Tips to Getting Published

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Talking Points

- Instructions to authors
- Correct journal
- Cover letter
- Structure of an article
- Major themes of the paper
- Rejection without review
- Paper reviewed
- Peer-Review
- Editors
- Responding to reviews
- Other issues
- Keys to success
- http://www.equator-network.org
Follow the Instructions! (at least read them)

- Article type – original, review, etc.
- Cover page – title, word count
- Length – critical issue (less is more)
- Abstract – formatted vs not
- Number of tables and figures allowed
- References – format and number
- Supplemental material
- Can speak/email with editor(s) first – although often generates a standard response
- Make sure clinical trials are registered before you recruit patients
Is it the Correct Journal?

- This is a critical issue for authors and journals
- Can be subjective decision by journal
- Beware of case-reports
- Is the topic timely
- Most journals can reject without review
- Look at the journals you are considering
- Is it worth shooting high, but failing (impact factor)?
- Consider using JANE: https://jane.biosemantics.org/
Cover Letter

• Short and sweet
• Indicate importance of the paper
• Suggest why this journal is a “good” fit
• Can site some articles from that journal
• Address it to the correct individual and spell their name correctly

June 16th, 2014

Dear Editorial Board Members of JAMA:

Please accept our submission entitled “Improving Health Care Delivery in an Atlantis Medical Environment: A Case-Control Study in Two Sierra Leonean Hospitals” for consideration for publication in The Lancet. This work explores the application of systems-based improvement methods within a low-resource healthcare delivery system.
Major Theme of Paper

• What are your 2-3 important points (this is what’s remembered)
• Emphasize in results section of the abstract
• Conclusion of the abstract should reflect these points
• Highlight in results section of paper
• Emphasize in tables
• Highlight in first paragraph of conclusion
Title

• Needs to help someone find it in search engines
• Don’t go for “cute”
• Don’t make it declarative (i.e., give the study results in title)
• Do include the study design IF it is an RCT, meta-analysis, systematic review
A Good Abstract

- 90% of us read ONLY the abstract
- Structured
- Concise (300-400 words, 10,000 characters)
- Keep odd abbreviations to a minimum
- Include data
  - Make sure the numbers are correct
  - Beware dataless abstracts
- Conclusions
- Best to have outside reader
• **Results** Compared with children who showed high self-regulation in both behavioral protocols at ages 3 and 5 years, children who exhibited a compromised ability to self-regulate had the highest BMI z scores at each point and the most rapid gains in BMI z scores over the 9-year period. Effects of pubertal status were also noted for girls.
A Good Introduction

- Short
- Focused
- Evoke higher authority
- 10-15 references
- Most can be 25% shorter
- Criticize others with care
Introduction

Effect of Oral Dexamethasone Without Immediate Antibiotics vs Placebo on Acute Sore Throat in Adults
A Randomized Clinical Trial

Gail Nicola Hayward, DPhil, MRCGP¹; Alastair D. Hay, FRCGP²; Michael V. Moore, MSc³; et al
Acute sore throat is one of the most common symptoms among patients presenting to primary care. Sore throats resulted in 92 million estimated visits by adults to primary care practices and emergency departments in the United States between 1997 and 2010, averaging 6.6 million annually; with unnecessary antibiotic prescribing costs of at least $500 million. Antibiotics are prescribed at 60% of UK primary care sore throat consultations, and the trend is not decreasing despite the low risks of suppurative complications, limited symptomatic benefit, and national guidelines advising against prescriptions. There is a need to find alternative strategies that reduce symptoms, reduce the burden of acute illness, and reduce antibiotic consumption.

Corticosteroids inhibit transcription of proinflammatory mediators in airway endothelial cells, responsible for pharyngeal inflammation and symptoms of pain, and are beneficial in other upper respiratory tract infections such as acute sinusitis and croup. Short courses of oral steroids have been shown to be safe, in the absence of contraindications. A systematic review reported that participants with a sore throat, taking a single dose of steroid, were 3 times more likely to experience complete resolution within 24 hours. However, antibiotics were prescribed to participants in both steroid and placebo groups in all trials and only 1 trial recruited participants from primary care. Therefore, evidence for corticosteroids for sore throat in primary care, in the absence of antibiotics, is still lacking.

The primary objective of the TOAST (Treatment Options without Antibiotics for Sore Throat) trial was to investigate, among adults 18 years or older with acute sore throat not requiring immediate antibiotic therapy, whether a single dose of oral dexamethasone compared with placebo, increased resolution of symptoms 24 hours after consultation.

Good Introduction

First paragraph-General introduction to the topic along with the scope of the problem

- 6.6 million people see primary care clinicians for sore throat and often get antibiotics to reduce symptoms

Second paragraph-Narrows in on the aspect of the problem this article is about

- Steroids reduce inflammation and may accelerate symptom reduction

Third paragraph-States research question (preferably using the word hypothesis)

- Does a single dose of dexamethasone increase the resolution of sore throat symptoms?
Methods

• Need to give enough detail that someone could replicate your study.

• Subsection headings are useful

• Study population: how subjects were selected/ excluded. Make sure numbers add up (here, abstract, results, tables, figures)

• IRB approval or equivalent (or statement that it is not necessary for this type of study)

• Trial registration

• Can put more detail on web (although it will almost never be read)
Results

• The text should tell the story
• The tables give the evidence
• The figures illustrate the highlights
• Don’t repeat every number that is in the tables
• Should follow directly from the Methods section; no unanticipated results should be presented that don’t follow methods
• The order of presentation of results should parallel the order of presentation of the methods
• Section headings may be useful if lots of complex data
Discussion

• Statement of principal findings
• Strengths and weaknesses of the study
• Strengths and weaknesses in relation to other studies, discussing particularly any differences in results
• Meaning of the study: possible mechanisms and implications for clinicians or policymakers
• Unanswered questions and future research

• Go easy on the last two
Tables

– A Table summarizes complex data to make it more understandable and to allow the reader to more easily make comparisons

– Tables are not necessary if the information can be adequately presented in the text (the latter is preferable)

– Make sure the columns and rows add up

– Make sure you use the right version and it matches text and abstract

– Make sure you look at the proofs and confirm they are OK
Data Display in Tables and Figures

- Data displays should be self-explanatory. Titles and legends should be descriptive but brief. Limit the length of footnotes.

- No more than 5 data displays (tables plus figures) per major manuscript

- All data displays should be cited in the text.

- Evaluate if lengthy tables or figures can be split into separate displays. Delete redundant elements and consider moving elements to an online supplement.

- Evaluate whether separate data displays can be combined.
References

• Use reference software
• Citations should be no more than 5 years old
• It is not a doctoral dissertation - use enough to justify your statements but don’t go overboard
• Make sure references are correct
• Cite/discuss previous relevant or foundational work
What happens after I submit my manuscript?
Manuscript Processing at JAMA Network

**Triaging Editor** (paper can be rejected w/o review) → **Associate Editor** (paper can be rejected w/o review) → **Assigned to 2-5 Peer-Reviewers** (paper can be rejected)

Triaged to Manuscript Meeting (stats review for most) → **Rejected or Revised** → **Manuscript Returned to Author for Revision**

**Returns to Manuscript Meeting**

**ACCEPTED or REJECTED !!!**
Rejection without Review - Why?

- Wrong journal – journals have specific missions
- Data too old to be relevant
- Not new or novel (on 2/27/22- 232,000 papers on COVID)
- Similar paper recently accepted/published (read journal before submitting)
- Poorly written abstract
- Poorly designed/wrong analysis
- Sweeping conclusion
- Case-report
- Small, qualitative study
What Do Reviewers Assess

• Importance
• Clarity
• Design and analysis
• Should review abstract, text, tables, figures, references, acknowledgements/support, COI
• Make recommendation to editor
• Opinions of reviewers are not binding
• Usually provide comments to authors and separate comments to editors
Editors

• Review paper
• Review comments from peer-review
• May request statistical help
• Make recommendation to and participate in manuscript review meeting
  – Accept; accept with revision; reject with revision; reject; turn it into research letter
• Discussed vis-a-vis importance and validity
Responding to Reviewers

• Answer completely, answer politely, answer with evidence
• Most times the reviewer/editor are correct
• If reviewers provided conflicting suggestions - ask editor
• You do not have to make a change for every issue raised, but must articulate why not
• Number responses, indicate changes in manuscript and where they can be found
• Long explanations to editor in cover letter is not the same as modifying the text
Interest of many journals

• Novelty
• Randomized clinical trials
• Effect on clinical care or population health
• Large effect – rare disease
• Small effect – common disease
• Public health emergency
Lower Priority in many journals

• Not novel
• Surveys, especially with poor response rates
• Older data
• Associations without clinical implications
• Small information slices
• Qualitative research
Common Mistakes-1

• Abstract – must be perfect – with numbers
• Relative vs absolute differences
• Too many messages and comparisons
• Inconsistencies
• Lack of clarity
• Not edited for target language syntax, style and flow
• Exaggeration of findings (conclusion must match data)
• Methodological/statistical clarity
Common Mistakes - 2

• Too many references
• Numbers that do not match
• Misuse of trend, marginal significance, or P value (“highly significant”)
• Response letter – poorly organized, not responsive
Other Issues

• Open Access
• Authorship
• Fabrication, Falsification, Plagiarism
• Ethics
• Duplicate publication
• Honorary authors
• Ghost authors
• Conflicts of interest
• Spin and boasting
• General mistakes
## Differences between public and open access

<table>
<thead>
<tr>
<th>Public Access</th>
<th>Open Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free to read</td>
<td>Free to read, reuse, modify without permission</td>
</tr>
<tr>
<td>No author fee</td>
<td>Author processing charge (APC)</td>
</tr>
<tr>
<td>Delayed access (6, 12, 24 months after publication)</td>
<td>Immediate access with publication</td>
</tr>
<tr>
<td>Transfer of copyright or publication license to journal</td>
<td>Use of CC license; author retains copyright</td>
</tr>
<tr>
<td>Required by NIH</td>
<td>Required by some funders, eg, Gates, Wellcome Trust</td>
</tr>
</tbody>
</table>
Authorship – ICMJE Requirements

• Substantial contributions to the 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.
Team Science

- Important for journals to support
- Authorship criteria
- Authors vs collaborators vs group names
- Acknowledging joint first, senior, corresponding authors
- How many first authors, last authors; corresponding authors

Authorship and Team Science

The complexity, scope, and scale of scientific research have expanded substantially. During the past several decades, there has been an increasing prevalence of large, international, multicenter clinical trials; multidisciplinary investigations involving interventional studies or observational research; and studies that combine large data sets (“big data”) from multiple cohorts or research consortia and use sophisticated analytic methods, such as in some studies involving genomic research or machine learning. This trend toward increasingly collaborative research involving multiple investigators and research groups has been referred to as group science, ensemble science, or more commonly, team science. How authors and nonauthor collaborators can be identified in publications to ensure appropriate credit and recognition of team science is evolving, can be challenging, and is of great importance to the scientific community and individual investigators.

Team science has real and potential advantages, including the ability to bring expertise and experience from numerous investigators or disciplines to address an important research topic from multiple perspectives and the ability to collect or combine data from various sites or cohorts to generate large data sets to address scientific questions efficiently and effectively. Team science is likely to increase with the growth of research networks and consortia and the continued emergence of big data and data sharing.

Team science also creates potential challenges, including identifying the optimal group of investigators to address the study questions of interest; rigorously addressing issues of heterogeneity in attempts to combine data or data sets; ensuring engagement, appropriate participation, and supervision of the work of individual authors and collaborators.

The International Committee of Medical Journal Editors (ICMJE) recommends that “All those designated as authors should qualify for authorship, meaning they should have made substantial contributions to the conception or design of the work; the acquisition, analysis, or interpretation of data; or the creation of new intellectual content.” In addition to being accountable for the work, the authorship criteria are designed to ensure the necessary accountability and responsibility for the work and the work being reported.

According to current ICMJE recommendations, authors of all scientific publications, ranging from opinion articles involving 1 or 2 individuals to team science research reports involving multiple investigators and research consortia, must adhere to the same principles and standards to ensure the necessary accountability and responsibility for the work being reported. Even though there may be different opinions and perceptions regarding the designation of authorship, these reports, many biomedical journals, including JAMA and the JAMA Network journals, subscribe to and follow the authorship criteria established by the International Committee of Medical Journal Editors (ICMJE) in 1985. All JAMA Network journals require that every individual named as an author on any article must complete and submit an individual authorship form (Figure) that provides formal attestation that they have met these criteria.

The JAMA Network

Honorary Authors

- **Definition:** individuals who are named as authors but have not met ICMJE authorship criteria

- **Approach:**
  - Authorship should be discussed at start of project
  - Never circulate a draft with names without discussion
  - Your mentor can – and should - help with this
Ghost Authors

- **Definition:** individuals who have made a substantial contributions to the work reported in an article but are not named as authors

  - 630 responded (70.3%)
  - 21% had honorary or ghost authorship or both
    - 17.6% had honorary authorship
    - 7.9% had ghost authorship
Fabrication and Falsification

• 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
Plagiarism

▪ Definition:
  ▪ To steal and pass off (the ideas or words of another) as one's own
  ▪ To use (another's production) without crediting the source
  ▪ To commit literary theft
  ▪ To present as new and original an idea or product derived from an existing source.

▪ Types:
  ▪ Ghost author – author turns in another’s work, word-for-word
  ▪ Photocopy – writer copies significant portions of text straight from a single source
  ▪ Forgotten Footnote – writer mentions user’s name, but neglects the reference
  ▪ Too-Perfect Paraphrase – writer properly sites source, but neglects quotation marks
Ethics

• Always seek ethics committee approval
• Researchers should usually not decide for themselves if IRB approval is necessary
• Quality improvement versus research
General Mistakes

• Circulating a draft before discussing authorship
• Rushing the abstract at the end
• Poorly referenced paper
• Spelling errors in text and references
• Data in abstract that are not in the paper
• Data in abstract that are different from the paper
• **Bait and switch** – emphasizing secondary rather than primary outcomes
Your First Draft

• Just write!
• Do tables/figures first
• Circulate as a full paper
• Double space except for tables/references
• Do not list authors without talking with senior author
• Date all drafts
• Prompting your co-authors
• Get examples of similar papers
• http://www.equator-network.org
Keys to Success

• Clarity (abstract)
• Brevity (2500 words)
• Novelty (why this journal)
• Modesty (some)
• Read the journal (often)
• Revise and revise – 10 drafts
• Senior colleagues are critical
• Good luck – it feels great!!!