letters

Comment on: Fasting among Muslim cancer patients during the holy month of Ramadan

To the Editor: We have read the article by Ahmed et al3 with great interest. We thank our colleagues for highlighting this issue that turns into a conscientious responsibility for physicians who are esteemed to be “decision maker” during the holy month of Ramadan. They have presented the rates of fasting among cancer patients and also reported which cancer patients are more likely to be fasting. Additionally, the impact of advice by either physicians or religious persons (Imam) on the decision of fasting has also been expressed in a good way. This novel study hopefully will stimulate more detailed clinical trials on this topic. However, there is still no standardized criteria for defining medically compromised patients in terms of fasting. Physicians will continue to experience this dilemma, as they will continue to be exposed to the question “Doctor, can I fast?”. The present study would have been more illuminative if: (1) the non-fasting patients who started to fast on physicians’ advice were followed up for symptoms or at least were asked whether they experienced clinical deterioration with the commencement of fasting and (2) the fasting patients who were exempted from fasting with the physician’s advice were asked whether they experienced improvement in the clinical status. This is not the case of just oncologists to decide; rather physicians should be able to reply such questions about fasting. These two questions in the questionnaire of this study might have been better for clinicians to find more evidence-based replies and satisfy patients’ concerns. We, as cardiologists in Turkey as a Muslim country, have often faced these questions in the holy month of Ramadan. We also use our personal experience and judgment because there is no clear criteria laid down dealing with this issue in the field of cardiology as in other clinical branches. Most of stable cardiac patients can fast, and this case usually does not constitute a dilemma for physicians. This point of view is also supported by relatively small clinical trials.2,3 However, evidence-based decision on this issue still seems to be infeasible because studies are not yet enough in number and scope to follow a common pattern of approach for physicians. The existing trials may also sometimes reveal conflicting results.4 Besides, the status of patients who are free of symptoms but have the potential to worsen based on the stage of the disease is also controversial. In all clinical fields, encouraging stable patients about fasting and maybe a close follow-up with more frequent intervals to monitor a possible clinical deterioration will be a logical approach.

Ahmet Karagöz, Ash Vural, Abdullah Çelik, Bengi Baser

From the 1Department of Cardiology 1Department of Cardiovascular Surgery, Giresun, Turkey

Correspondence: Ahmet Karagöz, Assistant Professor Giresun University, Department of Cardiology, Mumcular Street, Giresun, Turkey drahmetkgz@hotmail.com T: +905052518702 DOI: 10.5144/0256-4947.2014.361

REFERENCES

1. Zeeneldin AA, Taha FM. Fasting among Muslim cancer patients during the holy month of Ramadan. Ann Saudi Med. 2012 May-Jun;32(3):243-9.
2. Al Suwaidi J, Al Rashdan I, Amin H, Bener A, Hadi HR, Helmy A, Hanifah M, Al-Binali HA. Impact of fasting in patients with cardiac disease. Saudi Med J. 2005 Oct;26(10):1579-83.
3. Cansel M, TaTolar H, YeMur J, Ermi? N, Açikgöz N, Eyyüpkoca F, Pekdemir H, Ozdemir R. The effects of Ramadan fasting on heart rate variability in healthy individuals: a prospective study. Anadolu Kardiyol Derg. 2014 Feb 10. doi: 10.5152/akd.2014.5108. [Epub ahead of print]

Reply

We thank the reader for his interest in our published manuscript.1 We agree that there is paucity of research on such subject “fasting and cancer” and the need for more research and different designs.

Definitely, the two suggested questions are very valid and would add value to our findings. However, they were not planned as part of our assessment. As the study was conducted in 2009, it would be difficult to perform accurate follow on questions to report patients experience following the end of Ramadan that dates five years back. This is more confounded by the study populations who are cancer patients and some of them had metastatic or poor prognosis disease with very limited survival. A recently published article by Tas et al in the Japanese Journal of Clinical Oncology, may be helpful in this regard.2 It reports the experience in a different setting and a different country: Turkey.

The suggested questions deserve to be part of any future research on the topic of “Fasting among Cancer patients during Ramadan.”
letters

Ahmed Zeeneldin

From the Department of Medical Oncology/Hematology, National Cancer Institute, Cairo University, Cairo, Egypt

Correspondence: Ahmed A. Zeeneldin
Professor of Medical Oncology
Department of Medical Oncology, National Cancer Institute, Fom El Khalig, Cairo, 11796, Egypt
T: +20-235-823-765
F: + 20-225-328-286
amabood1@yahoo.com

REFERENCES
1. Zeeneldin AA, Taha FM. Fasting among Muslim cancer patients during the holy month of Ramadan. Ann Saudi Med. 2012 May-Jun;32(3):243-9.
2. Tas F, Karabulut S, Ciftci R, Yildiz I, Keskin S, Kilic L, Disci R. The behavior of Turkish cancer patients in fasting during the holy month of Ramadan. Jpn J Clin Oncol. 2014 Aug;44(8):705-10.

RE: The obstacles facing scientific and medical publishing in Saudi Arabia

To the Editor: I thought it might be helpful to point out some errors that might affect interpretation of the data in the recent report on the Annals of Saudi Medicine. Figure 3 is a graph from SCImago showing cited and uncited articles (not citable and uncitable, as suggested in the caption). The gradual increase in cited articles is not surprising since that is the definition of the impact factor, which rose steadily over the years. The authors may have confused this graph with the one immediately preceding it on SCImago, which shows the non-citable vs citable data. The h-index may correlate with the impact factor, but the h-index often varies by source. In Google Scholar Metrics, the h-index is 23 for the Annals and 19 for the Saudi Medical Journal for articles published between 2009 and 2013, both inclusive. The metrics are based on citations from all articles that were indexed in Google Scholar in June 2014.

Regardless, this call for action will hopefully contribute to local publication of research that resulted in Saudi Arabia having the greatest increase in the top 1% of most-cited papers of all leading science countries in 2012. The journal is poised to take part in a new age of exciting changes in scientific publishing.

John T. Cathey

Correspondence:
Mr. John T. Cathey
Thailand
jt.cathey@gmail.com

DOI: 10.5144/0256-4947.2014.362

REFERENCES
1. Alsanea et al. The obstacles facing scientific and medical journalism in Saudi Arabia. Ann Saudi Med 2014; 34(3):202-206.
2. SJR SCImago Journal and Country Ranks. http://www.scimagojr.com/
3. PLOS Editors. It is time to find a better way to assess the scientific literature. PLoS Med. Jun 2006; 3(6): e291. Published online Jun 6, 2006. doi: 10.1371/journal.pmed.0030291
4. Liu Z, Wan G. Comparing journal impact factor and h-type indices in virology journals. Library of Philosophy and Practice (e-journal). 2012 (http://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=2128&context=libphilprac)
5. Nature News. 366 days: 2012 in review. Nature 2012 (December 19); 492:324.
6. Wikipedia contributors. Academic journal publishing reform. Wikipedia, The Free Encyclopedia. July 22, 2004, at 10:55 UTC. Available at: http://www.wikwand.com/en/Academic_journal_publishing_reform. Accessed December 29, 2014.
We agree that citable documents have increased over the years, albeit at a very small rate. But one cannot overlook the fact that out of the citable documents, only 43.48% were cited in the period 2010-2012. This sheds light on the quality of research being published in the Annals and explains why the Impact Factor has dropped in 2013. Ultimately, this is linked to the h-index. We also agree that Google Scholar gives a higher calculation of the h-index; this affects the ranking of the journals reported in our article. The h-index calculated by Google Scholar was avoided since it was criticized for including phantom citations. This may inflate the h-index. The fact remains, the Impact Factor for the Annals of Saudi Medicine has dropped and a strategy is needed to rectify that.

Nasser Al-Sanea
Correspondence: Nasser Al-Sanea, MD MBC 36 Publications Office, Academic and Training Affairs, KFSH&RC, Riyadh, KSA nsanea@kfshrc.edu.sa

REFERENCES
1. The Scimago Journal & Country Rank, Scimago Lab, Copyright 2007-2015. Data Source: Scopus®
2. Jacso P. Dubious hit counts and cuckoo’s eggs. Online Info Rev 2006; 30(2): 188-193.