

## Letters

### **Predatory Open-Access Publishing in Palliative and Supportive Care**



#### **Introduction**

Predatory publishing is commonly defined as an exploitative, fraudulent, open-access model that applies charges to authors without providing proper editorial services, characteristic of legitimate journals.<sup>1</sup> This phenomenon is universally considered as one of the most serious threats to scientific community. To enhance awareness among scholars and clinicians, predatory publishing has been surveyed in several biomedical fields, such as neuroscience, orthopedics, rehabilitation, and anesthesiology.<sup>2–4</sup> The aim of the present study is to describe the characteristics of predatory publishers and journals in the field of palliative and supportive care.

#### **Methods**

Two authors independently (A.B. and E.G.) surveyed an archived, freely accessible version of the original Beall list<sup>5</sup> of potential predatory publishers and journals, which is still the most authoritative source of information about this topic.<sup>6</sup> Three other authors (A.C., F.S., and F.L.) were involved to solve discrepancies. Our search strategy for journals and publishers consisted of the following keywords: “Palliative,” “Supportive,” “Pain,” “Analgesia,” and “Hospice.” In case of doubt, pertinence of the journals was evaluated by consensus among using available information from journals’ website.

We registered the following data: number of journals and published papers; publishers’ reported location (reported location was verified through Google street view)<sup>2,4</sup>; number of editorial board (EB) members and competency basing on the reported affiliation (using a cutoff of 30% of EB with incongruent affiliation); Editor-in-Chief (EIC) presence and number of published article (as retrieved by Scopus); availability of e-mail contacts; declared review time (time lapse between submission and acceptance); article processing charges (APCs); metrics; and English form evaluated by a native speaker. We also verify the reported registration/indexing in the following

databases: PubMed, Scopus, Google Scholar, directory of open access journals (DOAJ),<sup>7</sup> Committee of Publication Ethics (COPE),<sup>8</sup> and International Committee of Medical Journal Editors (ICMJE).<sup>9</sup> The last date of the search was 15 October 2018.

#### **Results**

From both lists of 1206 publishers and 1383 stand-alone journals, we identified 57 journals from 43 different publishers.

#### *Address, E-mail, and Language*

The vast majority of the publishers’ websites reported a primary address in the U.S. (24/43, 57%), followed by India (6/43, 14%) and the United Kingdom (2/43, 4%). The remaining publishers (6/43, 14%) stated to be located in Canada, Hong Kong, the Netherlands, Hungary, Hong Kong, or Pakistan. In two (4%) cases, the address was not specified, whereas in three (7%) cases, multiple addresses were reported.

Forty-nine percent (21/43) of publishers’ addresses were judged as “unreliable.” Six (14%) publishers’ website reported a primary address not consenting any localization.

A professional e-mail address (related to an editorial or publisher office) was reported in 53 (97%) of the journal websites. The quality of English language was judged as “very low” in 6 (11%) journals, “low” in 20 (35%) and “standard” in 31 (54%).

#### *Databases, Metrics, International Standard Serial Numbers*

Thirty-one (54%) journals claimed to be indexed in one or more database, with a median number of databases of 10 (interquartile range [IQR] 5–12; range, 1–16). The number (and percentage) of journals claiming to be indexed in the major databases or registries (i.e., PubMed, Scopus, Google Scholar, ICMJE, COPE, and DOAJ) and with a verified indexing or registration are reported in [Table 1](#). Forty percent (23/57) of journals declared to use one or more “misleading or fake metrics,” such as “Global Impact Factor,” “Index Copernicus,” and “CiteFactor.” Twenty-one (37%) journals reported an International Standard Serial Number (ISSN), which was verified as regularly “registered” in all cases.

*Table 1*  
**Declared and Verified Indexing/Registration of Retrieved Journals**

Database	Journals Claiming to be Indexed or Registered, n (%) (Total: 57)	Verified Indexing or Registration, n (%)
PubMed	5 (9)	2 (40)
Scopus	4 (7)	2 (50)
Google Scholar	29 (51)	10 (34)
ICMJE	21 (37)	5 (24)
COPE	13 (23)	0 (0)
DOAJ	4 (7)	0 (0)

ICMJE = International Committee of Medical Journal Editors; COPE = Committee of Publication Ethics; DOAJ = Directory of Open-Access Journals.

### *APCs and Submission Process*

A total of 45 (79%) journals clearly reported the APC amount for publication. The median APC amount was 960 USD (IQR 519–1700 USD; range, 0–3649 USD). Twelve (22%) journals declared to apply an APC reduction for authors submitting articles from low- or middle-income countries.

In the identified journals, manuscripts could be submitted through a webpage (19/57, 33%), by e-mail (16/57, 28%), a combination of e-mail/webpage (10/57, 18%) or e-mail/submission manager (9/57, 16%), and a submission manager only (2/57, 4%). In one case, this information was absent.

### *Editor-In-Chief and Editorial Board*

The EIC name and affiliation was reported by 28% (16/57) of the journals. EICs authored a median number of 99 (IQR 64–180; range, 1–280) articles in Scopus. EB was reported in 70% of the journals, with a median of 22 members (IQR 13–29; range, 3–96). On the basis of the reported affiliation, EBs' competency was judged as incongruent for 5 (9%) journals, while indeterminable for 22 (39%) cases.

Invitation of collaboration as a reviewer was present in 25% of the journals' website, while in 21% of the cases it was found a call to join the EB.

### *Published Articles, Review Process, and Editorial Flow*

Thirty-five (61%) journals published one or more articles, with a median number of 20 (IQR 6–67; range, 1–521) publications in a median time of activity of 2 years (IQR 1–4; range, 1–11). In the 57 identified journals, the total number of published articles was 2404.

The review process time could be analyzed in 89% of the cases; in the remaining 11%, the dates of submission and/or acceptance were not reported. The median duration was 29 days (IQR 14–59 days; range, 2–262). The editorial process (including peer review) was clearly described in 30 (53%) journals; only 15

(26%) journals reported the criteria for scientific misconduct and article retraction.

### **Discussion**

To the best of our knowledge, this is the first attempt to analyze the phenomenon of predatory publishing in the field of palliative and supportive care. Globally, the characteristics of retrieved journals and publishers, locations, and APC are in line with those described for other biomedical fields.<sup>2–4</sup> Interestingly, almost half of publishers' reported locations appeared unreliable when checked (e.g., detached house with swimming pool, football field, postal boxes, pharmacies, supermarkets). The most important finding is that journals reported false indexing in PubMed, Scopus, Google scholar, DOAJ, COPE, and ICMJE. Thus, authors may be prone to submit manuscript to these journals basing on false reported information. This finding has been already described in other settings, leading to a call for more stringent criteria for indexing, especially in major databases.<sup>10</sup>

Although shedding light on the phenomenon of predatory publishing in palliative and supportive care, our investigation has several limitations. First, predatory publishing is a rapidly evolving phenomenon. Although the version of Beall list we used is constantly updated, it is still possible that some predatory journals and publishers were missing. Second, "blacklist" seems to be not the best way to evaluate legitimacy of a journal. The presence of a journal or publisher in this list should not be considered as a certain proof of "predatory" activity because editorial practice may change, and hopefully improve, over time.<sup>4</sup> However, all that analyzing the phenomenon in other fields used the Beall list,<sup>2–4</sup> which remains the most authoritative and validated source of information, although criticized.<sup>6</sup> We suggest that authors should use all available information when evaluating journals before submission. Some awareness campaigns have been launched (e.g., the "Think. Check. Submit" campaign) to help scholars in evaluating journals before submissions. Moreover, checking reported information, when in doubt, may help in identifying false metrics, indexing, and registration.

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<https://doi.org/10.1016/j.jpainsymman.2018.11.021>

### Disclosures and Acknowledgments

The authors have no financial relationship relevant to this article to disclosure. There is no funding associated with this article. The authors declare that they have no conflict of interest.

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### Single-Subject Designs and Practice-Based Research in Palliative Care: A Letter to the Editor



Dear Dr. Portenoy,

Randomized controlled trials (RCTs) have advanced pain and symptom management in the context of

chronic illnesses and are regarded as the ideal designs to guard against threats to internal validity. These designs also enable researchers to obtain unbiased estimates of intervention effects compared to control conditions. However, overreliance on RCTs may stifle research progress if resources are limited, clinically meaningful differences are small, or participants differ from those who do not consent, are excluded, or leave the study before completion.<sup>1</sup>

The RCT's challenges are compounded in palliative medicine when patient resources are depleted and personnel are strained. In one trial, the senior author succeeded in enrolling only 0.3% of patients approached. In other trial, Van Scheppingen (2014) estimated that 17 person-hours were required to recruit each patient into a supportive oncology study.<sup>2</sup> If RCTs are not feasible or have not been conducted to inform practice, an alternative but complementary approach is to conduct practice-based research. It is argued that single-subject research designs (SSRDs) are viable but underutilized tools for treatment outcome research in palliative medicine.<sup>3</sup> Whereas the RCT seeks to answer Which treatment is better for subjects on average?, SSRDs seek to answer Does this treatment work for this particular individual in this particular situation? Therefore, the SSRDs have substantial potential for advancing personalized medicine in palliative care.<sup>4</sup>

SSRDs have been applied to common sources of suffering seen in palliative care and are applicable to the investigation of medical illnesses. SSRDs and related small-n designs have played pivotal roles in elucidating principles of behavior and behavioral pharmacology, and for testing interventions for anxiety, pain, conditioned nausea, and blood pressure.<sup>4–6</sup> SSRDs have also been used to study interventions for agitation, and cognitive problems related to neurocognitive disorders.<sup>7</sup> Despite the clear applicability to problems of pain and symptom management, these designs are not routinely implemented in palliative care research and practice.<sup>3,4</sup>

Kazdin outlined the essential features of SSRDs including repeated assessment of behavior, establishment of within-subject control conditions, and stability in the behavior of interest.<sup>8</sup> Whereas group designs use pre, post, and follow-up assessments, SSRDs assess behavior in a continuous fashion over minutes, days, and weeks. Experimental control is established within the subject, typically with a baseline assessment phase (A) that is collected before the intervention is applied (B). Mean differences, variation, and slope of behavior are compared across conditions. Data are typically analyzed with visual inspection, but statistical methods can help mitigate biased interpretation.

The components of SSRDs can be configured in plethora of ways. [Figure 1](#) depicts hypothetical data to illustrate several of these designs. [Figure 1a](#) is an