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□ Clinical Immunology

Full Title: *Clinical Immunology* **Publisher:** Elsevier **ISSN:** 1521-6616 **Impact Factor (2024 est.):** ~4.0 **Scope:** Immunopathology, autoimmunity, immune tolerance, infectious immunology, immunebased therapies

□ Strengths

* Broad thematic reach across translational and clinical immunology: from autoimmunity to immune-oncology * Publishes both basic science and clinical application studies — often bridging the gap effectively * Reputable editorial board and robust peer review process * Frequently cited in autoimmune disease and infection-related immunology literature * Accepts mechanistic, biomarker, and immunotherapeutic studies

∧ Weaknesses

* Articles often lean toward **descriptive data** with limited mechanistic depth — especially in immunohistochemistry-heavy or serologic correlation papers * Tendency to publish **associative findings** without definitive causal frameworks — leading to speculative conclusions * Impact Factor remains **modest** compared to journals like *The Journal of Clinical Investigation* or *Nature Immunology* * **Inconsistent editorial quality** in some observational studies and case series

□ For Neuroscientists and Clinicians

While *Clinical Immunology* is not neurology-focused, it's a valuable resource when exploring:

- **Neuroimmunology crossovers** (e.g., multiple sclerosis, NMO, paraneoplastic syndromes)
- Infectious immunology and its role in autoimmune CNS conditions
- Cytokine signaling, immune checkpoint modulation, and immune cell phenotyping with potential relevance to CNS tumors or neuroinflammation

□ Verdict

A solid mid-tier journal in the immunology landscape. It is particularly strong in exploring the **interface between chronic infection and autoimmunity**, but occasionally lacks the **mechanistic rigor or clinical breakthrough** expected in higher-impact journals. Best used for **hypothesis generation** and **translational insight**, not definitive clinical guidance.

Clinical Immunology is where immune theories go to gain credibility — not necessarily to be proven.

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