrogen receptor -positive (94.4%), progesterone-positive (82.3%), and HER2-negative (62.9%) tumors was observed. Conclusion: SSNB in MF tumors was performed in most cases in which multifocality did not contraindicate the technique. In those cases where SSNB was performed, ductal carcinomas were predominant, same as hormone receptor positive and HER2 negative carcinomas.

Indexat a: WoS / JCR **Factor Impacte:** 0.3 **Quartil:** 4 **Categoria:** Obstetrics & Gynecology ; Oncology **Posició:** Obstetrics & Gynecology 125/136 ; Oncology 309/322 **Journal Citation Indicator:** 0.10

Muñoz E, Bronet F, Lledo B, **Palacios-Verdú G**, Martinez-Rocca L, Altmäe S, Pla J; representing the Special Interest Group in Reproductive Genetics of the Spanish Society of Fertility. **To transfer or not to transfer: the dilemma of mosaic embryos - a narrative review**. Reprod Biomed Online. 2024 Mar;48(3):103664. doi: 10.1016/j.rbmo.2024.103664. Epub 2024 Nov 2. PMID: 38408811.

A frequent finding after preimplantation genetic diagnostic testing for aneuploidies using next-generation sequencing is an embryo that is putatively mosaic. The prevalence of this outcome remains unclear and varies with technical and external factors. Mosaic embryos can be classified by the percentage of cells affected, type of chromosome involvement (whole or segmental), number of affected chromosomes or affected cell type (inner mass cell, trophectoderm or both). The origin of mosaicism seems to be intrinsic as a post-zygotic mitotic error, but some external factors can play a role. As experience has increased with the transfer of mosaic embryos, clinical practice has gradually become more flexible in recent years. Nevertheless, clinical results show lower implantation, pregnancy and clinical pregnancy rates and higher miscarriage rates with mosaic embryo transfer when compared with the transfer of euploid embryos. Prenatal diagnosis is highly recommended after the transfer of mosaic embryos. This narrative review is intended to serve as reference material for practitioners in reproductive medicine who must manage a mosaic embryo result after preimplantation genetic testing for aneuploidies.

Indexat a: Pubmed / JCR **Factor Impacte:** 3.7 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 14/136 ; Reproductive Biology 5/39 **Journal Citation Indicator:** 1.33

Neal JW, Santoro A, **Gonzalez-Cao M**, Lim FL, Fang B, Gentzler RD, Goldschmidt J, Khrizman P, Proto C, Patel S, Puri S, Liu SV, Massarelli E, Williamson D, Schwickart M, Scheffold C, Andrianova S, Felip E. **Cabozantinib Plus Atezolizumab or Cabozantinib Alone in Patients With Advanced NSCLC Previously Treated With an Immune Checkpoint Inhibitor: Results From the Phase 1b COSMIC-021 Study**. JTO Clin Res Rep. 2024 Mar 20;5(10):100666. doi: 10.1016/j.jtocrr.2024.100666. PMID: 39318387; PMCID: PMC11421317.
Introduction: We evaluated efficacy and safety of cabozantinib plus atezolizumab or cabozantinib alone in advanced NSCLC previously treated with an immune checkpoint inhibitor (ICI). Methods: COSMIC-021 (NCT03170 960) is a phase 1b, multicenter study in advanced solid tumors. This analysis included patients with stage IV non-squamous NSCLC without actionable

genomic aberrations in EGFR, ALK, ROS1, , or BRAF-V600E- V600E who progressed on one prior ICI and less than or equal to two prior lines of systemic anticancer therapy. Patients received cabozantinib 40 mg orally/day plus atezolizumab 1200 mg intravenously every three weeks (combination cohort) or cabozantinib 60 mg orally/day (single-agent cabozantinib cohort). Primary end point of the combination cohort was objective response rate per Response Evaluation Criteria in Solid Tumors v1.1 by investigator. Outcomes in the single-agent cabozantinib cohort were exploratory. Results: Eighty-one patients assigned to combination therapy and 31 assigned to single-agent cabozantinib received greater than or equal to one dose of study treatment. Median (range) follow-up was 26.1 months (12.1-44.2) and 22.4 months (1.5-29.0), respectively. Objective response rate was 20% (95% confidence inter- val: 11.7%-30.1%) in combination cohort and 6% (95% confidence interval: 0.8%-21.4%) in single-agent cabo- zantinib cohort. Treatment-related adverse events (TRAEs) occurred in 86% of patients in the combination cohort and 90% in the single-agent cabozantinib cohort; grade 3/4 TRAEs were 44% and 48%, respectively. There were two grade 5 TRAEs: pneumonit is (n = 1, combination) and gastric ul- cer hemorrhage (n = 1, single-agent). Neither PD-L1 expression in tumor cells nor tumor mutation burden correlated with outcomes. Conclusions: Cabozantinib plus atezolizumab demon- strated modest clinical activity and manageable toxicity in advanced NSCLC after progression on prior ICI. (c) 2024 The Authors. Published by Elsevier Inc. on behalf of the International Association for the Study of Lung Cancer. This is an open access article under the CC BY license (http://creativecommons.org/licenses/by/4.0/).

Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 3 **Quartil:** 2 **Categoria:** Oncology ; Respiratory System **Posició:** Oncology 142/322 ; Respiratory System 37/101 **Journal Citation Indicator:** 0.62

Neves AR, Casarini L, **Garcia S**, Vuong NL, Blockeel C, Simoni M, **Polyzos NP**. **Genetic variation in genes related to folliculogenesis and steroidogenesis in Caucasian and Asian women: Baby steps towards a pharmacogenetic approach in assisted reproductive techniques**. Hum Reprod. 2024 Jul;39(1 Suppl):P-556.

(no abstract)

Indexat a: WoS / JCR **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19

Ojosnegros S, Parra A, Massafret O, Burgos-Artizzu X, Ferrer-Vaquer A, Ares M, Denkova D, **Parriego M**, **Solé M**, **Boada M**, Seriola A. **METAPHOR: METabolic imaging through AI-powered Phasor-based Hyperspectral analysis and Organelle recognition for the classification of human blastocysts**. Hum Reprod. 2024 Jul;39(1 Suppl):I143.

(no abstract)

Indexat a: WoS / JCR **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**

Onfray C, Chevolleau S, Moinard E, Girard O, Mahadik K, Allsop R, Georgolopoulos G, Lavigne R, Renoult O, Aksoy I, Lemaitre E, Hulin P, Ouimette JF, **Fréour T**, Pecqueur C, Pineau C, Pasque V, Rougeulle C, David L. **Unraveling hallmark suitability for staging pre- and post-implantation stem cell models**. Cell Rep. 2024 May 28;43(5):114232. doi: 10.1016/j.celrep.2024.114232. Epub 2024 May 17. PMID: 38761378.

The advent of novel 2D and 3D models for human development, including trophoblast stem cells and blastoids, has expanded opportunities for investigating early developmental events, gradually illuminating the enigmatic realm of human development. While these innovations have ushered in new prospects, it has become essential to establish well-defined benchmarks for the cell sources of these models. We aimed to propose a comprehensive characterization of pluripotent and trophoblastic stem cell models by employing a combination of transcriptomic, proteomic, epigenetic, and metabolic approaches. Our findings reveal that extended pluripotent stem cells share many characteristics with primed pluripotent stem cells, with the exception of metabolic activity. Furthermore, our research demonstrates that DNA hypomethylation and high metabolic activity define trophoblast stem cells. These results underscore the necessity of considering multiple hallmarks of pluripotency rather than relying on a single criterion. Multiplying hallmarks alleviate stage-matching bias.

Indexat a: WoS / Pubmed / JCR / Medline **Factor Impacte:** 7.5 **Quartil:** 1 **Categoria:** Cell Biology **Posició:** 36/205 **Journal Citation Indicator:** 1.29

Parriego M, Coll L, Carrasco B, Garcia S, Boada M, **Polyzos NP**, Vidal F, Veiga A. **Blastocysts from partial compaction morulae are not defined by their early mistakes**. Reprod Biomed Online. 2024 Apr;48(4):103729. doi: 10.1016/j.rbmo.2024.103729. Epub 2024 Nov 18. PMID: 38367593.

Research question: Is partial compaction during morula formation associated with an embryo's developmental ability and implantation potential?Design: Retrospective analysis of data from 196 preimplantation genetic testing for aneuploidy (PGT-A) cycles. Embryos starting compaction were grouped according to the inclusion or not of all the blastomeres in the forming morula (full compaction or partial compaction). The possible effect of maternal age and ovarian response on compaction was analysed. Morphokinetic characteristics, blastocyst formation rate, morphology and cytogenetic constitution of the obtained blastocysts were compared. Comparisons of reproductive outcomes after the transfer of euploid blastocysts from both groups were established. Finally, in a subset of embryos, the chromosomal constitution concordance of the abandoned cells and the corresponding blastocyst through trophectoderm biopsies was assessed. Results: A total of 430 embryos failed to include at least one cell during compaction (partial compaction group [49.3%]), whereas the 442 remaining embryos formed a fully compacted morula (full compaction group [50.7%]). Neither female age nor the number of oocytes collected affected the prevalence of partial compaction morulae. Morphokinetic parameters were altered in embryos from partial compaction morulae compared with full compaction. Although an impairment in blastocyst formation rate was observed in partial compaction morulae (57.2% versus 70.8%, $P < 0.001$), both chromosomal constitution (euploidy rate: partial compaction [38.4%] versus full compaction [34.2%]) and reproductive outcomes (live birth rate: partial compaction [51.9%] versus full compaction [46.2%]) of the obtained blastocysts were equivalent between groups. A high ploidy correlation of excluded cells-trophectoderm duos was observed. Conclusions: Partial compaction morulae

show a reduced developmental ability compared with full compaction morulae. Resulting blastocysts from both groups, however, have similar euploidy rates and reproductive outcomes. Cell exclusion might be a consequence of a compromised embryo development regardless of the chromosomal constitution of the excluded cells.

Indexat a: Pubmed / JCR / WoS **Factor Impacte:** 3.7 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 14/136 ; Reproductive Biology 5/39 **Journal Citation Indicator:** 1.33

Pascual MA, Vancraeynest L, Timmerman S, Ceusters J, Ledger A, Graupera B, Rodriguez I, Valero B, Landolfo C, Testa AC, Bourne T, Timmerman D, Valentin L, Van Calster B, Froyman W. **Validation of ADNEX and IOTA two-step strategy and estimation of risk of complications during follow-up of adnexal masses in low-risk population**. Ultrasound Obstet Gynecol. 2024 Mar 13. doi: 10.1002/uog.27642. Epub ahead of print. PMID: 38477179.

Objectives: The aim is to evaluate the ability of the Assessment of Different NEoplasias in the adneXa model (ADNEX) and the International Ovarian Tumour Analysis (IOTA) two-step strategy to predict malignancy in adnexal masses detected in an outpatient low-risk setting, and to estimate the risk of complications in masses with benign ultrasound morphology managed with clinical and ultrasound follow-up.Methods: This single center (Hospital Universitari Dexeus Barcelona) study was performed using interim data of the ongoing prospective observational IOTA phase 5 study. The primary aim of the IOTA 5 study is to describe the cumulative incidence of complications during follow-up of adnexal masses classified as benign on ultrasound. Consecutive patients with adnexal masses detected between June 2012 and September 2016 in a private center offering screening for gynecological cancers were included and followed-up until February 2020. Tumors were classified as benign or malignant based on histology (if patients underwent surgery) or outcome of clinical and ultrasound follow-up at 12 (±2) months. Multiple imputation was used when follow-up information was uncertain. The ability of the ADNEX model without CA125 and of the IOTA two-step strategy to distinguish benign from malignant masses was evaluated retrospectively using the prospectively collected data. We describe performance as discrimination (area under the receiver operating characteristic curve, AUC), calibration, classification (sensitivity and specificity) and clinical utility (Net Benefit). In the group of patients with a benign looking mass selected for conservative management we evaluated the occurrence of spontaneous resolution or any mass complication during the first 5 years of follow-up by assessing the cumulative incidence for malignancy, torsion, cyst rupture, or minor mass complications (inflammation, infection, or adhesions) and the time to occurrence of an event.Results: A total of 2654 patients were recruited to the study. After application of exclusion criteria, 2039 patients with a newly detected mass were included for the model validation. 1684 (82.6%) masses were benign, 49 (2.4%) masses were malignant and for 306 (15.0%) masses the outcome was uncertain and imputed. The AUC was 0.95 (95% CI 0.89-0.98) for ADNEX and 0.94 (95% CI 0.88-0.97) for the two-step strategy. Calibration performance could not be meaningfully interpreted due to few malignancies resulting in very wide confidence intervals. The two-step strategy had better clinical utility than ADNEX at malignancy risk thresholds < 3%. 1472 (72%) patients had a mass judged to be benign based on pattern recognition by an experienced ultrasound examiner and were managed with clinical and ultrasound follow-up. In this group, the 5-year cumulative incidence was 66% for spontaneous resolution of the mass (95% CI 63-69), 0% for torsion (95%CI 0-0.002), 0.1% for cyst rupture (<0.1-0.6), 0.2% for a borderline tumor (<0.1-0.6), and 0.2% (0.1-0.6) for invasive malignancy.Conclusions: The ADNEX model and IOTA two-step strategy performed well to

distinguish benign from malignant adnexal masses detected in a low-risk population. Conservative management is safe for masses with benign ultrasound appearance in such a population.

Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 6.1 **Quartil:** 1 **Categoria:** Acoustics ; Obstetrics & Gynecology **Posició:** Acoustics 2/40 ; Obstetrics & Gynecology 5/136 **Journal Citation Indicator:** 2.19 ***1er Decil**

Pérez-López FR, **Rodríguez I**, García-Alfaro P. **The use of the directed acyclic graph to disentangle confounding variables from causal factors in observational studies**. Maturitas. 2024 Jul;185:107936. doi: 10.1016/j.maturitas.2024.107936. Epub 2024 Feb 3. PMID: 38350824.

(no abstract)

Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 3.9 **Quartil:** 2 **Categoria:** Geriatrics & Geriontology ; Obstetrics & Gynecology **Posició:** Geriatrics & Geriontology 24/74 ; Obstetrics & Gynecology 15/136 **Journal Citation Indicator:** 1.29

Perez-Poch A, **Ballester M**, **Tresanchez M**, Torner J, González DV, Alpiste F, Brigos M, Sánchez E, Martínez G, **García S**, **Polyzos NP**, **Boada M**. **Decreased human sperm motility and vitality after fast gravity load changes in a parabolic flight**. Acta Astronaut. 2024;223:640-8. doi:10.1016/j.actaastro.2024.07.050.

Little is known about the effects of low gravity on human gametes. The aim of this study was to analyze if fresh human sperm samples after fast gravity load changes suffered any detrimental effect in comparison to the splits maintained in Earth's gravity. Fifteen fresh samples from normozoospermic donors were analyzed. Statistically significant differences in vitality (69.7 f 9.9 % vs 72.4 f 9.7 %, [95 % CI: 0.002,0.07]); motile sperm concentration (23.7 f 15.3 M/ml vs 31.5 f 25.1 M/ml, [95% CI: 1.03,14.65]); grade "a" sperm concentration (8.7 f 6.5 M/ml vs 11.7 f 9.9 M/ml, [95% CI: 0.71,5.28]); percentage of progressive motility sperm (30 f 12.9% vs 36 f 14.3 %, [95% CI: 0.10,0.37]) and curvilinear velocity VCL: 45.7 f 12.8 mu m/s vs 47.7 f 13.3 mu m/s, [95% CI: 0.79,3.22]) were observed. No statistical differences were observed in other sperm kinematic parameters, morphology, DNA fragmentation, apoptosis, and oxidative stress. In conclusion, even though it did not result in a total loss, heavy gravity load changes including microgravity causes a significant decrease in sperm vitality and motility suggesting that negative consequences would be even higher if the exposure were longer. The results obtained indicate that further research is really needed before Assisted Reproduction will be considered for the future human reproduction outside the Earth.
Indexat a: WoS / SCIE / JCR **Factor Impacte:** 3.1 **Quartil:** 1 **Categoria:** Engineering, aerospace ; Aerospace engineering & technology **Posició:** Engineering, aerospace 9/52 ; Aerospace engineering & technology n/a **Journal Citation Indicator:** 1.25

Pérez-López FR, Blümel JE, Vallejo MS, **Rodríguez I**, Tserotas K, Salinas C, Rodrigues MA, Rey C, Ojeda E, Ñañez M, Miranda C, López M, Díaz K, Dextre M, Calle A, Bencosme A. **Anxiety but not menopausal status influences the risk of long-COVID-19 syndrome in women living in Latin America**. Maturitas. 2024 Feb;180:107873. doi: 10.1016/j.maturitas.2024.107873. Epub 2024 Nov 2. PMID: 37995422.

Objective: To study sociodemographic and clinical factors associated with the long-COVID-19 syndrome among women living in Latin American countries using undirected and directed methods.Method: We studied 347 patients with COVID-19 (confirmed by polymerase chain reaction) living in nine Latin American countries between May 2021 and July 2022, including 70 premenopausal, 48 perimenopausal, and 229 postmenopausal women. We compared the sociodemographic and general health information of women with (n = 164) and without (n = 183) the long-COVID-19 syndrome. They also completed the Connor-Davidson Resilience Scale, the Fear of COVID-19 Scale, the Jenkins Sleep Scale, and the Menopause Rating Scale to define the minimum set of variables for adjustment. We designed a directed acyclic graph (DAG) to identify factors related to the long-COVID-19 syndrome. Data were submitted to categorical logistic regression analyses. Results are reported as means and standard deviations or β-coefficients and 95 % confidence intervals.Results: Women with long-COVID-19 syndrome had a poor lifestyle, severe menopause symptoms, hypertension, insomnia, depression, anxiety, chronic diseases/conditions, risk of hospitalization, sleep disturbance, and low menopause-related quality of life compared to women without the syndrome. The DAG identified the following long-COVID-19 covariates: age, obesity, anxiety, depression, cancer, lifestyle, smoking, and menstrual status. A multivariable logistic model with these covariates indicated that anxiety is the only factor to be significantly associated with long-COVID-19 syndrome, whereas other covariates were confounding factors. There was no significant influence of menopausal status on the long-COVID-19 syndrome.Conclusion: Among factors selected by the DAG, only anxiety was significantly associated with the long-COVID-19. There was no significant influence of the menopause status on the long-COVID-19 syndrome in the studied population.

Indexat a: Pubmed / WoS / SCIE / JCR **Factor Impacte:** 3.9 **Quartil:** 2 **Categoria:** Geriatrics & Geriontology ; Obstetrics & Gynecology **Posició:** Geriatrics & Geriontology 24/74 ; Obstetrics & Gynecology 15/136 **Journal Citation Indicator:** 1.29

Polyzos NP, **Donno V**, **Rodriguez Garcia I**. **Reduced uterine artery pulsatility index (UtAPI) in artificial frozen embryo transfer pregnancies leads to underestimation of 1st-trimester preeclampsia risk. An analysis of over 30,000 pregnancies**. Hum Reprod. 2024 Jul;39(1 Suppl):I167.

(no abstract)

Indexat a: WoS / JCR **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**

Prats P, Izquierdo MT, **Rodríguez MÁ**, **Rodríguez I**, **Rodríguez-Melcón A**, **Serra B**, **Albaiges G**. **Assessment of fetal cardiac function in early fetal life: feasibility, reproducibility, and early fetal nomograms**. AJOG Glob Rep. 2024 Feb 23;4(1):100325. doi: 10.1016/j.xagr.2024.100325. PMID: 38586615; PMCID: PMC10994973.

Background: Fetal cardiology has shown a rapid development in the past decades. Fetal echocardiography is not only used for the detection of structural anomalies but also to assess fetal cardiac function. Assessment of the fetal cardiac function is performed mostly in the

second and third trimesters. The study of fetal cardiac function at the end of first trimester has not been investigated properly, and there is a lack of reference values at early gestational weeks. Objective: This study aimed to assess if the measurement of time-related parameters of cardiac function in the left ventricle of the fetal heart is feasible and reproducible at the end of the first trimester. If possible, we provide nomograms of these parameters from 11 to 13+6 gestational weeks. Study design: We conducted a prospective observational study from March to September 2022. The study was carried out in 2 hospitals (Hospital Universitari Dexeus, Barcelona, and Hospital VITAHS 9 Octubre, Valencia, Spain). The scans were performed by 3 specialists in fetal medicine. The exclusion criteria were fetal cardiac rhythm abnormalities, abnormal nuchal translucency, abnormal ductus venosus, fetal malformations, stillbirth, estimated fetal weight <10 percentile, diabetes, and gestational hypertensive disorders. The cardiac function parameters studied in the left ventricle were isovolumetric contraction time, isovolumetric relaxation time, ejection time, filling time, cycle time, myocardial performance index, ejection time fraction, and filling time fraction. We study the feasibility and intra- and interobserver reproducibility of these parameters using the interclass correlation coefficient. Nomograms were created and the percentiles of the values of the different parameters were calculated. Results: A total of 409 cases were recruited but only 296 could be included in the statistical analysis once the exclusion criteria were applied. The intraobserver reproducibility study was excellent (interclass correlation coefficient >0.900), and the interobserver reproducibility study was good (interclass correlation coefficient >0.700). The data regression analysis showed that cycle time, filling time, isovolumetric contraction time, and filling time fraction increased with gestational age, whereas ejection time fraction decreased with gestational age and myocardial performance index (mean, 0.43±0.08), isovolumetric relaxation time (mean, 0.04±0.01), and ejection time (mean, 0.16±0.01) remained constant from 11 to 13 weeks.Conclusion: The study of fetal cardiac function is feasible and reproducible at 11 to 13+6 gestational weeks. Nomograms of the studied parameters are provided.

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

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. 2024 Oct 18:104490. doi: 10.1016/j.rbmo.2024.104490. Epub ahead of print. 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 / JCR / Medline **Factor Impacte:** 3.7 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 14/136 ; Reproductive Biology 5/39 **Journal Citation Indicator:** 1.33

Racca A, **Rodriguez I**, **Garcia S**, **Arroyo G**, **Polyzos NP**. **Double versus single stimulation in young low prognosis patients followed by a fresh embryo transfer: a randomized controlled trial (DUOSTIM-fresh)**. Hum Reprod. 2024 Jun 6:deae104. doi: 10.1093/humrep/deae104. Epub ahead of print. Erratum in: Hum Reprod. 2025 Feb 1;40(2):397. doi: 10.1093/humrep/deae289. PMID: 38845190.

STUDY QUESTION Does double stimulation, followed by a fresh embryo transfer (DUOSTIM fresh) give a higher number of good-quality blastocysts as compared with a single stimulation in young low prognosis patients? SUMMARY ANSWER Compared to single stimulation, DUOSTIM fresh leads to a significantly higher number of good quality blastocysts, without hindering fresh embryo transfer outcomes. WHAT IS KNOWN ALREADY DUOSTIM (ovarian stimulation both in the follicular and luteal phase of the same cycle) is an innovative strategy to retrieve a higher number of oocytes in a shorter time frame, thus it is particularly appealing for poor ovarian responders. Three current limitations of dual stimulation are: (i) it is unclear whether outcomes of the second (luteal) wave result from the second stimulation, or a carry-over effect from previous follicular stimulation; (ii) the desynchronization between endometrium and ovaries and, (iii) lack of robust evidence. No previous studies explored DUOSTIM starting from the luteal phase, and with a fresh embryo transfer (DUOSTIM fresh). STUDY DESIGN, SIZE, DURATION This study is a randomized, controlled, single-center, superiority clinical trial comparing two different ovarian stimulation protocols: a double stimulation cycle versus a single stimulation cycle followed by fresh embryo transfer. The primary outcome was the number of good quality blastocysts obtained, while secondary outcomes included results from fresh embryo transfer (clinical pregnancy, miscarriage). A total of 120 women were enrolled in this study between October 2020 and October 2022, with a 1:1 allocation. PARTICIPANTS/MATERIALS, SETTING, METHODS Only young (<40 years old) low prognosis (anti-M & uuml;llerian hormone <1.2 ng/ml) patients were recruited in the Reproductive Medicine Department of Dexeus University Hospital. In the investigational group, DUOSTIM fresh, the first stimulation was initiated in the luteal phase (Day 18-21 cycle) followed by a second stimulation 5 days post first oocyte retrieval, initiated in the follicular phase and a fresh embryo transfer of the best blastocyst generated (first or second cycle). The control group performed a follicular phase single stimulation cycle with a fresh embryo transfer. MAIN RESULTS AND THE ROLE OF CHANCE Overall, 107 patients were analyzed, 53 in the investigational (DUOSTIM fresh) and 54 in the control arm (single stimulation). DUOSTIM fresh resulted in a significantly higher number of good quality blastocysts as compared to single stimulation (difference of mean 0.81, 95% CI 0.12-1.49). The mean percentage of cycles with embryo transfer was comparable (62.3% and 51.9%, respectively for double versus single stimulation). No significant differences were found for clinical outcomes following fresh embryo transfer with an ongoing pregnancy rate of 24.5% for DUOSTIM fresh versus 22.2%, for

conventional IVF. Of interest comparisons between different stimulation cycles (A: luteal-phase DUOSTIM fresh, B: follicular-phase DUOSTIM fresh, and C: single stimulation) did not demonstrate any significant difference in terms of ovarian response with the mean (SD) number of mature oocytes being (A: 3.3 (2.9), B: 3.4 (3.4), and C: 3.5 (2.9), respectively). LIMITATIONS, REASONS FOR CAUTION Study sample size was calculated to detect differences on the mean number of good quality blastocysts. Therefore, results for secondary outcomes (embryo transfer rates and clinical pregnancy rates) should be interpreted with caution as exploratory findings that deserve future investigations.
WIDER IMPLICATIONS OF THE FINDINGS Although DUOSTIM fresh results in a higher number of blastocysts as compared with a single stimulation in young low prognosis patients, the decision of performing dual stim should be evaluated with caution, considering that whether this may improve embryo transfers rate and pregnancy outcomes is still unclear. Results on cumulative-live-birth-rate are warranted. STUDY FUNDING/COMPETING INTEREST(S) The study was an investigator-initiated study supported by an unrestricted grant by Organon. N.P.P. has received grants from Merck Serono, Organon, Ferring Pharmaceutical, Theramex, and Besins Healthcare. N.P.P. has received consulting fees from Merck Serono, Organon, Besins Healthcare, and IBSA. N.P.P. has received honoraria for lectures from Merck Serono, Organon, Theramex, Roche Diagnostics, IBSA, Besins Healthcare, and Ferring. A.R. has received Research grants, honoraria for lectures from Merck Serono, MSD/Organon, Ferring Pharmaceuticals, Besins International, IBSA, Guerbet. The other authors declare that there is no conflict of interest to disclose with respect to the content of this article.

Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**

Reuvenny S, Luz A, Itzhak N, Hourvitz R, Maman E, Baum M, Youngster M, Hariton E, **Polyzos N**, Hourvitz A. **Machine learning predictive modeling for mature oocyte retrieval: a transcontinental study with various treatment protocols**. Fertility and Sterility. 2024 Oct 122. e155.

(no abstract)

Indexat a: WoS / SCIE / JCR **Factor Impacte:** 6.6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 4/136 ; Reproductive Biology 3/39 **Journal Citation Indicator:** 2.25 ***1er Decil**

Rodríguez MA, **Echevarría M**, **Perdomo L**, Gómez-Chiari M, **García S**, **Prats P**, **Serra B**, **Albaiges G**. **Prevalence of corpus callosum pathology in an unselected population. Should assessment of the corpus callosum be included in the routine 20 weeks scan?** Prenat Diagn. 2024 Jan 1. doi: 10.1002/pd.6510. Epub ahead of print. PMID: 38161311.

Objectives: To determine the prevalence of abnormalities of the corpus callosum (AbnCC) in a non-selected population, to propose a systematic screening protocol for AbnCC in all populations through direct assessment, and to describe the follow-up and prognosis of all AbnCC cases diagnosed in our clinical setting.Methods: This was a retrospective review of the prevalence of AbnCC over 11 years. We included a sagittal assessment of the corpus callosum (CC) in the second-trimester scan. AbnCC was classified into complete agenesis of CC (ACC) and

dysgenesis of CC (DCC; including small, partial agenesis, thick and with lipoma).Results: Of the 38,586 second-trimester scans performed during our screening, 43 cases of AbnCC were detected (prevalence of 0.8/1000). Of the AbnCC cases, 10 cases were identified as ACC (29.40%) and 24 as DCC (70.59%). Follow-up investigations showed that in the 43 cases with AbnCC, 76.5% had other associated ultrasound abnormalities, 26.5% had genetic abnormalities, 11.8% had other MRI abnormalities, and 25% of the children had neurodevelopmental delays (8.8% of the total), which were severe in only one case.Conclusions: AbnCC is found in approximately 0.8/1000 of cases in an unselected population. The findings suggest that systematic and direct assessment of the CC as part of screening ultrasound in the second trimester of gestation should be recommended as a routine practice.

Indexat a: WoS / Pubmed / JCR **Factor Impacte:** 2.7 **Quartil:** 2 **Categoria:** Obstetrics & Gynecology (Q2) ; Genetics & Heredy (Q2) **Posició:** Obstetrics & Gynecology 37/136 ; Genetics & Heredy 88/191 **Journal Citation Indicator:** 0.82

Rosell R. **RE: Reply to Rio-Vilariño and colleagues' article and misconception about YAP1 Ser 397 phosphorylation function**. Br J Cancer. 2024 Jun;130(12):1892. doi: 10.1038/s41416-024-02720-9. Epub 2024 May 21. PMID: 38773253; PMCID: PMC11183050.

(no abstract)

Indexat a: WoS / Pubmed / JCR / Medline **Factor Impacte:** 6.4 **Quartil:** 1 **Categoria:** Oncology **Posició:** 46/322 **Journal Citation Indicator:** 1.46

Sachs-Guedj N, **Sokol P**, Quesada-López T, **Freour T**, **Polyzos NP**, **Martinez F**. **The role of alpha-Klotho protein in male and female reproduction: a systematic review**. F&S Rev. 2025;6(1):100084. doi:10.1016/j.xfnr.2024.100084.

Objective: The aim of this systematic review is to provide the first comprehensive overview of the current knowledge regarding the role of the alpha-Klotho protein in male and female fertility, focusing on the testicle, spermatozoa, ovary, and oocyte. Evidence Review: A comprehensive literature search was conducted up to March 2024 to determine the role of Klotho (KL, alpha-Klotho) in human reproductive tissues. The search terms included the following: “Klotho” AND “Sperm” OR “Testicle” OR “Oocyte” OR “Ovary” OR “Reproduction” OR “Fertility” OR “Infertility” OR “Gamete” OR “Gonad.” Following Cochrane methodology, the search covered MEDLINE, EMBASE, Cochrane Library, National Center for Biotechnology Information Gene, Tabula Sapiens, GTEx, Trip Database, Google Scholar, medRxiv, Open Grey, Central Register of Controlled Trials, and World Health Organization International Clinical Trials Registry, including all relevant studies up to March 2024 without language or publication status restrictions. The focus was on the role of alpha-Klotho in fertility, including studies involving animals and humans and basic experimental or observational designs. After removing duplicates, 2 investigators (N.S-.G., F.M.) independently screened titles and abstracts, with disagreements resolved by a third investigator (P.S.). The search identified a total of 258 articles, of which 18 were selected for the review. Final eligibility was determined by 4 investigators (N.S-.G., P.S., T.Q-.L., F.M.). Results:The Klotho protein levels decrease with age. This decline influences male fertility by impacting spermatogenesis, sperm maturation, androgen production, and local homeostasis. In women, KL influences ovulatory function by

inhibiting hypothalamic gonadotropin-releasing hormone secretion, regulating growth hormone secretion and oocyte quality, and controlling granulosa cells and follicular apoptosis. Overall, animal and human studies indicate that Klotho is an important factor in fertility, contributing to sperm quality and oocyte maturation and development. Additionally, the antioxidant properties of KL may help preserve the integrity of sperm cells and could serve as an effective antioxidant for the cryopreservation of ovarian tissue. Conclusion: Further research is warranted to fully understand the mechanisms underlying the role of KL protein in human fertility, both as a potential biomarker and as a therapeutic target for infertility treatments and fertility preservation strategies. Advances in functional genetic variations studies will clarify the pathways linking genotype to phenotype in reproductive health.

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

Sánchez-Prieto M, Pingarrón C, Bergamaschi L, Bermúdez JC, Subiris González J, Sánchez Sánchez R, Poyo Torcal S, Gómez M, Ruiz Pérez ML, Castillo Martínez M, Peña Penedo ME, Sánchez-Borrego R. **Prospective, multicenter, uncontrolled study on the effectiveness and safety of a hyaluronic acid water-based vaginal lubricant in alleviating vaginal dryness and dyspareunia**. Gynecol Endocrinol. 2024 Mar 5;40(1):2317268. doi: 10.1080/09513590.2024.2317268. Epub 2024 Mar 12. PMID: 38468593.

Background: Vaginal dryness (VD) represents a significant concern affecting women across diverse life stages, encompassing both pre- and postmenopausal women at any age. Dyspareunia, defined by genital pain that can be experienced before, during, or after intercourse, is often associated with vaginal dryness. Aim: This study aimed to evaluate the effectiveness and safety of a water-based vaginal lubricant with hyaluronic acid to reduce sexual discomfort associated with vaginal dryness. Methods: A prospective, multicenter, uncontrolled clinical investigation was conducted over a three-month period in women aged 18 years or older experiencing pain or difficulty during sexual intercourse for whom the use of a vaginal lubricant was recommended. Results: Significant improvements were observed in the FSFI scores, indicating enhanced sexual function ($p < .001$). Vaginal dryness symptoms, including irritation, dryness, itching, and dyspareunia, significantly decreased after product use ($p < .001$). Clinical implications: This study contributes to the limited scientific knowledge on the application of lubricants in the context of symptoms associated with VD. Strengths & limitations: In addition to the short study period, inherent limitations of the study design, and lack of placebo control, it is pertinent to acknowledge that some of the pros used in this study were not based on validated questionnaires. However, as far as we know, this study is the only one that analyzes well-being and sexual pleasure as results using a lubricant formulated with hyaluronic acid. Conclusion: This tested vaginal lubricant with hyaluronic acid has demonstrated efficacy in improving vaginal dryness and female sexual function, particularly in reducing pain and improving lubrication during sexual intercourse, and showed a favorable safety profile, with minimal and transient adverse events.

Indexat a: Pubmed / WoS / JCR / SCIE **Factor Impacte:** 2 **Quartil:** 3 **Categoria:** Endocrinology & Metabolism (Q3) ; Obstetrics & Gynecology (Q2) **Posició:** Obstetrics & Gynecology 63/136 ; Endocrinology & Metabolism 134/186 **Journal Citation Indicator:** 0.52

Savirón-Cornudella R, Saviron-Cornudella R, Bielsa AL, Esteban-Escano J, Torres JC, **Ezquerro MC**, Larraz BC, Martínez-Berganza EDD, Castano MJR, Navidad MA, Garcia MA, Orozco JW,

Mateo SC, Esteban LM. **Diagnosis of cardiotocographic sinusoidal patterns by spectral analyses**. Biomedical signal processing and control. 2024 Jul. doi: 10.1016/j.bspc.2024.106174.

Background: The sinusoidal pattern in cardiotocographic (CTG) monitoring shows a sinus-shaped signal longer than 30 min without short-term variability. It is commonly linked to fetal morbidity, particularly severe fetal anemia. Pseudosinusoidal patterns resemble sinusoidal patterns but without adverse fetal outcomes. This study aims to characterise sinusoidal and pseudosinusoidal patterns using spectral analysis. Methods: A multicenter study case-control was conducted between January 2012 and February 2024. Maternal characteristics, perinatal data, and CTG parameters through spectral analysis were examined. The spectrum of the electrocardiographic signal was calculated, and the proportion of energy (PE), short- and long-term variability, amplitude, and the differences between sinusoidal, pseudosinusoidal, and control groups were compared. A predictive model for signal type was built using a classification tree. Results: 60 CTG records were collected, including 38 controls. Of the 13 sinusoidal patterns detected, all exhibited a sinusoidal pattern with a PE ratio > 0.3, 9 of them (69 %) had a PE ratio > 0.5, and 4 (31 %) were in the range of 0.3-0.5. Among the 9 cases diagnosed as pseudosinusoidal, all had a sinusoidal pattern with a PE within the range of 0.3-0.5. Every control exhibited a PE < 0.3, except for one case. Short-term variability demonstrated limited discriminatory capability, while long-term variability showed a strong discriminatory capacity. For the classification tree, accuracy diagnosis was 92.3 %, 88.8 %, and 97.3 % for the sinusoidal, pseudosinusoidal, and control groups, respectively. Conclusion: Computerised spectral analysis and the variable PE within the frequency range of 1.8-3.5 are reliable parameters to discriminate sinusoidal patterns.

Indexat a: WoS / JCR **Factor Impacte:** 4.9 **Quartil:** 2 **Categoria:** Engineering, biomedical ; Medical laboratory technology **Posició:** Engineering, biomedical 30/123 ; Medical laboratory technology n/a **Journal Citation Indicator:** 1.08

Sokol P, **Ballester M**, **Rodriguez I**, **Polyzos NP**. **Unconventional ejaculatory abstinence period and its impact on seminal parameters in abnormal diagnostic samples**. Andrology. 2024 Sep ; Presented at: ECA 2024, the 13rd European Congress of Andrology. doi:10.1111/andr.13714. (no abstract)

Indexat a: JCR **Factor Impacte:** 3.2 **Quartil:** 1 **Categoria:** Andrology **Posició:** Andrology 2/8 **Journal Citation Indicator:** 1.55

Sokol P, **Clua E**, **Pons MC**, **García S**, **Racca A**, **Freour T**, **Polyzos NP**. **Developing and validating a prediction model of live birth following single vitrified-warmed blastocyst transfer**. Reprod Biomed Online. 2024 Jul;49(1):103890. doi: 10.1016/j.rbmo.2024.103890. Epub 2024 Feb 12. PMID: 38744027.

Research question: Can the developed clinical prediction model offer an accurate estimate of the likelihood of live birth, involving blastocyst morphology and vitrification day after single vitrified-warmed blastocyst transfer (SVBT), and therefore assist clinicians and patients?Study design: Retrospective cohort study conducted at a Spanish university-based reproductive medicine unit (2017-2021) including consecutive vitrified-warmed blastocysts from IVF cycles. A multivariable logistic regression incorporated key live birth predictors: vitrification day, embryo score, embryo ploidy status and clinically relevant variables, i.e. maternal age. Results:

The training set involved 1653 SVBT cycles carried out between 2017 and 2020; 592 SVBT cycles from 2021 constituted the external validation dataset. The model revealed that female age and embryo characteristics, including overall quality and blastulation day, is linked to live birth rate in SVBT cycles. Stratification by vitrification day and quality (from day-5A to day-6 C blastocysts) applied to genetically tested and untested embryos. The model's area under the curve was 0.66 (95% CI 0.64 to 0.69) during development and 0.65 (95% CI 0.61 to 0.70) in validation, denoting moderate discrimination. Calibration plots showed strong agreement between predicted and observed probabilities. Conclusion: By incorporating essential predictors such as vitrification day, embryo morphology grade, age and preimplantation genetic testing for aneuploidy usage, this predictive model offers valuable guidance to clinicians and patients, enabling accurate forecasts of live birth rates for any given vitrified blastocyst within SVBT cycles. Additionally, it serves as a potentially indispensable laboratory tool, aiding in selecting the most promising blastocysts for optimal outcomes.

Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 3.7 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 14/136 ; Reproductive Biology 5/39 **Journal Citation Indicator:** 1.33

Vassena R, Cabello Vives Y, Castel Seguí AB, Herrero García J, Martínez Granados L, Rodríguez **García I**, Prados Mondejar F, Cueva Sáiz I. **Safety and quality of MAR (medically assisted reproduction) provisions in Spain in response to adaptative regulation during a public health emergency: a national registry analysis**. Hum Reprod. 2024;39(Suppl 1):deae108.1078. doi:10.1093/humrep/deae108.1078.

Abstract. Study question. Did the level of quality and the safety of MAR treatments change in response to the restrictive medical care regulations during the COVID emergency? Summary answer. All assessed markers of PMA treatment quality and safety were maintained, indicating a robust quality structure of the Spanish PMA medical system.
What is known already. Acute public health stressors can affect the provision of effective and safe care in specific healthcare areas, as operational constrains are put in place and resource allocation is shifted to emerging areas of need. During 2020, Spain was heavily affected by the COVID pandemic, and the provision of PMA was constrained both in time and scope for several months. Here, we examine the results of these constrains on the quality and safety of PMA treatments performed in the country through the comparative analysis of pre- and post-emergency national data. Study design, size, duration.

This retrospective study includes aggregate registry data from 316 PMA centers in Spain, representing 100% of reported IVF/ICSI treatments in the country. Data refer to treatments performed in 2019, 2020 and 2021.Treatment data were compared on an intention to treat basis (ITT) whenever possible. Participants/materials, setting, methods. A total of 48.123, 40.453 and 49.734 IVF/ICSI treatments with own oocytes were initiated in 2019, 2020 and 2021 respectively. Oocyte donor stimulation were 15.807, 12.001, and 13.287, respectively. Safety markers analyzed were: oocytes collected (donation), multiple pregnancies and births, complications of treatment requiring hospitalization. Indicators of efficacy were pregnancy and live birth rates, with and without PGT-A, on an ITT basis. Data were compared by ANOVA or t-test. A $p < 0.05$ was considered significant.
Main results and the role of chance. The ratio between transfers and clinical results in IVF/ICSI cycles with own eggs, according to treatment intention, has remained stable in both pregnancies [34.4-34.8%] and deliveries [24.7-25.7%] between 2019, 2020 and 2021 Births

with multiple fetuses were 11.3%, 9.4% and 8.7% respectively. Live births from PGT-A cycles were 22.4% in 2019 and 23.0% in 2020. The results of cycles with donor eggs remained stable in both pregnancies [56.7-58.7%] and deliveries [43.3-44.2%] between 2019, 2020 and 2021. Births with multiple fetuses were 10.7%, 9.8% and 8.2% respectively. Births of higher order than twins were anecdotal. Complications requiring hospital admission have remained at 0.20% - 0.026% of total treatments, with ovarian hyperstimulation and hemorrhages being the most frequent. Limitations, reasons for caution. The aggregate nature of data did not allow for a more in depth associative analysis. Wider implications of the findings. The analyzed indicators have remained within the expected ranges, suggesting a low impact of the COVID measures on the operational quality and safety of the TRA units.

Indexat a: Pubmed / WoS / SCIE / JCR **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**

Verdyck P, Altarescu G, Santos-Ribeiro S, Vrettou C, Koehler U, Griesinger G, Goossens V, Magli C, Albanese C, **Parriego M**, **Coll L**, Ron-El R, Sermon K, Traeger-Synodinos J. **Aneuploidy in oocytes from women of advanced maternal age: analysis of the causal meiotic errors and impact on embryo development.** Hum Reprod. 2024 Dec 4;38(12):2526-2535. doi: 10.1093/humrep/dead201. PMID: 37814912.

Many chromosome abnormalities are commonly observed and can lead to early pregnancy loss, miscarriage, or the birth of children with chromosomal defects. Such abnormalities are considered a major factor in the low pregnancy rate after assisted reproductive technology and natural conception. Preimplantation genetic testing for aneuploidy (PGT-A) aims to minimize the transfer of aneuploid embryos. Embryonic aneuploidies arising from errors in meiosis have an incidence of approximately 25% in embryos from women younger than 35 years, to more than half in embryos from women aged older than 35 years. Although these embryos are able to develop to the blastocyst stage, they tend to be of lower morphological quality. A recent multicenter randomized clinical trial (ESTEEM) analyzed polar bodies (PBs) from women after intracytoplasmic sperm injection aged between 36 and 40 years using microarrays in 205 cycles and found that the transfer of embryos from euploid oocytes did not lead to a higher live birth rate but was associated with a reduction in the number of embryo transfers and miscarriages. This study aimed to evaluate all PB results from this RCT and characterize the types of chromosomal abnormalities and the chromosomes most frequently affected. The ESTEEM trial obtained biopsy of first (PB1) and second (PB2) PB in the cohort receiving PGT-A and analyzed them using array comparative genomic hybridization (aCGH). A total of 693 PB pairs had full results available, including 676 confirmed fertilized oocytes. Chromosome segregations, including likely underlying mechanisms, from these pairs are reported here. To estimate the reliability of the aCGH procedure, 72 PB pairs from a single center were reanalyzed using next-generation sequencing (NGS). Embryos were classified into 4 categories based on morphology: good, fair, poor, and degenerated. A comparative analysis was performed to assess the association between chromosome status and embryo quality as well as study group (PGT-A vs control) and embryo quality. A total of 213/676 oocytes were euploid and 413/676 were aneuploid, whereas in the remaining 50 oocytes, an abnormality observed in PB1 was compensated by an abnormality in PB2. A total of 693 PB pairs reported chromatic numbers with results for 15,939 chromosomes. An abnormal segregation, in PB1 and/or PB2, was observed in 1162 chromosomes (7.3%) in 461 PB pairs. Chromosomes 22 (16.7%), 16 (16.6%), 19 (14.4%), 21 (13.7%), and 15 (12.4%) had the highest frequencies for abnormal segregations.

The abnormal segregations were compatible with precocious separation of sister chromatids in meiosis 1 (M1) (n = 568; 48.9%), nondisjunction of chromatics in meiosis 2 (M2) or reverse segregation (n = 417; 35.9%), and nondisjunction in M1 (n = 65; 5.6%). However, 112 chromosomes had segregation patterns that could not be categorized into 1 of the 9 known mechanisms causing aneuploidy in oocytes. Concordance between aCGH and NGS was obtained for both PBs for 1650 of 1656 analyzed chromosomes (99.6%). Embryos predicted to be aneuploid had significantly worse quality scores on day 3 (adjusted odds ratio [aOR], 0.62; 95% confidence interval [CI], 0.43-0.90), day 4 (aOR, 0.15; 95% CI, 0.06-0.39), and day 5 (aOR, 0.28; 95% CI, 0.14-0.58). This study represents one of the largest analyses of chromosomal copy number in both PBs to date and highlights the frequent unexplained chromosome copy numbers underscoring the gap of knowledge into the mechanisms causing aneuploidy in oocytes.

Indexat a: Pubmed / WoS / SCIE / JCR / Current Contents Connect / Medline
Factor Impacte: 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology
Posició: Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39
Journal Citation Indicator: 2.19 ***1er Decil**

Vidal MDM, **Martínez F**, **Rodríguez I**, **Polyzos NP**. **Ovarian response and embryo ploidy following oral micronized progesterone-primed ovarian stimulation versus GnRH antagonist protocol. A prospective study with repeated ovarian stimulation cycles**. Hum Reprod. 2024 May 2;39(5):1098-1104. doi: 10.1093/humrep/deae047. PMID: 38498835.

Study question: Is there any difference in ovarian response and embryo ploidy following progesterone-primed ovarian stimulation (PPOS) using micronized progesterone or GnRH antagonist protocol?Summary answer: Pituitary downregulation with micronized progesterone as PPOS results in higher number of oocytes retrieved and a comparable number of euploid blastocysts to a GnRH antagonist protocol.What is known already: Although the GnRH antagonist is considered by most the gold standard protocol for controlling the LH surge during ovarian stimulation (OS) for IVF/ICSI, PPOS protocols are being increasingly used in freeze-all protocols. Still, despite the promising results of PPOS protocols, an early randomized trial reported potentially lower live births in recipients of oocytes resulting following downregulation with medroxyprogesterone acetate as compared with a GnRH antagonist protocol. The scope of the current prospective study was to investigate whether PPOS with micronized progesterone results in an equivalent yield of euploid blastocysts to a GnRH antagonist protocol. Study design, size, duration: In this prospective study, performed between September 2019 to January 2022, 44 women underwent two consecutive OS protocols within a period of 6 months in a GnRH antagonist protocol or in a PPOS protocol with oral micronized progesterone.Participants/materials, setting, methods: Overall, 44 women underwent two OS cycles with an identical fixed dose of rFSH (225 or 300 IU) in both cycles. Downregulation in the first cycles was performed with the use of a flexible GnRH antagonist protocol (0.25 mg per day as soon as one follicle of 14 mm) and consecutively, after a washout period of 1 month, control of LH surge was performed with 200 mg of oral micronized progesterone from stimulation Day 1. After the completion of both cycles, all generated blastocysts underwent genetic analysis for aneuploidy screening (preimplantation genetic testing for aneuplody, PGT-A). Main results and the role of chance: Comparisons between protocols did not reveal differences between the duration of OS. The hormonal profile on the day of trigger revealed statistically significant differences between protocols in all the tested hormones except for FSH: with significantly higher serum E2 levels, more elevated LH levels and higher progesterone levels in PPOS cycles

as compared with antagonist cycles, respectively. Compared with the GnRH antagonist protocol, the PPOS protocol resulted in a significantly higher number of oocytes (12.7 ± 8.09 versus 10.3 ± 5.84; difference between means [DBM] -2.4 [95% CI -4.1 to -0.73]), metaphase II (9.1 ± 6.12 versus 7.3 ± 4.15; DBM -1.8 [95% CI -3.1 to -0.43]), and 2 pronuclei (7.1 ± 4.99 versus 5.7 ± 3.35; DBM -1.5 [95% CI -2.6.1 to -0.32]), respectively. Nevertheless, no differences were observed regarding the mean number of blastocysts between the PPOS and GnRH antagonist protocols (2.9 ± 2.11 versus 2.8 ± 2.12; DBM -0.07 [95% CI -0.67 to 0.53]) and the mean number of biopsied blastocysts (2.9 ± 2.16 versus 2.9 ± 2.15; DBM -0.07 [95% CI -0.70 to 0.56]), respectively. Concerning the euploidy rates per biopsied embryo, a 29% [95% CI 21.8-38.1%] and a 35% [95% CI 26.6-43.9%] were noticed in the PPOS and antagonist groups, respectively. Finally, no difference was observed for the primary outcome, with a mean number of euploid embryos of 0.86 ± 0.90 versus 1.00 ± 1.12 for the comparison of PPOS versus GnRh antagonist.Limitations, reasons for caution: The study was powered to detect differences in the mean number of euploid embryos and not in terms of pregnancy outcomes. Additionally, per protocol, there was no randomization, the first cycle was always a GnRH antagonist cycle and the second a PPOS with 1 month of washout period in between.Wider implications of the findings: In case of a freeze-all protocol, clinicians may safely consider oral micronized progesterone to control the LH surge and patients could benefit from the advantages of a medication of oral administration, with a potentially higher number of oocytes retrieved at a lower cost, without any compromise in embryo ploidy rates.

Indexat a: Pubmed / WoS / SCIE / JCR / Current Contents Connect / Medline
Factor Impacte: 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology
Posició: Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**

FARMÀCIA

Núm. Articles indexats: Núm. Articles indexats al JCR: Journal Impact Factor ™ – 2024: Factor Impacte mitjà x article:

ENDOCRINOLOGIA I NUTRICIÓ

Núm. Articles indexats: 1 **Núm. Articles indexats al JCR: Journal Impact Factor ™ – 2024: Factor Impacte mitjà x article:**

Sesmilo G. **Thyroid and assisted reproduction**. Endocrinol Diabetes Nutr (Engl Ed). 2024 Dec;71(10):411-414. doi: 10.1016/j.endien.2024.10.002. Epub 2024 Nov 26. PMID: 39603957.

(no abstract)

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

APARELL DIGESTIU I ENDOSCÒPIA

Núm. Articles indexats: 2 **Núm. Articles indexats al JCR:** 1 **Journal Impact Factor ™ – 2024:** 2.9
Factor Impacte mitjà x article: 2.9

Domènech E, Ciudin A, Balibrea JM, **Espinet-Coll E**, Cañete F, Flores L, Ferrer-Márquez M, Turró R, Hernández-Camba A, Zabana Y, Gutiérrez A; en nombre del Grupo de Consenso GETECCU-SEEDO-AEC-SEED. **Recommendations on the management of severe obesity in patients with inflammatory bowel disease of the Spanish Group on Crohn's Disease and Ulcerative Colitis (GETECCU), Spanish Society of Obesity (SEEDO), Spanish Association of Surgery (AEC) and Spanish Society of Digestive Endoscopy (SEED)**. Gastroenterol Hepatol. 2024 Jan 28:S0210-5705(23)00502-2. English, Spanish. doi: 10.1016/j.gastrohep.2024.12.008. Epub ahead of print. PMID: 38290648.

Obesity is a multifactorial, chronic, progressive and recurrent disease considered a public health issue worldwide and an important determinant of disability and death. In Spain, its current prevalence in the adult population is about 24% and an estimated prevalence in 2035 of 37%. Obesity increases the probability of several diseases linked to higher mortality such as diabetes, cardiovascular disease, hyperlipidemia, arterial hypertension, non-alcoholic fatty liver disease, several types of cancer, or obstructive sleep apnea. On the other hand, although the incidence of inflammatory bowel disease (IBD) is stabilizing in Western countries, its prevalence already exceeds 0.3%. Paralleling to general population, the current prevalence of obesity in adult patients with IBD is estimated at 15-40%. Obesity in patients with IBD could entail, in addition to its already known impact on disability and mortality, a worse evolution of the IBD itself and a worse response to treatments. The aim of this document, performed in collaboration by four scientific societies involved in the clinical care of severe obesity and IBD, is to establish clear and concise recommendations on the therapeutic possibilities of severe or typeIII obesity in patients with IBD. The document establishes general recommendations on dietary, pharmacological, endoscopic, and surgical treatment of severe obesity in patients with IBD, as well as pre- and post-treatment evaluation.

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

Espinet-Coll E, Del Pozo-García AJ, Turró-Arau R, Nebreda-Durán J, Cortés-Rizo X, Serrano-Jiménez A, Escartí-Usó MÁ, Muñoz-Tornero M, Carral-Martínez D, Bernabéu-López J, Sierra-Bernal C, Martínez-Ares D, Espinel-Díez J, Marra-López Valenciano C, Sola-Vera J, Sanchís-Artero L, Domínguez-Jiménez JL, Carreño-Macián R, Juanmartiñena-Fernández JF, Fernández-Zulueta A, Consiglieri-Alvarado C, Galvao-Neto M; Collaborators for the "Spanish Bariatric Endoscopy Group (GETTEMO) of the Spanish Society of Digestive Endoscopy (SEED)". **Evaluating the Safety of the Intragastric Balloon: Spanish Multicenter Experience in 20,680**

Cases and with 12 Different Balloon Models. Obes Surg. 2024 Aug;34(8):2766-2777. doi: 10.1007/s11695-024-07342-x. Epub 2024 Jul 18. PMID: 39023675.

Introduction Intragastric balloon (IGB) is a minimally invasive and reversible option for obesity treatment. There is a worldwide growing number of different IGB models. The efficacy and safety profile for each model must be demonstrated. We aim to evaluate IGB safety profile according to the experience of the Spanish Bariatric Endoscopy Group (GETTEMO). Methods A survey of 37 IGBs safety-related questions was sent to all GETTEMO members, to retrospectively collect a multicenter Spanish registry. Incidence, causes, and resolution of both major and minor complications and adverse events (AEs), including legal consequences, differentiated for each balloon model were evaluated. Secondary outcome was weight loss data to confirm efficacy. Results Twenty-one Spanish hospitals experienced in IGBs responded. The overall data encompassed 20,680 IGBs, including 12 different models. Mean %TBWL of 17.66 +/- 2.5% was observed. Early removal rate due to intolerance was 3.62%. Mean major complications rate was 0.70% (> 1% in Spatz2, HB, and Spatz3 models), mainly complicated gastric ulcer. Minor AEs rate was 6.37%, mainly esophagitis. Nine cases (0.04%) required surgery. A single case of mortality (0.0048%) occurred. Seven lawsuits (0.0034%) were received, all with favorable resolution. Conclusions In the Spanish experience accumulating 20,680 IGBs and including 12 different balloon models, a low incidence rate of major complications and minor AEs are observed (0.70% and 6.37%, respectively), mostly resolved with medical/endoscopic management. IGB shows good tolerance and efficacy profile. These safety data are within the accepted quality standards.

Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 2.9 **Quartil:** 1 **Categoria:** Surgery **Posició:** 50/292 **Journal Citation Indicator:** 1.23

CIRUGIA MAXILOFACIAL, IMPLANTOLOGIA I ESTÈTICA FACIAL

Núm. Articles indexats: 5 **Núm. Articles indexats al JCR:** 5 **Journal Impact Factor ™ – 2024:** 15.6
Factor Impacte mitjà x article: 3.12

Rovira-Lastra B, Khoury-Ribas L, Flores-Orozco EI, Ayuso-Montero R, Chaurasia A, Martinez-Gomis J. **Accuracy of digital and conventional systems in locating occlusal contacts: A clinical study**. J Prosthet Dent. 2024 Jul;132(1):115-122. doi: 10.1016/j.prosdent.2023.06.036. Epub 2023 Aug 21. PMID: 37612195.

Abstract. Statement of problem: The accuracy of methods used for locating occlusal contacts throughout the entire clinical procedure has been poorly studied. Purpose: The purpose of this clinical study was to determine the reproducibility and criterion validity for different methods of locating occlusal contacts. Material and methods: Thirty-two adults with natural dentitions participated in this cross-sectional test-retest study. In total, occlusal contacts at maximum intercuspation were recorded by using 15 methods: silicone transillumination with Occlufast Rock (40, 50, 100, and 200 µm) and Occlufast CAD (40 and 50 µm); virtual occlusion (100, 200, 300, and 400 µm); articulating film (12-, 40-, 100-, and 200-µm-thick); and T-Scan III. Images of the occlusal records were scaled and calibrated spatially, and the occlusal contacts of the right

posterior mandibular teeth were delimited by using the FIJI software program. Reproducibility was expressed as 95% confidence intervals (95% CI) of the percentage of agreement in the location of the occlusal contacts between images from the test sessions against retest sessions using the same method. Criterion validity was expressed as 95% CI of the percentage of agreement in the location of the occlusal contacts between images from the test sessions against images from Occlufast Rock (criterion standard). Results: Occlufast Rock achieved 85% to 95% agreement in the location of the occlusal contacts between the 2 sessions, whereas Occlufast CAD, 200-µm articulating film, and T-Scan offered 79% to 86%, 68% to 75%, and 65% to 75% agreement, respectively. The most valid method was Occlufast CAD (74% to 80%) followed by the 200-µm articulating film (57% to 63%), 400-µm virtual occlusion (53% to 62%), 100-µm articulating film (52% to 60%), and T-Scan (48% to 56%). Conclusions: Conventional methods, such as 100- and 200-µm articulating film and digital methods, including 400 µm virtual occlusion and T-Scan, offer sufficient accuracy in locating the occlusal contacts. However, strategies are needed to improve accuracy.

Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 4.3 **Quartil:** 1 **Categoria:** Dentistry, Oral Surgery & Medicine **Posició:** 10/158 **Journal Citation Indicator:** 1.90 ***1er Decil**

Rubió-Ferrer G, **Rovira-Lastra B**, Khoury-Ribas L, Flores-Orozco EI, Ayuso-Montero R, Martinez-Gomis J. **Reference values and reliability of occlusal force distribution and occlusal time measured by the T-Scan system in adults with healthy dentition**. J Prosthodont. 2024 Jul;33(6):558-564. doi: 10.1111/jopr.13838. Epub 2024 Mar 12. PMID: 38469973.
Purpose: Reference values of occlusal characteristics are needed to interpret the data obtained using the T-Scan System. This study aimed to establish reference values for and to assess the reliability of, occlusal force distribution in the maximal intercuspal position and the occlusion time in young adults with healthy dentition. Materials and methods: In total 178 adults with natural dentition participated in this retrospective cross-sectional study, of whom 76 performed a retest session. Several occlusal recordings were obtained from each participant using the T-Scan system while asking them to bite two or three consecutive times (multi-bite) or only once (single-bite) at the maximal intercuspal position. The lateral and anteroposterior occlusal force distribution were determined as percentages in the right and posterior teeth . Occlusion time was measured in seconds. After the occlusal force distribution and occlusion time percentiles were calculated, reliability was assessed by the intraclass correlation coefficient. Results: The 5th-95th percentiles for occlusal force distribution were 34%-67% on the right teeth and 55%-94% on the posterior teeth. The 90th percentile for multi-bite occlusion time was 0.17 s and for single-bite occlusion time was 0.27 s. The intraclass correlation coefficients for lateral occlusal force distribution, anteroposterior occlusal force distribution, multi-bite occlusion time, and single-bite occlusion time were 0.70, 0.68, 0.58, and 0.67, respectively. Conclusions: This study generated reference values for key occlusal characteristics (occlusal force distribution and occlusion time) when using the T-Scan system. These values showed moderate reliability.

Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 3.4 **Quartil:** 1 **Categoria:** Dentistry, oral surgery & medicine **Posició:** 17/158 **Journal Citation Indicator:** 1.60

Lopez-Cordon MA, Khoury-Ribas L, **Rovira-Lastra B**, Ayuso-Montero R, Martinez-Gomis J. **Improved Masticatory Performance in the Partially Edentulous Rehabilitated with**

Conventional Dental Prostheses. Medicina (Kaunas). 2024 Nov 1;60(11):1790. doi: 10.3390/medicina60111790. PMID: 39596975; PMCID: PMC11596389.
Background and Objectives: Oral rehabilitation seeks to enhance mastication, a vital component of oral function that is compromised by tooth loss. This study aimed to assess the degree of improvement of masticatory performance in partially edentulous patients rehabilitated with removable partial dentures (RPD) or fixed partial dental prosthesis (FPDP). Changes in the occlusal contact area (OCA) and satisfaction with their chewing ability during the adaptation period were also evaluated. *Materials and Methods*: in total, 34 partially edentulous participants (median age 65.3 years; 56% women) who received an RPD or FPDP were assessed using masticatory performance assay, OCA calculation, and a visual analog scale (VAS). *Results*: Masticatory performance improved by 20% (range from 17% to 25%, $p < 0.05$) depending on the edentulism and the rehabilitation types. The OCA improved by 4.7 mm2 ($p < 0.05$) and satisfaction with the masticatory function improved by 9% ($p < 0.05$) 3 months after prosthesis insertion. *Conclusions*: Conventional prostheses benefited partially edentulous individuals, improving masticatory performance by 20%. Treatment also increased the OCA in all types of partial edentulism, except in Kennedy class I patients rehabilitated with RPD. Patients' satisfaction with their chewing ability only increased in Kennedy class III patients rehabilitated with RPD.

Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 0.508 **Quartil:** 1 **Categoria:** Medicine, general & internal **Posició:** 123/156 **Journal Citation Indicator:**

Ustrell-Barral M, Zamora-Olave C, Khoury-Ribas L, **Rovira-Lastra B**, Martinez-Gomis J. **Reliability, reference values and factors related to maximum bite force measured by the Innobyte system in healthy adults with natural dentitions**. Clin Oral Investig. 2024 Oct 31;28(11):620. doi: 10.1007/s00784-024-06014-5. PMID: 39482396; PMCID: PMC11527963.
Objectives: We aimed to determine the predictors of maximum bite force (MBF), as measured with the Innobyte system, and to assess the reliability and reference values for MBF in young adults with natural dentitions. Methods: This cross-sectional test-retest study included 101 dental students with natural dentitions. Participants had their dental occlusion examined and completed three questionnaires: the Temporomandibular disorders Pain Screener, Oral Behavior Checklist, and Jaw Functional Limitation Scale. Body mass index and muscle mass percentage were determined, and handgrip strength was measured with a dynamometer. The MBF was measured with Innobyte, with reliability assessed by the intraclass correlation coefficient, expressing reference values as MBF percentiles. Bivariate tests and multiple linear regression models were used for statistical analysis. Results: The intraclass correlation coefficient for the MBF was 0.90, with 10th to 90th percentiles of 487-876 N for females and 529-1003 N for males. A positive relationship existed between the MBF and male sex, muscle mass percentage, overbite, handgrip strength, and possible sleep/awake bruxism. Stepwise regression showed that overbite, handgrip strength, and possible sleep/awake bruxism had the greatest effect on the MBF, explaining 27% of the variation. Conclusions: This study provides reference values for MBF when using the Innobyte system and shows excellent reliability. Overbite, general strength, and self-reported bruxism appear to be important predictors of MBF. Clinical relevance: Innobyte is a reliable device that can be used to measure MBF bilaterally. Self-reported bruxism is associated with an 8%-10% increase in MBF.

Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 3.1 **Quartil:** 1 **Categoria:** Dentistry, oral surgery & medicine **Posició:** 23/158 **Journal Citation Indicator:** 1.34

Ignatova-Mishutina T, Khoury-Ribas L, Flores-Orozco EI, **Rovira-Lastra B**, Martinez-Gomis J. **Influence of masticatory side switch frequency on masticatory mixing ability and sensory perception in adults with healthy dentitions: A randomized crossover trial**. J Prosthet Dent. 2024 Jun;131(6):1093-1103. doi: 10.1016/j.prosdent.2023.03.006. Epub 2023 Apr 14. PMID: 37062609.

Statement of problem: The advantages and disadvantages of frequently changing sides while masticating remain unclear. Purpose: The purpose of this clinical study was to determine the effect of varying the frequency of masticatory side switches on masticatory mixing ability and sensory perception in dentate adults. Material and methods: This nonblinded, randomized 12-period crossover study, conducted at Barcelona Dental School from January to March 2022, included 36 healthy adults with natural dentitions (median age, 23.5 years; 26 women). Participants were randomly allocated to 12 sequences and performed 12 masticatory assays masticating a 2-colored gum for 40 cycles each using the following masticatory styles as interventions: freestyle, unilateral right, unilateral left, and switching sides 5%, 15%, and 25%. The primary outcome was the mixing ability index (MAI), defined as the standard deviation of the red channel intensity of the masticated gum in the color-histogram plugin of the ImageJ software program. Participants also rated the perceived flavor intensity and salivary flow on a visual analog scale. Data were analyzed by repeated measures analysis of variance (α=.05). Results: The MAI was similar for all masticatory styles (P=.63). Participants perceived greater flavor intensity (mean difference: 8%, 95% CI: 1% to 15%) and salivary flow (mean difference: 11%, 95% CI: 0% to 21%) with 25% side switching compared with freestyle or unilateral mastication. Conclusions: Frequently switching the masticatory side while masticating gum does not alter the mixing ability, but it appears to enhance salivary flow and flavor intensity.

Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 4.3 **Quartil:** 1 **Categoria:** Dentistry, Oral Surgery & Medicine **Posició:** 10/158 **Journal Citation Indicator:** 1.90 ***1er Decil**

ANESTESIOLOGIA

Núm. Articles indexats: 3 **Núm. Articles indexats al JCR:** 2 **Journal Impact Factor ™ – 2024:** 5.9
Factor Impacte mitjà x article: 2.95

Hernández González L, Brogly N, Manrique Muñoz S, Suárez Castaño C, Yerga Pozo G, **Raynard Ortiz M**, Guasch Arévalo E. **National survey on clinical practice in obstetric analgesia in Spain**. Rev Esp Anestesiol Reanim (Engl Ed). 2024 Dec;71(10):732-739. doi: 10.1016/j.redare.2024.07.007. Epub 2024 Sep 19. PMID: 39306035.

Introduction: A national survey was conducted among maternity hospitals nationwide to understand the variability in clinical practice for obstetric analgesia and to reach a consensus on optimal care in the future in Spain. Materials and methods: Spanish experts in obstetric anesthesiology designed a survey on the practice of obstetric analgesia during childbirth, following a Delphi process. The survey was sent to 195 Spanish maternity hospitals between April and September 2022 using Google Forms. A descriptive study of the results was performed. Results: Responses were obtained from 108 centers (55.4%), of which 88 (83.8%) were public hospitals. The most commonly used technique was epidural analgesia in 97

(92.4%) centers. Nine (8.6%) centers used the combined spinal-epidural (CSE) technique, 5 (4.8%) used spinal analgesia, and 3 (2.9%) used dural puncture epidural (DPE) analgesia. The most commonly used local anesthetic was levobupivacaine 0.1-0.25% in 82 (78.1%) centers. Fentanyl or sufentanil were added to the local anesthetic in 96 (91.4%) centers. Epidural maintenance was performed with continuous epidural infusion (CEI) + patient-controlled epidural analgesia (PCEA) or programmed intermittent epidural bolus (PIEB) + PCEA in 64 (60.9%) and 33 (30.5%) centers, respectively. Fifteen (14.3%) centers lacked alternative techniques to epidural analgesia and 25 (23.8%) did not follow obstetric analgesia protocols. Conclusion: Despite the variability in clinical practice for obstetric analgesia in Spain, the vast majority of centers follow recommendations in this field. There is room for improvement, which should be considered a fundamental strategy for progressing towards excellence.

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

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 (pCO(2)), 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) pCO(2), HbF, BE, HCO(3)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 / WoS / SCIE / JCR / Medline **Factor Impacte:** 3.8 **Quartil:** 1 **Categoria:** Medical laboratory technology ; Biochemistry & Molecular biology **Posició:** Medical laboratory technology 6/31 ; Biochemistry & Molecular biology n/a **Journal Citation Indicator:** 1.83

Rodiera C, Fortuny H, Valls A, **Borras R**, Ramírez C, Ros B, Rodiera J, Santaliestra J, Lanau M, **Rodríguez N**. **Voice Analysis as a Method for Preoperatively Predicting a Difficult Airway Based on Machine Learning Algorithms: Original Research Report.** Health Sci Rep. 2024 Dec 9;7(12):e70246. doi: 10.1002/hsr2.70246. PMID: 39659816; PMCID: PMC11628723.

Background and Aims. An unanticipated difficult airway is one of the greatest challenges for anesthesiologists. Proper preoperative airway assessment is crucial to reducing complications. However, current screening tests based on anthropometric features are of uncertain benefit. Therefore, our study explores using voice analysis with machine learning algorithms to predict a difficult airway.MethodsObservational, multicenter study with N = 438 patients initially enrolled at Centro Medico Teknon and Institut Universitari Dexeus (2019-2022) for the research study. After excluding 125 patients, N = 313 were included. Ethics committee approval was obtained. Adults ASA I-III scheduled for elective procedures under general anesthesia with endotracheal intubation were selected. Patient clinical features and traditional predictive tests were collected. Vowels "A, E, I, O, U" were recorded in normal, flexion, and extension positions. Cormack grade was assessed, and data were analyzed using KNIME, resulting in multiple models based on demographics and voice data. ROC curves and other metrics were evaluated for each model.ResultsAmong multiple models evaluated, two yielded the best performance to predict a difficult airway both exclusively analyzing Cormack I and IV cases which showed the most distinct differences. The variables included in each model were the following: Model 1; included demographic data, vowel "A" in all positions and harmonics of the voice achieving an AUC of 0.91. Model 2; Included demographic data, vowel "O" in normal positions and voice parameters (Shimmer, Jitter, HNR); achieving in an AUC of 0.90. In contrast, models which focused on analyzing all Cormack grades (I, II, III, IV) cases performed less effectively.ConclusionsAcoustic parameters of the voice together with the demographic data of the patients, when introduced into classification algorithms based on machine learning showed promising signs of predicting a difficult airway.

Indexat a: Pubmed / Wo S/ SCIE / JCR / Medline **Factor Impacte:** 2.1 **Quartil:** 1 **Categoria:** Medicine general & internal (Q2) ; Public, environmental & occupational health (Q3) **Posició:** Medicine general & internal 97/329 ; Public, environmental & occupational health 204/408 **Journal Citation Indicator:** 0.60

OFTALMOLOGIA

Núm. Articles indexats: Núm. Articles indexats al JCR: Journal Impact Factor ™–2024: Factor Impacte mitjà x article:

PEDIATRIA DEXEUS – PAIDO SALUT INFANTIL

Núm. Articles indexats: 6 **Núm. Articles indexats al JCR:** 6 **Journal Impact Factor ™ – 2024:** 11.5
Factor Impacte mitjà x article: 1.91

Cascant-Vilaplana MM, Piñeiro-Ramos JD, Soláz-García Á, Lara-Cantón I, Izquierdo I, Llorens R, Marin P, Torres-Martínez E, Molitor C, Mohareb F, Boronat N, Quintás G, Kuligowski J, Vento M; HYPOTOP study group. **Searching molecular biomarkers correlating with BSID-III at 24 months in infants with neonatal hypoxic-ischemic encephalopathy**. Eur J Pediatr. 2024 Sep;183(9):3933-3942. doi: 10.1007/s00431-024-05652-x. Epub 2024 Jun 25. PMID: 38916739.

An early prediction of outcomes of neonatal hypoxic-ischemic encephalopathy (NE) is of key importance in reducing neonatal mortality and morbidity. The objectives were (i) to analyze the characteristics of miRNA expression and metabolic patterns of neonates with NE and (ii) to assess their predictive performance for neurodevelopmental outcomes. Plasma samples from moderate/severe NE patients (N = 92) of the HYPOTOP study were collected before, during, and after therapeutic hypothermia (TH) and compared to a control group (healthy term infants). The expression of miRNAs and concentrations of metabolites (hypoxia-related and energy, steroid, and tryptophan metabolisms) were analyzed. Neurodevelopmental outcomes were evaluated at 24 months postnatal age using Bayley Scales of Infant Development, ed. III, BSID-III. Differences in miRNA and metabolic profiles were found between NE vs. control infants, abnormal (i.e., mildly and moderately abnormal and severe) vs. normal, and severe vs. non-severe (i.e., normal and mildly and moderately abnormal) BSID-III. 4-Androstene-3,17-dione, testosterone, betaine, xanthine, and lactate were suitable for BSID-III outcome prediction (receiver operating characteristic areas under the curve (AUCs) ≥ 0.6), as well as 68 miRNAs (AUCs of 0.5-0.9). Significant partial correlations of xanthine and betaine levels and the expression of several miRNAs with BSID-III sub-scales were found. Conclusion: We have identified metabolites/miRNAs that might be useful to support the prediction of middle-term neurodevelopmental outcomes of NE. What is known and what is new: • The early prediction of outcomes of neonatal hypoxic-ischemic encephalopathy (NE) is of key importance in reducing neonatal mortality and morbidity. • Alterations of the metabolome and miRNAs had been observed in NE. • We performed miRNA sequencing and quantified selected metabolites (i.e., lactate, pyruvate, ketone bodies, Krebs cycle intermediates, tryptophan pathway, hypoxia-related metabolites, and steroids) by GC- and LC-MS. • Specific miRNAs and metabolites that allow prediction of middle-term neurodevelopmental outcomes of newborns with NE undergoing hypothermia treatment were identified.

Indexat a: Pubmed / WoS / JCR / SCIE **Factor Impacte:** 3 **Quartil:** 1 **Categoria:** Pediatrics
Posició: 14/186 **Journal Citation Indicator:** 1.43

Díez López I, Cernada M, Galán L, **Boix H**, Ibañez L, Couce ML; en representación del Grupo Español para el estudio del niño PEG de la SEEP y del Comité de Estándares Sociedad Española de Neonatología. **Small for gestational age: concept, diagnosis and neonatal characterization, follow-up and recommendations**. An Pediatr (Engl Ed). 2024 Aug;101(2):124-131. doi: 10.1016/j.anpede.2024.07.012. Epub 2024 Aug 10. PMID: 39127580.

Newborns who do not reach a weight appropriate for their gestational age and sex can be classified in different ways. This article defines the concepts of small for gestational age (SGA) and intrauterine growth restriction, as well as the underlying causes of these conditions, with the goal of establishing consensus definitions for these patients, in whom treatment with growth hormone throughout childhood may be indicated and who may be at risk of developing endocrine or metabolic disorders in puberty and adulthood. Most SGA children experience spontaneous catch-up growth that is usually completed by age 2 years. In SGA children who remain short, treatment with recombinant human growth hormone is effective, increasing adult height. Small for gestational age infants with rapid catch-up growth and marked weight gain are at increased risk of premature adrenarche, early puberty, polycystic ovary syndrome (girls), insulin resistance and obesity, all of which are risk factors for type 2 diabetes and metabolic syndrome in adulthood. The SGA status can affect different areas of neurodevelopment and manifest at different stages in life; neurodevelopmental outcomes are better in SGA infants with spontaneous catch-up growth. Due to the potential risks associated with SGA, adequate characterization of these patients at birth is imperative, as it allows initiation of appropriate follow-up and early detection of abnormalities.

Indexat a: Pubmed / WoS / JCR / SCIE / Medline **Factor Impacte:** 1.5 **Quartil:** 2 **Categoria:** Pediatrics **Posició:** 86/186 **Journal Citation Indicator:** 0.69

Engel C, Rüdiger M, Benders MJNL, van Bel F, Allegaert K, Naulaers G, Bassler D, Klebermaß-Schrehof K, Vento M, Vilan A, Falck M, Mauro I, Metsäranta M, Vanhatalo S, Mazela J, Metsvaht T, van der Vlught R, Franz AR; ALBINO Study Group. **Detailed statistical analysis plan for ALBINO: effect of Allopurinol in addition to hypothermia for hypoxic-ischemic Brain Injury on Neurocognitive Outcome - a blinded randomized placebo-controlled parallel group multicenter trial for superiority (phase III)**. Trials. 2024 Jan 24;25(1):81. doi: 10.1186/s13063-023-07828-6. Erratum in: Trials. 2024 Mar 15;25(1):192. doi: 10.1186/s13063-024-08031-x. PMID: 38267942; PMCID: PMC10809613.

Background: Despite therapeutic hypothermia (TH) and neonatal intensive care, 45-50% of children affected by moderate-to-severe neonatal hypoxic-ischemic encephalopathy (HIE) die or suffer from long-term neurodevelopmental impairment. Additional neuroprotective therapies are sought, besides TH, to further improve the outcome of affected infants. Allopurinol - a xanthine oxidase inhibitor - reduced the production of oxygen radicals and subsequent brain damage in pre-clinical and preliminary human studies of cerebral ischemia and reperfusion, if administered before or early after the insult. This ALBINO trial aims to evaluate the efficacy and safety of allopurinol administered immediately after birth to (near-)term infants with early signs of HIE. Methods/design: The ALBINO trial is an investigator-initiated, randomized, placebo-controlled, double-blinded, multi-national parallel group comparison for superiority investigating the effect of allopurinol in (near-)term infants with neonatal HIE. Primary endpoint is long-term outcome determined as survival with neurodevelopmental impairment versus death versus non-impaired survival at 2 years. Results: The primary analysis with three mutually exclusive responses (healthy, death, composite outcome for impairment) will be on the intention-to-treat (ITT) population by a generalized logits model according to Bishop, Fienberg, Holland (Bishop YF, Discrete Multivariate Analysis: Therory and Practice, 1975) and ."will be stratified for the two treatment groups. Discussion: The statistical analysis for the ALBINO study was defined in detail in the study protocol and implemented in this statistical analysis plan published prior to any data analysis. This is in

accordance with the Declaration of Helsinki and the International Conference on Harmonization Good Clinical Practice guidelines.

Indexat a: Pubmed / WoS / JCR / SCIE / Medline **Factor Impacte:** 2 **Quartil:** 3 **Categoria:** Medicine, research & experimental **Posició:** 122/189 **Journal Citation Indicator:** 0.50

Vega Puyal L, Llurba E, Ferrer Q, Dolader Codina P, Sánchez García O, Montoliu Ruiz A, Sanchez-de-Toledo J. **Neurodevelopmental outcomes in congenital heart disease: Usefulness of biomarkers of brain injury**. An Pediatr (Engl Ed). 2024 Jan;100(1):13-24. doi: 10.1016/j.anpede.2024.12.007. Epub 2024 Jan 6. PMID: 38185573.

Introduction: At present, neurodevelopmental abnormalities are the most frequent type of complication in school-aged children with congenital heart disease (CHD). We analysed the incidence of acute neurologic events (ANEs) in patients with operated CHD and the usefulness of neuromarkers for the prediction of neurodevelopment outcomes.
Methods: Prospective observational study in infants with a prenatal diagnosis of CHD who underwent cardiac surgery in the first year of life. We assessed the following variables: (1) serum biomarkers of brain injury (S100B, neuron-specific enolase) in cord blood and preoperative blood samples; (2) clinical and laboratory data from the immediate postnatal and perioperative periods; (3) treatments and complications; (4) neurodevelopment (Bayley-III scale) at age 2 years. Results: the study included 84 infants with a prenatal diagnosis of CHD who underwent cardiac surgery in the first year of life. Seventeen had univentricular heart, 20 left ventricular outflow obstruction and 10 genetic syndromes. The postoperative mortality was 5.9% (5/84) and 10.7% (9/84) patients experienced ANEs. The mean overall Bayley-III scores were within the normal range, but 31% of patients had abnormal scores in the cognitive, motor or language domains. Patients with genetic syndromes, ANEs and univentricular heart had poorer neurodevelopmental outcomes. Elevation of S100B in the immediate postoperative period was associated with poorer scores. Conclusions: children with a history of cardiac surgery for CHD in the first year of life are at risk of adverse neurodevelopmental outcomes. Patients with genetic syndromes, ANEs or univentricular heart had poorer outcomes. Postoperative ANEs may contribute to poorer outcomes. Elevation of S100B levels in the postoperative period was associated with poorer neurodevelopmental outcomes at 2 years. Studies with larger samples and longer follow-ups are needed to define the role of these biomarkers of brain injury in the prediction of neurodevelopmental outcomes in patients who undergo surgery for management of CHD.

Indexat a: Pubmed / WoS / JCR / SCIE / Medline **Factor Impacte:** 1.5 **Quartil:** 2 **Categoria:** Pediatrics **Posició:** 86/186 **Journal Citation Indicator:** 0.69

Pérez-Bertólez S, Godoy-Lenz J, Alonso V. **Traumatic rupture of testicle and epididymis**. An Pediatr (Engl Ed). 2024 Apr;100(4):305-306. doi: 10.1016/j.anpede.2024.03.043. Epub 2024 Apr 4. PMID: 38580591.
(no abstract)

Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 1.5 **Quartil:** 2 **Categoria:** Pediatrics **Posició:** 86/186 **Journal Citation Indicator:** 0.69

Schmölzer GM, Asztalos EV, Beltempo M, **Boix H**, Dempsey E, El-Naggar W, Finer NN, Hudson JA, Mukerji A, Law BHY, Yaskina M, Shah PS, Sheta A, Soraisham A, Tarnow-Mordi W, Vento M; behalf of the HiLo trial collaborators. **Does the use of higher versus lower oxygen concentration improve neurodevelopmental outcomes at 18-24 months in very low birthweight infants?** Trials. 2024 Apr 4;25(1):237. doi: 10.1186/s13063-024-08080-2. PMID: 38576007; PMCID: PMC10996184.

Background: Immediately after birth, the oxygen saturation is between 30 and 50%, which then increases to 85-95% within the first 10 min. Over the last 10 years, recommendations regarding the ideal level of the initial fraction of inspired oxygen (FiO2) for resuscitation in preterm infants have changed from 1.0, to room air to low levels of oxygen (< 0.3), up to moderate concentrations (0.3-0.65). This leaves clinicians in a challenging position, and a large multi-center international trial of sufficient sample size that is powered to look at safety outcomes such as mortality and adverse neurodevelopmental outcomes is required to provide the necessary evidence to guide clinical practice with confidence. Methods: An international cluster, cross-over randomized trial of initial FiO2 of 0.3 or 0.6 during neonatal resuscitation in preterm infants at birth to increase survival free of major neurodevelopmental outcomes at 18 and 24 months corrected age will be conducted. Preterm infants born between 230/7 and 286/7 weeks' gestation will be eligible. Each participating hospital will be randomized to either an initial FiO2 concentration of either 0.3 or 0.6 to recruit for up to 12 months' and then crossed over to the other concentration for up to 12 months. The intervention will be initial FiO2 of 0.6, and the comparator will be initial FiO2 of 0.3 during respiratory support in the delivery room. The sample size will be 1200 preterm infants. This will yield 80% power, assuming a type 1 error of 5% to detect a 25% reduction in relative risk of the primary outcome from 35 to 26.5%. The primary outcome will be a composite of all-cause mortality or the presence of a major neurodevelopmental outcome between 18 and 24 months corrected age. Secondary outcomes will include the components of the primary outcome (death, cerebral palsy, major developmental delay involving cognition, speech, visual, or hearing impairment) in addition to neonatal morbidities (severe brain injury, bronchopulmonary dysplasia; and severe retinopathy of prematurity). Discussion: The use of supplementary oxygen may be crucial but also potentially detrimental to preterm infants at birth. The HiLo trial is powered for the primary outcome and will address gaps in the evidence due to its pragmatic and inclusive design, targeting all extremely preterm infants. Should 60% initial oxygen concertation increase survival free of major neurodevelopmental outcomes at 18-24 months corrected age, without severe adverse effects, this readily available intervention could be introduced immediately into clinical practice.

Indexat a: Pubmed / WoS / JCR / SCIE **Factor Impacte:** 2 **Quartil:** 3 **Categoria:** Medicine, research & experimental **Posició:** 122/189 **Journal Citation Indicator:** 0.50

PSIQUIATRIA I PSICOLOGIA (PSICODEX SL)

Núm. Articles indexats: 26 **Núm. Articles indexats al JCR:** 1 **Journal Impact Factor ™ – 2024:** 6.3
Factor Impacte mitjà x article: 6.3

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.

Està indexada a DOAJ, Latindex, Psicodoc, Ibecs, MIAR, Dialnet i Scielo Espanya. Encara està en procés de ser incorporada al WoS, SCIE i al PubMed, per tant, els seus articles encara no figuren al JCR ni al WoS i no tenim encara els indicadors: Factor d'Impacte, Quartil, Categoria i Posició.

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

Agüera L, Molina D, Artal J, Blanch J, **Farré JM**. **La psicogeriatría en el nuevo milenio**. *Psicosomática y Psiquiatría*, n.º 31, doi:10.60940/PsicosomPsiquiatrnum3110.

En la presente edición del Observatorio se establece un coloquio sobre la psicogeriatría, su definición, su campo de actuación, incluyendo el debate de diferentes posibles modelos de intervención a partir de experiencias en diferentes países. Se introducen los principales objetivos y focos de intervención y la colaboración con las diferentes especialidades. Todo ello dirigido por el Dr. Luís Agüera, psiquiatra que dirige un centro de intervención en psicogeriatría.

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

Alonso-Álvarez L, Lopez-Escribano R, **Álvarez MJ**, Cavalleria-Verdaguer M. **Toxina botulínica para tratamiento de la sialorrea severa inducida por clozapina: a propósito de un caso**. *Psicosomática y Psiquiatría*, n.º 30, doi:10.60940/PsicosomPsiquiatrnum300602.

(no abstract)

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

Álvarez MJ. **Trastorno por Estrés Postraumático Complejo: un nuevo diagnóstico con una muy larga historia**. *Psicosomática y Psiquiatría*, n.º 30, doi:10.60940/PsicosomPsiquiatrnum3002.

(no abstract)

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

Farré JM. **Adiós Mary Violette**. *Psicosomática y Psiquiatría*, n.º 29, doi:10.60940/PsicosomPsiquiatrnum2901.

(no abstract)

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

Farré JM. **Humanizar: lo eterno no pierde el tren**. *Psicosomática y Psiquiatría*, n.º 31, doi:10.60940/PsicosomPsiquiatrnum3101.

(no abstract)

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

Farré, JM. **Género y Salud Mental: acostumbrados a movernos en las paradojas**. *Psicosomática y Psiquiatría*, n.º 30, doi:10.60940/PsicosomPsiquiatrnum3001.

(no abstract)

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

Farré JM. **Sentimiento, voluntad y deseo**. *Psicosomática y Psiquiatría*, n.º 28, doi:10.60940/PsicosomPsiquiatrnum2801.

(no abstract)

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

Fernández C, Pastells S, Tolosa I, **Farré JM**, Molero F, **Lasheras G**. **Correlatos de personalidad, regulación emocional y estrategias de afrontamiento en pacientes con trastorno de interés/excitación sexual femenino**.: V SIMPOSIO DE PSIQUIATRÍA Y Psicosomática, Barcelona 2022. *Psicosomática y Psiquiatría*, n.º 23, doi:10.34810/PsicosomPsiquiatrnum230915.

(no abstract)

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

Fuentes A, **Farré-Sender B**, **Ponce-López** P, **Lasheras G**. Trastorno eréctil **¿Qué factores pueden afectar a su gravedad? Un estudio descriptivo-correlacional**. *Psicosomática y Psiquiatría*, n.º 28, doi:10.60940/PsicosomPsiquiatrnum280703.

Una de las disfunciones sexuales más comunes es el trastorno eréctil (TE). Pretendemos identificar factores asociados a la gravedad del TE. Treinta y seis hombres, entre 18 y 70 años, que presentan un diagnóstico de TE, basado en los criterios DSM-V, han sido evaluados a través de una entrevista clínica y de una batería de 7 cuestionarios (IIEF, SCL-90, PDQ-4, PSWQ, STAI, SSES, SSEI). La

metodología se centró en un estudio cuantitativo, de tipo descriptivo-correlacional de diseño ex post facto con muestreo por conveniencia. Los resultados del modelo de regresión final muestran quela autoeficacia sexual, determinadas tendencias de personalidad y la sintomatología de depresión, somatización, obsesión-compulsión y ansiedad son factores asociados a la gravedad del TE, explicando el 51,3% de la varianza. Poder identificar aquellos factores asociados a la gravedad del TE, puede tener una relevante importancia para poder trabajar en su prevención y mejorar la orientación de las intervenciones psicológicas.

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

Gómez-Gil E, **Farré JM**, **Agulló M**, Molina E, Campos R, Artal J, Blanch J, Vidal A, Montejo AL. **Reflexiones sobre la aplicación de la "Ley Trans" en la atención sanitaria**. *Psicosomática y Psiquiatría*, n.º 28, doi:10.60940/PsicosomPsiquiatrnum2810.

En este artículo se reflexiona sobre la reciente ley aprobada por el Congreso de los Diputados conocida como *Ley 4/2023 para la igualdad real y efectiva de las personas trans y para la garantía de los derechos de las personas LGTBI* (BOE-A-2023-5366, 2023). Se analizan inicialmente los artículos que más polémica han causado en el ámbito social, que son los relativos a la rectificación registral (Art. 43-51), y posteriormente los que hacen referencia directa o indirectamente a aspectos sanitarios; 1) el que prohíbe de métodos, programas o las llamadas terapias de conversión (Art. 17), 2) los que definen cómo debe ser en términos generales la atención sanitaria (Art. 56-59), y 3) finalmente el único artículo que menciona a los menores (Art 70). Se comenta que el término utilizado de *persona trans,* al englobar un amplio abanico de diversidades sexuales, variantes y expresiones de género, incluye tanto a personas que necesitan una atención médica como a otras que no. Se plantea que la rectificación registral acorde con esta ley 2023 al no precisar ningún requisito para su inscripción, ofrece menos garantías que la legislación ya existente de marzo 2007. Se considera que las directrices de la nueva ley se están traduciendo en una toma de decisiones por parte del usuario sin disponer de una valoración o diagnóstico por el equipo de profesionales que atienden el caso. Se destaca que la ley no incluye ninguna referencia a la atención por salud mental. Y en conjunto, se concluye que el texto aprobado, en el ámbito sanitario, puede mermar la calidad de la asistencia integral, sobre todo en menores, o personas con identidades complejas, dudosas, o con comorbilidades, que pueden generar discrepancia entre el criterio del profesional y la opinión del usuario.

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

Gómez-Reino I, **Tolosa I**, **Mestre G**, Gotor F, Lorda S, Gomez-Reino J, Lobo A. **Sección de Psicosomática y Psiquiatría de Enlace**. *Psicosomática y Psiquiatría*, n.º 30, doi:10.60940/PsicosomPsiquiatrnum3011.

(no abstract)

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

Gómez-Reino I, **Tolosa I**, Mestre-Bach G, Gotor F, Simón D, Gomez-Reino J, Lobo A. **Sección de Psicosomática y Psiquiatría de Enlace**. *Psicosomática y Psiquiatría*, n.º 31, doi:10.60940/PsicosomPsiquiatrnum3111.

(no abstract)

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

Hervás A, Molina D, Blanch J, Campos R, **Farré JM**, Montllor R. **Autismo en mujeres**. *Psicosomática y Psiquiatría*, n.º 30, doi:10.60940/PsicosomPsiquiatrnum3010.

Se trata de una descripción actualizada del TEA en mujeres, su clínica, prevalencia, diferencias genéricas, evalución y propuestas de tratamiento. Se incide de una forma especifíca en las comorbilidades así como en el diagnóstico diferencial con otros cuadros que pueden confundirse como el trastorno límite, la ansiedad-alexitimia o trastornos psicóticos.

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

Lasheras G, **Farré B**. **Variables Psicopatológicas, Obstétricas y Reproductivas relacionadas con la Depresión Posparto (DPP)**: 5è Workshop Recerca Dona i Salut Mental. December 2023. *Psicosomática y Psiquiatría*, n.º 28, doi:10.60940/PsicosomPsiquiatrnum2809914.

(no abstract)

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

Lasheras G, Gracia M, **Farré B**, **Molinero L**, Palacios B, **Sanz C**, Serrano-Drozdowskyj E. **Sección Salud Mental Perinatal**. *Psicosomática y Psiquiatría*, n.º 30, doi:10.60940/PsicosomPsiquiatrnum3012.

(no abstract)

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

Lasheras G, Gracia M, **Farré B**, Giralt M, Palacios B, Sanz C, Serrano-Drozdowskyj E. **Sección Salud Mental Perinatal**. *Psicosomática y Psiquiatría*, n.º 28, doi:10.60940/PsicosomPsiquiatrnum2812.

(no abstract)

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

Lasheras G, Gracia M, **Farré B**, Luisa M, **Molinero L**, Palacios B, **Sanz C**, Serrano-Drozdowskyj E. **Sección Salud Mental Perinatal**. *Psicosomática y Psiquiatría*, n.º 31, doi:10.60940/PsicosomPsiquiatrnum3112.

(no abstract)

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

Lasheras G, Gracia M, Giralt M, **Sanz C**. **Sección Salud Mental Perinatal. Resúmenes de ponencias y comunicaciones orales de la XII Jornada de Salud Mental Perinatal**: XII JORNADA DE SALUD MENTAL PERINATAL. Madrid, 26 de abril 2024. *Psicosomática y Psiquiatría*, n.º 29, doi:10.60940/PsicosomPsiquiatrnum2912.

(no abstract)

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

Molina D, **Agulló M**, Artal JA, Blanch J, Campos R, **Farré JM**. **El suicidio**. *Psicosomática y Psiquiatría*, n.º 29, doi:10.60940/PsicosomPsiquiatrnum2910.

(no abstract)

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

Molinero L, **Lasheras G**. **Diferencias de género en drogodependencias: revisión sistemática**: 5è Workshop Recerca Dona i Salut Mental. December 2023. *Psicosomática y Psiquiatría*, n.º 28, doi:10.60940/PsicosomPsiquiatrnum2809913.

(no abstract)

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

Molinero L, **Campos C**, **Plana R**, **Voltà R**, **Farré JM**, **Lasheras G**. **Evolución epidemiológica de las interconsultas psiquiátricas**: VII SIMPOSIO DE Psicosomática Y PSIQUIATRÍA, Barcelona 2024. *Psicosomática y Psiquiatría*, n.º 31, doi:10.60940/PsicosomPsiquiatrnum310910.

(no abstract)

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

Palazón-Llecha A, Caparrós B, Trujols J, Duran-Sindreu S, Batlle F, Madre M, **Mallorquí-Bagué N**. **Predictors of cocaine use disorder treatment outcomes: a systematic review**. Syst Rev. 2024 May 8;13(1):124. doi: 10.1186/s13643-024-02550-z. PMID: 38720357; PMCID: PMC11077740.

Background: Psychosocial approaches are the first-line treatments for cocaine dependence, although they still present high dropout and relapse rates. Thus, there is a pressing need to understand which variables influence treatment outcomes to improve current treatments and

prevent dropout and relapse rates. The aim of this study is to explore predictors of treatment retention and abstinence in CUD. Methods: This systematic review was performed according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). We searched three databases-PubMed, PsychINFO and Web of Science-for randomized clinical trials (RCTs) published in English and Spanish from database inception through April 1, 2023. We selected all studies that met the inclusion criteria (adults aged ≥ 18, outpatient treatment, CUD as main addiction, and no severe mental illness) to obtain data for the narrative synthesis addressing cocaine abstinence and treatment retention as main outcome variables. After data extraction was completed, risk of bias was assessed using the Cochrane risk-of-bias tool for randomized trials (RoB-2). Results: A total of 566 studies were screened, and, of those, 32 RCTs were included in the synthesis. Younger age, more years of cocaine use, and craving levels were significant predictors of relapse and treatment dropout. Fewer withdrawal symptoms, greater baseline abstinence, greater treatment engagement, and more self-efficacy were all predictors of longer duration of abstinence. The role of impulsivity as a predictor of CUD is unclear due to conflicting data, although the evidence generally suggests that higher impulsivity scores can predict more severe addiction and withdrawal symptoms, and earlier discontinuation of treatment. Conclusion: Current evidence indicates which variables have a direct influence on treatment outcomes, including well-studied cocaine use-related variables. However, additional variables, such as genetic markers, appear to have a high impact on treatment outcomes and need further study. Systematic review registration: This systematic review is registered at PROSPERO (ID: CRD42021271847). This study was funded by the Spanish Ministry of Science, Innovation and Universities, Instituto Carlos III (ISCIII) (FIS PI20/00929) and FEDER funds and Fundació Privada Hospital de la Santa Creu i Sant Pau (Pla d'acció social 2020).

Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 6.3 **Quartil:** 1 **Categoria:** Medicine, general & internal **Posició:** 28/329 **Journal Citation Indicator:** 0.58

Ponce-López P, **Escribano S**, **Farré JM**, **Palazón A**, **Lasheras G**. **Trauma como predictor de la satisfacción sexual en mujeres que han sufrido mutilación genital femenina**: 5è Workshop Recerca Dona i Salut Mental. Desembre 2023». *Psicosomática y Psiquiatría*, n.º 28, doi:10.60940/PsicosomPsiquiatrnum2809912.

(no abstract)

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

Pufulete E, **Palazón A**, **Farré JM**, **Lasheras G** . **Psicopatología y perfil de personalidad en parejas femeninas de hombres con conducta sexual compulsiva**. Estudio piloto.: IV Simposio de Psicosomática y Psiquiatría. Barcelona, octubre 2021». *Psicosomática y Psiquiatría*, n.º 19, doi:10.34810/PsicosomPsiquiatrnum19225.

(no abstract)

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

Villena-Moya A, Muñoz-Montesinos F, **Tolosa I**, Serrano G, Ruiz B, Chenoll G, Galarreta A, Lucia A, **Mestre-Bach G**, Chiclana-Actis C. **Actualización y reflexiones en sexología**. *Psicosomática y Psiquiatría*, n.º 30, doi:10.60940/PsicosomPsiquiatrnum3015.

(no abstract)

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Villena-Moya A, Muñoz-Montesinos F, **Tolosa I**, Serrano G, Ruiz B, Chenoll G, Galarreta A, Ladrón AL, **Mestre-Bach G**, Chiclana C. **Actualización y reflexiones en sexología**. *Psicosomática y Psiquiatría*, n.º 31, doi:10.60940/PsicosomPsiquiatrnum3115.

Se presenta en esta sección una revisión de los artículos científicos de mayor impacto publicados entre septiembre y noviembre del 2024 en las revistas internacionales sobre Sexología con mayor reconocimiento a nivel nacional e internacional (Journal of Sexual Medicine; International Journal of Sexual Health; Archives of Sexual Behavior; Sex roles; Sexual Health & Compulsivity, Psychology and Sexuality; Culture, Health and Sexuality; DeSexología, Psicología de la orientación sexual y la diversidad, American Journal of Sexual Education, Journal of Sex & Marital Therapy y Violence Against Woman).

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

NEUROLOGIA

Núm. Articles indexats: Núm. Articles indexats al JCR: Journal Impact Factor ™ – 2024:
Factor Impacte mitjà x article:

REUMATOLOGIA

Núm. Articles indexats: 17 **Núm. Articles indexats al JCR:** 16 **Journal Impact Factor ™ – 2024:** 105.6
Factor Impacte mitjà x article: 6.6

Altabás-González I, Pego-Reigosa JM, Mouriño C, Jiménez N, Hernández-Martín A, Casafont-Solé I, Font Urguelles J, Román-Ivorra JA, de la Rubia Navarro M, Galindo-Izquierdo M, Salman-Monte TC, Narváez J, **Vidal-Montal P**, García-Villanueva MJ, Garrote-Corral S, Blázquez-Cañamero MÁ, Marras C, Piqueras-García M, Martínez-Barrio J, Sánchez-Lucas M, Cortés-Hernández J, Penzo E, Calvo-Alén J, de Dios JR, Álvarez Rodríguez B, Vasques-Rocha M, Tomero E, Menor-Almagro R, Gandía M, Gómez-Puerta JA, Frade-Sosa B, Ramos-Giráldez C, Trapero-Pérez C, Diez E, Moriano C, Muñoz-Jiménez A, Rúa-Figueroa IJ. **Thorough assessment of the effectiveness of belimumab in a large Spanish multicenter cohort of systemic lupus erythematosus patients**. Rheumatology (Oxford). 2025 Jan 1;64(1):276-282. doi: 10.1093/rheumatology/kead696. PMID: 38490245; PMCID: PMC11701321.

Objectives: To provide an overview on the current use of belimumab (BLM) in SLE patients in clinical practice and to examine its efficacy in terms of standardized outcomes, drug survival, as well as patient and safety profiles. Methods: A longitudinal retrospective multicenter cohort including SLE patients treated with BLM at 18 Spanish centers. Data was collected upon initiation of BLM, at 6 and 12 months after initiation, and at the last recorded visit. Changes in SLEDAI-2K, the proportion of patients who achieved LLDAS and DORIS 2021, and number of flares were compared between visits. Changes in damage, glucocorticoids use and employment status pre-BLM and post-BLM were also assessed. Results: A total of 324 patients were included with a mean follow-up of 3.8 (±2.7) years. LLDAS was attained by 45.8%, 62% and 71% of patients, and DORIS by 24%, 36.2% and 52.5% on successive visits, respectively. A total of 27.2% of patients were in DORIS ≥50% of the visits and 46% in LLDAS-50. Flares and number of flares were significantly lower one year after treatment with BLM and no changes in damage accrual were observed. Mean (±SD) prednisone dose was significantly reduced over time, with 70 (24%) patients discontinuing GC. Conclusion: Our study not only demonstrates belimumab's efficacy in attaining treat-to-target goals in SLE patients, but also confirms its GC-sparing effect, and its prevention of flares and organ damage accrual.

Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 4.7 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 9/57 **Journal Citation Indicator:** 1.29

Cobo-Ibáñez T, Castellví I, Pros A, Domínguez-Álvaro M, Nuño-Nuño L, Martínez-Barrio J, Jovaní V, Romero-Bueno F, Ruiz-Lucea E, Tomero E, Trallero-Araguás E, Narváez J, Camins-Fàbregas J, Ruiz-Román A, Loarce-Martos J, Holgado-Pérez S, Flores-Rodríguez VM, Sivera F, Merino-Argumanez C, Juan-Mas A, Altabás-González I, Martín-López M, Belzunegui-Otano JM, Carrasco-Cubero C, Freire-González M, Rúa-Figueroa I, Lozano-Rivas N, Suarez-Cuba JD, Martínez O, Ortega-Castro R, Alcocer P, Gómez-Gómez A, Sánchez-Pernaute O, Tandaipan JL, Carrión-Barberà I, Plasencia-Rodríguez C, Ibarguengoitia-Barrena O, Vidal-Montal P, Ortiz-Santamaria V, Garrido-Puñal N, Riveros A, Delgado-Frías E, López-Gómez JM, Barbadillo C, Pego-Reigosa JM, Joven-Ibáñez BE, Valero-Jaimes JA, Naveda E, Turrión-Nieves AI, Seoane-Mato D, Prado-Galbarro FJ, Puche-Larrubia MÁ. **Disease activity in patients with idiopathic inflammatory myopathy according to time since diagnosis and positivity to antisynthetase autoantibodies: data from the Myo-Spain registry**. Arthritis Res Ther. 2025 Jan 8;27(1):5. doi: 10.1186/s13075-024-03471-x. PMID: 39780297; PMCID: PMC11707992.

Objective: To evaluate the main outcomes of disease activity and their association with other measures of activity, damage, and quality of life in patients with idiopathic inflammatory myopathy (IIM) according to time since diagnosis and positivity to antisynthetase autoantibodies (ASAs). Methods: Cross-sectional multicenter study within the Spanish Myo-Spain registry. Cases were classified as incident (≤ 12 months since diagnosis) and prevalent. The main outcomes of disease activity were the Myositis Disease Activity Assessment visual analogue scale (MYOACT), the Manual Muscle Test 8 (MMT-8), physician global activity (PhGA), and extramuscular activity. Other measures of activity, damage, and quality of life included patient global disease activity, MYOACT muscular, creatine phosphokinase, Health Assessment Questionnaire, physician and patient global damage, global damage of the Myositis Damage Index, and the 12-item Short-Form Health Survey (SF-12). We analyzed associations using a multivariate generalized linear model and a simple linear regression model. Results: A total of 554 patients with different diagnostic subgroups of IIM

were included (136 incident and 418 prevalent cases), with 215 ASA-positive patients (58 incident and 157 prevalent cases). All measures of disease activity were higher in the incident cases ($p < 0.05$), except for MYOACT muscular and creatine phosphokinase, for which no differences were recorded in ASA-positive patients. No differences were found between incident and prevalent cases for measures of damage. Values for the physical component of the SF-12 were higher in the prevalent cases ($p < 0.05$). The multivariate model was initially significant overall for the main activity outcomes. Positivity to ASAs was positively and negatively associated with the MYOACT index and MMT-8, respectively ($p < 0.05$), although no association was recorded with PhGA and extramuscular activity. Prevalent cases were negatively associated with the main outcomes of activity, except with MMT-8, for which the association was positive ($p < 0.05$). Conclusions: The main activity outcomes validated in polymyositis and dermatomyositis could also be used in other subtypes of IIM, such as antisynthetase syndrome. Recent diagnosis is associated with greater disease activity, as assessed based on these activity outcomes. PhGA and extramuscular activity are not modified by ASA positivity, thus supporting their preferred use for assessing treatment response in IIM with ASAs.

Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 4.4 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 12/57 **Journal Citation Indicator:** 1.29

Codes-Méndez H, **Magallares-López B**, Park HS, Mariscal A, Juárez C, Boronat S, Martínez-Martínez L, Corominas H. **Diagnostic accuracy of serum calprotectin measured by CLIA and EIA in juvenile idiopathic arthritis: a proof-of-concept study**. Front Pediatr. 2024 Jun 19;12:1422916. doi: 10.3389/fped.2024.1422916. PMID: 38962573; PMCID: PMC11219821.

Objective: C-reactive protein (CRP) and erythrocyte sedimentation rate (ESR) are used to assess disease activity in juvenile idiopathic arthritis (JIA). However, because these biomarkers do not always differentiate between active and inactive disease, there is a need for alternative markers such as serum calprotectin (sCal). The main aim of this proof-of-concept study was to assess the diagnostic accuracy of sCal in patients with JIA. Secondary aims were to identify the optimal sCal cut-off levels to define active disease and evaluate the association between these biomarkers and disease activity status. Methods: Serum samples were obtained from 25 pediatric patients with JIA. Serum calprotectin levels were determined by two different assays, the QUANTA FLASH chemiluminescence immunoassay (CLIA) from Inova Diagnostics and the solid-phase enzyme immunoassay (EIA) from Bühlmann Laboratories. Diagnostic accuracy was assessed for sCal CLIA, sCal EIA, CRP, and ESR. The results obtained by the CLIA and EIA methodologies were compared. We also evaluated the association between the individual each biomarkers (sCal CLIA, sCal EIA, CRP, and ESR) and disease activity (according to JADAS-27 criteria and the ACR criteria modified by Anink and colleagues). Results: For both sCal assays (CLIA and EIA), the optimal cut-off level (ROC analysis) was the same (2.3 µg/ml). Serum calprotectin levels measured by CLIA and EIA were strongly correlated with each other (Kendall's tau-b, 0.71; $p < 0.001$). Compared to ESR and CRP, sCal CLIA and EIA were both more accurate (i.e., greater sensitivity) in identifying patients with active disease. By contrast, ESR and CRP were more effective in identifying patients in remission (i.e., better specificity). Conclusion: This proof-of-concept study shows that determination of serum calprotectin levels with CLIA or EIA can accurately identify the presence of active disease in patients with JIA.

Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 2.1 **Quartil:** 2 **Categoria:** Pediatrics **Posició:** 61/186 **Journal Citation Indicator:** 0.92

Codes-Méndez H, Jeria S, Park HS, Moya P, **Magallares-López B**, Moltó E, Álvaro Y, Mariscal A, Moga E, Tandaipan JL, Díaz-Torne C, Laiz A, Sainz L, Castellví I, Corominas H. **Clinical and Serological Profiles in Cryoglobulinemia: Analysis of Isotypes and Etiologies**. J Clin Med. 2024 Oct 11;13(20):6069. doi: 10.3390/jcm13206069. PMID: 39458019; PMCID: PMC11508573.
Objectives: Cryoglobulinemia (CG) is marked by abnormal immunoglobulins (Ig) in serum, precipitating at temperatures below 37 °C. Current classification categorizes CG into three subtypes (types I, II, and III) based on Ig clonality. The features distinguishing patients with CG based on their etiology remain unidentified. Aiming to characterize clinical and serological profiles of CG individuals, we conducted an observational analysis of a large cohort of patients and compared their characteristics based on underlying causes: hepatovirus (HV) infections, rheumatic diseases (RD), hematological disorders, and unidentified etiology (essential CG). Methods: We analyzed 252 cryoglobulin-positive serum samples from 182 patients and classified these into the four etiological groups. A separate sub-analysis was carried out for 10 patients meeting criteria for multiple diseases. We collected demographic, clinical, and laboratory data: CG characterization, complement (C3 and C4) levels, antinuclear antibodies (ANA), and rheumatoid factor (RF). Kruskal-Wallis and Wilcoxon-Mann-Whitney U-tests were used for comparisons. Results: Most patients (93.3%) had mixed cryoglobulinemia (types II + III), with 6.7% having type I. HV infection, predominantly hepatitis C, was the main (52.9%) associated condition within the cohort, followed by rheumatic (27.3%) and hematological (9.8%) disorders. In our cohort, ANA were frequent (45.3%) and often associated with RF positivity (43.6%) and decreased complement levels (C3: 42.4%, C4: 32.5%). Essential CG and CG associated with RD had a higher prevalence of cutaneous manifestations ($p < 0.01$) and renal involvement ($p = 0.017$). Hematological disorder-related CG showed higher cryoglobulin and RF concentrations ($p < 0.01$), despite milder symptoms. Conclusions: Our study underscores a mixed prevalence of CG across disease subgroups, with hepatitis-C virus as the primary factor, followed by rheumatic and hematological disorders. Four clinical and serological profiles of CG were identified based on their etiologies.

Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 3 **Quartil:** 1 **Categoria:** Medicine, general & internal **Posició:** 59/329 **Journal Citation Indicator:** 0.92

Lopez-Gomez M, Moya-Alvarado P, Park HS, Martín MC, Calleja S, Codes-Mendez H, **Magallares B**, Castellví I, Barros-Membrilla AJ, Laiz A, Diaz-Torné C, Sainz L, Bernárdez J, Martínez-Martinez L, Corominas H. **Comparative Analysis of Classification Criteria in IgG4-Related Disease and Evaluating Diagnostic Accuracy from a Retrospective Cohort in Clinical Practice**. Diagnostics (Basel). 2024 Nov 17;14(22):2583. doi: 10.3390/diagnostics14222583. PMID: 39594249; PMCID: PMC11593256.
Introduction: We conducted a comprehensive comparative analysis of the Okazaki, Umehara, and American College of Rheumatology/European League Against Rheumatism (ACR/EULAR) classification criteria for diagnosing immunoglobulin G4-related disease (IgG4-RD). Materials and methods: A retrospective study was conducted in a single tertiary hospital, using expert clinical judgment as the gold standard. We compared the diagnostic accuracy of the Okazaki, Umehara, and ACR/EULAR criteria in a cohort of 41 patients with suspected IgG4-RD. We assessed sensitivity, specificity, and positive and negative predictive values for each criterion, and conducted a separate analysis based on four IgG4-RD subtypes. Results: A total of 30 patients were confirmed to have IgG4-RD and 11 were identified as mimickers. The Umehara criteria demonstrated the highest sensitivity (83.33%), followed by the ACR/EULAR 2019 (66.67%) and Okazaki (60.0%) criteria. All three criteria exhibited 100% specificity, with overall diagnostic accuracy ranging from 70% to 88%. The areas under the curve (AUC) were 0.917 (Umehara), 0.800 (Okazaki), and 0.833 (ACR/EULAR 2019), indicating significant diagnostic

effectiveness (p < 0.000). Subtype analysis revealed that the Umehara and ACR/EULAR 2019 criteria were more effective in diagnosing pancreato-hepato-biliary involvement (subtype 1), while the Okazaki and ACR/EULAR 2019 criteria were more effective in diagnosing retroperitoneal fibrosis and/or aortitis (subtype 2). Conclusions: Our study provides valuable insights into the diagnostic performance of the Okazaki, Umehara, and ACR/EULAR criteria for a cohort of patients with suspected IgG4-RD. The Umehara criterion demonstrated the highest sensitivity, suggesting its potential utility for screening purposes, while all three criteria showed consistent specificity.

Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 3 **Quartil:** 1 **Categoria:** Medicine, general & internal **Posició:** 59/329 **Journal Citation Indicator:** 0.87

Narváez J, Cañadillas E, Castellví I, Alegre JJ, Vicens-Zygmunt V, Bermudo G, **Vidal-Montal P**, Molina Molina M, Nolla JM. **Rituximab in the treatment of progressive interstitial lung disease associated with the antisynthetase syndrome**. Arthritis Res Ther. 2024 Jun 18;26(1):122. doi: 10.1186/s13075-024-03353-2. Erratum in: Arthritis Res Ther. 2024 Jul 9;26(1):128. doi: 10.1186/s13075-024-03357-y. PMID: 38890654; PMCID: PMC11184916.
Objective: To assess the real-world, long-term effectiveness of rituximab (RTX) as a rescue therapy in patients with antisynthetase syndrome and progressive interstitial lung disease (ASS-ILD). Methods: Multicentre observational retrospective longitudinal study of a cohort of patients with ASS-ILD that started treatment with RTX due to recurrent or ongoing progressive ILD despite therapy with glucocorticoids and immunosuppressants. Results: Twenty-eight patients were analyzed. Examining the entire study population, before treatment with RTX the mean decline in %pFVC and %pDLCO from the ASS-ILD diagnosis to the initiation of RTX treatment (T0) was -6.44% and -14.85%, respectively. After six months of treatment, RTX reversed the decline in pulmonary function test (PFT) parameters: Δ%pFVC +6.29% (95% CI: -10.07 to 2.51; p=0.002 compared to T0) and Δ%pDLCO +6.15% (95% CI: -10.86 to -1.43; p=0.013). Twenty-four patients completed one year of therapy and 22 two years, maintaining the response in PFT: Δ%pFVC: +9.93% (95% CI: -15.61 to -4.25; p=0.002) and Δ%pDLCO: +7.66% (95% CI: -11.67 to -3.65; p<0.001). In addition, there was a significant reduction in the median dose of prednisone, and it could be suspended in 18% of cases. In 33% of patients who required oxygen therapy at the start of treatment, it could be discontinued. The frequency of adverse events reached 28.5% of cases. Conclusion: Based on our results, RTX appears to be effective as rescue therapy in most patients with recurrent or progressive ASS-ILD unresponsive to conventional treatment. The use of RTX was well tolerated in the majority of patients.

Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 4.4 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 12/57 **Journal Citation Indicator:** 1.29

Narváez J, Estrada P, **Vidal-Montal P,** Sánchez-Rodríguez I, Sabaté-Llobera A, Nolla JM, Cortés-Romera M. **Usefulness of 18F-FDG PET-CT for assessing large-vessel involvement in patients with suspected giant cell arteritis and negative temporal artery biopsy**. Arthritis Res Ther. 2024 Jan 4;26(1):13. doi: 10.1186/s13075-023-03254-w. PMID: 38172907; PMCID: PMC10765679.
Objective: To investigate the usefulness of 18F-FDG PET-CT for assessing large-vessel (LV) involvement in patients with suspected giant cell arteritis (GCA) and a negative temporal artery biopsy (TAB). Methods: A retrospective review of our hospital databases was conducted to identify patients with suspected GCA and negative TAB who underwent an 18F-FDG PET-CT in an attempt to confirm the diagnosis. The gold standard for GCA diagnosis was clinical confirmation after a follow-up period of at least 12 months. Results: Out of the 127 patients included in the study, 73 were diagnosed with GCA after a detailed review of their medical

records. Of the 73 patients finally diagnosed with GCA, 18F-FDG PET-CT was considered positive in 61 cases (83.5%). Among the 54 patients without GCA, 18F-FDG PET-CT was considered positive in only eight cases (14.8%), which included 1 case of Erdheim-Chester disease, 3 cases of IgG4-related disease, 1 case of sarcoidosis, and 3 cases of isolated aortitis. Overall, the diagnostic performance of 18F-FDG PET-CT for assessing LV involvement in patients finally diagnosed with GCA and negative TAB yielded a sensitivity of 83.5%, specificity of 85.1%, and a diagnostic accuracy of 84% with an area under the ROC curve of 0.844 (95% CI: 0.752 to 0.936). The sensitivity was 89% in occult systemic GCA and 100% in extracranial LV-GCA. Conclusion: Our study confirms the utility of 18F-FDG PET-CT in patients presenting with suspected GCA and a negative TAB by demonstrating the presence of LV involvement across different subsets of the disease.

Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 4.4 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 12/57 **Journal Citation Indicator:** 1.29

Narvaez J, **Vidal-Montal P**, Sánchez-Rodríguez I, Sabaté-Llobera A, Cortés-Romera M, Palacios-Olid J, Maymó-Paituvi P, Nolla JM. **Comparative analysis of arterial involvement in predominant cranial and isolated extracranial phenotypes of giant cell arteritis using 18F-FDG PET-CT**. Arthritis Res Ther. 2024 Dec 28;26(1):230. doi: 10.1186/s13075-024-03464-w. PMID: 39732686; PMCID: PMC11681699.

Objective: To investigate differences in arterial involvement patterns on 18F-FDG PET-CT between predominant cranial and isolated extracranial phenotypes of giant cell arteritis (GCA). Methods: A retrospective review of 18F-FDG PET-CT findings was conducted on 140 patients with confirmed GCA. The patients were divided into two groups: the cranial group, which presented craniofacial ischemic symptoms either at diagnosis or during follow-up, and the isolated extracranial group which never exhibited such manifestations. Results: Of the 140 patients (90 women), 99 (71%) were considered to have a predominantly cranial phenotype, while 41 (29%) had isolated extracranial GCA. Patients with the extracranial phenotype were younger (p = 0.001), had lower TAB positivity (25%), and experienced longer diagnostic delays (p = 0.004). Polymyalgia rheumatica was more common in the extracranial group (p = 0.029), which also showed fewer constitutional symptoms, milder increases in acute phase reactants, and more frequent limb claudication and aortic complications, although these differences were not statistically significant. When comparing arterial involvement on 18F-FDG PET-CT, we observed statistically significant differences. The extracranial phenotype showed greater involvement across all segments of the thoracic aorta (p = 0.001), as well as in the abdominal aorta (p = 0.005), subclavian (p = 0.021), iliac (p = 0.004), and femoral arteries (p = 0.025). In contrast, the cranial phenotype exhibited a higher frequency of vertebral artery involvement (p < 0.001). Conclusion: Significant differences in arterial involvement patterns on 18F-FDG PET-CT were observed between phenotypes. These findings may explain atypical symptoms such as inflammatory lower back pain or limb claudication and the increased risk of aortic complications in extracranial GCA.

Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 4.4 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 12/57 **Journal Citation Indicator:** 1.29

Park HS, Martínez-Martínez L, **Magallares López B**, Castellví I, Moya P, Codes-Mendez H, Hernandez Sosa N, Diaz-Torne C, Laiz A, Sainz L, Tandaipan JL, Mariscal A, Franco-Leyva T, Casademont J, Juarez C, Corominas H. **Prognostic significance of lymphocytic foci composition in minor salivary gland biopsies for severe disease flare and severity in Sjögren's syndrome: a**

3-year follow-up cohort study. Front Immunol. 2024 Feb 26;15:1332924. doi: 10.3389/fimmu.2024.1332924. PMID: 38469314; PMCID: PMC10925694.
Introduction: This was an ambispective cohort study evaluating the prognostic significance of lymphocytic foci and its lymphoid composition in minor salivary gland biopsy (MSGB) for short-term disease flare and severity in Sjögren's syndrome (SS). Methods: The inclusion criteria comprised individuals meeting the ACR/EULAR 2016 criteria who underwent MSGB with an infiltration of more than 50 lymphocytes and received clinical diagnosis between September 2017 and December 2018. Patients with inadequate biopsy samples were excluded. The number of lymphocytic foci and their lymphoid composition in MSGB were assessed using immunofluorescence staining. Major organ damage and improvements in the EULAR Sjögren's Syndrome Disease Activity Index (ESSDAI) were measured. Statistical analyses, including Cox and linear regressions, were conducted. Results: A total of 78 patients with at least one lymphocytic focus were included in the study. The presence of higher T-cell counts in lymphocytic foci in MSGB was associated with severe disease flare, and a logarithmic transformation of T-cell count indicated increased risk (HR 1.96, 95% CI 0.91-4.21). Improvements in the ESSDAI were associated with higher total lymphocyte count and T- and B-cell numbers in the lymphoid composition of the lymphocytic foci. Seropositive patients exhibited higher T CD4+ cell numbers. Correlation analysis showed negative associations between age and lymphocytic foci and the T-cell count. Positive correlations were observed between antinuclear antibody (ANA) titers and total lymphocyte numbers. Discussion: Patients with a higher number of T cells in the lymphocytic infiltrates of lymphocytic foci may have a two-fold risk of severe disease flare. The number of B cells and T CD4+ cells in the lymphocytic infiltrates of lymphocytic foci showed a weak but positive relation with the ESSDAI improvement during follow-up. Age and seropositivity appeared to influence the lymphoid composition of the lymphocytic foci.

Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 5.7 **Quartil:** 1 **Categoria:** Immunology **Posició:** 37/181 **Journal Citation Indicator:** 0.95

Quesada-Masachs E, Lopez-Corbeto M, Moreno-Ruzafa E. **Ultrasound in pediatric rheumatology: Highlighting the differences with adults**. Eur J Rheumatol. 2022 Mar 11;11(3):S348-S357. doi: 10.5152/eujrheum.2022.21119. Epub ahead of print. PMID: 35943455; PMCID: PMC11664831.
Musculoskeletal ultrasound (MSUS) is a powerful tool of major importance in rheumatology. MSUS is ideally suited for the evaluation of pediatric patients because it is a safe technique with a high patient acceptability, it does not require sedation, and it is excellent for exploring multiple joints. It is also the most operator-dependent imaging modality, and assessing joints in patients with juvenile idiopathic arthritis (JIA) is particularly challenging due to the unique features of the growing skeleton. Years ago, MSUS was already extensively used to manage rheumatoid arthritis (RA), which allowed pediatric rheumatologists to apply the knowledge generated in adult studies. It was a good starting point to study the joints of healthy children and JIA patients. Luckily, there is increasing evidence regarding the possibilities of MSUS in the management of JIA patients, with recent definitions for synovitis, descriptions of the sonographic features of joints in healthy children, and a better understanding of the role of sub- clinical synovitis. This review highlights the differences in normality and in pathological findings between children and adults assessed by MSUS. Specifically, this provides a summary of the current information on characteristics, scores, and definitions that are frequently different between JIA and RA patients. Despite the existence of several unresolved questions in the field, the value that MSUS adds to clinical examination in JIA has already been

demonstrated, and we believe that MSUS may be included in the near future in treatment to target strategies.

Indexat a: Pubmed / WoS / Medline **Factor Impacte:** 1.3 **Quartil:** 4 **Categoria:** Rheumatology **Posició:** 43/57 **Journal Citation Indicator:** 0.43

Rua-Figueroa I, Altabás-González I, Mouriño C, Roberts K, Hernández-Martín A, Casafont-Solé I, Font-Urgelles J, Román-Ivorra JA, Navarro MR, Galindo-Izquierdo M, Salman-Monte TC, Narváez J, **Vidal-Montal P**, García-Villanueva MJ, Garrote-Corral S, Blazquez-Canamero MA, Fernandez-Cid CM, Piqueras-García M, Martínez-Barrio J, Sánchez-Lucas M, Cortés-Hernández J, Penzo E, Calvo J, de Dios JR, Alvarez-Rodríguez B, Vasques-Rocha M, Tomero E, Menor-Almagro R, Gandía M, Gómez-Puerta JA, Frade-Sosa B, Ramos-Giráldez C, Trapero-Pérez C, Diez E, Moriano C, Muñoz-Jiménez A, Pego-Reigosa JM. **Can the Dose of Belimumab be Reduced in Patients with Systemic Lupus Erythematosus?** Rheumatology (Oxford). 2024 May 13:keae270. doi: 10.1093/rheumatology/keae270. Epub ahead of print. PMID: 38741198.
Objectives: The aims of this study were to investigate the prevalence of dose reduction in patients with SLE treated with belimumab (BEL) in Spain, analyze treatment modalities, and determine impact on control of disease activity. Methods: Retrospective longitudinal and multicentre study of SLE patients treated with BEL. Data on disease activity, treatments and outcomes were recorded before and after reduction (6-12 months), and they were compared. Results: A total of 324 patients were included. The dose was reduced in 29 patients (8.9%). The dosing interval was increased in 9 patients receiving subcutaneous BEL and in 6 patients receiving intravenous BEL. The dose per administration was reduced in 16 patients.Pre-reduction status was remission (2021 DORIS) in 15/26 patients (57.7%) and LLDAS in 23/26 patients (88.5%). After reduction, 2/24 patients (8.3%) and 3/22 patients (13.6%) lost remission at 6 months and 12 months, respectively (not statistically significant [NS]). As for LLDAS, 2/23 patients (8.7%) and 2/21 patients (9.5%) lost their status at 6 and 12 months, respectively (NS). Significantly fewer patients were taking glucocorticoids (GCs) at their 12-month visit, although the median dose of GCs was higher at the 12-month visit (5 [0.62-8.75] vs 2.5 [0-5] at baseline). Conclusion: Doses of BEL can be reduced with no relevant changes in disease activity-at least in the short term-in a significant percentage of patients, and most maintain the reduced dose. However, increased clinical or serologic activity may be observed in some patients. Consequently, tighter post-reduction follow-up is advisable.

Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 4.7 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 9/57 **Journal Citation Indicator:** 1.29

Rúa-Figueroa Í, Altabás González I, Roberts K, Casafont-Solé I, Hernández A, De la Rubia Navarro M, Galindo M, Salman-Monte TC, **Vidal-Montal P**, Garrote-Corral S, Blázquez MÁ, Piqueras Garcia MM, Sánchez Lucas M, Cortés-Hernández J, De Dios JR, Tomero Muriel E, Vela Casasempere P, Gandia Martinez M, Frade-Sosa B, Ramos Giráldez C, Moriano C, Muñoz Jimenez A, Calvo Alén J, Menor-Almagro R, Fernández Nebro A, Pego-Reigosa JM. **Flare prevention in systemic lupus erythematosus patients treated with belimumab versus standard of care: a propensity score-matched comparative, case-control study**. Ann Rheum Dis. 2024;83(Suppl 1):1846-7. doi:10.1136/annrheumdis-2024-eular.3399.
(no abstract)

Indexat a: JCR **Factor Impacte:** 20.3 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 2/57 **Journal Citation Indicator:** 5.10 ***1er Decil**

Sieiro Santos C, Tandaipan JL, Castillo D, Codes H, Martínez-Martínez L, **Magallares B**, Moya P, Mariscal A, Park HS, Díaz-Torné C, Fernandez-Sanchez SP, Bernardez J, Corominas H, Diez Alvarez E, Castellví I. **Nailfold videocapillaroscopy findings correlate with lung outcomes in idiopathic inflammatory myopathies-related interstitial lung disease**. Rheumatology (Oxford). 2024 Dec 10:keae669. doi: 10.1093/rheumatology/keae669. Epub ahead of print. PMID: 39658251.

Objectives: Idiopathic inflammatory myopathies (IIM) are a diverse group of muscle diseases often complicated by interstitial lung disease (ILD), which significantly impacts morbidity and mortality. Krebs von den Lungen-6 (sKL-6) has been proposed as a biomarker for ILD severity. Nailfold videocapillaroscopy (NVC) detects microvascular changes, but its diagnostic and prognostic value in IIM remains unclear. This study aimed to assess the relationship between NVC abnormalities, sKL-6 levels, and pulmonary outcomes in IIM patients. Methods: A retrospective analysis was conducted in IIM patients from a reference center, comparing those with and without ILD. Data included epidemiological, clinical, and immunological features, pulmonary function tests, sKL-6 levels, and NVC findings. Statistical analyses included Spearman's rank correlation coefficient to assess the relationships between sKL-6 levels, pulmonary function tests, and NVC parameters. Multiple logistic regression modelling to identify to identify predictors of IIM-ILD. Results: Among 95 patients (34% male, median age 55.3 ± 24 years, disease duration 6.8 ± 7 years), ILD was associated with avascular zones (p= 0.004), capillary loss (p= 0.04), and microhemorrhages (p= 0.04). Negative correlations were observed between capillary loss and enlarged capillaries with %FVC (rs=-0.46, p= 0.001; rs=-0.57, p< 0.0001) and %DLCO (rs=-0.32, p= 0.04; rs=-0.23, p= 0.03). sKL-6 levels correlated positively with ILD (rs = 0.77, p= 0.0004), microhemorrhages (rs = 0.21, p= 0.04), and avascular areas (rs = 0.64, p= 0.03) and negatively with %FVC (rs=-0.47, p= 0.001) and %DLCO (rs=-0.59, p= 0.005). Predictors of ILD included male sex, respiratory symptoms, %FVC, %DLCO, sKL-6, anti-Jo1 positivity, and NVC abnormalities. Conclusions: NVC findings, sKL-6 levels, and autoantibodies are valuable in identifying and monitoring ILD in IIM, highlighting their role in early diagnosis and management.

Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 4.7 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 9/57 **Journal Citation Indicator:** 1.29

Valencia-Muntalà L, Gómez-Vaquero C, Berbel-Arcobé L, Benavent D, **Vidal-Montal P**, Juanola X, Narváez J, Nolla JM. **Assessing fatigue in women over 50 years with rheumatoid arthritis: a comprehensive case-control study using the FACIT-F scale**. Front Med (Lausanne). 2024 Jul 25;11:1418995. doi: 10.3389/fmed.2024.1418995. PMID: 39118668; PMCID: PMC11306178.

Introduction: Data on prevalence of fatigue in rheumatoid arthritis (RA) patients in the era of biological treatments remains scarce, with a lack of case-control studies. This study evaluates the prevalence of fatigue in Spanish women over 50 years with RA using the Functional Assessment of Chronic Illness Therapy-Fatigue (FACIT-F) scale, explores its association with RA-related variables, and seeks to identify the primary factors influencing fatigue. Ultimately, our objective is to underscore the clinical significance of fatigue as a comorbidity and to advocate for its systematic evaluation in routine clinical practice. Methods: In a case-control study at a tertiary university hospital, 191 women over 50 years (mean age: 67.5 ± 8.8 years) meeting ACR 2010 criteria for RA and age-matched controls were assessed using the FACIT-F scale, SF-12 questionnaire, and RA-related clinical measures. Results: Fatigue was significantly more prevalent in the RA group (61%) compared to controls (37%, p < 0.001), with RA patients showing lower mean FACIT-F scores (36.0 ± 10.6 vs. 40.0 ± 0.6, p < 0.001). Correlations were noted between FACIT-F scores and C-reactive protein, DAS28, RAPID3, HAQ, and SF-12 scores. A multivariate analysis was performed and four models generated. The final model, with an R2

of 0.817, indicates that fatigue is significantly influenced by disease activity (RAPID 3) and mental and physical health (SF12) and age, explaining 81.7% of the variance in fatigue. Conclusion: Fatigue remains significantly prevalent and severe in women over 50 years with RA, strongly linked to disease activity, disability, and diminished quality of life. Systematic fatigue assessment and targeted strategies in clinical settings are essential to address this widespread issue. Future research should explore targeted interventions tailored to this demographic to enhance quality of care.

Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 3.1 **Quartil:** 1 **Categoria:** Medicine, general & internal **Posició:** 57/329 **Journal Citation Indicator:** 0.84

Vidal-Montal P, Narvaez-García J, Fulladosa F, Mitjavila F, Capdevila o, Maymó P, Palacios J, Nolla J. **Can Immunosuppressive Therapy Be Safely Discontinued in Patients with Lupus Nephritis?** [abstract]. *Arthritis Rheumatol.* 2024; 76 (suppl 9). https://acrabstracts.org/abstract/can-immunosuppressive-therapy-be-safely-discontinued-in-patients-with-lupus-nephritis/. Accessed February 27, 2025.
(no abstract)

Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 11.4 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 4/57 **Journal Citation Indicator:** 3.34 ***1er Decil**

Vidal-Montal P, Narváez J, Fulladosa X, Mitjavila F, Capdevila O, Torras J, Gomà M, Nolla JM. **Outcomes following immunosuppressive therapy withdrawal after complete renal response in proliferative lupus nephritis**. Lupus Sci Med. 2025 Jan 19;12(1):e001375. doi: 10.1136/lupus-2024-001375. PMID: 39832909; PMCID: PMC11751776.

Objective: To investigate the rate and factors influencing renal relapse (RR) in proliferative lupus nephritis (LN) patients who discontinued immunosuppressive therapy (IST), as well as the long-term renal outcomes following RR. Methods: Retrospective, single-centre study of biopsy-confirmed LN patients who had received IST for at least 36 months and maintained complete renal response (CRR) for a minimum of 12 months before therapy discontinuation. Results: Of a total of 106 patients meeting the inclusion criteria, 76 with proliferative classes were selected for analysis. The median duration of IST prior to discontinuation was 83.5 months (IQR 25th-75th: 53.5-120). Relapse occurred in 29 patients (38.2%) at a median of 26.5 months (IQR 25th-75th: 9.25-63.5 months) following IST withdrawal. Relapses were classified as severe in 9 cases (31%) and moderate in 16 cases (55.2%). Renal rebiopsy was performed in 25 of these patients (86.2%), with 80% retaining the same histological class.Discontinuation of IST at ≤34 years of age significantly increased the risk of RR (adjusted HR: 3.5). In contrast, an IST duration exceeding 48 months prior to discontinuation (HR: 0.26), maintaining CRR for at least 48 months (HR: 0.32), achieving complete remission per DORIS (definition of remission in systemic lupus erythematosus) criteria at IST withdrawal (HR: 0.21) and gradual IST tapering (HR: 0.09) were associated with a reduced risk of RR.Following reintroduction of IST, 20 out of 29 patients (68.9%) achieved CRR, 5 (17.2%) achieved a partial response and 4 (13.8%) did not respond; of these, 3 patients (10.3%) progressed to end-stage renal disease. Conclusions: Successful withdrawal of IST is possible in carefully selected patients with proliferative LN. If an RR occurs, most patients are able to remain in remission after resuming IST.

Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 3.7 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 14/57 **Journal Citation Indicator:** 0.92

Vidal-Montal P, Sánchez-Rodríguez I, Sabaté-Llobera A, Cortés-Romera M, Narváez J. **Distribution patterns of arterial involvement in 18F-FDG PET-CT among patients with giant cell arteritis: differences in relation to clinical phenotype**. Ann Rheum Dis. 2024;83(Suppl 1):2003-4. doi:10.1136/annrheumdis-2024-eular.6031.

Background: Current evidence shows that giant cell arteritis (GCA) is much more than a cranial disease, as it has a much broader and heterogeneous clinical spectrum than previously thought. Generally, it exhibits a typical clinical picture consisting of classic cranial ischemic manifestations but sometimes prevail non-specific clinical features related to the general inflammatory state or the extracranial large-vessel (LV) involvement. Objectives: To investigate whether the distribution patterns of arterial involvement in 18F-FDG PET-CT differ between GCA with predominant cranial and extracranial phenotypes. Methods: A retrospective review of 18F-FDG PET-CT findings in 140 GCA patients with vasculitis confirmed by temporal artery biopsy or imaging was conducted. Patients were divided into two groups: the predominant cranial group (with craniofacial ischemic manifestations during follow-up: headache, scalp tenderness, abnormal temporal artery examination, jaw claudication, visual symptoms) and the isolated extracranial GCA group (without evidence of craniofacial ischemic symptoms). The study was conducted under routine clinical practice conditions. Results: Of the 140 patients (90 women), 99 (71%) had predominantly cranial GCA phenotype, while 41 (29%) had predominant extracranial GCA phenotype. The extracranial phenotype patients were notably younger (mean age ± SD: 71 ± 6.9 years vs. 76.5 ± 8 years; p = 0.001). In addition to disparities in craniofacial ischemic symptoms, they also presented polymyalgia rheumatica more frequently compared to those with a predominantly cranial GCA phenotype (58.5% vs. 38.4%, p = 0.029), and tended to exhibit less significant increases in acute phase reactant levels. When the arterial affection on 18F-FDG PET-CT was compared, we observed statistically significant differences (see Table 2). A higher proportion of aortic involvement (in all segments of the thoracic aorta and the abdominal aorta) was observed in the extracranial phenotype, along with greater involvement of subclavian (65% vs 43.4%; p =0.021), iliac (56.1% vs 30.3%; p=0.004), and femoral arteries (53.7% vs 33.3%; p=0.025). In contrast, the cranial phenotype had a higher frequency of vertebral artery involvement (39.4% vs. 10%, p < 0.001). Conclusion: Significant differences in the arterial involvement distribution patterns in 18F-FDG PET-CT were observed between GCA phenotypes. Patients with an extracranial phenotype exhibited a higher incidence of vasculitis in the aorta and extremity arteries. This accounts for atypical symptoms such as inflammatory lower back pain and limb claudication, and aligns with the increased risk of aortic aneurysm that has been reported.

Indexat a: JCR **Factor Impacte:** 20.3 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 2/57
Journal Citation Indicator: 5.10 ***1er Decil**

CARDIOLOGIA

Núm. Articles indexats: 1 **Núm. Articles indexats al JCR:** 1 **Journal Impact Factor ™ – 2024:** 7.9
Factor Impacte mitjà x article: 7.9

Aksu T, Brignole M, Calo L, Debruyne P, Di Biase L, Deharo JC, Fanciulli A, Fedorowski A, Kulakowski P, Morillo C, **Moya A**, Piotrowski R, Stec S, Sutton R, van Dijk JG, Wichterle D, Tse HF, Yao Y, Sheldon RS, Vaseghi M, Pachon JC, Scanavacca M, Meyer C, Amin R, Gupta D, Magnano

M, Malik V, Schauerte P, Shen WK, Acosta JCZ. **Cardioneuroablation for the treatment of reflex syncope and functional bradyarrhythmias: A Scientific Statement of the European Heart Rhythm Association (EHRA) of the ESC, the Heart Rhythm Society (HRS), the Asia Pacific Heart Rhythm Society (APHRS) and the Latin American Heart Rhythm Society (LAHRS)**. Europace. 2024 Aug 3;26(8):euae206. doi: 10.1093/europace/euae206. Erratum in: Europace. 2025 Feb 5;27(2):euaf023. doi: 10.1093/europace/euaf023. PMID: 39082698; PMCID: PMC11350289.

Cardioneuroablation has emerged as a potential alternative to cardiac pacing in selected cases with vasovagal reflex syncope, extrinsic vagally induced sinus bradycardia-arrest or atrioventricular block. The technique was first introduced decades ago, and its use has risen over the past decade. However, as with any intervention, proper patient selection and technique are a prerequisite for a safe and effective use of cardioneuroablation therapy. This document aims to review and interpret available scientific evidence and provide a summary position on the topic.

Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 7.9 **Quartil:** 1 **Categoria:** Cardiac & cardiovascular systems **Posició:** 19/222 **Journal Citation Indicator:** 1.81

PNEUMOLOGIA

Núm. Articles indexats: 6 **Núm. Articles indexats al JCR:** 1 **Journal Impact Factor ™ – 2024:** 4.8
Factor Impacte mitjà x article: 4.8

Arismendi E, Muñoz M, Crespo A, Ausin P, **Castillo JA**, Curto E, Lapuente A, Arguedas A, Martínez-Rivera C, Monserrate D, Muñoz X, Ojanguren I, Palones E, Paredes M, Pilia M, Picado C, Sabater G, Sabadell C, Sogo A, Cañete C. (2024). **Real-world effectiveness of switching to Benralizumab in patients with severe asthma in the Catalan population**. Catalan Society of Pulmonology (SOCAP) Registry.. PA3926. European Respiratoy Journal. 2024 Sep ; 64 (68). 10.1183/13993003.congress-2024.PA3926.

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

Bousquet J, Schünemann HJ, Sousa-Pinto B, Zuberbier T, Togias A, Samolinski B, Bedbrook A, Czarlewski W, Hofmann-Apitius M, Litynska J, Vieira RJ, Anto JM, Fonseca JA, Brozek J, Bognanni A, Brussino L, Canonica GW, Cherrez-Ojeda I, Cruz AA, Vecillas LL, Dykewicz M, Gemicioglu B, Giovannini M, Haahtela T, Jacobs M, Jacomelli C, Klimek L, Kvedariene V, Larenas-Linnemann DE, Louis G, Lourenço O, Leemann L, Morais-Almeida M, Neves AL, Nadeau KC, Nowak A, Palamarchuk Y, Palkonen S, Papadopoulos NG, Parmelli E, Pereira AM, Pfaar O, Regateiro FS, Savouré M, Taborda-Barata L, Toppila-Salmi SK, Torres MJ, Valiulis A, Ventura MT, Williams S, Yepes-Nuñez JJ, Yorgancioglu A, Zhang L, Zuberbier J, Abdul Latiff AH, Abdullah B, Agache I, Al-Ahmad M, Al-Nesf MA, Al Shaikh NA, Amaral R, Ansotegui IJ, Asllani J, Balotro-Torres MC, Bergmann KC, Bernstein JA, Bindslev-Jensen C, Blaiss MS, Bonaglia C, Bonini M, Bossé I, Braido F, Caballero-Fonseca F, Camargos P, Carreiro-Martins P, Casale T, **Castillo-Vizuete JA**, Cecchi L,

Teixeira MDC, Chang YS, Loureiro CC, Christoff G, Ciprandi G, Cirule I, Correia-de-Sousa J, Costa EM, Cvetkovski B, de Vries G, Del Giacco S, Devillier P, Dokic D, Douagui H, Durham SR, Enecilla ML, Fiocchi A, Fokkens WJ, Fontaine JF, Gawlik R, Gereda JE, Gil-Mata S, Giuliano AFM, Gotua M, Gradauskiene B, Guzman MA, Hossny E, Hrubiško M, Iinuma T, Irani C, Ispayeva Z, Ivancevich JC, Jartti T, Jeseňák M, Julge K, Jutel M, Kaidashev I, Bennoor KS, Khaltaev N, Kirenga B, Kraxner H, Kull I, Kulus M, Kuna P, Kupczyk M, Kurchenko A, La Grutta S, Lane S, Miculinic N, Lee SM, Le Thi Tuyet L, Lkhagvaa B, Louis R, Mahboub B, Makela M, Makris M, Maurer M, Melén E, Milenkovic B, Mohammad Y, Moniuszko M, Montefort S, Moreira A, Moreno P, Mullol J, Nadif R, Nakonechna A, Navarro-Locsin CG, Neffen HE, Nekam K, Niedoszytko M, Nunes E, Nyembue D, O'Hehir R, Ollert M, Ohta K, Okamoto Y, Okubo K, Olze H, Padukudru MA, Palomares O, Pali-Schöll I, Panzner P, Palosuo K, Park HS, Passalacqua G, Patella V, Pawankar R, Pétré B, Pitsios C, Plavec D, Popov TA, Puggioni F, Quirce S, Raciborski F, Ramonaité A, Recto M, Repka-Ramirez S, Roberts G, Robles-Velasco K, Roche N, Rodriguez-Gonzalez M, Romualdez JA, Rottem M, Rouadi PW, Salapatas M, Sastre J, Serpa FS, Sayah Z, Scichilone N, Senna G, Sisul JC, Solé D, Soto-Martinez ME, Sova M, Sozinova O, Stevanovic K, Ulrik CS, Szylling A, Tan FM, Tantilipikorn P, Todo-Bom A, Tomic-Spiric V, Tsaryk V, Tsiligianni I, Urrutia-Pereira M, Rostan MV, Sofiev M, Valovirta E, Van Eerd M, Van Ganse E, Vasankari T, Vichyanond P, Viegi G, Wallace D, Wang Y, Waserman S, Wong G, Worm M, Yusuf OM, Zaitoun F, Zidarn M. **Concepts for the Development of Person-Centered, Digitally Enabled, Artificial Intelligence-Assisted ARIA Care Pathways (ARIA 2024)**. J Allergy Clin Immunol Pract. 2024 Oct;12(10):2648-2668.e2. doi: 10.1016/j.jaip.2024.06.040. Epub 2024 Jul 4. PMID: 38971567.

The traditional healthcare model is focused on diseases (medicine and natural science) and does not acknowledge patients' resources and abilities to be experts in their own lives based on their lived experiences. Improving healthcare safety, quality, and coordination, as well as quality of life, is an important aim in the care of patients with chronic conditions. Person-centered care needs to ensure that people's values and preferences guide clinical decisions. This paper reviews current knowledge to develop (1) digital care pathways for rhinitis and asthma multimorbidity and (2) digitally enabled, person-centered care.(1) It combines all relevant research evidence, including the so-called real-world evidence, with the ultimate goal to develop digitally enabled, patient-centered care. The paper includes (1) Allergic Rhinitis and its Impact on Asthma (ARIA), a 2-decade journey, (2) Grading of Recommendations, Assessment, Development and Evaluation (GRADE), the evidence-based model of guidelines in airway diseases, (3) mHealth impact on airway diseases, (4) From guidelines to digital care pathways, (5) Embedding Planetary Health, (6) Novel classification of rhinitis and asthma, (7) Embedding real-life data with population-based studies, (8) The ARIA-EAACI (European Academy of Allergy and Clinical Immunology) strategy for the management of airway diseases using digital biomarkers, (9) Artificial intelligence, (10) The development of digitally enabled, ARIA person-centered care, and (11) The political agenda. The ultimate goal is to propose ARIA 2024 guidelines centered around the patient to make them more applicable and sustainable. (c) 2024 The Authors. Published by Elsevier Inc. on behalf of the American Academy of Allergy, Asthma & Immunology. This is an open access article under the CC BY license (http:// creativecommons.org/licenses/by/4.0/).

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

Castillo J, Bachert C, Dávila I, Klimek L, Laudien M, Seccia V, Vultaggio A, Kallinikou N, Walrave L, Brusselle G. (2024). **OverSEA: European Delphi consensus study on best practices for**

patients with Severe Eosinophilic Asthma and comorbid CRSwNP. European Respiratory Journal. 2024 Sep 64 (68). PA3991. doi: 10.1183/13993003.congress-2024.PA3991.
Background: Severe asthma with an eosinophilic phenotype (SEA) and chronic rhinosinusitis with nasal polyps (CRSwNP) often co-exist and pose a significant burden for patients. The OverSEA project aims to provide recommendations for managing these patients. Method: A two-round Delphi survey involving 205 experts from 8 European countries [156 pulmonologists (PNs), 28 allergists (As) and 21 ear, nose, and throat specialists (ENTs)] resulted in consensus recommendations (≥70%) for treating patients with SEA and CRSwNP. Results: Recommendations cover treatment objectives and evaluation criteria, steps for managing worsening of CRSwNP and multidisciplinary management (Fig.1). PROs like the ACT were favored for SEA, but no consensus among ENTs emerged for CRSwNP-specific PROs, though SNOT-22 scored highest. PNs/As advocated for biologics as a first-line treatment option for severe, uncontrolled comorbid patients, and viewed nasal polyp surgery as a last resort when other interventions have proven ineffective. In contrast, ENTs did not share the same perspective (Fig.1). However, all specialties agreed that the selected biologic should reduce exacerbations and target the underlying CRSwNP pathogenesis and type 2 inflammation. Conclusion: The OverSEA recommendations are the largest European initiative providing insights for optimizing the management of patients with SEA and comorbid CRSwNP. Figure: Delphi Consensus Recommendations (n=205) for the Treatment and Multidisciplinary Management of patients with SEA and comorbid CRSwNP.

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

Castillo J, Gabaldón E, Barcala F, Rodrigo G, Almonacid C, Martin J, Julia B, Mullol J. (2024). **The triple type 2 signature is associated to asthma severity and comorbidity with nasal polyps**. European Respiratory Journal (68).2024 Sep. doi: 10.1183/13993003.congress-2024.PA426.

(no abstract)

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

Domínguez-Ortega J, Mullol J, Álvarez Gutiérrez FJ, Miguel-Blanco C, **Castillo JA**, Olaguibel JM, Blanco-Aparicio M. **The effect of biologics in lung function and quality of life of patients with united airways disease: A systematic review**. J Allergy Clin Immunol Glob. 2024 Sep 28;3(1):100174. doi: 10.1016/j.jacig.2024.100174. PMID: 37915724; PMCID: PMC10616425.
Background: Increasing evidence supports the united airway disease concept for the management of upper and lower respiratory tract diseases, particularly in patients with asthma and chronic rhinosinusitis with nasal polyps (CRSwNP). However, evidence for a combined approach in asthma and CRSwNP is scarce. Objective: In this systematic review, we focused on the role of biologics in the lung function and quality of life in patients with severe asthma and CRSwNP. Methods: We conducted a systematic search of 3 electronic databases using 2 search strategies to identify studies published from January 2010 to March 2022. Quality assessment was performed with the Critical Appraisal Skills Programme. Results: Of 1030 studies identified, 48 original studies reporting data of benralizumab (12), dupilumab (14), mepolizumab (10), omalizumab (13), and reslizumab (2) were analyzed. Primary diagnosis was mostly asthma or CRSwNP, with only 15 studies, mainly observational, performed in populations with united airway disease. In total, 18 studies reported data on quality of life (mostly 22-item Sino-Nasal Outcome Test score), 8 on lung function (mostly FEV1), and 22 on both outcomes. Significant FEV1 and 22-item Sino-Nasal Outcome Test score improvements were consistently observed after 24-week treatment, and thereafter, mostly in real-world studies that included variable proportions of patients with asthma/CRSwNP. Conclusions: The use of biologics in patients

with severe asthma and CRSwNP was overall associated with significant improvements in lung function and quality of life. However, we observed a high heterogeneity of populations and outcome measurements across studies. Notwithstanding the need of larger studies, our results reinforce the joint management of asthma and CRSwNP as united airway disease in clinical practice.

Indexat a: Pubmed / Medline **Factor Impacte:** 14.2 **Quartil:** 1 **Categoria:** Allergy ; Immunology **Posició:** Allergy 1/28 ; Immunology 11/161 **Journal Citation Indicator:** 2.63 ***1er Decil**

Mullol J, Sastre J, Domínguez-Ortega J, Blanco-Aparicio M, **Castillo Vizuete JA**, Alobid I, García-Vitoria M, Palomo-Jiménez PI. **Prevalence of chronic rhinosinusitis without/with nasal polyps according to severity in Spain**. Rhinology. 2024 Jun 3. doi: 10.4193/Rhin23.341. Epub ahead of print. PMID: 38830185.

Background: The worldwide prevalence range of chronic rhinosinusitis (CRS) is 5-12%; from this, 20 % have nasal polyps. Due to the little epidemiological data about CRS in the Spanish population, this study analyses the prevalence and severity of CRS with (CRSwNP) or without (CRSsNP) nasal polyps, and their connection with other coexisting type 2 inflammatory diseases in Spain. Methodology: This is a retrospective, large-scale, nationwide, epidemiological study based on the electronic medical records from the BIG-PAC® database. Patients diagnosed of CRSsNP and CRSwNP were identified using specific disease codes. The severe form of the disease was defined as patients who received at least a long course of antibiotics in CRSsNP or ≥2 short courses of systemic corticosteroids in CRSwNP in ≤12 months during the last 2 years, and/or had previous sinus surgery. Physician-diagnosed prevalence, sociodemographic and clinical characteristics, and disease severity were assessed. Results: Out of a cohort of 1,012,257 patients (≥18 years old), 42,863 and 7,550 patients with diagnosed CRSsNP and CRSwNP, respectively, were analysed. The overall prevalence of diagnosed CRS was 5.1%, being 4.3% and 0.8% for CRSsNP and CRSwNP, respectively. Patients with CRSwNP and severe forms of the disease were older and had higher levels of type 2 inflammatory biomarkers than CRSsNP patients and non-severe disease. Conclusions: Although CRSsNP was more prevalent than CRSwNP, the severe forms of CRS were more frequent in patients with CRSwNP. In addition, CRSwNP patients had a higher incidence of coexisting type 2 inflammatory diseases.

Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 4.8 **Quartil:** 1 **Categoria:** Otorhinolaryngology **Posició:** 3/66 **Journal Citation Indicator:** 2.73

AL·LERGIOLOGIA

Núm. Articles indexats: 1 **Journal Impact Factor ™ – 2024:** 2.4 **Factor Impacte mitjà x article:** 2.4

Castro AM, Sabater C, Gutiérrez-Díaz I, Navarro S, Rodriguez S, Molinos C, Jiménez S, **Claver A**, Espin B, Domínguez G, Coronel C, Toyos P, Sariego L, Fernández P, Perez D, Margolles A, Díaz JJ, Delgado S. **The intestinal microbiome of infants with cow's milk-induced FPIES is enriched in taxa and genes of enterobacteria**. J Pediatr Gastroenterol Nutr. 2024 Oct;79(4):841-849. doi: 10.1002/jpn3.12356. Epub 2024 Aug 22. PMID: 39175183.

Objectives: Food protein-induced enterocolitis syndrome (FPIES) is a severe type of non-IgE (immunoglobulin E)-mediated (NIM) food allergy, with cow's milk (CM) being the most common offending food. The relationship between the gut microbiota and its metabolites with the inflammatory process in infants with CM FPIES is unknown, although evidence suggests a microbial dysbiosis in NIM patients. This study was performed to contribute to the knowledge of the interaction between the gut microbiota and its derived metabolites with the local immune system in feces of infants with CM FPIES at diagnosis.MethodsTwelve infants with CM FPIES and a matched healthy control group were recruited and the gut microbiota was investigated by 16S amplicon and shotgun sequencing. Fatty acids (FAs) were measured by gas chromatography, while immune factors were determined by enzyme-linked immunosorbent assay and Luminex technology.ResultsA specific pattern of microbiota in the gut of CM FPIES patients was found, characterized by a high abundance of enterobacteria. Also, an intense excretion of FAs in the feces of these infants was observed. Furthermore, correlations were found between fecal bifidobacteria and immune factors.ConclusionThese fecal determinations may be useful to gain insight into the pathophysiology of this syndrome and should be taken in consideration for future studies of FPIES patients. What is Known: Food protein-induced enterocolitis syndrome (FPIES) is a severe type of non-IgE-mediated food allergy (NIM-FA), with cow's milk (CM) being the most common offending food. FPIES pathology in not fully understood, but gut dysbiosis has been considered a possible pathogenic factor involved.What is New Infants with CM FPIES patients show aspecific pattern ofgut microbiota characterised by a high abundance of enterobacteria. Moreover, these infants show an intense excretion of fatty acids in the stools.

Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 2.4 **Quartil:** 3 **Categoria:** Gastroenterology & Hepatology ; Nutrition & Dietetics **Posició:** Gastroenterology & Hepatology 79/143 ; Nutrition & Dietetics 67/114 **Journal Citation Indicator:** 0.83

- Recull indicadors bibliomètrics per departaments/especialitats de l'HUQD

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

(Clica a l'enllaç del nom de cada especialitat/departament per anar al llistat exhaustiu d'articles amb els indicadors respectius.)

INSTITUT ONCOLÒGIC DR. ROSELL – DEXEUS

Núm. Articles indexats: 38
Núm. Articles indexats al JCR: 33
Journal Impact Factor ™ – 2024: 556.4
Factor Impacte mitjà x article: 16.86

OBSTETRÍCIA I GINECOLOGIA (SALUT DE LA DONA DEXEUS)

Núm. Articles indexats: 52
Núm. Articles indexats al JCR: 48
Journal Impact Factor ™ – 2024: 234.5

Factor Impacte mitjà x article: 4.88

REUMATOLOGIA

Núm. Articles indexats: 17
Núm. Articles indexats al JCR: 16
Journal Impact Factor ™ – 2024: 105.6
Factor Impacte mitjà x article: 6.6

ANATOMIA PATOLOGICA

Núm. Articles indexats: 11
Núm. Articles indexats al JCR: 3
Journal Impact Factor ™ – 2024: 28.3
Factor Impacte mitjà x article: 9.43

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

Núm. Articles indexats: 15
Núm. Articles indexats al JCR: 10
Journal Impact Factor ™ – 2024: 19.113
Factor Impacte mitjà x article: 1.911

CIRUGIA MAXILOFACIAL, IMPLANTOLOGIA I ESTÈTICA FACIAL

Núm. Articles indexats: 5
Núm. Articles indexats al JCR: 5
Journal Impact Factor ™ – 2024: 15.6
Factor Impacte mitjà x article: 3.12

PEDIATRIA DEXEUS – PAIDO SALUT INFANTIL

Núm. Articles indexats: 6
Núm. Articles indexats al JCR: 6
Journal Impact Factor ™ – 2024: 11.5
Factor Impacte mitjà x article: 1.91

CARDIOLOGIA

Núm. Articles indexats: 1
Núm. Articles indexats al JCR: 1
Journal Impact Factor ™ – 2024: 7.9
Factor Impacte mitjà x article: 7.9

PSIQUIATRIA I PSICOLOGIA (PSICODEX SL)

Núm. Articles indexats: 26
Núm. Articles indexats al JCR: 1
Journal Impact Factor ™ – 2024: 6.3
Factor Impacte mitjà x article: 6.3

ANESTESIOLOGIA

Núm. Articles indexats: 3

Núm. Articles indexats al JCR: 2
Journal Impact Factor ™ – 2024: 5.9
Factor Impacte mitjà x article: 2.95

PNEUMOLOGIA

Núm. Articles indexats: 6
Núm. Articles indexats al JCR: 1
Journal Impact Factor ™ – 2024: 4.8
Factor Impacte mitjà x article: 4.8

APARELL DIGESTIU I ENDOCÒPIA

Núm. Articles indexats: 2
Núm. Articles indexats al JCR: 1
Journal Impact Factor ™ – 2024: 2.9
Factor Impacte mitjà x article: 2.9

ENDOCRINOLOGIA I NUTRICIÓ

Núm. Articles indexats: 1
Núm. Articles indexats al JCR: 0
Journal Impact Factor ™ – 2024: 0
Factor Impacte mitjà x article: 0

- Impact Factor (IF) total

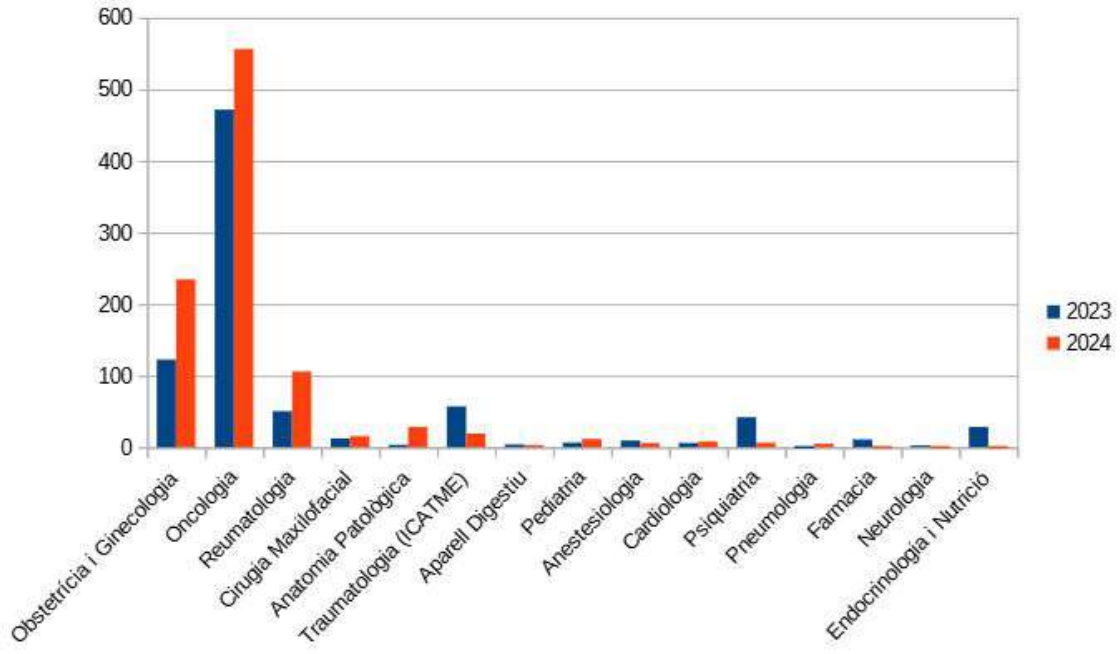
Suma de tots els valors d'IF de totes les especialitats de l'HUQD:

IF total: 998.813

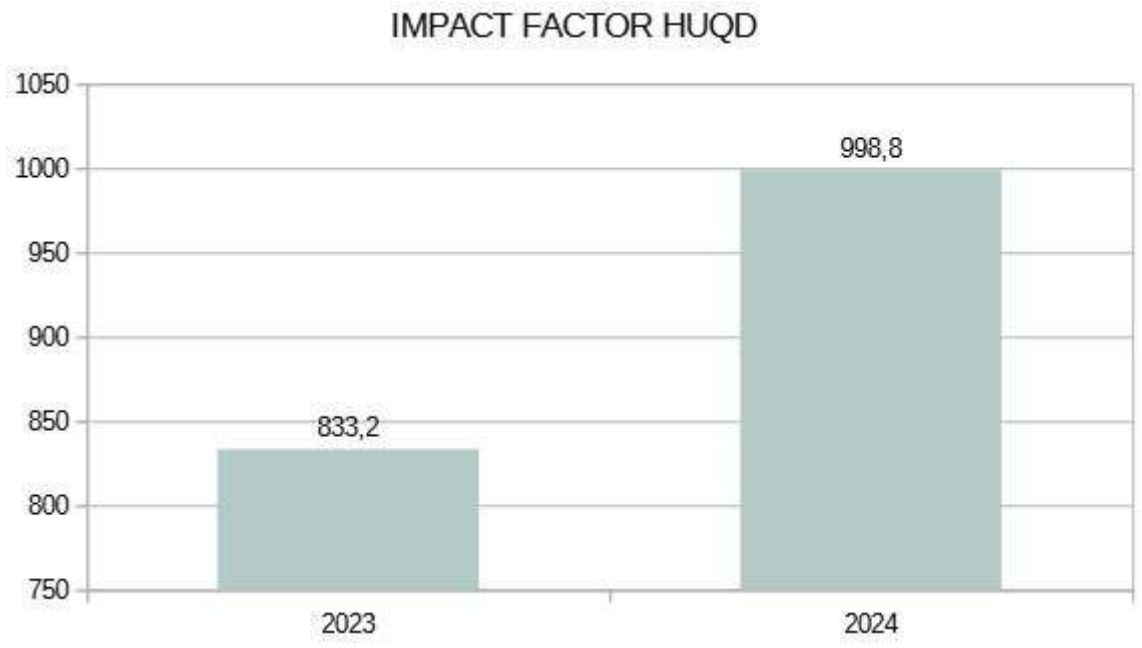
- Comparativa IF darrers anys

	2023	2024
INSTITUT ONCOLÒGIC DR. ROSELL	471.7	556.4
OBSTETRÍCIA I GINECOLOGIA (SALUT DE LA DONA DEXEUS)	122.5	234.5
REUMATOLOGIA	50.4	105.6
ANATOMIA PATOLOGICA	3.4	28.3
ICATME	57.06	19.11

CIRUGIA MAXILOFACIAL	12.2	15.6
PEDIATRIA	6.4	11.5
CARDIOLOGIA	5.9	7.9
PSIQUIATRIA I PSICOLOGIA	41.9	6.3
ANESTESIOLOGIA	9.3	5.9
PNEUMOLOGIA	0	4.8
APARELL DIGESTIU I ENDOCÒPIA	3.8	2.9
ENDOCRINOLOGIA I NUTRICIÓ	28.3	0
NEUROLOGIA	2.4	0
FARMÀCIA	10.8	0
TOTAL	**833.2**	**998.8**



IF TOTAL 2023	IF TOTAL 2024
833.2	998.8



- URL cerca de les publicacions del HUQD al Web of Science (WoS)

> Enllaç WoS publicacions HUQD any 2004

> Enllaç WoS publicacions HUQD tots els anys

INDICADORS BIBLIOMÈTRICS GLOBALS

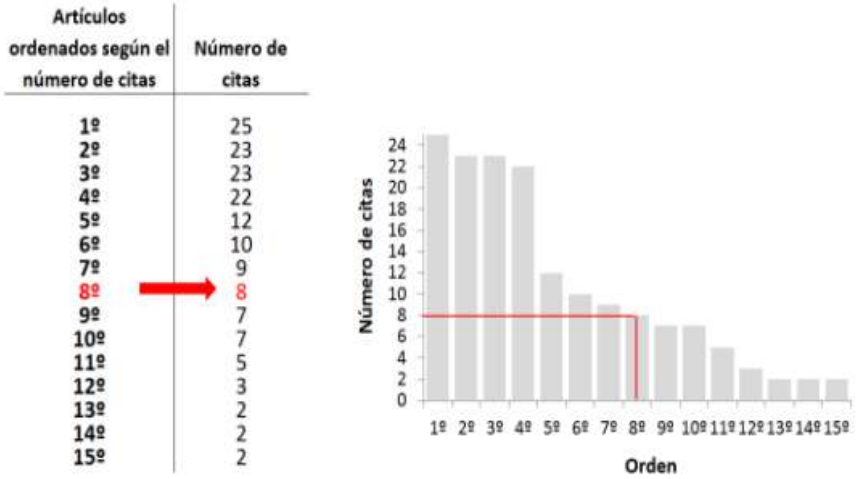
ÍNDEX H (WEB OF SCIENCE CITATION REPORT 2024)

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.

L'índex h és un sistema proposat per Jorge Hirsch l'any 2005, a la Universitat de Califòrnia, per mesurar la qualitat professional de físics i altres científics, en funció de la quantitat de cites que han rebut els seus articles científics.

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.

Exemple: un científic o institució/universitat té índex h si ha publicat h treballs amb almenys h cites cadascun.



Segons Jorge Hirsch, un índex h de 20, després de 20 anys d'activitat científica, és característic d'un científic exitós. Un índex de 40 després de 20 anys caracteritza científics excel·lents, com ara aquells que es troben a les universitats i instituts de recerca més importants del món.

Tots els indicadors de continuació són obtinguts a través de l'informe del Web of Science (WoS), per tant, són basats en els articles de títols de revista indexats en aquesta base de dades.

- **Nombre d'articles i Índex H (2024)**

Índex H d'articles científics en revistes indexades al Web of Science (any 2024): 6

Nombre d'articles científics totals publicats el 2024 a revistes indexades al Web of Sciene: 97

Total de cites rebudes any 2024:: 133 , Mitjana de cites per publicació: 1.37

> Enllaç al 'Citation Report' del WoS

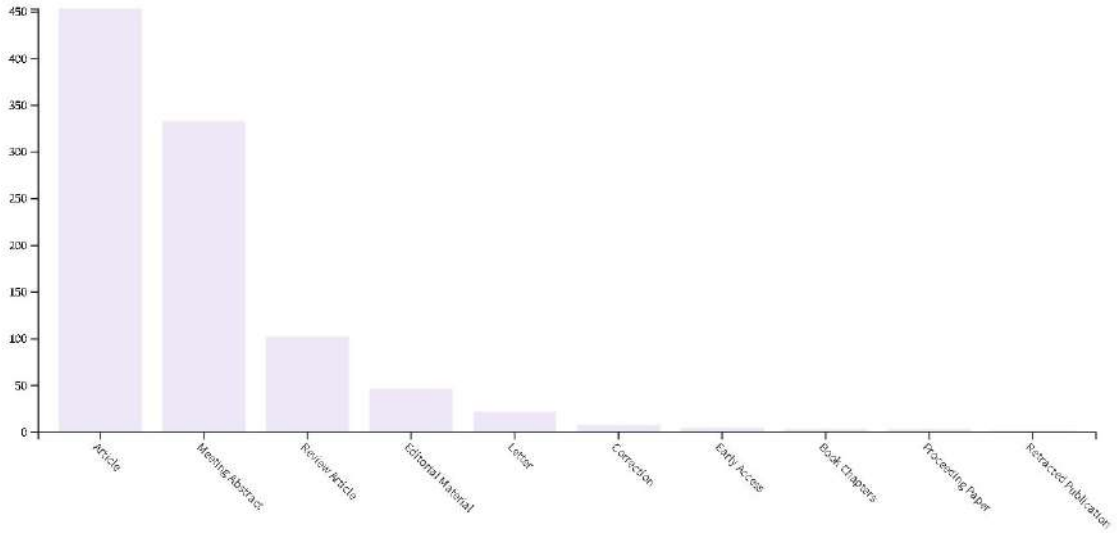
- **Número d'articles i Índex H (tots els anys: 1900-2024)**

Índex H de totes les publicacions de tipologia article científic (anys 1900-2024): 59

Nombre d'articles científics totals publicats del 1900 al 2024 en revistes indexades al JCR: 965

Total de cites rebudes: 15494 , Mitjana de cites per publicació: 16.06

- **Tipus de publicació (tots els anys, 1900-2024)**

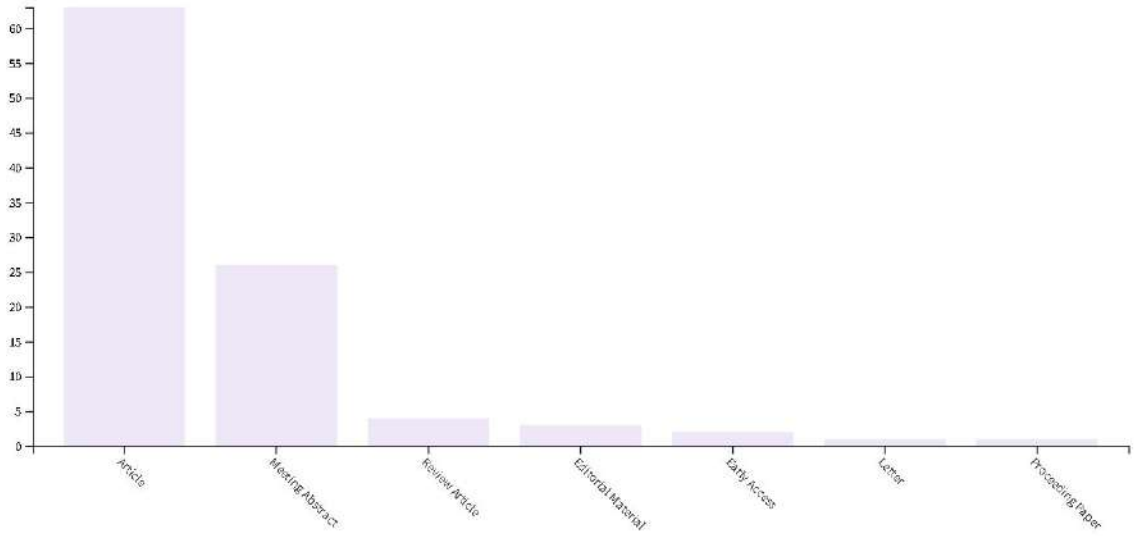


1- Article, 2- Meeting Abstract, 3- Review Article, 4- Editorial Material, 5- Letter, 6- Correction, 7- Early Access

Field: Document Types	Record Count	% of 963
Article	453	47.040%
Meeting Abstract	332	34.476%
Review Article	102	10.592%
Editorial Material	46	4.777%
Letter	21	2.181%
Correction	7	0.727%
Early Access	4	0.415%
Book Chapters	3	0.312%
Proceeding Paper	3	0.312%
Retracted Publication	1	0.104%
Retraction	1	0.104%

Article: 453, Meeting Abstract: 332, Review Article: 102, Editorial Material: 46, Letter: 21, Correction: 7, Early Access: 4, Book Chapters: 3, Proceeding paper: 3

- **Tipus de publicació (2024)**

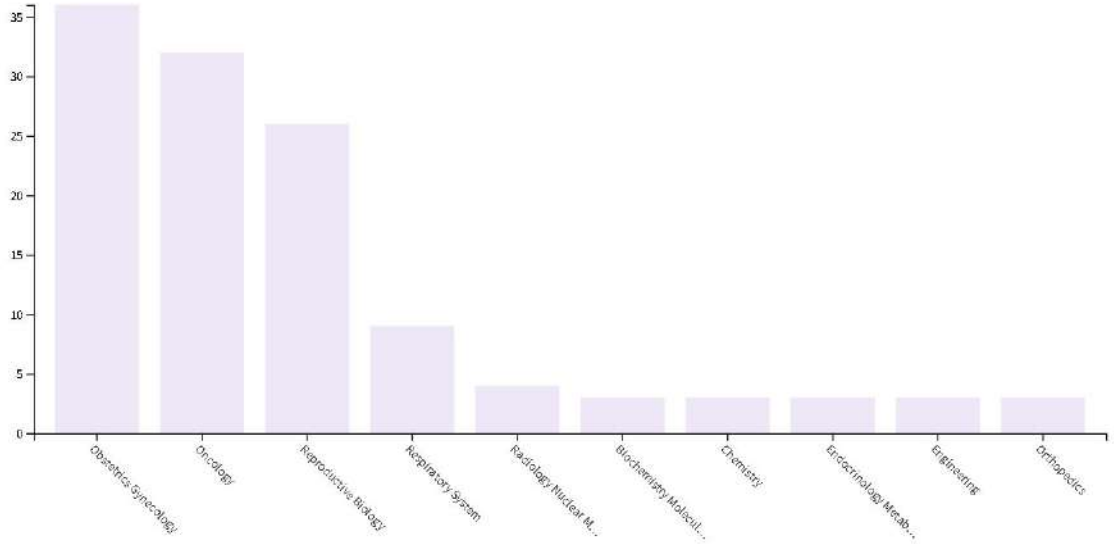


1-Article, 2-Meeting Abstract, 3-Review Article, 4- Editorial Material, 5- Early Access, 6- Letter, 7- Proceeding paper

Field: Document Types	Record Count	% of 97
Article	63	64.948%
Meeting Abstract	26	26.804%
Review Article	4	4.124%
Editorial Material	3	3.093%
Early Access	2	2.062%
Letter	1	1.031%
Proceeding Paper	1	1.031%

Article: 63, Meeting Abstract: 25, Review Article: 4, Editorial Material: 3, Early Access: 2, Letter: 1, Proceeding paper: 1

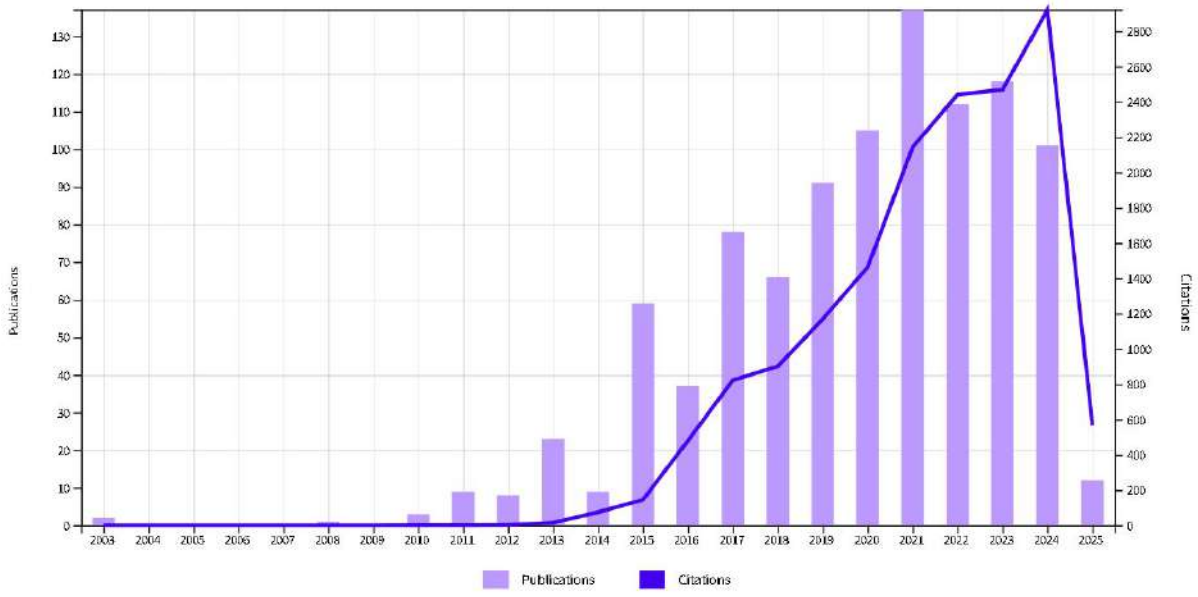
WEB OF SCIENCE CATEGORIES (RESEARCH AREAS) 2024



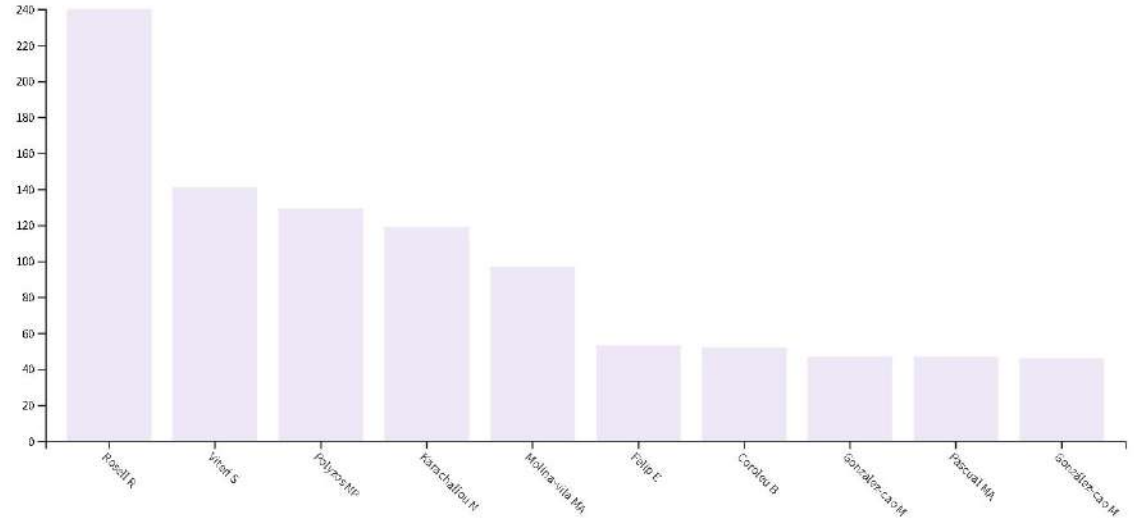
1- Obstetrics & Gynecology, 2- Oncology, 3- Reproductive biology, 4-Respiratory System, 5- Radiology Nuclear, 6- Biochemistry Molecular Biology, 7- Chemistry, 8- Endocrinology Metabolism, 9- Engineering, 10- Orthopedics

COPS CITADA 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) al WoS.



AUTORS (tots els anys, 1900-2024)[4]

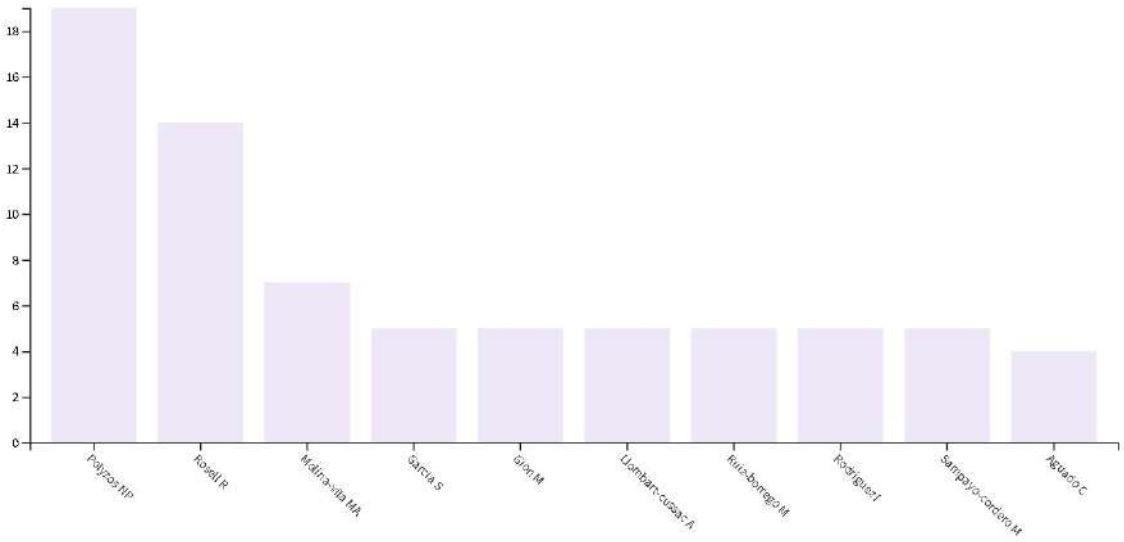


1-Rosell, 2-Viteri, 3- Polyzos, 4- Karachaliou, 5- Molina-vila, 6- Felip E, 7- Coroleu B, 8- Gonzalez-Cao M, 9- Pascual MA , 10- Gonzalez-Cao M

[3]Informe de Web of Science (WoS), basat en els títols de revista indexats en aquesta base de dades.
[4] Informe de Web of Science (WoS), basat en les publicacions d'aquesta base de dades.

AUTORS (2024)[3]

Autors amb més publicacions:



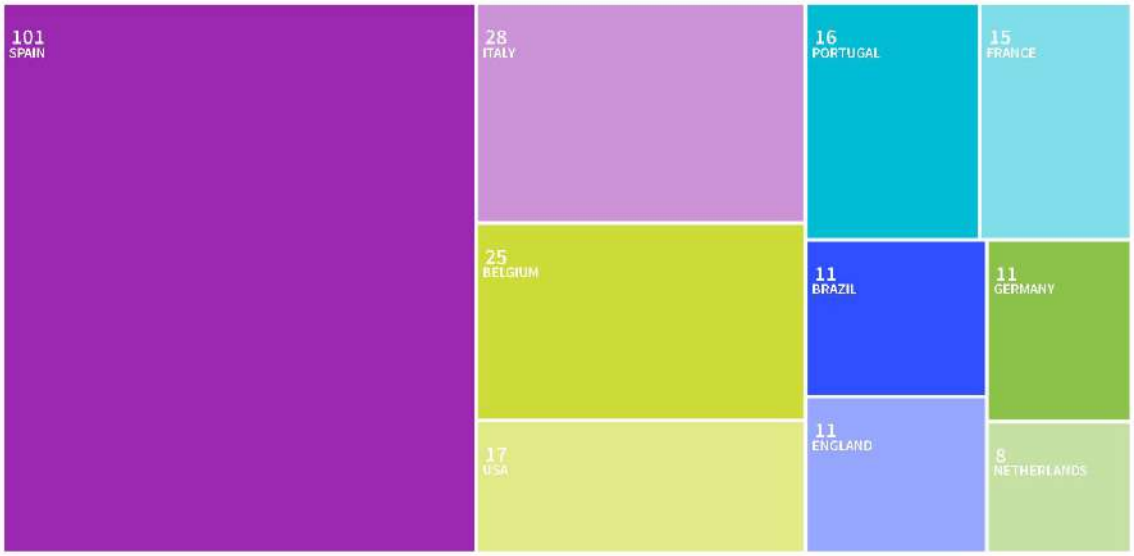
1- Polyzos NP, 2- Rosell R, 3- Molina-vila MA, 4- Garcia S, 5- Gion M, 6- Llombart-Cussac A, 7- Ruiz-Borrego M, 8- Rodríguez I, 9- Sampayo-Cordero M, 10- Aguado C

PAÏSOS (tots els anys, 1900-2004)[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 (2024)[4]



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

TÍTOLS DE REVISTA (tots els anys)[6]

1-Human Reproduction, 2-Journal of Thoracic Oncology, 3- Journal of Clinical Oncology, 4-Annals of Oncology, 5- Ultrasound in Obstetrics Gynecology, 6- Cancer Research, 7-Translational Lung Cancer Research, 8- Reproductive Biomedicine Online, 9- Fertility and Sterility, 10- European Journal of Cancer

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

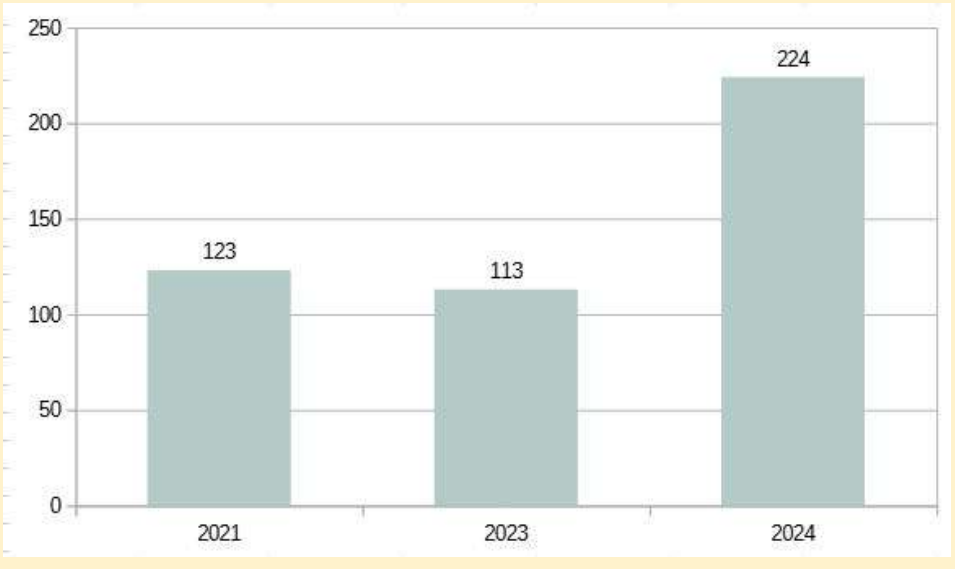
TÍTOLS DE REVISTA (2024)[5]

1- Human Reproduction, 2- Annals of Oncology, 3-Journal of Clinical Oncology, 4-European Journal of Cancer

NOMBRE TOTAL D'ARTICLES

Nombre d'articles comptabilitzant tots els recuperats de les principals bases de dades utilitzades en aquesta Memòria: Pubmed, Web of Science, Sciences 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**



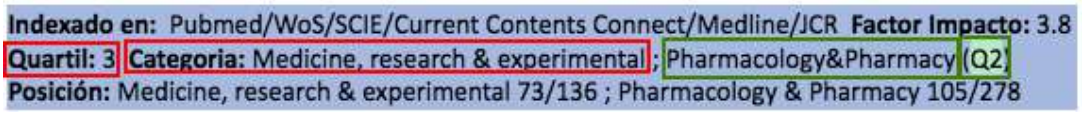
ARTICLES EN RELACIÓ AL QUARTIL (2024)

El quartil és un indicador, ofert pel JCR[7], que serveix per avaluar la importància relativa duna revista dins del total de revistes de la seva àrea. És una mesura de posició duna revista en relació amb totes les de la seva àrea.

Els quartils ordenen les revistes de més gran a més petit quant a l'índex o factor d'impacte: Q1, grup conformat pel primer 25% de les revistes del llistat. Q2, grup que ocupa del 25% al 50% Q3, grup que es posiciona entre el 50% i el 75%.

Què passa amb les revistes indexades a més d'una categoria? Una mateixa revista pot estar indexada en més duna categoria, per tant, tindrà un quartil diferent en cadascuna de les categories que hagi estat indexada.

Exemple de barra informativa d'article a revista indexada en dues categories(*Medicine, research & experimental i Pharmacology&Pharmacy*):



(En vermell quartil de la primera categoria on és indexada la revista, en verd l'altra categoria amb el quartil corresponent que ocupa en aquesta.)

[7]Journal Citation Reports. És una eina objectiva i sistemàtica per avaluar de manera crítica les principals publicacions del món. Brinda informació estadística basada en les dades de cites. Només s'informa del quartil, per tant, en els articles publicats en revistes incloses en aquesta base de dades.

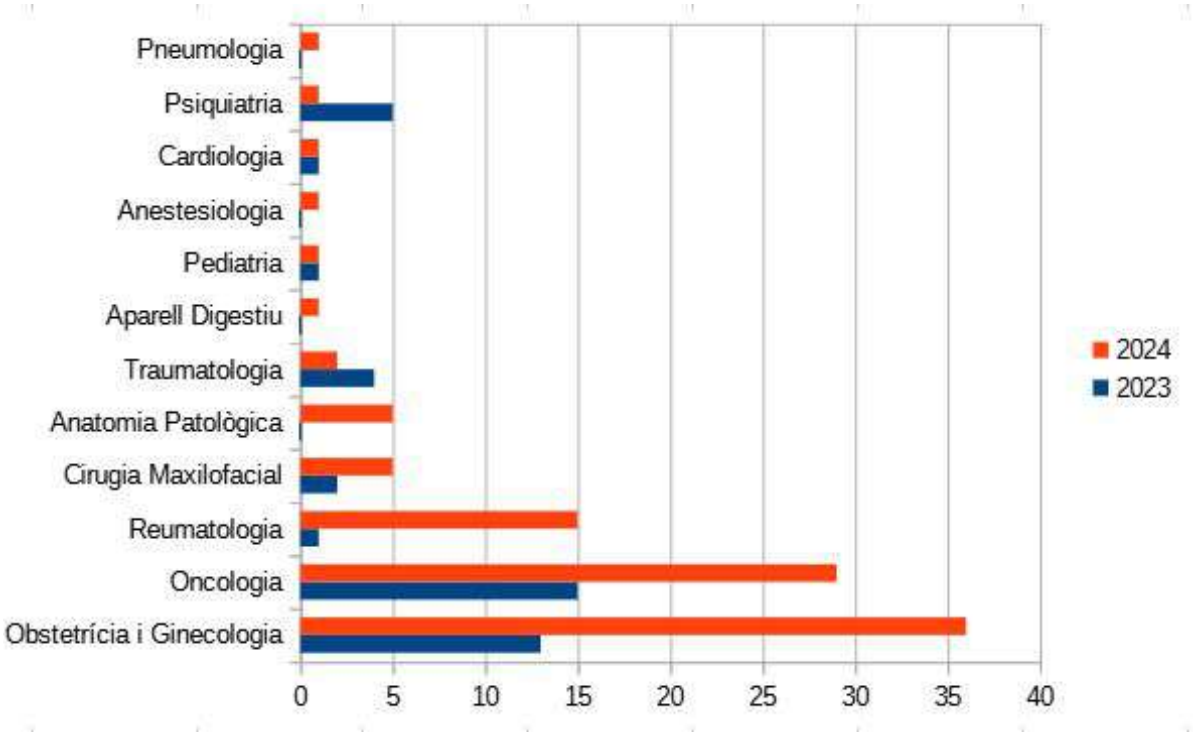
- **Nombre d'articles a revistes pertanyents al Quartil 1: 98**
- **Nombre d'articles a revistes pertanyents al Quartil 2: 21**
- **Nombre d'articles a revistes pertanyents al Quartil 3: 10**
- **Nombre d'articles a revistes pertanyents al Quartil 4: 6**

ARTICLES EN REVISTES PERTANYENTS AL QUARTIL 1

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

Taula i gràfic fent comparativa de la quantitat d'articles en revistes pertanyents al Quartil 1 per departaments, any 2023 i any 2024:

ARTICLES EN REVISTES Q1		
	2023	**2024**
Obstetrícia i Ginecologia	13	36
Oncologia	15	29
Reumatologia	1	15
Cirugia Maxilofacial	2	5
Anatomia Patològica	0	5
Traumatologia	4	2
Aparell Digestiu	0	1
Pediatria	1	1
Anestesiologia	0	1
Cardiologia	1	1
Psiquiatria	5	1
Pneumologia	0	2



ONCOLOGIA (QUARTIL 1)

Total publicacions Quartil1 Oncologia: 29

Ascierto PA, Casula M, Bulgarelli J, Pisano M, Piccinini C, Piccin L, Cossu A, Mandalà M, Ferrucci PF, Guidoboni M, Rutkowski P, Ferraresi V, Arance A, Guida M, Maiello E, Gogas H, Richtig E, Fierro MT, Lebbe C, Helgadottir H, Queirolo P, Spagnolo F, Tucci M, Del Vecchio M, **Cao MG**, Minisini AM, De Placido S, Sanmamed MF, Mallardo D, Paone M, Vitale MG, Melero I, Grimaldi AM, Giannarelli D, Dummer R, Sileni VC, Palmieri G. **Sequential immunotherapy and targeted therapy for metastatic BRAF V600 mutated melanoma: 4-year survival and biomarkers evaluation from the phase II SECOMBIT trial**. Nat Commun. 2024 Jan 2;15(1):146. doi: 10.1038/s41467-023-44475-6. PMID: 38167503; PMCID: PMC10761671.
Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 14.7 **Quartil:** 1 **Categoria:** Multidisciplinary Sciences **Posició:** 8/134 **Journal Citation Indicator:** 3.28 ***1er Decil**

Cavagna RD, **Bertran-Alamillo J**, **Gimenez-Capitán A**, de Paula FE, Bonatelli M, Mourao J, **Aguado C**, **García-Román S**, **Román R**, Reis MT, Leal LF, Reis RM, **Molina-Vila MA**. **NTRK mRNA overexpression is common in human tumors and associates with sensitivity to entrectinib in cell line models**. *Eur J Cancer*. 2024 Oct;211(Suppl 1):S110-1. doi:10.1016/j.ejca.2024.114806.
Indexat a: WoS / JCR **Factor Impacte:** 7.6 **Quartil:** 1 **Categoria:** Oncology **Posició:** 38/322 **Journal Citation Indicator:** 1.69

Cavagna RO, Escremim de Paula F, Berardinelli GN, Bonatelli M, Santana I, Albino da Silva EC, Teixeira GR, Zaniolo BG, Mourão Dias J, Ferreira da Silva FA, Baston Silva CE, Guimarães MGB,

Barone CP, Jacinto AA, Noleto da Nóbrega Oliveira RE, Miziara JE, De Marchi P, **Molina-Vila MA**, Leal LF, Reis RM. **Molecular profile of driver genes in lung adenocarcinomas of Brazilian patients who have never smoked: implications for targeted therapies**. Oncologist. 2024 Oct 3;29(10):e1419-e1424. doi: 10.1093/oncolo/oyae129. PMID: 38944844; PMCID: PMC11449088.
Indexat a: WoS / JCR / Medline **Factor Impacte:** 4.8 **Quartil:** 1 **Categoria:** Oncology **Posició:** 70/322 **Journal Citation Indicator:** 1.04

Ciruelos, E., Pascual, T., Villacampa, G., Pernas, S., Sanchez-Bayona, R., Ponce-Lorenzo, J. J., de Ibarguren, B. C. S., Escrivá-de-Romaní, S., Perello, A., Montaño, A., Martinez, E., González, A. L., Olivé, M. M., De La Haba, J., Cortés, J., Oliveira, M., Villanueva, L., Gonzalez, X., Villagrasa, P., & Prat, A. (2024). **Primary results from PATRICIA cohort C (SOLTI-1303), a randomized phase II study evaluating palbociclib with trastuzumab and endocrine therapy in pretreated HER2-positive and PAM50 luminal advanced breast cancer**. Journal of Clinical Oncology, 42(16), 1008. https://doi.org/10.1200/JCO.2024.42.16_suppl.1008
Indexat a: WoS / JCR **Factor Impacte:** 42.1 **Quartil:** 1 **Categoria:** Oncology **Posició:** 6/322 **Journal Citation Indicator:** 6.51 ***1er Decil**

García, J. M. P., Cortes, J., Ruiz-Borrego, M., Stradella, A., Bermejo, B., Escrivá-de-Romani, S., Calvo, L., Gebhart, G., Kerrou, K., García-Mosquera, J. J., Gion, M., Antonarelli, G., López-Montero, L., Rodríguez-Morató, J., Mina, L., Sampayo-Cordero, M., Llombart-Cussac, A. (2024). **Comparing ^18F-FDG positron emission tomography (PET) and breast magnetic resonance imaging (MRI) to predict pathological complete response (pCR) and 3-year invasive disease-free survival (3-y iDFS) in patients (pts) with HER2+ early breast cancer (EBC): An unplanned exploratory analysis of PHERGain trial**. Journal of Clinical Oncology, 42(16), 586. https://doi.org/10.1200/JCO.2024.42.16_suppl.586
Indexat a: WoS / JCR **Factor Impacte:** 42.1 **Quartil:** 1 **Categoria:** Oncology **Posició:** 6/322 **Journal Citation Indicator:** 6.51 ***1er Decil**

García-Roman S, **Garzón-Ibáñez M**, **Bertrán-Alamillo J**, **Jordana-Ariza N**, **Giménez-Capitán A**, **García-Peláez B**, **Vives-Usano M, Codony-Servat J**, d'Hondt E, **Rosell R**, **Molina-Vila MÁ**. **Vaccine antibodies against a synthetic epidermal growth factor variant enhance the antitumor effects of inhibitors targeting the MAPK/ERK and PI3K/Akt pathways**. Transl Oncol. 2024 Feb;40:101878. doi: 10.1016/j.tranon.2024.101878. Epub 2024 Jan 6. PMID: 38183801; PMCID: PMC10818253.
Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 4.5 **Quartil:** 1 **Categoria:** Oncology **Posició:** 78/322 **Journal Citation Indicator:** 1.06

Gebhart G, Keyaerts M, Guiot T, Flamen P, Ruiz-Borrego M, Stradella A, Bermejo B, Escriva-de-Romani S, Calvo Martínez L, Ribelles N, Fernandez-Abad M, Albacar C, Colleoni M, **Garrigos L**, Atienza de Frutos M, Dalenc F, Prat A, Marmé F, Schmid P, Kerrou K, Braga S, Gener P, Sampayo-Cordero M, Cortés J, Pérez-García JM, Llombart-Cussac A. **Optimal [18F]FDG PET/CT Cutoff for Pathologic Complete Response in HER2-Positive Early Breast Cancer Patients Treated with Neoadjuvant Trastuzumab and Pertuzumab in the PHERGain Trial**. J Nucl Med. 2024 May 1;65(5):708-713. doi: 10.2967/jnumed.123.266384. PMID: 38575192.
Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 9.1 **Quartil:** 1 **Categoria:** Radiology, nuclear medicine & medical imaging **Posició:** 6/204 **Journal Citation Indicator:** 2.97 ***1er Decil**

González-Cao M, Cai X, Bracht JWP, Han X, Yang Y, **Pedraz-Valdunciel C**, Morán T, García-Corbacho J, Aguilar A, Bernabé R, De Marchi P, Sussuchi da Silva L, Leal LF, Reis RM, **Codony-Servat J**, Jantus-Lewintre E, **Molina-Vila MA**, Cao P, Rosell R. **HMGB1 Expression Levels Correlate with Response to Immunotherapy in Non-Small Cell Lung Cancer**. Lung Cancer (Auckl). 2024 May 9;15:55-67. doi: 10.2147/LCTT.S455034. PMID: 38741920; PMCID: PMC11090191.
Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 5.1 **Quartil:** 1 **Categoria:** Oncology **Posició:** Oncology 65/322 **Journal Citation Indicator:** 0.60

Gregorc, V., **González-Cao, M.**, Salvagni, S., Koumarianou, A., Gil-Bazo, I., Maio, M., Viteri, S., Majem, M., Gutiérrez, V., Caro, R. B., Sanmamed, M. F., Zhu, H., Shen, H., Wang, Y., & Rosell, R. (2024). **KROCUS: A phase II study investigating the efficacy and safety of fulzerasib (GFH925) in combination with cetuximab in patients with previously untreated advanced KRAS G12C mutated NSCLC**. Journal of Clinical Oncology, 42(17_suppl), LBA8511. https://doi.org/10.1200/JCO.2024.42.17_suppl.LBA8511
Indexat a: WoS / JCR **Factor Impacte:** 42.1 **Quartil:** 1 **Categoria:** Oncology **Posició:** 6/322 **Journal Citation Indicator:** 6.51 ***1er Decil**

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. **Impact of Concurrent Genomic Alterations on Clinical Outcomes in Patients With ALK-Rearranged NSCLC**. J Thorac Oncol. 2024 Jan;19(1):119-129. doi: 10.1016/j.jtho.2024.08.007. Epub 2024 Aug 10. PMID: 37572870.
Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 21.1 **Quartil:** 1 **Categoria:** Oncology (Q1) ; Respiratory System (Q1) **Posició:** Oncology 13/322 ; Respiratory System 2/101 **Journal Citation Indicator:** 4.29 ***1er Decil**

Le X, Garassino MC, Ahn MJ, Felip E, Cortot AB, Sakai H, Mazieres J, Thomas M, **Viteri S**, Conte P, Yang JCH, Iams WT, Griesinger F, Stroh C, Juraeva D, Wang D, Johne A, Paik PK. **ctDNA dynamics, prognostic markers and resistance mechanisms in tepotinib-treated METex14 skipping NSCLC in the VISION trial**. J Thorac Oncol. 2024;18(11 Suppl):S94-5. doi:10.1016/j.jtho.2024.09.107.
Indexat a: Pubmed / WoS / JCR **Factor Impacte:** 21.1 **Quartil:** 1 **Categoria:** Oncology (Q1) ; Respiratory System (Q1) **Posició:** Oncology 13/322 ; Respiratory System 2/101 **Journal Citation Indicator:** 4.29 ***1er Decil**

Llombart-Cussac A, Prat A, Pérez-García JM, Mateos J, Pascual T, Escrivà-de-Romani S, Stradella A, Ruiz-Borrego M, de Las Heras BB, Keyaerts M, Galvan P, Brasó-Maristany F, **García-Mosquera JJ**, Guiot T, Gion M, Sampayo-Cordero M, Di Cosimo S, Pérez-Escuredo J, de Frutos MA, Cortés J, Gebhart G. **Clinicopathological and molecular predictors of [18F]FDG-PET disease detection in HER2-positive early breast cancer: RESPONSE, a substudy of the randomized PHERGain trial**. Eur J Nucl Med Mol Imaging. 2024 Apr 8. doi: 10.1007/s00259-024-06683-0. Epub ahead of print. PMID: 38587643.
Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 8.6 **Quartil:** 1 **Categoria:** Radiology, nuclear medicine & medical imaging **Posició:** 8/204 **Journal Citation Indicator:** 2.47 ***1er Decil**

Lopez-Miranda, E., García, J. M. P., Gion, M., Ribelles, N., Cortez, P., Romero, J. L. A., Martínez-García, M., Gonzalez-Santiago, S., Bermejo, B., Murillo, S. M., Carañana, V., Garrigós, L., Fernández, M., Boix, O., Alcalá-López, D., Cortes, J., & Llombart, A. (2024). **Ipatasertib (IPA)**

combined with non-taxane chemotherapy (CT) for patients (pts) with previously treated advanced triple-negative breast cancer (aTNBC): The PATHFINDER phase IIa trial. Journal of Clinical Oncology, 42(16), 1098. https://doi.org/10.1200/JCO.2024.42.16_suppl.1098
Indexat a: WoS / JCR **Factor Impacte:** 42.1 **Quartil:** 1 **Categoria:** Oncology **Posició:** 6/322 **Journal Citation Indicator:** 6.51 ***1er Decil**

Manguinhas R, Serra PA, Gil N, **Rosell R**, Oliveira NG, Guedes RC. **Novel DNA Repair Inhibitors Targeting XPG to Enhance Cisplatin Therapy in Non-Small Cell Lung Cancer: Insights from In Silico and Cell-Based Studies**. Cancers (Basel). 2024 Sep 16;16(18):3174. doi: 10.3390/cancers16183174. PMID: 39335146; PMCID: PMC11430689.
Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 4.5 **Quartil:** 1 **Categoria:** Oncology **Posició:** 78/322 **Journal Citation Indicator:** 0.91

Manguinhas R, Serra PA, Soares RB, **Rosell R**, Gil N, Oliveira NG, Guedes RC. **Unveiling Novel ERCC1-XPF Complex Inhibitors: Bridging the Gap from In Silico Exploration to Experimental Design**. Int J Mol Sci. 2024 Jan 19;25(2):1246. doi: 10.3390/ijms25021246. PMID: 38279246; PMCID: PMC10816628.
Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 4.9 **Quartil:** 1 **Categoria:** Biochemistry & Molecular Biology Q1 ; Chemistry, Multidisciplinary Q2 **Posició:** Biochemistry & Molecular Biology 66/313 ; Chemistry, Multidisciplinary 68/231 **Journal Citation Indicator:** 0.71

Márquez-Rodas I, Álvarez A, Arance A, Valduvieco I, Berciano-Guerrero MÁ, Delgado R, Soria A, Lopez Campos F, Sánchez P, Romero JL, Martin-Liberal J, Lucas A, Díaz-Beveridge R, Conde-Moreno AJ, Álamo de la Gala MDC, García-Castaño A, Prada PJ, **González Cao M**, **Puertas E**, Vidal J, Foro P, Aguado de la Rosa C, Corona JA, Cerezuela-Fuentes P, López P, Luna P, Aymar N, Puértolas T, Sanagustín P, Berrocal A. **Encorafenib and binimetinib followed by radiotherapy for patients with BRAFV600-mutant melanoma and brain metastases (E-BRAIN/GEM1802 phase II study)**. Neuro Oncol. 2024 Nov 4;26(11):2074-2083. doi: 10.1093/neuonc/noae116. PMID: 38946469; PMCID: PMC11534317.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 16.4 **Quartil:** 1 **Categoria:** Clinical neurology **Posició:** 4/280 **Journal Citation Indicator:** 3.38 ***1er Decil**

Michels S, Massutí B, Vasyliv I, Stratmann J, Frank J, Adams A, Felip E, Grohé C, Rodriguez-Abreu D, Bischoff H, Carcereny I Costa E, Corral J, Pereira E, Fassunke J, Fischer RN, Insa A, Koleczko S, Nogova L, Reck M, Reutter T, Riedel R, Schaufler D, Scheffler M, Weisthoff M, Provencio M, Merkelbach-Bruse S, Hellmich M, Sebastian M, Büttner R, Persigehl T, **Rosell R**, Wolf J. **Overall survival and central nervous system activity of crizotinib in ROS1-rearranged lung cancer-final results of the EUCROSS trial**. ESMO Open. 2024 Feb;9(2):102237. doi: 10.1016/j.esmoop.2024.102237. Epub 2024 Feb 12. PMID: 38350336; PMCID: PMC10937203.
Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 7.1 **Quartil:** 1 **Categoria:** Oncology **Posició:** 40/322 **Journal Citation Indicator:** 1.39

Molina-Alejandre M, Perea F, Calvo V, Martinez-Toledo C, Nadal E, Sierra-Rodero B, Casarrubios M, Casal-Rubio J, Martinez-Martí A, Insa A, Massuti B, **Viteri S**, Barneto Aranda I, Rodriguez-Abreu D, de Castro J, Martínez JM, Cobo M, Wistuba II, Parra ER, Martín-López J, Megías D, Muñoz-Viana R, Garrido F, Aptsiauri N, Ruiz-Cabello F, Provencio M, Cruz-Bermúdez A. **Perioperative chemoimmunotherapy induces strong immune responses and long-term survival in patients with HLA class I-deficient non-small cell lung cancer**. J Immunother

Cancer. 2024 Oct 20;12(10):e009762. doi: 10.1136/jitc-2024-009762. PMID: 39428126; PMCID: PMC11492944.
Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 10.3 **Quartil:** 1 **Categoria:** Immunology **Posició:** 12/181 **Journal Citation Indicator:** 2.02 ***1er Decil**

Molina-Vila M, **Bertran-Alamillo J**, **Gimenez-Capitan A**, **Aguado C**, **Martinez-Perez E**, **Garcia-Roman S**, **Roman R**, Rodriguez S, **Aldeguer E**, de Oliveira Cavagna R, Ferro Leal L, Manuel Reis R, Rosell R. **ROS1 mRNA upregulation is common in human tumors and associates with sensitivity to tyrosine kinase inhibitors in cell line models**. Eur J Cancer. 2024 Oct;211(Suppl 1):S106. doi: 10.1016/j.ejca.2024.114793.
Indexat a: WoS / JCR **Factor Impacte:** 7.6 **Quartil:** 1 **Categoria:** Oncology **Posició:** 38/322 **Journal Citation Indicator:** 1.69

Pernas S, Sanfeliu E, Villacampa G, Salvador J, Perelló A, **González X**, Jiménez B, Merino M, Palacios P, Pascual T, Alba E, Villanueva L, Chillara S, Ferrero-Cafiero JM, Galvan P, Prat A, Ciruelos E. **Palbociclib and letrozole for hormone receptor-positive HER2-negative breast cancer with residual disease after neoadjuvant chemotherapy**. NPJ Breast Cancer. 2024 Nov 26;10(1):101. doi: 10.1038/s41523-024-00710-x. PMID: 39592624; PMCID: PMC11599376.

Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 6.6 **Quartil:** 1 **Categoria:** Oncology **Posició:** 44/322 **Journal Citation Indicator:** 1.35

Postel-Vinay S, Coves J, Texier M, Aldea M, Gazzah A, Dómine M, Planchard D, De Las Peñas R, Sala Gonzalez MA, **Viteri S**, Perez J, Ortega AL, Moran T, Camps C, Lopez-Martin A, Provencio M, Soria JC, Besse B, Massuti B, **Rosell R**. **Olaparib maintenance versus placebo in platinum-sensitive non-small cell lung cancer: the Phase 2 randomized PIPSeN trial**. Br J Cancer. 2024 Feb;130(3):417-424. doi: 10.1038/s41416-023-02514-5. Epub 2024 Dec 14. PMID: 38097741; PMCID: PMC10844295.
Indexat a: Pubmed / JCR **Factor Impacte:** 6.4 **Quartil:** 1 **Categoria:** Oncology **Posició:** 46/322 **Journal Citation Indicator:** 1.46

Rosell R, **Pedraz-Valdunciel C**, Jain A, Shivamallu C, Aguilar A. **Deterministic reprogramming and signaling activation following targeted therapy in non-small cell lung cancer driven by mutations or oncogenic fusions**. Expert Opin Investig Drugs. 2024 Mar;33(3):171-182. doi: 10.1080/13543784.2024.2320710. Epub 2024 Feb 23. PMID: 38372666.
Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 4.9 **Quartil:** 1 **Categoria:** Pharmacology & Pharmacy **Posició:** 46/354 **Journal Citation Indicator:** 1.03

Salvia R, Rico LG, Morán T, Bradford JA, Ward MD, **Drozdowskyj A**, Climent-Martí J, Martínez-Cáceres EM, **Rosell R**, Petriz J. **Prognostic Significance of PD-L1 Expression on Circulating Myeloid-Derived Suppressor Cells in NSCLC Patients Treated with Anti-PD-1/PD-L1 Checkpoint Inhibitors**. Int J Mol Sci. 2024 Nov 15;25(22):12269. doi: 10.3390/ijms252212269. PMID: 39596334; PMCID: PMC11594642.
Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 4.9 **Quartil:** 1 **Categoria:** Biochemistry & Molecular Biology Q1 ; Chemistry, Multidisciplinary Q2 **Posició:** Biochemistry

& Molecular Biology 66/313 ; Chemistry, Multidisciplinary 68/231 **Journal Citation Indicator:** 0.71

Speel EM, Dafni U, Thunnissen E, Hendrik Rüschoff J, O'Brien C, Kowalski J, Kerr KM, Bubendorf L, Sansano I, Joseph L, Kriegsmann M, Navarro A, Monkhorst K, Bille Madsen L, Hernandez Losa J, Biernat W, Stenzinger A, Rüland A, Hillen LM, Marti N, **Molina-Vila MA**, Dellaporta T, Kammler R, Peters S, Stahel RA, Finn SP, Radonic T; Lungscape Consortium (see Appendix). **ROS1 fusions in resected stage I-III adenocarcinoma: Results from the European Thoracic Oncology Platform Lungscape project**. Lung Cancer. 2024 Aug;194:107860. doi: 10.1016/j.lungcan.2024.107860. Epub 2024 Jun 26. PMID: 39002492.
Indexat a: WoS / Pubmed / Medline **Factor Impacte:** 4.5 **Quartil:** 1 **Categoria:** Oncology ; Respiratory System **Posició:** Oncology 78/322 ; Respiratory System 20/101 **Journal Citation Indicator:** 1.12

Spigel DR, Ahn MJ, Majem M, Rodríguez LM, Lee KH, Carcereny E, **Hernández AA**, Insa A, Cho EK, Besse B, Rha SY, Weiss J, D'Arcangelo M, Im SA, Kim SW, Carneiro BA, Gadgeel SM, Mitchell P, Asare JM, Gainer SD, Achour I, Subramaniam DS, Felip E. **Volrustomig plus platinum doublet chemotherapy (CTx) in first-line non-small cell lung cancer (NSCLC): Phase 1b trial update**. J Thorac Oncol. 2024 Oct;19(10 Suppl):S33-S34. doi: 10.1016/j.jtho.2024.08.019.
Indexat a: WoS / JCR **Factor Impacte:** 21.1 **Quartil:** 1 **Categoria:** Oncology (Q1) ; Respiratory System (Q1) **Posició:** Oncology 13/322 ; Respiratory System 2/101 **Journal Citation Indicator:** 4.29 ***1er Decil**

Sullivan I, **Aguado C**, Baroni M, Teixeira S, **Bertran J**, Giménez A, Aldeguer E, **Román R**, Reguart N, López L, Cavagna R, Marín E, **García B**, **Rodríguez S**, **Rosell R**, Ferro L, Chae Y, Reis R, **Molina MA**. **RET overexpression in absence of fusions or mutations associates with sensitivity to RET TKIs in lung cancer**. Eur J Cancer. 2024 Oct;211(Suppl 1):S108-S109. doi: 10.1016/j.ejca.2024.114800.
Indexat a: WoS / JCR **Factor Impacte:** 7.6 **Quartil:** 1 **Categoria:** Oncology **Posició:** 38/322 **Journal Citation Indicator:** 1.69

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 / JCR / Medline **Factor Impacte:** 12.8 **Quartil:** 1 **Categoria:** Medicine, research & experimental **Posició:** 5/189 **Journal Citation Indicator:** 3.85 ***1er Decil**

Vaz Batista M, Pérez-García JM, Cortez P, **Garrigós L**, Fernández-Abad M, Gion M, **Martínez-Bueno A**, Saavedra C, Teruel I, Fernandez-Ortega A, Servitja S, Ruiz-Borrego M, de la Haba-Rodríguez J, Martrat G, Pérez-Escuredo J, Alcalá-López D, Sampayo-Cordero M, Braga S, Cortés J, Llombart-Cussac A. **Trastuzumab deruxtecan in patients with previously treated HER2-low advanced breast cancer and active brain metastases: the DEBBRAH trial**. ESMO Open. 2024 Sep;9(9):103699. doi: 10.1016/j.esmoop.2024.103699. Epub 2024 Sep 9. PMID: 39255534; PMCID: PMC11415677.

Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 7.1 **Quartil:** 1 **Categoria:** Oncology **Posició:** 40/322 **Journal Citation Indicator:** 1.39

Weiss SA, Sznol M, Shaheen M, Berciano-Guerrero MÁ, Couselo EM, Rodríguez-Abreu D, Boni V, Schuchter LM, **Gonzalez-Cao M**, Arance A, Wei W, Ganti AK, Hauke RJ, Berrocal A, Iannotti NO, Hsu FJ, Kluger HM. **A Phase II Trial of the CD40 Agonistic Antibody Sotigalimab (APX005M) in Combination with Nivolumab in Subjects with Metastatic Melanoma with Confirmed Disease Progression on Anti-PD-1 Therapy**. Clin Cancer Res. 2024 Jan 5;30(1):74-81. doi: 10.1158/1078-0432.CCR-23-0475. PMID: 37535056; PMCID: PMC10767304.
Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 10.4 **Quartil:** 1 **Categoria:** Oncology **Posició:** 26/322 **Journal Citation Indicator:** 2.52 ***1er Decil**

TRAUMATOLOGIA - ICATME (QUARTIL 1)

Total publicacions Quartil1 Traumatologia: 2

Pardo-Pol A, Fontanellas-Fes A, **Pérez-Prieto D**, Sorli L, Hinarejos P, **Monllau JC**. **The Use of Erythromycin and Colistin Cement in Total Knee Arthroplasty Does Not Reduce the Incidence of Infection: A Randomized Study in 2,893 Knees With a 9-year Average Follow-Up**. J Arthroplasty. 2024 Apr 17:S0883-5403(24)00362-0. doi: 10.1016/j.arth.2024.04.039. Epub ahead of print. PMID: 38640967.
Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 3.4 **Quartil:** 1 **Categoria:** Orthopedics **Posició:** 15/136 **Journal Citation Indicator:** 1.75

Torres-Claramunt R, Alós-Mairal J, **Ibáñez M**, **Perelli S**, Gelber P, **Monllau JC**. **Clinical Outcomes After Polyurethane Meniscal Scaffolds Implantation Remain Stable Despite a Joint Space Narrowing at 10-Year Follow-Up**. Arthroscopy. 2024 Apr;40(4):1256-1261. doi: 10.1016/j.arthro.2024.08.081. Epub 2024 Sep 15. PMID: 37716635.
Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 1.3 **Quartil:** 1 **Categoria:** Orthopedics ; Sport Sciences **Posició:** Orthopedics 7/42 ; Sport Sciences n/a **Journal Citation Indicator:** n/a

OBSTETRÍCIA I GINECOLOGIA - SALUT DE LA DONA DEXEUS (QUARTIL 1)

Total publicacions Quartil1 Obstetrícia i Ginecologia: 36

Achótegui Sebastián E, Calhaz-Jorge C, De Geyter C, Ebner T, Plancha CE, Goossens V, Pinborg A, **Polyzos NP**, Rossignoli L, Rugescu IA, Smeenk J, Strowitzki T, Tassot J, Mocanu EV, Vermeulen N, Wyns C, Magli MC. **EuMAR stakeholder engagement: an analysis of medically assisted reproduction (MAR) data collection practices in EU countries**†. Hum Reprod. 2024 Nov 1;39(11):2379-2386. doi: 10.1093/humrep/deae209. PMID: 39276145; PMCID: PMC11532600.
Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19

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.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 2.1 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive biology **Posició:** Obstetrics & Gynecology 68/136 ; Reproductive biology 25/39 **Journal Citation Indicator:** 0.70

Álvarez M, **Polyzos NP**, **Rodríguez I**, **Sachs-Guedj N**, **Solé M**, **Coroleu B**. **A decrease in serum progesterone-levels (P4) during early luteal phase in modified-natural frozen embryo transfer (mNC-FET) is significantly associated with lower pregnancy rates**. Hum Reprod. 2024 Jul;39(1 Suppl):I406. doi: 10.1093/humrep/deaa095.
Indexat a: Pubmed / WoS / JCR **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19

Alviggi C, Humaidan P, Fischer R, Conforti A, Dahan MH, Marca A, Orvieto R, **Polyzos NP**, Roque M, Sunkara SK, Ubaldi FM, Vuong L, Yarali H, D'Hooghe T, Longobardi S, Esteves SC. **Patients with low prognosis in ART: a Delphi consensus to identify potential clinical implications and measure the impact of POSEIDON criteria**. Reprod Biol Endocrinol. 2024 Oct 10;22(1):122. doi: 10.1186/s12958-024-01291-x. PMID: 39385174; PMCID: PMC11465546.
Indexat a: Pubmed / WoS / Medline **Factor Impacte:** 4.2 **Quartil:** 1 **Categoria:** Endocrinology & Metabolism ; Reproductive Biology **Posició:** Endocrinology & Metabolism 40/186 ; Reproductive Biology 5/39 **Journal Citation Indicator:** 1.18

Arbat A, Bellver J, Garcia-Velasco J, Visnova H, Kurzawa R, Gosalvez A, **Polyzos NP**, Espinós JJ, Trinchant R, Llorens M, Torres R, Canals I. **Efficacy results from the phase II randomized clinical trial: OXO-001 in infertile women undergoing egg donation IVF/ICSI**. Hum Reprod. 2024 Jul;39(1 Suppl):I15. doi: 10.1093/humrep/deae108.027.
Indexat a: Pubmed / WoS / JCR **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**

Ballester M, **Parriego M**, **Coll L**, **Garcia S**, Freour T, **Polyzos NP**, **Boada M**. **Incorporation of an automated sperm counting method: a matter of time**. Hum Reprod. 2024 Jul;39(1 Suppl):I239.
Indexat a: Pubmed / WoS / JCR **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**

Caba MS, Leathersich S, **Donno V**, **Rodriguez I**, **Polyzos N**. **The effect of ambient exposure to air pollutants on live birth rates in frozen embryo transfer cycles**. Hum Reprod. 2024 Jul;39(1 Suppl):O-163. doi: 10.1093/humrep/deae108.182.
Indexat a: Pubmed / WoS / JCR **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**

Chacon E, Boria F, Lyer RR, Fanfani F, Malzoni M, Bretová P, Luzarraga Aznar A, Fruscio R, Jedryka MA, Tóth R, Perrone AM, Kakkos A, Cristóbal Quevedo I, Congedo L, Zanagnolo V,

Fernandez-Gonzalez S, Ferro B, Narducci F, Hovhannisyan T, Aksahin E, Cardenas L, Oliver MR, Nozaleda G, Arnaez M, Misiek M, Ferrero A, Pain FA, **Zarragoitia J**, Diaz C, Ceppi L, Mehdiyev S, Roldán-Rivas F, Guijarro-Campillo AR, Amengual J, Manzour N, Sanchez Lorenzo L, Núñez-Córdoba JM, Gonzalez Martin A, Minguez JA, Chiva L; SENECA Working Group. **SENECA study: staging endometrial cancer based on molecular classification**. Int J Gynecol Cancer. 2024 Sep 2;34(9):1313-1321. doi: 10.1136/ijgc-2024-005711. PMID: 39153831.
Indexat a: Pubmed / WoS / SCIE / JCR **Factor Impacte:** 4.5 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Oncology **Posició:** Obstetrics & Gynecology 11/136 ; Oncology 78/322 **Journal Citation Indicator:** 1.15 ***1er Decil**

Coll S, **Vila M**, **Caminal J**, **Pagès A**, **Sanjosé M**, **Tresserra F**, **Rodríguez I**, **Fernández R**, **Barri-Soldevila PN**. **Long-term follow-up after laparoscopic reparation of pelvic organ prolapses in a large teaching gynecological center**. Eur J Obstet Gynecol Reprod Biol. 2024 Dec;303:146-152. doi: 10.1016/j.ejogrb.2024.10.034. Epub 2024 Oct 24. PMID: 39471759.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 2.1 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive biology **Posició:** Obstetrics & Gynecology 68/136 ; Reproductive biology 25/39 **Journal Citation Indicator:** 0.70

Donno V, **Neves AR**, **Martinez SG**, **Polyzos NP**. **Dual trigger is not superior to GnRH Agonist alone for final oocyte maturation in elective fertility preservation. A Randomized Controlled Trial**. Hum Reprod. 2024 Jul;39(1 Suppl):I41.
Indexat a: Pubmed / WoS / JCR **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**

ESHRE Guideline Group on the Number of Embryos to Transfer; Alteri A, **Arroyo G**, Baccino G, Craciunas L, De Geyter C, Ebner T, Koleva M, Kordic K, Mcheik S, Mertes H, Pavicic Baldani D, Rodriguez-Wallberg KA, Rugescu I, Santos-Ribeiro S, Tilleman K, Woodward B, Vermeulen N, Veleva Z. **ESHRE guideline: number of embryos to transfer during IVF/ICSI**†. Hum Reprod. 2024 Apr 3;39(4):647-657. doi: 10.1093/humrep/deae010. PMID: 38364208; PMCID: PMC10988112.
Indexat a: Pubmed / WoS / JCR **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**

Fatemi HM, **Polyzos N**, Larsson P, Mannaerts B. **Pharmacokinetic and pharmacodynamic modelling to explore dosing regimens of corifollitropin alfa for ovarian stimulation without the need for additional daily recFSH injections**. Hum Reprod. 2024 Jul;39(1 Suppl):P-576.
Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**

Guedj NS, **Coroleu B**, **Alvarez M**, **García S**, **Polyzos NP**. **Role of serum progesterone levels and subcutaneous progesterone supplementation in endometriosis patients undergoing artificial cycle frozen embryo transfer**. Hum Reprod. 2024 Jul;39(1 Suppl):O-147.
Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**

Heremans R, Wynants L, Valentin L, Leone FPG, **Pascual MA**, Fruscio R, Testa AC, Buonomo F, Guerriero S, Epstein E, Bourne T, Timmerman D, Van den Bosch T; IETA Consortium. **Estimating risk of endometrial malignancy and other intracavitary uterine pathology in women without abnormal uterine bleeding using IETA-1 multinomial regression model: validation study.** Ultrasound Obstet Gynecol. 2024 Apr;63(4):556-563. doi: 10.1002/uog.27530. Epub 2024 Mar 4. PMID: 37927006.
Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 6.1 **Quartil:** 1 **Categoria:** Acoustics ; Obstetrics & Gynecology **Posició:** Acoustics 2/40 ; Obstetrics & Gynecology 5/136 **Journal Citation Indicator:** 2.19 ***1er Decil**

Hourvitz A, **Polyzos N,** Sauerbrun-Cutler MT, Matevossian K, Reuvenny S, Youngster M, Luz A, Itzhak N, Moran E, Hourvitz R, Baum M, Maman E. (2024). **AI-Powered oocyte prediction for trigger timing: cross-continental validation of data from previously unseen clinics**. Fertility and Sterility. 2024 Oct 122. e155. 10.1016/j.fertnstert.2024.07.553.
Indexat a: WoS / SCIE / JCR **Factor Impacte:** 6.6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 4/136 ; Reproductive Biology 3/39 **Journal Citation Indicator:** 2.25 ***1er Decil**

Izquierdo M, **Baulies S**, **Ara C**, **Garcia M**, **Fargas F**, **Fabregas R**, **Tresserra F**, **Barri S P**. **Prognostic factors in pregnancy-associated breast cancer: one year versus two years** [abstract]. In: Proceedings of the 2023 San Antonio Breast Cancer Symposium; 2023 Dec 5-9; San Antonio, TX. Philadelphia (PA): AACR; Cancer Res. 2024;84(9 Suppl):Abstract nr PO2-26-06. doi:10.1158/1538-7445.SABCS23-PO2-26-06.
Indexat a: JCR **Factor Impacte:** 12.5 **Quartil:** 1 **Categoria:** Oncology **Posició:** 21/322 **Journal Citation Indicator:** 1.99

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 / WoS / JCR / Medline **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**

Lefebvre T, Campas M, Matta K, Ouzia S, Guitton Y, Duval G, Ploteau S, Marchand P, Le Bizec B, **Freour T**, Antignac JP, de Tullio P, Cano-Sancho G. **A comprehensive multiplatform metabolomic analysis reveals alterations of 2-hydroxybutyric acid among women with deep endometriosis related to the pesticide trans-nonachlor**. Sci Total Environ. 2024 Mar 25;918:170678. doi: 10.1016/j.scitotenv.2024.170678. Epub 2024 Feb 3. PMID: 38316313.
Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 8.2 **Quartil:** 1 **Categoria:** Environmental sciences **Posició:** 31/358 **Journal Citation Indicator:** 1.62

Lobo R, Jepsen IE, Falahati A, **Polyzos NP**, García-Velasco JA, Pinborg A, Gravotta E. **Effectiveness of follitropin delta in patients with potential poor response: A post hoc analysis from the ESTHER-1 trial**. Hum Reprod. 2024 Jul;39(1 Suppl):I477.
Indexat a: Pubmed / WoS / SCIE / JCR **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**

Montero Carreras C, **Cortés Olivera B**, **Saiz-Vivó R**, Ferrer Menduiña Q, **Garcia Martínez S**, **Rodríguez Pérez MA**, **Rodríguez Melcón A**, **Prats Rodriguez P**. **Aberrant right subclavian artery: the importance of distinguishing between isolated and non-isolated cases in prenatal diagnosis and clinical management**. J Perinat Med. 2024 Dec 18. doi: 10.1515/jpm-2024-0398. Epub ahead of print. PMID: 39688891.
Indexat a: Pubmed / Medline **Factor Impacte:** 1.7 **Quartil:** 2 **Categoria:** Obstetrics & Gynecology (Q3) ; Pediatrics (Q2) **Posició:** Obstetrics & Gynecology 77/136 ; Pediatrics 78/186 **Journal Citation Indicator:** 0.83

Muñoz E, Bronet F, Lledo B, **Palacios-Verdú G**, Martinez-Rocca L, Altmäe S, Pla J; representing the Special Interest Group in Reproductive Genetics of the Spanish Society of Fertility. **To transfer or not to transfer: the dilemma of mosaic embryos - a narrative review**. Reprod Biomed Online. 2024 Mar;48(3):103664. doi: 10.1016/j.rbmo.2024.103664. Epub 2024 Nov 2. PMID: 38408811.
Indexat a: Pubmed / JCR **Factor Impacte:** 3.7 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 14/136 ; Reproductive Biology 5/39 **Journal Citation Indicator:** 1.33

Neves AR, Casarini L, **Garcia S**, Vuong NL, Blockeel C, Simoni M, **Polyzos NP**. **Genetic variation in genes related to folliculogenesis and steroidogenesis in Caucasian and Asian women: Baby steps towards a pharmacogenetic approach in assisted reproductive techniques**. Hum Reprod. 2024 Jul;39(1 Suppl):P-556.
Indexat a: WoS / JCR **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19

Ojosnegros S, Parra A, Massafret O, Burgos-Artizzu X, Ferrer-Vaquer A, Ares M, Denkova D, **Parriego M**, **Solé M**, **Boada M**, Seriola A. **METAPHOR: METabolic imaging through AI-powered Phasor-based Hyperspectral analysis and Organelle recognition for the classification of human blastocysts**. Hum Reprod. 2024 Jul;39(1 Suppl):I143.
Indexat a: WoS / JCR **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**

Onfray C, Chevolleau S, Moinard E, Girard O, Mahadik K, Allsop R, Georgolopoulos G, Lavigne R, Renoult O, Aksoy I, Lemaitre E, Hulin P, Ouimette JF, **Fréour T**, Pecqueur C, Pineau C, Pasque V, Rougeulle C, David L. **Unraveling hallmark suitability for staging pre- and post-implantation stem cell models**. Cell Rep. 2024 May 28;43(5):114232. doi: 10.1016/j.celrep.2024.114232. Epub 2024 May 17. PMID: 38761378.
Indexat a: WoS / Pubmed / JCR / Medline **Factor Impacte:** 7.5 **Quartil:** 1 **Categoria:** Cell Biology **Posició:** 36/205 **Journal Citation Indicator:** 1.29

Parriego M, Coll L, Carrasco B, Garcia S, Boada M, **Polyzos NP**, Vidal F, Veiga A. **Blastocysts from partial compaction morulae are not defined by their early mistakes**. Reprod Biomed Online. 2024 Apr;48(4):103729. doi: 10.1016/j.rbmo.2024.103729. Epub 2024 Nov 18. PMID: 38367593.
Indexat a: Pubmed / JCR / WoS **Factor Impacte:** 3.7 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 14/136 ; Reproductive Biology 5/39 **Journal Citation Indicator:** 1.33

Pascual MA, Vancraeynest L, Timmerman S, Ceusters J, Ledger A, Graupera B, Rodriguez I, Valero B, Landolfo C, Testa AC, Bourne T, Timmerman D, Valentin L, Van Calster B, Froyman W. **Validation of ADNEX and IOTA two-step strategy and estimation of risk of complications during follow-up of adnexal masses in low-risk population**. Ultrasound Obstet Gynecol. 2024 Mar 13. doi: 10.1002/uog.27642. Epub ahead of print. PMID: 38477179.
Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 6.1 **Quartil:** 1 **Categoria:** Acoustics ; Obstetrics & Gynecology **Posició:** Acoustics 2/40 ; Obstetrics & Gynecology 5/136 **Journal Citation Indicator:** 2.19 ***1er Decil**

Perez-Poch A, **Ballester M**, **Tresanchez M**, Torner J, González DV, Alpiste F, Brigos M, Sánchez E, Martínez G, **García S**, **Polyzos NP**, **Boada M**. **Decreased human sperm motility and vitality after fast gravity load changes in a parabolic flight**. Acta Astronaut. 2024;223:640-8. doi:10.1016/j.actaastro.2024.07.050.
Indexat a: WoS / SCIE / JCR **Factor Impacte:** 3.1 **Quartil:** 1 **Categoria:** Engineering, aerospace ; Aerospace engineering & technology **Posició:** Engineering, aerospace 9/52 ; Aerospace engineering & technology n/a **Journal Citation Indicator:** 1.25

Polyzos NP, **Donno V**, **Rodriguez Garcia I**. **Reduced uterine artery pulsatility index (UtAPI) in artificial frozen embryo transfer pregnancies leads to underestimation of 1st-trimester preeclampsia risk. An analysis of over 30,000 pregnancies**. Hum Reprod. 2024 Jul;39(1 Suppl):I167.
Indexat a: WoS / JCR **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***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. 2024 Oct 18:104490. doi: 10.1016/j.rbmo.2024.104490. Epub ahead of print. PMID: 39920027.
Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 3.7 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 14/136 ; Reproductive Biology 5/39 **Journal Citation Indicator:** 1.33

Racca A, **Rodriguez I**, **Garcia S**, **Arroyo G**, **Polyzos NP**. **Double versus single stimulation in young low prognosis patients followed by a fresh embryo transfer: a randomized controlled trial (DUOSTIM-fresh)**. Hum Reprod. 2024 Jun 6:deae104. doi: 10.1093/humrep/deae104. Epub ahead of print. Erratum in: Hum Reprod. 2025 Feb 1;40(2):397. doi: 10.1093/humrep/deae289. PMID: 38845190.
Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**

Reuvenny S, Luz A, Itzhak N, Hourvitz R, Maman E, Baum M, Youngster M, Hariton E, **Polyzos N**, Hourvitz A. **Machine learning predictive modeling for mature oocyte retrieval: a transcontinental study with various treatment protocols**. Fertility and Sterility. 2024 Oct 122. e155.

Indexat a: WoS / SCIE / JCR **Factor Impacte:** 6.6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 4/136 ; Reproductive Biology 3/39 **Journal Citation Indicator:** 2.25 ***1er Decil**

Sokol P, **Ballester M**, **Rodriguez I**, **Polyzos NP**. **Unconventional ejaculatory abstinence period and its impact on seminal parameters in abnormal diagnostic samples**. Andrology. 2024 Sep ; Presented at: ECA 2024, the 13rd European Congress of Andrology. doi:10.1111/andr.13714.
Indexat a: JCR **Factor Impacte:** 3.2 **Quartil:** 1 **Categoria:** Andrology **Posició:** Andrology 2/8 **Journal Citation Indicator:** 1.55

Sokol P, **Clua E**, **Pons MC**, **García S**, **Racca A**, **Freour T**, **Polyzos NP**. **Developing and validating a prediction model of live birth following single vitrified-warmed blastocyst transfer**. Reprod Biomed Online. 2024 Jul;49(1):103890. doi: 10.1016/j.rbmo.2024.103890. Epub 2024 Feb 12. PMID: 38744027.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 3.7 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 14/136 ; Reproductive Biology 5/39 **Journal Citation Indicator:** 1.33

Vassena R, Cabello Vives Y, Castel Seguí AB, Herrero García J, Martínez Granados L, Rodríguez **García I**, Prados Mondejar F, Cueva Sáiz I. **Safety and quality of MAR (medically assisted reproduction) provisions in Spain in response to adaptative regulation during a public health emergency: a national registry analysis**. Hum Reprod. 2024;39(Suppl 1):deae108.1078. doi:10.1093/humrep/deae108.1078.
Indexat a: Pubmed / WoS / SCIE / JCR **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**

Verdyck P, Altarescu G, Santos-Ribeiro S, Vrettou C, Koehler U, Griesinger G, Goossens V, Magli C, Albanese C, **Parriego M**, **Coll L**, Ron-El R, Sermon K, Traeger-Synodinos J. **Aneuploidy in oocytes from women of advanced maternal age: analysis of the causal meiotic errors and impact on embryo development.** Hum Reprod. 2024 Dec 4;38(12):2526-2535. doi: 10.1093/humrep/dead201. PMID: 37814912.
Indexat a: Pubmed / WoS / SCIE / JCR / Current Contents Connect / Medline **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**

Vidal MDM, **Martínez F**, **Rodríguez I**, **Polyzos NP**. **Ovarian response and embryo ploidy following oral micronized progesterone-primed ovarian stimulation versus GnRH antagonist protocol. A prospective study with repeated ovarian stimulation cycles**. Hum Reprod. 2024 May 2;39(5):1098-1104. doi: 10.1093/humrep/deae047. PMID: 38498835.
Indexat a: Pubmed / WoS / SCIE / JCR / Current Contents Connect / Medline **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**

APARELL DIGESTIU I ENDOSCOPIA (QUARTIL 1)

Total publicacions Quartil1 Aparell Digestiu: 1

Espinet-Coll E, Del Pozo-García AJ, Turró-Arau R, Nebreda-Durán J, Cortés-Rizo X, Serrano-Jiménez A, Escartí-Usó MÁ, Muñoz-Tornero M, Carral-Martínez D, Bernabéu-López J, Sierra-Bernal C, Martínez-Ares D, Espinel-Díez J, Marra-López Valenciano C, Sola-Vera J, Sanchís-Artero L, Domínguez-Jiménez JL, Carreño-Macián R, Juanmartiñena-Fernández JF, Fernández-Zulueta A, Consiglieri-Alvarado C, Galvao-Neto M; Collaborators for the "Spanish Bariatric Endoscopy Group (GETTEMO) of the Spanish Society of Digestive Endoscopy (SEED)". **Evaluating the Safety of the Intragastric Balloon: Spanish Multicenter Experience in 20,680 Cases and with 12 Different Balloon Models**. Obes Surg. 2024 Aug;34(8):2766-2777. doi: 10.1007/s11695-024-07342-x. Epub 2024 Jul 18. PMID: 39023675.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 2.9 **Quartil:** 1 **Categoria:** Surgery **Posició:** 50/292 **Journal Citation Indicator:** 1.23

CIRUGIA MAXILOFACIAL, IMPLANTOLOGIA I ESTÈTICA FACIAL (QUARTIL 1)

Total publicacions Quartil1 Cirugia Maxilofacial: 5

Rovira-Lastra B, Khoury-Ribas L, Flores-Orozco EI, Ayuso-Montero R, Chaurasia A, Martinez-Gomis J. **Accuracy of digital and conventional systems in locating occlusal contacts: A clinical study**. J Prosthet Dent. 2024 Jul;132(1):115-122. doi: 10.1016/j.prosdent.2023.06.036. Epub 2023 Aug 21. PMID: 37612195.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 4.3 **Quartil:** 1 **Categoria:** Dentistry, Oral Surgery & Medicine **Posició:** 10/158 **Journal Citation Indicator:** 1.90 ***1er Decil**

Rubió-Ferrer G, **Rovira-Lastra B**, Khoury-Ribas L, Flores-Orozco EI, Ayuso-Montero R, Martinez-Gomis J. **Reference values and reliability of occlusal force distribution and occlusal time measured by the T-Scan system in adults with healthy dentition**. J Prosthodont. 2024 Jul;33(6):558-564. doi: 10.1111/jopr.13838. Epub 2024 Mar 12. PMID: 38469973.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 3.4 **Quartil:** 1 **Categoria:** Dentistry, oral surgery & medicine **Posició:** 17/158 **Journal Citation Indicator:** 1.60

Lopez-Cordon MA, Khoury-Ribas L, **Rovira-Lastra B**, Ayuso-Montero R, Martinez-Gomis J. **Improved Masticatory Performance in the Partially Edentulous Rehabilitated with Conventional Dental Prostheses**. Medicina (Kaunas). 2024 Nov 1;60(11):1790. doi: 10.3390/medicina60111790. PMID: 39596975; PMCID: PMC11596389.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 0.508 **Quartil:** 1 **Categoria:** Medicine, general & internal **Posició:** 123/156 **Journal Citation Indicator:**

Ustrell-Barral M, Zamora-Olave C, Khoury-Ribas L, **Rovira-Lastra B**, Martinez-Gomis J. **Reliability, reference values and factors related to maximum bite force measured by the Innobyte system in healthy adults with natural dentitions**. Clin Oral Investig. 2024 Oct 31;28(11):620. doi: 10.1007/s00784-024-06014-5. PMID: 39482396; PMCID: PMC11527963.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 3.1 **Quartil:** 1 **Categoria:** Dentistry, oral surgery & medicine **Posició:** 23/158 **Journal Citation Indicator:** 1.34

Ignatova-Mishutina T, Khoury-Ribas L, Flores-Orozco EI, **Rovira-Lastra B**, Martinez-Gomis J. **Influence of masticatory side switch frequency on masticatory mixing ability and sensory perception in adults with healthy dentitions: A randomized crossover trial**. J Prosthet Dent. 2024 Jun;131(6):1093-1103. doi: 10.1016/j.prosdent.2023.03.006. Epub 2023 Apr 14. PMID: 37062609.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 4.3 **Quartil:** 1 **Categoria:** Dentistry, Oral Surgery & Medicine **Posició:** 10/158 **Journal Citation Indicator:** 1.90 ***1er Decil**

ANATOMIA PATOLÒGICA (QUARTIL 1)

Total publicacions Quartil1 Anatomia Patològica: 3

Anjos Souza C, Blanco-Heredia J, Trincado JL, **Gonzalez-Cao M**, Gonçalves-Ribeiro S, Ruiz Gil S, Puttick C, Cedeño S, Callari M, Marra M, Gazzo AM3, Weigelt B, McGranahan N, Rosell R, Brander C, **Tresserra F**, Reis-Filho JS, Guimarães Tiezzi D, de la Iglesia N, Heyn H, De Mattos-Arruda L. **Converging and evolving immuno-genomic routes lead to immune escape in breast cancer**. Nat Commun. 2024 Feb 21;15(1):1302. doi: 10.1038/s41467-024-45292-1. PMID: 38383522.
Indexat a: Pubmed / WoS / JCR **Factor Impacte:** 14.7 **Quartil:** 1 **Categoria:** Multidisciplinary Sciences **Posició:** 8/134 **Journal Citation Indicator:** 3.28 ***1er Decil**

Bermudo G, Molina-Molina M, **Llatjós R**. **Pulmonary and Cutaneous Angiomatoid Fibrous Histiocytoma**. Arch Bronconeumol. 2024 Feb;60(2):101-102. English, Spanish. doi: 10.1016/j.arbres.2024.10.008. Epub 2024 Oct 30. PMID: 37949761.
Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 8.7 **Quartil:** 1 **Categoria:** Respiratory System **Posició:** 9/101 **Journal Citation Indicator:** 1.38 ***1er Decil**

Giménez-Pérez M, Hernández S, Padullés A, Boix-Palop L, Grau S, Badia JM, Ferrer R, Calbo E, Limón E, Pujol M, Horcajada JP; **Cuadrado G**, **Suárez I**, **Montoya J**, **Trevisanello L**, Members of the E. coli Study Group, on behalf of VINCat Program. **Impact of an antimicrobial stewardship program indicator on the appropriateness of the empiric antibiotic treatment of urinary source Escherichia coli bacteraemia**. Int J Antimicrob Agents. 2024 Aug;64(2):107202. doi: 10.1016/j.ijantimicag.2024.107202. Epub 2024 May 18. PMID: 38768736.
Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 4.9 **Quartil:** 1 **Categoria:** Infectious diseases **Posició:** 16/132 **Journal Citation Indicator:** 2.43

PEDIATRIA DEXEUS - PAIDO SALUT INFANTIL (QUARTIL 1)

Total publicacions Quartil1 Pediatria: 1

Cascant-Vilaplana MM, Piñeiro-Ramos JD, Soláz-García Á, Lara-Cantón I, Izquierdo I, Llorens R, Marin P, Torres-Martínez E, Molitor C, Mohareb F, Boronat N, Quintás G, Kuligowski J, Vento M; HYPOTOP study group. **Searching molecular biomarkers correlating with BSID-III at 24 months in infants with neonatal hypoxic-ischemic encephalopathy**. Eur J Pediatr. 2024 Sep;183(9):3933-3942. doi: 10.1007/s00431-024-05652-x. Epub 2024 Jun 25. PMID: 38916739.
Indexat a: Pubmed / WoS / JCR / SCIE **Factor Impacte:** 3 **Quartil:** 1 **Categoria:** Pediatrics **Posició:** 14/186 **Journal Citation Indicator:** 1.43

ANESTESIOLOGIA (QUARTIL 1)

Total publicacions Quartil1 Anestesiologia: 2

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 / WoS / SCIE / JCR / Medline **Factor Impacte:** 3.8 **Quartil:** 1 **Categoria:** Medical laboratory technology ; Biochemistry & Molecular biology **Posició:** Medical laboratory technology 6/31 ; Biochemistry & Molecular biology n/a **Journal Citation Indicator:** 1.83

Rodiera C, Fortuny H, Valls A, **Borras R**, Ramírez C, Ros B, Rodiera J, Santaliestra J, Lanau M, **Rodríguez N**. **Voice Analysis as a Method for Preoperatively Predicting a Difficult Airway Based on Machine Learning Algorithms: Original Research Report.** Health Sci Rep. 2024 Dec 9;7(12):e70246. doi: 10.1002/hsr2.70246. PMID: 39659816; PMCID: PMC11628723.
Indexat a: Pubmed / Wo S/ SCIE / JCR / Medline **Factor Impacte:** 2.1 **Quartil:** 1 **Categoria:** Medicine general & internal (Q2) ; Public, environmental & occupational health (Q3) **Posició:** Medicine general & internal 97/329 ; Public, environmental & occupational health 204/408 **Journal Citation Indicator:** 0.60

CARDIOLOGIA (QUARTIL 1)

Total publicacions Quartil1 Cardiologia: 1

Aksu T, Brignole M, Calo L, Debruyne P, Di Biase L, Deharo JC, Fanciulli A, Fedorowski A, Kulakowski P, Morillo C, **Moya A**, Piotrowski R, Stec S, Sutton R, van Dijk JG, Wichterle D, Tse HF, Yao Y, Sheldon RS, Vaseghi M, Pachon JC, Scanavacca M, Meyer C, Amin R, Gupta D, Magnano M, Malik V, Schauerte P, Shen WK, Acosta JCZ. **Cardioneuroablation for the treatment of reflex syncope and functional bradyarrhythmias: A Scientific Statement of the European Heart Rhythm Association (EHRA) of the ESC, the Heart Rhythm Society (HRS), the Asia Pacific Heart Rhythm Society (APHRS) and the Latin American Heart Rhythm Society (LAHRS)**. Europace. 2024 Aug 3;26(8):euae206. doi: 10.1093/europace/euae206. Erratum in: Europace. 2025 Feb 5;27(2):euaf023. doi: 10.1093/europace/euaf023. PMID: 39082698; PMCID: PMC11350289.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 7.9 **Quartil:** 1 **Categoria:** Cardiac & cardiovascular systems **Posició:** 19/222 **Journal Citation Indicator:** 1.81 ***1er Decil**

REUMATOLOGIA (QUARTIL 1)

Total publicacions Quartil1 Reumatologia: 15

Altabás-González I, Pego-Reigosa JM, Mouriño C, Jiménez N, Hernández-Martín A, Casafont-Solé I, Font Urguelles J, Román-Ivorra JA, de la Rubia Navarro M, Galindo-Izquierdo M, Salman-Monte TC, Narváez J, **Vidal-Montal P**, García-Villanueva MJ, Garrote-Corral S, Blázquez-Cañamero MÁ, Marras C, Piqueras-García M, Martínez-Barrio J, Sánchez-Lucas M, Cortés-Hernández J, Penzo E, Calvo-Alén J, de Dios JR, Álvarez Rodríguez B, Vasques-Rocha M, Tomero E, Menor-Almagro R, Gandía M, Gómez-Puerta JA, Frade-Sosa B, Ramos-Giráldez C, Trapero-Pérez C, Diez E, Moriano C, Muñoz-Jiménez A, Rúa-Figueroa IJ. **Thorough assessment of the effectiveness of belimumab in a large Spanish multicenter cohort of systemic lupus erythematosus patients**. Rheumatology (Oxford). 2025 Jan 1;64(1):276-282. doi: 10.1093/rheumatology/kead696. PMID: 38490245; PMCID: PMC11701321.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 4.7 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 9/57 **Journal Citation Indicator:** 1.29

Cobo-Ibáñez T, Castellví I, Pros A, Domínguez-Álvaro M, Nuño-Nuño L, Martínez-Barrio J, Jovaní V, Romero-Bueno F, Ruiz-Lucea E, Tomero E, Trallero-Araguás E, Narváez J, Camins-Fàbregas J, Ruiz-Román A, Loarce-Martos J, Holgado-Pérez S, Flores-Rodríguez VM, Sivera F, Merino-Argumanez C, Juan-Mas A, Altabás-González I, Martín-López M, Belzunegui-Otano JM, Carrasco-Cubero C, Freire-González M, Rúa-Figueroa I, Lozano-Rivas N, Suarez-Cuba JD, Martínez O, Ortega-Castro R, Alcocer P, Gómez-Gómez A, Sánchez-Pernaute O, Tandaipan JL, Carrión-Barberà I, Plasencia-Rodríguez C, Ibarguengoitia-Barrena O, Vidal-Montal P, Ortiz-Santamaria V, Garrido-Puñal N, Riveros A, Delgado-Frías E, López-Gómez JM, Barbadillo C, Pego-Reigosa JM, Joven-Ibáñez BE, Valero-Jaimes JA, Naveda E, Turrión-Nieves AI, Seoane-Mato D, Prado-Galbarro FJ, Puche-Larrubia MÁ. **Disease activity in patients with idiopathic inflammatory myopathy according to time since diagnosis and positivity to antisynthetase autoantibodies: data from the Myo-Spain registry**. Arthritis Res Ther. 2025 Jan 8;27(1):5. doi: 10.1186/s13075-024-03471-x. PMID: 39780297; PMCID: PMC11707992.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 4.4 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 12/57 **Journal Citation Indicator:** 1.29

Codes-Méndez H, Jeria S, Park HS, Moya P, **Magallares-López B**, Moltó E, Álvaro Y, Mariscal A, Moga E, Tandaipan JL, Díaz-Torne C, Laiz A, Sainz L, Castellví I, Corominas H. **Clinical and Serological Profiles in Cryoglobulinemia: Analysis of Isotypes and Etiologies**. J Clin Med. 2024 Oct 11;13(20):6069. doi: 10.3390/jcm13206069. PMID: 39458019; PMCID: PMC11508573.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 3 **Quartil:** 1 **Categoria:** Medicine, general & internal **Posició:** 59/329 **Journal Citation Indicator:** 0.92

Lopez-Gomez M, Moya-Alvarado P, Park HS, Martín MC, Calleja S, Codes-Mendez H, **Magallares B**, Castellví I, Barros-Membrilla AJ, Laiz A, Diaz-Torné C, Sainz L, Bernárdez J, Martínez-Martinez L, Corominas H. **Comparative Analysis of Classification Criteria in IgG4-Related Disease and Evaluating Diagnostic Accuracy from a Retrospective Cohort in Clinical Practice**. Diagnostics (Basel). 2024 Nov 17;14(22):2583. doi: 10.3390/diagnostics14222583. PMID: 39594249; PMCID: PMC11593256.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 3 **Quartil:** 1 **Categoria:** Medicine, general & internal **Posició:** 59/329 **Journal Citation Indicator:** 0.87

Narváez J, Cañadillas E, Castellví I, Alegre JJ, Vicens-Zygmunt V, Bermudo G, **Vidal-Montal P**, Molina Molina M, Nolla JM. **Rituximab in the treatment of progressive interstitial lung disease associated with the antisynthetase syndrome**. Arthritis Res Ther. 2024 Jun 18;26(1):122. doi: 10.1186/s13075-024-03353-2. Erratum in: Arthritis Res Ther. 2024 Jul 9;26(1):128. doi: 10.1186/s13075-024-03357-y. PMID: 38890654; PMCID: PMC11184916.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 4.4 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 12/57 **Journal Citation Indicator:** 1.29

Narváez J, Estrada P, **Vidal-Montal P,** Sánchez-Rodríguez I, Sabaté-Llobera A, Nolla JM, Cortés-Romera M. **Usefulness of 18F-FDG PET-CT for assessing large-vessel involvement in patients with suspected giant cell arteritis and negative temporal artery biopsy**. Arthritis Res Ther. 2024 Jan 4;26(1):13. doi: 10.1186/s13075-023-03254-w. PMID: 38172907; PMCID: PMC10765679.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 4.4 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 12/57 **Journal Citation Indicator:** 1.29

Narvaez J, **Vidal-Montal P**, Sánchez-Rodríguez I, Sabaté-Llobera A, Cortés-Romera M, Palacios-Olid J, Maymó-Paituvi P, Nolla JM. **Comparative analysis of arterial involvement in predominant cranial and isolated extracranial phenotypes of giant cell arteritis using 18F-FDG PET-CT**. Arthritis Res Ther. 2024 Dec 28;26(1):230. doi: 10.1186/s13075-024-03464-w. PMID: 39732686; PMCID: PMC11681699.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 4.4 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 12/57 **Journal Citation Indicator:** 1.29

Park HS, Martínez-Martínez L, **Magallares López B**, Castellví I, Moya P, Codes-Mendez H, Hernandez Sosa N, Diaz-Torne C, Laiz A, Sainz L, Tandaipan JL, Mariscal A, Franco-Leyva T, Casademont J, Juarez C, Corominas H. **Prognostic significance of lymphocytic foci composition in minor salivary gland biopsies for severe disease flare and severity in Sjögren's syndrome: a 3-year follow-up cohort study**. Front Immunol. 2024 Feb 26;15:1332924. doi: 10.3389/fimmu.2024.1332924. PMID: 38469314; PMCID: PMC10925694.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 5.7 **Quartil:** 1 **Categoria:** Immunology **Posició:** 37/181 **Journal Citation Indicator:** 0.95

Rua-Figueroa I, Altabás-González I, Mouriño C, Roberts K, Hernández-Martín A, Casafont-Solé I, Font-Urgelles J, Román-Ivorra JA, Navarro MR, Galindo-Izquierdo M, Salman-Monte TC, Narváez J, **Vidal-Montal P**, García-Villanueva MJ, Garrote-Corral S, Blazquez-Canamero MA, Fernandez-Cid CM, Piqueras-García M, Martínez-Barrio J, Sánchez-Lucas M, Cortés-Hernández J, Penzo E, Calvo J, de Dios JR, Alvarez-Rodríguez B, Vasques-Rocha M, Tomero E, Menor-Almagro R, Gandía M, Gómez-Puerta JA, Frade-Sosa B, Ramos-Giráldez C, Trapero-Pérez C, Diez E, Moriano C, Muñoz-Jiménez A, Pego-Reigosa JM. **Can the Dose of Belimumab be Reduced in Patients with Systemic Lupus Erythematosus?** Rheumatology (Oxford). 2024 May 13:keae270. doi: 10.1093/rheumatology/keae270. Epub ahead of print. PMID: 38741198.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 4.7 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 9/57 **Journal Citation Indicator:** 1.29

Rúa-Figueroa Í, Altabás González I, Roberts K, Casafont-Solé I, Hernández A, De la Rubia Navarro M, Galindo M, Salman-Monte TC, **Vidal-Montal P**, Garrote-Corral S, Blázquez MÁ, Piqueras Garcia MM, Sánchez Lucas M, Cortés-Hernández J, De Dios JR, Tomero Muriel E, Vela Casasempere P, Gandia Martinez M, Frade-Sosa B, Ramos Giráldez C, Moriano C, Muñoz Jimenez A, Calvo Alén J, Menor-Almagro R, Fernández Nebro A, Pego-Reigosa JM. **Flare**

prevention in systemic lupus erythematosus patients treated with belimumab versus standard of care: a propensity score-matched comparative, case-control study. Ann Rheum Dis. 2024;83(Suppl 1):1846-7. doi:10.1136/annrheumdis-2024-eular.3399.
Indexat a: JCR **Factor Impacte:** 20.3 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 2/57 **Journal Citation Indicator:** 5.10 ***1er Decil**

Sieiro Santos C, Tandaipan JL, Castillo D, Codes H, Martínez-Martínez L, **Magallares B**, Moya P, Mariscal A, Park HS, Díaz-Torné C, Fernandez-Sanchez SP, Bernardez J, Corominas H, Diez Alvarez E, Castellví I. **Nailfold videocapillaroscopy findings correlate with lung outcomes in idiopathic inflammatory myopathies-related interstitial lung disease**. Rheumatology (Oxford). 2024 Dec 10:keae669. doi: 10.1093/rheumatology/keae669. Epub ahead of print. PMID: 39658251.
Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 4.7 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 9/57 **Journal Citation Indicator:** 1.29

Valencia-Muntalà L, Gómez-Vaquero C, Berbel-Arcobé L, Benavent D, **Vidal-Montal P**, Juanola X, Narváez J, Nolla JM. **Assessing fatigue in women over 50 years with rheumatoid arthritis: a comprehensive case-control study using the FACIT-F scale**. Front Med (Lausanne). 2024 Jul 25;11:1418995. doi: 10.3389/fmed.2024.1418995. PMID: 39118668; PMCID: PMC11306178.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 3.1 **Quartil:** 1 **Categoria:** Medicine, general & internal **Posició:** 57/329 **Journal Citation Indicator:** 0.84

Vidal-Montal P, Narvaez-García J, Fulladosa F, Mitjavila F, Capdevila o, Maymó P, Palacios J, Nolla J. **Can Immunosuppressive Therapy Be Safely Discontinued in Patients with Lupus Nephritis?** [abstract]. *Arthritis Rheumatol.* 2024; 76 (suppl 9). https://acrabstracts.org/abstract/can-immunosuppressive-therapy-be-safely-discontinued-in-patients-with-lupus-nephritis/. Accessed February 27, 2025.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 11.4 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 4/57 **Journal Citation Indicator:** 3.34 ***1er Decil**

Vidal-Montal P, Narváez J, Fulladosa X, Mitjavila F, Capdevila O, Torras J, Gomà M, Nolla JM. **Outcomes following immunosuppressive therapy withdrawal after complete renal response in proliferative lupus nephritis**. Lupus Sci Med. 2025 Jan 19;12(1):e001375. doi: 10.1136/lupus-2024-001375. PMID: 39832909; PMCID: PMC11751776.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 3.7 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 14/57 **Journal Citation Indicator:** 0.92

Vidal-Montal P, Sánchez-Rodríguez I, Sabaté-Llobera A, Cortés-Romera M, Narváez J. **Distribution patterns of arterial involvement in 18F-FDG PET-CT among patients with giant cell arteritis: differences in relation to clinical phenotype**. Ann Rheum Dis. 2024;83(Suppl 1):2003-4. doi:10.1136/annrheumdis-2024-eular.6031.
Indexat a: JCR **Factor Impacte:** 20.3 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 2/57 **Journal Citation Indicator:** 5.10 ***1er Decil**

PSIQUIATRIA I PSICOLOGIA - PSICODEX (QUARTIL 1)

Total publicacions Quartil1 Psiquiatria i Psicologia: 1

Palazón-Llecha A, Caparrós B, Trujols J, Duran-Sindreu S, Batlle F, Madre M, **Mallorquí-Bagué N**. **Predictors of cocaine use disorder treatment outcomes: a systematic review**. Syst Rev. 2024 May 8;13(1):124. doi: 10.1186/s13643-024-02550-z. PMID: 38720357; PMCID: PMC11077740.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 6.3 **Quartil:** 1 **Categoria:** Medicine, general & internal **Posició:** 28/329 **Journal Citation Indicator:** 0.58

PNEUMOLOGIA (QUARTIL 1)

Total publicacions Quartil1 Pneumologia: 2

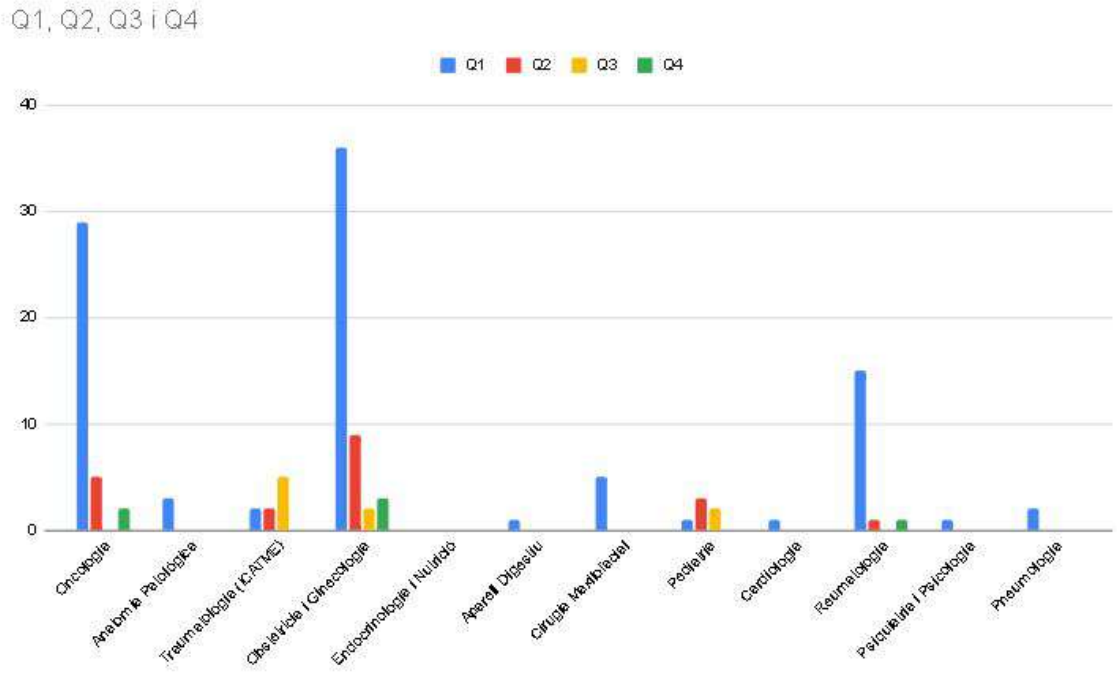
Domínguez-Ortega J, Mullol J, Álvarez Gutiérrez FJ, Miguel-Blanco C, **Castillo JA**, Olaguibel JM, Blanco-Aparicio M. **The effect of biologics in lung function and quality of life of patients with united airways disease: A systematic review**. J Allergy Clin Immunol Glob. 2024 Sep 28;3(1):100174. doi: 10.1016/j.jacig.2024.100174. PMID: 37915724; PMCID: PMC10616425.
Indexat a: Pubmed / Medline **Factor Impacte:** 14.2 **Quartil:** 1 **Categoria:** Allergy ; Immunology **Posició:** Allergy 1/28 ; Immunology 11/161 **Journal Citation Indicator:** 2.63

Mullol J, Sastre J, Domínguez-Ortega J, Blanco-Aparicio M, **Castillo Vizuete JA**, Alobid I, García-Vitoria M, Palomo-Jiménez PI. **Prevalence of chronic rhinosinusitis without/with nasal polyps according to severity in Spain**. Rhinology. 2024 Jun 3. doi: 10.4193/Rhin23.341. Epub ahead of print. PMID: 38830185.
Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 4.8 **Quartil:** 1 **Categoria:** Otorhinolaryngology **Posició:** 3/66 **Journal Citation Indicator:** 2.73

Total articles de cada unitat de l'HUQD en revistes pertanyents al Q1, Q2, Q3, Q4

	Q1	Q2	Q3	Q4
Oncologia (Institut Oncològic Dr. Rosell)	29	5	0	2
Anatomia Patològica	3	0	0	0
Traumatologia (ICATME)	2	2	5	0
Obstetrícia i Ginecologia	36	9	2	3
Endocrinologia	0	0	0	0

i Nutrició				
Aparell Digestiu	1	0	0	0
Cirugia Maxilofacial	5	0	0	0
Pediatria	1	3	2	0
Cardiologia	1	0	0	0
Reumatologia	15	1	0	1
Psiquiatria i Psicologia	1	0	0	0
Pneumologia	2	0	0	0



ARTICLES 2024 A REVISTES AMB UN FACTOR D'IMPACTE >10

El Factor d'Impacte (FI) és una mesura de la importància d'una publicació científica i és proporcionada per la base de dades Journal Citation Reports (JCR). És un indicador creat per Eugene Garfield de l'Institut per a la Informació Científica per a aquelles publicacions a les que es fa aquest seguiment. Els resultats són publicats en un informe anual anomenat Journal Citation Reports.

Quin és un bon factor d'impacte?

En molts camps d'estudi, els factors d'impacte de 10 o més es consideren excepcionals, i en alguns superen el 3. No obstant això, els factors d'impacte de les revistes del Journal Citation Reports (JCR) difereixen significativament d'una disciplina a una altra.

- **Nombre d'articles a publicacions amb un factor d'impacte superior a 10: 18**

Any	Núm. articles FI > 10
2024	18
2023	12

- **Articles a publicacions amb un factor d'impacte superior a 10 per departaments/unitats de l'HUQD:**

ONCOLOGIA

Total articles en publicacions FI > 10: 12

Ascierto PA, Casula M, Bulgarelli J, Pisano M, Piccinini C, Piccin L, Cossu A, Mandalà M, Ferrucci PF, Guidoboni M, Rutkowski P, Ferraresi V, Arance A, Guida M, Maiello E, Gogas H, Richtig E, Fierro MT, Lebbe C, Helgadottir H, Queirolo P, Spagnolo F, Tucci M, Del Vecchio M, **Cao MG**, Minisini AM, De Placido S, Sanmamed MF, Mallardo D, Paone M, Vitale MG, Melero I, Grimaldi AM, Giannarelli D, Dummer R, Sileni VC, Palmieri G. **Sequential immunotherapy and targeted therapy for metastatic BRAF V600 mutated melanoma: 4-year survival and biomarkers evaluation from the phase II SECOMBIT trial**. Nat Commun. 2024 Jan 2;15(1):146. doi: 10.1038/s41467-023-44475-6. PMID: 38167503; PMCID: PMC10761671.
Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 14.7 **Quartil:** 1 **Categoria:** Multidisciplinary Sciences **Posició:** 8/134 **Journal Citation Indicator:** 3.28

Ciruelos, E., Pascual, T., Villacampa, G., Pernas, S., Sanchez-Bayona, R., Ponce-Lorenzo, J. J., de Ibarguren, B. C. S., Escrivá-de-Romaní, S., Perello, A., Montaño, A., Martinez, E., González, A. L., Olivé, M. M., De La Haba, J., Cortés, J., Oliveira, M., Villanueva, L., Gonzalez, X., Villagrasa, P., & Prat, A. (2024). **Primary results from PATRICIA cohort C (SOLTI-1303), a randomized phase II study evaluating palbociclib with trastuzumab and endocrine therapy in pretreated HER2-positive and PAM50 luminal advanced breast cancer**. Journal of Clinical Oncology, 42(16), 1008. https://doi.org/10.1200/JCO.2024.42.16_suppl.1008
Indexat a: WoS / JCR **Factor Impacte:** 42.1 **Quartil:** 1 **Categoria:** Oncology **Posició:** 6/322 **Journal Citation Indicator:** 6.51

García, J. M. P., Cortes, J., Ruiz-Borrego, M., Stradella, A., Bermejo, B., Escrivá-de-Romani, S., Calvo, L., Gebhart, G., Kerrou, K., García-Mosquera, J. J., Gion, M., Antonarelli, G., López-Montero, L., Rodríguez-Morató, J., Mina, L., Sampayo-Cordero, M., Llombart-Cussac, A.

(2024). **Comparing ^18F-FDG positron emission tomography (PET) and breast magnetic resonance imaging (MRI) to predict pathological complete response (pCR) and 3-year invasive disease-free survival (3-y iDFS) in patients (pts) with HER2+ early breast cancer (EBC): An unplanned exploratory analysis of PHERGain trial**. Journal of Clinical Oncology, 42(16), 586. https://doi.org/10.1200/JCO.2024.42.16_suppl.586
Indexat a: WoS / JCR **Factor Impacte:** 42.1 **Quartil:** 1 **Categoria:** Oncology **Posició:** 6/322 **Journal Citation Indicator:** 6.51

Gregorc, V., **González-Cao, M.**, Salvagni, S., Koumarianou, A., Gil-Bazo, I., Maio, M., Viteri, S., Majem, M., Gutiérrez, V., Caro, R. B., Sanmamed, M. F., Zhu, H., Shen, H., Wang, Y., & Rosell, R. (2024). **KROCUS: A phase II study investigating the efficacy and safety of fulzerasib (GFH925) in combination with cetuximab in patients with previously untreated advanced KRAS G12C mutated NSCLC**. Journal of Clinical Oncology, 42(17_suppl), LBA8511. https://doi.org/10.1200/JCO.2024.42.17_suppl.LBA8511
Indexat a: WoS / JCR **Factor Impacte:** 42.1 **Quartil:** 1 **Categoria:** Oncology **Posició:** 6/322 **Journal Citation Indicator:** 6.51

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. **Impact of Concurrent Genomic Alterations on Clinical Outcomes in Patients With ALK-Rearranged NSCLC**. J Thorac Oncol. 2024 Jan;19(1):119-129. doi: 10.1016/j.jtho.2024.08.007. Epub 2024 Aug 10. PMID: 37572870.
Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 21.1 **Quartil:** 1 **Categoria:** Oncology (Q1) ; Respiratory System (Q1) **Posició:** Oncology 13/322 ; Respiratory System 2/101 **Journal Citation Indicator:** 4.29

Le X, Garassino MC, Ahn MJ, Felip E, Cortot AB, Sakai H, Mazieres J, Thomas M, **Viteri S**, Conte P, Yang JCH, Iams WT, Griesinger F, Stroh C, Juraeva D, Wang D, Johne A, Paik PK. **ctDNA dynamics, prognostic markers and resistance mechanisms in tepotinib-treated METex14 skipping NSCLC in the VISION trial**. J Thorac Oncol. 2024;18(11 Suppl):S94-5. doi:10.1016/j.jtho.2024.09.107.
Indexat a: Pubmed / WoS / JCR **Factor Impacte:** 21.1 **Quartil:** 1 **Categoria:** Oncology (Q1) ; Respiratory System (Q1) **Posició:** Oncology 13/322 ; Respiratory System 2/101 **Journal Citation Indicator:** 4.29

Garrigós, L., Fernández, M., Boix, O., Alcalá-López, D., Cortes, J., & Llombart, A. (2024). **Ipatasertib (IPA) combined with non-taxane chemotherapy (CT) for patients (pts) with previously treated advanced triple-negative breast cancer (aTNBC): The PATHFINDER phase IIa trial**. Journal of Clinical Oncology, 42(16), 1098. https://doi.org/10.1200/JCO.2024.42.16_suppl.1098
Indexat a: WoS / JCR **Factor Impacte:** 42.1 **Quartil:** 1 **Categoria:** Oncology **Posició:** 6/322 **Journal Citation Indicator:** 6.51

Márquez-Rodas I, Álvarez A, Arance A, Valduvieco I, Berciano-Guerrero MÁ, Delgado R, Soria A, Lopez Campos F, Sánchez P, Romero JL, Martin-Liberal J, Lucas A, Díaz-Beveridge R, Conde-Moreno AJ, Álamo de la Gala MDC, García-Castaño A, Prada PJ, **González Cao M**, **Puertas E**, Vidal J, Foro P, Aguado de la Rosa C, Corona JA, Cerezuela-Fuentes P, López P, Luna P, Aymar N, Puértolas T, Sanagustín P, Berrocal A. **Encorafenib and binimetinib followed by radiotherapy for patients with BRAFV600-mutant melanoma and brain metastases**

(E-BRAIN/GEM1802 phase II study). Neuro Oncol. 2024 Nov 4;26(11):2074-2083. doi: 10.1093/neuonc/noae116. PMID: 38946469; PMCID: PMC11534317.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 16.4 **Quartil:** 1 **Categoria:** Clinical neurology **Posició:** 4/280 **Journal Citation Indicator:** 3.38 ***1er Decil**

Molina-Alejandre M, Perea F, Calvo V, Martinez-Toledo C, Nadal E, Sierra-Rodero B, Casarrubios M, Casal-Rubio J, Martinez-Martí A, Insa A, Massuti B, **Viteri S**, Barneto Aranda I, Rodriguez-Abreu D, de Castro J, Martínez JM, Cobo M, Wistuba II, Parra ER, Martín-López J, Megías D, Muñoz-Viana R, Garrido F, Aptsiauri N, Ruiz-Cabello F, Provencio M, Cruz-Bermúdez A. **Perioperative chemoimmunotherapy induces strong immune responses and long-term survival in patients with HLA class I-deficient non-small cell lung cancer**. J Immunother Cancer. 2024 Oct 20;12(10):e009762. doi: 10.1136/jitc-2024-009762. PMID: 39428126; PMCID: PMC11492944.
Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 10.3 **Quartil:** 1 **Categoria:** Immunology **Posició:** 12/181 **Journal Citation Indicator:** 2.02 ***1er Decil**

Spigel DR, Ahn MJ, Majem M, Rodríguez LM, Lee KH, Carcereny E, **Hernández AA**, Insa A, Cho EK, Besse B, Rha SY, Weiss J, D'Arcangelo M, Im SA, Kim SW, Carneiro BA, Gadgeel SM, Mitchell P, Asare JM, Gainer SD, Achour I, Subramaniam DS, Felip E. **Volrustomig plus platinum doublet chemotherapy (CTx) in first-line non-small cell lung cancer (NSCLC): Phase 1b trial update**. J Thorac Oncol. 2024 Oct;19(10 Suppl):S33-S34. doi: 10.1016/j.jtho.2024.08.019.
Indexat a: WoS / JCR **Factor Impacte:** 21.1 **Quartil:** 1 **Categoria:** Oncology (Q1) ; Respiratory System (Q1) **Posició:** Oncology 13/322 ; Respiratory System 2/101 **Journal Citation Indicator:** 4.29 ***1er Decil**

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 / JCR / Medline **Factor Impacte:** 12.8 **Quartil:** 1 **Categoria:** Medicine, research & experimental **Posició:** 5/189 **Journal Citation Indicator:** 3.85

Weiss SA, Sznol M, Shaheen M, Berciano-Guerrero MÁ, Couselo EM, Rodríguez-Abreu D, Boni V, Schuchter LM, **Gonzalez-Cao M**, Arance A, Wei W, Ganti AK, Hauke RJ, Berrocal A, Iannotti NO, Hsu FJ, Kluger HM. **A Phase II Trial of the CD40 Agonistic Antibody Sotigalimab (APX005M) in Combination with Nivolumab in Subjects with Metastatic Melanoma with Confirmed Disease Progression on Anti-PD-1 Therapy**. Clin Cancer Res. 2024 Jan 5;30(1):74-81. doi: 10.1158/1078-0432.CCR-23-0475. PMID: 37535056; PMCID: PMC10767304.
Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 10.4 **Quartil:** 1 **Categoria:** Oncology **Posició:** 26/322 **Journal Citation Indicator:** 2.52

OBSTETRICIA I GINECOLOGIA

Total articles en publicacions FI > 10: 1

Izquierdo M, **Baulies S**, **Ara C**, **Garcia M**, **Fargas F**, **Fabregas R**, **Tresserra F**, **Barri S P**. **Prognostic factors in pregnancy-associated breast cancer: one year versus two years** [abstract]. In:

Proceedings of the 2023 San Antonio Breast Cancer Symposium; 2023 Dec 5-9; San Antonio, TX. Philadelphia (PA): AACR; Cancer Res. 2024;84(9 Suppl):Abstract nr PO2-26-06. doi:10.1158/1538-7445.SABCS23-PO2-26-06.
Indexat a: JCR **Factor Impacte:** 12.5 **Quartil:** 1 **Categoria:** Oncology **Posició:** 21/322 **Journal Citation Indicator:** 1.99

ANATOMIA PATOLÒGICA

Total articles en publicacions FI > 10: 1

Anjos Souza C, Blanco-Heredia J, Trincado JL, **Gonzalez-Cao M**, Gonçalves-Ribeiro S, Ruiz Gil S, Puttick C, Cedeño S, Callari M, Marra M, Gazzo AM3, Weigelt B, McGranahan N, Rosell R, Brander C, **Tresserra F**, Reis-Filho JS, Guimarães Tiezzi D, de la Iglesia N, Heyn H, De Mattos-Arruda L. **Converging and evolving immuno-genomic routes lead to immune escape in breast cancer**. Nat Commun. 2024 Feb 21;15(1):1302. doi: 10.1038/s41467-024-45292-1. PMID: 38383522.
Indexat a: Pubmed / WoS / JCR **Factor Impacte:** 14.7 **Quartil:** 1 **Categoria:** Multidisciplinary Sciences **Posició:** 8/134 **Journal Citation Indicator:** 3.28

REUMATOLOGIA

Total articles en publicacions FI > 10: 3

Rúa-Figueroa Í, Altabás González I, Roberts K, Casafont-Solé I, Hernández A, De la Rubia Navarro M, Galindo M, Salman-Monte TC, **Vidal-Montal P**, Garrote-Corral S, Blázquez MÁ, Piqueras Garcia MM, Sánchez Lucas M, Cortés-Hernández J, De Dios JR, Tomero Muriel E, Vela Casasempere P, Gandia Martinez M, Frade-Sosa B, Ramos Giráldez C, Moriano C, Muñoz Jimenez A, Calvo Alén J, Menor-Almagro R, Fernández Nebro A, Pego-Reigosa JM. **Flare prevention in systemic lupus erythematosus patients treated with belimumab versus standard of care: a propensity score-matched comparative, case-control study**. Ann Rheum Dis. 2024;83(Suppl 1):1846-7. doi:10.1136/annrheumdis-2024-eular.3399.
Indexat a: JCR **Factor Impacte:** 20.3 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 2/57 **Journal Citation Indicator:** 5.10

Vidal-Montal P, Narvaez-García J, Fulladosa F, Mitjavila F, Capdevila o, Maymó P, Palacios J, Nolla J. **Can Immunosuppressive Therapy Be Safely Discontinued in Patients with Lupus Nephritis?** [abstract]. *Arthritis Rheumatol.* 2024; 76 (suppl 9). https://acrabstracts.org/abstract/can-immunosuppressive-therapy-be-safely-discontinued-in-patients-with-lupus-nephritis/. Accessed February 27, 2025.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 11.4 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 4/57 **Journal Citation Indicator:** 3.34

Vidal-Montal P, Sánchez-Rodríguez I, Sabaté-Llobera A, Cortés-Romera M, Narváez J. **Distribution patterns of arterial involvement in 18F-FDG PET-CT among patients with giant cell arteritis: differences in relation to clinical phenotype**. Ann Rheum Dis. 2024;83(Suppl 1):2003-4. doi:10.1136/annrheumdis-2024-eular.6031.

Indexat a: JCR **Factor Impacte:** 20.3 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 2/57 **Journal Citation Indicator:** 5.10

PNEUMOLOGIA

Total articles en publicacions FI > 10: 1

Domínguez-Ortega J, Mullol J, Álvarez Gutiérrez FJ, Miguel-Blanco C, **Castillo JA**, Olaguibel JM, Blanco-Aparicio M. **The effect of biologics in lung function and quality of life of patients with united airways disease: A systematic review**. J Allergy Clin Immunol Glob. 2024 Sep 28;3(1):100174. doi: 10.1016/j.jacig.2024.100174. PMID: 37915724; PMCID: PMC10616425.
Indexat a: Pubmed / Medline **Factor Impacte:** 14.2 **Quartil:** 1 **Categoria:** Allergy ; Immunology **Posició:** Allergy 1/28 ; Immunology 11/161 **Journal Citation Indicator:** 2.63

Unitats de l'HUQD	Núm. d'articles FI > 10
Oncologia	**12**
Obstetricia i Ginecologia	**1**
Anatomia Patològica	**1**
Reumatologia	**3**
Pneumologia	**1**

- **Articles en publicacions amb un FI>10 (ordenats de més a menys FI):**

García, J. M. P., Cortes, J., Ruiz-Borrego, M., Stradella, A., Bermejo, B., Escrivá-de-Romani, S., Calvo, L., Gebhart, G., Kerrou, K., García-Mosquera, J. J., Gion, M., Antonarelli, G., López-Montero, L., Rodríguez-Morató, J., Mina, L., Sampayo-Cordero, M., Llombart-Cussac, A. (2024). **Comparing ^18F-FDG positron emission tomography (PET) and breast magnetic resonance imaging (MRI) to predict pathological complete response (pCR) and 3-year invasive disease-free survival (3-y iDFS) in patients (pts) with HER2+ early breast cancer (EBC): An unplanned exploratory analysis of PHERGain trial**. Journal of Clinical Oncology, 42(16), 586. https://doi.org/10.1200/JCO.2024.42.16_suppl.586
Indexat a: WoS / JCR **Factor Impacte:** 42.1 **Quartil:** 1 **Categoria:** Oncology **Posició:** 6/322 **Journal Citation Indicator:** 6.51
[Institut Oncològic Dr. Rosell]

Ciruelos, E., Pascual, T., Villacampa, G., Pernas, S., Sanchez-Bayona, R., Ponce-Lorenzo, J. J., de Ibarguren, B. C. S., Escrivá-de-Romaní, S., Perello, A., Montaño, A., Martinez, E., González, A. L., Olivé, M. M., De La Haba, J., Cortés, J., Oliveira, M., Villanueva, L., Gonzalez, X., Villagrasa, P., & Prat, A. (2024). **Primary results from PATRICIA cohort C (SOLTI-1303), a randomized phase II study evaluating palbociclib with trastuzumab and endocrine therapy in pretreated HER2-positive and PAM50 luminal advanced breast cancer**. Journal of Clinical Oncology, 42(16), 1008. https://doi.org/10.1200/JCO.2024.42.16_suppl.1008

Indexat a: WoS / JCR **Factor Impacte:** 42.1 **Quartil:** 1 **Categoria:** Oncology **Posició:** 6/322 **Journal Citation Indicator:** 6.51
[Institut Oncològic Dr. Rosell]

Gregorc, V., **González-Cao, M.**, Salvagni, S., Koumarianou, A., Gil-Bazo, I., Maio, M., Viteri, S., Majem, M., Gutiérrez, V., Caro, R. B., Sanmamed, M. F., Zhu, H., Shen, H., Wang, Y., & Rosell, R. (2024). **KROCUS: A phase II study investigating the efficacy and safety of fulzerasib (GFH925) in combination with cetuximab in patients with previously untreated advanced KRAS G12C mutated NSCLC**. Journal of Clinical Oncology, 42(17_suppl), LBA8511. https://doi.org/10.1200/JCO.2024.42.17_suppl.LBA8511
Indexat a: WoS / JCR **Factor Impacte:** 42.1 **Quartil:** 1 **Categoria:** Oncology **Posició:** 6/322 **Journal Citation Indicator:** 6.51
[Institut Oncològic Dr. Rosell]

Garrigós, L., Fernández, M., Boix, O., Alcalá-López, D., Cortes, J., & Llombart, A. (2024). **Ipatasertib (IPA) combined with non-taxane chemotherapy (CT) for patients (pts) with previously treated advanced triple-negative breast cancer (aTNBC): The PATHFINDER phase IIa trial**. Journal of Clinical Oncology, 42(16), 1098. https://doi.org/10.1200/JCO.2024.42.16_suppl.1098
Indexat a: WoS / JCR **Factor Impacte:** 42.1 **Quartil:** 1 **Categoria:** Oncology **Posició:** 6/322 **Journal Citation Indicator:** 6.51
[Institut Oncològic Dr. Rosell]

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. **Impact of Concurrent Genomic Alterations on Clinical Outcomes in Patients With ALK-Rearranged NSCLC**. J Thorac Oncol. 2024 Jan;19(1):119-129. doi: 10.1016/j.jtho.2024.08.007. Epub 2024 Aug 10. PMID: 37572870.
Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 21.1 **Quartil:** 1 **Categoria:** Oncology (Q1) ; Respiratory System (Q1) **Posició:** Oncology 13/322 ; Respiratory System 2/101 **Journal Citation Indicator:** 4.29 ***1er Decil**
[Institut Oncològic Dr. Rosell]

Le X, Garassino MC, Ahn MJ, Felip E, Cortot AB, Sakai H, Mazieres J, Thomas M, **Viteri S**, Conte P, Yang JCH, Iams WT, Griesinger F, Stroh C, Juraeva D, Wang D, Johne A, Paik PK. **ctDNA dynamics, prognostic markers and resistance mechanisms in tepotinib-treated METex14 skipping NSCLC in the VISION trial**. J Thorac Oncol. 2024;18(11 Suppl):S94-5. doi:10.1016/j.jtho.2024.09.107.
Indexat a: Pubmed / WoS / JCR **Factor Impacte:** 21.1 **Quartil:** 1 **Categoria:** Oncology (Q1) ; Respiratory System (Q1) **Posició:** Oncology 13/322 ; Respiratory System 2/101 **Journal Citation Indicator:** 4.29
[Institut Oncològic Dr. Rosell]

Spigel DR, Ahn MJ, Majem M, Rodríguez LM, Lee KH, Carcereny E, **Hernández AA**, Insa A, Cho EK, Besse B, Rha SY, Weiss J, D'Arcangelo M, Im SA, Kim SW, Carneiro BA, Gadgeel SM, Mitchell P, Asare JM, Gainer SD, Achour I, Subramaniam DS, Felip E. **Volrustomig plus platinum doublet chemotherapy (CTx) in first-line non-small cell lung cancer (NSCLC): Phase 1b trial update**. J Thorac Oncol. 2024 Oct;19(10 Suppl):S33-S34. doi: 10.1016/j.jtho.2024.08.019.

Indexat a: WoS / JCR **Factor Impacte:** 21.1 **Quartil:** 1 **Categoria:** Oncology (Q1) ; Respiratory System (Q1) **Posició:** Oncology 13/322 ; Respiratory System 2/101 **Journal Citation Indicator:** 4.29
[Institut Oncològic Dr. Rosell]

Rúa-Figueroa Í, Altabás González I, Roberts K, Casafont-Solé I, Hernández A, De la Rubia Navarro M, Galindo M, Salman-Monte TC, **Vidal-Montal P**, Garrote-Corral S, Blázquez MÁ, Piqueras Garcia MM, Sánchez Lucas M, Cortés-Hernández J, De Dios JR, Tomero Muriel E, Vela Casasempere P, Gandia Martinez M, Frade-Sosa B, Ramos Giráldez C, Moriano C, Muñoz Jimenez A, Calvo Alén J, Menor-Almagro R, Fernández Nebro A, Pego-Reigosa JM. **Flare prevention in systemic lupus erythematosus patients treated with belimumab versus standard of care: a propensity score-matched comparative, case-control study**. Ann Rheum Dis. 2024;83(Suppl 1):1846-7. doi:10.1136/annrheumdis-2024-eular.3399.
Indexat a: JCR **Factor Impacte:** 20.3 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 2/57 **Journal Citation Indicator:** 5.10
[Reumatologia]

Vidal-Montal P, Sánchez-Rodríguez I, Sabaté-Llobera A, Cortés-Romera M, Narváez J. **Distribution patterns of arterial involvement in 18F-FDG PET-CT among patients with giant cell arteritis: differences in relation to clinical phenotype**. Ann Rheum Dis. 2024;83(Suppl 1):2003-4. doi:10.1136/annrheumdis-2024-eular.6031.
Indexat a: JCR **Factor Impacte:** 20.3 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 2/57 **Journal Citation Indicator:** 5.10
[Reumatologia]

Márquez-Rodas I, Álvarez A, Arance A, Valduvieco I, Berciano-Guerrero MÁ, Delgado R, Soria A, Lopez Campos F, Sánchez P, Romero JL, Martin-Liberal J, Lucas A, Díaz-Beveridge R, Conde-Moreno AJ, Álamo de la Gala MDC, García-Castaño A, Prada PJ, **González Cao M**, **Puertas E**, Vidal J, Foro P, Aguado de la Rosa C, Corona JA, Cerezuela-Fuentes P, López P, Luna P, Aymar N, Puértolas T, Sanagustín P, Berrocal A. **Encorafenib and binimetinib followed by radiotherapy for patients with BRAFV600-mutant melanoma and brain metastases (E-BRAIN/GEM1802 phase II study)**. Neuro Oncol. 2024 Nov 4;26(11):2074-2083. doi: 10.1093/neuonc/noae116. PMID: 38946469; PMCID: PMC11534317.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 16.4 **Quartil:** 1 **Categoria:** Clinical neurology **Posició:** 4/280 **Journal Citation Indicator:** 3.38
[Institut Oncològic Dr. Rosell]

Ascierto PA, Casula M, Bulgarelli J, Pisano M, Piccinini C, Piccin L, Cossu A, Mandalà M, Ferrucci PF, Guidoboni M, Rutkowski P, Ferraresi V, Arance A, Guida M, Maiello E, Gogas H, Richtig E, Fierro MT, Lebbe C, Helgadottir H, Queirolo P, Spagnolo F, Tucci M, Del Vecchio M, **Cao MG**, Minisini AM, De Placido S, Sanmamed MF, Mallardo D, Paone M, Vitale MG, Melero I, Grimaldi AM, Giannarelli D, Dummer R, Sileni VC, Palmieri G. **Sequential immunotherapy and targeted therapy for metastatic BRAF V600 mutated melanoma: 4-year survival and biomarkers evaluation from the phase II SECOMBIT trial**. Nat Commun. 2024 Jan 2;15(1):146. doi: 10.1038/s41467-023-44475-6. PMID: 38167503; PMCID: PMC10761671.
Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 14.7 **Quartil:** 1 **Categoria:** Multidisciplinary Sciences **Posició:** 8/134 **Journal Citation Indicator:** 3.28
[Institut Oncològic Dr. Rosell]

Anjos Souza C, Blanco-Heredia J, Trincado JL, **Gonzalez-Cao M**, Gonçalves-Ribeiro S, Ruiz Gil S, Puttick C, Cedeño S, Callari M, Marra M, Gazzo AM3, Weigelt B, McGranahan N, Rosell R, Brander C, **Tresserra F**, Reis-Filho JS, Guimarães Tiezzi D, de la Iglesia N, Heyn H, De Mattos-Arruda L. **Converging and evolving immuno-genomic routes lead to immune escape in breast cancer**. Nat Commun. 2024 Feb 21;15(1):1302. doi: 10.1038/s41467-024-45292-1. PMID: 38383522.
Indexat a: Pubmed / WoS / JCR **Factor Impacte:** 14.7 **Quartil:** 1 **Categoria:** Multidisciplinary Sciences **Posició:** 8/134 **Journal Citation Indicator:** 3.28
[Anatomia Patològica]

Domínguez-Ortega J, Mullol J, Álvarez Gutiérrez FJ, Miguel-Blanco C, **Castillo JA**, Olaguibel JM, Blanco-Aparicio M. **The effect of biologics in lung function and quality of life of patients with united airways disease: A systematic review**. J Allergy Clin Immunol Glob. 2024 Sep 28;3(1):100174. doi: 10.1016/j.jacig.2024.100174. PMID: 37915724; PMCID: PMC10616425.
Indexat a: Pubmed / Medline **Factor Impacte:** 14.2 **Quartil:** 1 **Categoria:** Allergy ; Immunology **Posició:** Allergy 1/28 ; Immunology 11/161 **Journal Citation Indicator:** 2.63
[Pneumologia]

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.
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[Institut Oncològic Dr. Rosell]

Izquierdo M, **Baulies S**, **Ara C**, **Garcia M**, **Fargas F**, **Fabregas R**, **Tresserra F**, **Barri S P**. **Prognostic factors in pregnancy-associated breast cancer: one year versus two years** [abstract]. In: Proceedings of the 2023 San Antonio Breast Cancer Symposium; 2023 Dec 5-9; San Antonio, TX. Philadelphia (PA): AACR; Cancer Res. 2024;84(9 Suppl):Abstract nr PO2-26-06. doi:10.1158/1538-7445.SABCS23-PO2-26-06.
Indexat a: JCR **Factor Impacte:** 12.5 **Quartil:** 1 **Categoria:** Oncology **Posició:** 21/322 **Journal Citation Indicator:** 1.99
[Obstetricia i Ginecologia]

Vidal-Montal P, Narvaez-García J, Fulladosa F, Mitjavila F, Capdevila o, Maymó P, Palacios J, Nolla J. **Can Immunosuppressive Therapy Be Safely Discontinued in Patients with Lupus Nephritis?** [abstract]. *Arthritis Rheumatol.* 2024; 76 (suppl 9). https://acrabstracts.org/abstract/can-immunosuppressive-therapy-be-safely-discontinued-in-patients-with-lupus-nephritis/. Accessed February 27, 2025.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 11.4 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 4/57 **Journal Citation Indicator:** 3.34
[Reumatologia]

Weiss SA, Sznol M, Shaheen M, Berciano-Guerrero MÁ, Couselo EM, Rodríguez-Abreu D, Boni V, Schuchter LM, **Gonzalez-Cao M**, Arance A, Wei W, Ganti AK, Hauke RJ, Berrocal A, Iannotti NO, Hsu FJ, Kluger HM. **A Phase II Trial of the CD40 Agonistic Antibody Sotigalimab (APX005M) in Combination with Nivolumab in Subjects with Metastatic Melanoma with**

Confirmed Disease Progression on Anti-PD-1 Therapy. Clin Cancer Res. 2024 Jan 5;30(1):74-81. doi: 10.1158/1078-0432.CCR-23-0475. PMID: 37535056; PMCID: PMC10767304.
Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 10.4 **Quartil:** 1 **Categoria:** Oncology **Posició:** 26/322 **Journal Citation Indicator:** 2.52
[Institut Oncològic Dr. Rosell]

Molina-Alejandre M, Perea F, Calvo V, Martinez-Toledo C, Nadal E, Sierra-Rodero B, Casarrubios M, Casal-Rubio J, Martinez-Martí A, Insa A, Massuti B, **Viteri S**, Barneto Aranda I, Rodriguez-Abreu D, de Castro J, Martínez JM, Cobo M, Wistuba II, Parra ER, Martín-López J, Megías D, Muñoz-Viana R, Garrido F, Aptsiauri N, Ruiz-Cabello F, Provencio M, Cruz-Bermúdez A. **Perioperative chemoimmunotherapy induces strong immune responses and long-term survival in patients with HLA class I-deficient non-small cell lung cancer**. J Immunother Cancer. 2024 Oct 20;12(10):e009762. doi: 10.1136/jitc-2024-009762. PMID: 39428126; PMCID: PMC11492944.
Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 10.3 **Quartil:** 1 **Categoria:** Immunology **Posició:** 12/181 **Journal Citation Indicator:** 2.02
[Institut Oncològic Dr. Rosell]

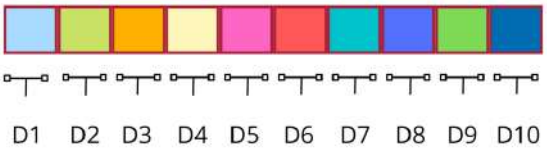
ARTICLES 2024 AL 1er DECIL

- **Nombre d'articles al 1r Decil l'any 2024: 45**

Any	Articles 1er Decil
2024	45
2023	9

Igual que els quartils, 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.

Al dividir en 10 parts un llistat de revistes ordenades per índex d'impacte, cadascuna daquestes parts serà un decil.



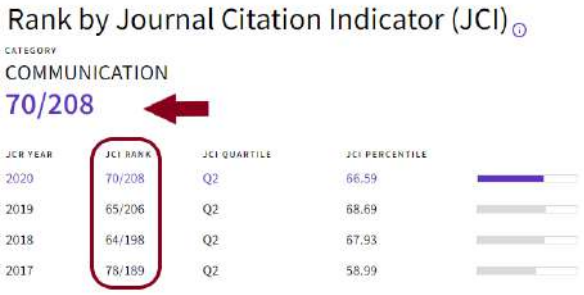
-Com es calcula[8] el decil al que pertany una revista?

Exemple de com calcular el decil a què pertany una revista:

[8]Només es pot calcular el decil als articles inclosos a revistes indexades al Journal Citation Reports, ja que es calcula a partir del total de revistes de cada categoria d'aquesta base de dades.

Busquem la revista al Journal Citation Reports (JCR).

1. Consultem la categoria a la que pertany la revista.



2. A l'apartat *Rank by Journal Impact Factor*, trobem el nombre de revistes a cadascuna de les categories.

3. Realitzem el càlcul de forma manual, dividint el nombre total de publicacions d'aquesta categoria entre deu, per poder veure en què decil es troba la revista

- Ex: category COMMUNICATION 208 revistes entre 10 = 20,8

  (20,8 és per tant el nombre de revistes de cada decil de la categoria "Communication".)

- La nostra revista és a la posició 70, per tant és 4t Decil. *Altra fòrmula per calcular-ho[9]

- **Recull dels articles en revistes que es troben al 1er Decil:**

(ordenats alfabèticament en ordre ascendent per inicial cognom primer autor)

Aksu T, Brignole M, Calo L, Debruyne P, Di Biase L, Deharo JC, Fanciulli A, Fedorowski A, Kulakowski P, Morillo C, **Moya A**, Piotrowski R, Stec S, Sutton R, van Dijk JG, Wichterle D, Tse HF, Yao Y, Sheldon RS, Vaseghi M, Pachon JC, Scanavacca M, Meyer C, Amin R, Gupta D, Magnano M, Malik V, Schauerte P, Shen WK, Acosta JCZ. **Cardioneuroablation for the treatment of reflex syncope and functional bradyarrhythmias: A Scientific Statement of the European Heart Rhythm Association (EHRA) of the ESC, the Heart Rhythm Society (HRS), the Asia Pacific**

[9] dividir posició entre el nombre de revistes de cada decil de la categoria de revistes que analitzem i sumar un dígit, exemple: 70:20,8=3.3, després sumem 1: 3.3+1= 4.3. La revista de l'article de l'exemple, per tant, està al 4t Decil.

Heart Rhythm Society (APHRS) and the Latin American Heart Rhythm Society (LAHRS). Europace. 2024 Aug 3;26(8):euae206. doi: 10.1093/europace/euae206. Erratum in: Europace. 2025 Feb 5;27(2):euaf023. doi: 10.1093/europace/euaf023. PMID: 39082698; PMCID: PMC11350289.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 7.9 **Quartil:** 1 **Categoria:** Cardiac & cardiovascular systems **Posició:** 19/222 **Journal Citation Indicator:** 1.81 ***1er Decil**
[Cardiologia]

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 / JCR / Medline **Factor Impacte:** 12.8 **Quartil:** 1 **Categoria:** Medicine, research & experimental **Posició:** 5/189 **Journal Citation Indicator:** 3.85 ***1er Decil**
[Institut Oncològic Dr. Rosell]

Anjos Souza C, Blanco-Heredia J, Trincado JL, **Gonzalez-Cao M**, Gonçalves-Ribeiro S, Ruiz Gil S, Puttick C, Cedeño S, Callari M, Marra M, Gazzo AM3, Weigelt B, McGranahan N, Rosell R, Brander C, **Tresserra F**, Reis-Filho JS, Guimarães Tiezzi D, de la Iglesia N, Heyn H, De Mattos-Arruda L. **Converging and evolving immuno-genomic routes lead to immune escape in breast cancer**. Nat Commun. 2024 Feb 21;15(1):1302. doi: 10.1038/s41467-024-45292-1. PMID: 38383522.
Indexat a: Pubmed / WoS / JCR **Factor Impacte:** 14.7 **Quartil:** 1 **Categoria:** Multidisciplinary Sciences **Posició:** 8/134 **Journal Citation Indicator:** 3.28 ***1er Decil**
[Anatomia Patològica]

Arbat A, Bellver J, Garcia-Velasco J, Visnova H, Kurzawa R, Gosalvez A, **Polyzos NP**, Espinós JJ, Trinchant R, Llorens M, Torres R, Canals I. **Efficacy results from the phase II randomized clinical trial: OXO-001 in infertile women undergoing egg donation IVF/ICSI**. Hum Reprod. 2024 Jul;39(1 Suppl):I15. doi: 10.1093/humrep/deae108.027.
Indexat a: Pubmed / WoS / JCR **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**
[Obstetricia i Ginecologia]

Ascierto PA, Casula M, Bulgarelli J, Pisano M, Piccinini C, Piccin L, Cossu A, Mandalà M, Ferrucci PF, Guidoboni M, Rutkowski P, Ferraresi V, Arance A, Guida M, Maiello E, Gogas H, Richtig E, Fierro MT, Lebbe C, Helgadottir H, Queirolo P, Spagnolo F, Tucci M, Del Vecchio M, **Cao MG**, Minisini AM, De Placido S, Sanmamed MF, Mallardo D, Paone M, Vitale MG, Melero I, Grimaldi AM, Giannarelli D, Dummer R, Sileni VC, Palmieri G. **Sequential immunotherapy and targeted therapy for metastatic BRAF V600 mutated melanoma: 4-year survival and biomarkers evaluation from the phase II SECOMBIT trial**. Nat Commun. 2024 Jan 2;15(1):146. doi: 10.1038/s41467-023-44475-6. PMID: 38167503; PMCID: PMC10761671.
Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 14.7 **Quartil:** 1 **Categoria:** Multidisciplinary Sciences **Posició:** 8/134 **Journal Citation Indicator:** 3.28 ***1er Decil**
[Institut Oncològic Dr. Rosell]

Ballester M, **Parriego M**, **Coll L**, **Garcia S**, Freour T, **Polyzos NP**, **Boada M**. **Incorporation of an automated sperm counting method: a matter of time**. Hum Reprod. 2024 Jul;39(1 Suppl):I239.

Indexat a: Pubmed / WoS / JCR **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**
[Obstetricia i Ginecologia]

Bermudo G, Molina-Molina M, **Llatjós R**. **Pulmonary and Cutaneous Angiomatoid Fibrous Histiocytoma**. Arch Bronconeumol. 2024 Feb;60(2):101-102. English, Spanish. doi: 10.1016/j.arbres.2024.10.008. Epub 2024 Oct 30. PMID: 37949761.
Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 8.7 **Quartil:** 1 **Categoria:** Respiratory System **Posició:** 9/101 **Journal Citation Indicator:** 1.38 ***1er Decil**
[Anatomia Patològica]

Caba MS, Leathersich S, **Donno V**, **Rodriguez I**, **Polyzos N**. **The effect of ambient exposure to air pollutants on live birth rates in frozen embryo transfer cycles**. Hum Reprod. 2024 Jul;39(1 Suppl):O-163. doi: 10.1093/humrep/deae108.182.
Indexat a: Pubmed / WoS / JCR **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**
[Obstetricia i Ginecologia]

Chacon E, Boria F, Lyer RR, Fanfani F, Malzoni M, Bretová P, Luzarraga Aznar A, Fruscio R, Jedryka MA, Tóth R, Perrone AM, Kakkos A, Cristóbal Quevedo I, Congedo L, Zanagnolo V, Fernandez-Gonzalez S, Ferro B, Narducci F, Hovhannisyan T, Aksahin E, Cardenas L, Oliver MR, Nozaleda G, Arnaez M, Misiek M, Ferrero A, Pain FA, **Zarragoitia J**, Diaz C, Ceppi L, Mehdiyev S, Roldán-Rivas F, Guijarro-Campillo AR, Amengual J, Manzour N, Sanchez Lorenzo L, Núñez-Córdoba JM, Gonzalez Martin A, Minguez JA, Chiva L; SENECA Working Group. **SENECA study: staging endometrial cancer based on molecular classification**. Int J Gynecol Cancer. 2024 Sep 2;34(9):1313-1321. doi: 10.1136/ijgc-2024-005711. PMID: 39153831.
Indexat a: Pubmed / WoS / SCIE / JCR **Factor Impacte:** 4.5 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Oncology **Posició:** Obstetrics & Gynecology 11/136 ; Oncology 78/322 **Journal Citation Indicator:** 1.15 ***1er Decil**
[Obstetricia i Ginecologia]

Ciruelos, E., Pascual, T., Villacampa, G., Pernas, S., Sanchez-Bayona, R., Ponce-Lorenzo, J. J., de Ibarguren, B. C. S., Escrivá-de-Romaní, S., Perello, A., Montaño, A., Martinez, E., González, A. L., Olivé, M. M., De La Haba, J., Cortés, J., Oliveira, M., Villanueva, L., Gonzalez, X., Villagrasa, P., & Prat, A. (2024). **Primary results from PATRICIA cohort C (SOLTI-1303), a randomized phase II study evaluating palbociclib with trastuzumab and endocrine therapy in pretreated HER2-positive and PAM50 luminal advanced breast cancer**. Journal of Clinical Oncology, 42(16), 1008. https://doi.org/10.1200/JCO.2024.42.16_suppl.1008
Indexat a: WoS / JCR **Factor Impacte:** 42.1 **Quartil:** 1 **Categoria:** Oncology **Posició:** 6/322 **Journal Citation Indicator:** 6.51 ***1er Decil**
[Institut Oncològic Dr. Rosell]

Domínguez-Ortega J, Mullol J, Álvarez Gutiérrez FJ, Miguel-Blanco C, **Castillo JA**, Olaguibel JM, Blanco-Aparicio M. **The effect of biologics in lung function and quality of life of patients with united airways disease: A systematic review**. J Allergy Clin Immunol Glob. 2024 Sep 28;3(1):100174. doi: 10.1016/j.jacig.2024.100174. PMID: 37915724; PMCID: PMC10616425.
Indexat a: Pubmed / Medline **Factor Impacte:** 14.2 **Quartil:** 1 **Categoria:** Allergy ; Immunology **Posició:** Allergy 1/28 ; Immunology 11/161 **Journal Citation Indicator:** 2.63 ***1er Decil**

[Pneumologia]

Donno V, **Neves AR**, **Martinez SG**, **Polyzos NP**. **Dual trigger is not superior to GnRH Agonist alone for final oocyte maturation in elective fertility preservation. A Randomized Controlled Trial**. Hum Reprod. 2024 Jul;39(1 Suppl):I41.
Indexat a: Pubmed / WoS / JCR **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**
[Obstetricia i Ginecologia]

ESHRE Guideline Group on the Number of Embryos to Transfer; Alteri A, **Arroyo G**, Baccino G, Craciunas L, De Geyter C, Ebner T, Koleva M, Kordic K, Mcheik S, Mertes H, Pavicic Baldani D, Rodriguez-Wallberg KA, Rugescu I, Santos-Ribeiro S, Tilleman K, Woodward B, Vermeulen N, Veleva Z. **ESHRE guideline: number of embryos to transfer during IVF/ICSI**†. Hum Reprod. 2024 Apr 3;39(4):647-657. doi: 10.1093/humrep/deae010. PMID: 38364208; PMCID: PMC10988112.
Indexat a: Pubmed / WoS / JCR **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**
[Obstetricia i Ginecologia]

Fatemi HM, **Polyzos N**, Larsson P, Mannaerts B. **Pharmacokinetic and pharmacodynamic modelling to explore dosing regimens of corifollitropin alfa for ovarian stimulation without the need for additional daily recFSH injections**. Hum Reprod. 2024 Jul;39(1 Suppl):P-576.
Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**
[Obstetricia i Ginecologia]

García, J. M. P., Cortes, J., Ruiz-Borrego, M., Stradella, A., Bermejo, B., Escrivá-de-Romani, S., Calvo, L., Gebhart, G., Kerrou, K., García-Mosquera, J. J., Gion, M., Antonarelli, G., López-Montero, L., Rodríguez-Morató, J., Mina, L., Sampayo-Cordero, M., Llombart-Cussac, A. (2024). **Comparing ^18F-FDG positron emission tomography (PET) and breast magnetic resonance imaging (MRI) to predict pathological complete response (pCR) and 3-year invasive disease-free survival (3-y iDFS) in patients (pts) with HER2+ early breast cancer (EBC): An unplanned exploratory analysis of PHERGain trial**. Journal of Clinical Oncology, 42(16), 586. https://doi.org/10.1200/JCO.2024.42.16_suppl.586
Indexat a: WoS / JCR **Factor Impacte:** 42.1 **Quartil:** 1 **Categoria:** Oncology **Posició:** 6/322 **Journal Citation Indicator:** 6.51 ***1er Decil**
[Institut Oncològic Dr. Rosell]

Garrigós, L., Fernández, M., Boix, O., Alcalá-López, D., Cortes, J., & Llombart, A. (2024). **Ipatasertib (IPA) combined with non-taxane chemotherapy (CT) for patients (pts) with previously treated advanced triple-negative breast cancer (aTNBC): The PATHFINDER phase IIa trial**. Journal of Clinical Oncology, 42(16), 1098. https://doi.org/10.1200/JCO.2024.42.16_suppl.1098
Indexat a: WoS / JCR **Factor Impacte:** 42.1 **Quartil:** 1 **Categoria:** Oncology **Posició:** 6/322 **Journal Citation Indicator:** 6.51 ***1er Decil**
[Institut Oncològic Dr. Rosell]

Gebhart G, Keyaerts M, Guiot T, Flamen P, Ruiz-Borrego M, Stradella A, Bermejo B, Escriva-de-Romani S, Calvo Martínez L, Ribelles N, Fernandez-Abad M, Albacar C, Colleoni M, **Garrigos L**, Atienza de Frutos M, Dalenc F, Prat A, Marmé F, Schmid P, Kerrou K, Braga S, Gener P, Sampayo-Cordero M, Cortés J, Pérez-García JM, Llombart-Cussac A. **Optimal [18F]FDG PET/CT Cutoff for Pathologic Complete Response in HER2-Positive Early Breast Cancer Patients Treated with Neoadjuvant Trastuzumab and Pertuzumab in the PHERGain Trial**. J Nucl Med. 2024 May 1;65(5):708-713. doi: 10.2967/jnumed.123.266384. PMID: 38575192.
Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 9.1 **Quartil:** 1 **Categoria:** Radiology, nuclear medicine & medical imaging **Posició:** 6/204 **Journal Citation Indicator:** 2.97 ***1er Decil**
[Institut Oncològic Dr. Rosell]

Gregorc, V., **González-Cao, M.**, Salvagni, S., Koumarianou, A., Gil-Bazo, I., Maio, M., Viteri, S., Majem, M., Gutiérrez, V., Caro, R. B., Sanmamed, M. F., Zhu, H., Shen, H., Wang, Y., & Rosell, R. (2024). **KROCUS: A phase II study investigating the efficacy and safety of fulzerasib (GFH925) in combination with cetuximab in patients with previously untreated advanced KRAS G12C mutated NSCLC**. Journal of Clinical Oncology, 42(17_suppl), LBA8511. https://doi.org/10.1200/JCO.2024.42.17_suppl.LBA8511
Indexat a: WoS / JCR **Factor Impacte:** 42.1 **Quartil:** 1 **Categoria:** Oncology **Posició:** 6/322 **Journal Citation Indicator:** 6.51 ***1er Decil**
[Institut Oncològic Dr. Rosell]

Guedj NS, **Coroleu B**, **Alvarez M**, **García S**, **Polyzos NP**. **Role of serum progesterone levels and subcutaneous progesterone supplementation in endometriosis patients undergoing artificial cycle frozen embryo transfer**. Hum Reprod. 2024 Jul;39(1 Suppl):O-147.
Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**
[Obstetricia i Ginecologia]

Heremans R, Wynants L, Valentin L, Leone FPG, **Pascual MA**, Fruscio R, Testa AC, Buonomo F, Guerriero S, Epstein E, Bourne T, Timmerman D, Van den Bosch T; IETA Consortium. **Estimating risk of endometrial malignancy and other intracavitary uterine pathology in women without abnormal uterine bleeding using IETA-1 multinomial regression model: validation study.** Ultrasound Obstet Gynecol. 2024 Apr;63(4):556-563. doi: 10.1002/uog.27530. Epub 2024 Mar 4. PMID: 37927006.
Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 6.1 **Quartil:** 1 **Categoria:** Acoustics ; Obstetrics & Gynecology **Posició:** Acoustics 2/40 ; Obstetrics & Gynecology 5/136 **Journal Citation Indicator:** 2.19 ***1er Decil**
[Obstetricia i Ginecologia]

Hourvitz A, **Polyzos N,** Sauerbrun-Cutler MT, Matevossian K, Reuvenny S, Youngster M, Luz A, Itzhak N, Moran E, Hourvitz R, Baum M, Maman E. (2024). **AI-Powered oocyte prediction for trigger timing: cross-continental validation of data from previously unseen clinics**. Fertility and Sterility. 2024 Oct 122. e155. 10.1016/j.fertnstert.2024.07.553.
Indexat a: WoS / SCIE / JCR **Factor Impacte:** 6.6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 4/136 ; Reproductive Biology 3/39 **Journal Citation Indicator:** 2.25 ***1er Decil**
[Obstetricia i Ginecologia]

Ignatova-Mishutina T, Khoury-Ribas L, Flores-Orozco EI, **Rovira-Lastra B**, Martinez-Gomis J. **Influence of masticatory side switch frequency on masticatory mixing ability and sensory perception in adults with healthy dentitions: A randomized crossover trial**. J Prosthet Dent. 2024 Jun;131(6):1093-1103. doi: 10.1016/j.prosdent.2023.03.006. Epub 2023 Apr 14. PMID: 37062609.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 4.3 **Quartil:** 1 **Categoria:** Dentistry, Oral Surgery & Medicine **Posició:** 10/158 **Journal Citation Indicator:** 1.90 ***1er Decil**
[Maxilofacial]

Izquierdo M, **Baulies S**, **Ara C**, **Garcia M**, **Fargas F**, **Fabregas R**, **Tresserra F**, **Barri S P**. **Prognostic factors in pregnancy-associated breast cancer: one year versus two years** [abstract]. In: Proceedings of the 2023 San Antonio Breast Cancer Symposium; 2023 Dec 5-9; San Antonio, TX. Philadelphia (PA): AACR; Cancer Res. 2024;84(9 Suppl):Abstract nr PO2-26-06. doi:10.1158/1538-7445.SABCS23-PO2-26-06.
Indexat a: JCR **Factor Impacte:** 12.5 **Quartil:** 1 **Categoria:** Oncology **Posició:** 21/322 **Journal Citation Indicator:** 1.99 ***1er Decil**
[Obstetricia 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. **Impact of Concurrent Genomic Alterations on Clinical Outcomes in Patients With ALK-Rearranged NSCLC**. J Thorac Oncol. 2024 Jan;19(1):119-129. doi: 10.1016/j.jtho.2024.08.007. Epub 2024 Aug 10. PMID: 37572870.
Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 21.1 **Quartil:** 1 **Categoria:** Oncology (Q1) ; Respiratory System (Q1) **Posició:** Oncology 13/322 ; Respiratory System 2/101 **Journal Citation Indicator:** 4.29 ***1er Decil**
[Institut Oncològic Dr. Rosell]

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 / WoS / JCR / Medline **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**
[Obstetricia i Ginecologia]

Le X, Garassino MC, Ahn MJ, Felip E, Cortot AB, Sakai H, Mazieres J, Thomas M, **Viteri S**, Conte P, Yang JCH, Iams WT, Griesinger F, Stroh C, Juraeva D, Wang D, Johne A, Paik PK. **ctDNA dynamics, prognostic markers and resistance mechanisms in tepotinib-treated METex14 skipping NSCLC in the VISION trial**. J Thorac Oncol. 2024;18(11 Suppl):S94-5. doi:10.1016/j.jtho.2024.09.107.
Indexat a: Pubmed / WoS / JCR **Factor Impacte:** 21.1 **Quartil:** 1 **Categoria:** Oncology (Q1) ; Respiratory System (Q1) **Posició:** Oncology 13/322 ; Respiratory System 2/101 **Journal Citation Indicator:** 4.29 ***1er Decil**
[Institut Oncològic Dr. Rosell]

Llombart-Cussac A, Prat A, Pérez-García JM, Mateos J, Pascual T, Escrivà-de-Romani S, Stradella A, Ruiz-Borrego M, de Las Heras BB, Keyaerts M, Galvan P, Brasó-Maristany F, **García-Mosquera JJ**, Guiot T, Gion M, Sampayo-Cordero M, Di Cosimo S, Pérez-Escuredo J, de Frutos MA, Cortés J,

Gebhart G. **Clinicopathological and molecular predictors of [18F]FDG-PET disease detection in HER2-positive early breast cancer: RESPONSE, a substudy of the randomized PHERGain trial**. Eur J Nucl Med Mol Imaging. 2024 Apr 8. doi: 10.1007/s00259-024-06683-0. Epub ahead of print. PMID: 38587643.
Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 8.6 **Quartil:** 1 **Categoria:** Radiology, nuclear medicine & medical imaging **Posició:** 8/204 **Journal Citation Indicator:** 2.47 ***1er Decil**
[Institut Oncològic Dr. Rosell]

Lobo R, Jepsen IE, Falahati A, **Polyzos NP**, García-Velasco JA, Pinborg A, Gravotta E. **Effectiveness of follitropin delta in patients with potential poor response: A post hoc analysis from the ESTHER-1 trial**. Hum Reprod. 2024 Jul;39(1 Suppl):I477.
Indexat a: Pubmed / WoS / SCIE / JCR **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**
[Obstetricia i Ginecologia]

Márquez-Rodas I, Álvarez A, Arance A, Valduvieco I, Berciano-Guerrero MÁ, Delgado R, Soria A, Lopez Campos F, Sánchez P, Romero JL, Martin-Liberal J, Lucas A, Díaz-Beveridge R, Conde-Moreno AJ, Álamo de la Gala MDC, García-Castaño A, Prada PJ, **González Cao M**, **Puertas E**, Vidal J, Foro P, Aguado de la Rosa C, Corona JA, Cerezuela-Fuentes P, López P, Luna P, Aymar N, Puértolas T, Sanagustín P, Berrocal A. **Encorafenib and binimetinib followed by radiotherapy for patients with BRAFV600-mutant melanoma and brain metastases (E-BRAIN/GEM1802 phase II study)**. Neuro Oncol. 2024 Nov 4;26(11):2074-2083. doi: 10.1093/neuonc/noae116. PMID: 38946469; PMCID: PMC11534317.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 16.4 **Quartil:** 1 **Categoria:** Clinical neurology **Posició:** 4/280 **Journal Citation Indicator:** 3.38 ***1er Decil**
[Institut Oncològic Dr. Rosell]

Molina-Alejandre M, Perea F, Calvo V, Martinez-Toledo C, Nadal E, Sierra-Rodero B, Casarrubios M, Casal-Rubio J, Martinez-Martí A, Insa A, Massuti B, **Viteri S**, Barneto Aranda I, Rodriguez-Abreu D, de Castro J, Martínez JM, Cobo M, Wistuba II, Parra ER, Martín-López J, Megías D, Muñoz-Viana R, Garrido F, Aptsiauri N, Ruiz-Cabello F, Provencio M, Cruz-Bermúdez A. **Perioperative chemoimmunotherapy induces strong immune responses and long-term survival in patients with HLA class I-deficient non-small cell lung cancer**. J Immunother Cancer. 2024 Oct 20;12(10):e009762. doi: 10.1136/jitc-2024-009762. PMID: 39428126; PMCID: PMC11492944.
Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 10.3 **Quartil:** 1 **Categoria:** Immunology **Posició:** 12/181 **Journal Citation Indicator:** 2.02 ***1er Decil**
[Institut Oncològic Dr. Rosell]

Ojosnegros S, Parra A, Massafret O, Burgos-Artizzu X, Ferrer-Vaquer A, Ares M, Denkova D, **Parriego M**, **Solé M**, **Boada M**, Seriola A. **METAPHOR: METabolic imaging through AI-powered Phasor-based Hyperspectral analysis and Organelle recognition for the classification of human blastocysts**. Hum Reprod. 2024 Jul;39(1 Suppl):I143.
Indexat a: WoS / JCR **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**
[Obstetricia i Ginecologia]

Pascual MA, Vancraeynest L, Timmerman S, Ceusters J, Ledger A, Graupera B, Rodriguez I, Valero B, Landolfo C, Testa AC, Bourne T, Timmerman D, Valentin L, Van Calster B, Froyman W. **Validation of ADNEX and IOTA two-step strategy and estimation of risk of complications during follow-up of adnexal masses in low-risk population**. Ultrasound Obstet Gynecol. 2024 Mar 13. doi: 10.1002/uog.27642. Epub ahead of print. PMID: 38477179.
Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 6.1 **Quartil:** 1 **Categoria:** Acoustics ; Obstetrics & Gynecology **Posició:** Acoustics 2/40 ; Obstetrics & Gynecology 5/136 **Journal Citation Indicator:** 2.19 ***1er Decil**
[Obstetricia i Ginecologia]

Polyzos NP, **Donno V**, **Rodriguez Garcia I**. **Reduced uterine artery pulsatility index (UtAPI) in artificial frozen embryo transfer pregnancies leads to underestimation of 1st-trimester preeclampsia risk. An analysis of over 30,000 pregnancies**. Hum Reprod. 2024 Jul;39(1 Suppl):I167.
Indexat a: WoS / JCR **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**
[Obstetricia i Ginecologia]

Racca A, **Rodriguez I**, **Garcia S**, **Arroyo G**, **Polyzos NP**. **Double versus single stimulation in young low prognosis patients followed by a fresh embryo transfer: a randomized controlled trial (DUOSTIM-fresh)**. Hum Reprod. 2024 Jun 6:deae104. doi: 10.1093/humrep/deae104. Epub ahead of print. Erratum in: Hum Reprod. 2025 Feb 1;40(2):397. doi: 10.1093/humrep/deae289. PMID: 38845190.
Indexat a: Pubmed / WoS / JCR / Medline **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**
[Obstetricia i Ginecologia]

Reuvenny S, Luz A, Itzhak N, Hourvitz R, Maman E, Baum M, Youngster M, Hariton E, **Polyzos N**, Hourvitz A. **Machine learning predictive modeling for mature oocyte retrieval: a transcontinental study with various treatment protocols**. Fertility and Sterility. 2024 Oct 122. e155.
Indexat a: WoS / SCIE / JCR **Factor Impacte:** 6.6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 4/136 ; Reproductive Biology 3/39 **Journal Citation Indicator:** 2.25 ***1er Decil**
[Obstetricia i Ginecologia]

Rovira-Lastra B, Khoury-Ribas L, Flores-Orozco EI, Ayuso-Montero R, Chaurasia A, Martinez-Gomis J. **Accuracy of digital and conventional systems in locating occlusal contacts: A clinical study**. J Prosthet Dent. 2024 Jul;132(1):115-122. doi: 10.1016/j.prosdent.2023.06.036. Epub 2023 Aug 21. PMID: 37612195.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 4.3 **Quartil:** 1 **Categoria:** Dentistry, Oral Surgery & Medicine **Posició:** 10/158 **Journal Citation Indicator:** 1.90 ***1er Decil**
[Maxilofacial]

Rúa-Figueroa Í, Altabás González I, Roberts K, Casafont-Solé I, Hernández A, De la Rubia Navarro M, Galindo M, Salman-Monte TC, **Vidal-Montal P**, Garrote-Corral S, Blázquez MÁ, Piqueras Garcia MM, Sánchez Lucas M, Cortés-Hernández J, De Dios JR, Tomero Muriel E, Vela Casasempere P, Gandia Martinez M, Frade-Sosa B, Ramos Giráldez C, Moriano C, Muñoz

Jimenez A, Calvo Alén J, Menor-Almagro R, Fernández Nebro A, Pego-Reigosa JM. **Flare prevention in systemic lupus erythematosus patients treated with belimumab versus standard of care: a propensity score-matched comparative, case-control study**. Ann Rheum Dis. 2024;83(Suppl 1):1846-7. doi:10.1136/annrheumdis-2024-eular.3399.
Indexat a: JCR **Factor Impacte:** 20.3 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 2/57 **Journal Citation Indicator:** 5.10 ***1er Decil**
[Reumatologia]

Spigel DR, Ahn MJ, Majem M, Rodríguez LM, Lee KH, Carcereny E, **Hernández AA**, Insa A, Cho EK, Besse B, Rha SY, Weiss J, D'Arcangelo M, Im SA, Kim SW, Carneiro BA, Gadgeel SM, Mitchell P, Asare JM, Gainer SD, Achour I, Subramaniam DS, Felip E. **Volrustomig plus platinum doublet chemotherapy (CTx) in first-line non-small cell lung cancer (NSCLC): Phase 1b trial update**. J Thorac Oncol. 2024 Oct;19(10 Suppl):S33-S34. doi: 10.1016/j.jtho.2024.08.019.
Indexat a: WoS / JCR **Factor Impacte:** 21.1 **Quartil:** 1 **Categoria:** Oncology (Q1) ; Respiratory System (Q1) **Posició:** Oncology 13/322 ; Respiratory System 2/101 **Journal Citation Indicator:** 4.29 ***1er Decil**
[Institut Oncològic Dr. Rosell]

Vassena R, Cabello Vives Y, Castel Seguí AB, Herrero García J, Martínez Granados L, Rodríguez **García I**, Prados Mondejar F, Cueva Sáiz I. **Safety and quality of MAR (medically assisted reproduction) provisions in Spain in response to adaptative regulation during a public health emergency: a national registry analysis**. Hum Reprod. 2024;39(Suppl 1):deae108.1078. doi:10.1093/humrep/deae108.1078.
Indexat a: Pubmed / WoS / SCIE / JCR **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**
[Obstetricia i Ginecologia]

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 / JCR / Medline **Factor Impacte:** 12.8 **Quartil:** 1 **Categoria:** Medicine, research & experimental **Posició:** 5/189 **Journal Citation Indicator:** 3.85 ***1er Decil**
[Institut Oncològic Dr. Rosell]

Verdyck P, Altarescu G, Santos-Ribeiro S, Vrettou C, Koehler U, Griesinger G, Goossens V, Magli C, Albanese C, **Parriego M**, **Coll L**, Ron-El R, Sermon K, Traeger-Synodinos J. **Aneuploidy in oocytes from women of advanced maternal age: analysis of the causal meiotic errors and impact on embryo development.** Hum Reprod. 2024 Dec 4;38(12):2526-2535. doi: 10.1093/humrep/dead201. PMID: 37814912.
Indexat a: Pubmed / WoS / SCIE / JCR / Current Contents Connect / Medline **Factor Impacte:** 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**
[Obstetricia i Ginecologia]

Vidal MDM, **Martínez F**, **Rodríguez I**, **Polyzos NP**. **Ovarian response and embryo ploidy following oral micronized progesterone-primed ovarian stimulation versus GnRH antagonist protocol. A prospective study with repeated ovarian stimulation cycles**. Hum Reprod. 2024 May 2;39(5):1098-1104. doi: 10.1093/humrep/deae047. PMID: 38498835.
Indexat a: Pubmed / WoS / SCIE / JCR / Current Contents Connect / Medline
Factor Impacte: 6 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology
Posició: Obstetrics & Gynecology 6/136 ; Reproductive Biology 4/39 **Journal Citation Indicator:** 2.19 ***1er Decil**
[Obstetricia i Ginecologia]

Vidal-Montal P, Sánchez-Rodríguez I, Sabaté-Llobera A, Cortés-Romera M, Narváez J. **Distribution patterns of arterial involvement in 18F-FDG PET-CT among patients with giant cell arteritis: differences in relation to clinical phenotype**. Ann Rheum Dis. 2024;83(Suppl 1):2003-4. doi:10.1136/annrheumdis-2024-eular.6031.
Indexat a: JCR **Factor Impacte:** 20.3 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 2/57 **Journal Citation Indicator:** 5.10 ***1er Decil**
[Reumatologia]

Vidal-Montal P, Narvaez-García J, Fulladosa F, Mitjavila F, Capdevila o, Maymó P, Palacios J, Nolla J. **Can Immunosuppressive Therapy Be Safely Discontinued in Patients with Lupus Nephritis?** [abstract]. *Arthritis Rheumatol.* 2024; 76 (suppl 9). https://acrabstracts.org/abstract/can-immunosuppressive-therapy-be-safely-discontinued-in-patients-with-lupus-nephritis/. Accessed February 27, 2025.
Indexat a: Pubmed / WoS / SCIE / JCR / Medline **Factor Impacte:** 11.4 **Quartil:** 1 **Categoria:** Rheumatology **Posició:** 4/57 **Journal Citation Indicator:** 3.34 ***1er Decil**
[Reumatologia]

Weiss SA, Sznol M, Shaheen M, Berciano-Guerrero MÁ, Couselo EM, Rodríguez-Abreu D, Boni V, Schuchter LM, **Gonzalez-Cao M**, Arance A, Wei W, Ganti AK, Hauke RJ, Berrocal A, Iannotti NO, Hsu FJ, Kluger HM. **A Phase II Trial of the CD40 Agonistic Antibody Sotigalimab (APX005M) in Combination with Nivolumab in Subjects with Metastatic Melanoma with Confirmed Disease Progression on Anti-PD-1 Therapy**. Clin Cancer Res. 2024 Jan 5;30(1):74-81. doi: 10.1158/1078-0432.CCR-23-0475. PMID: 37535056; PMCID: PMC10767304.
Indexat a: Pubmed / JCR / Medline **Factor Impacte:** 10.4 **Quartil:** 1 **Categoria:** Oncology
Posició: 26/322 **Journal Citation Indicator:** 2.52 ***1er Decil**
[Institut Oncològic Dr. Rosell]

Unitats de l'HUQD	Núm articles en revistes 1er Decil
Obstetricia i Ginecologia	**21**
Oncologia	**15**
Reumatologia	**3**
Anatomia Patològica	**2**
Maxilofacial	**2**

Cardiologia	**1**
Pneumologia	**1**

VALORACIÓ FINAL

L'Informe Bibliomètric 2024 de l'Hospital Universitari Quirón Dexeus (HUQD) revela una evolució molt significativa en la producció científica del centre, tant pel que fa al volum de publicacions com a la qualitat i l'impacte de les mateixes. L'anàlisi dels principals indicadors bibliomètrics permet concloure que l'activitat investigadora ha experimentat un creixement exponencial i sostingut, consolidant una tendència ascendent que ja s'intuïa en exercicis anteriors.

Durant l'any 2024, els investigadors de l'Hospital Universitari Quirón Dexeus han publicat 224 articles científics, pràcticament duplicant la xifra de l'any anterior (113 articles el 2023), cosa que representa un increment del 98,2 %. Aquesta producció no només ha augmentat en volum, sinó que també destaca pel seu impacte:

- Un total de 98 publicacions (43,7%) han aparegut en revistes situades al Quartil 1 (Q1) del *Journal Citation Reports*.

- 45 articles (20,1%) s'han publicat en revistes del primer decil, és a dir, dins del 10 % superior d'impacte dins de la seva categoria temàtica.

- 18 publicacions han estat incloses en revistes amb un factor d'impacte (FI) superior a 10, fet que subratlla el posicionament dels autors del HUQD dins de l'elit científica.

El factor d'impacte acumulat en algunes especialitats, com Oncologia o Ginecologia, és especialment rellevant. Per exemple, l'Institut Oncològic Dr. Rosell – Dexeus acumula un total de 556,4 punts de FI en 33 articles indexats al JCR, amb una mitjana de 16,86 punts per article, la qual cosa suposa unes xifres d'impacte excepcionals.

També cal fer una menció especial a l'àrea d'Obstetrícia i Ginecologia (Dexeus Dona), que amb 52 articles publicats lidera el conjunt d'especialitats pel que fa a volum total de producció científica. Aquesta activitat no només és quantitativament rellevant, sinó que es veu reforçada per uns indicadors d'impacte molt positius, amb una gran part dels articles situats en revistes del primer quartil i una presència significativa en el primer decil. Aquesta consolidació en l'àmbit gineco-obstètric confirma el compromís de l'àrea amb la recerca clínica d'alta qualitat i amb una projecció internacional creixent.

L'anàlisi longitudinal confirma també aquesta tendència ascendent. El nombre de publicacions a Web of Science (WoS), la diversificació temàtica segons les categories del JCR i la visibilitat internacional mitjançant citacions consoliden l'HUQD com un centre productor de coneixement competitiu a escala global.

Cal destacar igualment la presència d'iniciatives com la de la unitat de Psiquiatria i Psicologia (Psicodex), que impulsa la seva pròpia revista, *Psicosomática y Psiquiatría*, editada des del 2017. L'esforç editorial sostingut per aconseguir la indexació en les principals bases de dades bibliomètriques internacionals reflecteix un ferm compromís amb la divulgació científica, així com amb la creació d'espais de reflexió i coneixement en l'àmbit de la salut mental.

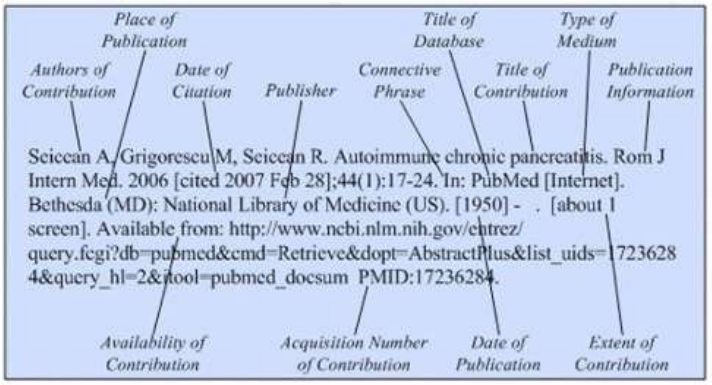
L'índex H institucional i les dades sobre les citacions acumulades any rere any, mostren una acumulació progressiva d'impacte. A més, la presència de publicacions en més de 100 revistes científiques diferents, moltes d'elles de primer nivell, indica una forta capil·laritat temàtica i una vocació de transferència de coneixement a múltiples àrees mèdiques i biomèdiques.

Finalment, la combinació d'una producció científica de gran qualitat, la presència en revistes del primer quartil, i la col·laboració en estudis multicèntrics i internacionals, projecten l'HUQD com un actor clau dins de l'ecosistema de recerca sanitària, preparat per liderar iniciatives científiques ambicioses en els pròxims anys.

Aquest informe no només ens permet fer balanç, sinó que també ens assenyala un camí a seguir: continuar apostant per una recerca de qualitat, fomentar les col·laboracions internes i externes, i seguir treballant perquè el coneixement que generem dia rere dia des del nostre hospital sigui visible, útil i rellevant.

ANNEX

ESTIL CITACIÓ BIBLIOGRÀFICA UTILITZAT: NLM VANCOUVER



El format de citació utilitzat en la recopilació de cites bibliogràfiques dels articles científics publicats per la comunitat investigadora del HUQD és el: National Library of Medicine – Vancouver. La referència bibliogràfica, si l'article està a PubMed, la genera automàticament l'aplicatiu d'aquest web.

Les normes Vancouver són l'estil de cita més utilitzat en ciències de la salut. L'estil NLM és un estil de cita internacional utilitzat predominantment en el camp 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 va ser el Comitè Internacional de Directors de Revistes Mèdiques que a la seva reunió a Vancouver (Canadà) el 1978 per establir un estil uniforme respecte al format dels articles enviats a les seves revistes. Es coneix com les "Normes Vancouver".

Els requisits per a manuscrits incloïen formats per a les referències bibliogràfiques desenvolupats per la National Library of Medicine (NLM) dels EUA. 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 que utilitza la National Library of Medicine (NLM). Per consultar a quin títol correspon cada abreujament:

- NLM Catalog: Journals referenced in the NCBI Databases de PubMed.

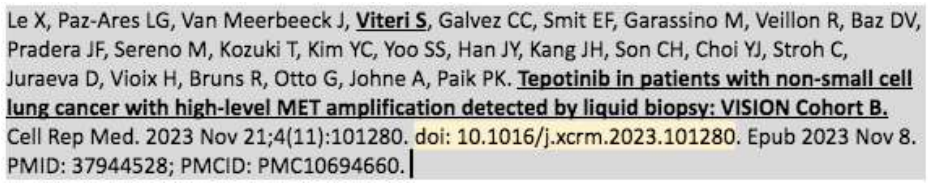
- L'apèndix B del llibre (Patrias, 2007): Additional sources for journal title abbreviations

> Més informació sobre com esmentar en format NLM-Vancouver: Guia sobre com citar segons el model NLM de la Universitat Autònoma de Barcelona

ACRÒNIMS I SIGLES UTILITZADES

- **Acrònims i sigles en les referències bibliogràfiques:**

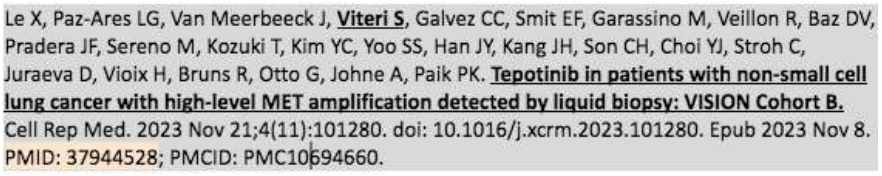
DOI


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 DOI i DOI, és un enllaç permanent en forma de codi alfanumèric que identifica de manera única un contingut electrònic.

Una forma comuna de fer servir el sistema DOI és donar a les publicacions científiques un número específic que qualsevol pot utilitzar per localitzar a través de la Xarxa l'article esmentat. A diferència del sistema URL, usat a les pàgines web, el sistema DOI no canvia amb el pas del temps, encara que l'article sigui reubicat en una adreça diferent ja que porta la informació incorporada 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.

A les referències bibliogràfiques del llistat d'articles, als 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 cita d'un article de revistes biomèdiques i de ciències de la vida que recull PubMed. Aquest registre és de 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 Cental Identifier***. La Biblioteca Nacional de Medicina dels EUA assigna també un PMCID a cada article de text complet a PubMed Central. Tots els articles que s'ofereixen a PubMed tenen PMID, però només els d'accés lliure tenen PMCID.

- **Acrònims en 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, 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.

SCIE

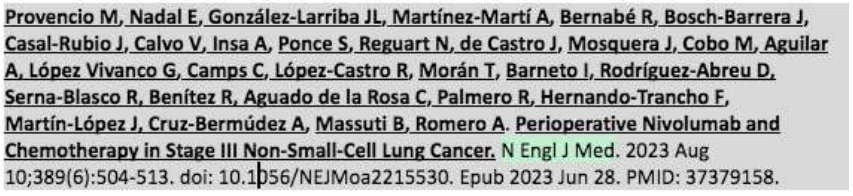
Acrònim de ***Science Citation Index Expanded***. Índex multidisciplinar de la literatura de revistes de ciències inclosa a la Web of Science. Inclou completament més de 8.300 revistes principals de 150 disciplines científiques i inclou totes les referències citades capturades d'articles indexats.

JCR

Acrònim de ***Journal Citation Reports.*** Base de dades multidisciplinària 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 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 la 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.

- **Acrònims títols revistes a les referències bibliogràfiques**

Els títols de les revistes estan abreujats segons l'estil que utilitza 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 abreujament:

- NLM Catalog: Journals referenced in the NCBI Databases de PubMed.
- Apèndix B del llibre (Patrias, 2007): Additional sources for journal title abbreviations

PARAULES CLAU EMPRADES PER CERCAR TOTS ELS ARTICLES AL WoS [10]

Un dels esculls a superar per recuperar totes les publicacions que ha fet la comunitat investigadora de l'Hospital Universitari Quirón Dexeus (HUQD) és tenir present la varietat de sigles, acrònims i noms utilitzats al llargs de les èpoques, així com actualment tampoc s'ha unificat els criteris a l'hora d'indicar l'afiliació en les publicacions del seu personal.

Els termes utilitzats són els següents:

[10] Web of Science

Hospital Universitari Quirón Dexeus	Dexeus Dona
HUQD	Dexeus Font
hosp univ dexeus	Grupo Quironsalud
hospital universitari dexeus	Grupo Quirónsalud
hospital universitario quirón dexeus	Quirón Dexeus
hospital universitario dexeus	Quiron
instituto universitario dexeus	Dexeus Institute of Oncology
Quiron Dexeus University Hospital	Hosp Quiron Dexeus, IOR
ICATME	IOR
Institut Català de Traumatologia i	Dexeus Univ Hosp
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

- URL cerca de les publicacions al WoS

> Enllaç WoS publicacions HUQD any 2004

> Enllaç WoS publicacions HUQD tots els anys

- Data de consulta de les bases de dades bibliomètriques (WoS, JCR,etc.)

Data de consulta de les bases de dades bibliomètriques i de publicacions científiqes: febrer i març 2025.

- 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 categories, i altres mètriques rellevants.

- Web of Science (WoS)

Els indicadors de la base de dades Web of Science (WoS) s'actualitzen amb diferents freqüències, depenent 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. (clarivate.libguides.com)

- **Essential Science Indicators (ESI)**: Els indicadors dins de l'ESI, que mesuren el rendiment de la recerca en diverses disciplines, s'actualitzen **bimensualment**, és a dir, sis vegades a l'any. Cada actualització cobreix un període mòbil de 10 anys i 6 mesos. (esi.help.clarivate.com)

- **InCites Benchmarking & Analytics**: Aquest servei, que proporciona anàlisis detallades de la producció científica, s'actualitza **mensualment**.

- Pubmed i Medline

Aquestes dos bases de dades de la Biblioteca Nacional de Medicina dels EUA (NLM) s'actualitzen **diàriament**.

- Sciences Citation Index Expanded (SCIE)

El Science Citation Index Expanded (SCIE), una part fonamental de la Web of Science Core Collection, s'actualitza **diàriament.**

BIBLIOGRAFIA[11]

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

Current Contents Connect [Internet]. Barcelona: Clarivate Analytics; 2024 [citado 2 abril de 2024]. Disponible en: https://www.ccc.fecyt.es

Fundación Española para la Ciencia y la Teconología (FECYT) [Internet]. Madrid: Ministerio de Ciencia, Innovación y Universidades; 2024 [citado 2 abril de 2024]. Disponible en: https://www.recursoscientificos.fecyt.es/

Journal Citation Reports (JCR) [Internet]. Barcelona: Clarivate Analytics; 2024 [citado 2 abril de 2024]. Disponible en: https://www.jcr.fecyt.es

Medline [Internet]. [Betehsda]: National Library of Medicine (NLM) ; 2024 [citado 2 abril de 2024]. Disponible en: https://medline.fecyt.es

Psicodex. Servicio Psiquiatría y Psicología Hospital Universitario Dexeus [Internet]. Barcelona: Hospital Universitario Dexeus ; Grupo Quirónsalud; 2024 [citado 2 abril de 2024]. Disponible en: https://www.psiquiatriapsicologia-dexeus.com/

Psicosomática y Psiquiatría [Internet]. [Barcelona]: Revistes Catalanes amb Accés Obert (RACO) ; Consorci de Serveis Universitaris de Catalunya (CSUC) ; 2024 [citado 2 abril de 2024]. Disponible en: https://raco.cat/index.php/PsicosomPsiquiat

Pubmed [Internet]. [Betehsda]: National Center for Biotechnology Information (NCBI) ; National Library of Medicine (NLM) ; 2024 [citado 2 abril de 2024]. Disponible en: https://pubmed.ncbi.nlm.nih.gov/

Science Citation Index Expanded (SCI-EXPANDED) [Internet]. Barcelona: Clarivate Analytics; 2024 [citado 2 abril de 2024]. Disponible en: https://www.wos-sci.fecyt.es

Science Citation Index Expanded (SCI-EXPANDED) [Internet]. Barcelona: Clarivate Analytics; 2024 [citado 2 abril de 2024]. Disponible en: https://www.wos-sci.fecyt.es

Web of Science (WoS) [Internet]. Barcelona: Clarivate Analytics; 2024 [citado 2 abril de 2024]. Disponible en: https://www.woscc.fecyt.es

[11] 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