Innovation in science publishing

And how to improve your chances of getting published

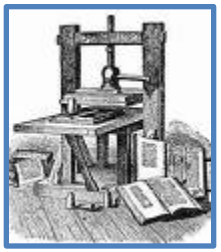
John McConnell
Editor
The Lancet Infectious Diseases
John.mcconnell@lancet.com
@TheLancetInfDis @JohnSMcConnell

Outline

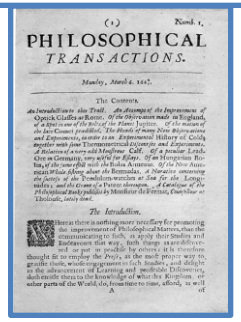
- Innovation in science publishing
  - History of academic publication
  - Internet revolution
    - Open access
    - New ways to disseminate knowledge
    - Metrics
- Improve your chances of getting published

Origins of scholarly publishing

1439
Gutenberg and Moveable Type



Henry Oldenburg
(1618- 1677)
Founding Editor and Commercial Publisher of the first scientific journal


PHILOSOPHICAL
TRANSACTIONS.

6th March 1665
"Philosophical Transactions of the Royal Society"

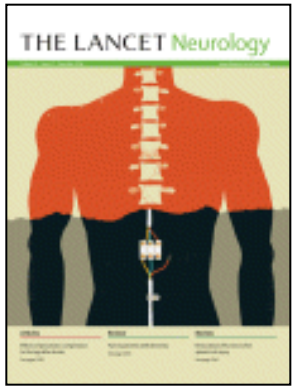
First true scholarly journal

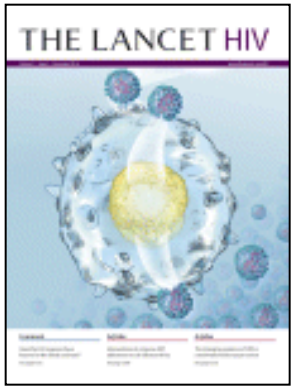
Courtesy Elsevier Publishing Connect
http://www.elsevier.com/journal-authors/authors-update/issue-4/publishing-connect

Thomas Wakley
1795 - 1862

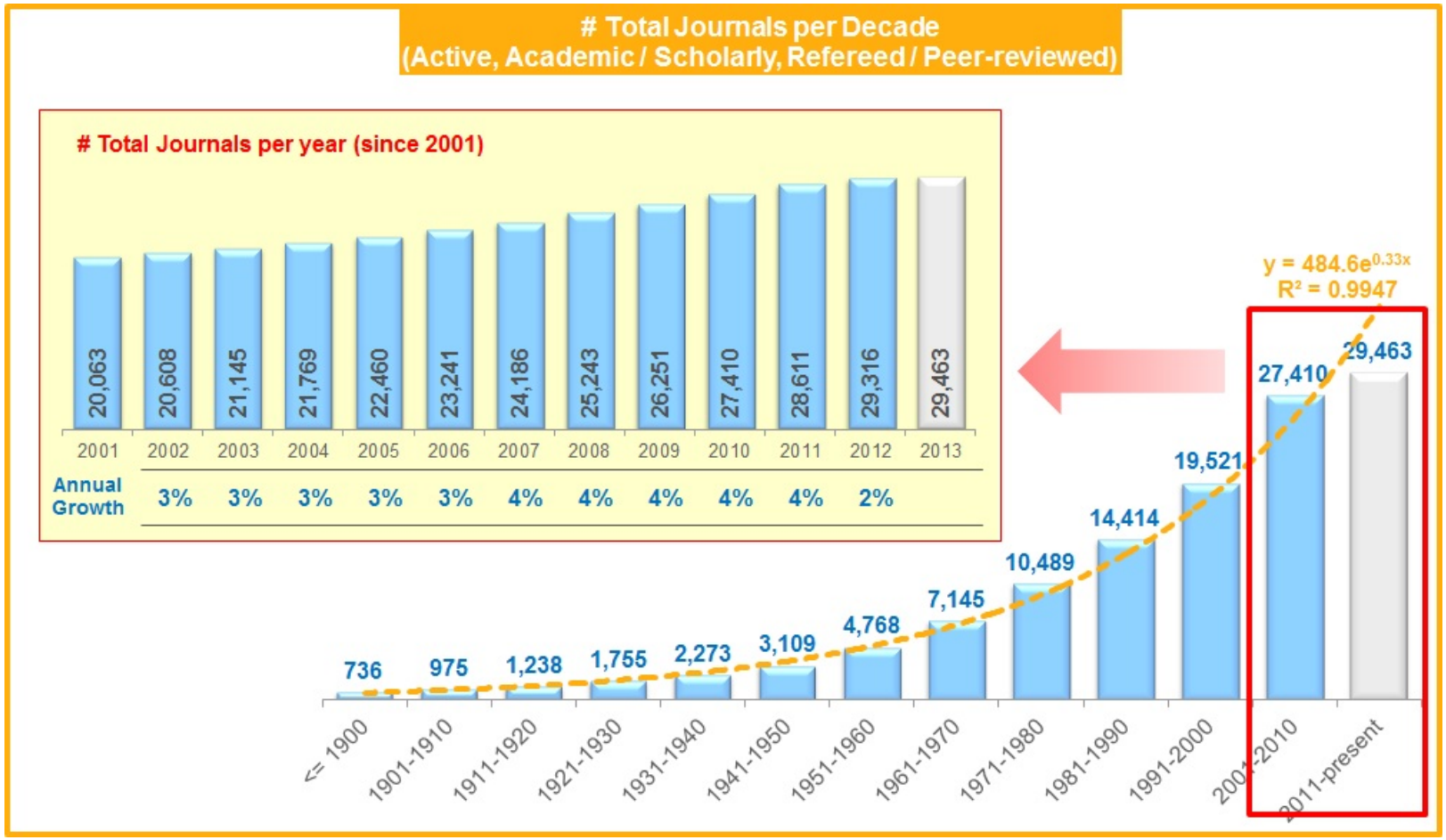
- Founded The Lancet in 1823
- Surgeon in London, later also MP and coroner

A suite of print and online journals



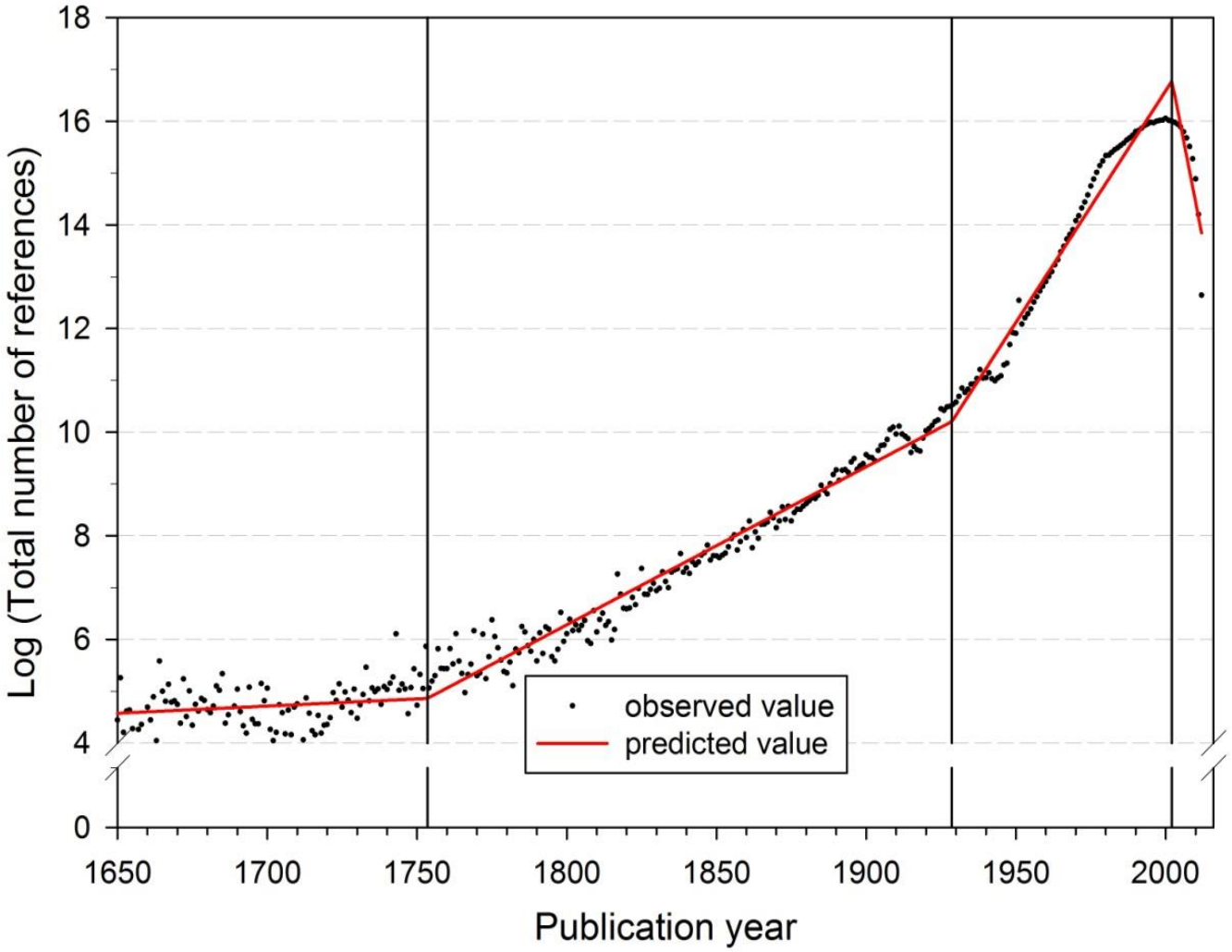


Historical view of scholarly publishing



Courtesy Elsevier Publishing Connect

History

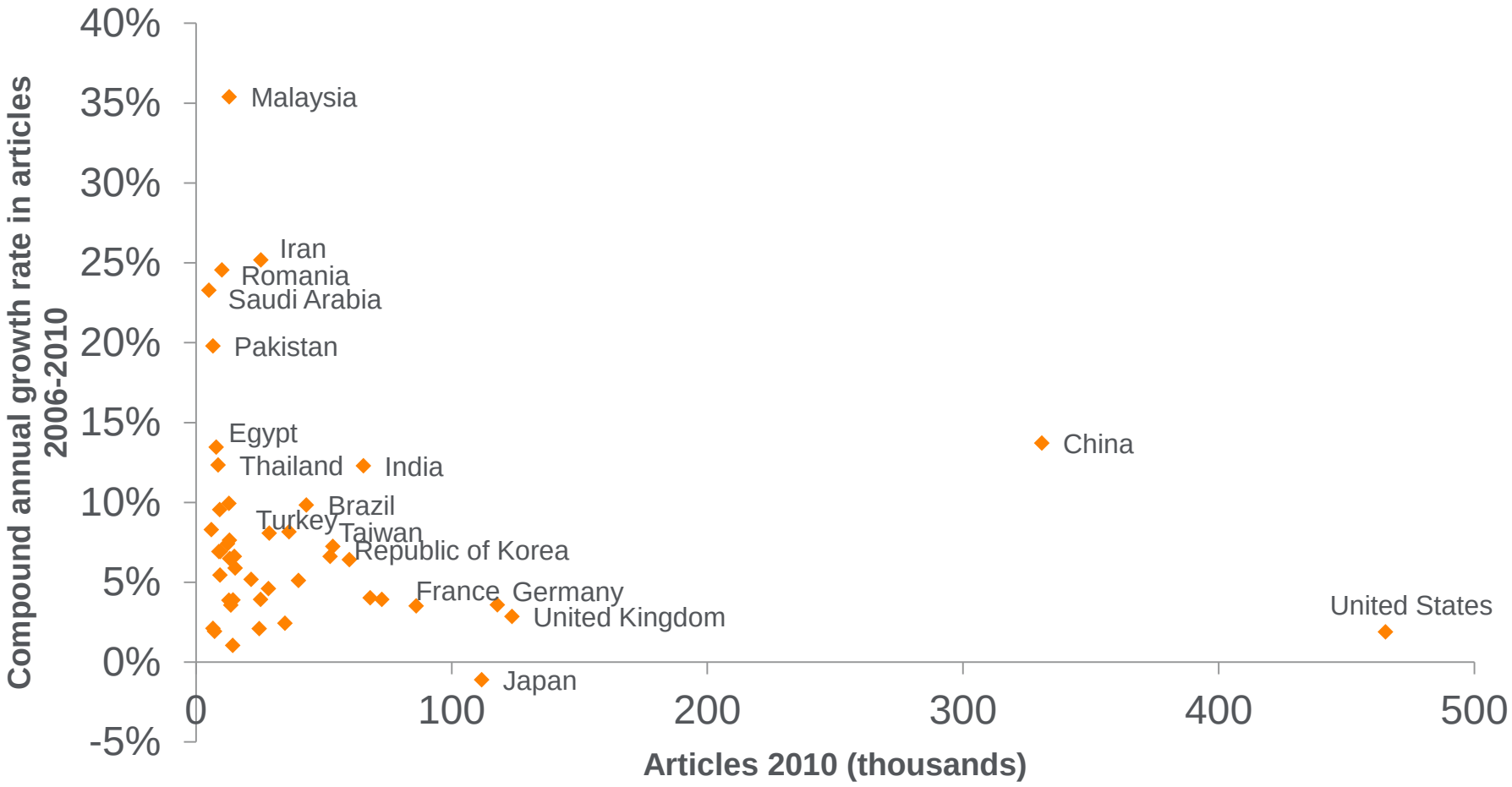


Bornmann & Mutz. *Journal of the Association for Information Science and Technology* 2014. http://arxiv.org/abs/1402.4578

Doubling of global scientific output about every 9 years

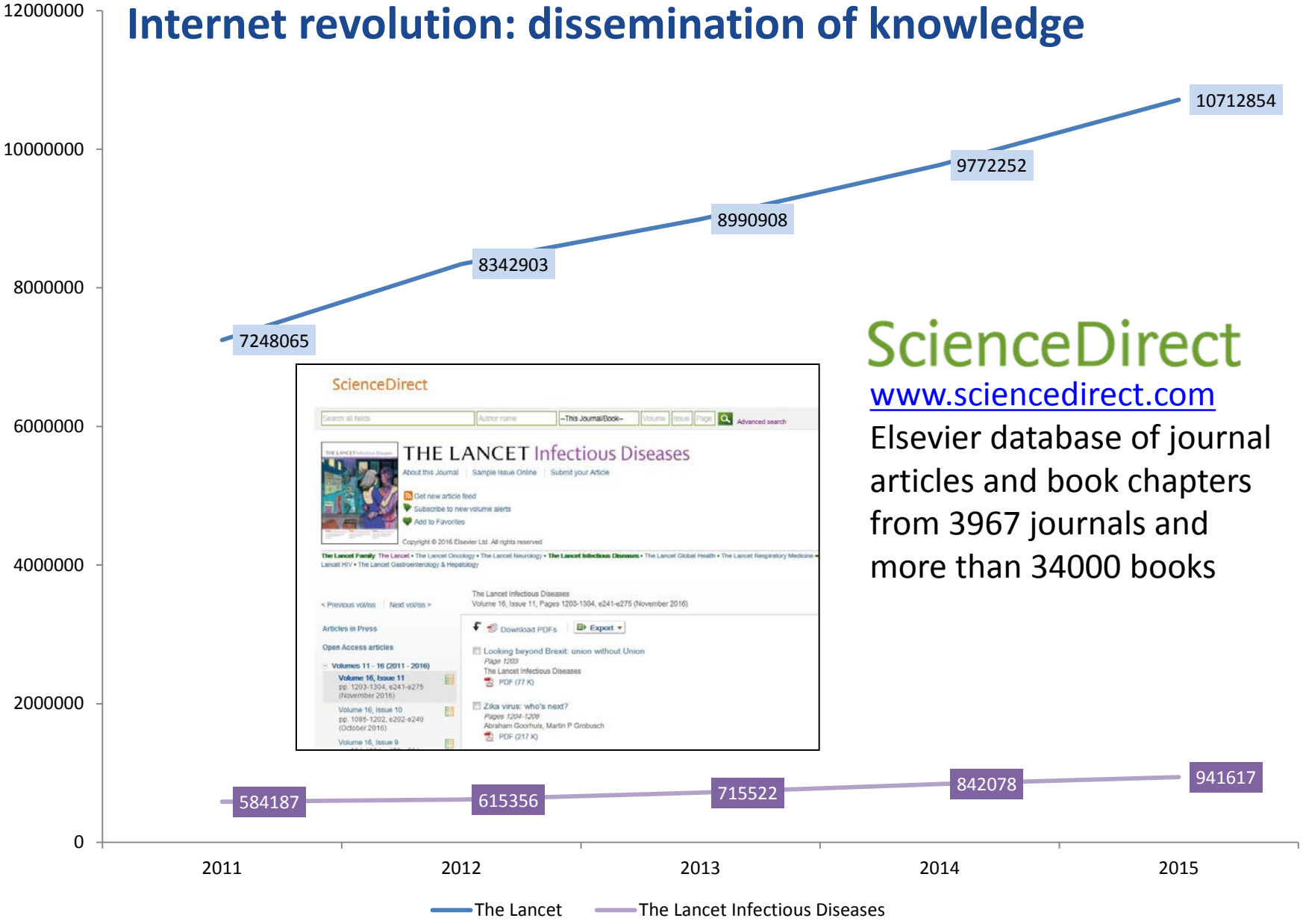
Growth of the annual number of cited references from 1650 to 2012 in the medical and health sciences (citing publications from 1980 to 2012)

Global expansion of scientific research



Elsevier Publishing Campus

Internet revolution: dissemination of knowledge



ScienceDirect

www.sciencedirect.com

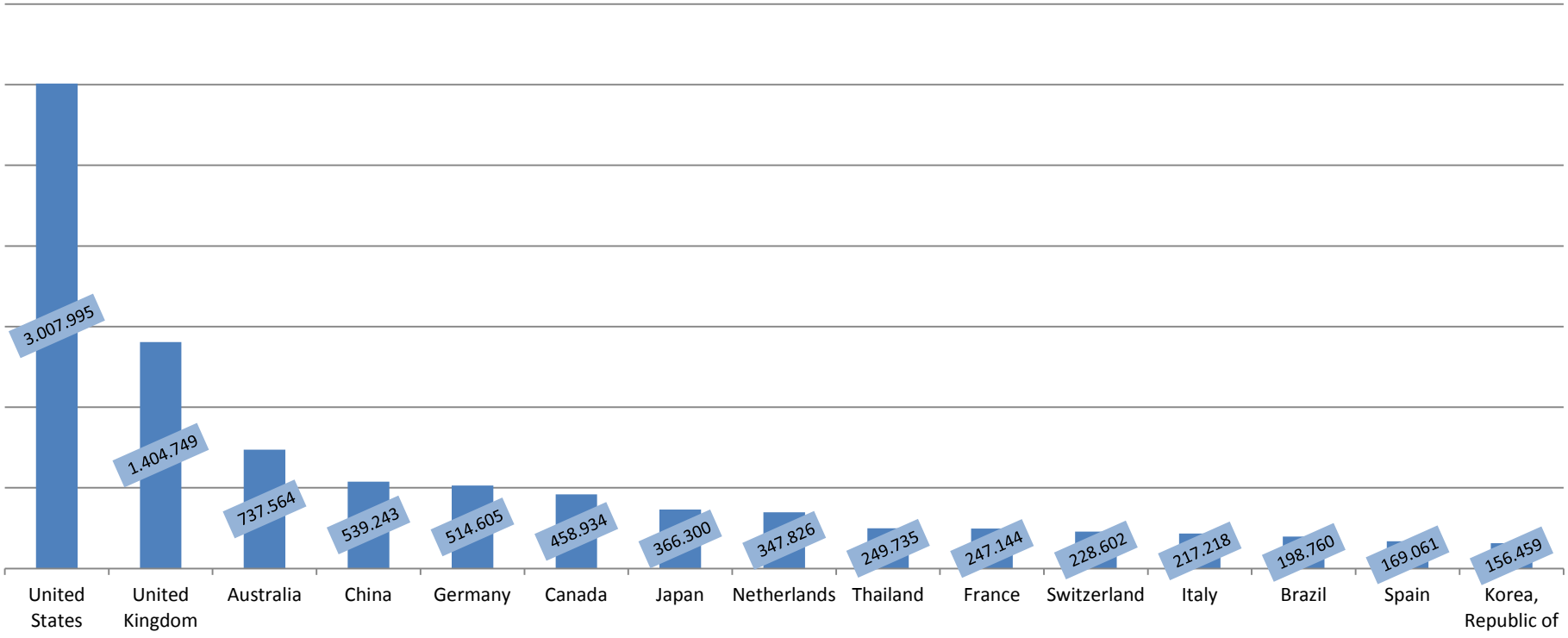
Elsevier database of journal articles and book chapters from 3967 journals and more than 34000 books

2015 Science Direct Downloads - TL

ScienceDirect

www.sciencedirect.com

Lancet article downloads by country 2015

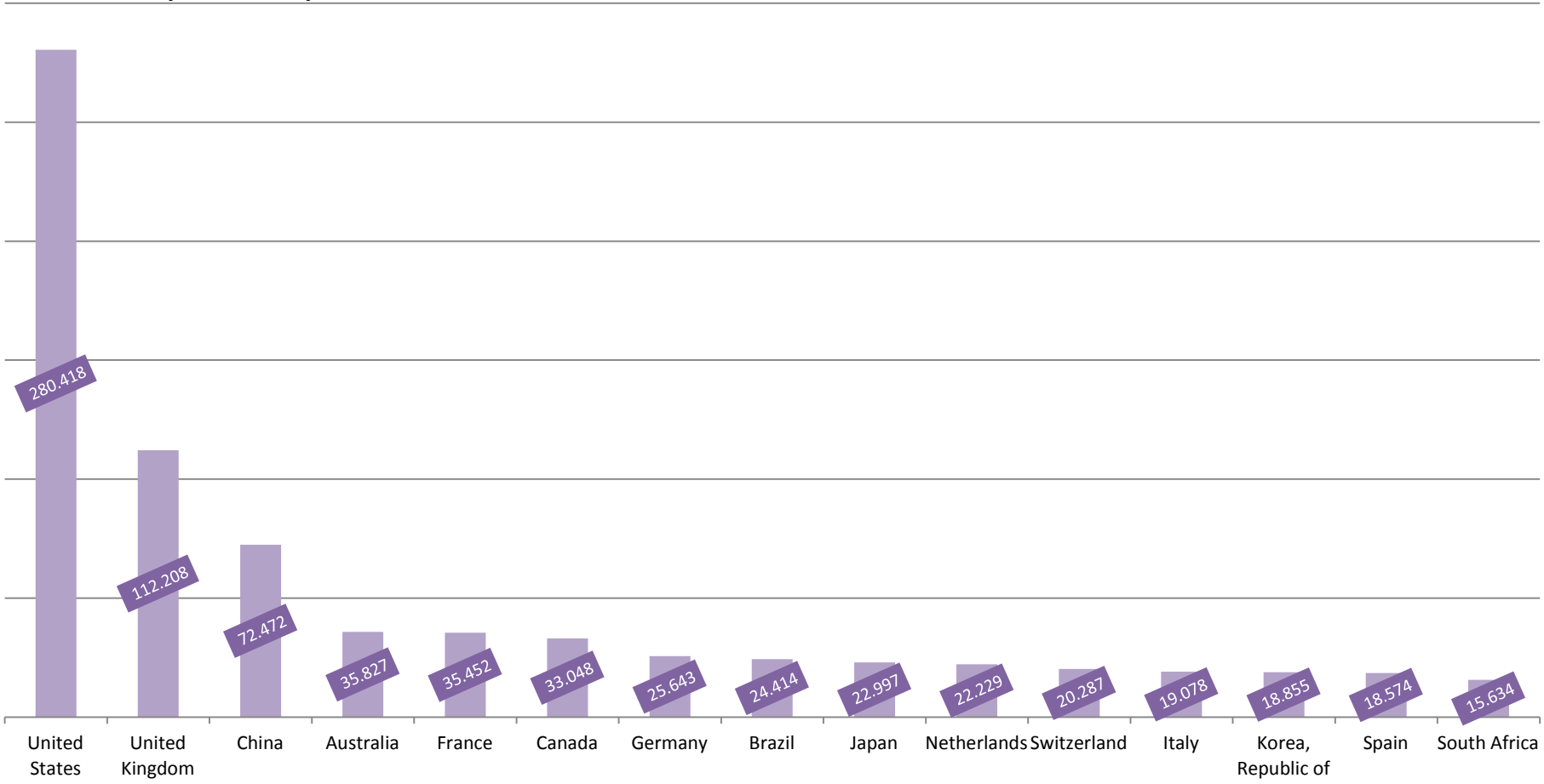


2015 Science Direct Downloads - TLID

ScienceDirect

www.sciencedirect.com

Lancet Infectious Diseases article downloads by country 2015



Open access journals

- **Philosophy: research findings should be freely available to people who've paid for it; internet eases access to research**
  - **arXiv.org is the prototype**
- **Papers free to read, download, copy, distribute, print, search, or link to full texts**
- **For Gold OA, authors pays article processing charge: $100s to $1000s**

BioMed Central
The Open Access Publisher

PLOS | MEDICINE

eLIFE

PeerJ

PLOS | ONE

A "mega journal"

Open access journals

- Authors retains copyright
- Authors give licence to distribute, reproduce, commercially exploit
- Mandated by some funders
- Beware “predatory” OA publishers

BioMed Central
The Open Access Publisher

PLOS | MEDICINE

eLIFE

PeerJ

PLOS | ONE

A “mega journal”

Characteristics of “predatory” journals

- **Accepting articles quickly with lit**
- **Notifying academics of article fee**
- **Aggressively campaigning for aca boards**
- **Listing academics as members of**
- **Appointing fake academics to edi**
- **Misleading claims about the pub**
- **Improper use of ISSNs**
- **Fake or non-existent impact facto**
- **Mimicking the name or web site style of more established journals**

Source: https://en.wikipedia.org/wiki/Predatory_open_access_publishing#Characteristics

Characteristics of “predatory” journals

nature International weekly journal of science

Home | News & Comment | Research | Careers & Jobs | Current Iss

Archive > Volume 549 > Issue 7670 > Comment > Article

NATURE | COMMENT

Stop this waste of people, animals

David Moher, Larissa Shamseer, Kelly D. Cobey, Manoj M. L
Marc T. Avey, Nadera Ahmadzai, Mostafa Alabousi, Pauline B
Raymond Daniel, Robert Frank, Mona Ghannad, Candyce Ha
Brian Hutton, Inga Isupov, Trevor A. McGrath, Matthew D. F.
Misty Pratt, Kusala Pussegoda, Beverley Shea, Anubhav Sri
+ *et al.*

06 September 2017

Predatory journals have shoddy reporting and include paper
David Moher, Larissa Shamseer, Kelly Cobey and colleagues

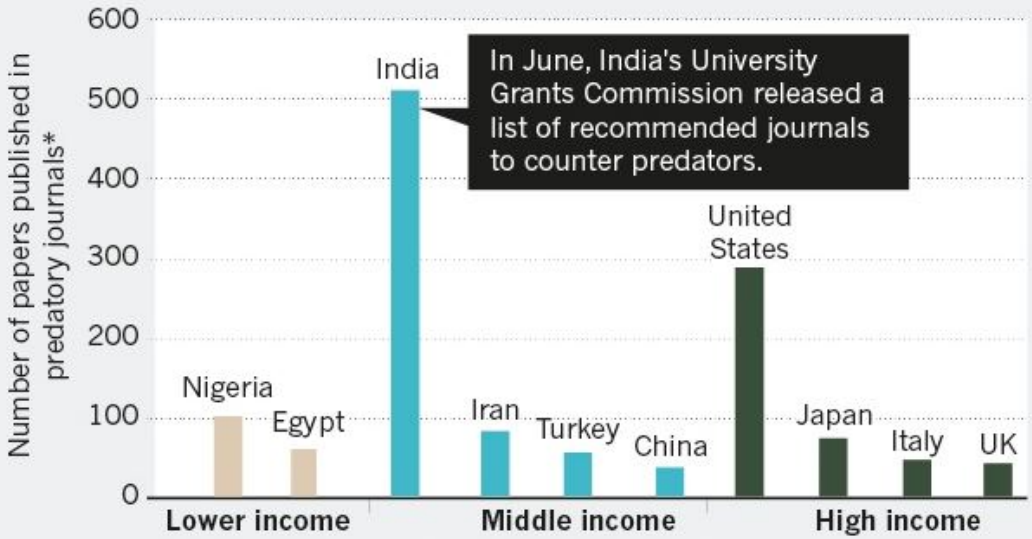
PDF | Rights & Permissions

Subject terms: Publishing · Ethics · Research management ·

GLOBAL PREDATION

A sample of 1,907 papers in more than 200 supposed predatory journals found that most of the articles come from India. Surprisingly, however, more than half of the papers have authors from higher-income or upper-middle-income countries.

Predatory papers by country and income



*Where papers had more than one corresponding author, the country of the first listed was used.

©nature

Source: Study Reporting in Predatory Journals Group

Source: https://www.nature.com/news/stop-this-waste-of-people-animals-and-money-1.22554

Open Access journals

DOAJ DIRECTORY OF OPEN ACCESS JOURNALS

11,098 Journals
8,035 searchable at Article level
124 Countries
2,977,904 Articles

http://doaj.org/oainfo

Open Access and free

Table 3: Percent of the literature that is OA, by type, in three samples of 100,000 journal articles, with 95% confidence intervals.

Access Type	Crossref-DOI All journal articles with Crossref DOIs, all years. ("Articles with DOIs" in Fig.1)		WoS-DOIs All citable WoS articles with DOIs, 2009-2015.		Unpaywall-DOIs All articles accessed by Unpaywall users over a 1-week period in 2017	
	estimate	95% CI	estimate	95% CI	estimate	95% CI
OA (all types)	27.9%	27.6-28.2	36.1%	36.0-36.2	47.0%	46.7-47.3
Bronze OA	16.2%	16.0-16.5	12.9%	12.6-13.2	15.3%	15.0-15.6
Hybrid OA	3.6%	3.3-3.9	4.3%	4.0-4.6	8.3%	8.0-8.6
Gold OA	3.2%	2.9-3.5	7.4%	7.1-7.7	14.3%	14.0-14.6
Green OA	4.8%	4.5-5.1	11.5%	11.2-11.8	9.1%	8.8-9.4
Closed	72.0%	71.8-72.4	63.9%	63.8-64.0	53.0%	52.7-53.3

- **See: PeerJ Preprints https://doi.org/10.7287/peerj.preprints.3119v1**

Open Access and free

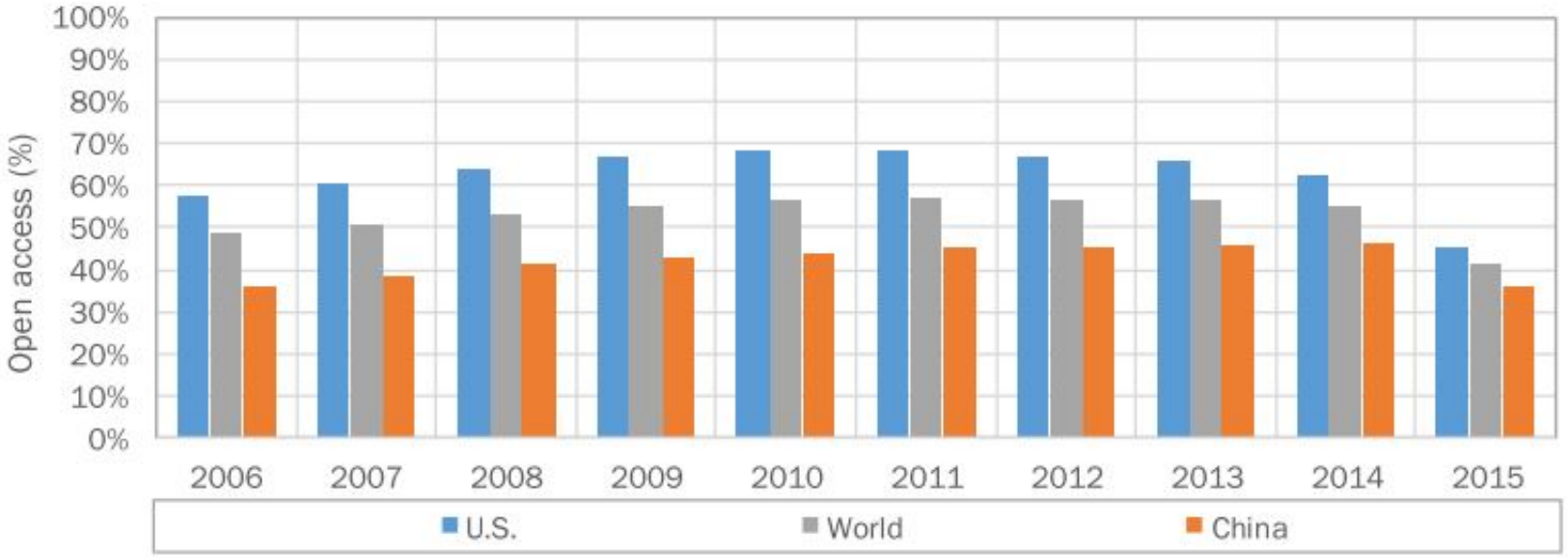


Figure 2 Percentage of OA per publication year (2006–2015), for the United States, China and the world, as measured in Q3 2016

Note: A 120% calibration factor was applied to the raw measures taken from the 1science database. Underlying data available in Table X.

Source: Prepared by Science-Metrix using the Web of Science (Clarivate Analytics) and the 1science database

See: www.science-metrix.com Open access availability of scientific publications, Jan 2018

THE CONVERSATION U.S. PILOT

Academic rigor, journalistic flair

Arts + Culture | Economy + Business | Education | Environment + Energy | Health + Medicine | Politics + Society | Science + Technology

Open access is not free. Someone is doing the work. Someone is paying

August 28, 2015 12.07am EDT

Pay wall or no pay wall? Students study at the Humboldt University Library in Berlin, one of the most advanced scientific libraries in Germany. Shutterstock

Email
Twitter 134
Facebook 11
LinkedIn 12
Print

There is no such thing as a free lunch – or free open access.

Silicon Valley futurist, Steward Brand, states that all information should be made available for free. But his corollary is that:

> *... information wants to be expensive because it is so valuable...*

There is always a value chain, and costs are incurred, on a continuing basis, whatever the platform that houses it. Someone somewhere is paying for open access publishing.

Open access, which stands for unrestricted access and unrestricted reuse of published

Source: https://theconversation.com/open-access-is-not-free-someone-is-doing-the-work-someone-is-paying-46557

Knowledge dissemination

Preprints: publication before peer review

http://biorxiv.org/

Cold Spring Harbor Laboratory

bioRxiv beta

THE PREPRINT SERVER FOR BIOLOGY

New Results

Fractional Dosing of Yellow Fever Vaccine to Extend

What is an unrefereed preprint?

Before formal publication in a scholarly journal, scientific and medical a
are traditionally "peer reviewed." In this process, the journal's editors
advice from various experts—called "referees"—who have assessed th
and may identify weaknesses in its assumptions, methods, and conclusi
Typically a journal will only publish an article once the editors are satis
that the authors have addressed referees' concerns.

global vaccine supply. In order to extend vaccine supply
mass-vaccination, dose sparing by fractional-dose vaccin
consideration. Five-fold fractionation is similar to the sta
immunogenicity. However, no YF vaccine efficacy trials h
humans, so it is possible that fractional-dose vaccines m
equally immunogenic. There is an urgent need to study
fractional dosing could provide epidemiologic benefits in
Methods We estimated the effective reproductive numbe
disease natural history and case report data. Using these
mathematical models of YF transmission, we calculated t

Articles

Fractional dosing of yellow fever vaccine to extend supply: a modelling study

Joseph T Wu, Corey M Peak, Gabriel M Leung, Marc Lipsitch

Summary

Background The ongoing yellow fever epidemic in Angola strains the global vaccine supply, prompting WHO to adopt dose sparing for its vaccination campaign in Kinshasa, Democratic Republic of the Congo, in July–August, 2016. Although a 5-fold fractional-dose vaccine is similar to standard-dose vaccine in safety and immunogenicity, efficacy is untested. There is an urgent need to ensure the robustness of fractional-dose vaccination by elucidation of the conditions under which dose fractionation would reduce transmission.

Methods We estimate the effective reproductive number for yellow fever in Angola using disease natural history and case report data. With simple mathematical models of yellow fever transmission, we calculate the infection attack rate (the proportion of population infected over the course of an epidemic) with various levels of transmissibility and 5-fold fractional-dose vaccine efficacy for two vaccination scenarios, ie, random vaccination in a hypothetical population that is completely susceptible, and the Kinshasa vaccination campaign in July–August, 2016, with different age cutoff for fractional-dose vaccines.

Findings We estimate the effective reproductive number early in the Angola outbreak was between 5·2 and 7·1. If vaccine action is all-or-nothing (ie, a proportion of vaccine recipients receive complete protection [VE] and the remainder receive no protection), n-fold fractionation can greatly reduce infection attack rate as long as VE exceeds $1/n$. This benefit threshold becomes more stringent if vaccine action is leaky (ie, the susceptibility of each vaccine recipient is reduced by a factor that is equal to the vaccine efficacy). The age cutoff for fractional-dose vaccines chosen by WHO for the Kinshasa vaccination campaign (2 years) provides the largest reduction in infection attack rate if the efficacy of 5-fold fractional-dose vaccines exceeds 20%.

Interpretation Dose fractionation is an effective strategy for reduction of the infection attack rate that would be robust with a large margin for error in case fractional-dose VE is lower than expected.

Funding NIH-MIDAS, HMRF-Hong Kong.

Introduction

Yellow fever has resurged in Angola and threatens to spread to other countries with lower yellow fever vaccine coverage. As of July 8, 2016, yellow fever has spread from

infection. In response to such a shortage, dose fractionation has been proposed to maximise the public health benefit of the available yellow fever vaccines.[4] Under dose fractionation, a smaller amount of antigen

Published Online November 9, 2016 http://dx.doi.org/10.1016/S0140-6736(16)31838-4

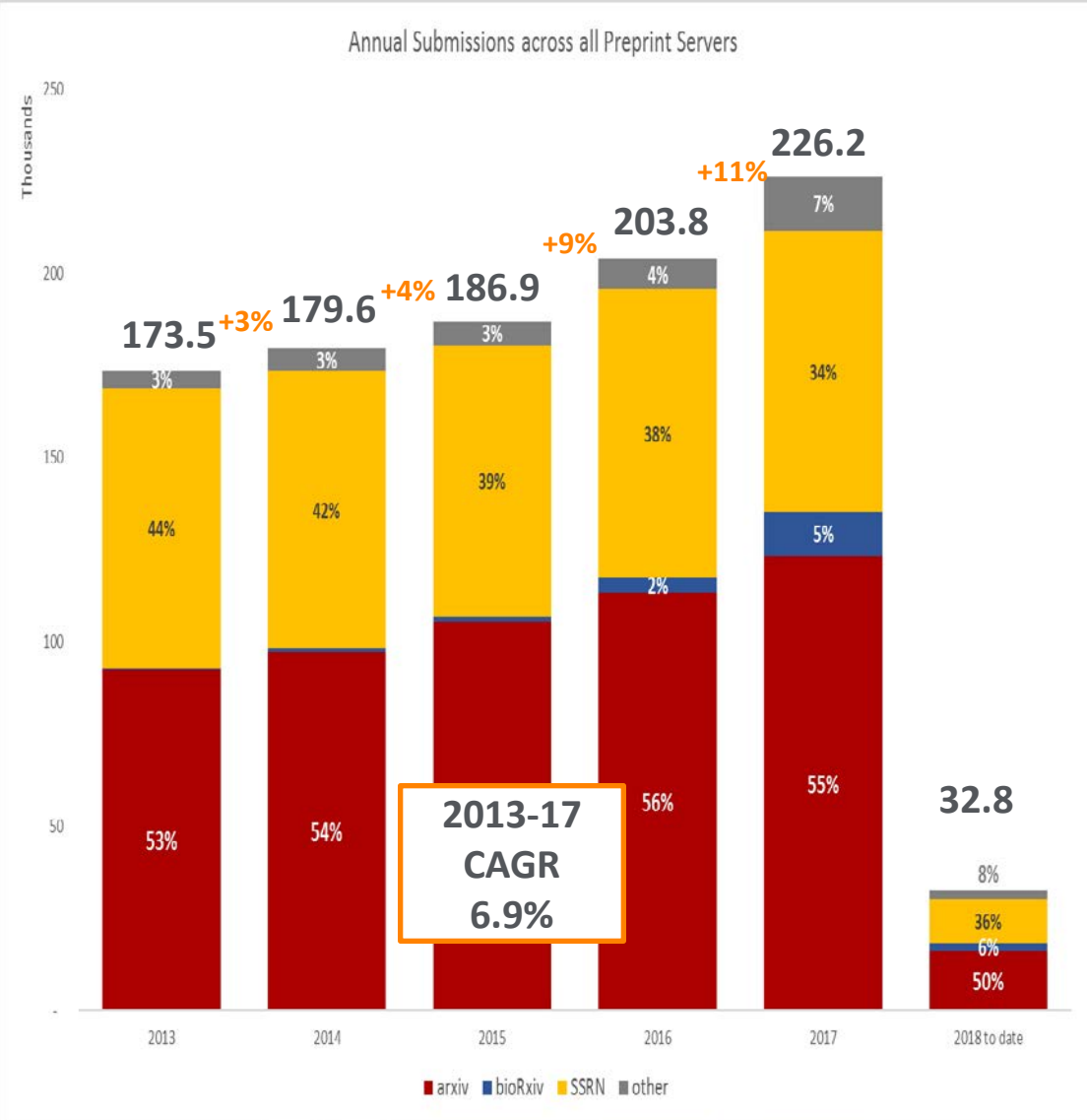
See Online/Comment http://dx.doi.org/10.1016/S0140-6736(16)31330-7

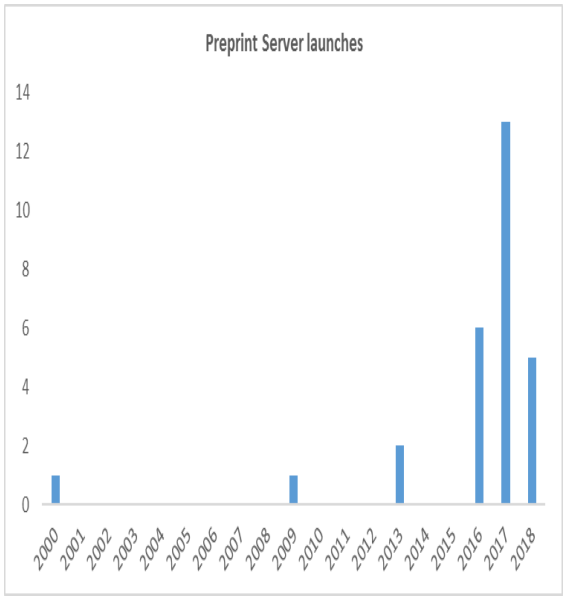
WHO Collaborating Centre for Infectious Disease Epidemiology and Control, School of Public Health, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong Special Administrative Region, China (J T Wu PhD, Prof G M Leung MD); **Center for Communicable Disease Dynamics, Department of Epidemiology,** (C M Peak MS, Prof M Lipsitch DPhil), **and Department of Immunology and Infectious Diseases,** (Prof M Lipsitch), **Harvard T H Chan School of Public Health, Boston, MA, USA**

Correspondence to: Joseph T Wu, WHO Collaborating Centre for Infectious Disease Epidemiology and Control, School of Public Health, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong Special Administrative Region, China
joewu@hku.hk

The preprint market is big and growing

UPDATED FEB 2018





Count of preprint servers launched per year. While several preprint servers have been in existence for several decade, a real burst in activity in terms of launches has occurred in the past couple of years, and is continuing. Many of these launches are driven by the Centre for Open Science – and it should be noted that this view hides the expansion in scope in several of the long-standing servers, e.g arXiv and SSRN.

Note: counts taken directly from preprint servers, except SSRN where numbers reported are total submissions.

MarketIntelligence

Preprint Server Growth History

Name	Organization	Platform	Start Date	Total Preprint	Main Field
arXiv	Cornell University Library	Custom	Aug-91	1,356,224	Physics, Maths and Comp Sci
SSRN	Elsevier	Custom	1994	777,588	Social Science and Economics/Multidisciplinary
Cryptology ePrint Archive	Theory of Crypography Library	IACR	1996	10,192	Cryptology
Cogprints	University of Southampton	EPrints 3	1997	4,230	Cognitive Science
RePEc - EconPapers	Örebro University School of Business	Distributed - FT hosted elsewhere	May-97	804471	Economics
Philsi-Archive	University of Pittsburgh		2000	3,204	Philosophy of Science
viXra	Independent	Custom	2009	22,108	Science and Mathematics (alternative to arXiv)
PeerJ PrePrints	PeerJ, Inc	Custom	13-Apr	3,556	Life Science, Medicine and Comp Sci
bioRXiv	Cold Spring Harbor Lab Press	HighWire (BenchPress and JCore)	13-Nov	20,373	Life Science
Preprints.org	MDPI	Custom	16-Jun	3,000	Multidisciplinary
ChemRxiv	American Chemical Society	Unknown	16-Aug	199	Chemistry
engrXiv	Center for Open Science (COS)	Open Science Framework (OSF) Preprints	16-Dec	157	Engineering
PsyArXiv	Center for Open Science (COS)	Open Science Framework (OSF) Preprints	16-Dec	1,405	Psychology
SocArXiv	Center for Open Science (COS)	Open Science Framework (OSF) Preprints	16-Dec	1,909	Social Science
AgriXiv	Center for Open Science (COS)	Open Science Framework (OSF) Preprints	17-Feb	24	Agricultural Science
BITSS	Center for Open Science (COS)	Open Science Framework (OSF) Preprints	17-Mar	21	Research transparency and reproducibility
PaleoRxiv	Center for Open Science (COS)	Open Science Framework (OSF) Preprints	17-May	66	Paleontology
LawArXiv	Center for Open Science (COS)	Open Science Framework (OSF) Preprints	17-May	533	Law
INA-Rxiv	Center for Open Science (COS)	Open Science Framework (OSF) Preprints	17-Aug	1,839	PP server for Indonesia
LISSA	Center for Open Science (COS)	Open Science Framework (OSF) Preprints	17-Aug	57	Library and Information Science
MindArkīv	Center for Open Science (COS)	Open Science Framework (OSF) Preprints	17-Aug	63	Mind and Contemplative Practices
NutriXiv	Center for Open Science (COS)	Open Science Framework (OSF) Preprints	17-Aug	12	Nutritional Sciences
SportRxiv	Center for Open Science (COS)	Open Science Framework (OSF) Preprints	17-Aug	20	Sport and Exercise
MedArXiv	Yales University & Yale School of Medicine	Yale Open Data Access (YODA) project	17-Sep	-	Medicine
EarthArXiv	Center for Open Science (COS)	Open Science Framework (OSF) Preprints	17-Oct	247	Earth Sciences
MarXiv	Center for Open Science (COS)	Open Science Framework (OSF) Preprints	17-Nov	30	Ocean Conservation and Marine Climate Sciences
FocUS Archive	Center for Open Science (COS)	Open Science Framework (OSF) Preprints	2017	2	Focus Ultrasound Foundation
Arabixiv	Center for Open Science (COS)	Open Science Framework (OSF) Preprints	18-Jan	19	PP server for Arab countries
Frenxiv	Center for Open Science (COS)	Open Science Framework (OSF) Preprints	18-Jan	-	PP server for French research
ESSOAr	American Geophysical Union	Atypon	2018	-	Earth and Space Science
SciELO Preprints	FAPESP - BIREME	Open Science Framework (OSF) Preprints	mid 2018	-	Multidisciplinary
				3,011,549	

Knowledge dissemination: preprints

SHARE

FEATURE

The preprint dilemma

Jocelyn Kaiser
+ See all authors and affiliations

Science 29 Sep 2017:
Vol. 357, Issue 6358, pp. 1344-1349
DOI: 10.1126/science.357.6358.1344

For preprint fans, one nightmare would be a faulty preprint with health implications. To guard against the possibility, bioRxiv does not currently accept any clinical research except epidemiology and certain trial results. Yale University researchers this month announced plans for a new server, MedArXiv, for clinical research preprints; it might be built with bioRxiv's infrastructure but would have separate, tighter standards for screening papers, Inglis says. Yale cardiologist Harlan

parents in Bulgaria, biologist Nikolai Slavov sat at his laptop and called up a free online archive of scientific papers called bioRxiv. Then, with a click of an "upload" button, he submitted the draft of a paper he'd written about his postdoctoral work at the Massachusetts Institute of Technology in Cambridge on the unexpectedly diverse structure of ribosomes, the cell's protein-making factories. "I was mostly excited, but a little bit nervous" about sharing findings that hadn't been scrutinized by peer reviewers, he says.

ILLUSTRATION: DAVIDE BONAZZI/SALZMAN ART

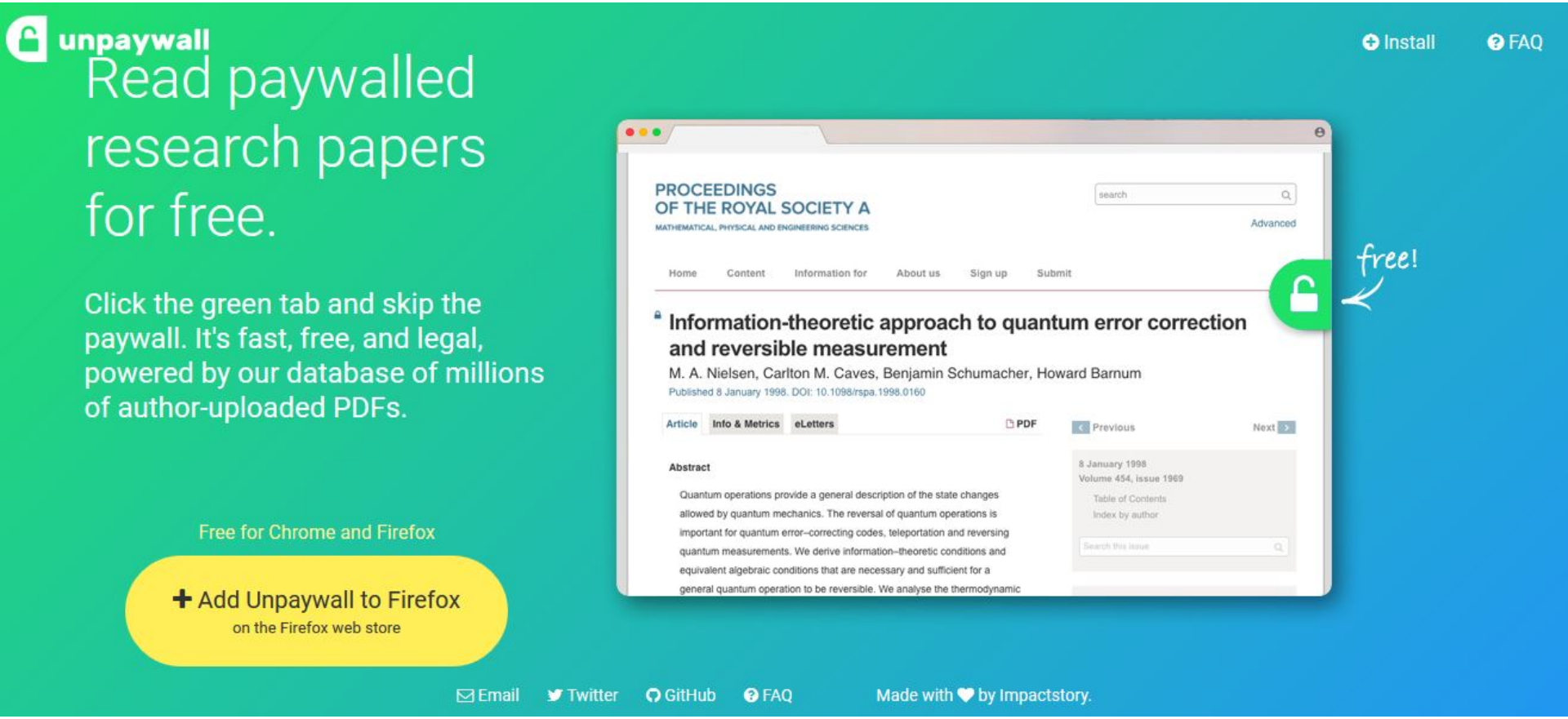
- **See: http://science.sciencemag.org/content/357/6358/1344**

Sharing research: via copyright piracy

A research paper i… …archers. Papers are *primary source*… …cription of new results and experin…

At this time the widest possible distribution of research papers, as well as of other scientific or educational sources, is artificially restricted by copyright laws. Such laws effectively slow down the development of science in human society. The Sci-Hub project, running from 5th September 2011, is challenging the status quo. At the moment, Sci-Hub provides access to *hundreds of thousands research papers every day*, effectively bypassing any paywalls and restrictions.

Sharing research

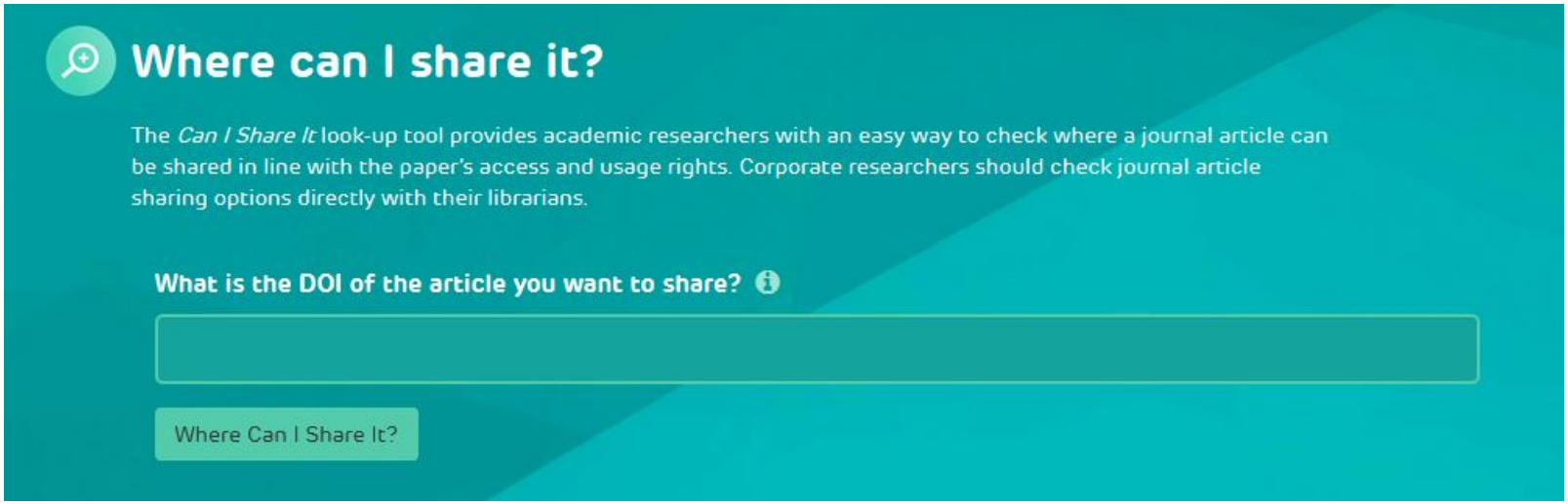


- **See: http://unpaywall.org/**

Sharing research

See:

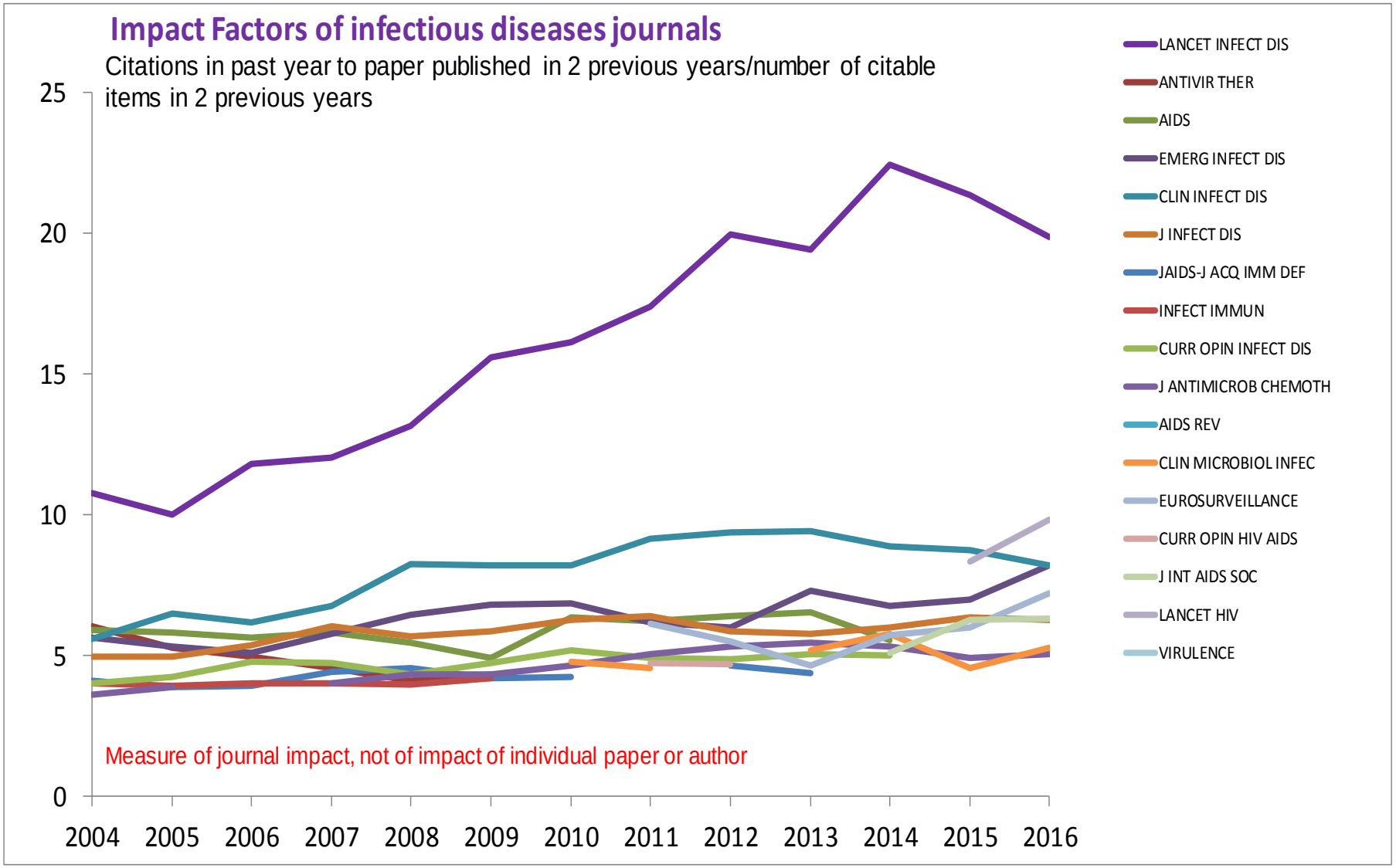
http://www.howcanishareit.com/

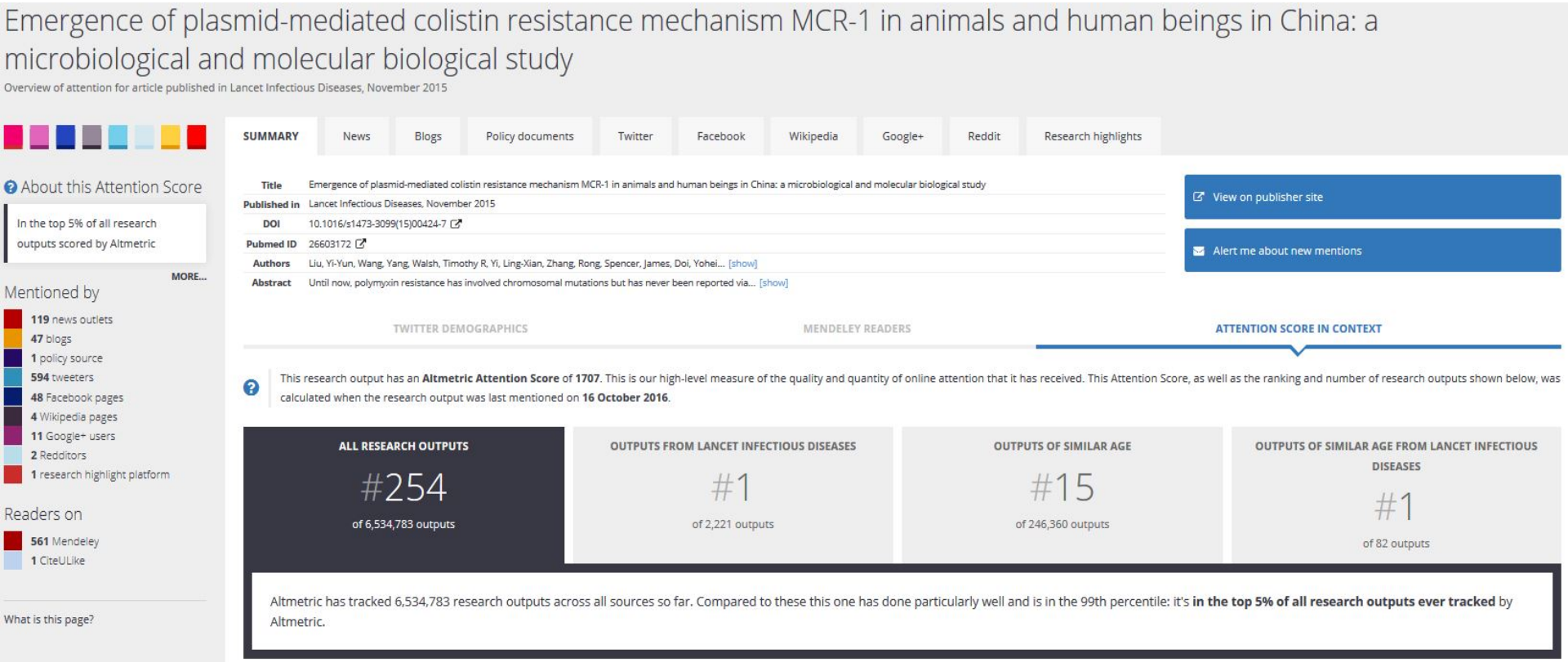


Journal level metric

Impact Factor: ratio of citations to citable items

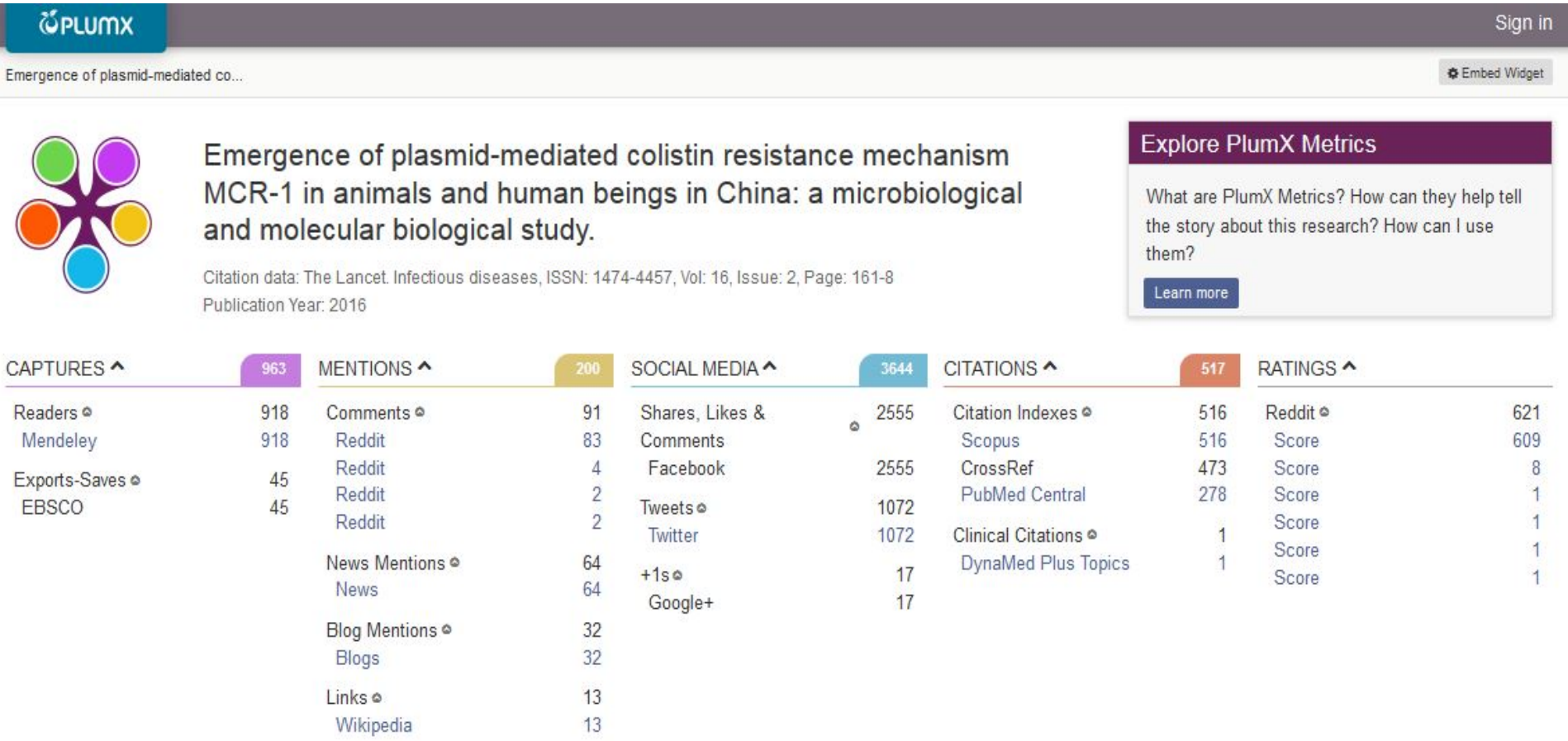
"Citable items" = research & review papers





Altmetric Score 1707

Source: http://elsevier.altmetric.com/details/4781198#score



- **See: https://plumanalytics.com/learn/about-metrics/**

Waste or inefficiency in biomedical research

The *Lancet* REWARD (REduce research Waste And Reward Diligence) Campaign invites everyone involved in biomedical research to critically examine the way they work to reduce waste and maximise efficiency.

Read the REWARD statement and join the campaign

http://www.thelancet.com/campaigns/efficiency

Are research decisions based on questions relevant to users of research?	Appropriate research design, methods, and analysis?	Efficient research regulation and management?	Fully accessible research information?	Unbiased and usable research reports?
• Low priority questions addressed • Important outcomes not assessed • More than 50% studies designed without reference to systematic reviews of existing evidence	• Adequate steps to reduce bias not taken in more than 50% of studies • Inadequate statistical power • Inadequate replication of initial findings	• Complicit with other sources of waste and inefficiency • Disproportionate to the risks of research • Regulatory and management processes are burdensome and inconsistent	• More than 50% of studies never fully reported • Biased under-reporting of studies with disappointing results • Biased reporting of data within studies	• More than 30% of trial interventions not sufficiently described • More than 50% of planned study outcomes not reported • Most new research not interpreted in the context of systematic assessment of other relevant evidence

Research waste

Lancet 2014; 383: 101-104

Lancet journals: our editorial commitment

- High impact content that changes medical and public health practice and thinking
- Editors who will strengthen the quality of your work
- Speed to publication
- Global reach and visibility
- Thought-provoking news and comments
- Initiatives well beyond publication
- Independence from any society or political body
- Built on 194 years' tradition of excellence

What do editors look for?

- Research that is going to change practice or thinking, at least within specialty of the journal
- Interest to journal audience
- First, last, or necessary replication
- Ethically sound
- Robust methods, suitable for research question
- Reported fully, without bias

Submission—where?

- **Who is your audience?**
- **International *vs* regional**
- **General *vs* specialist**
- **Calls for papers**
- **Upcoming events**
- **If in doubt, check your references**

Submission—where?

- Be familiar with your chosen journal
- Philosophy
- Interests
- Landmark papers
- Include publication strategy in your protocol

Submission—where?

Thinkchecksubmit.com

THINK CHECK SUBMIT

Choose the right journal for your research

Home | Think | Check | Submit | About | Languages | FAQ

Sharing research results with the world is key to the progress of your discipline and career. But with so many publications, how can you be sure you can trust a particular journal? Follow this check list to make sure you choose trusted journals for your research.

THINK

Are you submitting your research to a trusted journal?
Is it the right journal for your work?

CHECK

Use our check list to assess the journal

SUBMIT

Only if you can answer 'yes' to the questions on our check list

Get involved - sign up for our mailing list here:

Full name

Email address

SEND

Click to support!

1118 people have clicked to show their support so far

Latest news

Think Check Submit now available in Chinese!
30th May 2017
We're delighted that Think Check Submit is now available in Chinese, thanks to Yanhong Zhai. More languages will be...Read more...

Think Check Submit now available in Indonesian!
22nd May 2017
We're very pleased to be able to offer Think Check Submit in another language – Indonesian! Many thanks to...Read more...

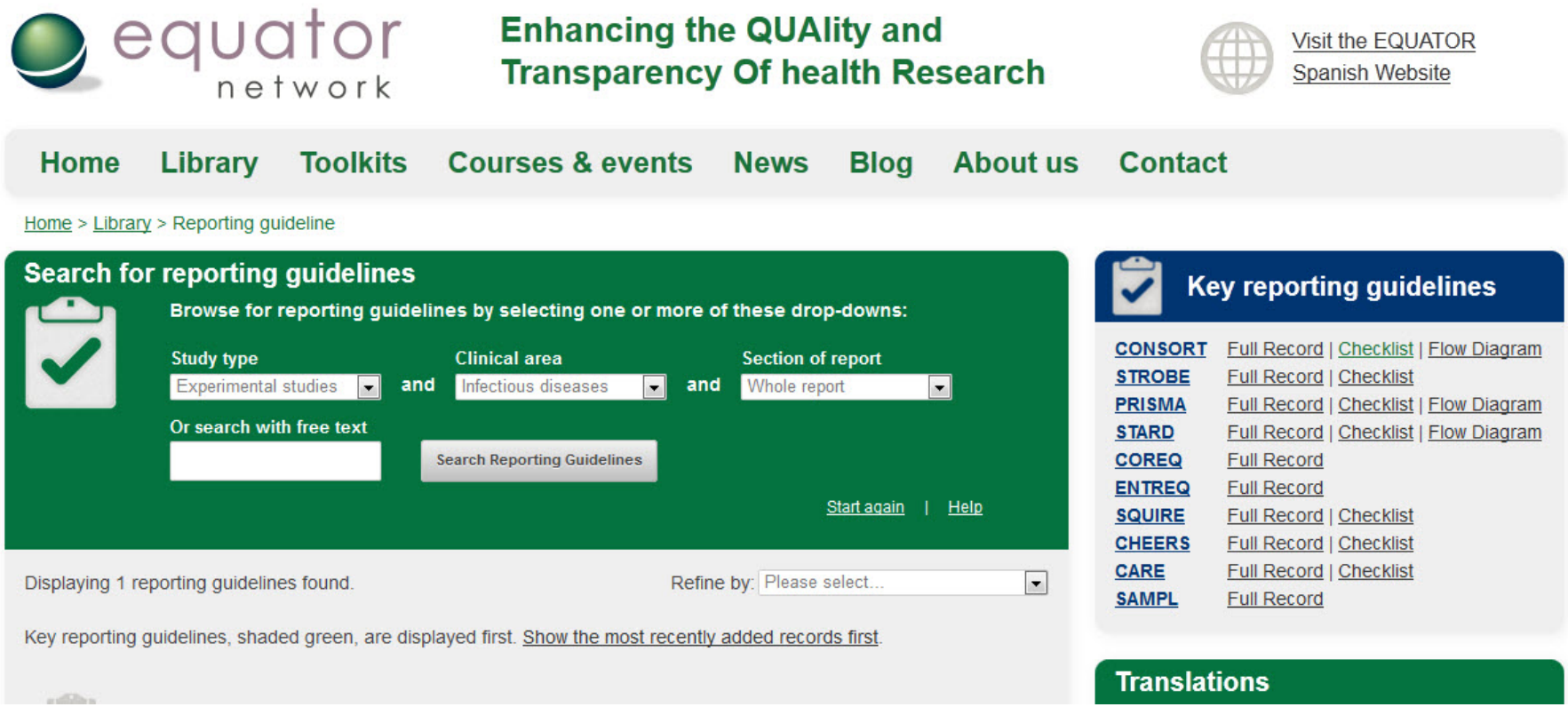
Think Check Submit now available in Arabic and French!
9th May 2017
If you'd rather read Think Check Submit in either Arabic or French, you can now do so by visiting...Read more...

Submission—where?

- **Reporting requirements**
  - **Abstract structure**
  - **Word count**
  - **Number of references and reference style**
  - **Number of tables and figures (and submission format)**
  - **Reporting guidelines (***see* http://www.equator-network.org/reporting-guidelines**)**

EQUATOR Network reporting guidelines

http://www.equator-network.org/reporting-guidelines/



Submission—where?

- **Supporting documents**
  - **Protocol**
  - **Trial registration**
  - **Signatures**
  - **Conflicts of interest statements**
  - **Patient consent**
  - **References in press**
  - **Permission to reproduce**

Submission—how?

Many journals will make an initial decision based on reading your cover letter and abstract; sometimes just the abstract

Submission—Cover letter

Insert Special Character

Dear Editor,

Please find attached a manuscript entitled: [redacted] that we would like to submit for publication in THE LANCET INFECTIOUS DISEASES.

This paper has not been submitted elsewhere and all the authors agree for this submission.
We do not declare any conflict of interest.

Thank you for your consideration.

Sincerely yours,

Submission—Cover letter

- **Short and snappy—elevator pitch**
  - **Give context and background to study**
  - **What question does your study address?**
  - **What method did you use to answer study question?**
    - **Mention you've followed reporting guidelines appropriate to study design**
  - **What did you find?**
  - **How do your findings affect totality of knowledge on subject; how might they influence practice or thinking?**
  - **Why is your paper relevant to journal's readership?**

Submission—Abstract

Unhelpful submitted abstract

Background: The presence of extended spectrum beta-lactamases (ESBL)-producing antimicrobial resistance organisms has been increasingly reported worldwide. Probiotics are often used to support the treatment of infections in clinical practice. These in vitro studies investigated the **effect of a probiotics, on ESBL-producing Escherichia coli**, the most widely distributed ESBL producer.

Methods: The probiotic strain C. butyricum MIYAIRI588 and bla-CTX-M-15-positive, **ESBL-producing E. coli clinical isolates** were used in this study. **The inhibitory effect** of C. butyricum MIYAIRI588 strain on the growth of ESBL-producing E. coli was examined by both co-culture and in C. butyricum MIYAIRI588 supernatant. **Beta-lactamase activity** produced by E. coli was analysed with or without C. butyricum MIYAIRI588 supernatant. A conjugation assay was performed by the broth mating method to determine **the frequency of transfer of antibiotic resistance** property between E. coli donor strains to recipient strain.

Findings: The growth of ESBL-producing E. coli **was suppressed** by both co-culture and in C. butyricum MIYAIRI588 supernatant. In addition, the activity of beta-lactamase was also **significantly reduced** by C. butyricum MIYAIRI588 culture supernatant. Moreover, transmissibility of antibiotic resistant properties from ESBL-producing E. coli to E. coli 5980 **was inhibited** by the C. butyricum MIYAIRI588 supernatant.

Interpretation: These findings are promising and **support the use of probiotics as adjuncts to antibiotic treatment of clinical infections**. We plan further studies on the effect of probiotics on ESBL-producing bacteria.

Submission—Abstract

- **Context and background; study objectives and/or hypothesis**
- **Methods: population; design (eg, prospective/retrospective, RCT, case/control, cohort, case series, diagnostic, surveillance, in vitro, animal model); endpoints; trial registration**
- **Results: absolute number; primary endpoints; effect size (eg, relative risk, hazard ratio, sensitivity/specificity); confidence intervals; p-values; avoid stats with small numbers**
- **Conclusions: implications for practice/research; don't spin secondary endpoints**

Submission—Abstract

- **How:** follow reporting guidelines
- **How many:** absolute numbers
- **How much:** effect size, confidence intervals, p-values
- **How useful:** implications for practice / research
- **How funded**

Submission—Abstract

Jargon—Avoid!

Interpretation: The efficacy and safety of ART has substantially improved with the introduction of newer drug classes of ARVs that are now available to patients and HIV care providers. Our SLR found that among ART-naïve patients, the use of INSTI + 2 NRTI, particularly DTG, have superior efficacy to EFV + 2 NRTI regimens and that low-dose EFV is non-inferior to standard dose EFV.

Submission—Research in context

Research in context/key messages: adding to existing knowledge and improving research efficiency

Research in context

Systematic review

We searched PubMed on Feb 11, 2015, for articles published between Jan 1, 2000, and Feb 11, 2015, using a combination of the MeSH search terms "HCV treatment", "antiviral agent", and "genotype 4" and consulted the hepatitis C virus (HCV) treatment guidelines for phase 2 or 3 clinical trials of treatments for patients with HCV genotype 4. We also searched the reference lists of articles from our search for additional reports that met our inclusion criteria of phase 2 and phase 3 clinical trials of interferon-free regimens for treatment of HCV genotype 4.

Four clinical trials have been reported (one journal article and four in abstract form) for interferon-free regimens for patients with HCV genotype 4. The results of these trials have shown promising safety and efficacy (sustained viral response at 12 weeks, 84–100%) with combination direct-acting antiviral drugs, with or without ribavirin for 12–24 weeks. Few patients with cirrhosis or who have previously been treated with interferon-containing regimens have been included.

Added value of this study

Although our study is small, we showed high rates of sustained viral response at 12 weeks with use of sofosbuvir and ledipasvir for 12 weeks, which supports the possibility that this simple regimen might be effective for some patients.

Implications of all the available evidence

Further development of this efficacious, simple, well tolerated regimen is warranted and studies in patients with cirrhosis and previously treated patients should be pursued.

Bias—interpretation of statistical significance

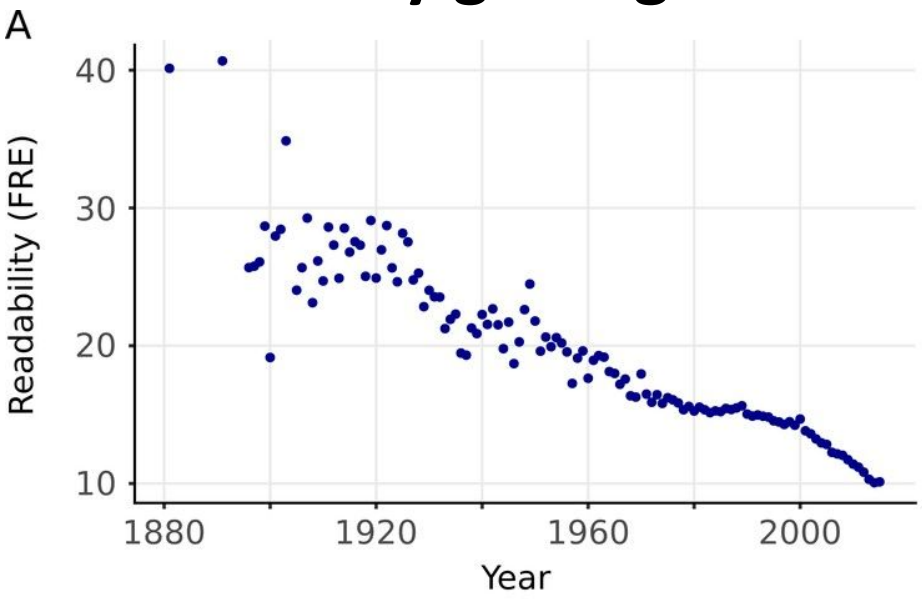
- **"You don't need to play the significance testing game – there are better methods, like quoting the effect size with a confidence interval – but if you do, the rules are simple: the result is either significant or it isn't"**
- **"So if your p-value remains stubbornly higher than 0.05, you should call it 'non-significant' and write it up as such"**

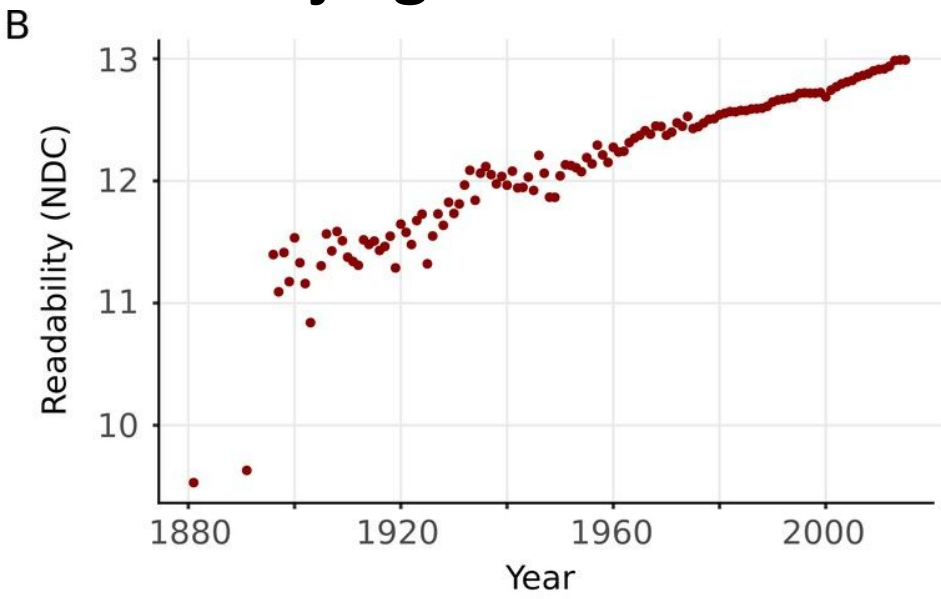
https://mchankins.wordpress.com/2013/04/21/still-not-significant-2/
Accessed May 2016

(barely) not statistically significant (p=0.052)
a barely detectable statistically significant difference (p=0.073)
a borderline significant trend (p=0.09)
a certain trend toward significance (p=0.08)
a clear tendency to significance (p=0.052)
a clear trend (p<0.09)
a clear, strong trend (p=0.09)
a considerable trend toward significance (p=0.069)
a decreasing trend (p=0.09)
a definite trend (p=0.08)
a distinct trend toward significance (p=0.07)
a favorable trend (p=0.09)
a favourable statistical trend (p=0.09)
a little significant (p<0.1)
a margin at the edge of significance (p=0.0608)
a marginal trend (p=0.09)
a marginal trend toward significance (p=0.052)
a marked trend (p=0.07)
a mild trend (p<0.09)
a moderate trend toward significance (p=0.068)
a near-significant trend (p=0.07)
a negative trend (p=0.09)
a nonsignificant trend (p<0.1)
a nonsignificant trend toward significance (p=0.1)
a notable trend (p<0.1)
a numerical increasing trend (p=0.09)
a numerical trend (p=0.09)
a positive trend (p=0.09)
a possible trend (p=0.09)
a possible trend toward significance (p=0.052)
a pronounced trend (p=0.09)
a reliable trend (p=0.058)
a robust trend toward significance (p=0.0503)
a significant trend (p=0.09)
a slight slide towards significance (p<0.20)
a slight tendency toward significance(p<0.08)

Submission—Use of language

Readability getting worse because of jargon





eLife https://doi.org/10.7554/eLife.27725.001

Data from >700000 abstracts

“impact both the reproducibility and accessibility of research findings”

Submission—Use of language

- **Keep it simple and brief**

Consequently, we shall exclude from our pages the semibarbarous phraseology of the Schools, and adopt as its substitute, plain English diction. In this attempt, we are well aware that we shall be assailed by much *interested* opposition. But, notwithstanding this, we will fearlessly discharge our duty.

Thomas Wakley (1823) *The Lancet,* I : p2

We shall use simple English. We recognise that this will be resisted by medical schools who want to maintain the mystery of medicine by using long words

Language—keep it simple

be under consideration by another journal. Because the readership covers a wide range of specialties, it is vital that articles should be written clearly, and should not assume a level of knowledge above that of, say, a reasonably well-read, recently qualified, doctor in training. The importance of a clear, accessible writing style cannot be stressed too highly. One way to find out if your article is understandable to those reading outside their immediate field of interest is to show the manuscript to colleagues in other specialties. If they find it difficult to follow, so will a good proportion of the readership. Wherever possible,

See: https://eeslive.elsevier.com/thelancetid/default.asp

Language—keep it simple

- **Write with the non-expert reader in mind**
- **Never us a long word where a short one will do**
  - **majority of = most; utilise = use; in order to = to; perform = do; in the event of = if or when; leverage = ??? (probably "use")**
- **Use active voice**
  - **Passive "data were collected"; Active "we collected data"**

    Passive "patients were enrolled"; Active "we enrolled patients"
- **Short sentences: 20–30 words per sentence**
  - **Can you read your sentences out loud without running out of breath?**

Peer review process

Lancet journals' peer review

- Authors can suggest reviewers
- Anonymous—ie, authors not told names of reviewers
- Specialist opinion (3 clinical + 1 statistics)
  - 1 from the author's country (NOT from the same institution)
  - Familiar with database (if used)
- Reviewers asked to disclose conflicts of interest
- Final decision with in-house editors—reviewers are advisers
  - Accept (never happens); Revise; Reject

Our expectations of peer reviewers

- State any potential conflicts of interest
- Keep comments confidential
- Be objective
- Be constructive
- Be timely

Common issues raised by reviewers (1)

- **Research not original, insightful, definitive**
- **Inappropriate design/methods, including statistical**
- **Ethical concerns**
- **Failure to comprehensively review up-to-date literature in Introduction and Discussion**
  - **Over-reliance on older references or references from one research group**

Common issues raised by reviewers (2)

- **Interpretation issues**
  - **Over-interpretation of subgroup analyses, without acknowledging issues with subgroup analyses in limitations**
  - **Overstating importance of treatment difference, especially if not meeting prespecified criteria for statistical significance—ie, talking-up a "nearly significant" finding**
  - **Emphasising a statistically significant result that is unlikely to be of biological or clinical significance;**
- **Research out of line with routine clinical practice**
- **Overstating findings in Summary and Conclusions**
- **Not discussing limitations of research in Discussion**

Peer review—responding to reviewers' comments

- An opportunity, not a criticism
  - Chance to make a better paper—be conscientious and cooperative
- Respond promptly
  - Ask the editor if you need more time
- Provide point-by-point list of:
  - how each comment was addressed; justification for not addressing any comments
- Respond to ALL editorial points—eg, format, style, author statements

Summary

- What do editors look for?
- Choosing a journal
- Importance of cover letter
- Importance of summary and key messages
- Use of language
- Review process

Thank you

Visit Elsevier Publishing Campus
www.publishingcampus.com

Information on Elsevier's open access policies and journals
www.elsevier.com/openaccess

Elsevier Publishing Campus

Publishing Connect

Appendix

THE LANCET.

VOL. I.—No. 1.] LONDON, SUNDAY, OCTOBER 5, 1823. [*Price 6d.*

PREFACE.

IT has long been a subject of surprise and regret, that in this extensive and intelligent community there has not hitherto existed a work that would convey to the Public, and to distant Practitioners as well as to Students in Medicine and Surgery, reports of the Metropolitan Hospital Lectures.

Having for a considerable time past observed the great and increasing inquiries for such information, in a department of science so pre-eminently useful, we have been induced to offer to public notice a work calculated, as we conceive, to supply in the most ample manner, whatever is valuable in these important branches of knowledge;—and as the Lectures of Sir Astley Cooper, on the theory and practice of Surgery, are probably the best of the kind delivered in Europe, we have commenced our undertaking with the introductory Address of that distinguished professor, given in the theatre of St. Thomas's Hospital on Wednesday evening last. The Course will be rendered complete in subsequent Numbers.

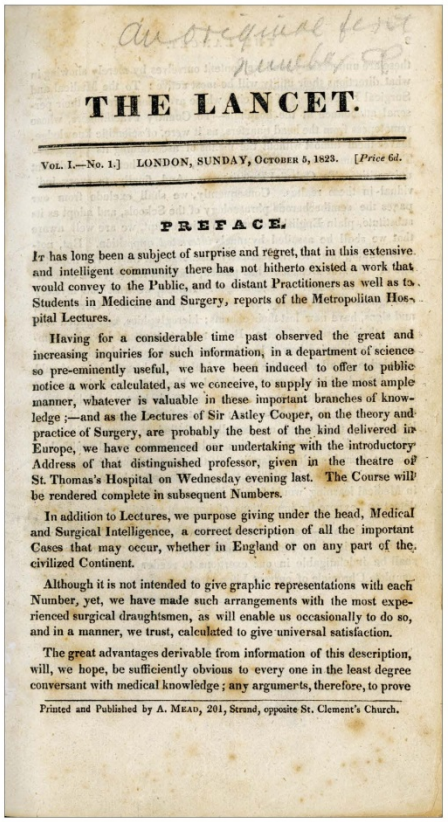
In addition to Lectures, we purpose giving under the head, Medical and Surgical Intelligence, a correct description of all the important Cases that may occur, whether in England or on any part of the civilized Continent.

Although it is not intended to give graphic representations with each Number, yet, we have made such arrangements with the most experienced surgical draughtsmen, as will enable us occasionally to do so, and in a manner, we trust, calculated to give universal satisfaction.

The great advantages derivable from information of this description,

THE LANCET

Volume 386 · Number 10000 · Pages 1211-1310 · September 26-October 2, 2015 www.thelancet.com



THE LANCET.

VOL. I.—No. 1.] LONDON, SUNDAY, OCTOBER 5, 1823. [*Price 6d.*

PREFACE.

IT has long been a subject of surprise and regret, that in this extensive and intelligent community there has not hitherto existed a work that would convey to the Public, and to distant Practitioners as well as to Students in Medicine and Surgery, reports of the Metropolitan Hospital Lectures.

Having for a considerable time past observed the great and increasing inquiries for such information, in a department of science so pre-eminently useful, we have been induced to offer to public notice a work calculated, as we conceive, to supply in the most ample manner, whatever is valuable in these important branches of knowledge;—and as the Lectures of Sir Astley Cooper, on the theory and practice of Surgery, are probably the best of the kind delivered in Europe, we have commenced our undertaking with the introductory Address of that distinguished professor, given in the theatre of St. Thomas's Hospital on Wednesday evening last. The Course will be rendered complete in subsequent Numbers.

In addition to Lectures, we purpose giving under the head, Medical and Surgical Intelligence, a correct description of all the important Cases that may occur, whether in England or on any part of the civilized Continent.

Although it is not intended to give graphic representations with each Number, yet, we have made such arrangements with the most experienced surgical draughtsmen, as will enable us occasionally to do so, and in a manner, we trust, calculated to give universal satisfaction.

The great advantages derivable from information of this description, will, we hope, be sufficiently obvious to every one in the least degree conversant with medical knowledge; any arguments, therefore, to prove

Printed and Published by A. MEAD, 201, Strand, opposite St. Clement's Church.

The Lancet (ISSN 0099-5355) is published weekly, except for the last issue in December which is a double issue, by Elsevier Ltd. Elsevier Ltd's North American agent is Elsevier Inc., 360 Park Avenue South, New York, NY 10010-1710, USA. Tel: 212-633-3800. Fax: 212-633-3853. Periodical postage paid at New York NY and additional mailing offices. #585-880 USPS CDN PM#0905372
POSTMASTER: Send address changes to The Lancet, Elsevier, Subscription Customer Service, 3251 Riverport Ln, Maryland Heights MO 63043, USA.

Founded 1823 · Published weekly

Home | Journals | Specialties | The Lancet Clinic | Global Health | Multimedia | Campaigns | More | Information for | Submit a Paper

THE LANCET Infectious Diseases

Welcome, John McConnell
Claim Subscription | Subscribe | My Account | Logout

Online First | Current Issue | All Issues | Multimedia | Information for Authors

All Content | Search | Advanced Search

Current Issue

< Previous

Feb 2016
Volume 16
Number 2
p131-264
e10-e21

QUICK LINKS
Editorial
Comment
Corrections
Correspondence
Newsdesk

Enlarge Cover

Alert me when new issues and articles are available via Email or RSS

EDITORIAL

131 **Guinea worm disease nears eradication**
The Lancet Infectious Diseases
Summary | Full-Text HTML | PDF

COMMENT

132 **Colistin resistance: a major breach in our last line of defence**
David L Paterson, Patrick N A Harris
Summary | Full-Text HTML | PDF

133 **CHAPAS-3 fills the gap**
Harry Moultrie, Annelies Van Rie
Open Access
Summary | Full-Text HTML | PDF

134 **Artemisinin-based combination therapy for knowlesi malaria**
Michael Ramharter
Summary | Full-Text HTML | PDF

136 **Pyronaridine-artesunate retreatment for malaria**
Sabine Bélard, Florian Kurth
Open Access
Summary | Full-Text HTML | PDF

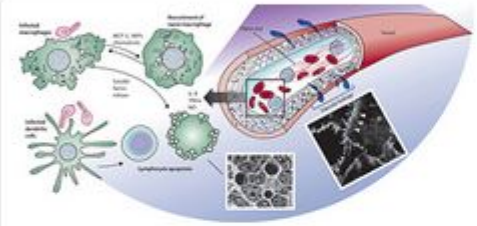
Ebola Resource Centre

Research | Reviews | Editorials | Correspondence | World Report | Comment | Archive | Elsevier Virology | Multimedia | Related Links

Latest Updates: Offline: An irreversible change in global health governance

Focus

Ebola—lessons learned: Authors from Harvard's Global Health Institute and the London School of Hygiene and Tropical Medicine outline 10 proposals to help prevent future health catastrophes, based on experiences from the 2014-15 Ebola outbreak in west Africa.



The current outbreak of Ebola in west Africa is both a public health emergency of international concern and a human tragedy.

The Lancet Ebola Resource Centre contains all related resources from *The Lancet* family of journals offered with free access to assist health workers and researchers in their important work to bring this outbreak to a close a quickly as possible.

Find out more about Ebola in The Lancet's Seminar.

Research

ARTICLES
Early clinical sequelae of Ebola virus disease in Sierra Leone: a cross-sectional study
John G Matilla, Mathew J Vandy, Joyce C Chang, Devin E Platt, Kerry Dierberg, Daniel G Bausch, Tim Brooks, Sampha Conteh, Ian Crozier, Robert A Fowler, Amadu P Kamara, Cindy Kang, Srividya Mahadevan, Yealie Mansaray, Lauren Marcoll, Gillian McKay, Tim O'Dempsey, Victoria Parris, Ruxandra Pinto, Audrey Rangel, Alex P Satam, Jessica Shantha, Vanessa Wolfman, Steven Yoh, Adrienne K Chan, Sharmistha Mishra
The Lancet Infectious Diseases
Published online: December 22, 2015

Zika virus resource centre

Home | Correspondence | Data sharing statement | Elsevier ID

Latest Updates: Microcephaly in Brazil: how to interpret reported numbers?

The Lancet Zika virus resource centre brings together the best evidence from across *The Lancet* family of journals—offered with free access—to assist researchers, policy makers, and health workers, in understanding the effects of the outbreak and how best to respond. Find out more about Zika virus in this Special Report.

The arguments for sharing data, and the consequences of not doing so, have been thrown into stark relief by the Ebola and Zika outbreaks. In the context of a public health emergency of international concern, there is an imperative on all parties to make any information available that might have value in combatting the crisis.

Read the statement in full

ARTICLES
Detection and sequencing of Zika virus from amniotic fluid of fetuses with microcephaly in Brazil: a case study
Guilherme Calvet, Renato S Aguiar, Adriana S O Melo, Simone A Sampaio, Ivano de Filippis, Allison Fabri, Eliane S M Araujo, Patricia C de Sequeira, Marcos C L de Mendonça, Louisi de Oliveira, Diogo A Tschoeke, Carlos G Schrago, Fabiano L Thompson, Patricia Brasil, Flavia B dos Santos, Rita M R Nogueira, Amilcar Tanuri, Ana M B de Filippis
The Lancet Infectious Diseases
Published online: February 17, 2016
Summary | Full-Text HTML | PDF

WORLD REPORT
WHO reveals its shopping list for weapons against Zika
John Maurice
The Lancet, Vol. 387, No. 10020
Published in issue: February 20, 2016
Summary | Full-Text HTML | PDF

SPECIAL REPORT
Concern over Zika virus grips the world
Udani Samarasekera, Marcia Triunfol
The Lancet, Vol. 387, No. 10018
Published online: February 2, 2016
Summary | Full-Text HTML | PDF

EDITORIAL
Zika virus: a new global threat for 2016
The Lancet
The Lancet, Vol. 387, No. 10014
Published in issue: January 09, 2016
Summary | Full-Text HTML | PDF

HEALTH POLICY
Moving towards universal health coverage: lessons from 11 country studies
Michael R Reich, Joseph Harris, Naoki Ikegami, Akiko Maeda, Cheryl Cashin, Edson C Araujo, Keizo Takemi, Timothy G Evans
The Lancet, Vol. 387, No. 10020
Published online: August 20, 2015
Summary | Full-Text HTML | PDF

EDITORIAL
Health security: the defining challenge of 2016
The Lancet
The Lancet, Vol. 386, No. 10012
Published in issue: December 19, 2015
Summary | Full-Text HTML | PDF

Audio

Zika virus in amniotic fluid: The Lancet Infectious Diseases: February 17, 2016

(mp3, 10:21 mins, 9.47Mb)

Ana de Filippis discusses research on how Zika virus has been detected in the amniotic fluid of two pregnant women in Brazil.

Categories: Global Health

Read associated article
Download audio
Subscribe to podcast: iTunes |RSS

Browse all The Lancet Infectious Diseases audio

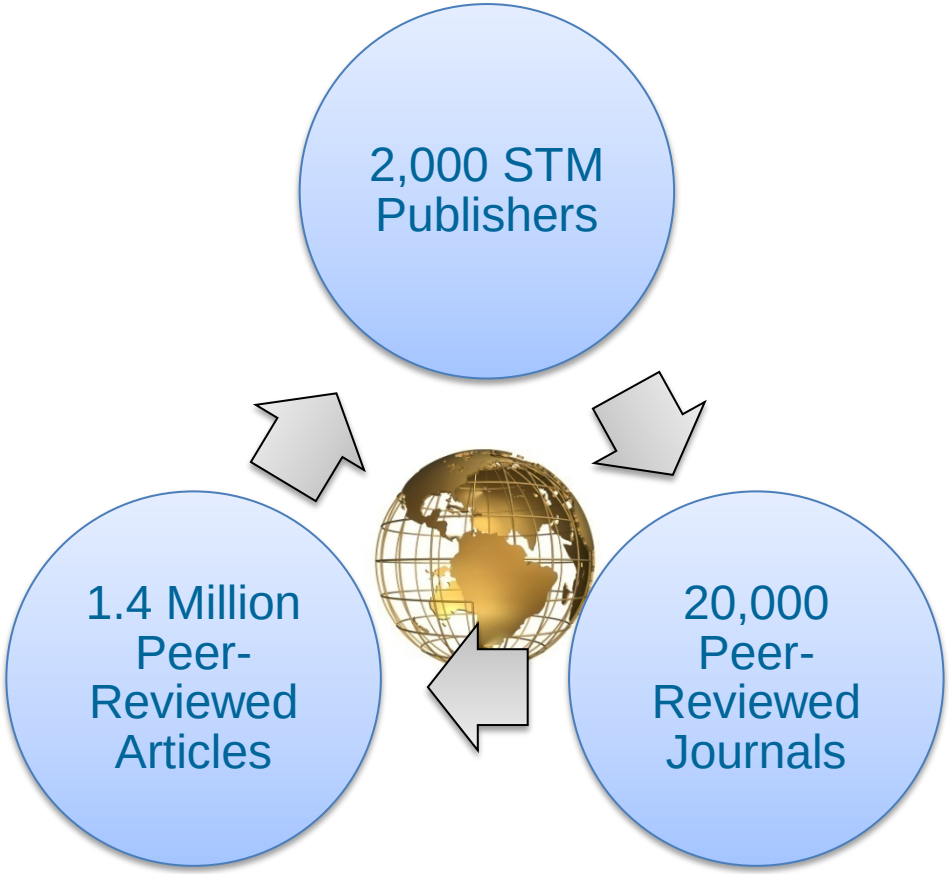
COMMENT
Zika virus and microcephaly: why is this situation a PHEIC?
David L Heymann, Abraham Hodgson, Amadou Alpha Sall, David O Freedman, J Erin Staples, Fernando Althabe, Kalpana Baruah, Ghazala Mahmud, Nyoman Kandun, Pedro F C Vasconcelos, Silvia Bino, K U Menon
The Lancet, Vol. 387, No. 10020
Published online: February 10, 2016
Summary | Full-Text HTML | PDF

COMMENT
Microcephaly in Brazil: how to interpret reported numbers?
Cesar Gomes Victora, Lavinia Schuler-Faccini, Alicia Matijasevich, Erlane Ribeiro, André Pessoa, Fernando Celso Barros
The Lancet, Vol. 387, No. 10019
Published online: February 6, 2016
Summary | Full-Text HTML | PDF

COMMENT
A crucial time for public health preparedness: Zika virus and the 2016 Olympics, Umrah, and Hajj
Habida Elachola, Ernesto Gozzer, Jiatong Zhuo, Ziad A Memish
The Lancet, Vol. 387, No. 10019
Published online: February 6, 2016
Summary | Full-Text HTML | PDF

COMMENT
Identification of Zika virus vectors and implications for control
Constância F J Ayres

Scientific, technical, and medical (STM) publishing today



Courtesy Elsevier Publishing Connect

Role of scientif

Registration

Certification

Dissemination

Preservation

the scholarly kitchen

SEARCH

Home

WHAT'S HOT AND COOKING IN SCHOLARLY PUBLISHING

ADVERTISING, AUTHORS, BUSINESS MODELS, COMMERCE, CONTROVERSIAL TOPICS, COPYRIGHT, DATA PUBLISHING, DISCOVERY, ECONOMICS, ETHICS, EXPERIMENTATION, HOUSEKEEPING, INNOVATION, LIBRARIES, MARKETING, METRICS AND ANALYTICS, OPEN ACCESS, PEER REVIEW, SOCIAL ROLE, TECHNOLOGY, TOOLS, USABILITY

Guest Post: Kent Anderson UPDATED — 96 Things Publishers Do (2016 Edition)

POSTED BY SCHOLARLY KITCHEN · FEB 1, 2016 · 18 COMMENTS

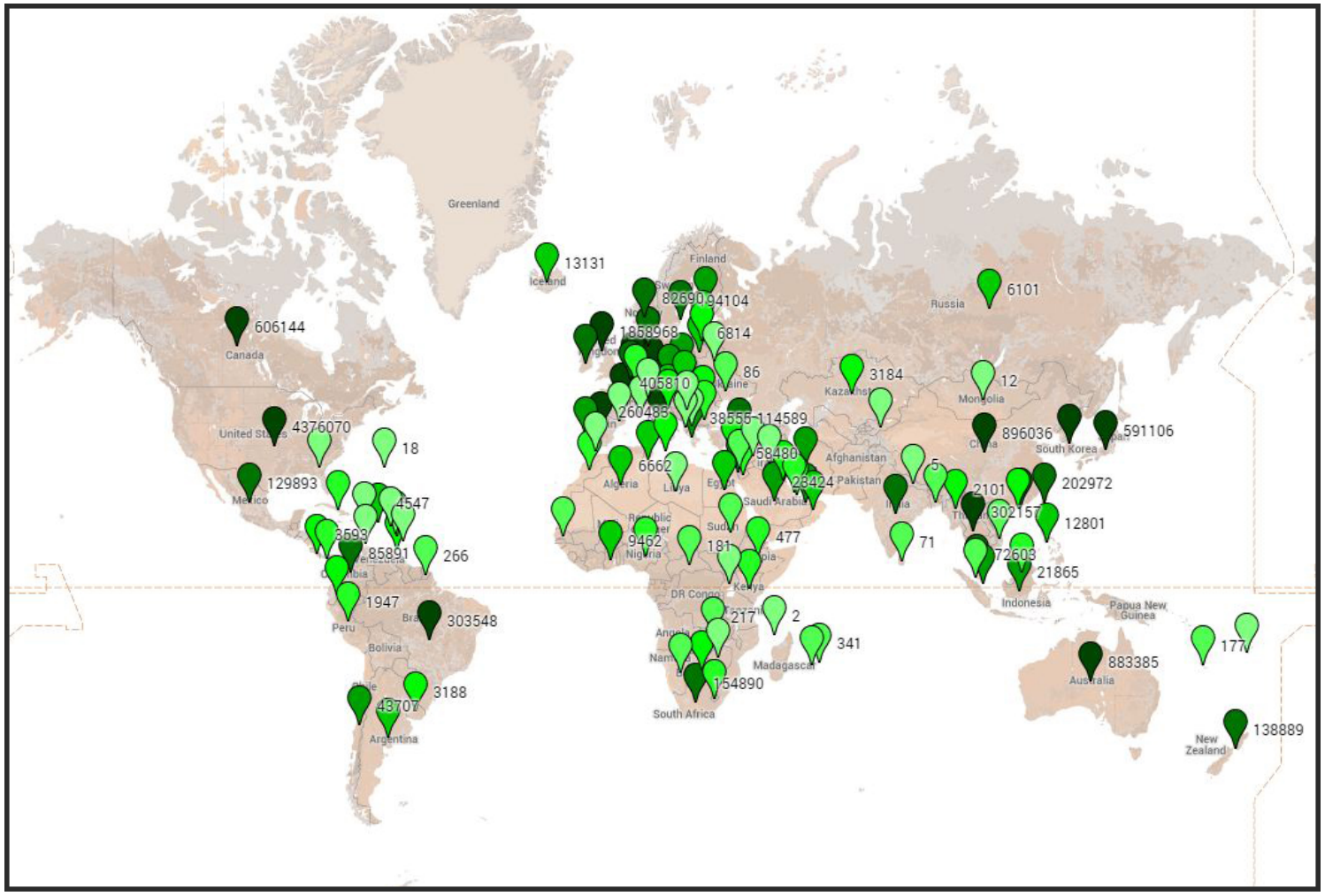
FILED UNDER ACADEMIC PUBLISHERS, ACADEMIC PUBLISHING, COWBELL, EDITING, MARKETING, MEDLINE, PEER REVIEW, PRODUCTION, PUBLISHERS, PUBLISHING, PUBMED, SCHOLARLY PUBLISHING

Editor's Note: If you're reading this blog, you likely know who Kent Anderson is. What you might not know is that Kent recently hung out his own shingle as an independent publishing consultant, starting Caldera Publishing Solutions. Kent now also has his own blog at the site, and it's worth checking regularly. I recently realized that one of Kent's most-read and most-cited posts, about the things publishers do, was in dire need of updating. Kent graciously agreed to dig back into this ever-expanding list.

The first version of this list was created back in the summer of 2012, at a time when publishers were being repeatedly challenged to prove they added value beyond managing peer review and some basic copy editing and formatting. The first

Courtesy Elsevier Publishing Connect

Science Direct Downloads



Open access user licences

CC BY-NC-ND

Users are permitted to:

- Copy and distribute the article (non-commercially)
- You can't change or alter the article in anyway
- Users are not allowed to data mine the article

CC BY-NC-SA

Same as CC-BY (below) but only for non-commercial purposes

CC-BY

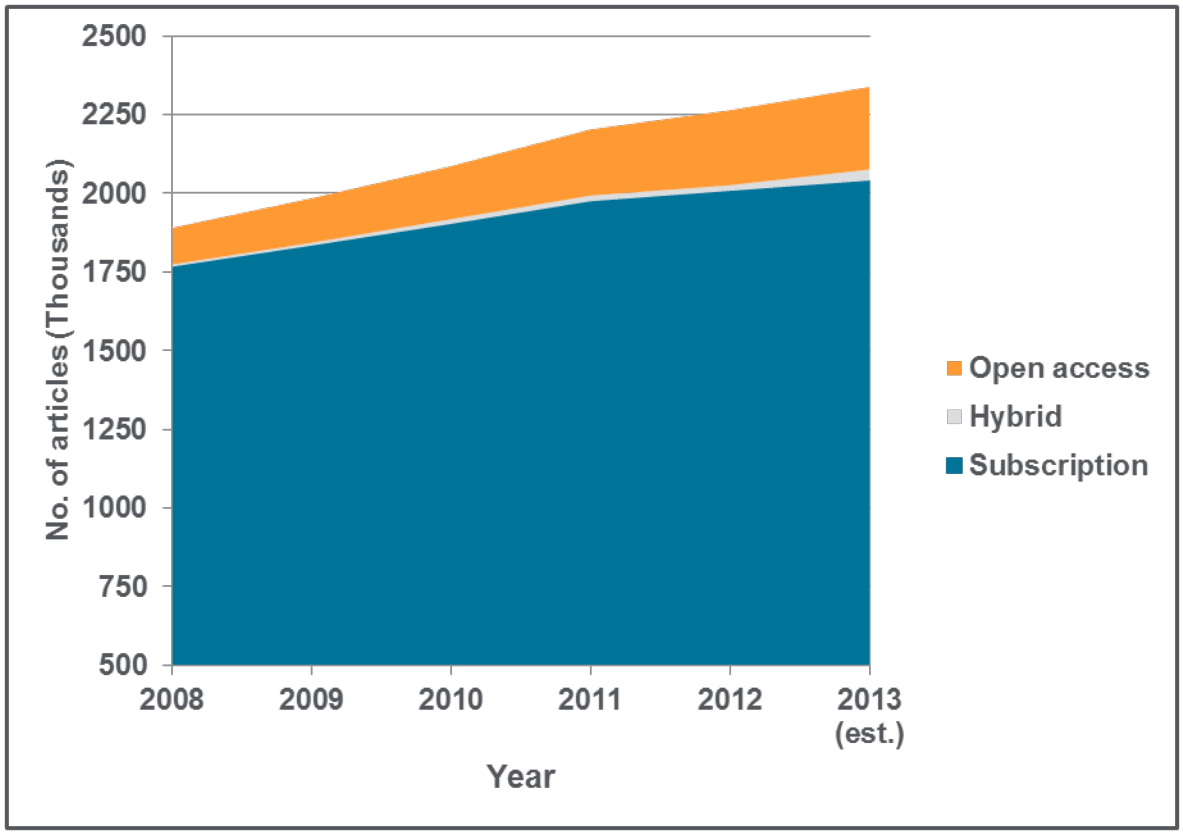
Users are permitted to:

- Copy and distribute the article
- Create extracts, abstracts, translations and new works from the article
- Alter and revise the text of the article
- Make commercial use of the article - provided the author is attributed and is not represented as endorsing the use made of the work
- Text or data mine the article

Courtesy Elsevier Publishing Connect

What is the uptake of open access?

There were in 2013, estimated worldwide 2,041,106 published subscription and 297,596 published open access articles



Subscription content:

- Continues to grow year on year at approx. 3-4%
- Amounts to a total article share of approx. 87.3% in 2013
- In 2013, Elsevier published over 330,000 articles which included an increase of 20,000 extra subscription articles

Open access content:

- Currently growing at approx. 20% in 2013
- Amounts to a total article share (hybrid + ''pure'' Gold) of approx.8.2% in 2013
- The total article share of all immediately accessible OA articles is 12.7% including subsidized open access
- In 2013, Elsevier published over 6,000 gold open access articles

Courtesy Elsevier Publishing Connect

Free availability on the internet

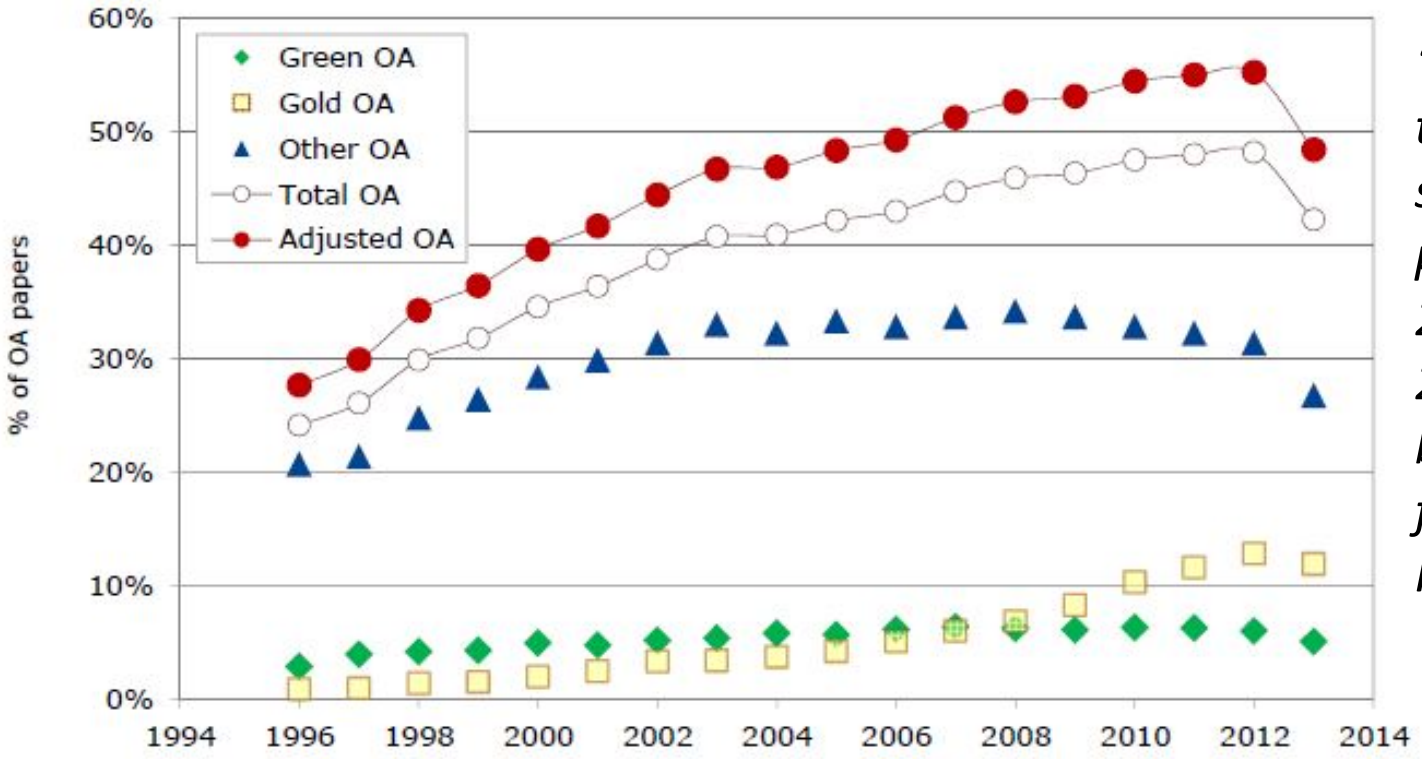


Figure 9 **Percentage of freely available peer-reviewed papers as measured in April 2014, 1996–2013**

Source: Computed by Science-Metrix using Scopus as well as DOAJ, ROAR, *Open*DOAR, PubMedCentral, and numerous sources of freely downloadable papers.

"more than 50% of the scientific papers published in 2007, 2008, 2009, 2010, 2011 and 2012 can be downloaded for free on the Internet"

Source: Archambault, E. et al. (2014). *Proportion of Open Access Papers Published in Peer-Reviewed Journals at the European and World Levels—1996–2013*. Deliverable D.1.8. (2014 Update). Version 11b. For European Commission

Post-publication peer review

https://pubpeer.com/

PUBPEER
The online journal club

Home / Publications

Subcutaneous injections of aluminum at vaccine adjuvant levels activate innate immune genes in mouse brain that are homologous with biomarkers of autism

Journal of Inorganic Biochemistry (2017) - 34 Comments
pubmed: 28923356 doi: 10.1016/j.jinorgbio.2017.08.035 issn: 1873-3344 issn: 0162-0134

Dan Li, Lucija Tomljenovic, Yongling Li, Christopher A. Shaw

#8 **Condylocarpon Amazonicum** commented 19 days ago

Are you sure you are looking at this paper in the right way, people? Isn't it much more efficient to find the image duplications in the gels? Outside of the antivaxx world the gene C2, for example, is not the same as SFTPB or STAT4, flipped or not, etc., etc.,

Clearly flipped band duplications in Fig. 2A:

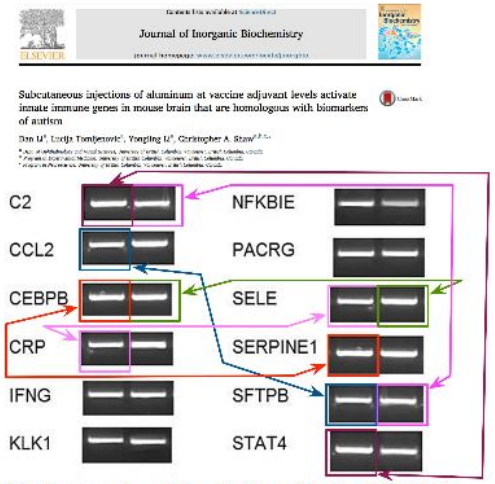


Fig2A: Duplicated and flipped gel bands in the "RT-PCRs"

Of course, as this is a brand new publication, all the originals for the RT-PCR data will be available. Perhaps Elsevier would like to ask for 'em?

Post-publication peer review

https://www.ncbi.nlm.nih.gov/pubmedcommons/

https://www.ncbi.nlm.nih.gov/pubmedcommons/

Twitter Altmetric it!

NCBI Resources How To Sign in to NCBI

PubMed.gov US National Library of Medicine National Institutes of Health

PubMed Search

COMMONS

A forum for scientific discourse

PubMed Commons enables authors to share opinions and information about scientific publications in PubMed.

Get Started Guidelines FAQ Journal Clubs

Top comments now - more about this

Salmeterol and fluticasone propionate and survival in chronic obstructive pulmonary disease.
Calverley PM. N Engl J Med. 2007. 1 comment

Peter Gøtzsche 2017 Sep 07 08:00 a.m. (21 hours ago)
The primary outcome in the trial called TORCH ("Towards a Revolution in COPD Health") was total mortality, which was not analysed correctly. GlaxoSmithKline randomised 6184 pati ... more

Permalink Share

Unusual nucleotide arrangement with repeated sequences in the Escherichia coli K-12 chromosome.
Nakata A. J Bacteriol. 1989. 1 comment

Daniel Haft 2017 Sep 07 6:19 p.m. (11 hours ago)
This article describes sequencing and analysis of the two type I-E CRISPR system repeat arrays in E. coli K-12. The arrays are found on Escherichia coli K-12 substr. MG1655 refe ... more

Permalink Share

Global Membrane Protein Interactome Analysis using In vivo Crosslinking and Mass Spectrometry-based Protein Correlation Profiling.
Larance M. Mol Cell Proteomics. 2016. 1 comment

Youhe Gao 2017 Sep 08 02:18 a.m. (3 hours ago)
A strategy named 4F-acts was proposed a few years ago trying to minimize false positives and false negatives. Fast Fixation is necessary to study real-time protein-protein inter ... more

Permalink Share

PubMed Commons Blog

Collaborating to bring journal clubs to PubMed Commons: A librarian's perspective

July 5, 2017

Journal clubs can be a great tool in graduate and medical education. They provide opportunities for students to practice important skills: literature searching, critical reading, scholarly debate, and in some cases, even writing. Julie Hartwell shares how a collaboration with faculty on PubMed Commons got started and its initial impact.

See full blog post

Follow us

What people are reading

Trending articles - those with recent increases in activity

Last updated: September 8 03:15 a.m.

Smarter, not harder.
Nature. 2017.

m^6A modulates haematopoietic stem and progenitor cell specification.
Nature. 2017.

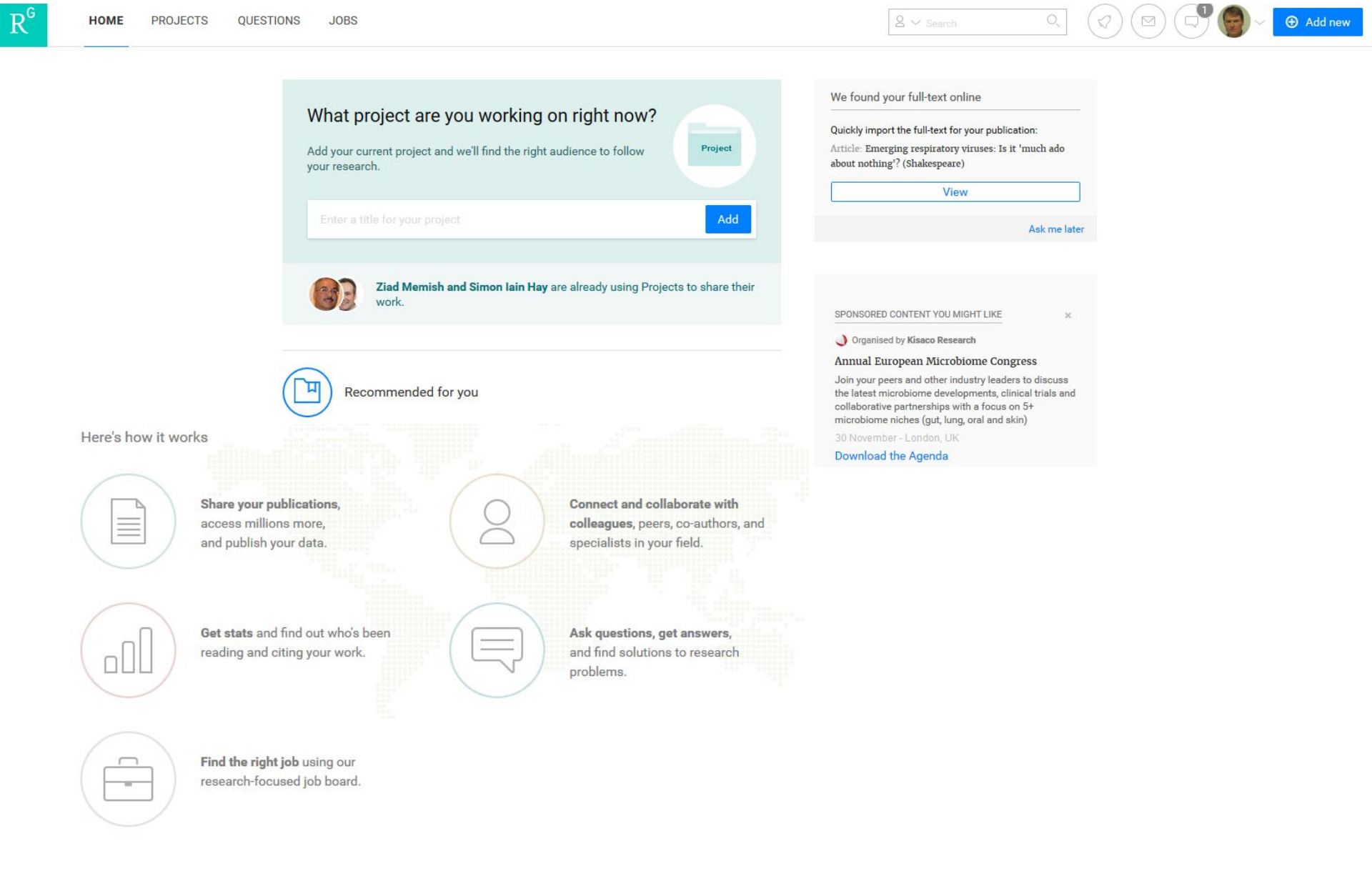
Polycomb-like proteins link the PRC2 complex to CpG islands.
Nature. 2017.

Retraction.
Science. 2017.

Branched-chain amino acid supplementation and exercise-induced muscle damage in exercise recovery: A meta-analysis of randomized clinical trials.
Nutrition. 2017.

ResearchGate: research community & sharing

https://www.researchgate.net/home



ResearchGate: Publishers Take Formal Steps to Force Copyright Compliance

By ROBERT HARINGTON | OCT 6, 2017 | 44 COMMENTS

BUSINESS MODELS | CONTROVERSIAL TOPICS | COPYR

98 166 4 14

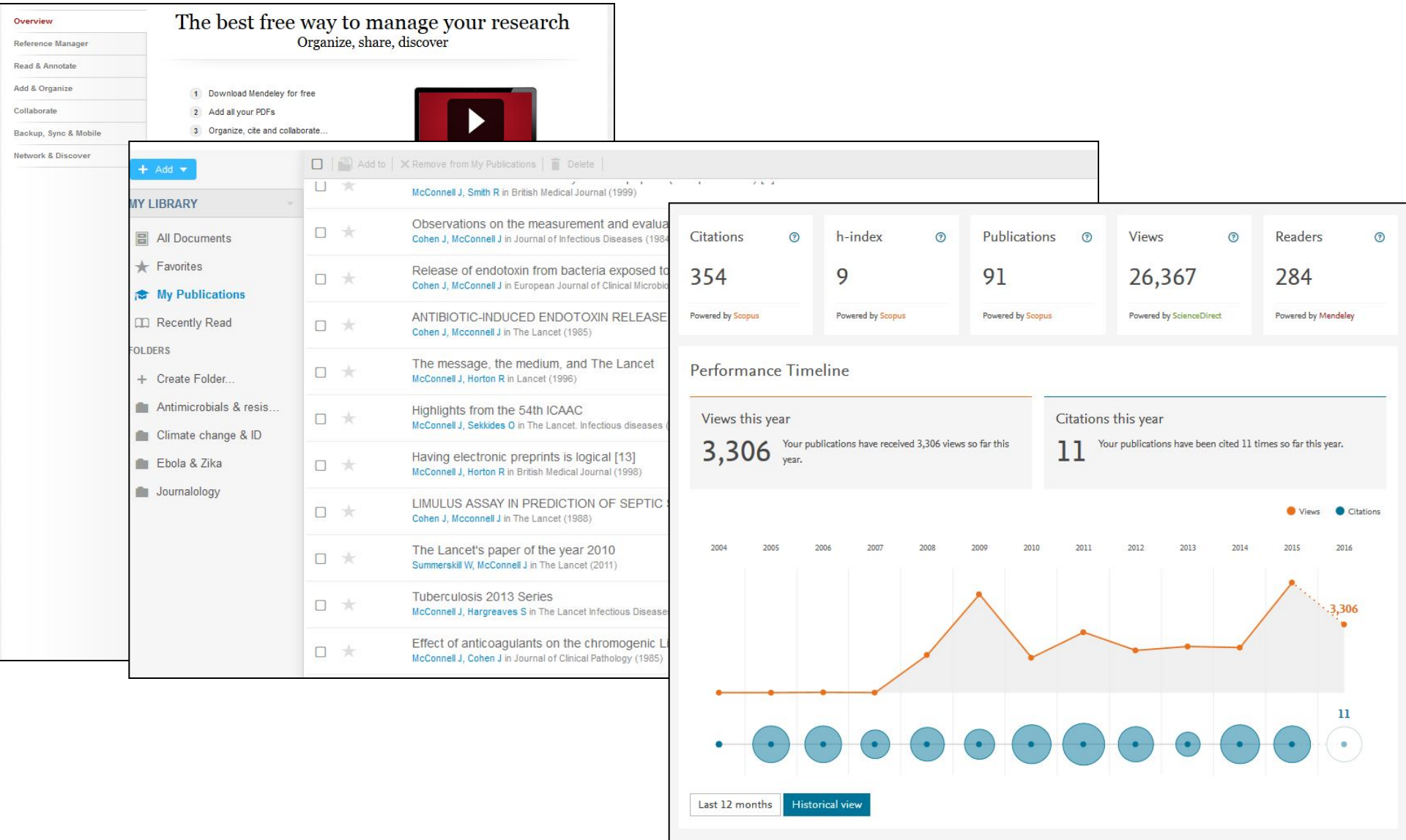
Scholarly collaboration networks (SCNs) are top of mind these days for publ
One such network is ResearchGate. A new alliance of publishers, called the
Sharing, is taking steps to address widespread distribution of published artic
this article, I spoke with James Milne, Senior Vice President at the American
chair of the Coalition.

ResearchGate is a for-profit undertaking, with reportedly more than $85M in
and other high profile investors. It is arguably the most popular SCN, likely
successful program of email marketing. The slide below, from a presentation
& Sons) given at the Academic Publishing in Europe Conference (APE) earl
sense of the enormous traffic levels ResearchGate sees, more than even the l
(and close to 7X that of Sci-Hub):

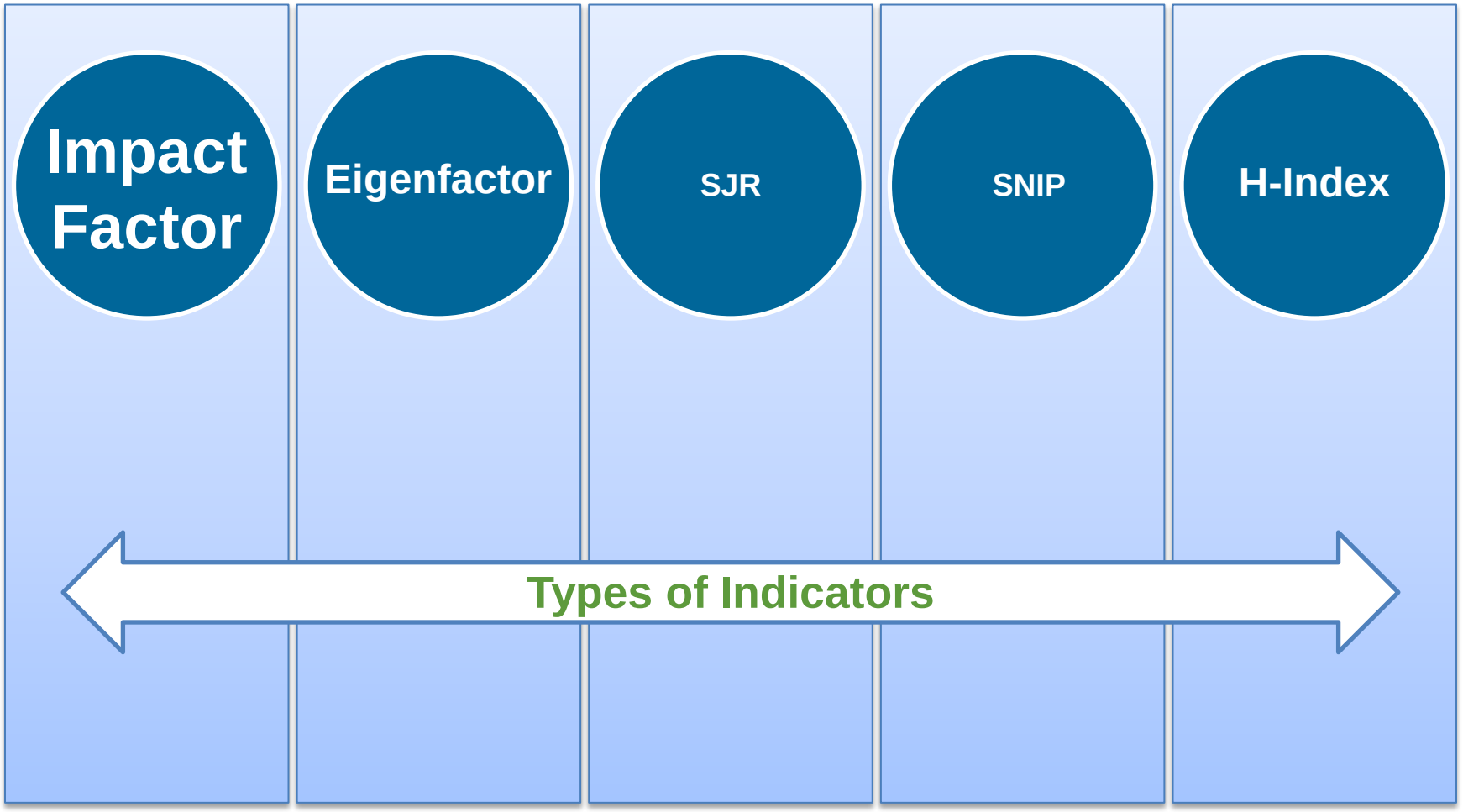
See: https://scholarlykitchen.sspnet.org/2017/10/06/researchgate-publishers-take-formal-steps-force-copyright-compliance/

Mendeley: reference manager, collaboration, sharing (owned by Elsevier)

https://www.mendeley.com



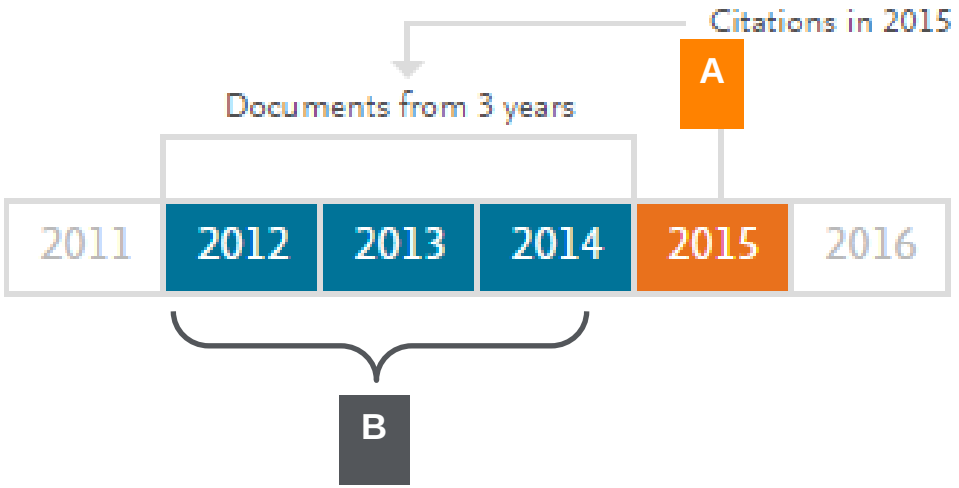
Metrics



Courtesy Elsevier Publishing Connect

CiteScore is a simple metric for all Scopus journals

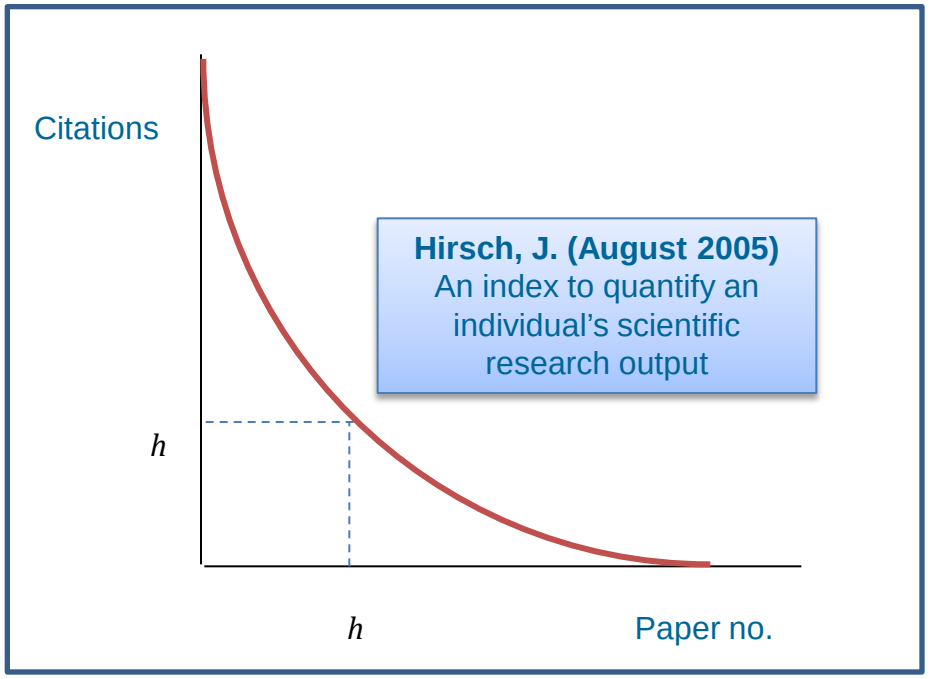
CiteScore 2015 value = $\frac{A}{B}$



CiteScore	Impact Factor
A = citations to 3 years of documents	A = citations to 2 or 5 years of documents
B = all documents indexed in Scopus, same as A	B = only citable items (articles and reviews), different from A

Note: at launch, all titles in the May 2016 title list, and with some documents indexed in 2016, will have CiteScore metrics

The H-index



H-Index

- Available online via Scopus, Google Scholar
- Rates individuals based on career publications
- Incorporates both quantity and quality
- Productivity and age constraints

Courtesy Elsevier Publishing Connect

Process — trial registration

- **WHO International Clinical Trials Registry Platform (ICTRP)**
  http://www.who.int/ictrp/network/primary/en/

International Clinical Trials Registry Platform (ICTRP)

About Registries

WHO Registry Criteria | WHO Data Set | Primary Registries | Partner Registries

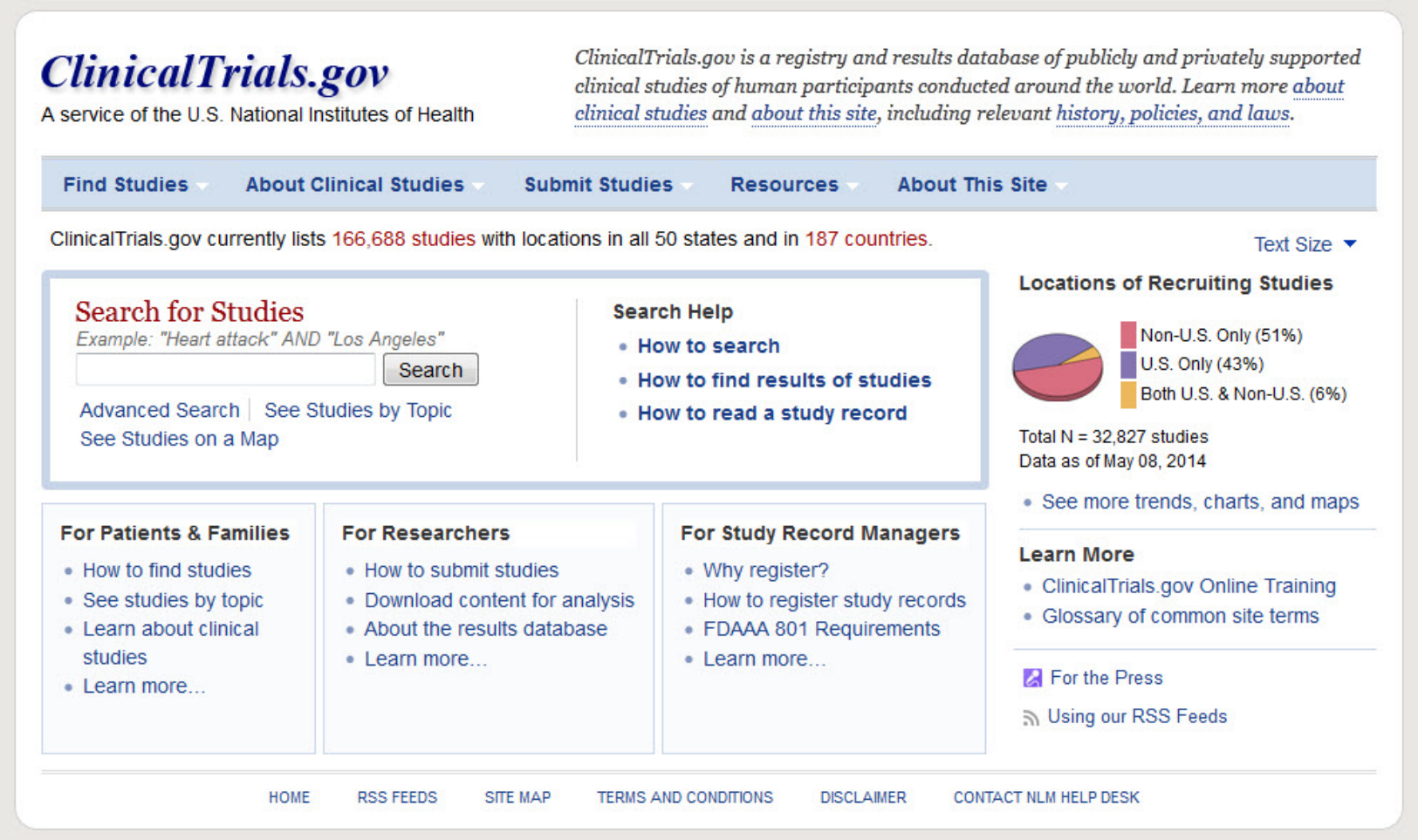
Primary Registries in the WHO Registry Network

Primary Registries in the WHO Registry Network meet specific criteria for content, quality and validity, accessibility, unique identification, technical capacity and administration. Primary Registries meet the requirements of the ICMJE.

The registries that currently meet these criteria are:

Australian New Zealand Clinical Trials Registry (ANZCTR)	Profile	Go to Website
Brazilian Clinical Trials Registry (ReBec)	Profile	Go to Website
Chinese Clinical Trial Registry (ChiCTR)	Profile	Go to Website
Clinical Research Information Service (CRiS), Republic of Korea	Profile	Go to Website
Clinical Trials Registry - India (CTRI)	Profile	Go to Website
Cuban Public Registry of Clinical Trials(RPCEC)	Profile	Go to Website
EU Clinical Trials Register (EU-CTR)	Profile	Go to Website
German Clinical Trials Register (DRKS)	Profile	Go to Website
Iranian Registry of Clinical Trials (IRCT)	Profile	Go to Website
ISRCTN.org	Profile	Go to Website
Japan Primary Registries Network (JPRN)	Profile	Go to Website (in Japanese) Network members: UMIN CTR Website JapicCTI Website JMACCT CTR Website
Thai Clinical Trials Registry (TCTR)	Profile	Go to Website
The Netherlands National Trial Register (NTR)	Profile	Go to Website
Pan African Clinical Trial Registry (PACTR)	Profile	Go to Website
Sri Lanka Clinical Trials Registry (SLCTR)	Profile	Go to Website

Process — trial registration



- **US NIH http://clinicaltrials.gov/**

Process — reporting guidelines: CONSORT statement

- Submission requirement for many journals when reporting **randomised controlled trials**
  - Checklist of information to include in paper
  - 2010 update available at http://www.equator-network.org/reporting-guidelines/consort/

"To assess a trial accurately, readers of a published report need complete, clear and transparent information on its methodology and findings."
(CONSORT Statement Authors 2010)

Table. CONSORT 2010 Checklist of Information to Include When Reporting a Randomized Trial*

Section/Topic	Item Number	Checklist Item	Reported on Page Number
Title and abstract	1a	Identification as a randomized trial in the title	
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance, see CONSORT for abstracts [21, 31])	
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale	
	2b	Specific objectives or hypotheses	
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial), including allocation ratio	
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	
Participants	4a	Eligibility criteria for participants	
	4b	Settings and locations where the data were collected	
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	
Outcomes	6a	Completely defined prespecified primary and secondary outcome measures, including how and when they were assessed	
	6b	Any changes to trial outcomes after the trial commenced, with reasons	
Sample size	7a	How sample size was determined	
	7b	When applicable, explanation of any interim analyses and stopping guidelines	
Randomization			
Sequence generation	8a	Method used to generate the random allocation sequence	
	8b	Type of randomization; details of any restriction (such as blocking and block size)	
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	
	11b	If relevant, description of the similarity of interventions	
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	
Results			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analyzed for the primary outcome	
	13b	For each group, losses and exclusions after randomization, together with reasons	
Recruitment	14a	Dates defining the periods of recruitment and follow-up	
	14b	Why the trial ended or was stopped	
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	
Numbers analyzed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing prespecified from exploratory	
Harms	19	All important harms or unintended effects in each group (for specific guidance, see CONSORT for harms [28])	
Discussion			
Limitations	20	Trial limitations; addressing sources of potential bias; imprecision; and, if relevant, multiplicity of analyses	
Generalizability	21	Generalizability (external validity, applicability) of the trial findings	
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	
Other Information			
Registration	23	Registration number and name of trial registry	
Protocol	24	Where the full trial protocol can be accessed, if available	
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	

CONSORT checklist

Process — ICMJE Recommendations

- "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals"
  - Provide recommendations relating to ethics and aspects of editing and writing when reporting research results
  - Improves chances of acceptance in a high impact factor journal
  - 2013 version available at www.icmje.org

ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

Process — Author identification

orcid.org