

Scientometric profile of global male breast cancer research

Recently, Dwivedi *et al.*¹ published an article entitled ‘Scientometric profile of global male breast cancer research’. There are several mistakes in their publication.

In the ‘Abstract’, the authors mentioned that ‘The global compound annual growth rate during the period of study is 6.2’, without mentioning the growth in percentage.

In the main body of the text, the authors stated that ‘Data were extracted using several keywords like “male breast cancer” or “male breast neoplasm” or “male breast tumor” or “male breast carcinoma”’. They did not consider the plural form of the keywords and that wild cards are necessary while using a set of keywords to retrieve bibliographic records.

The authors have mentioned that CAGR was found to be 6.2 during the study period 2005–2014. For the calculation, they have used an on-line tool (www.investopedia.com/calculator/cagr.aspx) and the number of periods has been taken as 10. Actually, this is 9 according to the formula (number of years – 1). By giving the number of periods as 9, CAGR is derived as 6.92 and the same needs to be mentioned in percentage.

According to the authors, ‘The MBC research output originated from 91 countries scattered all over the globe, unlike FBC research where the output came from 155 different countries. Also, the ranking of countries based on the pattern of output in MBC was different from female breast cancer (FBC) except USA which ranked first both in FBC as well as MBC’. The cited ref. 2 shows no such comparison between FBC and MBC.

In table 3, the RCI value for Massachusetts General Hospital, USA has been mentioned as 36.7. However RCI is calculated to 40.88, because rounded-off value of the world share of publications has been taken by the authors.

The legend of table 6 reads ‘Highly cited authors’ – those with highest citation counts. However, it does not match with the title of the column. Actually, it should be as highly cited papers or publications. Further, page number 34 was given for the highest cited article³. It has been found that the page numbers for the said issue are between 63 and 134. The top cited article³ was published in *CA–A Cancer Journal for Clinicians* (IF2013 = 153) and received 11,047 citations

(~15% of all citations), according to the authors (there was no information about when the data were retrieved). However, there was no interpretation regarding this article.

Information provided in table 7 does not match with tables 1 or 2. For example, Thailand, Ireland and Switzerland are among the top 11 countries from where most of the journals originated. But these countries are not listed in table 2. Similarly, the number of papers for USA, England, the Netherlands, Germany, Greece, Italy, France and Japan does not match with that in table 2.

In table 8, publishing country of the journal *Asian Pacific Journal of Cancer Prevention* is mentioned as Thailand. Actually, it is from Iran. In conclusion, the authors should have paid greater attention in analysis as well as in interpretation.

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1. Dwivedi, S., Garg, K. C. and Prasad, H. N., *Curr. Sci.*, 2017, **112**(9), 1814–1821.
 2. Glynn, R. W., Scutaru, C., Kerin, M. J. and Sweeney, K. J., *Breast Cancer Res.*, 2010, **12**, R108.
 3. Jemal, A., Bray, F., Center, M. M., Ferlay, J., Ward, E. and Forman, D., *CA–A Cancer J. Clin.*, 2011, **61**(2), 69–90.
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Response:

We thank Elango for meticulously going through our article and pointing out some mistakes. Here are the responses to the queries raised by him.

With regard to the calculation of CAGR and not mentioning the units (percentage) this was an inadvertent error. Regarding the use of plural form of keywords and wild cards to retrieve bibliographic records, we are not sure about the change in the quantum of output. However, we will examine this in future studies. Data used for the study were downloaded in April 2015. In the query about geographical distribution of re-

search output, USA ranked first in the cited reference as well as in our study; therefore, we have mentioned the same in our text.

For Massachusetts General Hospital, USA, we had made the necessary corrections in the uncorrected proof; somehow, these were not incorporated in the published article. The correct values for this institution are: TNC = 149, world share = 0.2%, CPP = 9.9 and RCI = 0.5.

We agree that the legend of table 6 should have been highly cited papers or publications. It was an inadvertent mistake. Regarding the other point raised by Elango, we only wanted to list the papers with high citations and our study did not aim to interpret any findings, as it was a bibliometric analysis. Page numbers have been changed later on in an Erratum as reflected below.

Original listing as reflected in Google Scholar is *CA-Cancer J. Clin.*, 2011 Mar–Apr; **61**(2), 69–90. doi: 10.3322/caac.20107. Epub 2011 Feb 4. Erratum in *CA-Cancer J. Clin.*, 2011 Mar–Apr; **61**(2), 134.

Table 7 lists the countries from which most of the journals (and papers published in these journals) originated in the field of MBC. The number of papers shown in this table represents the publications in the journals contributed by different countries globally, not just by the country from which the journals originated. Table 2, however, lists countries prolific in their publication output. It is because of this that there is a difference in the number of papers in these two tables.

Elango’s comments about the publishing country of *Asian Pacific Journal of Cancer Prevention* in table 8 is well taken. Mistake is regretted.

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1. Dwivedi, S., Garg, K. C. and Prasad, H. N., *Curr. Sci.*, 2017, **112**(9), 1814–1821.
 2. Glynn, R. W. *et al.*, *Breast Cancer Res.*, 2010, **12**, R108.
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