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Pairing of traditional journals with open access sibling journals – a bibliometric analysis

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ABSTRACT

To allow for the increasing demand for open access publication, many traditional scientific journals have established an open access sister journal. *Transplantation Direct (TXD)* was established as the open access sibling journal of *Transplantation (TPA)* in 2015. The aim of this study is to provide insight into the fate of manuscripts offered transfer and to better understand author decisions when provided the option of open access publishing.

A bibliometric analysis, including all manuscripts rejected by *TPA* after peer-review and offered transfer to *TXD* between 2015 and 2019, was performed. A systematic search on PubMed® and Google Scholar was performed to identify the destination journals for manuscripts not published in *TXD*.

TPA received 8365 manuscript submissions, of which 1969 (23.5%) were published, 1170 (14.0%) rejected after editorial review and 5226 (62.5%) rejected after full peer review. Of these latter 5226 manuscripts, 1376 (26.3%) were offered transfer to *TXD*. A total of 333 (24.2%) were published in *TXD*. Of the 1043 manuscripts that were not published in *TXD*, 871 (83.5%) were published elsewhere (76.0% in traditional and 24.0% in open access journals) and 172 (16.4%) remained unpublished. Publication in *TXD* resulted in a significantly shorter publication process compared to publication in another journal (respectively 102 (67 – 171) versus 264 (177 – 393) days, $P < 0.0001$).

Pairing traditional journals with open access sibling journals offers a reliable and time efficient opportunity for authors to publish their research, while maintaining validation of the high standard and quality peer review of the traditional journal.

INTRODUCTION

Scientific publishing has been changing substantially over the past ten years. There has been a rapid increase in numbers of open access journals and a stable number of traditional journals. Open access publishing provides a model of publishing in which the author pays the costs of publication instead of the traditional reader-pays approach.¹⁻³ It is available both through traditional journals and specific open access journals which have been established by sponsoring professional associations. *The Transplantation Society* and Wolters Kluwer, the publisher of *Transplantation (TPA)*, established *Transplantation Direct (TXD)* as an online open access journal with specific goals and a continuous publishing mode, commencing publication in February 2015.⁴

Papers may be submitted directly to *TXD* or may be transferred after initial submission to *TPA*. The Editors of *TPA* have the option to offer authors transfer of their manuscripts to *TXD* if it is assessed to be of high quality, and meets the specific aims of *TXD*, but is not deemed of sufficient priority for publication in *TPA*. The editor of *TXD* then reviews the manuscript, its peer review and the *TPA* editorial perspectives, before agreeing to offer transfer. Authors may respond that they “Agree to Transfer” or “Decline Transfer”. The analysis we present here was designed to provide transparent insight into the functioning of journal pairing for both the journal and authors, by examining the ultimate destination of manuscripts that flow from a traditional journal to an online open access sibling journal. For this purpose, a bibliometric analysis of all manuscripts offered transfer from *TPA* to *TXD* between 2015 and 2019 was performed.

METHODS

All manuscripts rejected by *TPA* after peer-review and offered transfer to *TXD* between 2015 and the end of 2019, were included in this bibliometric analysis. Included manuscript types were original articles, invited material, letters, special features and editorials. Data were derived from the submission system operated by the editorial offices of *TPA* and *TXD* and included the date of final decision, title and authors of the manuscript, editorial manuscript status if authors were offered transfer, and whether the transfer was actually received by *TXD*. All manuscripts not actually published in *TXD* were sought on PubMed® and Google Scholar by two independent reviewers (T.B. and S.B) using key words from the title and first author names. Destination journals were categorized as either full open access or traditional, using the Directory of Open Access Journals (DOAJ),⁵ and the five-year impact factor (5-year IF), calculated from the years 2015-2019, was derived from the Journal Citation Reports from the Web of Science Clarivate Analytics Index System.⁶ Date of publication was defined as the ePub date identified by PubMed. Data were analyzed using *R: A Language and Environment for Statistical Computing*, version 3.5.2 (R Foundation for Statistical Computing, Vienna, Austria).

The study was registered in the University Medical Center Groningen Research Register (no. 202100708). Data were accessed as an editorial system quality assurance study approved by the Executive Editorial Committee of Transplantation. All data retrieved remain confidential, no journal authorships are disclosed beyond the two independent reviewers and all identifying data will be destroyed after acceptance of this manuscript for publication.

RESULTS

TPA received 8365 manuscript submissions between 2015 and 2019, of which 1969 (23.5%) were published, 1170 (14.0%) were rejected after editorial 'desk' review and 5226 (62.5%) rejected after full peer review (Figure 1).

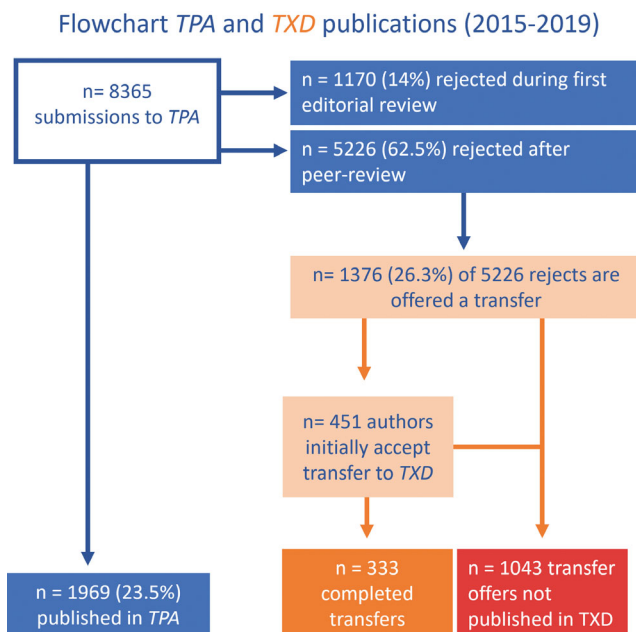


Figure 1. Flowchart Transplantation (TPA) and Transplantation Direct (TXD) manuscripts (2015-2019).

Of the latter group, 1376 (26.3%) manuscripts were offered transfer to *TXD*. Authors accepted transfer of 451 manuscripts, but in the end only 333 successfully went through the review process and were published in *TXD*. Of the remaining 118, 11 were not revised satisfactorily, author declined to revise ($n=9$), submission was removed by the author ($n=37$), submission was removed by the editor ($n=3$), submission was removed from the system because of prolonged inactivity ($n=52$) and a small number was still being revised at the time of the analysis ($n=6$). Thus, a total of 1043 manuscripts offered transfer were not published in *TXD*. These manuscripts were subjected to a systematic literature search. It appeared that 871 (83.5%) of

these manuscripts were published elsewhere of which 666 (76.5%) manuscripts were published in traditional journals and 205 (23.5%) in open access journals (Figure 2). A total of 172 (16.5%) manuscripts remained unpublished at the time of the search. Of the manuscripts published elsewhere, the duration between the date of manuscript rejection by *TPA* and the date of final publication was markedly shorter when authors opted for *TXD* compared to publication in another journal (102 (67–171) versus 264 (177– 393) days, $P < 0.001$). The number of transfer offers and subsequent transfers published in *TXD* did not change over the years, with 250–290 manuscripts offered a transfer each year of which 22%–28% actually transferred and published.

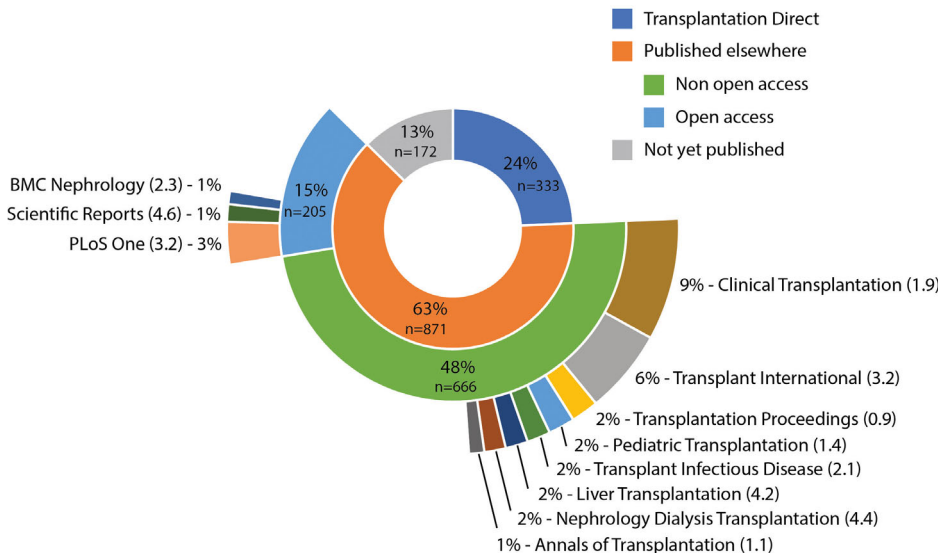


Figure 2. Sunburst chart of publication destination of manuscripts offered transfer from *Transplantation to Transplantation Direct* (2015–2019, $n = 1377$)

Eight manuscripts were published in *TPA* after successful rebuttal and satisfactory revision of the manuscript despite an initial editorial decision to reject. Furthermore, there were 129 articles which were rejected and offered transfer by *TPA*, but were eventually published in journals with an equivalent or higher 5-year IF than *TPA* (Table 1). Analysis of these manuscripts shows that 77 were published in general medical journals, while 52 were published in other specialist journals publishing transplantation related manuscripts. The most sizeable individual journal destinations for these manuscripts were *Liver Transplantation* ($n=22$), *Nephrology Dialysis and Transplantation* ($n=27$) and *Scientific Reports* ($n=17$). *TPA* missed a total of 1301 citations over the five-year period by not publishing these 129 manuscripts (1.5% of total submissions). Only 30 (0.35%) of the 8365 manuscripts submitted to *TPA* achieved a higher citation rate per year than the average manuscript published by *TPA* during this period.

Table 1. Publications in journals with equivalent or higher 5yr-IF than *TPA* after rejection + transfer to *TXD*

Journal	5yr-IF	N manuscripts published
<i>TPA</i>	4.043	8 (after offered transfer first)
Full open access journals		
PLoS Medicine	13.488	1
Biosensors and Bioelectronics	8.669	1
Haematologica	7.440	1
EBioMedicine	6.292	1
Stem Cells Translational Medicine	5.612	1
Nutrients	5.089	1
Cancer Science	4.801	1
Journal of Biomedical Science	4.724	1
International Journal of Molecular Sciences	4.653	1
Scientific Reports	4.576	17
Journal of Translational Medicine	4.541	1
Traditional journals		
Journal of the American College of Cardiology	19.035	1
Journal of the American Chemical Society	14.549	1
Clinical Infectious Diseases	8.845	1
Diabetes	8.147	1
Journal of the American Academy of Dermatology	7.950	3
Journal of Heart and Lung Transplantation	7.897	1
American Journal of Kidney Diseases	7.217	1
British Journal of Anaesthesia	6.932	1
Clinical Microbiology and Infection	6.620	1
American Journal of Transplantation	6.613	4
Clinical Journal of the American Society of Nephrology	6.436	4
Clinical Nutrition	6.280	2
Value in Health	6.195	1
British Journal of Surgery	6.085	1
British Journal of Haematology	5.287	1
BJOG	5.251	1
Clinical Science	5.185	1
Journal of the American Geriatrics Society	4.947	1
European Journal of Preventive Cardiology	4.936	1
Journal of the American College of Surgeons	4.677	1
Journal of Infection	4.556	1
International Immunology	4.537	1
Journal of Thoracic and Cardiovascular Surgery	4.488	1

Table 1. Continued.

Journal	5yr-IF	N manuscripts published
Canadian Journal of Cardiology	4.460	1
Bone Marrow Transplantation	4.416	2
Nephrology, Dialysis, Transplantation	4.392	21
Biology of Blood and Marrow Transplantation	4.341	1
European Journal of Immunology	4.298	1
British Journal of Nutrition	4.284	1
Liver International	4.265	4
Liver Transplantation	4.153	22
Thrombosis and Haemostasis	4.143	1
Apoptosis	4.128	1
Nutrition	4.118	1
British Journal of Clinical Pharmacology	4.062	2
World Journal of Gastroenterology	4.058	9
European Journal of Cardiothoracic Surgery	4.045	3

Abbreviations: TPA, transplantation; OA, open access; TXD, Transplantation Direct; 5yr-IF, 5 year impact factor.

DISCUSSION

This analysis demonstrates the choices made by authors as they seek to publish their manuscript, as well as the trade-offs of cost and time-to-publication that they experience as their articles flow to publication in both conventional and open access journals. We also show that timing is often essential, as journal editors, who are limited by page numbers, occasionally have to decline good submissions. This is demonstrated by the fact that a very small fraction of manuscripts rejected by *TPA* flowed to equivalent or even higher impact traditional and open access journals. Although rare (1.5% of submissions), these cases appear to represent a missed opportunity for *TPA*, but even more rarely (0.35% of 8365 submissions) were manuscripts which eventually received higher citations than the average manuscripts accepted in *TPA*.

About three-quarters of authors whose manuscripts were eventually published after declining transfer, did so in conventional journals, and only a quarter published in an open access journal indexed by the DOAJ and it took them substantially longer to publish (mean additional time to publish of 181 days). The considerations that authors make in this regard are unknown, but it is not inconceivable that open access publications costs contribute to this. Furthermore, a driving incentive for most scientific authors is the pursuit of publication in journals with the highest rank possible. Eighty-seven percent of the manuscripts rejected by *TPA* and offered transfer to *TXD* were eventually published in a scientific journal. Interestingly, in 12% (129 manuscripts) of cases, the authors published their articles in other journals with equivalent or even higher 5-year IF than *TPA*. In these cases, the majority (77 of 129, 60%) were not published in journals

aimed at transplantation, but rather found acceptance in other specialist or general medical journals. A possible explanation could be that the subject matter may have been less relevant for the transplant readership of *TPA* (and *TXD*) and more suited to a general readership. The remaining 52 of these 129 (40%) rejected manuscripts, which were published in other specialist journals, underscore and confirm the small but real vagaries of peer review and editorial judgement between different journals and editors. However, authors could also have used the *TPA* review to improve their manuscripts before offering it to another (higher impact) journal. Open access publishing in new online journals has become an increasingly important contributor to scientific publication. Publication in a paired open access journal through transfer is faster, more reliable and is a more sustainable way to use peer-review, especially as it has become increasingly difficult to find suitable and willing expert peer reviewers. However, author publication costs are higher and most open access journals have a lower impact factor. While some universities and research institutions have established arrangements to meet article processing charges and publications costs, others, especially in emerging economies, do not, creating accessibility issues for these researchers. This underlines the importance for organizations, governments and funding agencies to keep supporting open science goals financially.

This analysis has a number of limitations: we analyzed the publishing behavior of Transplantation's editors and authors which may not necessarily be applicable to other journals; we did not examine all manuscripts rejected by *TPA*, but focused on those that were offered transfer to *TXD*; *TXD* started in 2015 at the start of the analysis period and thus did not have an Impact factor to help guide authors.

Conclusion

Pairing traditional journals with open access sibling journals offers a reliable and time efficient opportunity for authors to publish their research, while maintaining validation of the high standard and quality peer review of the traditional journal. This analysis provides an insight into editor and author decision-making when confronted with cascading between journals, especially in sibling journals offering a transfer option for articles of particular interest. At least in the early period of *TXD* launching, more than half of the authors did not take up this transfer option, perhaps seeking a higher IF journal, or for the purpose of reducing publication costs through use of traditional journals. However, the downside of these decisions is the delay of publication by about six months and, in the end, many manuscripts still attracted open access charges.

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REFERENCES

1. Recommendations: Commission Recommendation of 17 July 2012 on access to and preservation of scientific information (2012/417/EU). Official journal of the European Union, available at <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32012H0417&rid=1> Accessed 19 June 2022.
2. UCL Wellcome Trust open access policy and funding. Available at: <https://www.ucl.ac.uk/library/research-support/open-access/research-funders/wellcome-trust-open-access-policy-and-funding>. Accessed 19 June 2022
3. NIH: Public Access Policy. When and how to comply. Available at: <https://publicaccess.nih.gov/> Accessed June 19 2022
4. *Transplantation Direct*. About the Journal. <https://journals.lww.com/transplantationdirect/Pages/aboutthejournal.aspx> Accessed June 16 2022
5. Directory of Open Access Journals. Available at <https://doaj.org> Accessed on May 17, 2021
6. 2021 © Clarivate Journal Citation reports. Available at <https://jcr.clarivate.com/jcr/home?Init=Yes&SrcApp=IC2LS>. Accessed on 19 June 2022

