

Open Access

Entre Idéal et Business Model

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A closer Look at the JOURNAL OF HEPATOLOGY

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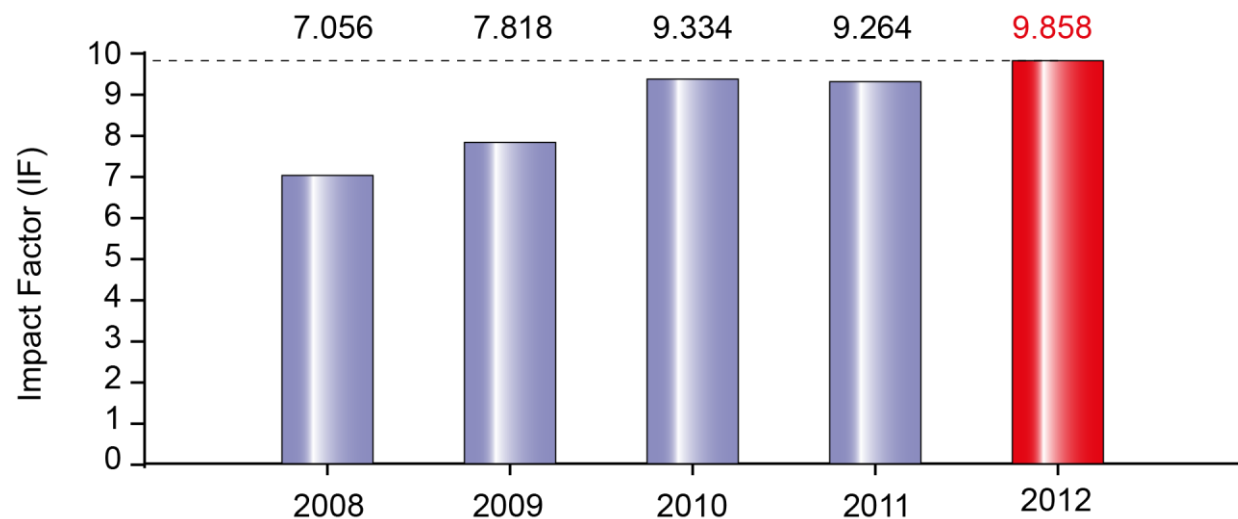
Facts sheet



- The Journal of Hepatology is the **official journal of EASL**
- It **ranks 4th** in Gastroenterology and Hepatology
- 2012 impact factor: **9.858**
- **20 original manuscripts** published in each issue
- All published reviews are **open access**



In perspective: JHEP over time

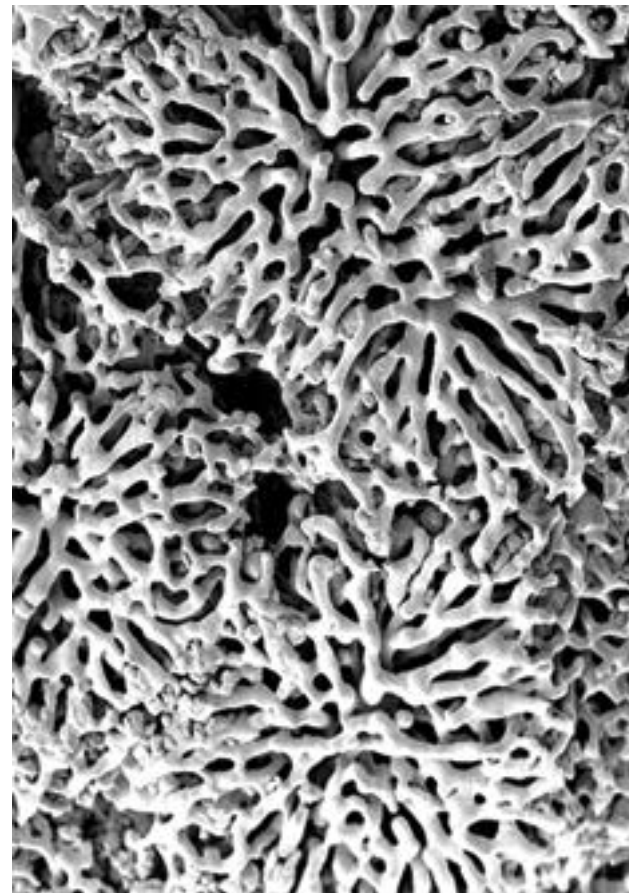
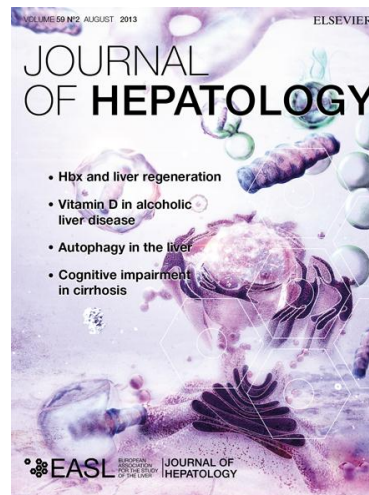
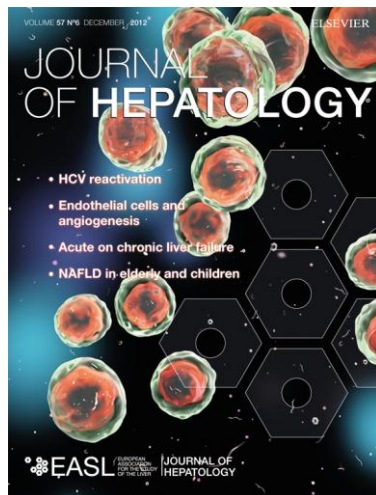
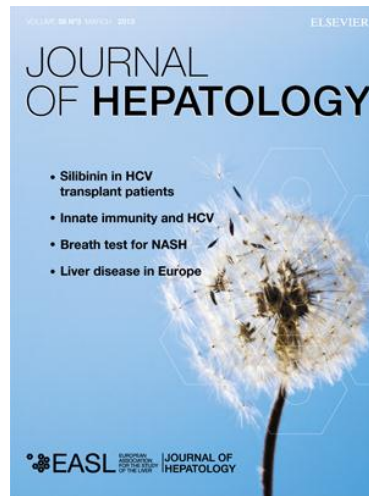
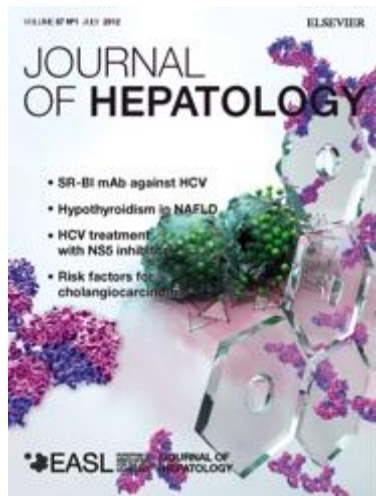


Year	Number of citations	Number of citable items
2006	3,079	507
2007	3,547	534
2008	3,415	484
2009	3,385	433
2010	4,107	440
2011	4,243	458
2012	5,333	541

JOURNAL OF HEPATOLOGY

- Covers

Authors are **highly encouraged** to submit high quality color figures and images suitable for publication on the cover at the time of submission of the manuscript.



Format: 210 x 280 mm
Color mode: RGB
Resolution: 300 dpi

Journal of Hepatology website

Starting September 2011

Two web editors have been appointed:

Elisabetta Bugianesi and Andreas Teufel

- New features added:

Editor's Pick

Issue Highlights

Special sections

(Short summary of each paper + a selected picture)

- For each issue, features are changed twice a month

- All pre-existing features/links have been updated

- New items to be implemented:

Podcasts (starting with interviews here at ILC 2012)

Graphical abstracts

Image of the month

....more to come

The screenshot displays the Journal of Hepatology website interface. At the top, the journal's title "JOURNAL OF HEPATOLOGY" is prominently featured, along with its official status as the journal of the European Association for the Study of the Liver (EASL). Navigation links for "Articles and Journal Title Home", "For Authors", "Journal Info", "Subscribe", "EASL", and "More Periodicals" are provided. A search bar is located below the navigation links. The main content area is divided into several sections: "On the Cover" featuring a thumbnail of the current issue and a "View Larger Cover" link; "Current Issue" for July 2013, Vol. 59, No. 1, which includes "Issue Highlights" with a graph and a video of Dr. Bruno Sangro; "Clinical Practice Guidelines" for the management of alcoholic liver disease; "Editor's Picks" with a bar chart; "Special Sections" including a "Snapshot" on liver morphology and "Stem cell therapies for liver failure and cirrhosis"; "Management of Liver Diseases 2012"; and "Journal Ranking" showing a 2012 Impact Factor of 9.858. The bottom of the page includes a copyright notice for 2013 and a list of editors.

JOURNAL OF HEPATOLOGY
Official Journal of the European Association for the Study of the Liver

Articles and [Journal Title Home](#) [For Authors](#) - [Journal Info](#) - [Subscribe](#) [EASL](#) - [More Periodicals](#) -

Search for in All Fields [Advanced Search](#)

On the Cover

[View Larger Cover](#)

Despite accounting for half of total PEPC activity in the human liver, mitochondrial PEPC (PEPC-M) potential in gluconeogenesis remains unknown. Méndez-Lucas et al. (in this issue, [pages 105-113](#)) tested the significance of added hepatic PEPC-M in gluconeogenesis and TCA cycle dynamics in liver-specific PEPC-KO and WT mice. This study presents evidence that PEPC-M has gluconeogenic potential per se, and cooperates with PEPC-C to adjust the gluconeogenic/TCA flux to changes in substrate or energy availability, hinting at a role in the regulation of glucose and lipid metabolism in the human liver. Indirect immune detection using confocal microscopy of PEPC-M on cultured hepatocytes from Pck lox/lox+AlbCre mice treated with AdPck2. Note that the color of the confocal is red/green/blue; red is MitoTracker, a mitochondrial marker, green is PEPC-M, and blue is TO-PRO3, a DNA-specific stain.

[New Issue Alert](#)

[Management of Liver Diseases 2012](#)

[JOURNAL OF HEPATOLOGY](#)
Management of Liver Diseases 2012
EASL

Journal Ranking

2012 IMPACT FACTOR 9.858

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Current Issue | July 2013, Vol. 59, No. 1

Issue Highlights

[Long term effectiveness of resection and radiofrequency ablation for single hepatocellular carcinoma $\leq 3\text{ cm}$. Results of a multicenter Italian survey](#)

Liver resection (RES) is the first-line treatment for cirrhotic patients with early stage hepatocellular carcinoma (HCC) and well-preserved liver function. Radiofrequency ablation (RFA) is the standard of care for HCC patients within Milan criteria and compensated liver function not suitable for surgery. Pompili et al. compared liver RES and RFA ablation in 544 Child-Pugh A cirrhotic patients with single hepatocellular carcinoma $\leq 3\text{ cm}$ and compensated cirrhosis. Four-year overall survival rates were 74.4% in the resection group and 66.2% in the radiofrequency group ($p = 0.353$). Local tumor progression was detected in 20.5% of ablated patients and in one resected patient ($p < 0.001$). The authors conclude that in spite of a higher rate of local tumor progression, radiofrequency ablation can provide results comparable to liver resection in the treatment of single hepatocellular carcinoma $\leq 3\text{ cm}$ occurring in compensated cirrhosis.

[Notch signaling regulates tubular morphogenesis during repair from biliary damage in mice](#)

Repair from biliary damages requires the biliary specification of hepatic progenitor cells and the remodeling of ductular reactive structures into branching biliary tubules. Fiorotto et al. induced biliary damage through DDC or ANIT in wild type mice and in mice with a liver-specific defect in the Notch-2 receptor or in RBP-Jk. In RBP-Jk-ko mice, mature ducts and hepatic progenitor cells were both significantly reduced with respect to similarly treated wild type mice. The mouse progenitor cell line BMOL cultured on Matrigel, formed a tubular network allowing the study of tubule formation in vitro; γ -secretase inhibitor treatment and siRNAs silencing of Notch-1, Notch2 or Jagged1 significantly reduced both the length and the number of tubular branches. These data demonstrate that Notch signaling plays an essential role in biliary repair. Lack of Notch-2 prevents biliary tubule formation, both in vivo and in vitro. Lack of RBP-Jk inhibits the generation of biliary committed precursors and tubule formation.

Special Sections

Snapshot

[New Snapshot Format](#)

[Stem cell therapies for liver failure and cirrhosis](#)

Morphologic features of the liver on grey-scale ultrasound are inaccurate for discriminating mild to moderate/severe fibrosis. High frequency ultrasound of the liver surface and acoustic structure quantification allow a digital analysis of liver profile and echotexture. Colour- and Power-Doppler US can depict signs of portal hypertension in overt cirrhosis, but earlier changes in the hepatic microvasculature can be evoked by contrast-enhanced ultrasound techniques. Transient elastography is well validated for the non-invasive measurement of liver fibrosis. However, limited by the lack of direct visualization of vessels

Videos

1-10 11-20 21-30

Dr. Bruno Sangro presents his article ["A clinical trial of CTLA-4 blockade with tremelimumab in patients with hepatocellular carcinoma and chronic hepatitis C"](#).

Clinical Practice Guidelines

[EASL Clinical Practice Guidelines: Management of alcoholic liver disease](#)

[EASL Clinical Practice Guidelines Collections](#)

Editor's Picks

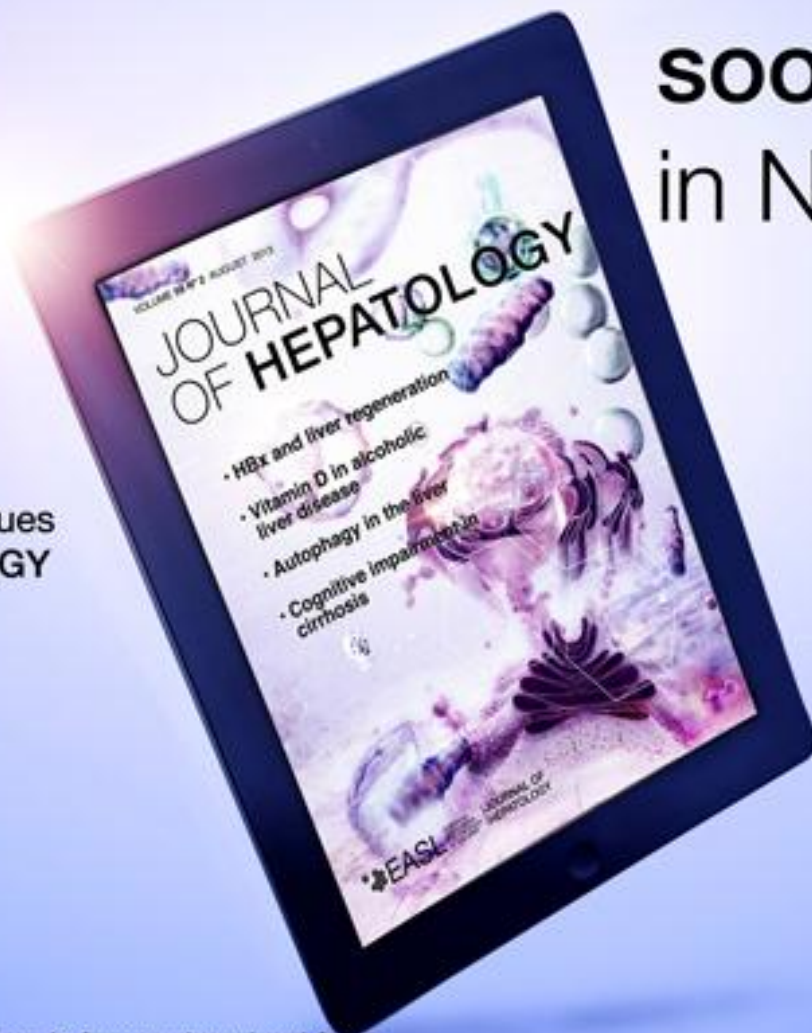
[Pharmacological cholesterol lowering reverses fibrotic NASH in obese, diabetic mice with metabolic syndrome](#)

Dysregulated hepatic cholesterol homeostasis results in accumulation of free cholesterol (FC) in obese, insulin-resistant Alms1 mutant (fzf/fzf) mice with diabetes and metabolic syndrome. Van Rooyen et al. recently showed that hyperinsulinemia promotes hepatic accumulation of FC in obese, insulin-resistant Alms1 mutant (fzf/fzf) mice with NASH. The authors now tested whether cholesterol-lowering drugs reduce stress activated c-jun N-terminal kinase (JNK) activation, hepatocyte injury/apoptosis, inflammation and fibrosis in this metabolic syndrome NASH model. In summary, they demonstrated that cholesterol-lowering agents, particularly with ezetimibe/atorvastatin combination, reverses hepatic FC but not saturated FFA accumulation. This dampens JNK activation, ALT release, and hepatocyte apoptosis and inflammatory recruitment, with reversal of steatohepatitis pathology and liver fibrosis. Ezetimibe/statin combination is concluded to be a potent, mechanism-based treatment that could prevent NASH and liver fibrosis NAFLD transition to cirrhosis.

JOURNAL OF HEPATOLOGY

soon available
in Newsstand

EASL members and
Journal subscribers get iPad issues
of the JOURNAL OF HEPATOLOGY
for free.

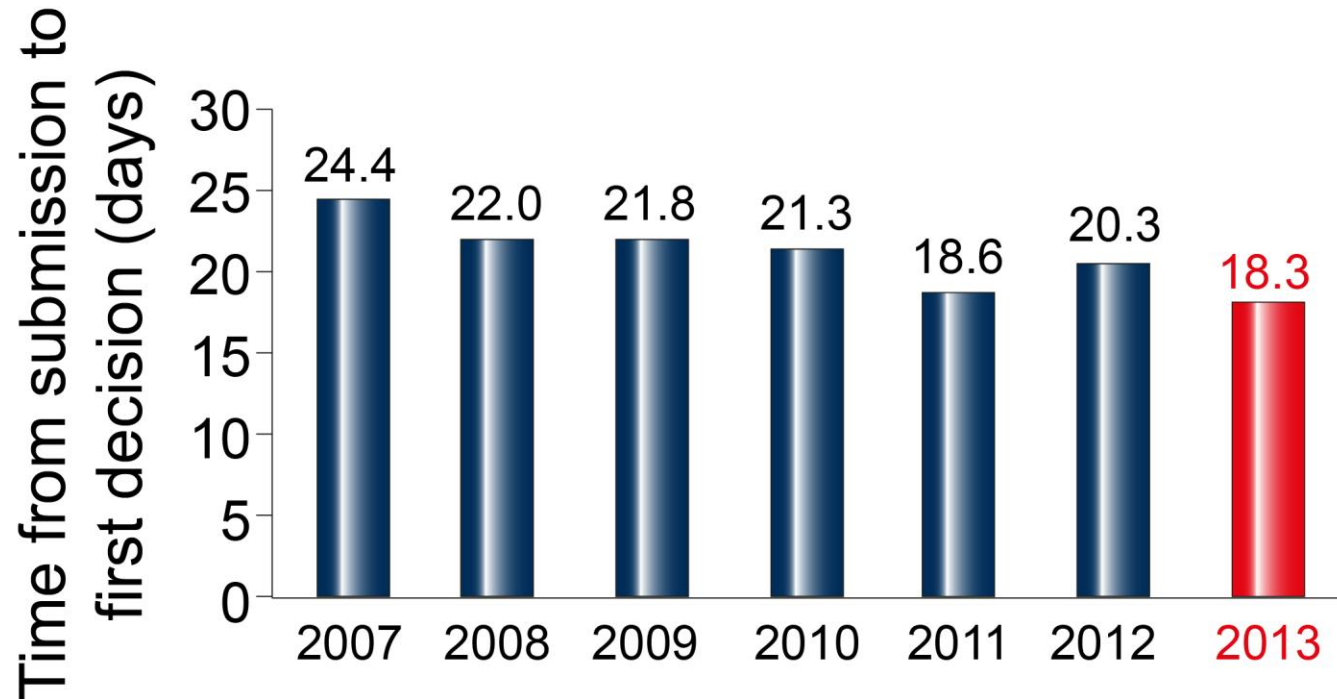


The App is free to download from
iTunes' App store and includes
a free sample issue.



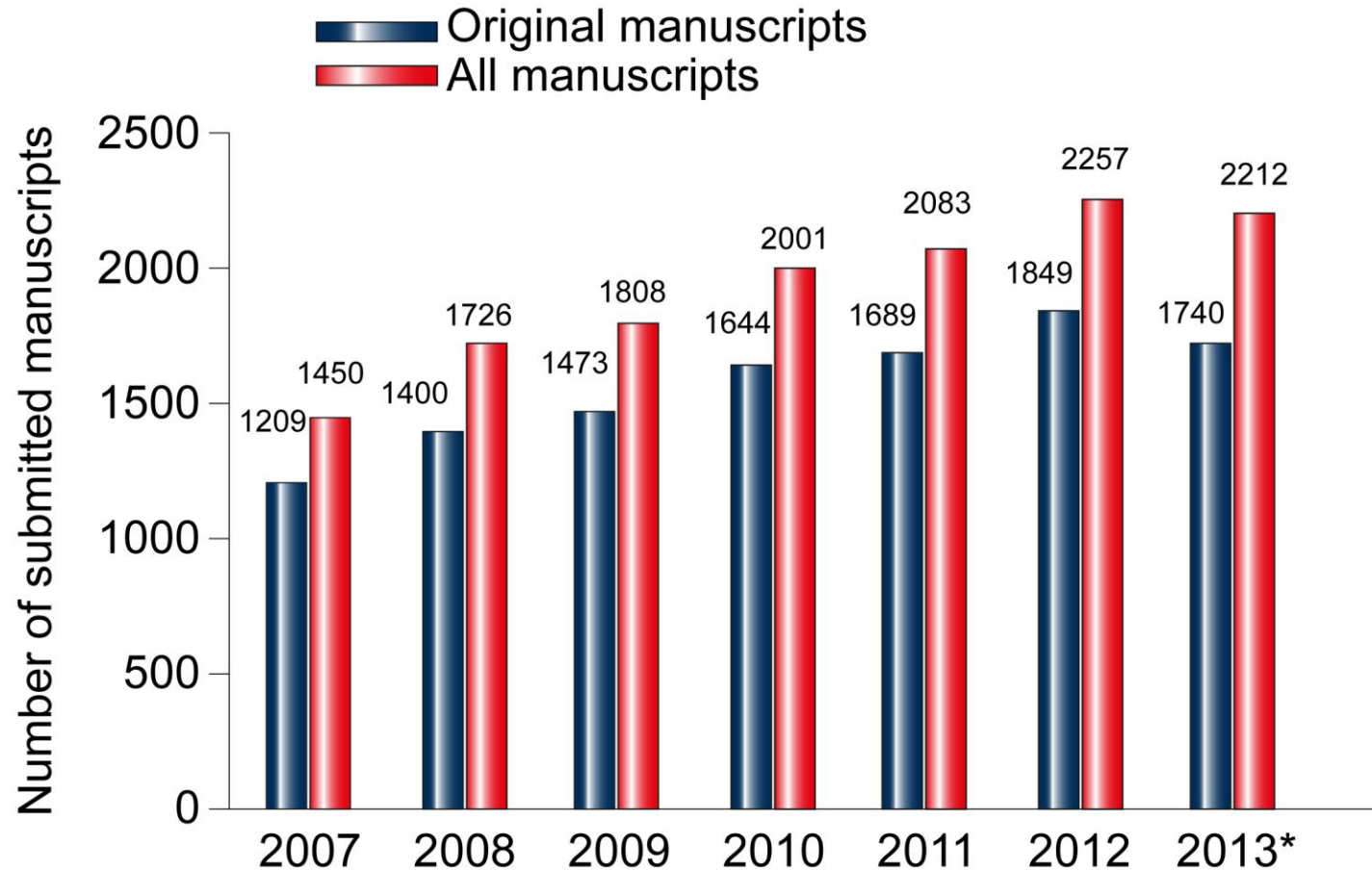
Journal turnaround time

Average number of days between the date the manuscript is submitted and the first decision





Number of submissions - Original and all manuscripts

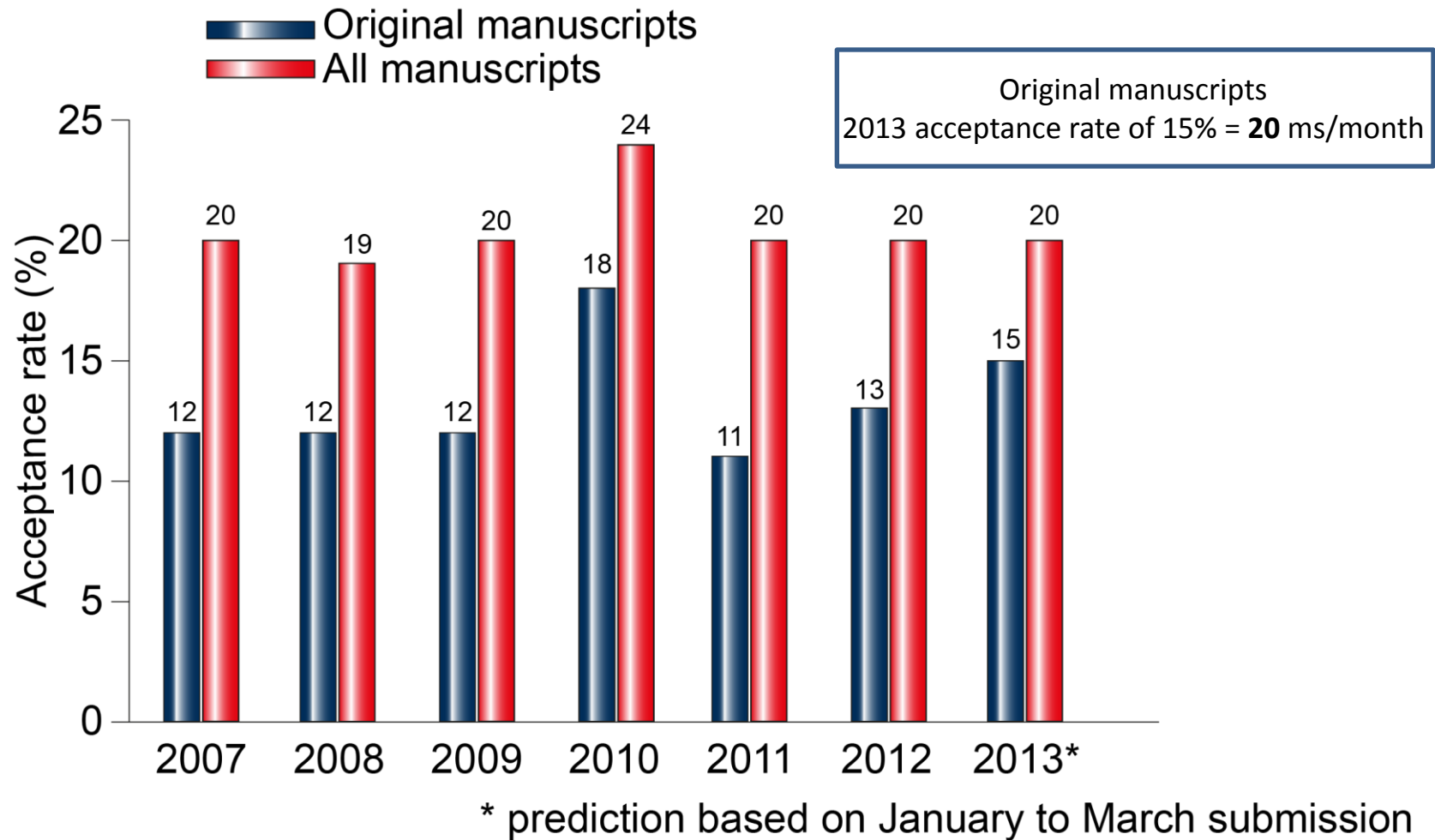


* prediction based on January to March submission

The trend for submission in 2013 looks similar to that of 2012



Original and all manuscripts acceptance rates (total)



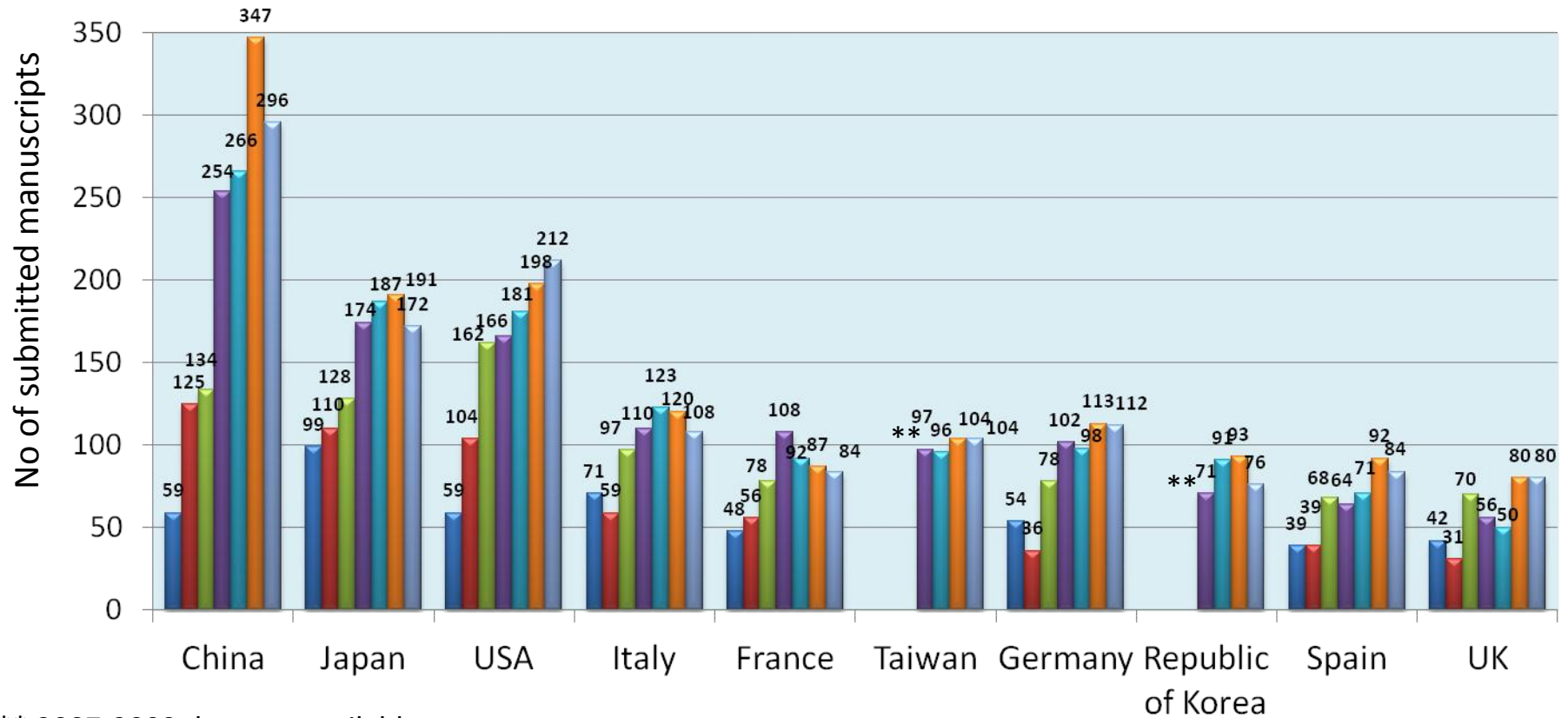
The acceptance rate has been rather **constant since 2011**, it should **not** exceed:
the 20 manuscripts/month.

This will further stabilize the time interval from acceptance to publication to **3.5-4.5 months**



Top submitters by country: Original manuscripts

2007 2008 2009 2010 2011 2012 2013

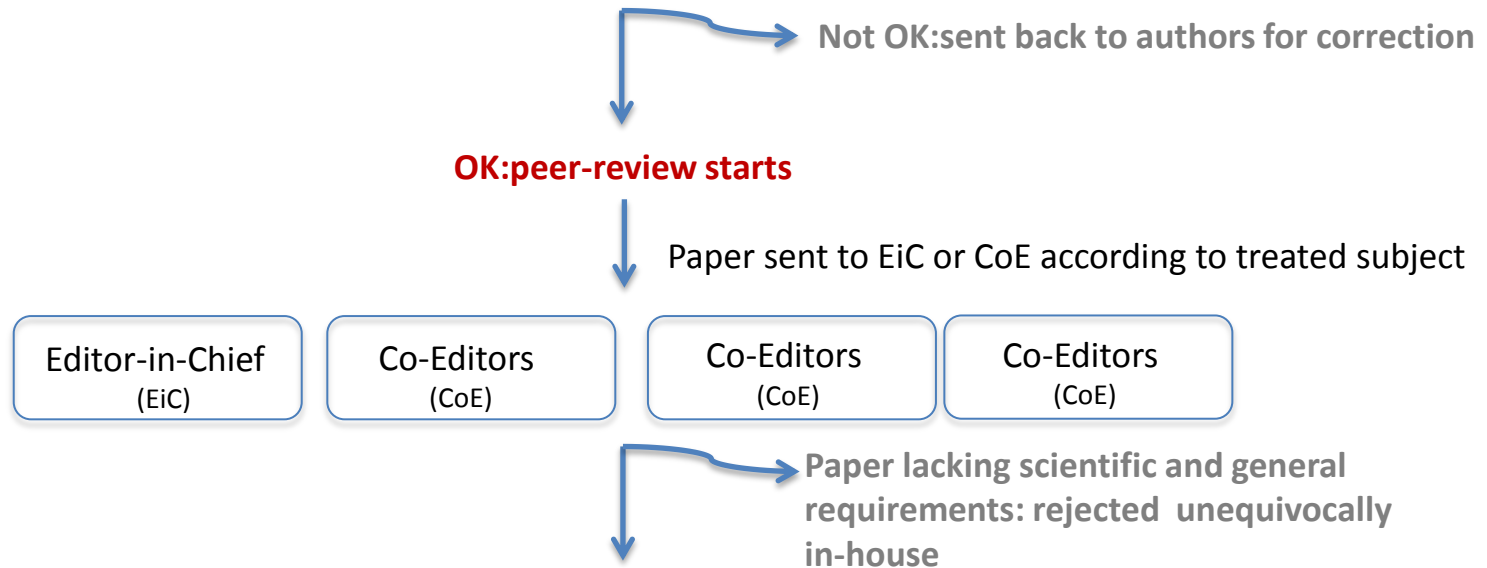


** 2007-2009 data not available

China is still the top submitter

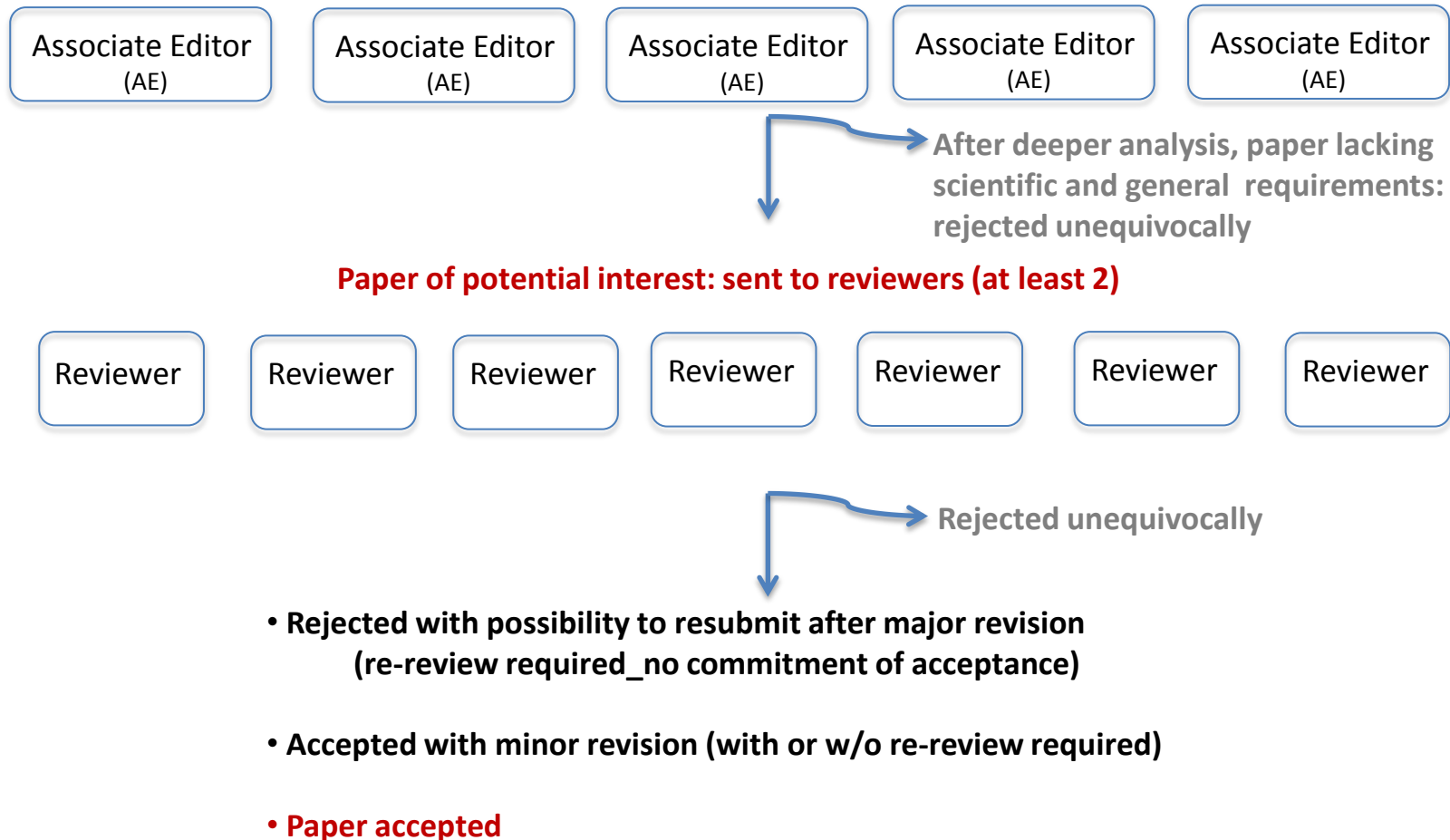
Insights on the publication process - 1

Manuscripts submitted to the Journal and screened for compliance with submission requirements outlined in Guide for authors



Paper of potential interest: sent to associate editors (AE)

Insights on the publication process - 2



Insights on the publication process - 3

PAPER ACCEPTED



MANUSCRIPT EDITED AND ARTWORK REDESIGNED BY EDITORIAL OFFICE



MANUSCRIPT ASSIGNED TO AN ISSUE AND SENT TO PUBLISHER

CONGRATULATIONS



BiomedCentral

- Maison d'édition britannique en sciences de la vie fondée en 1999. Appartient aujourd'hui au groupe Springer.
- 258 journaux scientifiques dont 141 ont un IF.
 - **Genome Biology:** <http://genomebiology.com/>
IF 10,3 en hausse depuis 2008. EigenFactor AI: 4,7 (nb : Cell 26,4)
Publication Fee : 2800\$.
 - **BMC Medicine.** www.biomedcentral.com/bmcmed
IF 6,7 en hausse depuis 2008. EigenFactor AI: 2,2. (nb: NEJM 11, Lancet 7)
Publication Fee : 2625\$
 - **Basic and Clinical Andrology.** Pas d'IF. Pas d'AI.
Publication Fee : 1740\$.
- BioMed Central exige des auteurs la cession du copyright pour une partie des articles publiés (Reviews...)

Hindawi Publishing Corporation

- Maison d'édition égyptienne multidisciplinaire fondée en 1997.
- 577 titres dont 37 ont un IF
 - **Mediators of Inflammation** www.hindawi.com/journals/mi/
IF 3,9 en hausse depuis 2008. Eigenfactor AI: 0,9
Frais de publication : 1500\$
 - **Gastroenterology Research and Practice** www.hindawi.com/journals/grp/
IF 1,6 en hausse depuis 2010. Eigenfactor AI: 0,4
Frais de publication : 1500\$

Public Library of Science (PLOS)

- Editeur Open Access Californien, fondé en 2003. Se définit comme « non profit publisher and advocacy organization ».
- 7 titres, possédant tous un IF
 - **Plos Medicine**
IF 15,3 en légère baisse depuis 2010. Eigenfactor AI: 7
Frais de publication: 2900\$
 - **Plos One**
IF 3,7 en légère baisse depuis 2009. Eigenfactor AI: 1,5
Frais de publication: 1350\$

PeerJ

- Editeur Open Access innovant fondé en 2012 (London, San Francisco). <https://peerj.com/>
- **2 publications** (depuis 2013)
 - **PeerJ Articles** : peer-reviewed OA Journal en Biologie Medecine et Sciences du vivant. N'accepte que les *research articles*.
 - **PeerJ Preprint** : Serveur pre-prints. Accepte tous types de publications (abstracts, posters, articles, reviews...)
- **Frais de publication** : de 99\$ à 299\$, montant forfaitaire valable à vie pour un auteur.

Open Access: Pour et Contre

- Le système traditionnel n'est pas « tout noir »
- L'Open Access est également un Business Model
- Surcoût pour la recherche : comment l'assumer?
- La fiabilité des publications en question

L'opposition systématique OA / Publication "Traditionnelle" est vaine.

- **Qualité** du peer-reviewing, Réalité du travail éditorial
- Les plus grandes revues ne sont pas en OA:
 - NEJM, Lancet, Nature , Science, Cell ...
 - Gastroenterology, Hepatology, Journal of Hepatology, Gut..
- **Plateformes performantes**, ergonomiques, développées par les publishers et plébiscitées par la communauté scientifique mondiale.
- **Intégration partielle** : sur ScienceDirect, une part croissante d'articles sont en « accès libre » (plus de 180 journaux 100% Open Access sur Science Direct, Option OA possible pour toute publication)
- Ex J Hepatol Reviews en OA
- **Le marché reste dysfonctionnel**: position toujours dominante des publishers. Le très fort développement de l'OA ne permet pas d'équilibrer ce marché.



Publication "Traditionnelle"

- **Qualité du Peer-reviewing,**
 - Peer-Review Gratuit
 - 14 jours
 - Permet d'améliorer le manuscrit, valeur ajoutée
 - Travail critique en amont par un expert
 - Inconvénients:
 - La gratuité a ses limites
 - Variabilité interindividuelle
 - Valorisation de la peer review pour les reviewers faible
 - Non anonyme: risque de biais
- **Lien entre la qualité des papiers et le niveau de la revue**

Le "Gold"Open Access est un Business Model

- **Taux de profit et opacité** comparables à ceux de l'édition traditionnelle

Hindawi. 50% profit sur les publications de 2012. (Van Noorden 2013, Nature)

- Le phénomène des « **Predatory publishers** » atteste de la rentabilité du modèle

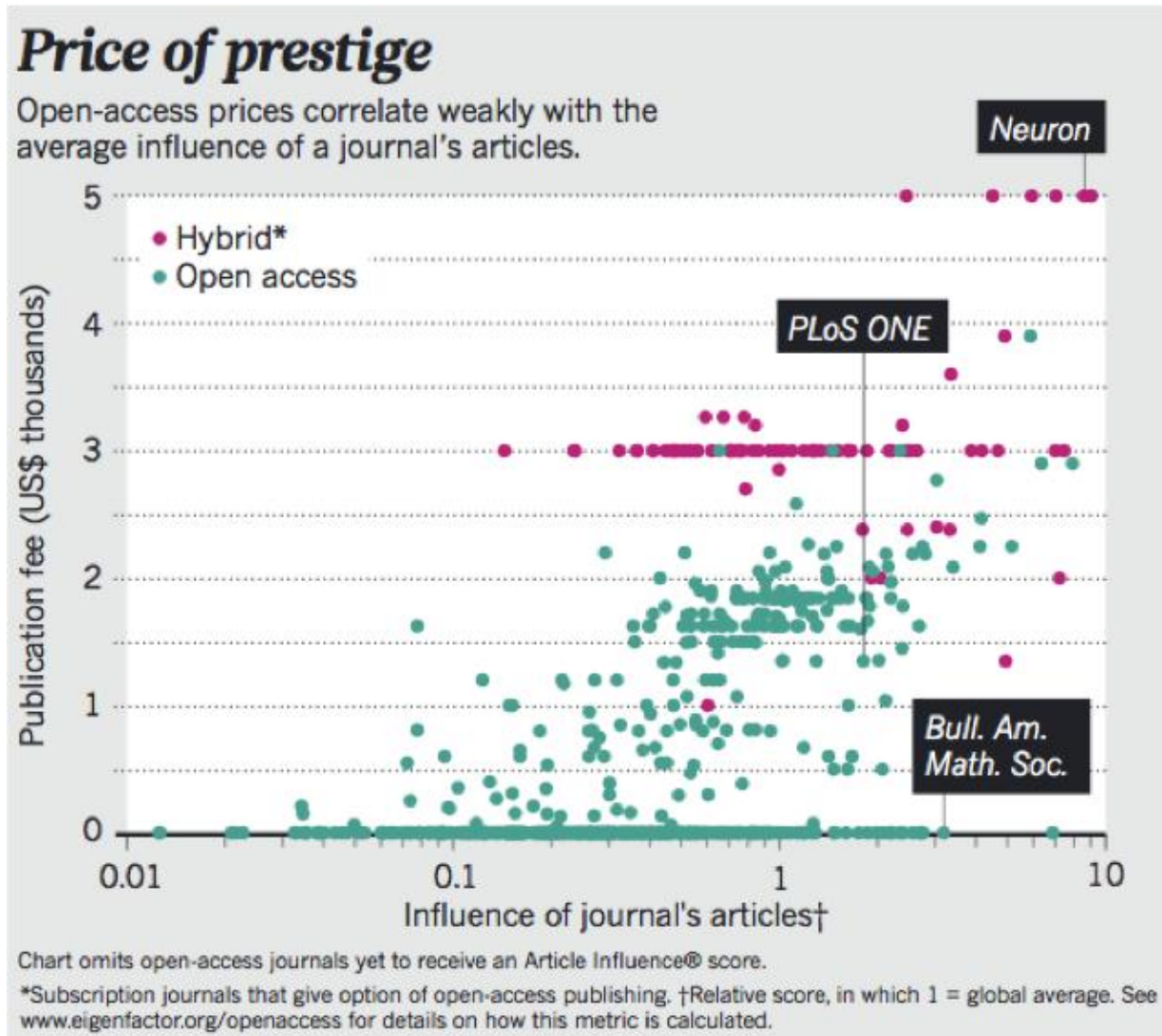
Liste des « predatory publishers (J. Beall, <http://scholarlyoa.com/>)

2011	18
2012	23
2013	225
2014	477

Le "Gold"Open Access est un Business Model

- **Les « frais de publication » : aucune règle...**
 - **660\$ en moyenne** (2011)
- Beaucoup de journaux publient **sans frais** (revues récentes, revues subventionnées...)
- Mais les tarifs s'élèvent vite à **1000\$ et jusqu'à 2900\$** dès que les revues gagnent en visibilité (IF)
- Les tarifs les plus élevés sont pratiqués par les revues hybrides :
 - **3000 \$** pour le plus grand nombre et **jusqu'à 5000\$**

Le "Gold"Open Access est un Business Model



The True Cost of Science Publishing. R. Van Noorden. Nature, March 2013

Surcoût pour la Recherche : comment l'assumer?

- Pour une unité publiant 50 articles/an : plus de 40 000 \$
- Impossible à ce jour d'imaginer un report de la charge budgétaire des abonnements vers les coûts de publication
- Le NIH, le Wellcome trust Imposent une publication OA
 - Le grant doit donc inclure les frais de publications
- Inégalité en fonction des sources de financement, des pays..
- Harvard Medical School paierait 13.5 Millions USD pour 10 000 articles publiés
- Peut-on justifier ces dépenses par un impact accru mesurable?
- Doit on financer les frais de publications plutôt que la recherche elle même?

M. Franck NEJM 2013

La Fiabilité des Publications en Question

- La communauté scientifique peut se prémunir contre les éditeurs « prédateurs »
 - Former les étudiants et chercheurs
 - S'assurer de l'exclusion de ces revues dans les bases biblio de référence
- Sélectivité et peer-review de haut niveau vont souvent de pair avec des frais de publication OA élevés. (Journal of Clinical Investigation 1500\$; Plos Medicine 2900\$)
- Des exceptions existent avec des frais parfois symboliques. (DNA Research, 500\$, PeerJ, 99\$)
- . Est ce un modèle pérenne ? •

Green OA, Un Modèle Fiable?

- **Le« Green OA » (Dépôt sur des archives) : moins coûteux**
 - Il implique : Formation des auteurs et discipline de leur part (conserver le pre-print et le post-print de chaque publication).
 - Le dépôt systématique représente du temps. Il ne fonctionne que s'il est obligatoire. Cf. Hal en France.
 - La maintenance évolutive des plateformes de dépôt est également à financer.
 - Plus utilisé en Sciences Dures qu'en Sciences du vivant
 - Peer Review?

Conclusion

- Aucun Modèle parfait
- Lien des revues traditionnelles avec les sociétés scientifiques
- OA doit encore faire ses preuves
- Les revues traditionnelles restent dominantes en sciences de la vie
- Le plus important reste
 - La qualité scientifique
 - La qualité du peer-review et la qualité éditoriale
 - L'accès à la science quelqu'en soit le modèle

Remerciements

- Centre Hépatobilaire
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