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# Publishing Ahead of Print: What's the Real Value Proposition?

Speakers:

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Robin Bodishbaugh and Tom Domine showed background slides on their publications. The *Journal of Clinical Oncology* (JCO) began publishing ahead of print (P<P) in May 2002. The American Heart Association (AHA) initiative began in 2001, and the last of the five journals rolled out in August 2002.

The first major decision regarding publishing ahead of print concerns the stage at which to publish—open peer review (before or after submission); non-copiedited manuscript after acceptance; copiedited, with rough layout, but not author-corrected manuscript; copiedited, with page layout, posted when pages are sent to authors; or final print version.

The second major decision concerns which papers to publish—all papers; all science papers, but not correspondence, invited articles, or features; or selected high-profile papers.

And the third major decision is who should have access to the papers published ahead of print—everyone, or free abstracts for everyone but full text only for subscribers and pay-per-view for others.

Bodishbaugh and Domine reported the following statistics (with permission) from a Cadmus survey of 100 journals with

300,000 total pages:

- Journals representing 45% of total pages (but 20% of journal titles) publish some articles ahead of print.
- Most (90%) P<P all standard articles.
- Most post only the PDF at the P<P stage.
- 50% P<P the revised pages.

Bodishbaugh reported that her journal,

*P<P is being driven by authors who want faster turnaround from acceptance to publication and readers who want faster access to content.*

JCO, publishes the final print version of selected high-profile papers and accompanying editorials. JCO is moving toward publishing all papers ahead of print. Access is for subscribers only. Papers are posted 4 to 6 weeks ahead of print.

Domine reported that AHA has several models for publishing ahead of print, including

- *Circulation* has two models—one with rapid review and production and the other with normal review and rapid production. *Circulation* posts copiedited, author-corrected science articles.
- *Circulation Research*—first to launch P<P and first to suggest eliminating it. *Circulation Research* posts copiedited, but not author-corrected, science articles.
- *Hypertension* and *Arteriosclerosis, Thrombosis, and Vascular Biology*—post copiedited, author-corrected science articles.

- *Stroke*—posts copiedited, author-corrected total content.

A small but growing audience exists for P<P. P<P is being driven by authors who want faster turnaround from acceptance to publication and readers who want faster access to content. Readers prefer “free” access as soon as possible (academics and basic scientists). Readers also see P<P as giving their subscription dollar added value. Editors see P<P as a way to ameliorate backlog, provide better turnaround time, set the bar higher, and distinguish their journal from the competition. Libraries also report a declining interest in print.

The advantages of P<P are these:

- It gets important research to scientists and the public faster.
- If only high-profile articles are published, these can drive media interest.
- Turnaround to publication is faster.
- It is a stepping stone to online-only publication.

P<P also has disadvantages:

- It can erode interest in print journals.
- It requires a lot of work for few users.
- It requires additional coordination.
- Some high-profile articles may get buried in other content-providers' press releases.
- It is not known whether it increases readership and citations or only moves citations forward a bit.
- Publishing a less-than-final version ahead of print can pose problems.

The conclusion reached by JCO and AHA is that P<P is almost a must-do for staying competitive. However, metrics are needed to assess its true value. 🗨️