



Inside The BMJ: highs, lows, & what editors are looking for

EQUATOR Network and Oxford Clinical Trials Unit

9 March 2015

Dr Trish Groves
Head of research, BMJ
& Editor-in-chief, BMJ Open



Competing interests

I'm editor in chief of BMJ Open and Head of Research at The BMJ, a wholly owned subsidiary of the BMA

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The BMJ was a co-founder of the AllTrials campaign; I'm on the steering group. I'm also on the steering group of the EQUATOR Network

The BMJ is campaigning for reproducible research



What I'll cover

- a few highs and lows from The BMJ
- what editors look for
- how to get your work published
 - choosing a journal
 - writing papers effectively
 - responding to reviewers
 - publication ethics

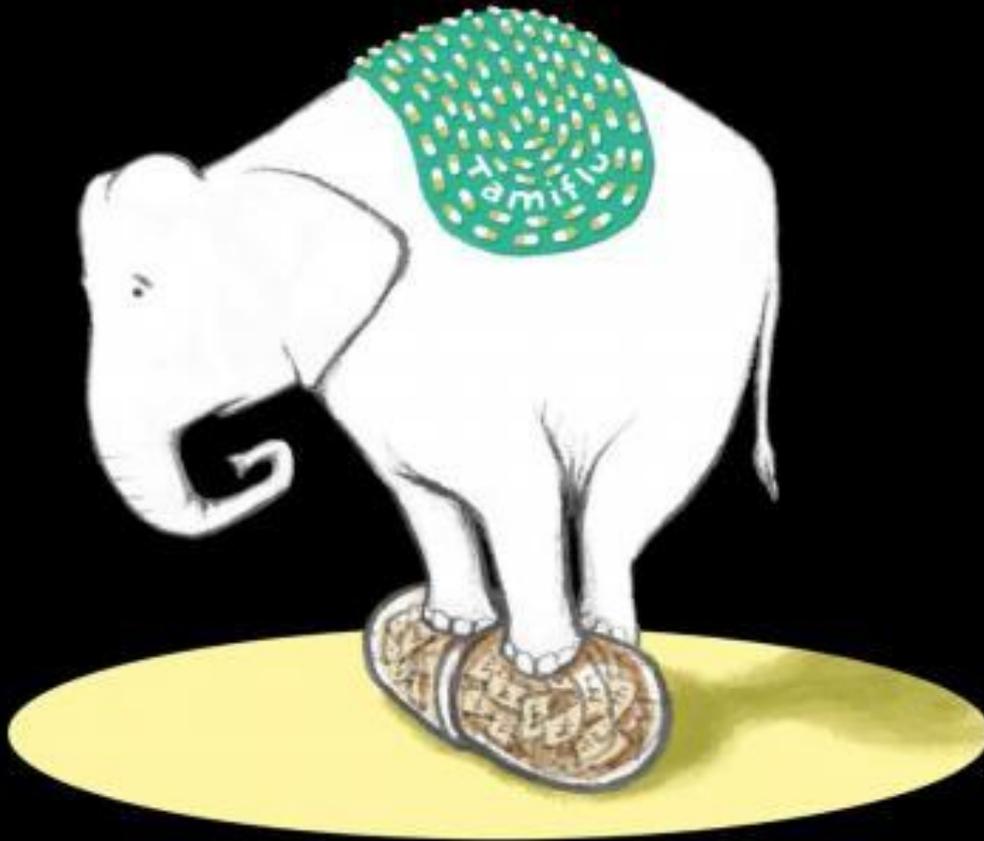


BMJ

BMJ 1-10 No 2052 ISSN 1750-2688
12 April 2014 | bmj.com

Predicting the stone
Obsessive-compulsive disorder
Triptans for migraine
Proceduralist's neck

THE BMJ AWARDS: SHORTLIST FEATURE



Antiviral stockpiling: was it worth the money?

Is stockpiled oseltamivir a white elephant *?

*A possession that is useless or troublesome, especially one that is expensive to maintain or difficult to dispose of.

Oxford English Dictionary

April 2014

BMJ

Osetamivir for influenza in adults and children: systematic review of clinical study reports and summary of regulatory comments

Tom Jefferson,¹ Mark Jones,² Peter Doshi,³ Elizabeth A Spencer,⁴ Igho Onakpoya,⁴ Carl J Heneghan⁴

EDITORIALS by Loder et al and Kumbholz
RESEARCH, p 12

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Cite this as: *BMJ* 2014;348:g2545
doi: 10.1136/bmj.g2545

This is a summary of a paper that was published on *bmj.com* as *BMJ* 2014;348:g2545

STUDY QUESTION

What is the regulatory evidence from randomised controlled trials of effectiveness and harms of oseltamivir for influenza in all age groups?

SUMMARY ANSWER

Osetamivir shortens the duration of influenza-like illness symptoms in treatment of adults and non-asthmatic children and prevents their appearance in prophylaxis, but also causes vomiting and nausea and increases the risk of headaches and renal and psychiatric syndromes. It has no significant effect on hospitalisations, and its effects on pneumonia are doubtful because of the lack of a verifiable outcome.

WHAT IS KNOWN AND WHAT THIS PAPER ADDS

Neuraminidase inhibitors are used globally for treatment and prophylaxis of influenza, but the evidence for their effectiveness in preventing complications of influenza is sparse and information regarding their adverse events is lacking. To address reporting bias in trials of oseltamivir, we included only full clinical study reports of randomised controlled trials and relevant regulatory comments (roughly 150 000 pages), the first time that such methods have been used in a Cochrane review to our knowledge.

Selection criteria for studies

We examined clinical study reports of randomised controlled trials testing the effects of oseltamivir for prophylaxis and treatment of influenza in healthy people or the chronically ill who have symptoms of influenza-like illness. These were augmented by regulatory reports during drug registration.

Primary outcome(s)

We considered symptom, hospitalisation, complication

Main results and role of chance

In trials of treatment of influenza, oseltamivir had modest symptomatic effects. It reduced the time to first alleviation of symptoms in adults by 16.7 hours (95% CI 8.4 to 25.1, $P < 0.0001$). It had no effect in asthmatic children, but did in otherwise healthy children (mean difference 29 hours (12 to 47), $P = 0.001$). There was no difference in hospitalisations in adults, and sparse data in children. Secondary illness data (such as "pneumonia") were captured by participant self reporting to the investigator in 15/20 trials. Oseltamivir reduced investigator mediated, unverified "pneumonia" in treated adults, but the effect was not significant in the five trials that used a more detailed diagnostic form for pneumonia. The effect in children was not significant, and there was no significant reduction in risk of any other self reported, investigator mediated, unverified complication of influenza. In treatment of adults oseltamivir increased the risk of nausea (risk difference 3.66% (0.9 to 7.39)) and vomiting (4.56% (2.39 to 7.58)), and in treatment of children it induced vomiting (risk difference 5.34% (1.75 to 10.29)).

In prophylaxis trials, oseltamivir reduced the proportion of symptomatic influenza in individuals by 55% (risk difference 3.05% (1.83 to 3.88)). However, it also increased the risk of psychiatric adverse events on and off treatment (risk difference 1.06% (0.07 to 2.76)), headaches on treatment (3.15% (0.88 to 5.78)), renal events on treatment (-0.67% (-2.93 to 0.01)), and nausea on treatment (4.15% (0.86 to 9.51)).

Bias, confounding and other reasons for caution

BMJ

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Web Extra

Extra material supplied by the author

Files in this Data Supplement:

- Data Supplement - Appendices 1 and 2
- Data Supplement - Data capture for secondary illnesses in oseltamivir trials
- Data Supplement - CONSORT statement checklist
- Data Supplement - Index and expected content of a Roche clinical study report
- Data Supplement - List of excluded studies, with reasons
- Data Supplement - Statements from Roche
- Data Supplement - List of included studies
- Data Supplement - Definitions of influenza
- Data Supplement - Peer review history of reviews on neuraminidase inhibitors relevant to Cochrane A159
- Data Supplement - Forest plots: figures 3-30



About ▾

For researchers ▾

For organizations ▾

Data from: Neuraminidase inhibitors for preventing and treating influenza in healthy adults and children

Files in this package

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Title	Releza (Zanamivir) Clinical Study Reports
Downloaded	52 times
Description	Full set of clinical study reports for the neuraminidase inhibitor Releza (Zanamivir) produced by GlaxoSmithKline and made available to the Cochrane collaboration for the production of their meta-analysis of neuraminidase inhibitors for preventing and treating influenza in healthy adults and children
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Title	Tamiflu (oseltamivir) clinical study reports
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Download	README.txt (2.84Kb)
Download	Tamiflu.zip (741.8Mb)
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Jefferson T, Jones MA, Doshi P, Del Mar CB, Hama R, Thompson MJ, Spencer EA, Onakpoya I, Mahtani KR, Numan D, Howick J, Heneghan CJ (2014) Neuraminidase inhibitors for preventing and treating influenza in healthy adults and children. *Cochrane Database of Systematic Reviews*, online in advance of print. doi:10.1002/14681858.CD008965.pub4

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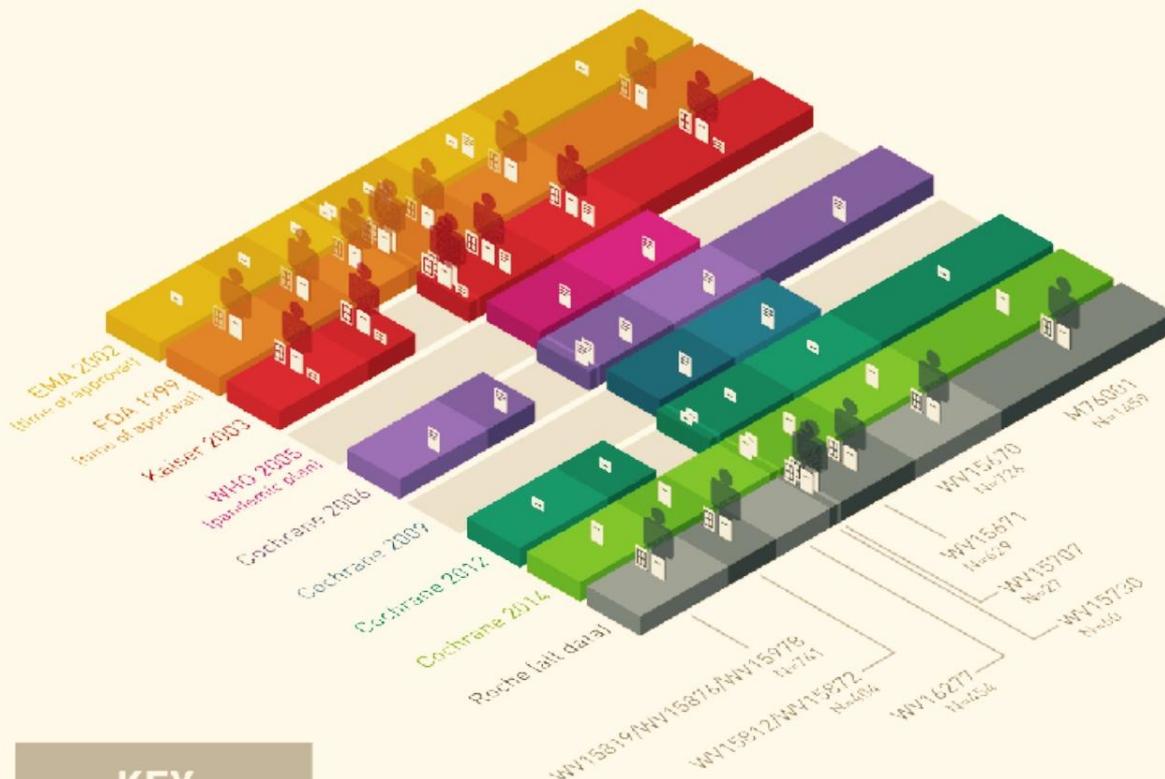
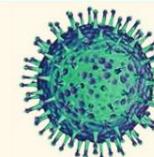
Jefferson T, Jones MA, Doshi P, Del Mar CB, Hama R, Thompson MJ, Spencer EA, Onakpoya I, Mahtani KR, Numan D, Howick J, Heneghan CJ (2014) Data from: Neuraminidase inhibitors for preventing and treating influenza in healthy adults and children. Dryad Digital Repository. doi:10.6061/dryad.77471

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Main outcomes of trials of oseltamivir

Outcome
Trials of treatment of influenza in adults
Reduction in time to first alleviation of symptoms (hours)
Risk ratio for investigator mediated, unverified "pneumonia":
Studies using non-specific form
Studies using specific form for diagnosis of pneumonia
Trials of prophylaxis
Psychiatric harms:
Risk difference (%)
Number needed to harm
Interruption of viral transmission

Tamiflu data: Who saw what when



See all correspondence with the following organisations:

- Roche

- The World Health Organization (WHO)

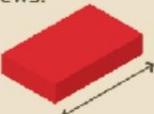
- Centers for Disease Control and Prevention

- The European Medicines Agency

- The European Ombudsman

- National Institute for Health and Clinical Excellence

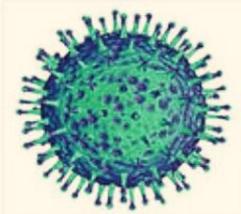
KEY

Trials included in reviews:

 Width is proportional to N

Information types available:

Individual patient data	Case report forms	Clinical study reports	Publications
	 Full  Uncertain	 Full  Partial	 Journal Article  Conference abstract

New! - Tamiflu timeline



Tamiflu in the BMJ

This interactive timeline shows articles about Tamiflu which were published in the BMJ between 2003 and 2012.

We have so far included the major influenza outbreaks, and will continue to add other events as they occur.

Any suggestions for items to include?



organizations

The AllTrials petition has been signed by 532 organisations.

AllTrials campaign

THE PROBLEM

Thousands of clinical trials have not reported results. Information on what was done and what was found in these trials could be lost forever to doctors and researchers, leading to bad treatment decisions, missed opportunities for good medicine, and trials needlessly repeated.

WHAT ARE PEOPLE DOING?

- since January 2013 >80,000 individuals have signed the petition
- the campaign has directly influenced policies on clinical trial transparency in the UK, EU, US and Canada
- AllTrials now auditing pharma transparency and working with investors' groups

BMJ



BMJ Open 2014;4:e004393 doi:10.1136/bmjopen-2013-004393

Smoking and tobacco

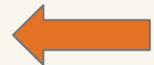
Systematic review and meta-analysis of opioid antagonists for smoking cessation

Sean P David^{1,2}, Isabella M Chu², Tim Lancaster³, Lindsay F Stead³, A Eden Evins⁴, Judith J Prochaska⁵

[+ Author Affiliations](#)

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Research

Trajectories of risk after hospitalization for heart failure, acute myocardial infarction, or pneumonia: retrospective cohort study

BMJ 2015 ; 350 doi: http://dx.doi.org/10.1136/bmj.h411 (Published 06 February 2015)
Cite this as: BMJ 2015;350:h411

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Decision letter and comments	Access document	20 November 2014
Response from authors	Access document	15 December 2014

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Financial incentives for smoking cessation in pregnancy: randomised controlled trial

BMJ 2015 ; 350 doi: <http://dx.doi.org/10.1136/bmj.h134> (Published 27 January 2015)

Cite this as: *BMJ* 2015;350:h134

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A larger context for considering the Tappin et al. report on financial incentives for smoking cessation in pregnant and newly postpartum women

We commend Dr. Tappin and colleagues on an important study and report. As is carefully reviewed in their report, smoking during pregnancy and postpartum is associated with many serious adverse maternal and infant health outcomes. Yet after almost 30 years of treatment development research in this area, there remains a tremendous need for more effective interventions. The Tappin et al.

24 February 2015

Stephen T. Higgins

Professor

Sarah H. Heil, Laura J. Solomon
Vermont Center on Behavior and Health,
Departments of Psychiatry and
Psychology, University of Vermont
UHC Campus, University of Vermont, 1 S
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Rapid Response

[An Unsent Suicide Note to the GMC](#)

Andrew J Ashworth (Published 28 February 2015)

ignore their health (No one ever enquired of mine). In the print edition, the **BMJ** highlights that "The ...

Rapid Response

[Patient centred care: a pleonasm](#)

Pieter C. Barnhoorn (Published 13 February 2015)

1. Richards T, Coulter A, Wicks P. Time to deliver patient centred care. **BMJ** (Clinical research ed) ... 2015;350:h530 doi: 10.1136/bmj.h530[published Online First: Epub Date]. 2. Barnhoorn PC, Youngson CC. Defining ...

Rapid Response

[Doctors' financial interests should be declared to avoid any impression of impropriety](#)

Gee Yen Shin (Published 11 February 2015)

Left hand pane Sir, We read with concern the **BMJ** editorial on the apparently laissez-faire ... doctors[1]. We are glad to see that this **BMJ** editorial appears to have had the desired effect of a GMC ... could be one way of tackling the opacity of undeclared financial interests as reported by the **BMJ** ...

Rapid Response

[Re: A single blood test to rule out myocardial infarction?](#)

Michael F Oliver (Published 31 January 2015)

rule out myocardial infarction? **BMJ** 2015; 350:9. (24 January 2015). 2. Oliver MF, Kurien VA, Greenwood ...



Patient peer review: making research more relevant to shared decision making

thebmj

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Guidance for BMJ patient reviewers

Patient peer review at *The BMJ*

If you're a patient living with disease, a carer of a patient, a patient advocate acting on behalf of a patient group, or you play a leading part in advocating for patient participation and partnership in healthcare we'd like to invite you to take part in a unique initiative. The BMJ has committed to improving the relevance and patient centredness of its research, education, analysis, and editorial articles by asking patients to comment on them. We need your help to make these changes.

If you already review for The BMJ as a researcher or clinician, but you are also interested in reviewing as a patient or patient advocate, you can do this too. We will, however, need you to register a new additional account with a different personal email address, using the guidance below so that we can distinguish your role as a patient reviewer versus a traditional peer reviewer.

Respiratory medicine

Efficacy and safety of 4 weeks' treatment with combined fluticasone furoate/vilanterol in a single inhaler given once daily in COPD: a placebo-controlled randomised trial

J Lötvall¹, P S Bakke², L Bjermer³, S Steinshamn^{4,5}, C Scott-Wilson⁶, C Crim⁷, B Haumann⁷

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Lötvall J, Bakke PS, Bjermer L, Steinshamn S, Scott-Wilson C, Crim C, Sanford L, Haumann B (2012) Efficacy and safety of four weeks' treatment with combined fluticasone furoate/vilanterol in a single inhaler given once daily in COPD: a placebo-controlled randomised trial. *BMJ Open* 2(1): e000370. doi:10.1136/bmjopen-2011-000370

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Lötvall J, Bakke PS, Bjermer L, Steinshamn S, Scott-Wilson C, Crim C, Sanford L, Haumann B (2012) Data from: Efficacy and safety of four weeks' treatment with combined fluticasone furoate/vilanterol in a single inhaler given once daily in COPD: a placebo-controlled randomised trial. Dryad Digital Repository. doi:10.5061/dryad.7p1r30q5

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Dryad File Identifier doi:10.5061/dryad.7p1r30q5/1 45 downloads

Keywords Chronic airways disease, RESPIRATORY MEDICINE, THORACIC MEDICINE

Date Deposited 2012-01-26T16:43:45Z

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FF-VI_348_study_Dryad-DATA.pdf	153.0Kb	PDF	View/Open	dataset-file

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THE FACTS IN THE CASE OF DR. ANDREW WAKEFIELD

IT'S THE TWENTY-FIRST CENTURY.

AND WE'RE A LONG WAY FROM THE PRE-ENLIGHTENMENT MIDDLE AGES.

THE WORLD HAS BEEN TRANSFORMED BY SCIENTIFIC KNOWLEDGE.

YET SUSPICION OF SCIENCE SEEMS NEVER TO HAVE BEEN HIGHER.

FEAR AND ANGER HAVE OBLITERATED RATIONAL DISCOURSE.

FACTS AND EVIDENCE ARE SEEN AS JUST A MATTER OF OPINION, RATHER THAN A PROVEN TRUTH.

AND BLIND UNREASONING BELIEF IS CONSIDERED AS VALID AS CRITICAL THINKING.

THIS IS ANDREW WAKEFIELD.

A BRITISH FORMER SURGEON, BEST KNOWN FOR HIS WORK REGARDING THE MEASLES, MUMPS AND RUBELLA VACCINE.

AND THE CLAIMED CONNECTION WITH AUTISM AND INFLAMMATORY BOWEL DISEASE.

WAKEFIELD WAS THE LEAD AUTHOR IN A 1998 PAPER, PUBLISHED IN THE LANCET.

THE PAPER REPORTED A STUDY OF TWELVE CHILDREN ALL DIAGNOSED WITH AUTISM

TO WHICH THE AUTHORS SUGGESTED A LINK WITH THE MMR VACCINE.

DURING A PRESS CONFERENCE, WAKEFIELD STATED THAT GIVING CHILDREN THE VACCINE IN THREE SEPARATE DOSES...

WOULD BE SAFER THAN A SINGLE VACCINATION.

THIS SUGGESTION WAS NOT SUPPORTED BY THE PAPER, AND SUBSEQUENT PEER REVIEW STUDIES...

HAVE NOT SHOWN ANY ASSOCIATION BETWEEN THE VACCINE AND AUTISM.

THIS BEGAN A GLOBAL HEALTH SCARE.

FEAR SPREAD AMONG PARENTS WHO WERE UNSURE WHAT IMMUNISATION CHOICES TO MAKE.

AND PARENTS OF AUTISTIC CHILDREN BEGAN TO QUESTION THE MMR VACCINATION.

HE WAS FINE BEFORE THAT AWFUL JAB.

BY 2009, HEALTH BODIES IN THE UNITED KINGDOM, THE UNITED STATES, CANADA, AUSTRALIA, AND MANY OTHER COUNTRIES WERE REPORTING OUTBREAKS OF MEASLES.

Darryl Cunningham

http://student.bmj.com/student/view-article.html?id=sbmj.d355&locale=en_US



MMR vaccine



Journalist Brian Deer

HOW THE LINK WAS FIXED

The *Lancet* paper was a case series of 12 child patients; it reported a proposed “new syndrome” of enterocolitis and regressive autism and associated this with MMR as an “apparent precipitating event.” But in fact:

- Three of nine children reported with regressive autism did not have autism diagnoses at all. Only one child clearly had regressive autism
- Despite the paper claiming that all 12 children were “previously normal,” five had documented pre-existing developmental concerns
- Some children were reported to have experienced first behavioural symptoms within days of MMR, but the records documented these as starting some months after vaccination
- In nine cases, unremarkable colonic histopathology results—noting no or minimal fluctuations in inflammatory cell populations—were changed after a medical school “research review” to “non-specific colitis”
- The parents of eight children were reported as blaming MMR, but 11 families made this allegation at the hospital. The exclusion of three allegations—all giving times to onset of problems in months—helped to create the appearance of a 14 day temporal link
- Patients were recruited through anti-MMR campaigners, and the study was commissioned and funded for planned litigation



Andrew Wakefield



Coauthor John Walker-Smith

A lighter note

Published 27 January 2009, doi:10.1136/bmj.b288

Cite this as: *BMJ* 2009;338:b288

Letters

Cello scrotum confession

Murphy's lore

Perhaps after 34 years it's time for us to confess that we invented cello scrotum.¹

Reading Curtis's 1974 letter to the *BMJ* on guitar nipple,² we thought it highly likely to be a spoof and decided to go one further by submitting a letter pretending to have noted a similar phenomenon in cellists, signed by the non-doctor one of us (JMM). Anyone who has ever watched a cello being played would realise the physical impossibility of our claim.

Somewhat to our astonishment, the letter was published.³ The following Christmas we sent a card to Dr Curtis of guitar nipple fame, only to discover that he knew nothing about it—another joke we suspect.

We have been dining out on this story ever since. We were thrilled once more to be quoted in "A symphony of maladies."¹

Cite this as: *BMJ* 2009;334:b288

Elaine Murphy, *member*¹, John M Murphy, *chairman*²

¹ House of Lords, London SW1A 0PW, ² St Peter's Brewery, St Peter South Elmham, Bungay, Suffolk NR35 1NQ

murphyel@parliament.uk

Competing interests: None declared.

References

1. Bache S, Edenborough F. A symphony of maladies. *BMJ* 2008;337:a2646. (12 December.)[\[Free Full Text\]](#)
2. Curtis P. Guitar nipple. *BMJ* 1974;ii:226.
3. Murphy JM. Cello scrotum. *BMJ* 1974;ii:335.



Cello Scrotum

SIR,—Though I have not come across "guitar nipple" as reported by Dr. P. Curtis (27 April, p. 226), I did once come across a case of "cello scrotum" caused by irritation from the body of the cello. The patient in question was a professional musician and played in rehearsal, practice, or concert for several hours each day.—I am, etc.,

J. M. MURPHY

Chalford, Glos

What do editors look for?



Importance and relevance
Potential to improve decisions

And...





How to choose a journal: factors to consider

- journal scope, reach, & readers
- indexed, peer reviewed
- Impact Factor **
- open access or not?
- and...
 - rejection rate
 - time to decision; time to publication
 - article length restrictions
 - charges: OA publication fees, pages, colour

** Impact factor is used as a measure of the academic usefulness of a journal

IF = recorded number of citations in a year (eg 2010) to scholarly articles in the journal in preceding two years (eg 2008 and 2009)

BMJ 2012 IF 17.2



Presubmission inquiries

Always consider inquiring when you're:

- unsure about suitability for the journal
- seeking rapid review/publication
- wanting to explain special circumstances

Provide sufficient study information:

- article abstract
- perceived value to journal audience
- relationship of study to existing body of work



What does The BMJ prioritise?

Original, robust research studies that can improve doctors' decision making in medical practice, policy, education, or future research and will be important to general medical readers internationally

The BMJ's purpose: "Answering questions; questioning answers"

BMJ

Writing research papers



General guidance on writing papers

International Committee of Medical Journal Editors recommendations for manuscripts submitted to biomedical journals <http://www.icmje.org/>

Reporting guidelines for research, at the EQUATOR network <http://www.equator-network.org/>



What is a research question?

The researcher asks a very specific question and tests a specific hypothesis. Broad questions are usually broken into smaller, testable hypotheses or questions.

Often called an objective or aim, though calling it a question help to focus the hypothesis and think about how to find an answer.



Introduction: why ask this research question?

Methods: what did I do?

Results: what did I find?

And

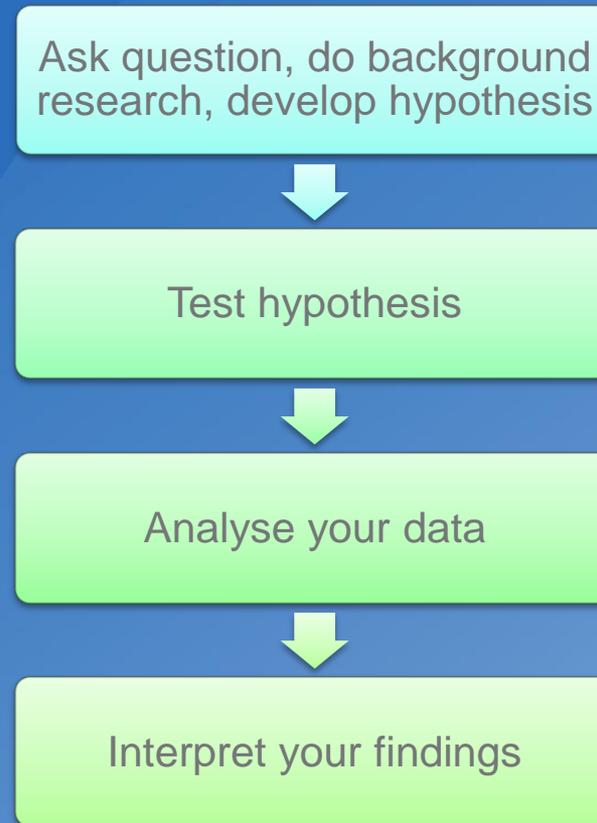
Discussion: what might it mean?



IMRaD format



Scientific method



Brief background for this audience

- 3-4 paragraphs only: mind the word limit
- what's known/not known on research question
- don't bore readers, editors, reviewers
- don't boast about how much you have read

The research question

- state it clearly in last paragraph of introduction
- say why the question matters

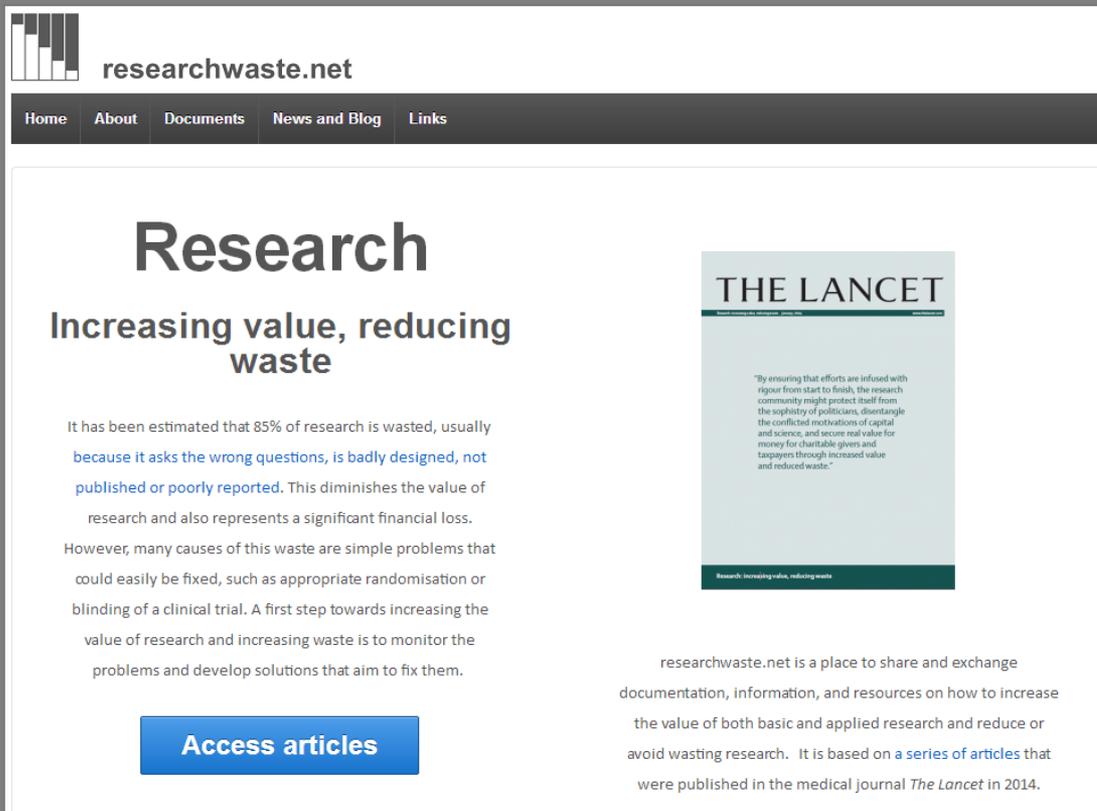
Novelty and originality: why the literature search matters



“To be perfectly original one should think much and read little, and this is impossible, for one must have read before one has learnt to think.”

But cite only the most relevant studies in the introduction –those that explain why the question adds to knowledge, and why it matters now

Does the research question fill an evidence gap?



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Research

Increasing value, reducing waste

It has been estimated that 85% of research is wasted, usually [because it asks the wrong questions, is badly designed, not published or poorly reported](#). This diminishes the value of research and also represents a significant financial loss. However, many causes of this waste are simple problems that could easily be fixed, such as appropriate randomisation or blinding of a clinical trial. A first step towards increasing the value of research and increasing waste is to monitor the problems and develop solutions that aim to fix them.

[Access articles](#)

researchwaste.net is a place to share and exchange documentation, information, and resources on how to increase the value of both basic and applied research and reduce or avoid wasting research. It is based on [a series of articles](#) that were published in the medical journal *The Lancet* in 2014.



THE LANCET

"By ensuring that efforts are infused with rigour from start to finish, the research community might protect itself from the sophistry of politicians, disentangle the conflicted motivations of capital and science, and secure real value for money for charitable givers and taxpayers through increased value and reduced waste."

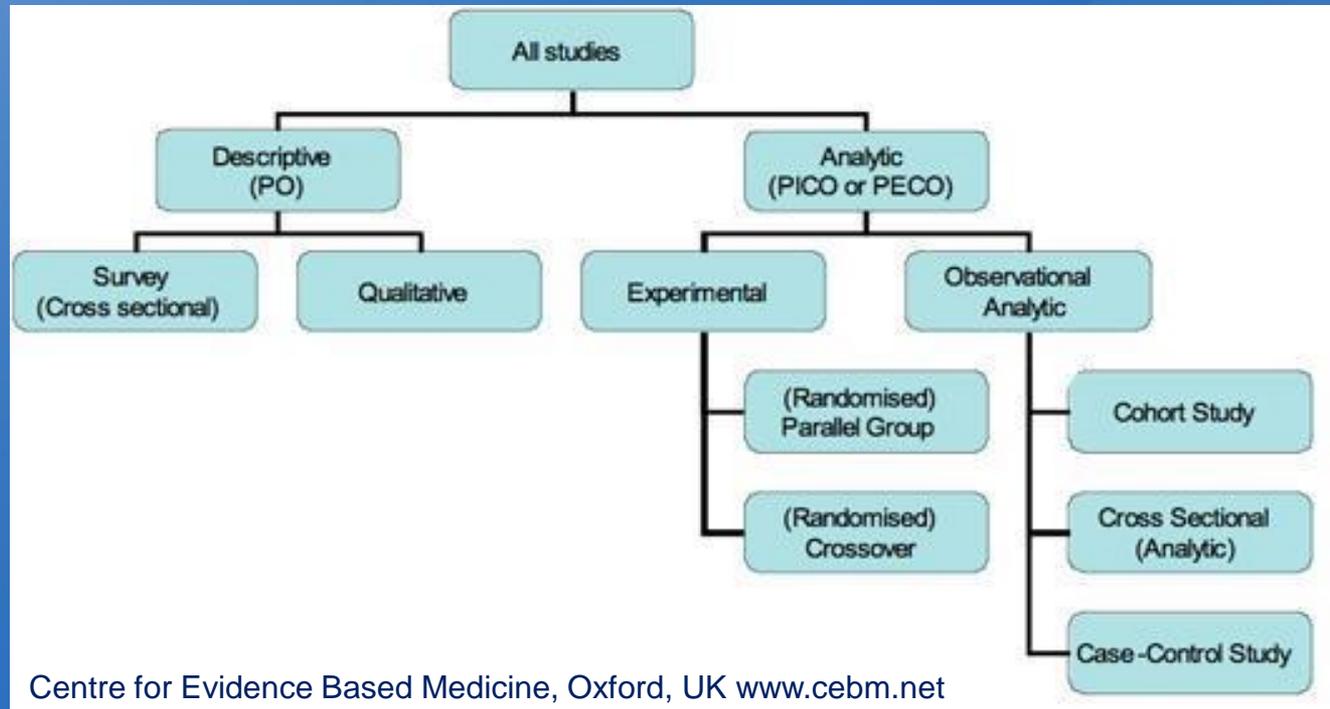
Research: increasing value, reducing waste

“Research funders should make information available about how they decide what research to support, and fund investigations of the effects of initiatives to engage potential users of research in research prioritisation”

How to increase value and reduce waste when research priorities are set.

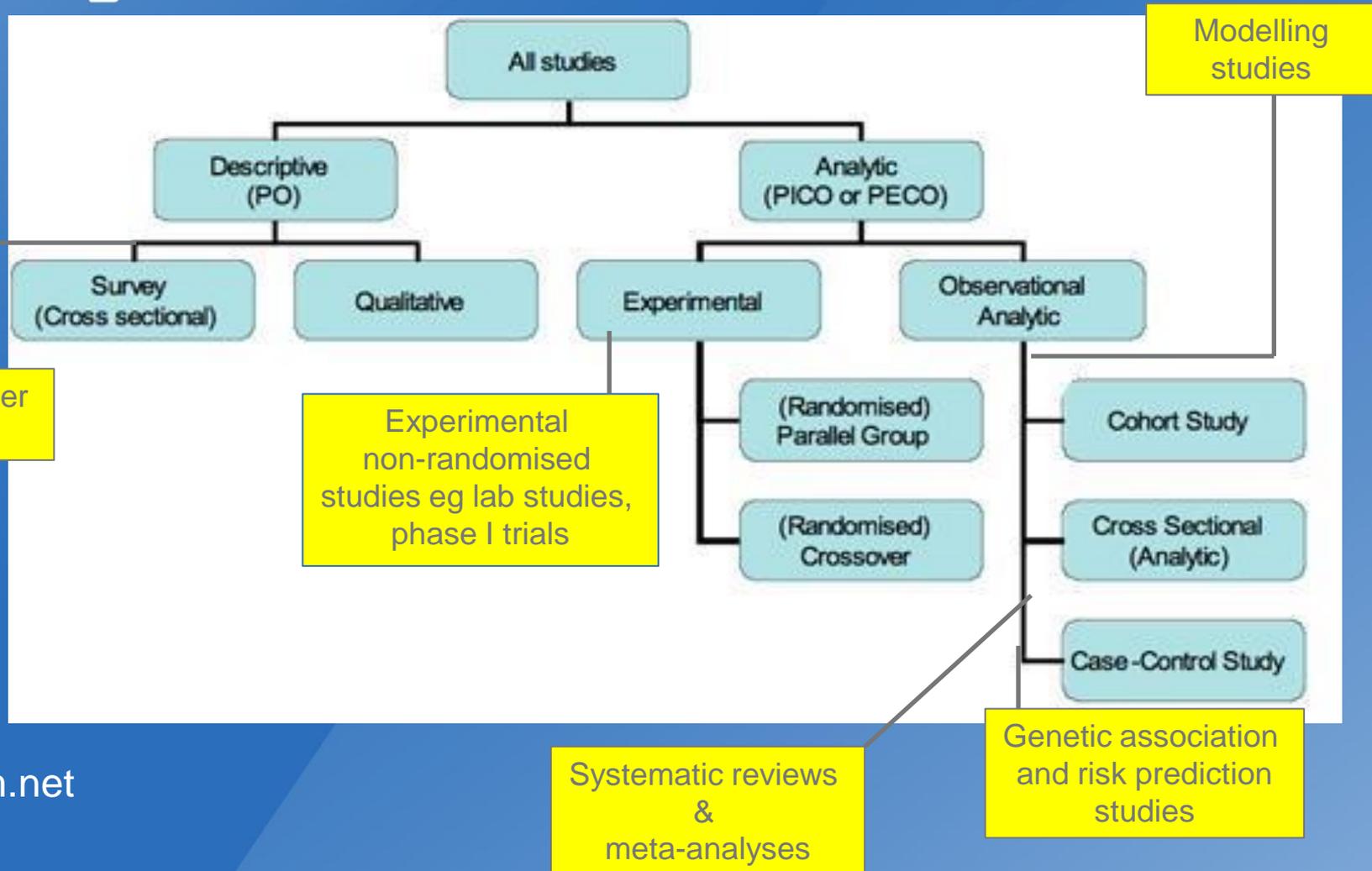
Chalmers I, Bracken MB, Djulbegovic B, Garattini S, Grant J, Gülmezoglu AM et al. *The Lancet* [Volume 383, Issue 9912, Pages 156-165](#) (January 2014) DOI: 10.1016/S0140-6736(13)62229-1

Match the research question to the study design



- descriptive studies answer “what’s happening?”
- analytic observational studies answer “why or how is it happening?”
- analytic experimental studies answer “can it work?”

Where do other study designs fit in?



Modelling studies

Before and after studies

Experimental non-randomised studies eg lab studies, phase I trials

Genetic association and risk prediction studies

Systematic reviews & meta-analyses

Like a recipe; should be reproducible
Most important section for informed readers

Describe:

- PICO/PECO
- all methods – with references where appropriate
- statistical methods – follow SAMPL guidelines
- sample size calculation

Follow reporting guidelines at EQUATOR Network
<http://equator-network.org>

Describe measures to ensure ethical conduct



The resource centre for good reporting of health research studies



Library for health research reporting

The Library contains a comprehensive searchable database of reporting guidelines and also links to other resources relevant to research reporting.



[Search for reporting
guidelines](#)



[Visit the library for
more resources](#)



Key reporting guidelines

CONSORT	Full Record Checklist Flow Diagram
STROBE	Full Record Checklist
PRISMA	Full Record Checklist Flow Diagram
STARD	Full Record Checklist Flow Diagram
COREQ	Full Record
ENTREQ	Full Record
SQUIRE	Full Record Checklist
CARE	Full Record Checklist
SAMPL	Full Record
SPIRIT	Full Record Checklist
PRISMA-P	Full Record



Toolkits

The EQUATOR Network works to improve the reliability and value of medical research literature by promoting transparent and accurate reporting of research studies.

Our Toolkits support different user

EQUATOR highlights

[25/11/2014 - Research Waste / EQUATOR Conference 2015 Edinburgh, UK 28-30 September 2015](#)

The 2015 Research Waste / EQUATOR Conference will be held in Edinburgh, UK Save the dates: 28-30 September 2015 Venue: John McIntyre Conference Centre, Edinburgh, UK Conference aims (1) Review the progress made by research regulators, academic institutions, researchers, funders, and [Read More](#)

News

[Editorial: Stronger post-publication culture is needed for better science](#)

23/01/2015

[Pioneers of transparency in health research](#)

9/01/2015

[What trials are really supposed to be – a
succinct reminder from 1946](#)



Search for reporting guidelines



Browse for reporting guidelines by selecting one or more of these drop-downs:

Study type

Please select...

and

Clinical area

Please select...

and

Section of report

Please select...

Please select...

Experimental studies

Observational studies

Qualitative research

Mixed methods studies

Diagnostic accuracy studies

Reliability and agreement studies

Quality improvement studies

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Study protocols

Systematic reviews/Meta-analyses/HTA

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Key reporting guidelines

CONSORT	Full Record Checklist Flow Diagram
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ENTREQ	Full Record
SQUIRE	Full Record Checklist
CARE	Full Record Checklist
SAMPL	Full Record
SPIRIT	Full Record Checklist

Translations

Some reporting guidelines are also available in languages other than English. Find out more in our



1

[Reporting standards for studies of diagnostic test accuracy in dementia: The STARDdem Initiative.](#)



How to use reporting guidelines

- use the reporting guideline to help you write or edit your manuscript: remember, it's a minimum set
- if guideline includes a flowchart, make it figure 1
- complete the checklist, with page numbers to show where items appear in your manuscript
- if items are irrelevant or weren't done, explain why
- submit your completed checklist with your paper, if the journal requests it



Nature checklist to improve design and reporting of life sciences studies

Statistics and general methods

1. Sample size
2. Inclusion/exclusion fro samples
3. Method of randomization if used to determine how samples/animals were allocated to experimental groups
4. Blinding/masking if used
5. Are statistical tests justified and appropriate?

Corresponding Author Name:

Manuscript Number:

Reporting Checklist For Life Sciences Articles

This checklist is used to ensure good reporting standards and to improve the reproducibility of published results. For more information, please read [Reporting Life Sciences Research](#).

▶ Figure legends

Each figure legend should contain, for each panel where they are relevant:

- the **exact sample size (n)** for each experimental group/condition, given as a number, not a range;
- a **description of the sample collection** allowing the reader to understand whether the samples represent **technical or biological replicates** (including how many animals, litters, cultures, etc.);
- a **statement of how many times the experiment shown was replicated in the laboratory**;
- **definitions of statistical methods and measures**:
 - very common tests, such as t-test, simple χ^2 tests, Wilcoxon and Mann-Whitney tests, can be unambiguously identified by name only, but more complex techniques should be described in the methods section;
 - are tests one-sided or two-sided?
 - are there adjustments for multiple comparisons?
 - **statistical test results**, e.g., **P values**;
 - definition of 'center values' as **median or average**;
 - definition of **error bars** as **s.d. or s.e.m.**

Any descriptions too long for the figure legend should be included in the methods section.

Please ensure that the answers to the following questions are reported in the manuscript itself. We encourage you to include a specific subsection in the methods section for statistics, reagents and animal models. Below, provide the page number(s) or figure legend(s) where the information can be located.

▶ Statistics and general methods

	Reported on page(s) or figure legend(s):
1. How was the sample size chosen to ensure adequate power to detect a pre-specified effect size? For animal studies, include a statement about sample size estimate even if no statistical methods were used.	<input type="text"/>
2. Describe inclusion/exclusion criteria if samples or animals were excluded from the analysis. Were the criteria pre-established?	<input type="text"/>
3. If a method of randomization was used to determine how samples/animals were allocated to experimental groups and processed, describe it. For animal studies, include a statement about randomization even if no randomization was used.	<input type="text"/>
4. If the investigator was blinded to the group allocation during the experiment and/or data analysis, describe the process.	<input type="text"/>



- report results fully & honestly, as prespecified
- text (story), tables (evidence), figs (highlights)
- report primary outcomes first
- give confidence intervals for main results
- report essential summary statistics
- leave out non-essential tables and figures
- don't start discussion here



Statistical Analyses and Methods in the Published Literature: SAMPL guidelines - results

Primary analyses

- describe purpose of analysis
- identify variables
- identify smallest clinically relevant difference
- describe fully each method to analyse main objectives of study
- verify that data conformed to test assumptions eg skewed data were analysed with non-parametric tests
- indicate how any allowance was made for multiple comparisons
- indicate how any outlying data were treated in the analysis
- state whether tests were one-tailed or two-tailed and justify this
- report the alpha level eg 0.05 that denoted statistical significance
- name the statistical software used
- The guidelines also cover preliminary and supplementary analyses



Structured discussion

Don't simply repeat the introduction. Include:

- statement of principal findings
- strengths & weaknesses of the study
- strengths & weaknesses in relation to other studies (especially systematic reviews), & key differences
- possible mechanisms & explanations for findings
- potential implications for clinicians or policymakers
- unanswered questions and future research



Abstract: general rules

very important

often only part of study
that will be read

must be accurate &
not hyped

all authors must
approve it

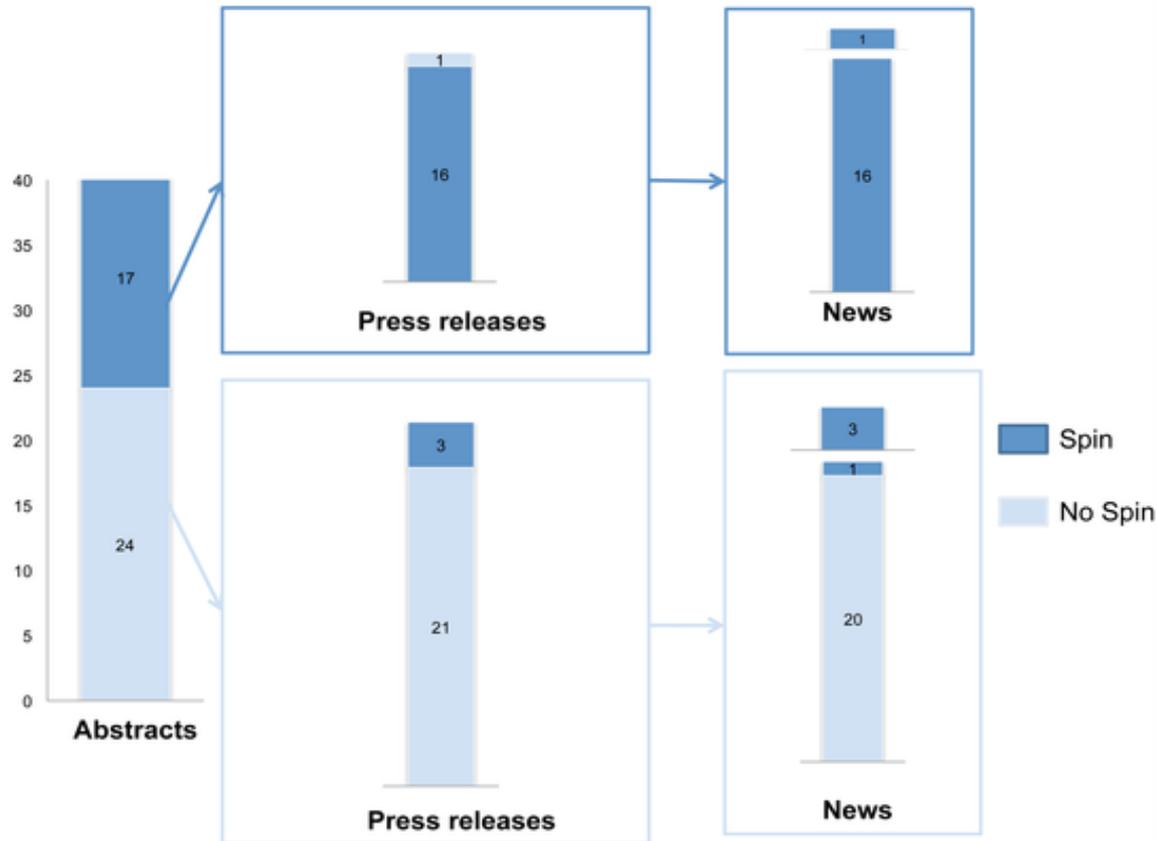
editors may screen papers
by reading only the abstracts

for The BMJ abstracts need:

- 300-400 words
- structured format
- active voice
- results plus p values
- %s with denominators
- no references
- trial registration details

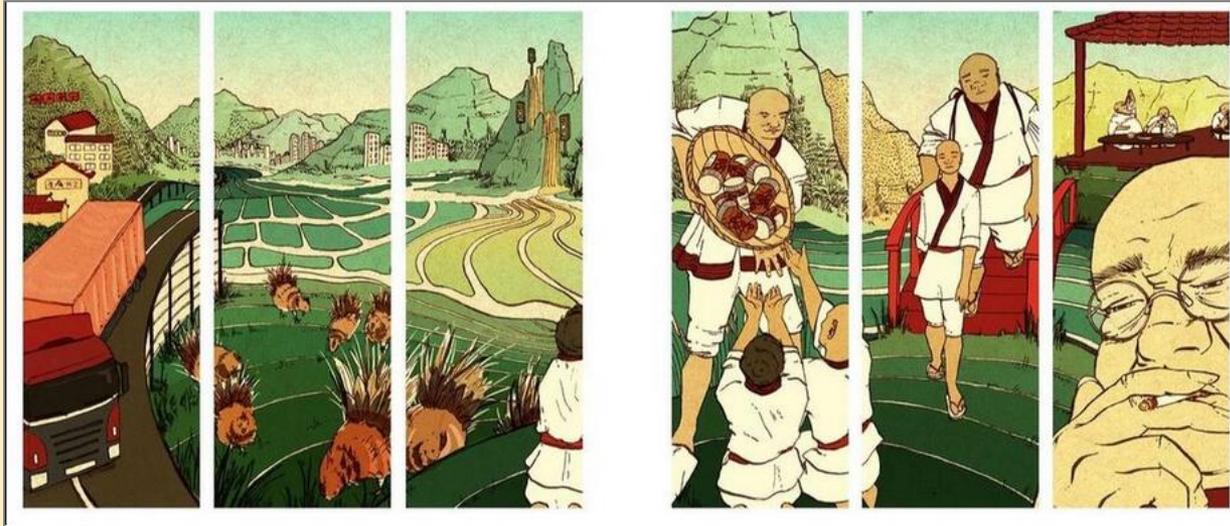
“Spin,” defined as specific reporting strategies (intentional or unintentional) emphasizing the beneficial effect of the experimental treatment, was identified in about half of press releases and media coverage.

In multivariable analysis, the main factor associated with “spin” in press releases was the presence of “spin” in the article abstract conclusion.



Yavchits A et al. 2012. PLoS Med 9(9): e1001308. doi:10.1371/journal.pmed.1001308

Abstracts as haikus



Use of caffeinated substances and risk of crashes in long distance drivers of commercial vehicles (BMJ 2013;346:f1140).

Long and winding road,
caffeinated trucker:
No happy ending
—Francis Toolis

Unhealthy behaviours and disability in older adults (BMJ 2013;347:f4240).

Fit, fruit-fed, no cigs:
Old able. Autumn leaves fall
Slowly, gracefully
—Jeremy Holmes



Clear writing

Never use a metaphor, simile or other figure of speech which you are used to seeing in print [a cliché]

Never use a long word where a short one will do

If it is possible to cut out a word, always cut it out

Never use the passive where you can use the active

Never use a foreign phrase, a scientific word or a jargon word if you can think of an everyday [English] equivalent

Marginalized

*Notes in manuscripts and colophons
made by medieval scribes and copyists*

- ~ New parchment, bad ink;
I say nothing more.
- ~ I am very cold.
- ~ That's a hard page and a
weary work to read it.
- ~ Let the reader's voice
honor the writer's pen.
- ~ This page has not been
written very slowly.
- ~ The parchment is hairy.
- ~ The ink is thin.
- ~ Thank God, it will
soon be dark.
- ~ Oh, my hand.
- ~ Now I've written
the whole thing: for
Christ's sake give me
a drink.
- ~ Writing is excessive
drudgery. It crooks your
back, it dims your sight,
it twists your stomach
and your sides.
- ~ St. Patrick of Armagh,
deliver me from writing.



Sentences you will probably never
read in a published paper:

"We were totally surprised it worked!"

"We just thought it'd be a neat thing to do."

"I'm only doing this to get tenure."

"Oops."

"Previous work by XXX et al. is actually pretty good!"

"To be honest, we came up with the hypothesis
after doing the experiment."

"The results are just 'OK'."

"Future work will... ah, who are we kidding?
We won't get more funding to do this."

BMJ

Publication ethics



“No, it’s my wife’s turn to be the first author on **your** paper.”



ICMJE authorship rules

Authorship credit must be based on substantial contributions to:

- conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- drafting the work or revising it critically for important intellectual content; AND
- final approval of the version to be published; AND
- agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Authors

- should be able to identify which co-authors are responsible for specific other parts of the work
- should have confidence in the integrity of the contributions of their co-authors
- must fulfil the criteria; no one who fulfils the criteria should be excluded
- should have participated sufficiently to take public responsibility for appropriate portions of the content.

Acquisition of funding, collection of data, or general supervision of the research group alone does not constitute authorship.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Effective Date (07-August-2008)

4. Are you the corresponding author? Yes No

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
2. Consulting fee or honorarium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
3. Support for travel to meetings for the study or other purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4. Fees for participation in review activities such as data monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party – that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

A person has a **competing interest** when he or she has an attribute that is *invisible* to the reader or editor but which *may* affect his or her judgment

Always declare a competing interest, particularly one that would embarrass you if it came out afterwards

http://www.icmje.org/coi_disclosure.pdf

ICMJE Form for Disclosure of Potential Conflicts of Interest

The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD

* This means money that your institution received for your efforts on this study.
** Use this section to provide any needed explanation.

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
2. Consultancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
3. Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
4. Expert testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
5. Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
6. Payment for lectures including service on speakers bureaus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
7. Payment for manuscript preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X

ICMJE Form for Disclosure of Potential Conflicts of Interest

Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
8. Patents (planned, pending or issued)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
9. Royalties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
10. Payment for development of educational presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
11. Stock/stock options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
12. Travel/accommodations/meeting expenses unrelated to activities listed**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
13. Other (arr on the side of full disclosure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD

* This means money that your institution received for your efforts.
** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

Section 4. Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- No other relationships/conditions/circumstances that present a potential conflict of interest
 Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.



Misconduct

Fabrication: making up data or results and recording or reporting them

Falsification: manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record

Plagiarism: the appropriation of another person's ideas, processes, results, or words without giving appropriate credit

Type of reporting bias (in reporting results of research)	Definition – all depending on nature and direction of results
Publication bias	Publication or non-publication
Time lag bias	Rapid or delayed publication
Multiple/duplicate publication bias	Multiple or singular republication, depending
Location bias	Publication in journals with different ease of access or levels of indexing in standard bibliographic databases, depending on nature and direction
Citation bias	Citation or non-citation
Language bias	Publication in a particular language
Outcome reporting bias	Selective reporting of some outcomes

Incomplete reporting of results = misconduct

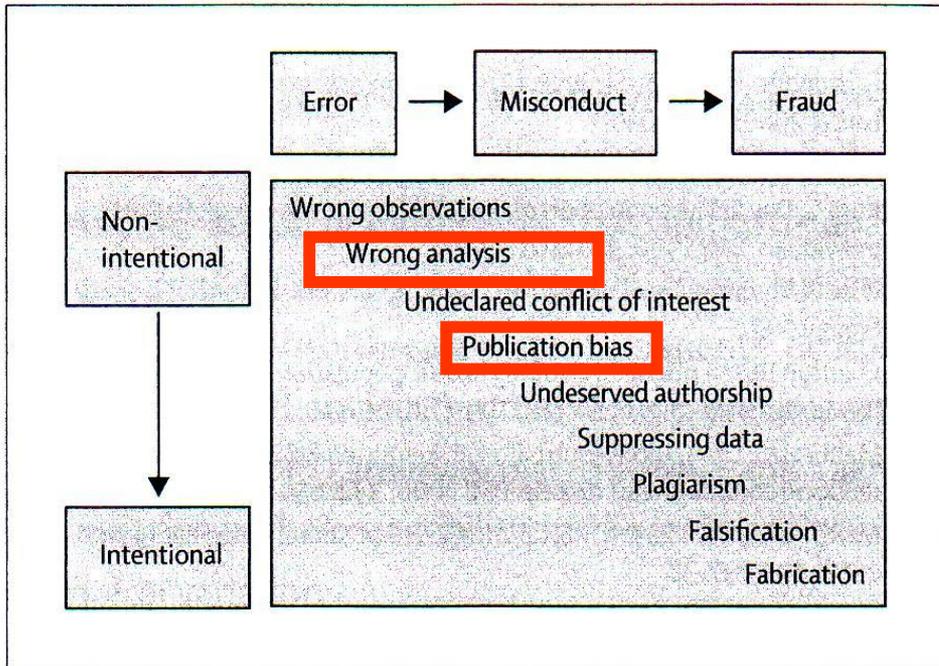


Figure: Slippery slope between honest errors and intentional fraud, with examples in the middle

**Magne Nylenna, Sigmund Simonsen*

Department of Public Health and General Practice,
Norwegian University of Science and Technology,
N-7489 Trondheim, Norway

Lancet 2006;367:1882-4

“...If one assesses the sins they have ranked in terms of their potential for doing harm to patients, biased reporting of research surely has far more serious practical consequences than undeserved authorship and plagiarism.”

Iain Chalmers

James Lind Initiative, Oxford

Lancet 2006;368:450

EDITORIALS

Editorials are usually commissioned. We are, however, happy to consider and peer review unsolicited editorials
 See <http://resources.bmj.com/bmj/authors/types-of-article/editorials> for more details

Declaration of transparency for each research article

An antidote to inadequate reporting of research

Douglas G Altman director, Centre for Statistics in Medicine, University of Oxford, Botnar Research Centre, Oxford, UK doug.altman@csm.ox.ac.uk
David Moher senior scientist, Clinical Epidemiology Program, Ottawa Hospital Research Institute, Ottawa Hospital - General Campus, Ottawa, ON, Canada K1H 8L6

"It is the responsibility of everyone involved to ensure that the published record is an unbiased, accurate representation of research."¹

The research record is often manipulated for short term gain but at the risk of harm to patients. The medical research community needs to implement changes to ensure that readers obtain the truth about all research, especially reports of randomised trials, which hold a special place in answering what works best for patients.

Failure to publish the findings of all studies, especially randomised trials, seriously distorts the evidence base for clinical decision making. A recent systematic review of reboxetine for treating depression found that almost three quarters of included patients were in unpublished trials.² Of 904 completed trials of interventions for acute ischaemic stroke (1955-2008), a fifth were not properly published, "several of which may be large enough to influence clinical practice and the findings of systematic reviews and meta-analyses."³

Bad non-publication is, incomplete or misleading publications cause greater problems. Results of clinical trials published in peer reviewed publications may differ from what was previously submitted to regulatory agencies,^{4,5} with the published data being more positive. The primary out-

comes.¹⁸⁻¹⁹ Details of study methods are also often inadequate, especially in relation to allocation. A 2006 study found that only a third of trial reports described how the randomisation sequence was generated and only a quarter described an adequate method of allocation concealment.²⁰ A review of 357 phase III oncology trials concluded that "numerous items remained unreported for many trials."²¹ Harms too are poorly reported.²²⁻²³

The problems associated with publishing and reporting other types of research may be worse than for randomised trials. Although less intensively studied, similar concerns have been expressed in relation to epidemiology,²⁴⁻²⁵ pharmacoepidemiology,²⁶ diagnosis research,²⁷ prognosis research,²⁸ and preclinical research.²⁹⁻³⁰ Of course, good reporting is not the same as high quality research. But a full and clear report allows readers to judge a study's reliability and relevance. There are concerns that commercially sponsored research may be more likely to remain unpublished,²⁻³¹ but when published these trials are reported more fully.³²

So what is needed? Published research articles should provide a clear description of how researchers conducted their study and what they found. Omission of important details of methods or study conduct should be deemed unacceptable, and journals should not publish them. Although detection of some deficiencies requires external infor-

picture provides biased and less precise estimates of effectiveness and safety than when the full information is used, and it may compromise the identification of what works best for patients.

We have a proposal that can be acted on almost immediately. We suggest that authors should sign a publication transparency declaration (box) as part of every journal submission. The same declaration could be appropriate for submissions in other contexts—for example, to regulatory agencies.

Editors and editorial groups can support this initiative by updating their instructions to authors so that a completed publication transparency pledge is required as part of the submission process. We see this action as a necessary scientific analogue of the current widespread practice of asking authors about conflicts of interest. Subsequent revelation of withheld or incorrect information would be evidence of scientific misconduct for which various actions could be taken. We hope

that this step will encourage authors to reflect more carefully on how they write their article and encourage them to check that they have adhered to relevant reporting guidelines. The *BMJ*, for which one of us (DGA) is the senior statistics editor, and *BMJ Open* are leading the way by implementing this policy immediately. We

TRANSPARENCY DECLARATION

The lead author* affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

*The manuscript's guarantor.

Transparency declaration
 The lead author* affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

Altman DG, Moher D. Declaration of transparency for each research article. *BMJ* 2013;347:f4796

*The manuscript's guarantor.

SIMILARITY REPORT

iThenticate

Processed on: Mar 2, 2009 4:40:56 PM CST
 Word count: 207
 Folder: November Submissions

Twitter by Pat Smith

Similarity Index: 88% View: Similarity Report

[Exclude Quotes](#) [Exclude Bibliography](#)

<p>The Twitter website combines social networking and microblogging, wherein members are asked a question and they respond with a maximum of 140 characters.</p>	6	<p>1 21% match (Internet from Oct 26, 2008) en.wikipedia.org</p>
<p>Some people think Twitter is trivial, but you'd really be surprised at how much information people can pack into those 140 characters.</p>	5	<p>2 14% match (Publications) "A tale of two companies: riding the IT tiger in China.", Xinhua News Agency, Jan 1 2008 Issue</p>
<p>It is used many ways.</p>	3	<p>3 12% match (Publications) Walker, Kerry M.M. Ahmed, Bashir Schnupp. "Linking cortical spike pattern codes to auditory perception.(Report)", Journal of Cognitive Neuroscience, Jan 2008 Issue</p>
<p>Using a two-alternative forced-choice oddity task, we measured the ability of human listeners to detect local time reversals in a marmoset twitter call.</p>	3	<p>4 11% match (Publications) Rampell, Catherine. "Twittering Through a Campus Lockdown.(University of Richmond)", The Chronicle of Higher Education, May 30 2008 Issue</p>
<p>From Asian disasters to SoCal wildfires, Twitter has often been the first source for vital updates.</p>	7	<p>5 11% match (Publications) "What is Twitter? And Other Tech Questions.(8:00-9:00 PM)(Broadcast transcript)(Audio file)", All Things Considered, Nov 17 2008 Issue</p>
<p>An instructional-technology specialist</p>	7	<p>6 9% match (Publications) McFedries, Paul. "All a-twitter.(TECHNICALLY SPEAKING)(Twitter website terminology)(Website overview)", IEEE Spectrum, Oct 2007 Issue</p>
<p></p>	7	<p>7 8% match (Publications) "News Analysis: Relief groups turn to Twitter amid crises.", PR Week (US), May 26 2008 Issue</p>

SPOT THE DIFFERENCE

These apparently duplicated images have been used as evidence for the presence of different proteins produced in different experiments

- First, an image of three bands on a gel is used to represent a control for an experiment in which stem cells are made to differentiate into bone cells (*Blood*, vol 98, p 2620)



- On the same page of the *Blood* paper, a reversed version of the same image, with some small modifications, is used to show the production of collagen II in stem cells made to differentiate into cartilage cells



- The same reversed image is used in US patent 7015037 to show the production of a bone-specific protein in stem cells made to differentiate into bone cells





Committee on Publication Ethics: advises editors of >5000 journals



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What are the benefits of COPE membership?

FEATURED

COPE Digest: Publication Ethics in Practice. May 2014

The May issue of COPE Digest has now been published, and contains a round up of what has been happening in publication ethics as well as news from COPE. Do click on the link below to view.

[Learn more](#)

NEWS & OPINION view all ▶

News / COPE North American seminar 13 August 2014

13/5/2014 4.49pm

Register for COPE's 5th North American seminar, which will be held in collaboration with ISMTE (International Society of Managing & Technical Editors), on Wednesday 13 August 2014 at the Hyatt Regency Philadelphia at Penn's Landing, Philadelphia, Pennsylvania, USA. For more details and to register, see [here](#)

News / COPE Australian Seminar 23 June 2014

13/5/2014 2.37pm

COPE is delighted to announce its 3rd Australian Seminar, which will take place at the Karstens Melbourne Conference Rooms, 123 Queen Street, Melbourne, Australia, on Monday 23 June 2014. The theme of the seminar is "Publication ethics from student to professional". For more information and to register, click [here](#).

Cases ▶



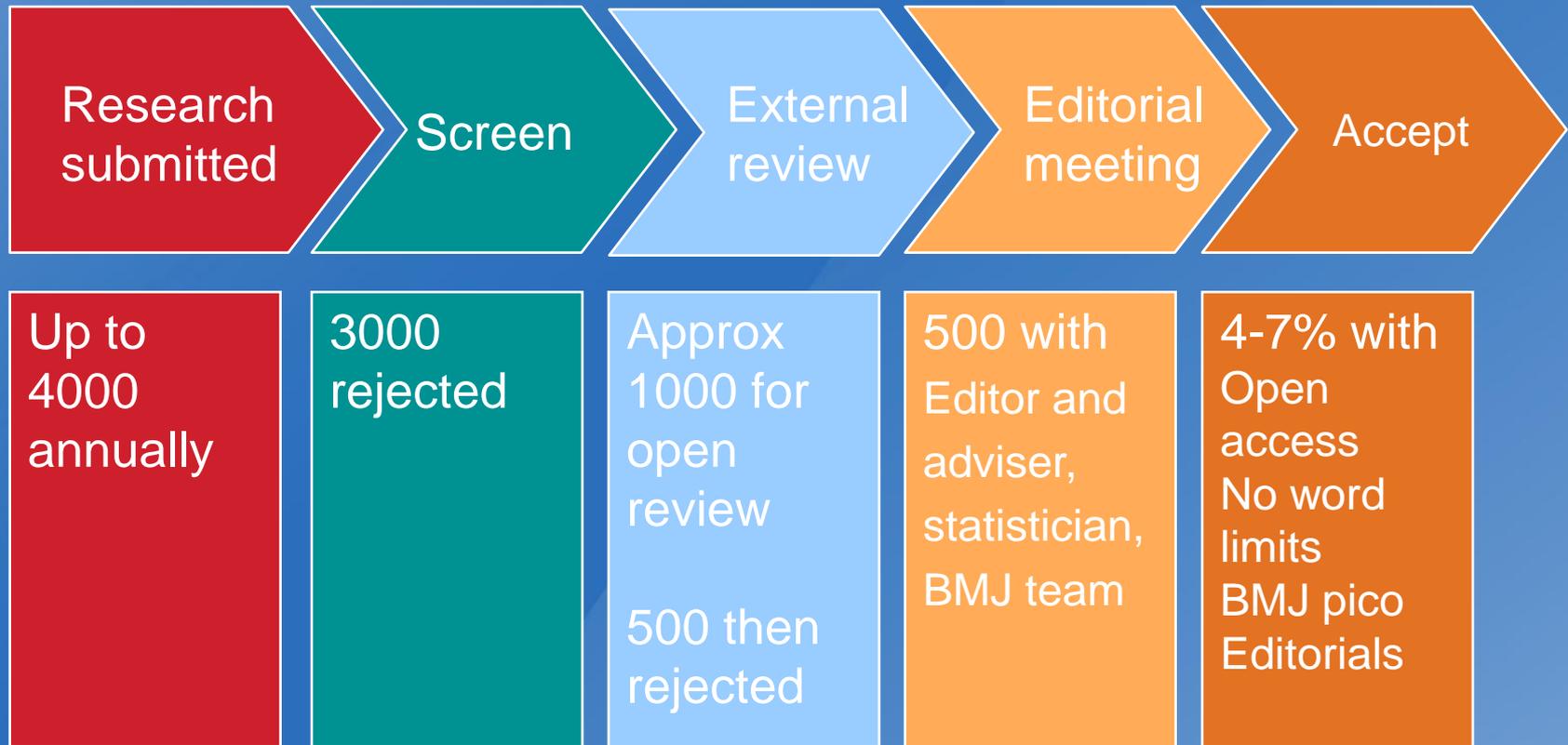
All the cases COPE has discussed since its inception in 1997 have been entered into a searchable database. This database now contains over 400 cases together with the advice given by COPE

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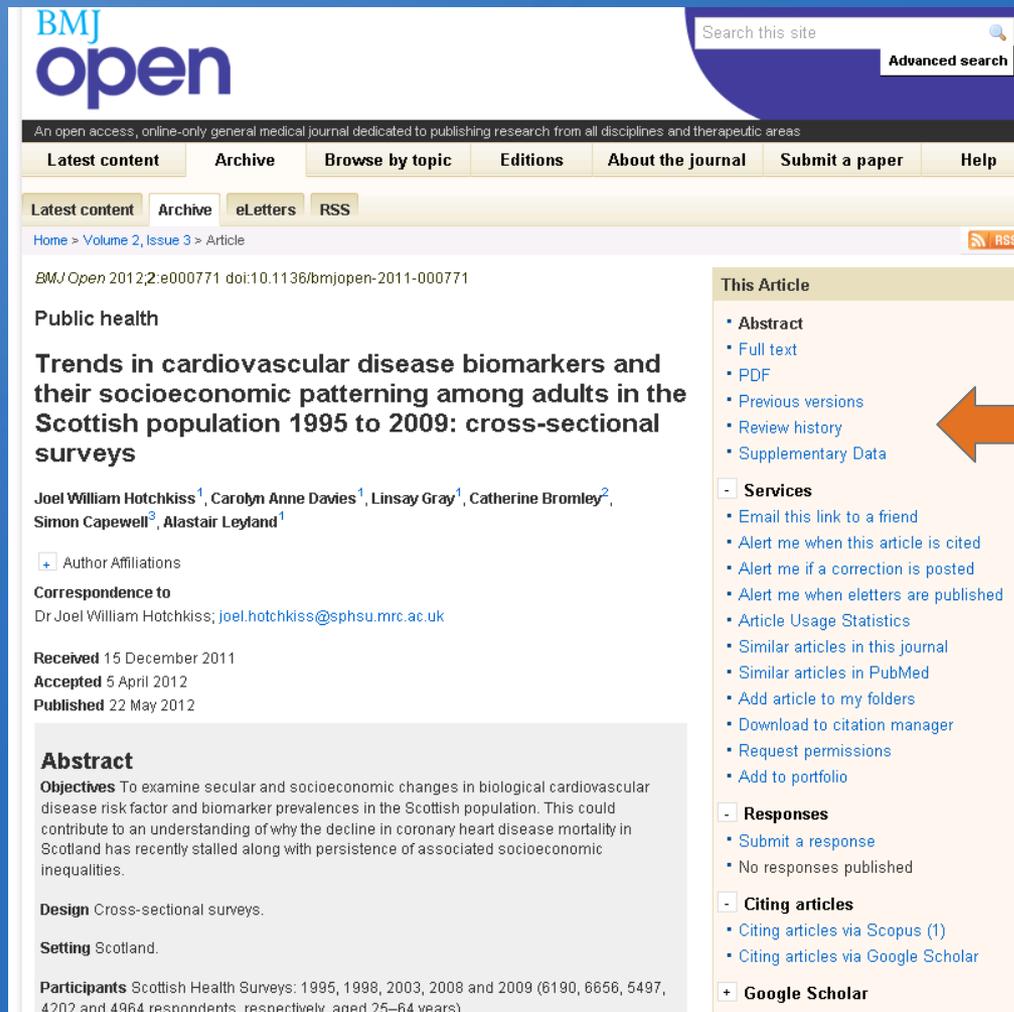
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The screenshot shows the BMJ Open journal website. The main article title is "Trends in cardiovascular disease biomarkers and their socioeconomic patterning among adults in the Scottish population 1995 to 2009: cross-sectional surveys". The authors listed are Joel William Hotchkiss¹, Carolyn Anne Davies¹, Linsay Gray¹, Catherine Bromley², Simon Capewell³, and Alastair Leyland¹. The article was received on 15 December 2011, accepted on 5 April 2012, and published on 22 May 2012. The abstract discusses examining secular and socioeconomic changes in biological cardiovascular disease risk factors and biomarker prevalences in the Scottish population. The sidebar menu on the right includes sections for "This Article" (with links to Abstract, Full text, PDF, Previous versions, Review history, and Supplementary Data), "Services" (with links to Email this link to a friend, Alert me when this article is cited, Alert me if a correction is posted, Alert me when eletters are published, Article Usage Statistics, Similar articles in this journal, Similar articles in PubMed, Add article to my folders, Download to citation manager, Request permissions, and Add to portfolio), "Responses" (with links to Submit a response and No responses published), "Citing articles" (with links to Citing articles via Scopus (1) and Citing articles via Google Scholar), and "Google Scholar". An orange arrow points from the text on the right to the "Review history" link in the sidebar menu.

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