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The mood in the OR became suddenly elevated one day in June 2009. My boss was hooting and dancing a jig (though an outside viewer might have assumed bees had him surrounded) not because we may have cured a cancer but because a fresh email had informed him of his journal's unprecedented new impact factor (IF). It would be emblazoned on the cover thenceforth, and thus was I enlightened to the yearly rite of journal impact ranking. It is a source of much fuss and discussion, with commentators flexing proudly and others poo-pooing indignantly in a flourish on the Twitter timeline. So, who's right?

Let me situate my sources of bias for these words. First, I am writing these words without knowing the CUAJ's 2021 impact factor but will know it soon after. It will probably start with a 1 and I'm cool with that! We are a great small journal and we know it, though as smaller fish, this punching up may read as aggrieved. Second, if our IF was 5 or something, I might feel totally different (that's just the way the brain works).

Management guru Peter Drucker is credited with the idiom, "What gets measured gets managed." Medical publishing is a juggernaut with huge outputs and many moving parts. Having a metric — any metric — seems preferable to reputation alone in vetting quality, and IF is exactly that, with users validating a journal by using its content as foundation in their work. This means that researchers are reading CUAJ and seeing its value in contextualizing their work, which is pretty cool and something for us to be proud of at any number. Citation is indeed *one* measure of quality. Our colleague journals with sterling IFs are publishing important work in a highly visible setting and have my congratulations and respect for their efforts and their success. Excellent review articles are resonating with busy academic writers. Readers will find good papers in high IF journals, and clinicians see benefits to publishing in them. If this translates to good medicine and to the funding of more quality science, that sounds like a winner to me.

Where IF idolatry loses lustre is in assuming that citation is *the* measure of quality, which just cannot be rationalized. Readers use papers in myriad ways, and citation in future research is vapor compared to the clinical deployment of new knowledge, policy changes from new quality improvement data, or pedagogical shifts from new educational research. In the basic sciences, the published literature forms the substrate for incremental increases in the understanding of nature. To this end, citation is meaningful as evidence that the new knowledge indeed is founded on established knowledge. The users of the science literature *are* the scientists participating in expanding the canon. In medical publishing, the main users are *not* future authors citing the work in their next paper, but instead are those who learn from and make decisions based on the original work. Citation simply does not capture the purpose of a paper in changing thinking and behavior.

Another caveat is that citations cannot be assumed to arise in a vacuum, with agnostic authors using agnostic methods to find the right paper for the job. At a basic level, a virtuous cycle may arise in which IF begets visibility, which begets citation and the option of high selectivity again. This is not a dark force but does make an arithmetic metric (citations over two years/citable elements) into a pseudo-geometric one as numbers increase. Visibility may also be enhanced through social media or conventional media promotion or discussion, which may bring more eyes to interesting science than might otherwise have stumbled upon it. Understanding the zeitgeist and choosing high-value review topics are strong editorial moves. These are all fine and good reasons for citation above expectations. That said, I still have an email from early last decade regarding a submitted paper wherein the reviewer noted, "Papers from [same journal] should be referenced." Self-citation is common, often in the form of commentaries that add valuable perspective or simply that the big journals host very citable work. Programmatic self-citation and skewing of reference lists is a bit morally spicy though, but grownups get to make these choices, I suppose.

So, impact factor puts good papers in front of us and maybe exposes a bit of jockeying for stature but feels like a net neutral proposition so far. Have some fun on Twitter, divine the odd superfluous editorial from the ether, and make your keywords and titles search-optimized. Cheer or stew a bit when the leaderboard comes out, as long as the sanctity of the science holds, right? Well, here is perhaps where a bit of vigilance is needed. As long as there are landing spots for good research that may not be “highly citable,” no real harm is done. A thought experiment worth running though is the case where the journal of publication is a factor in deciding what to study in the first place. If interesting questions go unasked because they have little chance of “high impact” publication, then we all lose. Low-prevalence disease states risk stagnation, research dollars flow in skewed distributions, flavor-of-the-month subjects get top billing while small bets are never made and slow-burn foundational work fizzles.

From the minnows’ standpoint, we have the opportunity to cultivate this important smaller-scale work, even if the timelines don’t reward us within two years. But we also have to deal with the gravity of the big players, as their glut of submissions now provides fodder for their new, smaller, in-house imprints (“We have a place for your esteemed work, and why reformat for another journal when you can submit to our sister journal, right?”).

I come out of this riff on IF unable to quite take the umbrage my gut feels I ought. It can feel tight when numbers are low and risks suspicion or envy. Absent those hypothetical caveats that could adversely skew the discipline, having a metric is cool, watching the chest-puffing and sweating is interesting (and maybe even morbidly fun), and suspicion and envy are not emotions worth any of our energy. We’ll keep doing our best to honestly and honorably cultivate and publish great research and to bring you value as urologists, oncologists, trainees, advocates, and patients through our fully open-access platform. Thanks to all for citations past and future, but mostly for reading, learning, and using *CUAJ* as another tool in your quality care.

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