# **Article Processing Charges for Open Access Journals**

Open access journals enable authors to make their articles freely available with few restrictions, but they are not without costs. In the traditional publishing model, journals recoup the costs of publication primarily through subscriptions and charge authors a nominal fee, if any. In contrast, open access journals (or hybrid journals with an open access option) cover their publication costs by charging authors article processing charges (APCs) to forgo the paywall. APCs, also called publication fees, can vary substantially; for example, among the open access journals published by Springer Nature, the APCs range from about \$800 to more than \$6,000.

At MD Anderson, authors can often use grant funding or departmental funds to pay the fees associated with publishing their articles, including APCs. But for some authors who want to publish in open access journals, especially authors who are early in their careers or work at institutions with limited funding, APCs can pose a significant financial burden. These authors must be able to identify reputable open access journals that not only reach the authors' intended audience but also have manageable APCs.

Two sources for identifying high-quality open access journals, along with their APCs, are the Directory of Open Access Journals (DOAJ) and Sherpa Romeo. The DOAJ is a searchable index of more than 19,000 peer-reviewed open access academic journals (including more than 13,000 without APCs) from around the world. In addition to providing information about the journals' APCs, the DOAJ provides information about each journal's publisher, <u>Creative Commons license(s)</u>, and copyright practices. <u>Sherpa Romeo</u>, another searchable index, provides information about the publishing policies of about 22,000 academic journals from nearly 3,800 publishers worldwide, including fees or charges that may apply, as well as information about copyright and self-archiving policies.

Some of the larger academic publishers also offer one-stop shops for information about their open access journals and APCs. <u>Elsevier</u> has a searchable database of its open

access journals, with links to websites that prominently display the journals' APCs; <u>Springer Nature</u> and <u>Wiley</u> each offer downloadable Excel files with up-to-date information about the publishers' open access journals and APCs.

One way authors can reduce APCs is to take advantage of APC discounts or waivers. Many journals offer partial or full discounts to authors based in low- and middle-income countries; others offer discounts to authors who hold membership in certain professional societies. In addition, some open access journal publishers offer discounts to authors affiliated with certain institutions. For example, according to a recent <u>agreement</u> between Elsevier and the Texas Library Coalition for United Action, of which MD Anderson is a member, eligible authors can receive discounts of 10%-15% on APCs for Elsevier's open access journals (excluding Cell Press journals, *The Lancet*, and certain journals published by professional societies).

For authors who are ineligible for country-, society-, or institution-based discounts but can still provide evidence of financial hardship, many journals are still willing to negotiate APCs. For example, the full open access journals published by Taylor & Francis allow authors to request <u>discretionary APC discounts or waivers</u>.

## Now Available: DSM Library

The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) is a standard reference for clinical practice in the field of mental health. It provides a common language to communicate the characteristics of mental disorders across fields in order to accurately diagnose and treat mental disorders. It's not only a tool for clinicians but an educational resource for students, clinicians and researchers. MD Anderson now has access to all seven titles which can be accessed while on an MD Anderson campus or network.

- <u>Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision</u> (<u>DSM-5-TR</u>)
- Diagnostic and Statistical Manual of Manual Disorders, Fifth edition
- DSM-5-TR Clinical Cases
- DSM-5 Clinical Cases

- DSM-5 Handbook of Differential Diagnosis
- DSM-5 Handbook on the Cultural Formulation Interview
- Guía De Consulta De Los Criterios Diagnósticos Del DSM-5®

## **OpenWorks at MD Anderson**

The Research Medical Library uses <u>OpenWorks</u>, an institutional repository, to promote educational and scholarly works from MD Anderson staff and students. Collections range from scientific posters such as the yearly <u>Education Week sessions</u>, <u>lecture series</u>, and <u>eBooks</u> about MD Anderson history. By placing digitized content online in OpenWorks, the items become available to a wider academic audience and promote MD Anderson as an active participant in open science. OpenWorks enhances discoverability as items are in the library's catalogue and are also found via internet search engines.

If you or your department are interested in submitting materials to OpenWorks, contact library staff at <u>RML-Help@mdanderson.org</u>.

Support MD Anderson contributors by exploring all collections in OpenWorks here.

### When to Use "Survival," "Survival Time," and "Survival Rate"

In biomedical writing, the concept of survival can be used in any of several contexts and accordingly can have diverse meanings. This entry will clarify the distinctions among *survival, survival time,* and *survival rate.* Furthermore, it will focus on *overall survival* rather than *disease-specific survival, disease-free survival,* or any other category of survival. For brevity's sake, *overall* will be assumed rather than repeatedly stated.

In general and biomedical contexts, the term *survival* is defined as the act or fact of living or continuing longer than another person or thing or, more simply, the

continuation of life or existence. Used alone, *survival* does not address or capture the concept of time.

**Correct:** The malnourished patient depended upon adequate nutritional intake for his survival.

**Incorrect:** Patients in treatment group 1 had better survival than did patients in group 2. (This is not specific enough. The author needs to specify what aspect of survival he/she is referring to [e.g., survival duration, survival rate, quality of life].)

*Survival time* (or *survival duration*) is the period elapsing (measured as the duration or amount of time) between the institution or completion of any procedure and death. *Survival time* and *survival duration* may be used interchangeably; either specifically captures the concept of time and can be used when expressing how much time has passed between a designated procedure or event and death.

**Correct:** After treatment, the survival duration of patient 6 was 8 months. **Correct:** The median survival time of treated patients in group 1 was 6 months. **Incorrect:** Survival time was different in patients in group 1. (This is not specific enough. The author needs to specify whether survival time was longer or shorter [rather than just different], clarify what group the patients in group 1 are being compared with, and, preferably, indicate the survival times being compared and whether the difference was statistically significant [with a *P* value].)

*Survival rate* refers to the percentage of people in a study or treatment group who are alive for a specified period of time after they were diagnosed with or treated for a disease, such as cancer. For example, if the 5-year survival rate for patients with a particular cancer is 35%, this means that 35 of 100 people initially diagnosed with that cancer would be alive at 5 years. *Survival rate* does not indicate whether a disease is cured or whether treatment is completed.

**Correct**: Patients treated with surgery plus chemotherapy had a higher 5-year survival rate (50%) than did patients who received chemotherapy alone (35%). **Incorrect**: Patients treated with chemotherapy only had a 35% survival rate. (The period of time used to calculate this rate needs to be specified.)

#### Bibliography

*Merriam-Webster's Collegiate Dictionary,* 11th ed. Springfield, MA: Merriam-Webster; 2003. *Dorland's Illustrated Medical Dictionary,* 32nd ed. Philadelphia, PA: Elsevier; 2012. Dictionary of Cancer Terms. National Cancer Institute at the National Institutes of Health. <u>http://www.cancer.gov/dictionary</u>. Accessed November 14, 2011.

# **AAPI eBook Collection**

In celebration of Asian American and Pacific Islander (AAPI) Heritage Month, the library has curated <u>eBook and audiobooks</u> that examine the complexities and richness of AAPI identity and culture.

View step-by-step instructions on how to download Libby to your mobile device.