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Resources for authors and journals

Publication strategy

Elizabeth Wager PhD
Publications Consultant
Sideview
Chair, COPE, 2009-2012
on behalf of Editage

The programme

- Publication policies, strategies and plans
- Ground rules of publication planning
- Authorship
- Selecting the right target journal
- Q&A

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Elements of a good publication strategy and plan

Kipling was a good strategist …

I keep six honest serving-men
(They taught me all I knew)
Their names are What and Why and When
and How and Where and Who

Rudyard Kipling (1865-1936)

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Features of successful publication strategies & plans

- **What?** Number of publications
- **Why?** Key messages
- **When?** Understand the timing
- **How?** Meeting, journal, paper type
- **Where?** Identify target meeting(s) / journal(s)
- **Who?** Identify audience, authors

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What to publish?

Preliminary publications

- Abstracts

leading to

- posters
- oral presentations

these are considered ephemeral i.e. not permanent

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Primary publications

- Present original research **in full** for the first time
- IMRAD format
- One primary publication per study (or at least for each set of results)

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Secondary publications

- Review articles *(systematic / mini)*
- Editorials / commentaries
- Translations *(should be x-referenced)*

❖ *sub-group analyses / pooled data*
❖ *follow-up studies*
❖ *spin-offs (rating scales, survey data)*

but beware 'salami slicing'!

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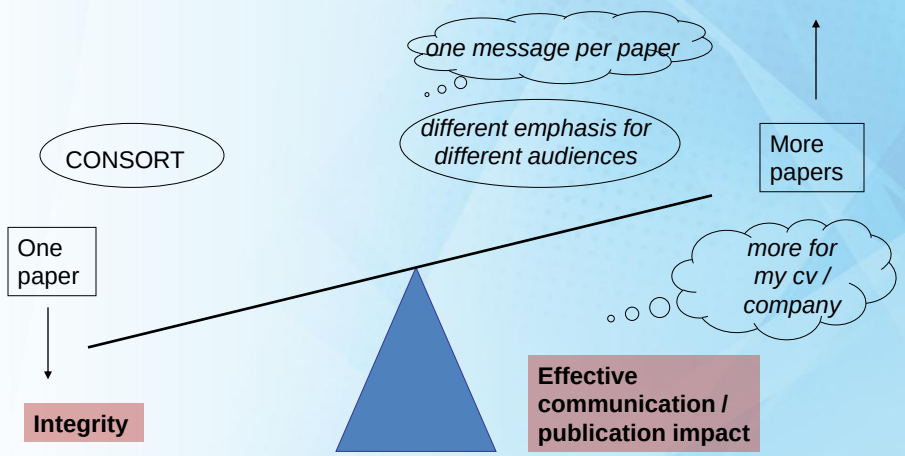
How many publications?



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Avoiding redundant publication

- There is **no limit** to the number of **preliminary** publications / presentations so long as you follow conference rules
- Abstracts to conferences **don't** prevent full publication in journals
- But you should only present data ONCE in a **primary** (FULL) publication
- Avoid overlapping text (if possible)

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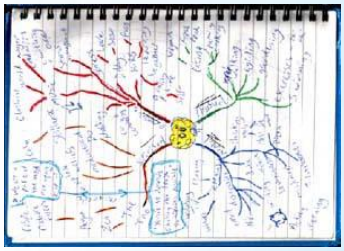
Plan before you write

- What do I want to say?
- What do I want readers to do?
- Who am I writing for?



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Have one key message

How would you describe your findings:

- to a friend in a bar?
- as a newspaper headline?
- as a ‘Tweet’?

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Know your audience (1)

Who are you writing for?

- All physicists / chemists / doctors
- Broad group (beyond your own field)
- Specialist group (within your own field)
- Theoretical scientists / applied scientists
- Other researchers / practitioners / policy makers

Know your audience (2)

Who are you writing for?

- Global audience
- Regional audience
- Local audience

- ***How 'big' is your message?***

Before you start to write

Get agreement on:

- authorship
- outline / key message
- timetable (deadlines)
- target journal

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A good plan is:

- responsible / ethical (eg primary publications first)
- detailed (eg dates in days/weeks)
- realistic (understands journals / meetings)
- reasonable (enough time for review / revision)
- achievable (recognises which parts of the process can be controlled, and which parts cannot)

- flexible (eg includes 2nd target journal)

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Discuss an outline before the 1st draft

Outline should include:

- Key message / secondary message
- Target audience
- Target journal / 2nd choice
- Timetable

- Key sentences
- Plan for figures / tables

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Key sentences

- What is the (big) problem?
- Why was this research needed?
- What was the research question / hypothesis?
- What did you find? (key message)
- What are the implications / What do you want readers to do?

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Key sentences: example

- Sertraline or mirtazapine for depression in dementia (HTA-SADD): a randomised, multicentre, double-blind, placebo-controlled trial *Lancet* 2011:378:403-11

What is the (big) problem?

- Dementia is a severe and challenging public-health issue affecting 35 million individuals worldwide (a number that is estimated to treble by 2050[1]) and costs US$600 billion, or 1% of global gross domestic product, every year.[2]

Why was the study needed?

- Treatment of depression in people with dementia is a clinical priority but the evidence base is sparse and equivocal. The most recent Cochrane review[7] identified six relevant studies, of which only three could be meta-analysed.

What was the study question?

- We aimed to establish the clinical effectiveness of an SSRI (sertraline) and a noradrenergic and specific serotonergic antidepressant (NASSA; mirtazapine) for reduction of depression compared with placebo.

What did the study find? (key message)

- Our trial has negative findings but important clinical implications. Analysis of the data suggests clearly that antidepressants, given with normal care, are not clinically effective when compared with placebo for the treatment of clinically significant depression in dementia.

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What are the implications? What should readers do?

- The practical implications of this study are that we should reframe the way we think about the treatment of people with dementia who are depressed, and reconsider the routine prescription of antidepressants.

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Introduction

Dementia is a severe and challenging public-health issue affecting 35 million individuals worldwide (a number that is estimated to treble by 2050[1]) and costs US$600 billion, or 1% of global gross domestic product, every year.[2] Dementia has a devastating effect on those affected and their family carers across cultures, sexes, ethnicities, and classes. Depression is common in dementia, with a prevalence of more than 20%,[3,4] causing distress, reducing quality of life,[5] exacerbating cognitive and functional impairment,[6] increasing mortality,[3] and increasing stress and depression in carers.[4]

Treatment of depression in people with dementia is a clinical priority but the evidence base is sparse and equivocal. The most recent Cochrane review[7] identified six relevant studies, of which only three could be meta-analysed. The first two studies assessed clomipramine[8] in 24 individuals and imipramine[9] in 61 individuals (both tricyclic antidepressants), and the third, the Depression in Alzheimer Disease Study (DIADS),[10,11] assessed sertraline (a selective serotonin reuptake inhibitor [SSRI]) in 44 individuals. Findings of the first study were balanced, the second negative, and the third positive. The review concluded that there was only weak evidence of the effectiveness of antidepressants in dementia. Two studies used tricyclic antidepressants, which are "drugs not commonly used in this population"[7] because of anticholinergic side-effects, and only one used the most commonly used class (ie, SSRIs). None covered new classes of antidepressants and all were of short duration. One other relevant randomised trial, DIADS-2,[12,13] compared outcomes for 67 people who were prescribed sertraline with 64 given placebo; by contrast with DIADS, the investigators reported no benefit of sertraline at 12 or 24 weeks. A systematic review and meta-analysis including these data (330 people)[14] confirmed the evidence base as equivocal, with a resultant need for larger definitive trials.

Despite these findings, present practice is to use antidepressants, often sertraline, as first-line treatment for depression in dementia. The quality standards subcommittee of the American Academy of Neurology[15] concluded that "SSRIs may offer some benefit". A UK guideline[16] suggests antidepressants as the only form of management for depression in dementia, and the UK National Institute for Clinical Excellence and Social Care Institute for Excellence clinical guideline on dementia[17] advocates their use. Owing to uncertainty in this clinically important area, the UK National Institute for Health Research commissioned our study.

Liverpool University, Liverpool, UK (K Wilson MD)

Correspondence to: Prof Sube Banerjee, King's College London, Institute of Psychiatry, Health Services and Population Research Department, PO26 Section of Mental Health and Ageing, De Crespigny Park, London SE5 8AF, UK
sube.banerjee@kcl.ac.uk

For the **trial protocol** see http://**www**.iop.kcl.ac.uk/projects/?id=10287

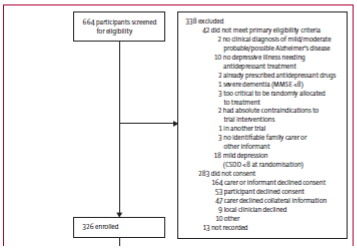
We aimed to establish the clinical effectiveness of an SSRI (sertraline) and a noradrenergic and specific serotonergic antidepressant (NASSA; mirtazapine) for reduction of depression compared with placebo.

Methods

Trial design and participants

We undertook a multicentre, parallel-group, double-blind, placebo-controlled, randomised trial of participants from old-age psychiatry services in nine UK National Health Service clinical centres in England (Birmingham, Cambridge, Leicester, Liverpool, Manchester, Newcastle, North London, Southampton, and South London and Kent) with 13-week and 39-week follow-up.

We used inclusion criteria that mirrored clinical practice. All eligible participants met National Institute of Neurological and Communicative Diseases and Stroke (NINCDS)–Alzheimer's Disease and Related Disorders Association (ADRDA) criteria for probable or possible Alzheimer's disease[18] (ascertained by referring psychiatrist) and co-existing depression (≥4 weeks' duration) that was assessed as potentially needing antidepressants. A research worker assessed depression severity with the CSDD,[19] with eligible participants scoring 8 or more. All research workers were trained in the assessments, including the CSDD, in group sessions at seven meetings throughout the trial and individual training sessions with the trial manager (NMcC). All research workers recruited between the meetings were trained by the trial manager and local top-up training was provided whenever necessary. In addition to initial CSDD training sessions, meetings featured refresher courses, with scoring exercises showing good reliability between raters. Participants were ineligible for inclusion if they were clinically too critical for randomisation (eg, suicide



Discussion

Our trial has negative findings but important clinical implications. Analysis of the data suggests clearly that antidepressants, given with normal care, are not clinically effective when compared with placebo for the treatment of clinically significant depression in dementia. This finding implies a need to change the present clinical practice of prescription of antidepressants as the first-line treatment of depression in dementia caused by Alzheimer's disease (panel).

Our study had limitations. First, drop outs might introduce bias if those lost to follow-up had a different response to the interventions or placebo compared with those completing the trial. However this was a pragmatic trial with few exclusions designed to emulate clinical populations, and rates of disengagement were much the same as in clinical settings. Strenuous efforts were made to follow up and obtain outcome data for all participants who were randomly allocated to treatment and who defaulted from either the trial drug or services.

Second, we had to revise the target sample size during the trial. However, the new target was set with the same parameters as the prestudy calculations and we recruited 326 (96%) of a target of 339. Notwithstanding, our study is the largest ever randomised trial of depression in dementia with unequivocal findings showing no effect of mirtazapine or sertraline compared with placebo. Had the pattern of change noted in recruited participants been continued, the extra precision in estimates from another 13 participants (or even achievement of the original 507) would not have generated a statistically significant positive result for either antidepressant.

[.....]

As reported in the DIADS-2 study,[12] the low response of depression to antidepressants reported here does not seem to be attributable to low severity of depression, the type of depression recruited, or low drug compliance. This finding suggests that depression in dementia might be different in terms of neurobiology than is depression occurring in those without dementia. Diagnosis of depression in dementia can be complicated. Our study provides support for the need for accurate specialist diagnosis and management of dementia and comorbidities,[20] because establishment of such services has been shown to be feasible[21] and cost effective.[22]

The practical implications of this study are that we should reframe the way we think about the treatment of people with dementia who are depressed, and reconsider the routine prescription of antidepressants. When potential cases are recognised, patients should be referred to local specialist services. On the basis of our data (a sustained decrease in depression from 13 weeks), the use of antidepressants might be reserved for individuals whose depression has not resolved within 3 months of referral, apart from those in whom drug treatment is indicated by risk or extreme severity.

Example of outline

- Key message
  - Antidepressants are not effective in people with dementia
- Target audience
  - All doctors treating patients with dementia & depression: family doctors, geriatricians, psychiatrists
- Target journal / 2nd choice
  - General medical journal *The Lancet / PLOS Med*

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Timetable

- Data ready
  - 1st February
- Prepare outline & discuss with co-authors
  - 10th February
- Agree outline / key messages / target journal
  - 15th February
- Prepare 1st draft
  - 10th March
- Circulate draft, get comments
  - 31st March
- Revise ….
  - April
- Final draft
  - Mid-April
- Submit to journal
  - Late April

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Resources for authors and journals

The ground rules of publication planning

Who sets the rules?

- Journal editors
- Individual instructions / policies
- ICMJE
- + Guidance from:
  - CSE (Council of Science Editors)
  - WAME (World Association of Medical Editors)
  - COPE (Committee On Publication Ethics)

Guidelines to be aware of:

- ICMJE Uniform Requirements
- ICMJE, WAME, CSE statements
- Declaration of Helsinki (2013 version)

When working with pharmaceutical companies:

- Good Publication Practice (GPP3)
- EMWA guidelines for medical writers

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What do the rules cover?
(what will this talk cover?)

1. Plagiarism
2. Redundant publication
3. Conflicts of interest
4. Authorship

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(1) Plagiarism

- *"to copy (ideas, passages of text, etc.) from someone else's work and use them as if they were one's own"* (Chambers Dictionary)
- Many journals now use text-matching software (CrossCheck) to screen for plagiarism (and redundant publication *aka* 'self-plagiarism')

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Plagiarism (WAME)

- "Plagiarism is the use of others' published and unpublished ideas or words (or other intellectual property) without attribution or permission, and presenting them as new and original rather than derived from an existing source. The intent and effect of plagiarism is to mislead the reader as to the contributions of the plagiarizer. This applies whether the ideas or words are taken from abstracts, research grant applications, Institutional Review Board applications, or unpublished or published manuscripts in any publication format (print or electronic)."

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Institute of Physics (UK) Ethical policy

- "Plagiarism constitutes unethical scientific behaviour and is never acceptable. Plagiarism ranges from the unreferenced use of others' ideas to submission of a complete paper under 'new' authorship. …Therefore all sources for the work should be disclosed and permission sought for using large amounts of other people's material."

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COPE definitions

- 'Clear plagiarism' = 'unattributed use of large portions of text and/or data, presented as if they were by the plagiarist'
- 'Minor copying of short phrases only with no misattibution ot data'

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Simple rules to avoid plagiarism

- If you use >10 words (or an original phrase) from somebody else's publication, reference it AND put it in "quotation marks"
- Reference use of any other parts of another person's work (eg figures, data) and get permission if required

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Biochemical journal (helpful instructions)

- The *Biochemical Journal* will not tolerate plagiarism in submitted manuscripts. Passages quoted or closely paraphrased from other authors (or from the submitting authors' own published work) must be identified as quotations or paraphrases, and the sources of the quoted or paraphrased material must be acknowledged. Use of unacknowledged sources will be construed as plagiarism. If any manuscript is found to contain plagiarized material the review process will be halted immediately.

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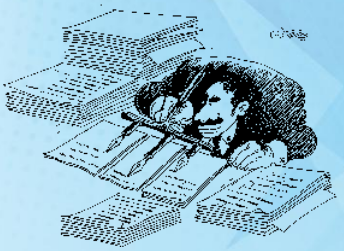
(2) Redundant publication

Sometimes called:

- Self-plagiarism
- Overlapping publication
- Duplicate publication
- Text recycling



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Self-plagiarism (WAME)

- "Self-plagiarism refers to the practice of an author using portions of their previous writings on the same topic in another of their publications, without specifically citing it formally in quotes. This practice is widespread and sometimes unintentional, as there are only so many ways to say the same thing on many occasions, particularly when writing the Methods section of an article. Although this usually violates the copyright that has been assigned to the publisher, **there is no consensus as to whether this is a form of scientific misconduct, or how many of one's own words one can use before it is truly "plagiarism."** Probably for this reason self-plagiarism is not regarded in the same light as plagiarism of the ideas and words of other individuals."

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American Institute of Physics

- "It is unethical for an author to publish manuscripts describing essentially the same research in more than one journal of primary publication. Submitting the same manuscript to more than one journal concurrently is unethical and unacceptable."

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American Society of Civil Engineers

- "Fragmentation of research papers shall be avoided. An engineer or scientist who has done extensive work on a system or group of related systems shall organize publication so that each paper gives a complete account of a particular aspect of the general study. It is inappropriate for an author to submit for review more than one paper describing essentially the same research or project to more than one journal of primary publication."

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Acceptable multiple presentations

- Presentation at meetings (talks and posters) is OK before full publication
- No limit on the number of abstracts presented at meetings
- Multiple presentations at conferences are OK so long as you follow conference requirements (some big meetings only want new data – smaller ones tend to be more relaxed)
- Translations are OK but the source should be acknowledged
- Follow-ups / secondary analyses should reference the original primary publication

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(3) Conflict of interest

- exists when there is a divergence between an individual's private interests (competing interests) and his or her responsibilities to scientific and publishing activities such that a reasonable observer might **wonder** if the individual's behavior or judgment was motivated by considerations of his or her competing interests

WAME policy statement

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ICMJE states

- Public trust in the scientific process and the credibility of published articles depend in part on how transparently CoIs are handled …
- A CoI exists when professional judgment concerning a primary interest (such as patients' welfare or the validity of research) may be influenced by a secondary interest (such as financial gain). Perceptions of CoI are as important as actual CoIs.

ICMJE contd.

- When authors submit a manuscript … they are responsible for disclosing all financial and personal relationships that might bias or be seen to bias their work.

Competing interests may be:

- Financial
  e.g. share ownership / employment
- Personal
  e.g. partners, relations involved
  (should you review a paper by your ex-wife?)
- Other
  e.g. religious, political, ethnic
  (what do readers need to know?)

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Competing interests may be:

- Real
  can bias results and affect interpretation
- Perceived / potential
  affecting readers' / reviewers' perception
- Even if you believe you are NOT biased, you must report even potential competing interests!

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What keeps editors awake at night?

- Duplicate submissions
- Redundant publications
- Undeclared conflicts of interest
- Authorship problems
- Plagiarism

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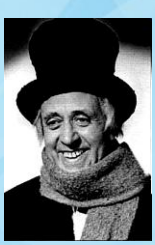
Keeping editors happy

- Never submit to >1 journal at the same time
- Clearly acknowledge all quoted material
- Declare all competing interests

- Follow authorship guidelines (no guests or ghosts)



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(4) Authorship issues

- Authorship of scientific research is not straightforward!

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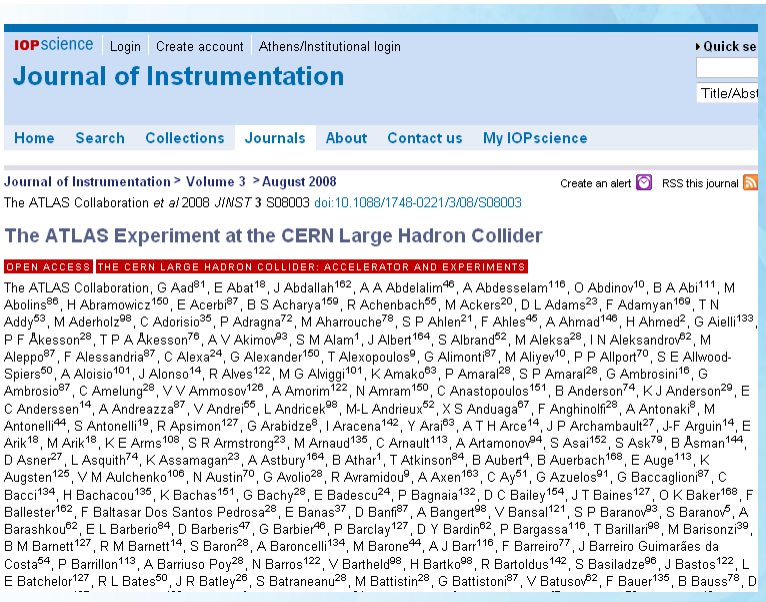

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The ATLAS Collaboration *et al* 2008 *JINST* 3 S08003 doi:10.1088/1748-0221/3/08/S08003

The ATLAS Experiment at the CERN Large Hadron Collider

OPEN ACCESS | THE CERN LARGE HADRON COLLIDER: ACCELERATOR AND EXPERIMENTS

The ATLAS Collaboration, G Aad[81], E Abat[18], J Abdallah[162], A A Abdelalim[46], A Abdesselam[116], O Abdinov[10], B A Abi[111], M Abolins[86], H Abramowicz[150], E Acerbi[87], B S Acharya[159], R Achenbach[55], M Ackers[20], D L Adams[23], F Adamyan[159], T N Addy[53], M Aderholz[98], C Adorisio[35], P Adragna[72], M Aharrouche[78], S P Ahlen[21], F Ahles[45], A Ahmad[146], H Ahmed[2], G Aielli[133], P F Åkesson[28], T P A Åkesson[76], A V Akimov[93], S M Alam[1], J Albert[164], S Albrand[52], M Aleksa[28], I N Aleksandrov[62], M Aleppo[87], F Alessandria[87], C Alexa[24], G Alexander[150], T Alexopoulos[9], G Alimonti[87], M Aliyev[10], P P Allport[70], S E Allwood-Spiers[50], A Aloisio[101], J Alonso[14], R Alves[122], M G Alviggi[101], K Amako[63], P Amaral[28], S P Amaral[28], G Ambrosini[16], G Ambrosio[87], C Amelung[28], V V Ammosov[126], A Amorim[122], N Amram[150], C Anastopoulos[151], B Anderson[74], K J Anderson[29], E C Anderssen[14], A Andreazza[87], V Andrei[55], L Andricek[98], M-L Andrieux[52], X S Anduaga[67], F Anghinolfi[28], A Antonaki[8], M Antonelli[44], S Antonelli[19], R Apsimon[127], G Arabidze[8], I Aracena[142], Y Arai[63], A T H Arce[14], J P Archambault[27], J-F Arguin[14], E Arik[18], M Arik[18], K E Arms[108], S R Armstrong[23], M Arnaud[135], C Arnault[113], A Artamonov[94], S Asai[152], S Ask[79], B Åsman[144], D Asner[27], L Asquith[74], K Assamagan[23], A Astbury[164], B Athar[1], T Atkinson[84], B Aubert[4], B Auerbach[168], E Auge[113], K Augsten[125], V M Aulchenko[106], N Austin[70], G Avolio[28], R Avramidou[9], A Axen[163], C Ay[51], G Azuelos[91], G Baccaglioni[87], C Bacci[134], H Bachacou[135], K Bachas[151], G Bachy[28], E Badescu[24], P Bagnaia[132], D C Bailey[154], J T Baines[127], O K Baker[168], F Ballester[162], F Baltasar Dos Santos Pedrosa[28], E Banas[37], D Banfi[87], A Bangert[98], V Bansal[121], S P Baranov[93], S Baranov[5], A Barashkou[62], E L Barberio[84], D Barberis[47], G Barbier[46], P Barclay[127], D Y Bardin[62], P Bargassa[116], T Barillari[98], M Barisonzi[39], B M Barnett[127], R M Barnett[14], S Baron[28], A Baroncelli[134], M Barone[44], A J Barr[116], F Barreiro[77], J Barreiro Guimarães da Costa[54], P Barrillon[113], A Barriuso Poy[28], N Barros[122], V Bartheld[98], H Bartko[98], R Bartoldus[142], S Basiladze[96], J Bastos[122], L E Batchelor[127], R L Bates[50], J R Batley[26], S Batraneanu[28], M Battistin[28], G Battistoni[87], V Batusov[62], F Bauer[135], B Bauss[78], D

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The GUSTO study

- 1081 hospitals in 15 countries
- 41,021 patients
- 972 authors

Authorship

- Different conventions in different disciplines
- ICMJE applies to many (but not all!) biomedical journals

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Authorship criteria: ICMJE 2013

Authorship should be based on the following 4 criteria:

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

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American Chemical Society

- To protect the integrity of authorship, only persons who have significantly contributed to the research or project and manuscript preparation shall be listed as co-authors. The corresponding author attests to the fact that any others named as co-authors have seen the final version of the manuscript and have agreed to its submission for publication. Deceased persons who meet the criterion for co-authorship shall be included, with a footnote reporting date of death. No fictitious name shall be given as an author or co-author. An author who submits a manuscript for publication accepts responsibility for having properly included all, and only, qualified co-authors.

also American Society of Mechanical Engineers

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American Institute of Physics

- Authorship should be limited to those who have made a significant contribution to the concept, design, execution, or interpretation of the research study. All those who have made significant contributions should be offered the opportunity to be listed as authors. Other individuals who have contributed to the study should be acknowledged, but not identified as authors.

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Inappropriate authorship

- Gift
  (guest, i.e. undeserving) authors

- Ghost
  (omitted) authors
  (writers or deserving contributors)

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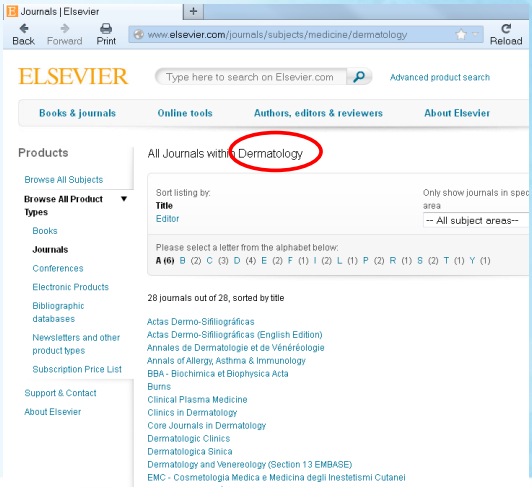
Resources for authors and journals

Selecting the right journal for your work

How to identify journals?

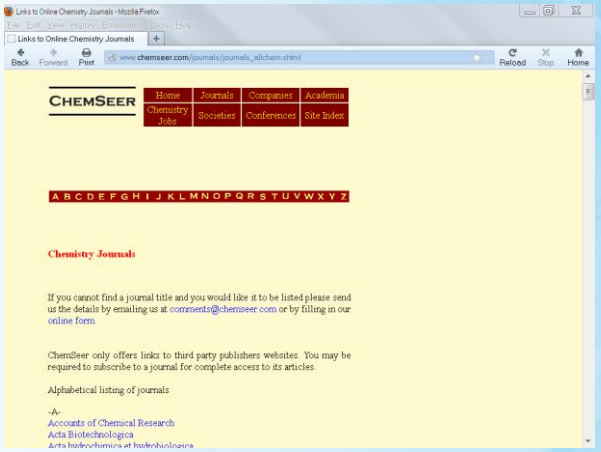
- Reference lists / citations
- Libraries
- Colleagues / mentors
- Web search
- Publishers' websites

Publisher website



Web search: 'cardiology journals'

Web search: ‘chemistry journals’



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Factors to consider

- Scope and format
- Current topics
- Rejection rate
- Time for decision / publication
- Readership
- Geography
- Indexing (e.g. Medline)
- Co-authors’ experiences / preferences

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'Scope' the journal

- Review last 3 issues – look for similar papers
- Check instructions to contributors
- Check acceptable formats / publication types (reviews, primary data)
- Check publication times
- Target audience
- Check editor / editorial board
- Check cost (fee, pictures, reprints?)

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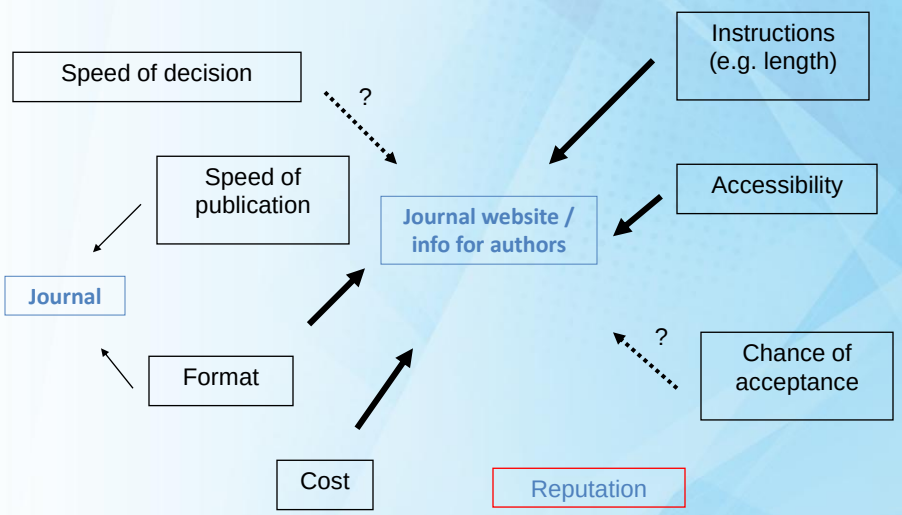
Where to find the information



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Journal scope

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Physics Letters A

General Physics, Nonlinear Science, Statistical Physics, Atomic, Molecular and Cluster Physics, Plasma and Fluid Physics, Condensed Matter, Cross-disciplinary Physics, Biological Physics, Nanosciences, Quantum Physics

Physics Letters A offers an exciting publication outlet for novel and frontier physics. It encourages the submission of new research on: condensed matter physics, theoretical physics, nonlinear science, statistical physics, mathematical and computational physics, general and cross-disciplinary physics (including foundations), atomic, molecular and cluster physics, plasma and fluid physics, optical physics, biological physics and nanoscience. No articles on High Energy and Nuclear Physics are published in Physics Letters A. The journal's high standard and wide dissemination ensures a broad readership amongst the physics community. Rapid publication times and flexible length restrictions give Physics Letters A the edge over other journals in the field.

Note to authors:

In order to be considered for publication, your introduction should clearly explain the novelty, urgency and originality of the research in your article.

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Journal scope

DEN Digestive Endoscopy
For Gastroenterologists and Endoscopic Surgeons

Digestive Endoscopy

Edited By: Choitsu Sakamoto

Impact Factor: 1.194

ISI Journal Citation Reports © Ranking: 2011: 59/74 (Gastroenterology & Hepatology); 117/199 (Surgery)

Online ISSN: 1443-1661

Overview

The last two decades have seen great advances in the field of endoscopy. The science is now recognised as an indispensable tool for the diagnosis and treatment of a range of gastrointestinal diseases. *Digestive Endoscopy* encompasses both scientific and clinical developments, publishing peer-reviewed original papers, topic reviews and case reports of interest to a broad readership. *Digestive Endoscopy* will be of benefit to endoscopists, endoscopic technicians, surgeons, physicians and other professionals with an interest in endoscopy.

Aims and Scope

Digestive Endoscopy (DEN) is the official journal of the Japan Gastroenterological Endoscopy Society, the Asian Pacific Society for Digestive Endoscopy and the World Endoscopy Organization. Digestive Endoscopy serves as a medium for presenting original articles that offer significant contributions to knowledge in the broad field of endoscopy. The Journal also includes Reviews, Original Articles, How I Do It, Case Reports (only of exceptional interest and novelty are accepted), Letters, Techniques and Images, abstracts and news items that may be of interest to endoscopists.

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What is important to you?

- Readership
- Accessibility
- Impact factor
- Speed
- Chance of acceptance

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Rejection rates

Readership	Journal	Rejection rate
General	*Lancet, NEJM*	>90%
Specialist	*Circulation, Heart*	85% 75%
Sub-specialty	*Jnl of Interventional Cardiology*	50-60%
Super-specialist	*Jnl of Vascular Access*	<60%
Bias to publish	*CMRO, BioMedCentral*	10-15%

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Understand the journal's philosophy

BMJ

IF 17.4
Acceptance rate 7%

"Our mission is to lead the debate on health and to engage, inform, and stimulate doctors, researchers, and other health professionals in ways that will improve outcomes for patients. We aim to help doctors to make better decisions."

BMJ open
accessible medical research

"Our aim is to provide a home for all properly conducted medical research … we will publish all research study types – including small or potentially low-impact studies"

IF 2.27 Acceptance rate 53%

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PLoS MEDICINE
a peer-reviewed open-access journal published by the Public Library of Science

"We specifically seek to publish papers which have relevance across a range of settings and that address the major environmental, social, and political determinants of health, as well as the biological."

PLoS one
www.plosone.org

"PLOS ONE features reports of original research from all disciplines within science and medicine … *PLOS ONE* will rigorously peer-review your submissions and publish all papers that are judged to be technically sound. Judgments about the importance of any particular paper are then made after publication by the readership (who are the most qualified to determine what is of interest to them)"

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PROCEEDINGS OF THE ROYAL SOCIETY A | MATHEMATICAL, PHYSICAL & ENGINEERING SCIENCES

- The criteria for selection are scientific excellence, originality and interest across disciplines within the physical sciences. To be acceptable for publication a paper should represent a significant advance in its field, rather than something incremental.

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nature **criteria for publication**

- Outstanding scientific importance
- Reach a conclusion of interest to an interdisciplinary readership

(acceptance rate 8%)

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ChemComm

- ChemComm is renowned as the fastest publisher of articles providing information on new avenues of research, drawn from all the world's major areas of chemical research.

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Impact factor

- Average number of citations in a particular year to papers published in a journal in the previous two years, e.g. Lancet IF for 2014*
  - Number of citations in 2014 (in ISI pool of journals) to articles published in *Lancet* during 2012-13
  - Divided by total number of articles (citable items) published by the *Lancet* in 2012-13

* available mid-2015

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Journal	IF
NEJM	55.87
Lancet	45.22
JAMA	35.3
BMJ	17.4
Intensive Care Medicine	7.21
Pain	5.21
Anesthesiology	3.47
BJA	4.85
PLoS One	3.23
Anaesthesia	3.38
Anesthesia & Analgesia	3.47
EJA	2.94
BMJ Open	2.27
BMC Anesthesiol	1.38
J Clin Anesth	1.19

Impact Factors 2014
Medicine / anaesthesia

Useful website
www.journal-database.com
Impact Factor Search

Open Access vs Traditional

Open Access

- Author retains copyright
- Anyone can distribute / copy / translate / republish if source is acknowledged
- Publisher charges author fee
- Free access to all

Traditional model

- Author transfers copyright to journal
- Need permission for any re-use
- Publisher charges for reprints
- Access limited to subscribers

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The options

- Full open access eg *PLoS, BMC, BMJ Open*
- Optional open access eg OUP journals
- Delayed OA for studies eg *JAMA*
- OA for some parts of journal eg *BMJ*

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Open Access

- Is a business model
- Does not relate to type of peer review
- Does not relate to selectivity (acceptance rates)
- Does not relate to the quality of the journal

- Beware 'predatory publishers'

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Beware predatory journals!

Predatory publishers are corrupting open access

Journals that exploit the author-pays model damage scholarly publishing and promote unethical behaviour by scientists, argues **Jeffrey Beall**.

Nature

13 SEPTEMBER 2012 | VOL 489 | NATURE | 179

Beall's list of "Potential, possible, or probable predatory scholarly open-access publishers"
http://scholarlyoa.com/publishers/

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Check the journal website

- How much has it published in your field?
- When did it start publishing?
- Is it indexed?
- Who is on the editorial board?
- Is it affiliated to any societies?
- Does the website look professional?

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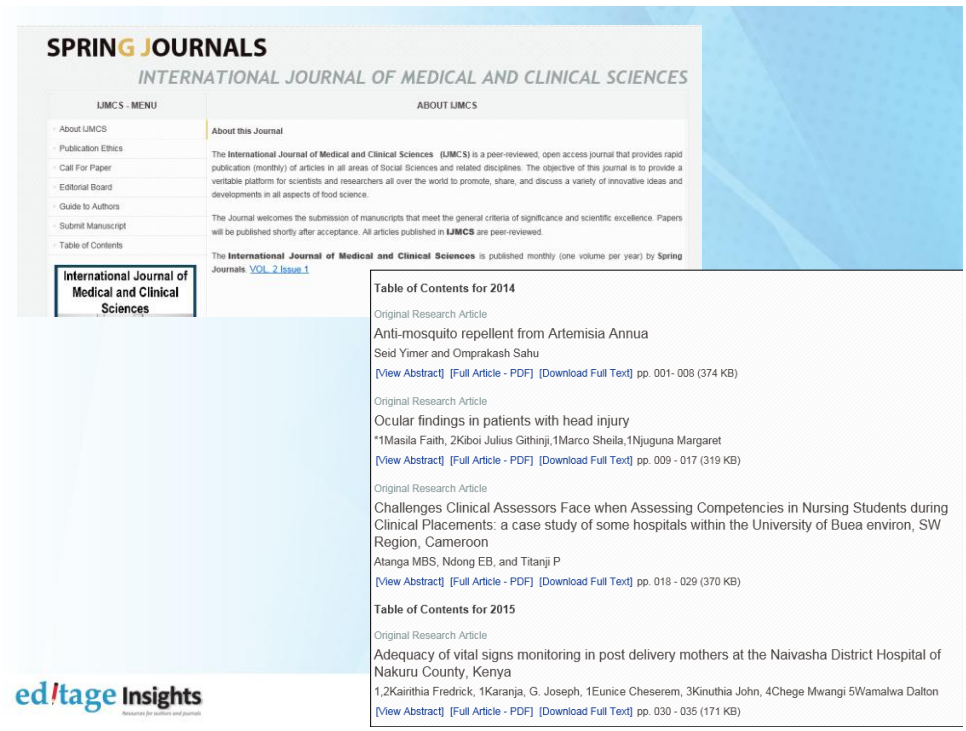

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Article processing charges

Journal	Charge / article
PLoS Medicine	$2900
PLoS One	$1350
BMJ Open	£1350
Nature Communications	$5200
BMC Medicine	$2420
OUP option 'Oxford Open'	£1000-£2500
Springer Open	$3000

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PeerJ – dual pricing structure!

PeerJ

- APC (per article) $695
- Membership
  $99/author (1 article / year)
  $199/author (2 articles / year)
  $299/author (unlimited articles / year)

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Increasing your chance of acceptance

- Understand the journal
- Check the scope
- Check the instructions
- Write for its readers

- Appeal rejections?

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BMJ advice on appeals

- *'Appeals clarifying and revising specific parts of the MS … tend to succeed much more often than appeals against essentially editorial decisions'*
- *'If the editors … have decided that your paper is not sufficiently interesting or important for BMJ readers, there may be no point in trying to appeal'*

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Key points

- Choice of journal has a BIG impact on speed of publication
- Realistic journal choice (ie not getting rejected) also affects speed

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Conclusions

- Plan your publication
- Agree key message / target audience / target journal before you start to write
- Discuss / agree an outline with all co-authors before you prepare the 1st draft
- Do a timetable (and inform other authors)
- Choose your journal carefully

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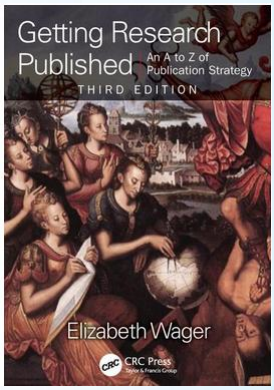
Resources for authors and journals

"Writing is joy – so saints and scholars all pursue it …

With heaven and earth contained in your head, nothing escapes the pen in your hand"

- *The Art of Writing*
  Lu Ji (261-303)

New edition of my book



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Cactus Communications K.K.

10F Nippon Building, 2-6-2 Otemachi, Chiyoda-ku, Tokyo 100-0004 Japan

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T: +81-3-5542-1950 | F: +81-3-4496-4557

United States l Japan l India l Singapore l South Korea l China