

Medical Publishing and How to Get Published

Insights From an Editor

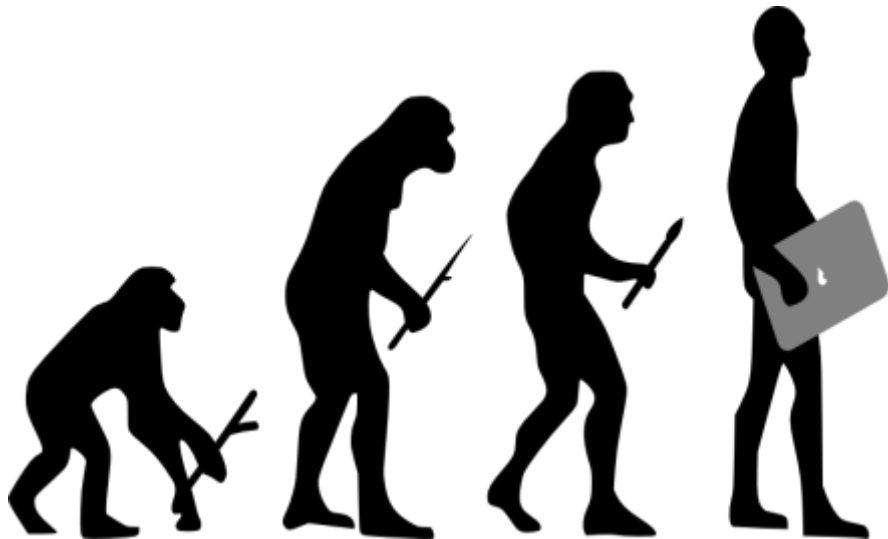
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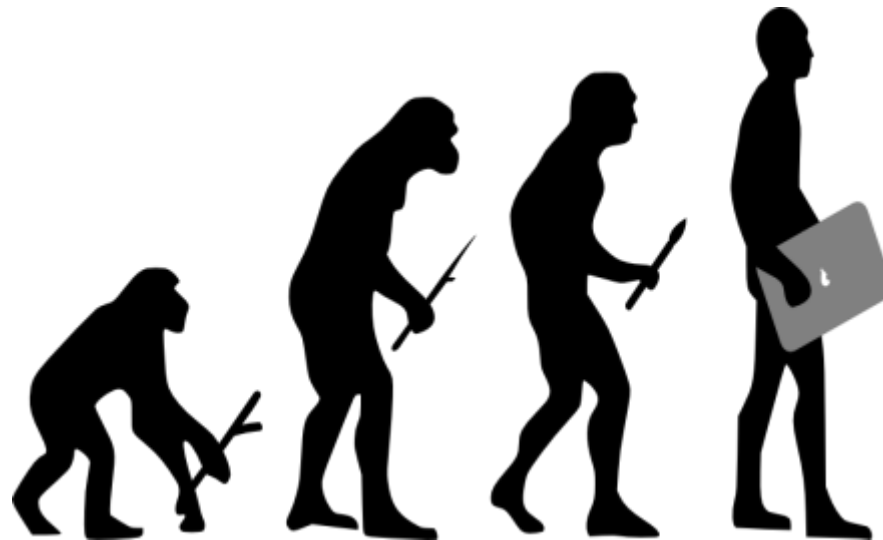
*The Lancet through the ages and
drivers of change*



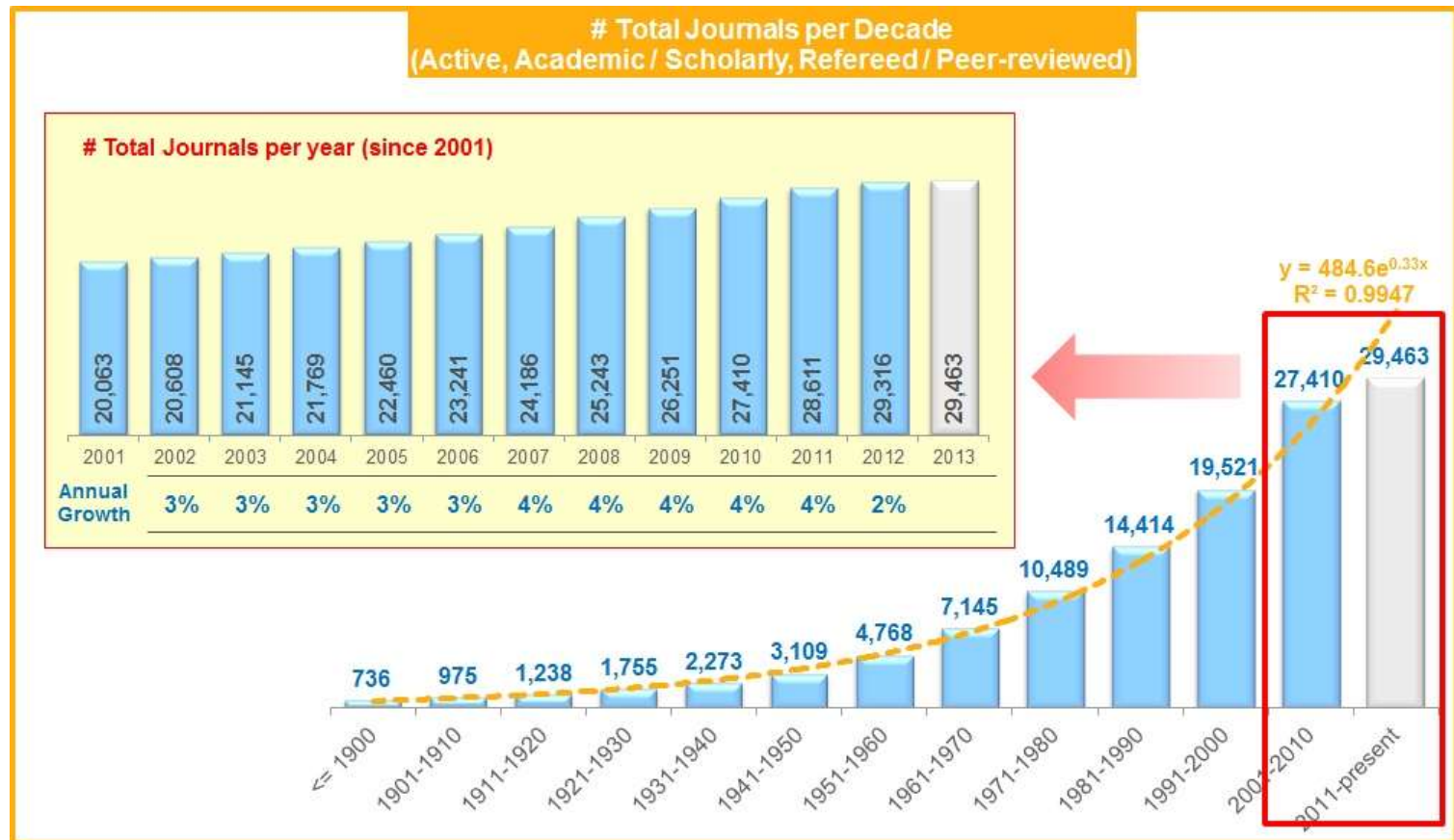
*Getting published successfully
(what Editors look for)*



*The Lancet through the ages and
drivers of change*



Numbers of journals increasing rapidly



Growth in peer-reviewed journals, 1900-2013. Source: Researcher Academy, Elsevier

Science and medical publishing through the ages

Ca. 1500 BC

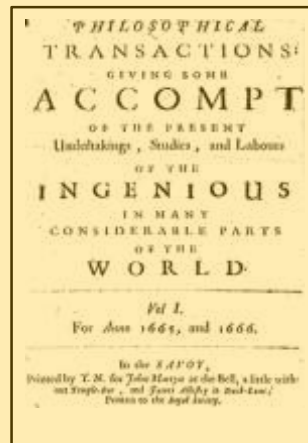


Edwin Smith Papyrus:
first description of
breast cancer surgery



January 1665

March 1665



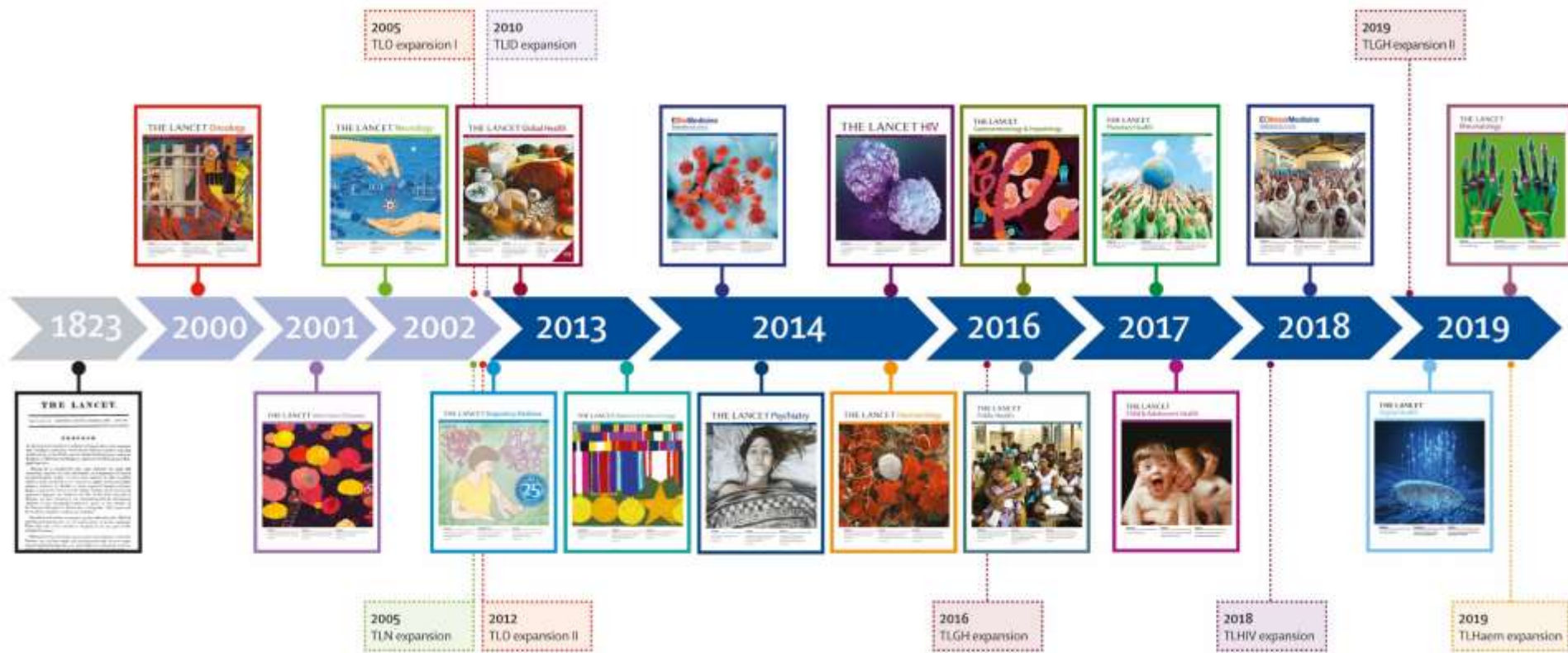
July 1797

January 1812



October 1823

The Lancet Portfolio



Who are we, what motivates us?

We are a family of medical science journals committed to:

THE BEST SCIENCE FOR BETTER LIVES

- We stand for high quality and reliable medical science
- We are vigilant, responsive, and fast
- We are more than a collection of journals
- We are annoyed about the health disparities in our world
- We campaign for health equity and the right to health
- We are political
- We hold those in power accountable for their promises
- We are advocates and activists for health justice

Founding of The Lancet

October 5, 1823

Thomas Wakley, founding Editor of The Lancet, member of Parliament, and coroner was a radical reformer of the Victorian age

He founded The Lancet to root out corruption and quackery, and to challenge the medical establishment

The Lancet was, and still is, registered as a 'newspaper'; as a journalistic endeavour, we have a duty to hold institutions, people, science, and medicine accountable for their actions

A handwritten signature in black ink, reading "Thomas Wakley". The signature is written in a cursive style with a large, sweeping flourish at the end.

Founding of The Lancet



A Lancet “can be an arched window to let in the light, or it can be a sharp surgical instrument to cut out the dross, and I intend to use it in both senses.”

Thomas Wakley, 1823



Some Lancet 'firsts'

- First successful blood transfusion (1829)
- First description of chloroform an anaesthetic (1847)
- Artificial respiration (1856)
- Lister's theory of antiseptics (1867)
- Letter from Florence Nightingale on poor sanitation in India (1870)
- Nitro-glycerine for angina (1879)
- First use of x-rays (1896)
- Use of new 'hypnotic': heroin (1898)
- First publication from China (1911)
- Description of shell shock (aka, PTSD) (1918)
- Importance of medical statistics (1936)
- First test for tuberculosis (1951)
- Blood typing (1956)
- Thalidomide and birth defects (1961)
- Foetal alcohol syndrome (1973)
- Introduction of Glasgow Coma Scale, still in use today (1974)
- First "test tube baby" (1978)
- First use of MRI (1981)
- Discovery of *Helicobacter pylori* (1983)
- Use of statins for prevention of heart disease (1994)
- Creutzfeldt-Jakob syndrome (1996)
- Intensive blood glucose control for diabetes (1998)
- Causative agent of SARS (2003)
- Ebola vaccine (2015)

Organised science can provide a strong platform for health (and political) advocacy

Mission statement

The Lancet Oncology's global advocacy programme maps out the inequalities and inequities in health systems worldwide, and highlights deficiencies in all aspects of cancer care, health policy, structural organisation, and leadership.

The programme offers a neutral platform to bring together thought-leaders from across different disciplines and organisations to offer solutions to those barriers that hinder provision of high quality cancer control, irrespective of socioeconomic status or country of residence.

We aim to use the journal's international and influential voice to deliver the *best science for better lives*.

Platforms

Commissions

Series

Bespoke treatment guidelines

Conferences



Building a strategy for 2025: uniting evidence and policy to achieve cancer control for all
Track 2 - Closing the gap: quality cancer treatment and diagnosis for all
The Lancet Oncology (United Kingdom)

Chaired by: David Caringridge, The Lancet Oncology (United Kingdom)
Presentations

1. **Reviewing the Global Surgery Commission**
Richard Sutcliffe, King's College London (United Kingdom)
2. **Reflecting on Radiotherapy**
Mary Gospodarowicz, Princess Margaret Cancer Centre (Canada)
3. **Enaging primary health**
Greg Rybin, Durham University (United Kingdom)
4. **Building on commissions: Latin America in 2015**
Diego Trujillo, University of the Republic (Uruguay)

This session will be translated from English to French

Session type: Discussion panel
Number code: 4-T2



THE LANCET Oncology

THE LANCET Oncology

Online first | Current issue | All issues | Multimedia | Information for Authors

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Progress and remaining challenges for cancer control in Latin America and the Caribbean

Published: October 29, 2015

Executive Summary

Cancer is one of the leading causes of mortality worldwide, and an increasing threat in low and middle-income countries, such as those that make up Latin America and the Caribbean. In 2013, the Lancet Oncology published their first Commission on Latin America and highlighted several challenges in the region. The 2015 Commission on Latin America, Progress and remaining challenges for cancer control in Latin America and the Caribbean, explores the impact from this earlier Commission and highlights structural reforms in health care systems, new programmes for disadvantaged populations, expansion of cancer registries, cancer plans and implementation of policies to improve primary prevention of cancer.



Partners



THE LANCET Oncology

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Cancer burden and health systems in India

Published: April 11, 2014

Executive Summary

As the second most populous nation and one of the fastest growing major economies, India faces many challenges, but one which is often overlooked is the provision of cancer care. Currently, overall public expenditure on health care is only 1.1% of GDP. Although incidence of cancer is low in India compared with high-income countries, mortality is high, and incidence is projected to rise to 1.7 million individuals in 2025—this is a serious health issue which cannot be ignored. In this Series of three papers published in The Lancet Oncology, leading health professionals and policy makers examine the challenges that India faces in providing cancer care in a diverse and complex environment, and suggests how this can be achieved.

Comments

Cancer prevention and care in India: an unfinished agenda

Shreyashree Subramanyam

Summary | Full Text (HTML) | PDF



Related content published in The Lancet Oncology

Comments

Challenges to effective cancer control in China, India, and Russia
Download guideline papers

Read resource-stratified guidelines

THE LANCET Oncology

Online first | All issues | Information for Authors

Resource-stratified treatment guidelines for Asia



"Resource-stratified guidelines... provide benefits at two levels, giving individual clinicians a practical policy-making tool"



THE LANCET Summit

Chronic Obstructive Pulmonary Disease and Lung Cancer

July 28-29, 2017 | Perth, Australia

www.thelancetsummit.com

#lancetsummit



The Lancet Oncology's Commissions programme

Goal

Highlight and provide solutions for inequities in two domains:

- The patient journey from prevention through to end of life
- Global cancer control and regional variation

Commissions

Integration of oncology and palliative care: a *Lancet Oncology* Commission

Kaasa S, et al
2018

Future Cancer Research Priorities in the USA

Jaffee E, Van Dang, C, et al
November 2017

Progress and remaining challenges for cancer control in Latin America and the Caribbean

Strasser-Weippl et al
October, 2015

The expanding role of primary care in cancer control

Rubin et al
September, 2015

Global cancer surgery: delivering safe, affordable, and timely cancer surgery

Sullivan et al
September, 2015

Expanding global access to radiotherapy

Atun et al
September, 2015

Challenges to effective cancer control in China, India, and Russia

Goss et al
April, 2014

Planning cancer control in Latin America and the Caribbean

Goss et al
April, 2013

Delivering affordable cancer care in high-income countries

Sullivan et al
September, 2011

Four ongoing for
launch 2019-21



The Lancet Oncology's Cancer Control Hub

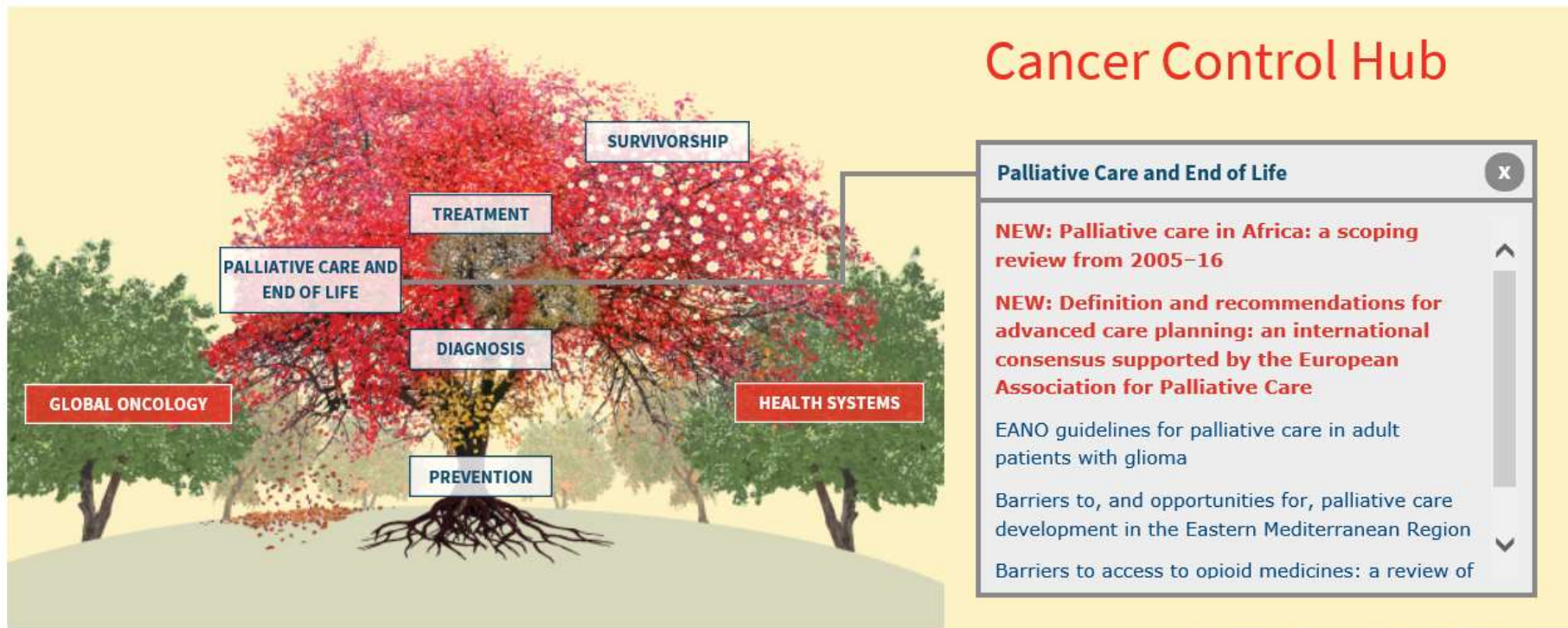


Image Credit: Adrian Roots/Paul Price/Debut Art

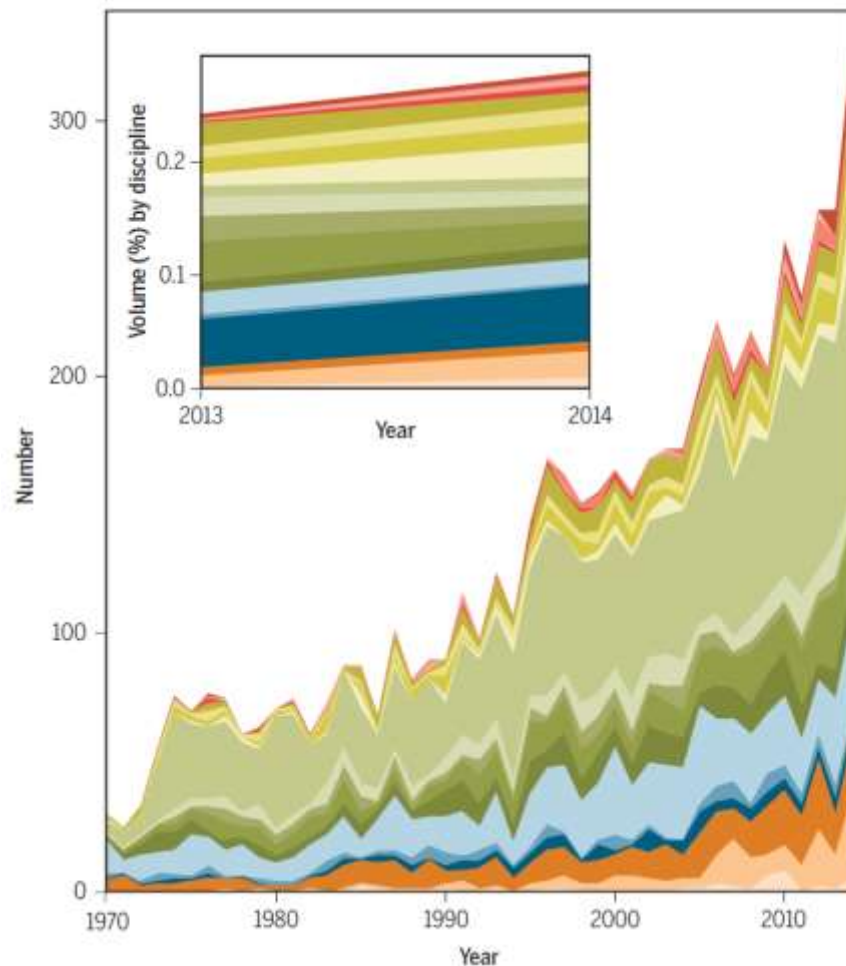
[View text-only version of Cancer Control content](#)

Key developments shaping research and publishing

- Data reproducibility
- Open access
- Data-sharing
- Preprint servers



Data reproducibility and research waste



SCIENTIFIC INTEGRITY

What does research reproducibility mean?

Steven N. Goodman,* Daniele Fanelli, John P. A. Ioannidis

www.ScienceTranslationalMedicine.org 1 June 2016 Vol 8 Issue 341 341ps12

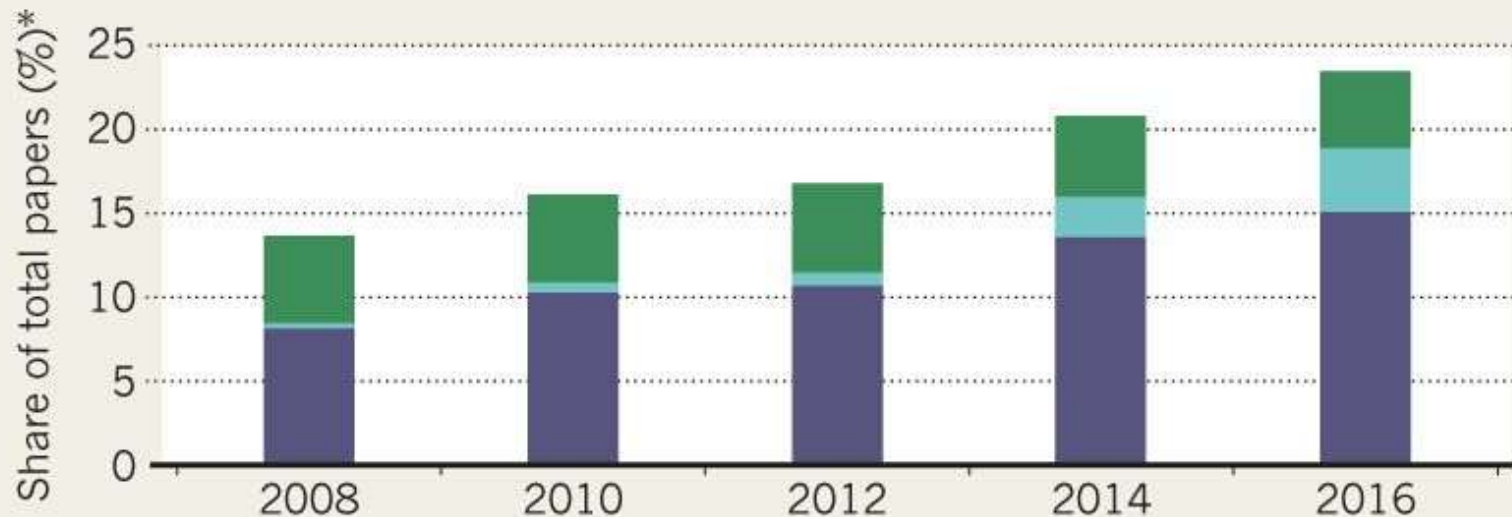
← Clinical Medicine: concern about trust rapidly increasing over time

Fig. 1. Reports rising. Number of publications recorded in Scopus that have, in the title or abstract, at least one of the following expressions: research reproducibility, reproducibility of research, reproducibility of results, results reproducibility, reproducibility of study, study reproducibility, reproducible research, reproducible finding, or reproducible result. Papers are classified by discipline on the basis of the journal, following an adaptation and expansion of Thomson Reuters' Essential Science Indicators classification system. Journals not included in the latter database were hand-classified on the basis of their name. The subplot reports the percentage over the total number of records for each discipline, in the last 2 years of the series. Disciplines legend: MA, mathematics; CS, computer sciences; EN, engineering; SP, space science; PH, physics; CH, chemistry; BB, biology and biochemistry; MB, molecular biology; MI, microbiology; PT, pharmacology and toxicology; CM, clinical medicine; NB, neurobiology and behavior; PA, plant and animal sciences; EE, environment and ecology; AG, agricultural sciences; EB, economics and business; PP, psychology and psychiatry; SO, social sciences, general; AH, arts and humanities; MU, multidisciplinary. The time series was truncated at 2014.

*Growth in gold open access***GROWTH OF OPEN ACCESS**

In 2016, journals made 18.9% of papers open immediately on publication, up from 11.5% in 2012.

■ Immediate open access (OA) ■ Immediate OA (hybrid journal)[†]
■ Open after delay

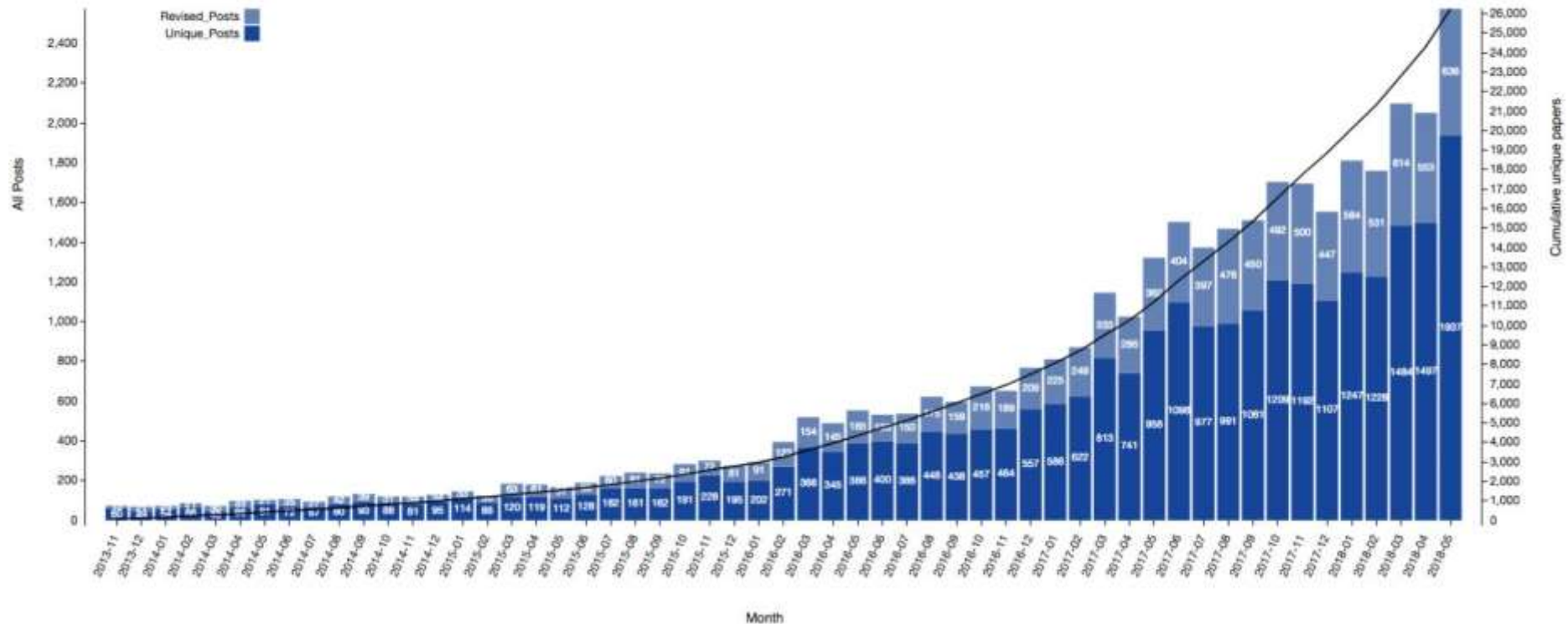


*From Scopus database. [†]Subscription journals with OA option.

©nature

Preprint servers: another way of improving free access to the latest science

Growth in content in BioRxiv



Preprint servers: another way of improving free access to the latest science

Preprints with THE LANCET

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Preprints with The Lancet is part of SSRN's First Look, a place where journals and other research experts identify content of interest prior to publication. These preprint papers are not peer-reviewed and are posted here as part of a 6-month trial. Authors have either opted in at submission to The Lancet family of journals to post their preprints on Preprints with The Lancet, or submitted directly via SSRN. The usual SSRN checks and a Lancet-specific check for appropriateness and transparency have been applied. These papers should not be used for clinical decision making or reporting of research to a lay audience without indicating that this is preliminary research that has not been peer-reviewed. For more information see the [Comment](#) published in The Lancet, or visit The Lancet's [FAQ](#) page, and for any feedback please contact preprints@lancet.com

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Viewing: 1 - 20 of 966 papers

1. [Novel High Sensitivity Tuberculosis Point-of-Care Test for People Living with HIV](#)

Tobias Broger

Downloads
63

Specialties

All Specialties (966)

TLFL: Allergy & Immunology (50)

TLFL: Anaesthesia & Analgesia (3)

TLFL: Cardiology & Vascular Medicine (76)

TLFL: Child & Adolescence Health (83)

TLFL: Critical Care (33)

TLFL: Dermatology (8)

TLFL: Digital Health (18)

TLFL: Endocrinology (84)

TLFL: Gastroenterology (58)

TLFL: Genetics & Genomics (140)

TLFL: Geriatrics (9)

TLFL: Global Health (109)

TLFL: Haematology (53)

TLFL: Infectious Diseases (178)

TLFL: Nephrology (22)

TLFL: Neurology (119)

TLFL: Nutrition (44)

TLFL: Obstetrics & Gynaecology (54)

TLFL: Oncology (255)

TLFL: Ophthalmology (10)

TLFL: Otolaryngology (4)

TLFL: Planetary Health (8)

Preprints: some facts

- Preprints are scholarly manuscripts posted by the author in an open accessible platform, usually before, or in parallel with, the peer review process
- Increasing numbers of funders encourage preprints (Wellcome Trust, MRC, NIH)
- The Lancet family of journals are the first to launch medical preprints (research only) in partnership with SSRN
- As of the February 13, 2019: 1744 articles posted, 17,625 authors, 9,314 downloads
- Caution: preprints should not be used for clinical decision-making or reporting research findings to a lay audience without indicating they are preliminary research that has not been peer-reviewed

Data-sharing: position of medical journals

- 1 As of July 1, 2018, manuscripts submitted to ICMJE journals that report the results of clinical trials must contain a data sharing statement as described below.
- 2 Clinical trials that begin enrolling participants on or after Jan 1, 2019, must include a data sharing plan in the trial's registration. The ICMJE's policy regarding trial registration is explained on the ICMJE website.

Comment

Data sharing statements for clinical trials: a requirement of the International Committee of Medical Journal Editors



The International Committee of Medical Journal Editors (ICMJE) believes there is an ethical obligation to responsibly share data generated by interventional clinical trials because trial participants have put themselves at risk. In January, 2016, we published a proposal aimed at helping to create an environment in which the sharing of de-identified individual participant data becomes the norm.¹ In response to our request for feedback we received many comments from individuals and groups. Some applauded the

It is encouraging that data sharing is already occurring in some settings. Over the past year, however, we have learned that the challenges are substantial and the requisite mechanisms are not in place to mandate universal data sharing at this time. Although many issues must be addressed for data sharing to become the norm, we remain committed to this goal.

Therefore, the ICMJE will require the following as conditions of consideration for publication of a clinical trial report in our member journals:

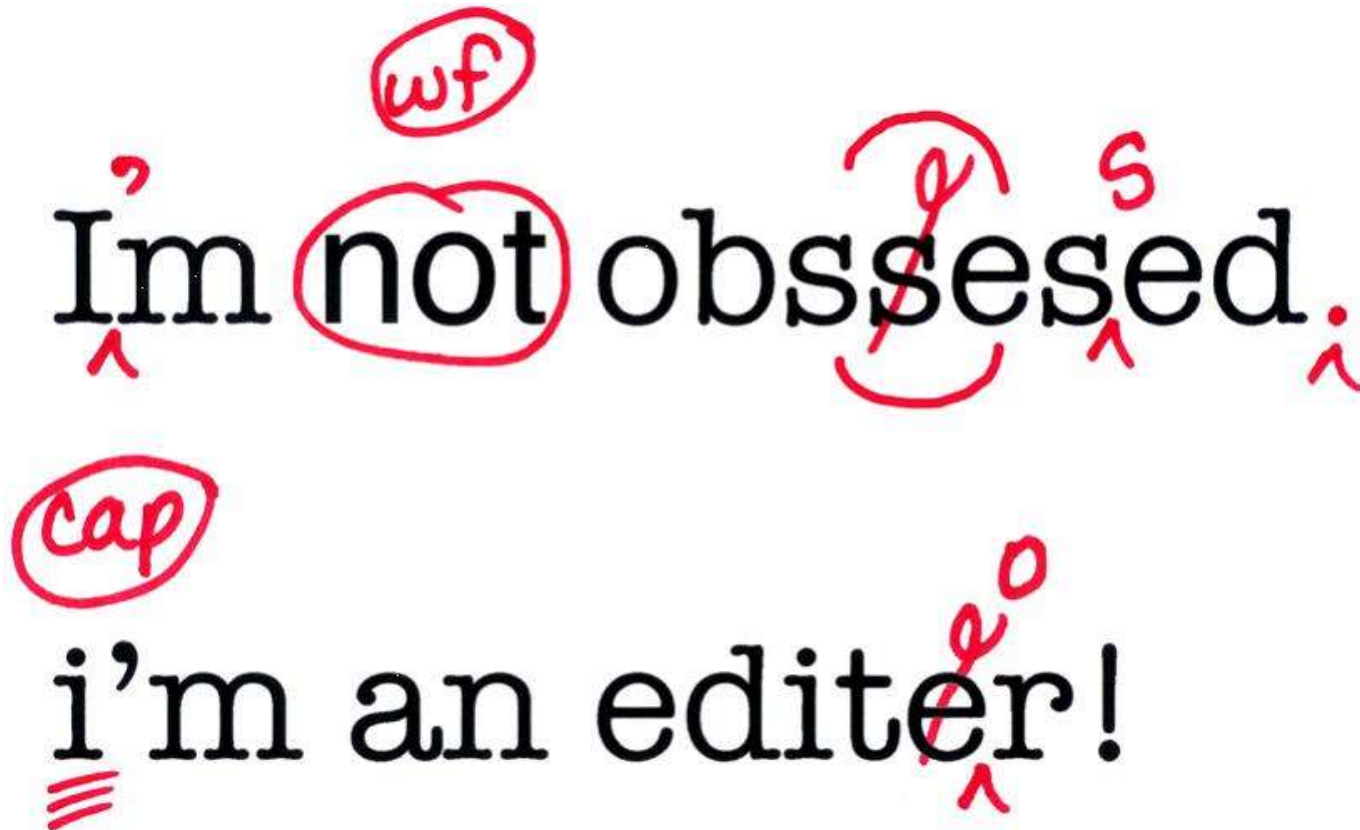
Published Online
June 5, 2017
[http://dx.doi.org/10.1016/S0140-6736\(17\)31282-5](http://dx.doi.org/10.1016/S0140-6736(17)31282-5)
For ICMJE's website see www.icmje.org
For ICMJE's policy regarding trial registration see www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html

Data-sharing: some reflections

- Ethical obligation for data-sharing as trial participants have placed themselves at risk
- Shared data might provide observations that would not have been seen
- Shared data will increase the confidence and trust in research conclusions by allowing independent validation
- Will hasten research speed and effectiveness while simultaneously reducing research waste
- Reduces risk for future patients (increased knowledge leading to better trial designs, and reduction in numbers of patients needed to be enrolled in trials)

*Getting published successfully
(what Editors look for)*

Im not obsessed.
i'm an editor!



The image shows two lines of text with handwritten red annotations. The first line is "Im not obsessed." with "wf" circled above "not", "not" circled, and various marks above "obsessed". The second line is "i'm an editor!" with "cap" circled above "i'm", "editor" underlined, and a mark above "editor".

Keys to a successful publication

- Answering the right question in the right way at the right time
- Making your submission as compelling as possible
- Writing in an accessible manner
- For research always following the basic rule: IMRAD—
Introduction, Methods, Results, and Discussion



Why publish?

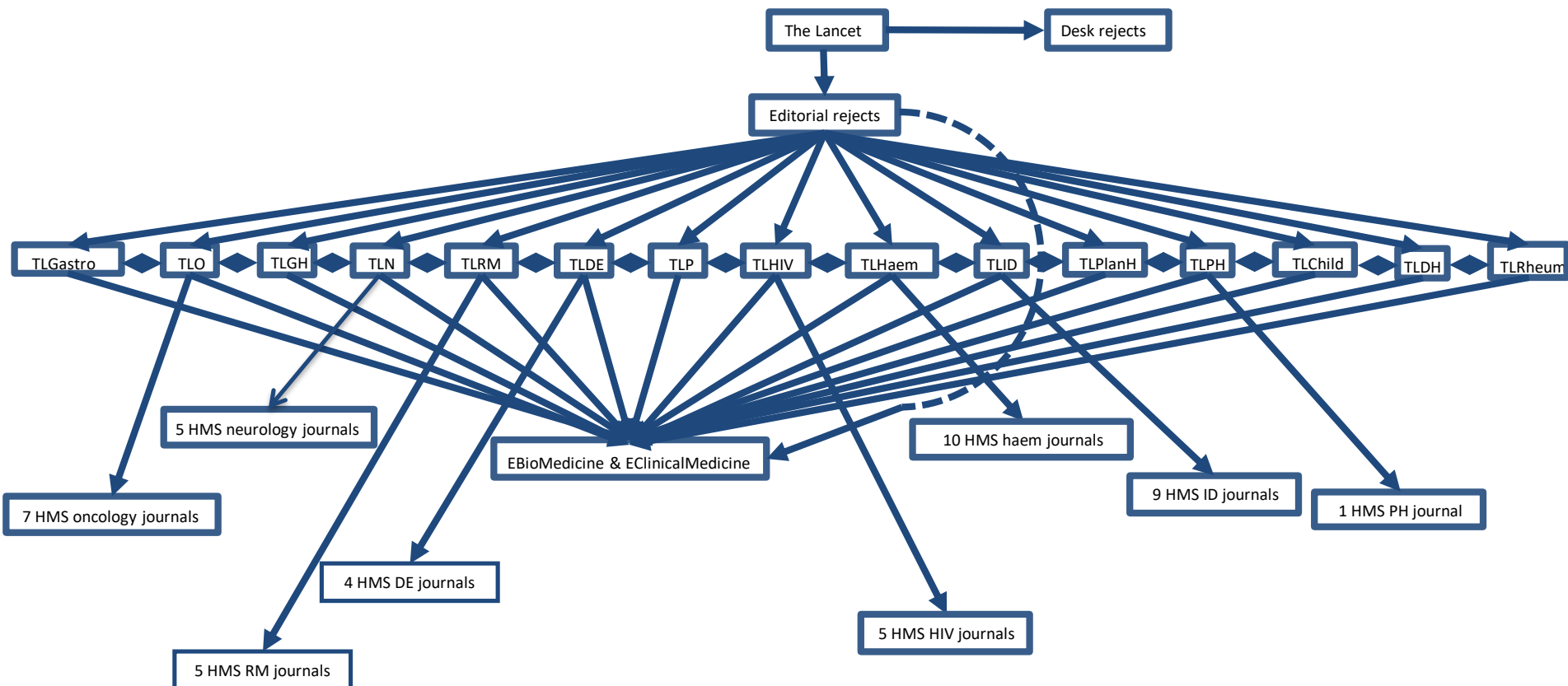
The positives:

- 1) To influence thinking and clinical practice
- 2) To improve patient outcomes
- 3) Personal recognition
- 4) To prove your work is a high calibre
- 5) As professional obligation to society
- 6) To access a privilege your work affords you
- 7) For personal challenge
- 8) Improve career prospects

The negatives:

- 1) Takes time away from core activities
- 2) Opens yourself up to criticism and judgment by others
- 3) Can lead to rejection
- 4) Can be stressful

Journal collaborations and cascade workflows at The Lancet Group



What do top-ranking journals publish?

- Novel work
- First and last
- Practice-changing
- Challenges convention or dogma
- Largest dataset to-date (with different or definitive results to all other papers)
- Robust methodology
- Not just positive results, some negatives are very important
- Clinical trials
- Large meta-analyses
- Topic relevant to a large demographic
- Messages that are not regionally or geographically limited

Common barriers to publication

Examples include...

Lack of novelty

Poorly defined objectives

Inappropriate analyses

Findings not validated, independently

Biased and illogical reporting

Poorly conceived arguments and discussion

'Me too' syndrome

Subject too specialised

Topic or article out of scope of chosen journal

Very poor presentation and use of language hindering understanding

Mathematical errors also affect success

Examples include...

Insufficient numbers to address objectives with confidence

Inappropriate analyses

Inconsistent reporting of data, or of facts and figures, throughout a paper

Over-emphasising interpretation of certain data or facts and figures

Lack of a prespecified statistical plan

Over-reliance on ad-hoc, exploratory analyses

Use of wrong statistical tests for comparisons

Use of outmoded analytics

Over-reliance on very rare, perhaps unvalidated, analytical tests

And sometimes...

Data that seem to be 'too good to be true'



What editors look for: general points

Does the topic or article type fall within the scope of the journal?

Is the topic important and timely?

Is the study interesting to our readers?

Does the study have potential to change clinical practice?

Does the study have a sound hypothesis and design?

Is it appropriately powered statistically?

Is the study analysed properly?

Are missing data handled appropriately?

Is the interpretation a fair reflection of the results?

For trials: does study have a protocol?

For trials: are main analyses presented protocol-defined?

For trials: are non-protocol (exploratory) analyses signposted?

For trials: is it registered?



What editors look for: general points

Has the paper been written according to Information for Authors?

For Lancet journals: does it contain a Research in Context panel (systematic review; interpretation)

For Lancet journals: does it contain Search Strategy and Selection Criteria panel

Is writing style concise and well ordered?

Have appropriate reporting standards been used?

Have authors clearly stated the need for this study in context?

Is the paper a salami slice?

What editors look for: Quality of life & patient-reported outcomes

Is QOL/PRO a valid endpoint in this study?

Is QOL/PRO protocol defined?

Is QOL/PRO measured with a validated instrument?

Do results represent an appropriate proportion of patients?

Should QOL/PRO data be presented with other endpoints?

Are data analysed and interpreted correctly?

Is result powered statistically, and if not, why not?

Is the result clinically relevant?

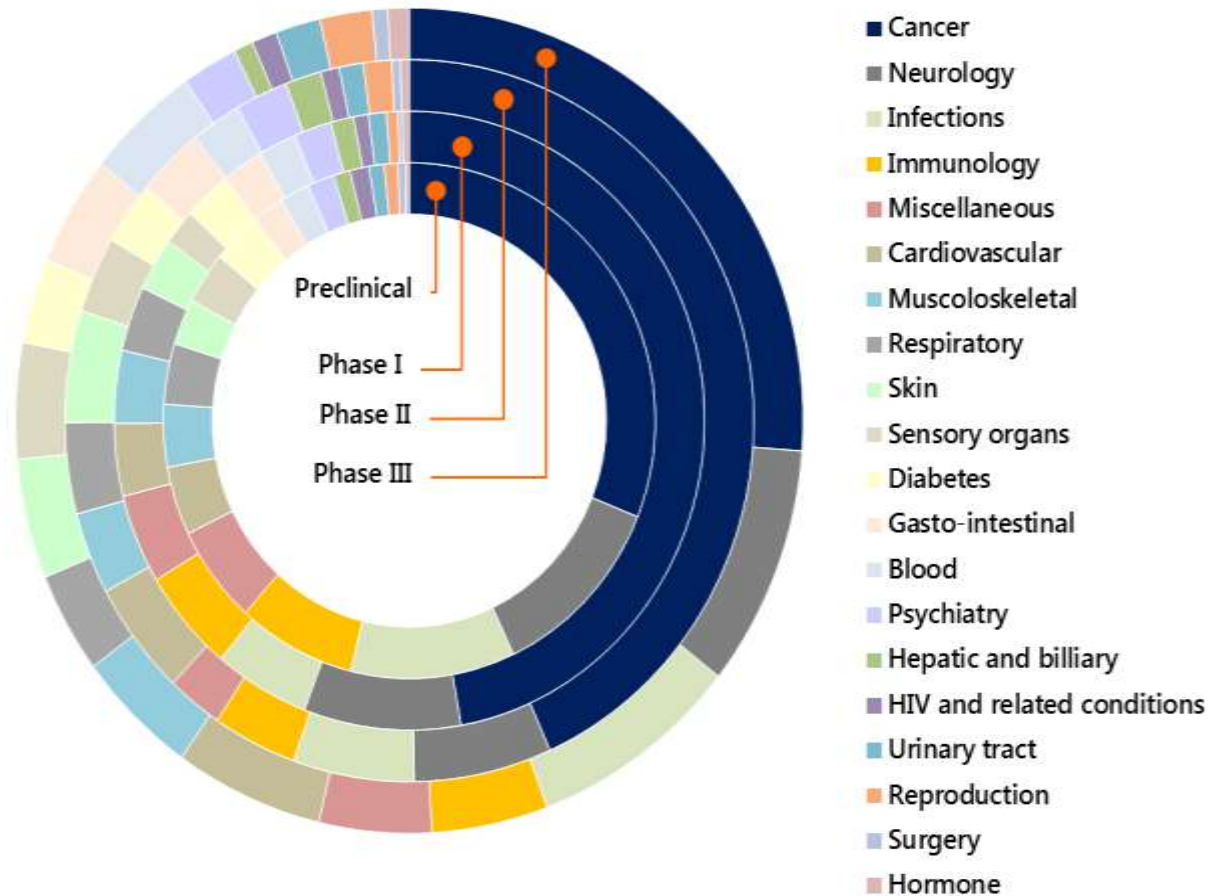
Clinical trial registration: why important?

- Promotes transparency in reporting
- Highlights those trials that might never report
- Identifies whether there is a need for a trial
- Allows any protocol amendments to be seen
- Publicly available resource for patients and doctors

Clinical trial registration services, some examples...

- WHO International Clinical Trials Registry (ICTRP) <http://www.who.int/ictip/en/>
- US NIH Clinical Trials <http://www.clinicaltrials.gov>
- Australia and New Zealand's (ANZCTR) <http://www.anzctr.org.au>
- Brazilian Clinical Trials Registry (ReBec) <http://www.ensaioclinicos.gov.br>
- Chinese Clinical Trial Registry (ChiCTR) <http://www.chictr.org>
- Clinical Research Information Service (CRIS), Republic of Korea <http://cris.cdc.go.kr>
- Clinical Trials Registry - India (CTRI) <http://ctri.nic.in>
- Cuban Public Registry of Clinical Trials(RPCEC) <http://registroclinico.sld.cu>
- EU Clinical Trials Register (EU-CTR) <https://www.clinicaltrialsregister.eu/>
- German Clinical Trials Register (DRKS) <http://www.drks.de>
- Iranian Registry of Clinical Trials (IRCT) <http://www.irct.ir/>
- Japan's UMIN-CTR <http://umin.ac.jp>
- The Netherlands National Trial Register <http://www.trialregister.nl>
- The International ISRCTN <http://isrctn.org/>
- Pan African Clinical Trial Registry (PACTR) <http://www.pactr.org/>
- Sri Lanka Clinical Trials Registry (SLCTR) <http://www.slctr.lk/>

Clinical trial registration: why important?



Distribution of pharmaceutical preclinical and clinical trials in 2016, by disease

WHO Technical Report: Pricing of cancer medicines and its impacts, 2019

Research in Context panel

Research in context

Evidence before this study

To identify other studies of inhibitors of PD-1 or PD-L1 in advanced cancers, including melanoma, we did a detailed search of PubMed and congress abstracts from the annual meetings of the American Society of Clinical Oncology, European Society of Medical Oncology/European Cancer Congress, and Society for Melanoma Research, between Jan 1, 2010 and Jan 13, 2015. We used the search terms "PD-1", "PD-L1", "nivolumab", "MK-3475", "pembrolizumab", "lambrolizumab", "MPDL3280A", and "MEDI4736". Our search identified several non-randomised, non-controlled phase 1/2 studies with promising levels of antitumour response for PD-1 and PD-L1 inhibitors in patients with advanced solid tumours, including melanoma. Although these data suggest activity for PD-1 inhibition in patients with melanoma that have progressed after ipilimumab and BRAF inhibitors, the sample sizes were too small to allow firm conclusions to be drawn on the efficacy and safety of PD-1 inhibition. Our review identified only one randomised, controlled, phase 3 study comparing an

anti-PD-1 drug (nivolumab) with dacarbazine, but this study was done in treatment-naïve patients who had BRAF wild-type tumours.

Added value of this study

For the patient population investigated in this study, treatment options are very restricted, and no prospective, randomised, controlled trial comparing an anti-PD-1 drug with any approved treatment has been done. Our data show that nivolumab led to clinically meaningful improvements in the proportion of patients achieving an objective response and provided a manageable safety profile when compared with chemotherapy.

Implications of all the available evidence

Nivolumab can now be deemed a new treatment option for patients that have progressed after ipilimumab, or a BRAF inhibitor and ipilimumab if their melanoma is BRAF^{V600}-mutated. These data resulted in the accelerated approval of nivolumab by the US Food and Drug Administration for this indication in December, 2014.

Search strategy for Reviews

Search strategy and selection criteria

We searched PubMed for early (phase 1 and 2) and randomised controlled (phase 3) clinical trials in advanced melanoma, published in English after 2000, with the terms "melanoma" and "treatment". These studies were reviewed for therapeutic approach, novelty, and clinical outcomes. We also searched PubMed with the terms "melanoma", "melanoma subtypes", "melanoma and BRAF V600E", "melanoma and KIT", "melanoma and bio-chemotherapy", "melanoma and CTLA-4", and "melanoma and survival". Relevant articles published after 1990 were selected as historical references and as a source of preclinical data to form the scientific rationale for current trial design in metastatic melanoma. Because of the novelty of the topic presented in this Review, several trials are ongoing; we therefore, searched for these clinical trials on the clinicaltrials.gov database and looked for "advanced melanoma" or "metastatic melanoma", or for specific novel agents being investigated.

Conflicts of interest and disclosure

A conflict of interest exists when an author or the author's institution has financial or personal relationships with other people or organisations that inappropriately influence (bias) his or her actions

A conflict of interest can undermine the credibility of the journal, the authors, and of the science

Financial interests include employment, consultancies, stock ownership, honoraria, and paid expert testimony

Conflicts can occur for other reasons, such as personal relationships, academic competition, and intellectual passion

ICMJE common disclosure form: www.icmje.org/coi_disclosure.pdf

For research articles: need full declaration. **For reviews:** might prevent submission

Role of the funding source

All sources of funding should be declared

Authors must describe the role of any study sponsor(s) in study design; in the collection, analysis, and interpretation of data; in the writing of the report; and in the decision to submit the paper for publication

The corresponding author should confirm whether he or she had full access to all the data in the study and had final responsibility for the decision to submit for publication

Role of medical writer or editor

If a medical writer or editor was involved, the name and information about funding of this person should be disclosed

Signed statements from any medical writers or editors declaring that they have given permission to be named as an author, as a contributor, or in the Acknowledgments section is important

What editors look for: plagiarism

Plagiarism is becoming an increasingly prominent problem

Editors expect all authors to submit original work and not be intellectually lazy

Plagiarism covers the copying of others work, duplicate publication, and 'text recycling'

The Lancet's journals have been routinely checking reviews, opinions, and comments for plagiarism since 2010 using specialist software

Offenders can be reported to their institution

Institutions are taking allegations of plagiarism very seriously akin to professional misconduct

The cover letter: important or not?

Be brief

Do not repeat abstract

Highlight the unique aspects of your paper vs current practice

Highlight why chosen journal is the best readership for your paper

Highlight upcoming events, or government or regulator decisions

Mention any people who would be inappropriate referees and why

Thank you for your attention—any questions?

