Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevier.com/locate/mjafi

Letter to the Editor

Is it possible to control publication of predatory journals?

Dear Editor,

We read with extreme interest the article titled, “Publish and flourish: Take the road less travelled!” by Das published in *Med J Armed Forces India* 2016;73:178–180.¹ We congratulate the authors for bringing out the reality of current scenario of scientific publications in our country.

In the recent years, there is mushrooming of many so-called National and International journals, which are being published not only from India but also from affluent countries. These journals are not indexed in standard indexing system like Science Citation Index, PubMed, SCOPUS and EMBASE. Majority of these journals ask for processing charges and are pay and publish type of journals (predatory journals).²

We do agree with the authors for their advice to take road less travelled and publish in reputed and accepted journals to flourish. But unfortunately the things are not moving in right direction and in spite of the total awareness regarding the questionable credibility of predatory journals, not only the postgraduate students but also the faculty members in some of the medical colleges and dental colleges are adopting pay and publish formula to fulfil the obligatory requirements of apex bodies.

The authors feel that we need to adopt stringent measures to curtail this scourge of predatory publishing. In our opinion, this task appears to be difficult unless the stringent rules are implemented by apex bodies. The criteria regarding what constitute a good quality publication? is need to be changed by Medical Council of India (MCI)/Dental Council of India (DCI). Unless the publications in journals with a high impact factor and indexed in Standard indexing systems like Medline, PubMed, Science Citation Index, EMBASE and Scopus is considered as a standard requirement for academic promotions by MCI, the things are not going to change.³ The validity of papers published in journals indexed in Index Copernicus is a questionable issue as many journals indexed in Index Copernicus are considered as predatory journals; hence MCI

needs to exclude these journals from the criteria for academic promotion.⁴

The proliferation of predatory journals is beyond our control and not possible unless and until stringent rules are framed regarding the requirement of quality of research papers for academic promotions.

Conflicts of interest

The authors have none to declare.

REFERENCES

1. Das AK. Publish and flourish: Take the road less travelled!. *Med J Armed Forces Ind.* 2017;73:178–180.
2. Nagoba B, Selkar S, Mumbre S, Davane M, Suryawanshi N. Where to publish? Choosing the right journal for research work. *JKIMSU.* 2016;5:136–141.
3. Nagoba B, Davane M, Mumbre S. New guidelines required for publications by medical academia. *Natl Med J India.* 2016;29:113.
4. Aggarwal R, Gogtay N, Kumar R, et al. The revised guidelines of the Medical Council of India for academic promotions: need for a rethink. *Indian Pediatr.* 2016;53:23–26.

Basavraj Nagoba*

Assistant Dean and Professor (Microbiology), MIMSR Medical College, Latur, India

Milind Davane

Assistant Professor (Microbiology), MIMSR Medical College, Latur, India

Sachin Mumbre

Deputy Dean, Ashwini Rural Medical College, Kumbhari, Solapur, India

*Corresponding author:

E-mail addresses: dr_bsnagoba@yahoo.com, bsnagoba@gmail.com (B. Nagoba)<http://dx.doi.org/10.1016/j.mjafi.2017.05.001>

0377-1237/

© 2017 Published by Elsevier B.V. on behalf of Director General, Armed Forces Medical Services.

Received 27 April 2017

Available online 31 May 2017

Letter to the Editor

Serum PSA levels in Indian population. Is it really different?

Dear Editor

At the outset I would like to offer my compliments to the authors of the original article “Serum PSA Levels in Indian Population: Is It Different” by Agrawal et al. in Medical J Armed forces India 2017;73:112–117.¹ The authors in this present article have delved into relatively unexplored subject as far as Indian subcontinent is concerned and thus added to the Indian database, which was lacking on the subject. They have brought to light the association of rising PSA with age and age wise PSA in Indian population. The subject of the article has been taken and presented well.

Authors concluded that the age wise PSA (mean) in present study was higher as compared to other Indian studies² being a hospital based study but authors have not specified whether these 2124 patients had LUTS or not. Author said that mean PSA is comparable to hospital based study done by Ganpule et al.³ but study done by Ganpule et al. included healthy individuals reported for compressive health check-up. Study by Collin et al.⁴ had shown that LUTS are positively associated with PSA of ≥ 3 ng/ml. The population included in present study had reported to urology OPD and it is possible that mean age wise PSA was higher in present study as patients with LUTS were not excluded.

Authors reported that 294 patients in present study were biopsied due to nodule, abnormal USG finding or high PSA. 156 had negative biopsy out of which 125 had high PSA which were included in 1772 patients finally analysed. It is quite possible that some of these patients may have persistently high PSA requiring 2nd biopsy. Therefore, some of these patients would

have been excluded from the study and mean age wise PSA would have been low as compared to what author has quoted.

REFERENCES

1. Agrawal A, Karan SC. Serum PSA in Indian population: is it different? *Med J Armed forces India*. 2017;73:112–117.
2. Agrawal MS, Sinha S, Juyal S, Gupta AK. Measurement of PSA in benign and malignant enlargement of prostate in Indian population: relevance of PSADT in intermediate range PSA. *Indian J Urol*. 2004;20:138–143.
3. Ganpule AP, Desai MR, Manohar T, Bapat S. Age specific prostate specific antigen and prostate specific antigen density value in a community-based Indian population. *Indian J Urol*. 2007;23(2):122–125.
4. Collin SM, Metcalfe C, Donovan J, Athene Lane J. Association of lower urinary tract symptoms with prostate-specific antigen levels, and screen detected localised and advanced prostate cancer: a case-control study nested within the UK population-based ProtecT (Prostate testing for cancer and Treatment) study. *BJU Int*. 2008;102:1400–1406.

Lt Col Puneet Aggarwal

Classified Specialist (Surgery) & Urologist, Command Hospital (Eastern Command), Kolkata, India

E-mail address: lushai@rediffmail.com<http://dx.doi.org/10.1016/j.mjafi.2017.06.007>

0377-1237/

© 2017 Published by Elsevier B.V. on behalf of Director General, Armed Forces Medical Services.

Reply

Dear Editor

We sincerely thank the reader for showing keen interest in our article. We acknowledge the fact that this was a hospital based study and the results would be somewhat different from

that of a community based study. However, we tried to remove this bias by excluding all patients with known prostatic diseases.

Collin et al in their study, as quoted by the esteemed reader, had a totally different conclusion.¹ They wrote and I quote “Our findings show clearly the negative relationship between