Writing for Peer-Reviewed Publication

2019
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MASCC/ISOO
Annual Meeting on Suppportive Care in Cancer
www.mascc.org/meeting

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MASCC
Multinational Association of Supportive Care in Cancer

ISOO
INTERNATIONAL SOCIETY of ORAL ONCOLOGY

#MASCC19

Supportive Care in Cancer

Fred Ashbury PhD

Editor-in-Chief

June 22, 2019

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WELCOME

Writing for Peer-Reviewed Publication:

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Key Issues & Lessons Learned

Experiences from:

Drs F. Ashbury, J. Herrstedt, I. Olver

Goal and Objectives for Session

Goal: To facilitate participants' understanding of the requirements for preparing and submitting manuscripts for publication consideration to SCC.

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Specific Objectives

Participants will gain a better understanding of SCC's requirements for:

- submission processes and how to position papers properly
- preparing the manuscript, including elements of successful writing
- reviewer considerations, and
- responding effectively to decisions and recommendations

Note

Participants in this session will NOT get a guarantee that, as a result of involvement in this workshop, anything you write will be published!

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The Author's View - Ian Olver
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Disclosures

- Associate Editor in Chief Supportive Care in Cancer

Planning the Submission: Key Steps

- Is this the right journal for your paper?
- What type of article suits best?
- Who qualifies for authorship?
- How to prepare the manuscript
- It is a matter of style
- The submission process
- Resubmitting after review

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Aims and Scope

- Official journal of the Multinational Association of Supportive Care in Cancer (MASCC)
- It covers primarily medical, technical and surgical topics concerning supportive therapy and care which may supplement or substitute basic cancer treatment at all stages of the disease
- Nursing, rehabilitative, psychosocial and spiritual issues of support are also included.
- Doesn't cover specific antineoplastic treatments

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MASCC/ISOO Study Groups

- Antiemetic
- Education
- Geriatrics
- Neutropenia, Infection and Myelosuppression
- Nutrition and Cachexia
- Pediatrics
- Psychosocial
- Skin Toxicities
- Bone Complications
- Fatigue
- Hemostasis
- Mucositis
- Neurological Complications
- Oral Care
- Palliative Care
- Skin Toxicities
- Rehabilitation, Survivorship and QOL

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Does the Research have Impact

- Is a worthwhile question/topic being addressed?
- Will it be of interest to the readers of the JSCC?
- Has this question/topic been addressed previously?
- Will the manuscript add in a meaningful way to the existing body of knowledge
  - Providing new data
  - Confirming prior controversial findings
  - Challenging prior findings

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Types of Articles

Original Articles

- 3500 words, 45 references, no more than six figures/tables
- Most common for trial reports etc.

Review Articles

- 4,000 words Methodological guidelines include
  - CONSORT for randomised clinical trials (e.g. report refusals and drop outs to evaluate bias)
  - STARD for studies of diagnostic accuracy
  - PRISMA or MOOSE for systematic reviews and meta-analysis
  - STROBE for epidemiology
  - COREQ for qualitative research
- Generally solicited by the editors but unsolicited proposals of abstract and outline can be sent to the editors for consideration

Types of Articles

Letter to the Editor

- 1000 words, 10 references
- Occasional if subject is an article in JSCC and will be passed to original authors for comment

Commentary

- 1000 words, 20 references
- Articles of innovative areas or opportunities for further research

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Authorship

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First Author

- Primary coordinator of manuscript
- Primary author of first draft
- Coordinates contributions of other authors
- Responsible for manuscript submission
- Coordinates revisions and response to reviewers

Authorship

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Contributing Authors

Must have had substantive role in work detailed in manuscript

- substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data;
- seen and approved the final version of the manuscript, and revisions.
- drafted the article or revised it content critically

Manuscript Preparation: Key Components (IMRAD Format)

- Title and Abstract
- Introduction
- Methods
- Results
  - Figures
  - Tables
- Discussion
- References

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Title and Abstract

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Title

- Must be concise
- Must summarize the main point of the manuscript
- Ideally should catch the interest of reader and reviewer

Abstract

- Stand alone summary of paper
- For many reviewers serves as a critical determinant of manuscript's value
- Unless compelling, will be only portion of the manuscript seen by many readers
- **SHOULD BE WRITTEN LAST (so it summarizes what is actually in the paper)**

Introduction

- Brief background on topic under study
- Cite any relevant prior work
- Provide rationale for current report
- Be concise and focused -THIS IS NOT THE DISCUSSION
- Explicitly state the purpose of the manuscript at the end on the introduction

Methods

- Define population under study
- Study endpoints: primary and secondary
- Eligibility/Ineligibility
- Randomized trials
  - Define randomization process
  - Define stratification factors

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Methods

- Full description of the methods of evaluation
  - Quantitative or qualitative methods
- Statistical Methods
  - Methods employed to define sample size
  - Methods employed to conduct the analysis of outcomes
- Describe ethics review consent procedures and potential COI

Results

- Fully characterize the population under study
  - most efficiently done with a table listing subject characteristics
- Fully detail outcomes for all study endpoints
  - Efficacy outcomes
  - Adverse effects
- Every item cited in the methods section should have a corresponding entry in the results section
- Present objective information only - SAVE INTERPRETATION FOR DISCUSSION

Results: Tables and Figures

- Critically important to avoid grammatical and spelling errors
- Spell check is a wonderful thing (but not as sole check)
- Be concise - avoid redundant sentences and compound words
- Avoid jargon
- Use paragraphs appropriately - new subject = new paragraph
- Use correct verb tense
- Uniform requirements for manuscripts submitted to biomedical journals http://www.icjme.org/ and style manuals (Duke University) and JSCC instructions

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Discussion

- Begin by answering question posed at the end of the introduction
- Do not re-present results
- Review relevant information pertaining to the topic of interest preceding the current report
- Detail how the current report adds to the existing body of information
- Do not present any results for the first time in the discussion
- Candidly cite the limitations of the current report
- Briefly speculate on relevant future research

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References

- Prior to manuscript preparation, a comprehensive literature review should be conducted to define all key references
- Provide appropriate citations in introduction and discussion sections; under-referencing common error in submissions
- Accurately citing the reference; common for errors
- Primary sources rather than secondary in review articles
- Ensure that citations are the most current report of the cited data (e.g. have abstracts been published?)

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Stylistic Issues

- Critically important to avoid grammatical and spelling errors
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Manuscript Submission

- Cover Letter to Editor-in-Chief
  - Important means to concisely define the significance of the manuscript and its relevance to the readers of JSCC
- On-line Submission Process
  - www.editorialmanager.com/jscc/

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Submitting to JSCC

Journal of Supportive Care in Cancer

HOME • LOGIN • HELP • REGISTER • UPDATE MY INFORMATION • JOURNAL OVERVIEW
MAIN MENU • CONTACT US • SUBMIT A MANUSCRIPT • INSTRUCTIONS FOR AUTHORS

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Springer

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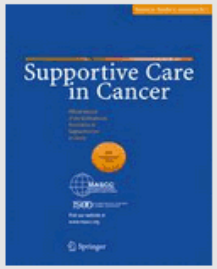

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REVIEWERS: Please log in to the system as 'Reviewer'. You may view and/or download manuscripts assigned to you for review, submit your comments for the editors and the authors, and track the progress of your manuscripts through the

Summary

- Does the manuscript add to the existing body of information in a meaningful way (is it generalizable)
- Is the subject matter appropriate for JSCC
- Carefully review and comply with “Instructions to Authors”
- Define in the Introduction the key issue the manuscript addresses
- Carefully describe methods employed and objectively detail results
- Carefully detail in the discussion how the manuscript addresses the key question(s) posed in the introduction
- Meticulously proof read the manuscript to eliminate spelling and grammatical errors
- If a resubmission is requested submit a timely response

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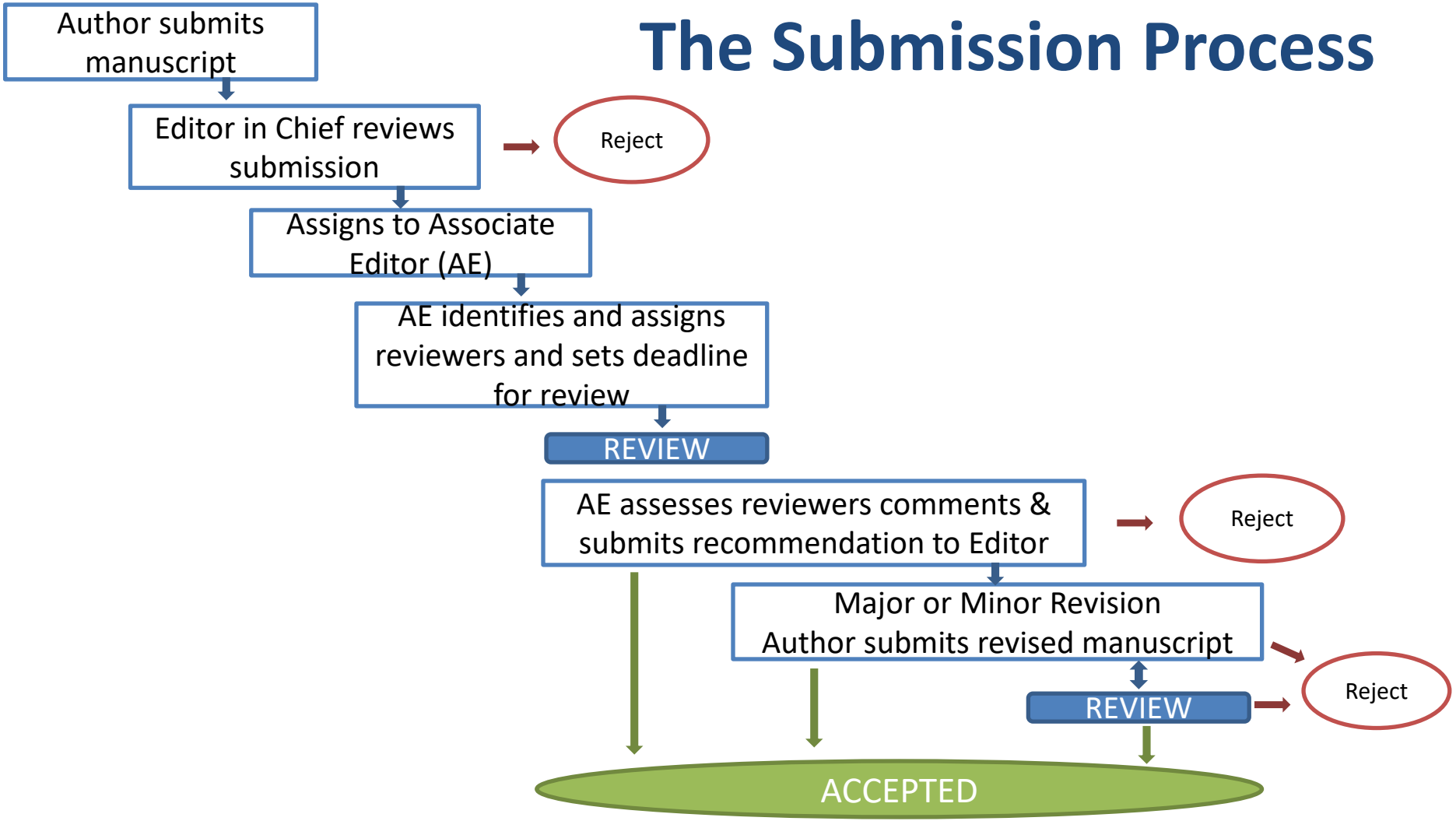
The Submission Process



The Submission Process: Communicating with the Editor

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- Editors select content, oversee the editorial office, manage peer review for accurate and fair appraisal of submissions, and ensure the integrity of the journal.
- All communications (Queries, submission letters, responses to critiques, and questions) should have a professional tone.
- Cover letter to Editor-in-Chief
  - Important means to concisely define the significance of the manuscript and its relevance to the readers of the target journal

Editor Considerations….

What do Peer-Reviewed Journal Editors think about when they receive a manuscript?

- Does the article fit the journal? – i.e., is it relevant for the readership?
- Is the science solid?
- Are the results fairly interpreted for the science?
- Do the results, conclusions & recommendations advance the field?
  - Related to this will the paper be cited by others? IMPACT FACTOR
- Is it well-written?
- Are the authors free of any conflicts-of-interest?

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The Reviewer's View. - Jørn Herrstedt
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Disclosures

- Editorial Board Supportive Care in Cancer

Reviewing your first 10 manuscripts

- Paper should be in your exact area of expertise
- Partner with an experienced colleague
- Read instructions for authors carefully
- Take your time and do a meticulous review
- Follow-up
  - Learn from the other reviewers
  - Has the manuscript been accepted/rejected?

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Reviewing manuscript 11-100

- Paper should be in an area of your expertise
- You have learned by experience and improved with practice
- Less time-consuming (but not always)
- Fine-tune “your own” system for a standardized and fair review
- Journal rejection rate?
- Peer review can help authors improve the quality of a manuscript

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Reviewing manuscript 100+

- Don’t do a sloppy job!
- Continue to care!

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First Impression

- Is the language clear?
- Concise
  - Title?
  - Abstract?
- Does the manuscript follow a logical sequence?

Topic

- Q1 Is the topic relevant for the Journal?
- Q2 Research question?
- Q3 Does the manuscript report something new?
  - A good paper on the pharmacology of a drug no longer in common use may not be important.
  - A study that confirms what is already published has limited use.
  - A local experience only relevant to a very local situation may not have general interest.

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Funding Source

- Pharmaceutical company
  - Medical writer?
- Internal funds
- Peer reviewed external granting bodies

Misconduct

- **Include**

Data fabrication or falsification, purposeful failure to disclose COI, and

- **Plagiarism**
  - May be discovered by chance or because of familiarity with literature.
  - Style of a section may differ from rest of paper.
  - The use of language of a paper may suddenly improve for a section.
  - Journals have software but you can Google phrases if suspicious.

Plagiarism

Plagiarism Scan Report

Summary	
Report Genrated Date	20 Jun, 2016
Plagiarism Status	100% Unique
Total Words	30
Total Characters	165
Any Ignore Url Used	

Content Checked For Plagiarism:

High emetic risk is defined as a risk of vomiting within the first 24 h after start of chemotherapy of >90 % in
patients who do not receive prophylactic antiemetics.

Report generated by smallseotools.com

We didn't find any plagiarism, but we found 6 writing issues.

Correct them now!

www.grammarly.com

Structure of a Review

- Summarise the paper briefly
- Strengths and weaknesses
- The writing and presentation (language and typos)
- The quality of the study and interest to a particular group
- Recommendation with justification

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Uniform Requirements

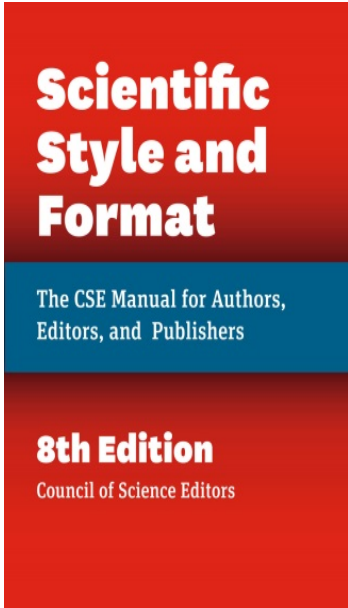
Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals

Updated December 2018

- International Committee of Medical Journal Editors
- http:www.icmje.org/

- Style Manuals (e.g. AMA Manual of Style; Duke University Library)

- Instructions to authors-individual journals



Title

- Concise
- Direct attention to what the paper will reveal
- Doesn’t give conclusions unless dramatic
- Journal style

Abstract

- Sometimes that is all that is read
- It should therefore accurately reflect the content of the article
- Why did they want to do the study - hypothesis - introduction?
- What did they do – method?
- What did they find (efficacy and toxicity) - results?
- What does it mean – discussion?

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Introduction

- Is the specific purpose (or hypothesis) stated?
- Only pertinent references should be cited
- No data from the work should be included
- No conclusions from the work should be included

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Methodology

- Is the methodology appropriate to the aim?
- Is it described in detail, so that data and results can be reproduced?
- Methodological guidelines include
  - **CONSORT** for randomised clinical trials
  - **STARD** for studies of diagnostic accuracy
  - **PRISMA** for systematic reviews and meta-analysis
  - **STROBE** for observational studies in epidemiology
  - **MOOSE** for meta-analyses of observational studies in epidemiology
  - **SPIRIT** for reporting of scientific protocols

Extensions include

- **SPIRIT-PRO** for including PRO in scientific protocols
- **CONSORT-PRO** for optimal reporting of randomised clinical trials including PRO
- **EQUATOR, E**nhancing the **QUA**lity and **T**ransparency **O**f health **R**esearch Network or NLM's Research Reporting Guidelines and Initiatives for reporting guidelines

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RESEARCH METHODS & REPORTING

CONSORT 2010 Statement: updated guidelines for reporting parallel group randomised trials

Kenneth F Schulz,[1] Douglas G Altman,[2] David Moher,[3] for the CONSORT Group

BMJ 2010;340:698-702.

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RESEARCH METHODS & REPORTING

CONSORT 2010 Explanation and Elaboration: updated guidelines for reporting parallel group randomised trials

David Moher,[1] Sally Hopewell,[2] Kenneth F Schulz,[3] Victor Montori,[4] Peter C Gøtzsche,[5] P J Devereaux,[6] Diana Elbourne,[7] Matthias Egger,[8] Douglas G Altman[2]

BMJ 2010;340:698-702.

http://www.consort-statement.org/

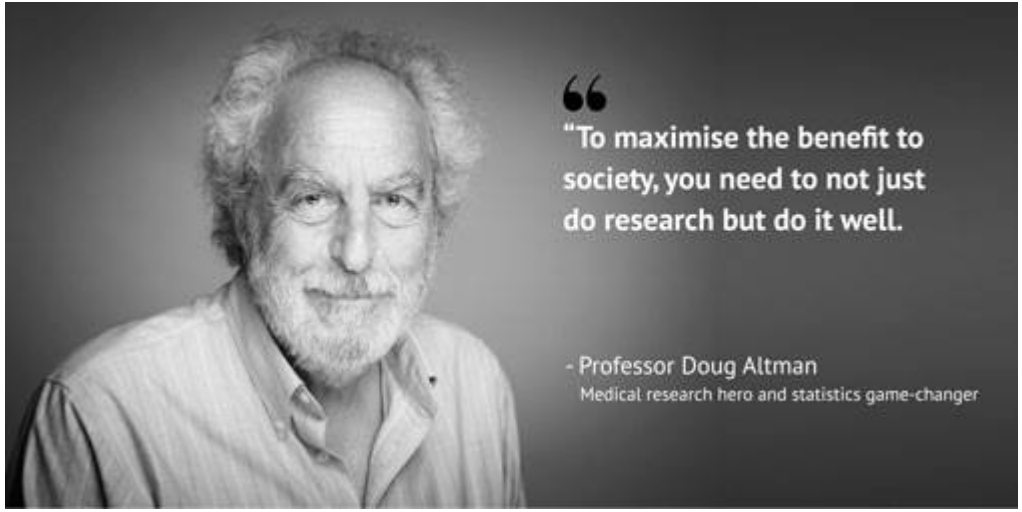
JAMA | Special Communication

Reporting of Multi-Arm Parallel-Group Randomized Trials
Extension of the CONSORT 2010 Statement

Edmund Juszczak, MSc; Douglas G. Altman, DSc; Sally Hopewell, DPhil; Kenneth Schulz, PhD

JAMA 2019;321:1610-1620

http://www.consort-statement.org/



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Doug Altman, founder of the EQUATOR Network and Centre for Statistics in Medicine and driving force behind CONSORT

http://www.consort-statement.org/

Table 1 | CONSORT 2010 checklist of information to include when reporting a randomised trial*

Section/Topic	Item No	Checklist item
Title and abstract		
	1a	Identification as a randomised trial in the title
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts[45 65])
Introduction		
Background and objectives	2a	Scientific background and explanation of rationale
	2b	Specific objectives or hypotheses

BMJ 2010;340:698-702.

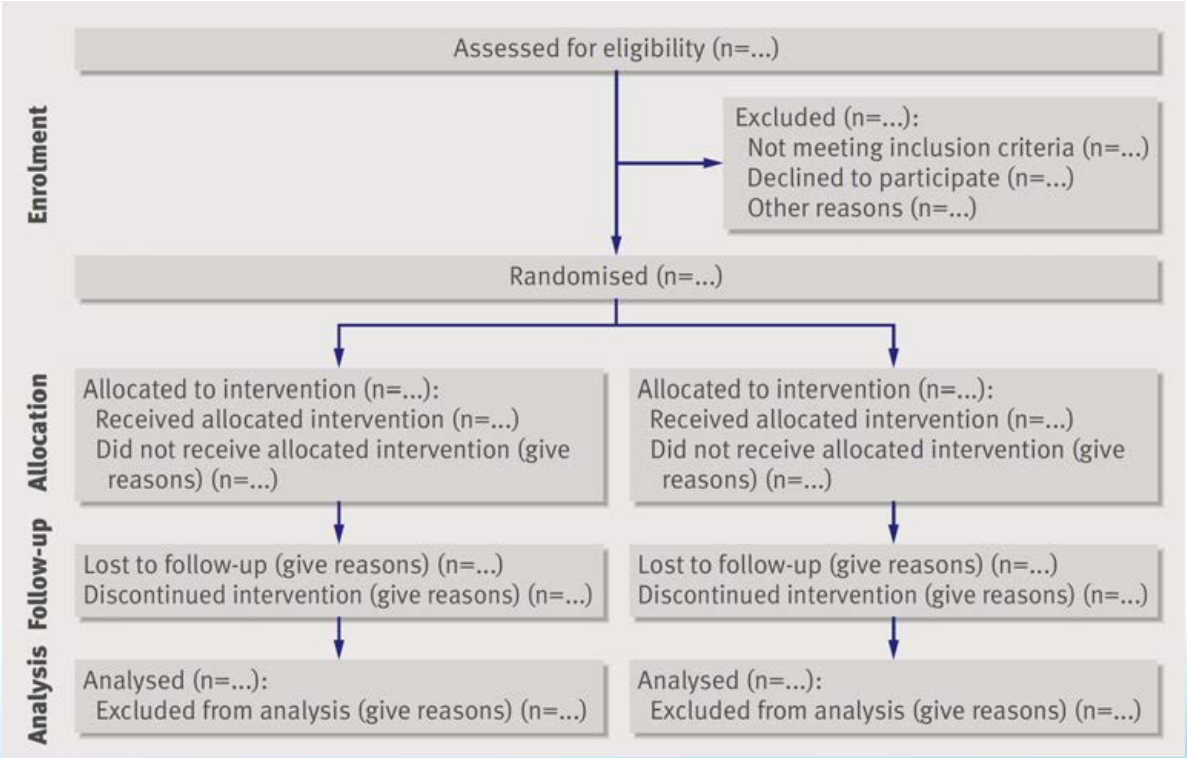
Methods		
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons
Participants	4a	Eligibility criteria for participants
	4b	Settings and locations where the data were collected
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed
	6b	Any changes to trial outcomes after the trial commenced, with reasons
Sample size	7a	How sample size was determined
	7b	When applicable, explanation of any interim analyses and stopping guidelines
Randomisation:		
Sequence generation	8a	Method used to generate the random allocation sequence
	8b	Type of randomisation; details of any restriction (such as blocking and block size)
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how
	11b	If relevant, description of the similarity of interventions
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses

BMJ 2010;340:698-702.

Results		
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome
	13b	For each group, losses and exclusions after randomisation, together with reasons
Recruitment	14a	Dates defining the periods of recruitment and follow-up
	14b	Why the trial ended or was stopped
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms[42])

BMJ 2010;340:698-702.

Flow diagram of the progress through the phases of a parallel randomised trial of two groups



BMJ 2010;340:698-702.

Discussion		
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses
Generalisability	21	Generalisability (external validity, applicability) of the trial findings
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence
Other information		
Registration	23	Registration number and name of trial registry
Protocol	24	Where the full trial protocol can be accessed, if available
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders

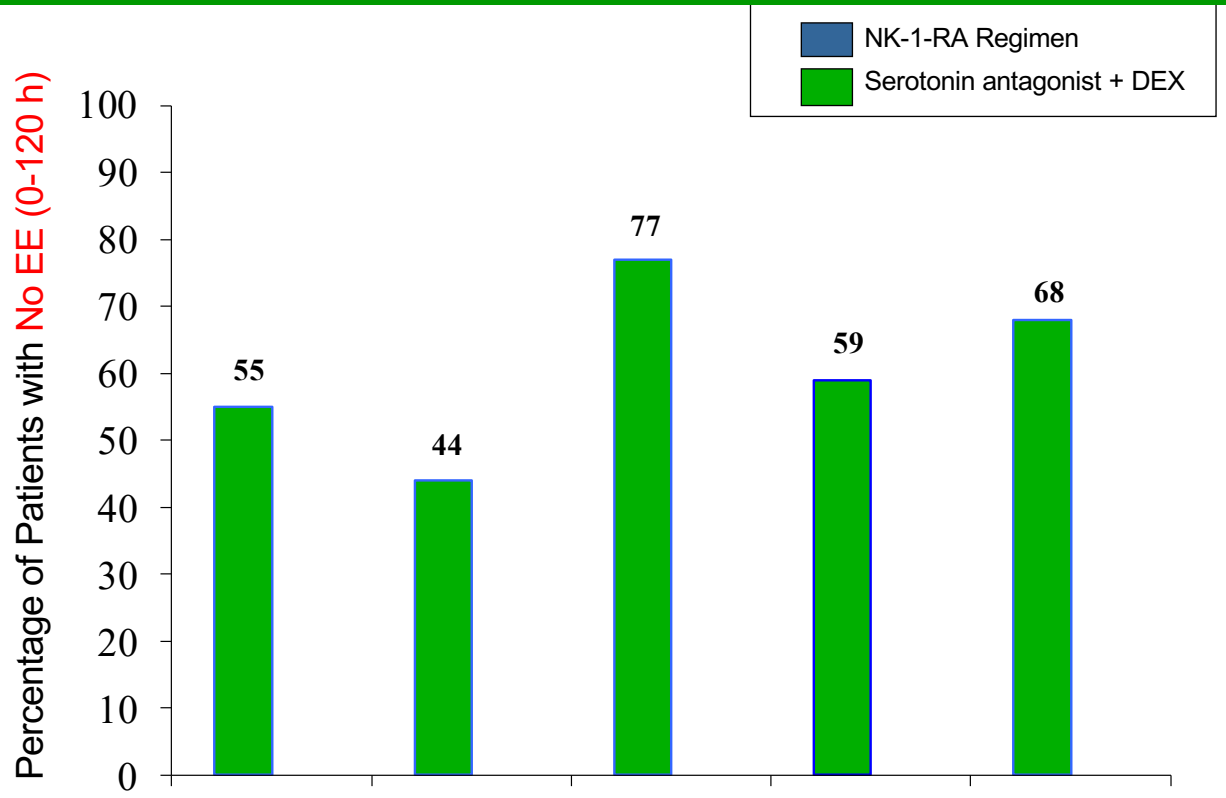
BMJ 2010;340:698-702.

Potential Problems in RCT

- Sample size
- Randomisation
- Stratification
- Blinding
- Control arm
- Intention to treat
- Statistitical method (1 sided versus 2 sided)
- Are data analyzed according to protocol specifications?
- From abstract to article?

5-HT_3-receptor antagonist + dexamethasone + placebo or a NK_1-receptor antagonist

CIS



5-HT_3-receptor antagonist + dexamethasone + placebo or a NK_1-receptor antagonist

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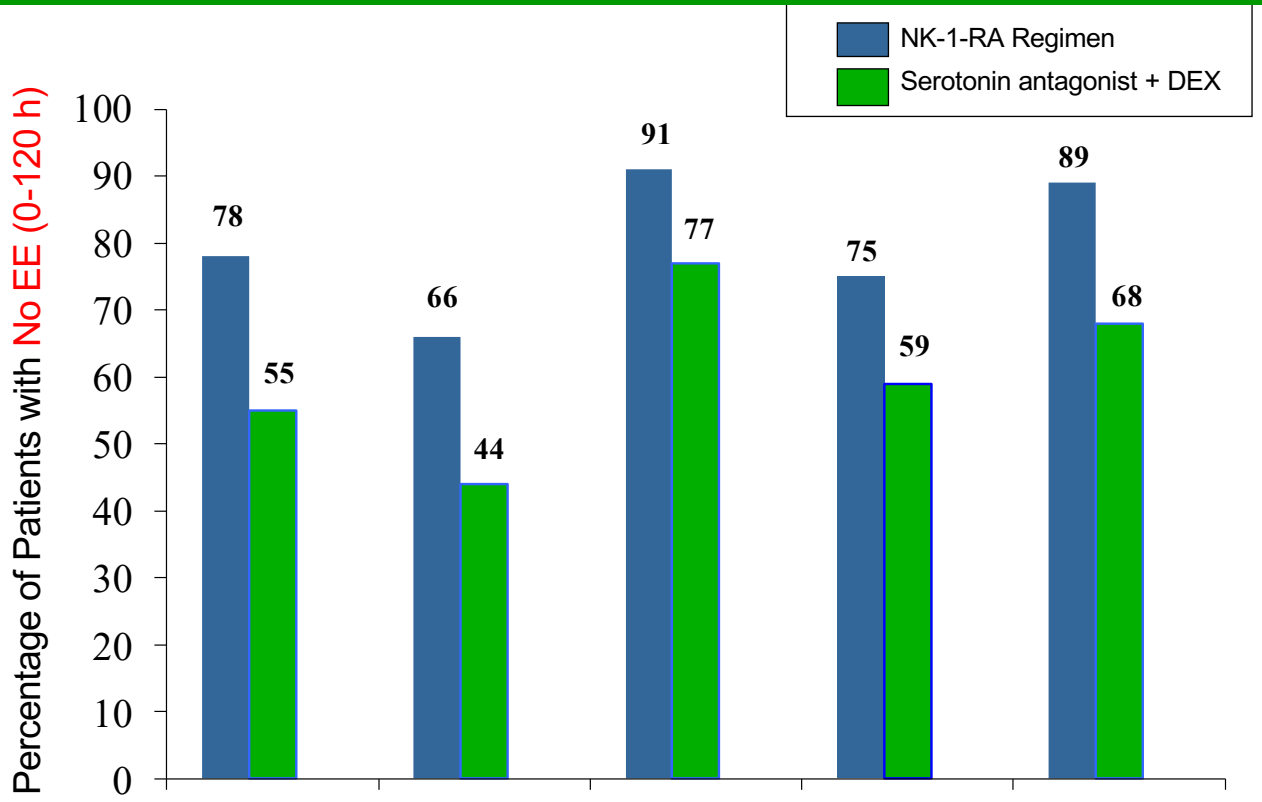

Potential Problems in RCT

- Sample size
- Randomisation
- Stratification
- Blinding
- Control arm
- Intention to treat
- Statistitical method (1 sided versus 2 sided)
- Are data analyzed according to protocol specifications?
- From abstract to article?

The Consistency Between Scientific Papers Presented at the Orthopaedic Trauma Association and their Subsequent Full-Text Publication

Charles F. Preston, MD, Mohit Bhandari, MD, MSc, FRCSC,† Eric Fulkerson, MD,* Danial Ginat, BS,* Kenneth A. Egol, MD,* and Kenneth J. Koval, MD‡*

- 254 abstracts accepted for the congress
- 169 (67%) were later published as articles
- In 1.5% the conclusion was changed from positive to negative
- In 5.1% the conclusion was changed from negative to positive
- In total in 6.6% of the abstracts, the conclusion was changed!

J Orthop Trauma 2006;20:129–133

Inconsistency between abstracts and full publications

Reference	Inconsistency (%) between abstract and full publication
Gürses IA et al. Balkan Med J 2017	75
Li G et al. BMC Med Res Method 2017	39
Meyers KE et al. Vet Surg 2016	49
Lehmen JA et al. Spine 2014	75
Yoon U et al. BMC Med Res Method 2012	65

Statistics

Have determinations been done prospectively?

- Population sample size
- Definition of primary and secondary outcomes
  - Subanalysis?
- Statistical methods – use 95% CI not P-value alone
- Number and timing of interim analyses
- Early stopping rules
- Publication policy

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Ethics

- Recognise that the manuscript is a confidential document
- Conflicts of interest (reviewer)
- An unethical experiment should not be published
  - Was the project approved by an ethics committee and did the subjects give written informed consent ?
  - Was the study in accordance with the Helsinki Declaration?
- A scientifically flawed study cannot be ethical

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Results

- Are results reported in a logical way?
- Has the study question been answered?
  - reject/confirm a hypothesis
- Are the most important findings reported first?
- Were data on all primary and secondary outcomes reported?
- Are data given as absolute numbers (not percentages only)?
- Are all components of a composite endpoint reported?
- Are data duplicated in tables/diagrams and in the text?
- Are points for discussion indicated?

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Discussion

- Briefly summarise the main findings
- Give strongest result first
- Are the results in the context of the literature?
- Limitations of the study?
- Are conclusions justified by the results?
- Any implications for future research?
- Any implications for clinical practice?

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References

- Have the original (pivotal studies) and the most recent references in the area been included?
- Are references numbered consecutively in the order in which they are mentioned in the text?
- Vancouver or Harvard system (journal instructions)

Recommendation to the editor

- Accept
- Minor revisions needed before potential acceptance
- Major revisions needed before potential acceptance
- Reject

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Resubmission

- Did the authors reply to all comments and questions from the reviewers?
- Did the authors update the manuscript accordingly?
- Has the revised manuscript achieved a scientific level high enough to be published?

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Comments and questions from the reviewers	Reply from the authors	Changes made in the revised manuscript
Reviewer 1		
Q1		
Q2		
Q3		
Reviewer 2		
Comment 1		
Q1		
Reviewer 3		
Comment 1		
Q1		
Q2		

Comments and questions from the reviewers	Reply from the authors	Changes made in the revised manuscript
Reviewer 1		
Q1 Although I agree that collecting and reporting detailed toxicity data would be challenging, treatment-related mortality should be assessable and reported, particularly if the authors are proposing that this therapy has some role in the management of metastatic melanoma patients.	No treatment related deaths were observed in the 7 year treatment period. One reason for this might be the fact that treatment was centralized in 3 centers only.	**Results, paragraph 2** "No treatment related deaths were observed during the treatment period." **Discussion, paragraph 3** "Probably this also explains why we observed no treatment related deaths."

Summary

- Does the manuscript report something new?
- Did the funding source have access to data?
- Any risk of misconduct?
- What is the purpose – hypothesis?
- Methodology issues? Statistics? Ethics?
- Were data on all primary and secondary outcomes reported?
- Is the discussion and conclusion balanced (Are conclusions justified by the results)?
- Is the list of references relevant and updated?
- Resubmission: Are all comments and questions addressed? Has the manuscript improved?

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The Editor's View. - Fred Ashbury

Responding to the Editorial Review

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Editorial decisions

- Reject
- Potentially acceptable with major revisions
- Potentially acceptable with minor revisions
- Accept

Responding to the Editorial Review

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Key points in resubmitting

- **LEARN FROM THE REVIEWERS' COMMENTS**
- Develop a response to each comment in concert with all the authors
- Modify the manuscript accordingly
- Detail in a letter accompanying the resubmission specific responses to each reviewers comment citing the appropriate manuscript revisions
- Ensure tone of response is professional
- Obtain all authors approval for the revisions
- **BE TIMELY IN RESUBMITTING – the journal may have a specified timeframe for resubmission (e.g., 4 weeks)**

Final Thoughts

- Put your ego aside – you will learn from the experiences (good, bad and ugly)
- When you are ready to submit/re-submit, create a check-list to ensure you've covered everything required by the journal to avoid re-work and delays

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Submission Checklist

- ☑ Manuscript with a Title Page (word doc)
- ☑ Ensure list of authors is correct
- ☑ Conflict of Interest Statement included within manuscript just before references
- ☑ Authorship Disclosure forms
  - Corresponding author at original submission
  - Remaining Authors for revised manuscripts
- ☑ Figures / Tables in separate documents
- ☑ Response to Reviewers for Revised Manuscripts
  - Carefully consider the reviewer comments and submit a list of responses to the comments
- ☑ Review Instructions for Authors on website

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Thank you!

- Any other questions?

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