The Open Access Movement: A Chance to Re-Evaluate the Peer Review Process?

El movimiento Open Access: ¿oportunidad para re-evaluar el proceso de revisión por pares (peer review)?

To the Editor,

A recent editorial in Archivos de Bronconeumología1 called into question the quality and scientific rigor of the peer review (PR) process in Open Access (OA) journals. We would like to add a few thoughts of our own. The OA model undoubtedly has some advantages, such as improving the visibility and accessibility of published content. This in turn increases the number of citations received, and consequently boosts the impact factor of these journals, giving them a competitive advantage over other publications. The PR process is a system that evaluates the quality of the research before it is published. It analyses the scientific quality of the papers, and verifies whether the research is sound and the methodology appropriate. PR should be objective, independent and even parallel to the research itself, and it should be well established and monitored. The number of OA scientific journals has increased in recent years, and while this open system may change the PR editorial process, it should not impoverish the quality of the content. In fact, evidence shows that the underlying problem is financial. Although OA means removing barriers to accessing academic papers, acquisition costs influence the scientific communication process; subscription-based publishing systems require a major investment from the scientific community, and the same is true of systems that enable users to access and retrieve the information they need. According to Alexandrov, the purpose of PR has changed over time: it was originally geared to selling articles to the reader, therefore publishers needed to evaluate how many readers would buy a particular manuscript, i.e. the market value of the original paper was an important factor in the editorial decision. In OA, in contrast, reviewers do not have to assess the market value of a manuscript, as publication costs have already been paid (by the author, institution or a third party) and do not need to be recuperated through subscriptions. This could lead to a more lenient approach to the PR process. Some authors believe that when the scientific community fully adopts an OA policy, together with an open PR system in which reviews are signed and published online, the level of transparency and quality in scientific publishing of research data will probably improve, and the PR process will reach levels of excellence. PR in OA should be a dynamic system in which online comments and suggestions are accepted. The OA initiative could benefit the PR process by creating an open system of communication between the author and the reviewer, and in-depth insight into the selection criteria used by the experts.

The trend toward OA publishing is unstoppable, and in many cases levels of PR quality control not differ greatly from subscription systems. Either way, the OA system, along with an increasingly open approach to science, will give the scientific community a chance to re-evaluate editorial transparency and the PR process.

References


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14 mm spiculated node in the posterior region of the LUL, indicative of malignancy (Fig. 1), and a diagnosis of lung adenocarcinoma was confirmed by the pathology report. No pathological contrast uptake was found in any other sites on PET-CT.

The merits of extensive screening for occult malignancy after idiopathic thromboembolic events are still widely debated. The latest evidence suggests that this practice is only justified in high-risk patients (recurrent thrombotic events in spite of anticoagulation, and portal or hepatic vein thrombosis) due to high healthcare costs, but basic screening studies with laboratory testing, protociled according to age and chest X-ray results, may be beneficial.1–4 Finally, it is important to note that while the most commonly affected territories are the veins of the lower limbs and the lungs, a small percentage of venous thrombosis in unusual sites may also indicate occult malignancy or other systemic diseases. Thus, each case should be evaluated on an individual basis, and minimal basic screening is a possible approach.

Fig. 1. Bilateral venous thrombosis and malignancy.
References


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