for this purpose, blockchain technology is potentially an excellent vehicle for storing and accessing LC documents. There are various barriers to implementation of blockchain-focused LC. First, building a blockchain needs funding and technical knowledge. Second, the LC processes at the state, federal, and practice levels have slight differences (such as the need for distinct documents) and are likely difficult to change. Third, an LC blockchain would decrease the need for personnel involved in the current LC process and would also decrease medical board revenues. Political will, redistribution of personnel, and finding new ways to fund medical boards will be required to create and implement such a new LC system.

Assuming that an LC blockchain does gain limited implementation, harmonization across LC stakeholders and, eventually, national, and possibly international, adoption across medical specialties will be possible.

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On the Adoption of Preprints in Pathology Research

To the Editor.—The preprint movement has in recent years been picking up steam as more fields move to adopt the use of preprint servers. Preprints are papers that are uploaded to servers before being submitted to established journals for peer review and publication. Preprints are entering the clinical research disciplines and the biosciences through venues such as arXiv, bioRxiv, medRxiv, and others. Preprints allow for the rapid dissemination of information, provide a record of priority, and are helpful for scientists to be able to share their contribution to the field.1-3 The pros and cons of preprints are summarized in the Table. Many major publishers have started to accept submissions of papers initially uploaded to preprint servers.4 It is unclear, however, if pathology journals have joined this trend. Thus, we aimed to evaluate the accessibility of preprint policies across pathology journals with an impact factor.

InCites Journal Citation Reports 2019 (Clarivate Analytics, Philadelphia, Pennsylvania) was used to identify 78 pathology journals. We manually screened out 20 non-English language-based and forensic journals. We then visited the author guidelines page of each of the 58 journals for preprint policy and submission timeline information. If the policy was unclear after searching for “preprint,” we sent an email to the editorial office inquiring about the journal’s preprint policy. In these cases, we also attempted to search for publisher policies that were not explicitly stated in the author guidelines. All data were tabulated and statistical analysis was performed in Google Sheets (Google Inc, Mountain View, California).

Of 58 journals, 45 (78%) were accepting submissions previously uploaded to preprint servers. Seven journals (12%) were unwilling to accept submissions that had been previously uploaded on preprint servers. Six journals (10%) did not respond to our email inquiry. Twenty-seven journals (47%) had easily accessible preprint policies stated on their Web sites, and we sent emails to 31 journals (53%) whose preprint policies were unclear. The average response time for email inquiries was 1.6 ± 1.9 working days (range, 1–7 working days).

Less than half of the journals provided information about their editorial timeline. The mean time from submission to first decision was 23.6 ± 18.3 days (n = 28; range, 2–74 days). The mean time from submission to final decision was indicated as 76.7 ± 45.1 days (n = 23; range, 17–227 days).

Our data show that preprints have become the norm among pathology journals. However, journals often do not make their preprint policies easily accessible to authors, and 12% (7 of 58) of the journals we investigated were not accepting preprints. It remains important for journals to more clearly communicate their preprint policies to authors.

Furthermore, the data show that it takes months for papers to be accepted for publication. This, combined with the low acceptance rate of submitted manuscripts (from 10% to 15% among top-tier pathology journals to 30% on average), creates an apparent dilemma in quick result sharing.

We encourage pathologists to make use of preprint servers for the rapid dissemination of knowledge, and advocate for more accessible and preprint-friendly policies across all pathology journals.

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Advantages and Disadvantages of Preprints

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fast delivery of data</td>
<td>No peer review</td>
</tr>
<tr>
<td>Minimal formatting requirements</td>
<td>No retraction</td>
</tr>
<tr>
<td>Rapid processing/posting</td>
<td>Lack of awareness by medical researchers</td>
</tr>
<tr>
<td>DOI and PMID indexing</td>
<td></td>
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<tr>
<td>Free</td>
<td></td>
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Allowed by top journals/major publishers

Abbreviations: DOI, digital object identifier; PMID, PubMed identifier.
Letters to the Editor


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Prepare Submissions Now for the CAP22 Abstract Program

Abstract and case study submissions to the College of American Pathologists (CAP) 2022 Abstract Program will be accepted beginning at 9 a.m. Monday, January 10 through 5 p.m. Central time Friday, March 11, 2022.

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