As editors and publishers, we are proud to report the inclusion of our journal ‘Cardiovascular Diagnosis and Therapy’ (CDT) into PubMed, after two years of circulation. It is a major milestone and a huge accomplishment for our team. Most of all, it makes our journal a better platform for our contributing authors, readers, reviewers, and editorial board members.

PubMed listing, which obviously provides enhanced global online access, is also an extension of our publishing model, which is best summarized with the term ‘Cloud Publishing’, in analogy to the term ‘Cloud Computing’. Cloud computing is a rapidly expanding field with wide applications in entertainment but also medicine, for example in medical imaging, where ‘private medical clouds’ allow access to medical images throughout hospital systems (1,2).

Optimally, published scientific data should be open to a wide audience worldwide, in a ‘public cloud’. Our publishing model reflects this goal. The CDT journal is published in a print and on-line format and is part of a family of journals (www.amepc.org). It is connected to a larger ‘cloud’ with access from different points, including popular social networks like LinkedIn http://www.linkedin.com/profile/view?id=147019590&trk=nav_responsive_tab_profile_pic, twitter, and large physician websites including www.dxy.cn and www.mdlinx.com.

The CDT journal is also part of the HINARI program set up by WHO together with major publishers, which enables low- and middle-income countries to gain access to one of the world’s largest collections of biomedical and health literature (http://www.who.int/hinari/en/).

The publishing model may over time also lead to changes in the peer-review model using cloud technology. In the traditional approach, internal and external review by the editorial team and a small number of reviewers, the subsequent rebuttal and revisions by the author, are performed before potential acceptance. This discussion remains invisible to readers even after publication. In a ‘cloud review’ model, articles could be placed on-line after initial quality review by the editorial team and made available for a web-based discussion. Authors could be asked to reply the comments and update their article on-line accordingly. Eventually, the process would be closed and the finally accepted article would be available online and in print.

The online, electronic format creates other novel challenges for editors and publishers, including question how to evaluate the quality of journals (frequency to citation, on-line access and download, number of on-line comments, etc.), and new models for financing of public open access. All of these topics are part of ongoing discussions in the field (3).

We view the inclusion into PubMed as an accomplishment, but also as an encouragement to further improve the journal in the years ahead. Our goal remains to publish data that has impact in the field of Cardiovascular Medicine and Surgery using a ‘cloud’ model of publishing that ensures global, unrestricted access. We thank our authors, readers, reviewers, and members of the editorial team for their continued support.

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References


