Preparing a Publication-Ready Manuscript

Ian Burgess
Director, Publishing & Open Research

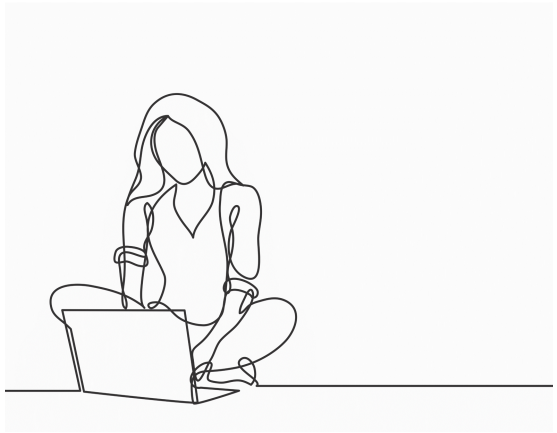
Wolters Kluwer

Agenda

1. Planning & Writing the Paper
   - Reproducibility / Reporting Guidelines
   - Standard Practices in Ethical Reporting
2. Submission & Peer Review
   - What Editors want
   - Processes
   - Reviewer Comments
3. Conclusions and Essential Tips

Planning

- Before you start, decide what you want the paper to achieve
- What does the ‘end result’ look like?
  - Why am I doing this?
  - What do I want to say? (What is my message?)
  - Who do I want to say it to? (Who is the audience?)
  - What is the best way to say it? (What format should I choose?)
  - Where should I say it? (What publication, outlet?)



What Defines a “Good” Manuscript?

1. Reproducibility
   - Is the methodology described in sufficient detail?
2. Ethics
   - Was the research carried out in accordance with standard practices?
3. Readability
   - Is the language effective enough that the concepts are being adequately communicated?

Research Reporting Guidelines

- Reporting guidelines provide a consistent framework for authors, reviewers, and editors.
- Conforming to guidelines helps authors to improve their chances of acceptance.
- EQUATOR Network – www.equator-network.org

Article Types and Guidelines

Article Type	Corresponding Reporting Guideline
Clinical Trial/Experimental Study	CONSORT
Observational Study	STROBE
Systematic Review and Meta-Analysis	PRISMA
Meta-Analysis of Observational Studies in Epidemiology	MOOSE
Diagnostic Accuracy Study	STARD
Quality Improvement Study	SQUIRE
Economic Evaluation Study	CHEERS
Clinical Case Report	CARE

Meeting Expectations: Example, CONSORT

- An evidence-based, minimum set of recommendations for reporting randomized trials.
- It offers a standard way for authors to prepare reports of trial findings, facilitating their complete and transparent reporting, and aiding their critical appraisal and interpretation.
- The CONSORT Statement comprises a 25-item checklist and a flow diagram.
  - The checklist items focus on reporting how the trial was designed, analysed, and interpreted.
  - The flow diagram displays the progress of all participants through the trial.

In Practice Example: *Medicine*

- Instructions For Authors
  - *Medicine*® article types are based upon key reporting guidelines, as defined by the EQUATOR Network. Authors should prepare their manuscripts in accordance with the appropriate guidelines(s) and/or checklist(s) for each type of article. We ask that you use the checklist and flow diagram templates for the guidelines outlined below available at http://www.editorialmanager.com/md in the "Files & Resources" section of the home page.
  - The appropriate checklist (and flow diagram, if applicable) must be included with each submission.

Completed CONSORT Checklist

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

Section/Topic	Item No	Checklist Item	Reported on page No
Title and abstract			
	1a	Identification as a randomised trial in the title	P1
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	P2
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale	P3-4
	2b	Specific objectives or hypotheses	P4
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	P4-5
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	P4-5
Participants	4a	Eligibility criteria for participants	P4-5
	4b	Settings and locations where the data were collected	P4
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	P5
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	P5-6
	6b	Any changes to trial outcomes after the trial commenced, with reasons	P5-6
Sample size	7a	How sample size was determined	P4
	7b	When applicable, explanation of any interim analyses and stopping guidelines	P4
Randomisation:			
Sequence generation	8a	Method used to generate the random allocation sequence	P5
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	P5
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	P5
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	P5

CONSORT 2010 checklist Page 1

Study population

This study was approved by the Scientific and Ethical Committee of the Shanghai Cancer Center, Fudan University. Written informed consent was obtained from all participants before data collection. From November 2016 to February 2017, 30 patients with breast cancer were recruited through the Yankang E-follow-up Platform at the Department of Breast Surgery of Fudan University, Shanghai Cancer Center. The inclusion criteria included patients 1) undergoing unilateral mastectomy due to breast cancer confirmed by histological examination; 2) had undergone mastectomy at least six months prior to the start of the study or had completed radiation therapy at least two months before;3) without evidence of postoperative relapse; 4) wearing conventional (non-adhesive) breast prostheses; 5) without abnormal skin or skin lesions; 6) without progressive lymphedema; and 7) interested in conventional and self-adhesive breast prostheses. Exclusion criteria were as follows: patients 1) with incomplete healing of their surgical wounds; 2) undergoing chemoradiotherapy or had received chemoradiotherapy less than two months prior to the beginning of the study; 3) with skin conditions that do not meet the requirements; 4) whose remaining breast is not within the study's size range; 5) with significant life changes during the study, including divorce, unemployment or depression; 6) relapsed during the observation period; and 7) had a reaction to the first skin test and unable to receive the second skin test.

Completed CONSORT Checklist

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	P6
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	P6
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	P6
	13b	For each group, losses and exclusions after randomisation, together with reasons	P6
Recruitment	14a	Dates defining the periods of recruitment and follow-up	P6
	14b	Why the trial ended or was stopped	P6
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	P7
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	P7
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)	P8-9
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	P8-9
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)	---
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	P12
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	P9-12
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	P9-12
Other information			
Registration	23	Registration number and name of trial registry	P12
Protocol	24	Where the full trial protocol can be accessed, if available	P17-22
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	---

*We strongly recommend reading this statement in conjunction with the CONSORT 2010 Explanation and Elaboration for important clarifications on all the items. If relevant, we also recommend reading CONSORT extensions for cluster randomised trials, non-inferiority and equivalence trials, non-pharmacological treatments, herbal interventions, and pragmatic trials. Additional extensions are forthcoming: for those and for up to date references relevant to this checklist, see www.consort-statement.org.

Study limitations

The present study has some limitations. The sample size was really small and this was the major shortcoming of this study. Limited by sample size (voluntary patients who undertook mastectomy), geographical locations (in one cancer center) and climate (in winter), the study cannot fully reflect the whole picture of mainland China. A single service is usually insufficient to satisfy a complicated demand, just like a Web Service Composition (WSC) paradigm is introduced as a core task of integrating multiple services to generate a value-added composite web service[46]. We plan to enlarge the sample size and carry out studies in different geographical locations and seasons for future research, so as to provide adequate information and support to breast cancer patients who lose breast and in need of breast prostheses.

Conclusion

As a replacement for a real breast, a breast prosthesis can increase a woman's self-esteem and self-confidence, restore her social credibility, sense of belonging, and better participation in sports. Women are satisfied with the temperature-controlled breast prosthesis and are more willing to choose adhesive breast prostheses because they are more likely to feel like a part of the body. However, they also need careful maintenance. In China, patients still lack information about breast prostheses. Therefore, specialist breast nurses should provide such information, assist patients in selecting suitable breast prostheses, collect feedback about the prostheses, and reduce patient's physical and mental discomfort.

Completed CONSORT Checklist

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	P6
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	P6
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	P6
	13b	For each group, losses and exclusions after randomisation, together with reasons	P6
Recruitment	14a	Dates defining the periods of recruitment and follow-up	P6
	14b	Why the trial ended or was stopped	P6
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	P7
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	P7
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)	P8-9
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	P8-9
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)	---
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	P12
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	P9-12
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	P9-12
Other information			
Registration	23	Registration number and name of trial registry	P12
Protocol	24	Where the full trial protocol can be accessed, if available	P17-22
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	---

*We strongly recommend reading this statement in conjunction with the CONSORT 2010 Explanation and Elaboration for important clarifications on all the items. If relevant, we also recommend reading CONSORT extensions for cluster randomised trials, non-inferiority and equivalence trials, non-pharmacological treatments, herbal interventions, and pragmatic trials. Additional extensions are forthcoming: for those and for up to date references relevant to this checklist, see www.consort-statement.org.

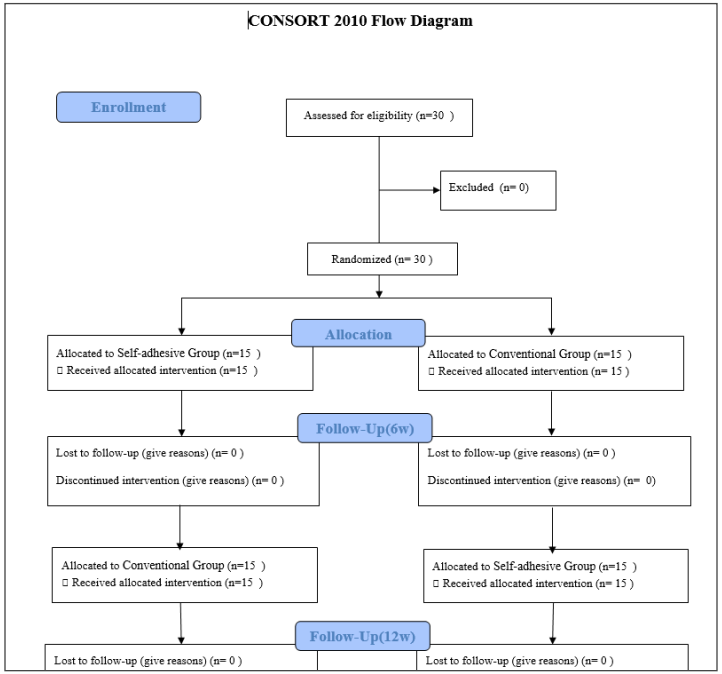
Project summary

Breast loss causes negative influence on women physically, psychologically and socially. Breast prosthesis can improve patient's figure externally, increase self-confidence, thus improving quality of life. Prospective study of different breast prostheses has not yet been performed in China. Our objective was to understand the knowledge regarding breast prostheses in breast cancer patients, evaluate the quality of life of patients wearing different types of breast prostheses and to compare the physical and psychological effects of different temperature-controlled breast prostheses on patients. We designed a randomized control study in one cancer center in Shanghai. Eligible participants were randomized into either intervention or control group. In the first 6 weeks of the study, self-adhesive breast prostheses and conventional breast prostheses were used in the intervention and control group, respectively. In the later 6 weeks, the breast prostheses used were switched into another kind. Several dimensional parameters were examined by different questionnaires at the end of both 6th and 12th week including scars and skin, survey of breast prosthesis knowledge, survey assessing the comfort and practicality of breast prostheses, quality of life instruments for cancer patients and body image scale. We expected that women would be satisfied with the temperature-controlled breast prosthesis and were more willing to choose self-adhesive breast prostheses.

Clinical Trial Registration

The study was registrated in "ClinicalTrials.gov" (retrospective registration). The number of ClinicalTrials.gov was NCT03830294 (25/01/2019). The full date of first registration was 25/01/2019, the last update was 01/02/2019.

Completed CONSORT Flow Diagram



Results

Participant flow

30 participants were recruited and randomized into an intervention group or control group. In the first 6 weeks, 15 participants in the intervention group used

6

self-adhesive breast prostheses, while 15 participants in the control group used conventional breast prostheses. Related parameters were examined. In the latter 6 weeks, the treatment each group used was switched. 15 participants in each groups were examined by the same parameters again in the 12th week.(Figure 1)

Baseline data of the two groups of patients

1) Baseline characteristics of the two groups of patients

The average age of the patients was 48.5 years old, and the average duration of disease was 34.9 months. In all, 66.7% of the patients had a bachelor's degree or above, 66.7% of the patients had a monthly income between RMB 5,000 and 15,000 yuan, 90% of the patients had medical insurance, 70% of the patients received chemotherapy, and 26.7% of the patients received radiotherapy. There was no significant differences in baseline information, medical information, and initial skin conditions between the two groups.

Top strategies for writing a good paper

- Pose a clinically relevant hypothesis
  - Your work should answer a specific question
- The selected methodology must be appropriate to answer the research question
- Describe methodology in detail
  - Accuracy of the methods must be validated
  - Patient acquisition should be addressed in detail
  - Clarify how appropriateness of the study group was established
  - Presence of a control group is of critical importance

Top strategies for writing a good paper

What does your data really mean?

- Perform a careful analysis
  - Having asked a novel question and applied appropriate methodology, some papers provide a flawed analysis
- Describe what your results yielded or what you found in the research
- Provide data to support the research question

Top strategies for writing a good paper

How do your findings fit with what we already knew?

- Craft the discussion
  - Present the most important result in the first paragraph
  - Provide a brief scholarly review of the literature and place your findings in perspective
  - Acknowledge limitations
  - Provide potential explanations and clinical implications of your work
- Create good figures and legends
  - Illustrations should be used to draw the readers attention to important findings
  - Illustrations should clearly display the findings
  - Use arrows, asterisks and other designations to make the figures easy to follow
- The message of a good figure can commonly be summarized in a single sentence

Standard Practices in Ethical Reporting

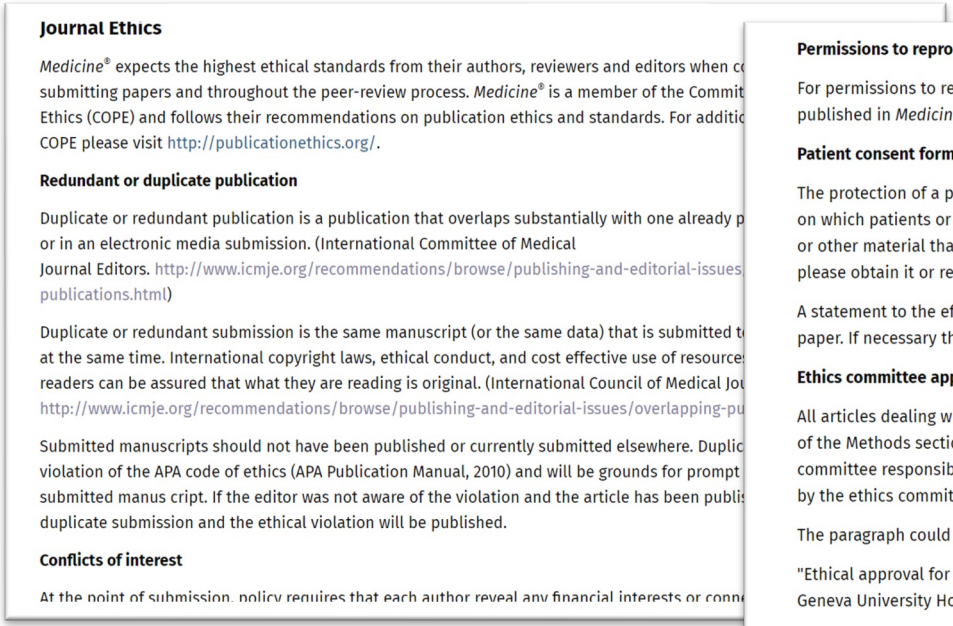
Publishers adhere to standard practices as defined by a number of professional organizations: Committee on Publication Ethics (COPE), International Committee of Medical Journal Editors (ICMJE), World Association of Medical Editors (WAME).

Ethics Policies

- Required policies should be clearly stated on journal web site and/or instructions for authors. Examples include:
  - *Redundant or Duplicate Publication*
  - *Conflicts of Interest*
  - *Permissions to Reproduce Previously Published Material*
  - *Patient Consent Forms*
  - *Ethics Committee Approval*

Ethics Policies Examples

- https://journals.lww.com/md-journal/Pages/aboutthejournal.aspx



Journal Ethics

Medicine® expects the highest ethical standards from their authors, reviewers and editors when c
submitting papers and throughout the peer-review process. *Medicine*® is a member of the Commit
Ethics (COPE) and follows their recommendations on publication ethics and standards. For additic
COPE please visit http://publicationethics.org/.

Redundant or duplicate publication

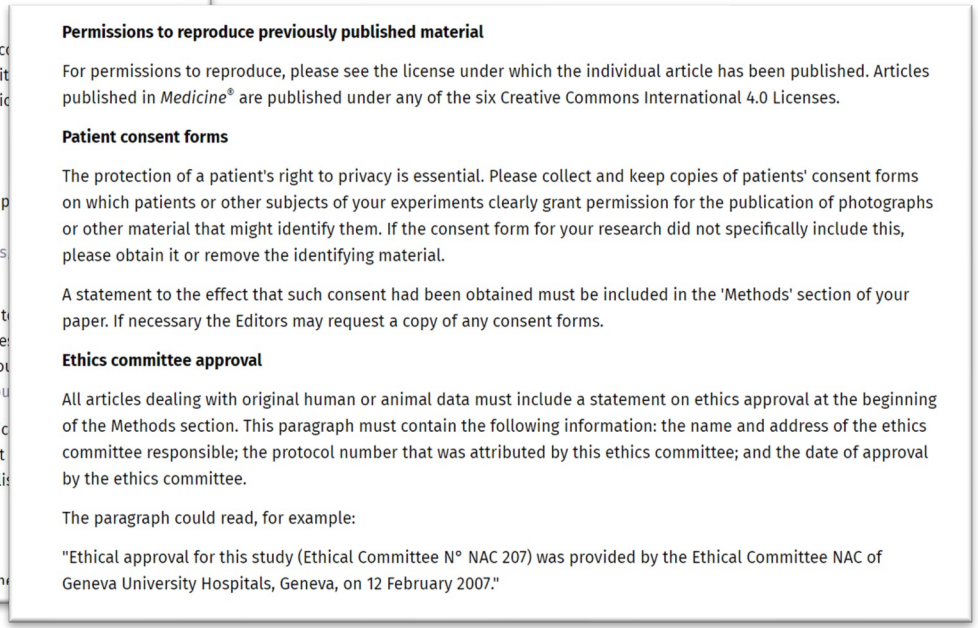
Duplicate or redundant publication is a publication that overlaps substantially with one already p
or in an electronic media submission. (International Committee of Medical
Journal Editors. http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues
publications.html)

Duplicate or redundant submission is the same manuscript (or the same data) that is submitted t
at the same time. International copyright laws, ethical conduct, and cost effective use of resource
readers can be assured that what they are reading is original. (International Council of Medical Jou
http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/overlapping-pu

Submitted manuscripts should not have been published or currently submitted elsewhere. Duplic
violation of the APA code of ethics (APA Publication Manual, 2010) and will be grounds for prompt
submitted manus cript. If the editor was not aware of the violation and the article has been publi
duplicate submission and the ethical violation will be published.

Conflicts of interest

At the point of submission, policy requires that each author reveal any financial interests or conne



Permissions to reproduce previously published material

For permissions to reproduce, please see the license under which the individual article has been published. Articles published in *Medicine*® are published under any of the six Creative Commons International 4.0 Licenses.

Patient consent forms

The protection of a patient's right to privacy is essential. Please collect and keep copies of patients' consent forms on which patients or other subjects of your experiments clearly grant permission for the publication of photographs or other material that might identify them. If the consent form for your research did not specifically include this, please obtain it or remove the identifying material.

A statement to the effect that such consent had been obtained must be included in the 'Methods' section of your paper. If necessary the Editors may request a copy of any consent forms.

Ethics committee approval

All articles dealing with original human or animal data must include a statement on ethics approval at the beginning of the Methods section. This paragraph must contain the following information: the name and address of the ethics committee responsible; the protocol number that was attributed by this ethics committee; and the date of approval by the ethics committee.

The paragraph could read, for example:

"Ethical approval for this study (Ethical Committee N° NAC 207) was provided by the Ethical Committee NAC of Geneva University Hospitals, Geneva, on 12 February 2007."

Reporting of Conflicts of Interest

This work was supported by the 2 projects from Jinhua Science and Technology Bureau (grant agreement number is 2014-3-054/2019-4-025).

The authors have no conflicts of interest to disclose.

The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

Medicine: July 02, 2020 - Volume 99 - Issue 27 - p e20824
doi: 10.1097/MD.0000000000020824

Reporting of Ethical Approval

"This study was approved by the clinical research ethics committees of the Jinhua Central Hospital (2014[8]). We did a single-center, randomized, double-blind clinical trial at the Department of Rheumatology in Jinhua Central Hospital, Jinhua Zhejiang, China. Magnetic resonance imaging (MRI) with high sensitivity was used to assess changes in patients before and after treatment (including early lesions such as synovitis and bone marrow edema). Based on several clinical indicators (eg, quality of life, functional assessment, disease activity, side effects), the efficacy and safety of the standard regimen of low-dose GCs combined with DMARDs (MTX + HCQ) and placebo combined with MTX + HCQ were explored. This study followed the Good Clinical Practice guidelines and the guidelines of the Helsinki Declaration. The study protocol was registered at the Chinese Clinical Trial Registry and the registration number is ChiCTR1900026116."

Reporting of Consent

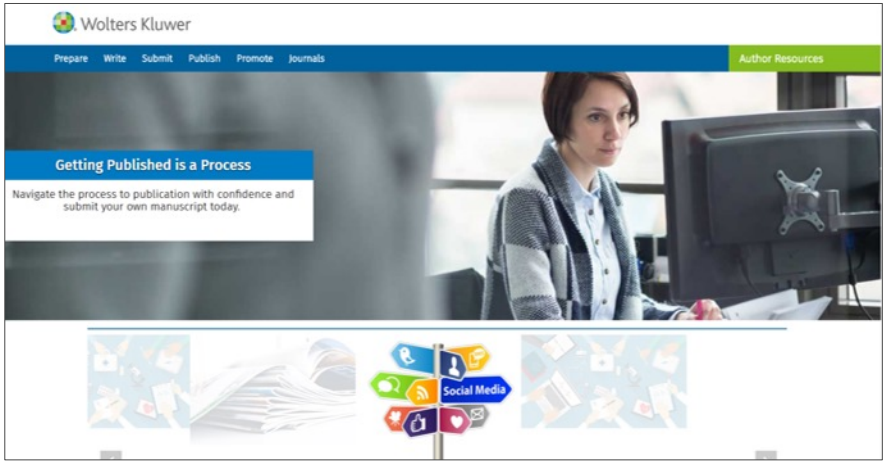
"Exclusion criteria were: diabetes and osteoporosis prone to brittle fracture; severe infections (such as hepatitis, pneumonia and pyelonephritis) in the last 2 months; pregnancy or lactation in women; tuberculosis; tumors, multiple sclerosis, central nervous demyelination or congestive heart failure; other serious diseases affecting vital visceral organs such as the heart, liver, or kidney; blood or endocrine system disease. Besides, all of the patients were required to sign a written informed consent before the enrollment. The sample size was calculated using G∗Power 3.1 based on 1) the study design (ie, mixed factorial design); 2) a type I error rate of 5% (α=0.05); 3) a statistical power of 95% (1-β=0.95); and 4) a moderate effect size of 0.34 based on our previous study.[20] The total estimated sample included 70 patients."

Patient Consent

- Non-negotiable. A patient who has not granted consent cannot have their data publicly shared.
- Patient images. Consent for image use must be granted and every effort must be made to anonymize the image as much as possible while maintaining the clinical value of the image.
  - The black bar across the eyes is no longer considered adequate.
  - Patients who are minors cannot grant consent. It must be obtained by parents/guardians.
  - Patients who are deceased cannot grant consent. It must be obtained by legal next of kin.

Seeking Assistance

If needed, where can I find help?



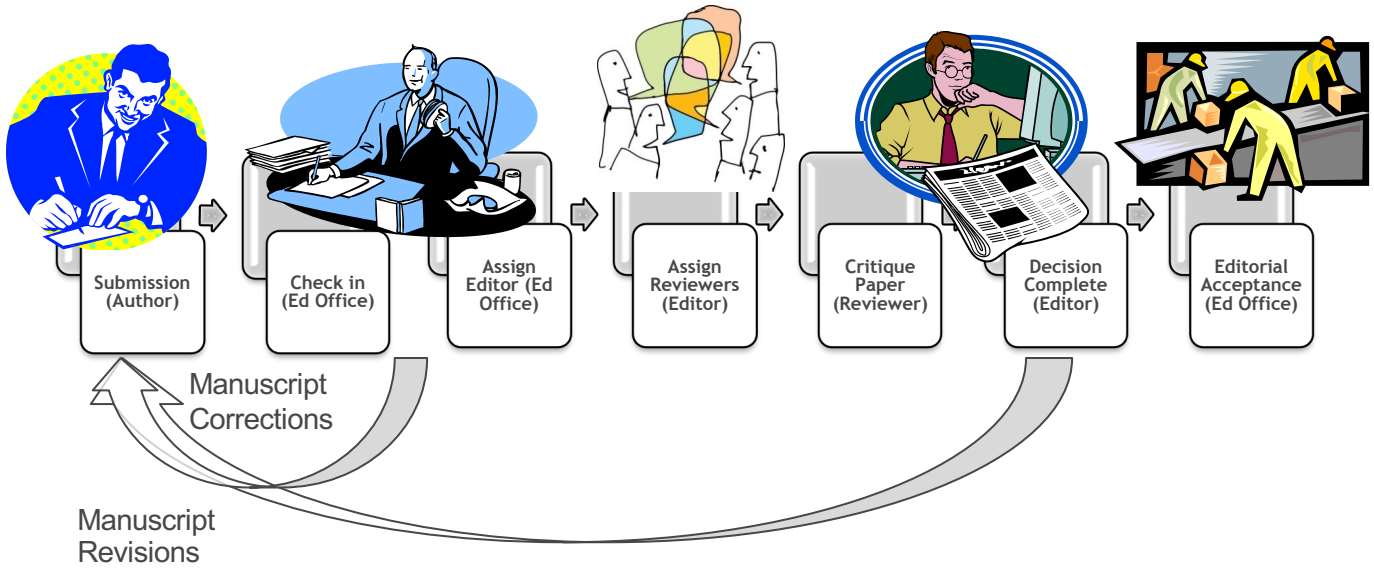
Wolters Kluwer Author Resources
authors.lww.com

Wolters Kluwer Editing Services
wkauthorservices.editage.com

Submission & Peer Review

Editorial Workflow

Online Submission | Editor & Reviewer Assignment | Online Blinded Peer Review | Release to Production



Submission Process

- Be realistic about the journal you want to publish in
  - JAMA (rejection rate of 92%)
  - The Lancet (rejection rate of 90%)
  - NEJM (rejection rate of 92%)
  - BMJ (rejection rate of 93%)

Tips for smooth submission

- Read and follow author guidelines and instructions
- Provide all the required paperwork first time round (manuscript, figures, declarations, copyright or licence form)

What editors look for...novelty, relevance and quality

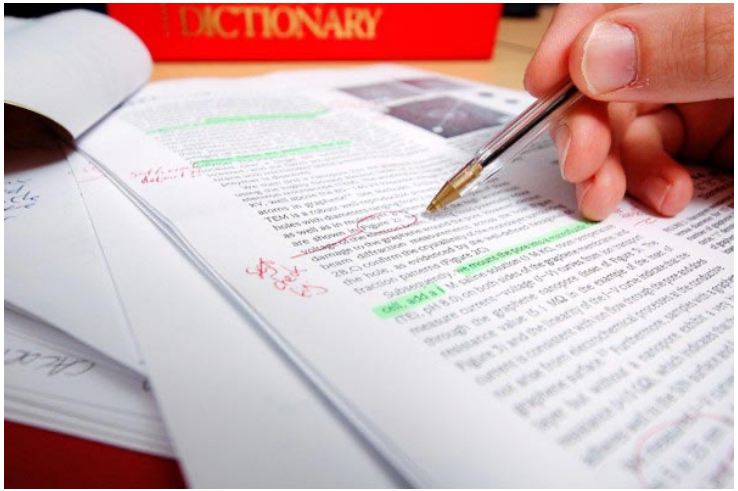
Novelty

- Information about a new drug, new patient population, new problem
- Definitive data in a controversial area
- Extending previous findings
- Large study population (confirmatory data)

What Editors Look For...

Relevance

- Impact on clinical practice (new answer for old problem, consolidating evidence, changing accepted practice)
- Develop/validate a method of diagnosing or quantifying severity of disease
- Establish a mechanism of disease
- Generate a ‘hypothesis’



What Editors Look For...

Quality

- Sound methodology
- Comprehensive and analytical
- Well presented and well written
- Follow reporting guidelines and ethical practice

Submitting Your Manuscript

Information for Authors

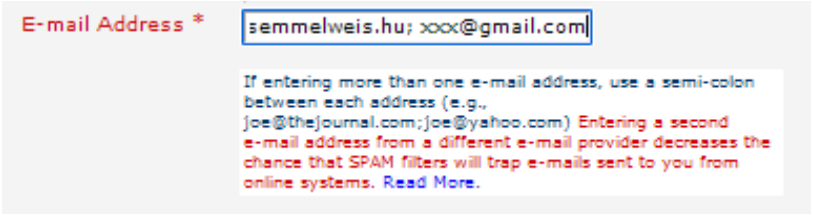
On our Journal homepage hover over the 'For Authors' tab and click on Information for Authors

Click on the link, 'Submit a manuscript' to take you to the Editorial Manager site for manuscript submissions

Submit a manuscript

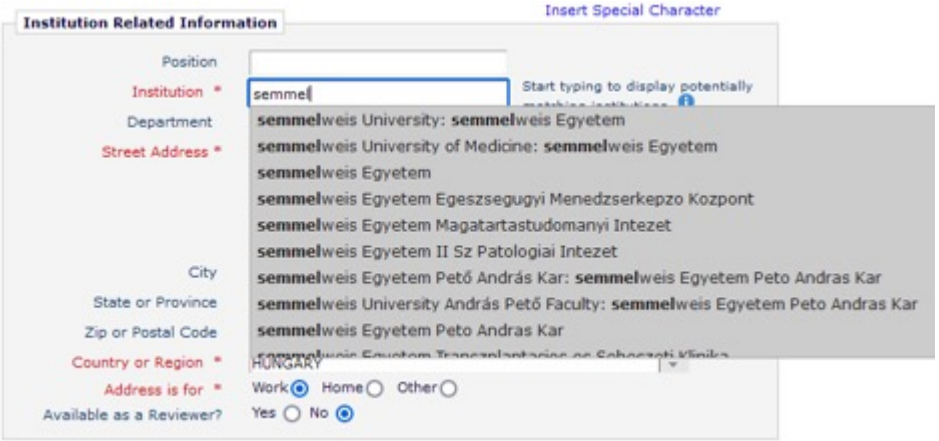
Editorial Manager

Corresponding Author's Email & Institution



Email

Enter institutional email address. Enter a second email address using a semicolon to separate them. This decreases the chance of Spam filters trapping emails sent to you



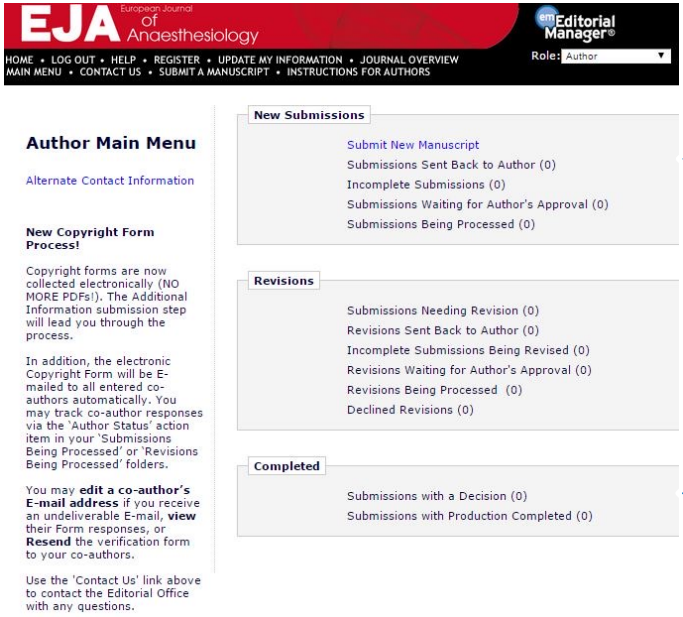
Institution

Start typing to display a list of institutions

Select

Select your institution from the dropdown list. You may see several choices, simply select the most appropriate option.

The Submission



New Submissions

To submit a new manuscript, click on the link here

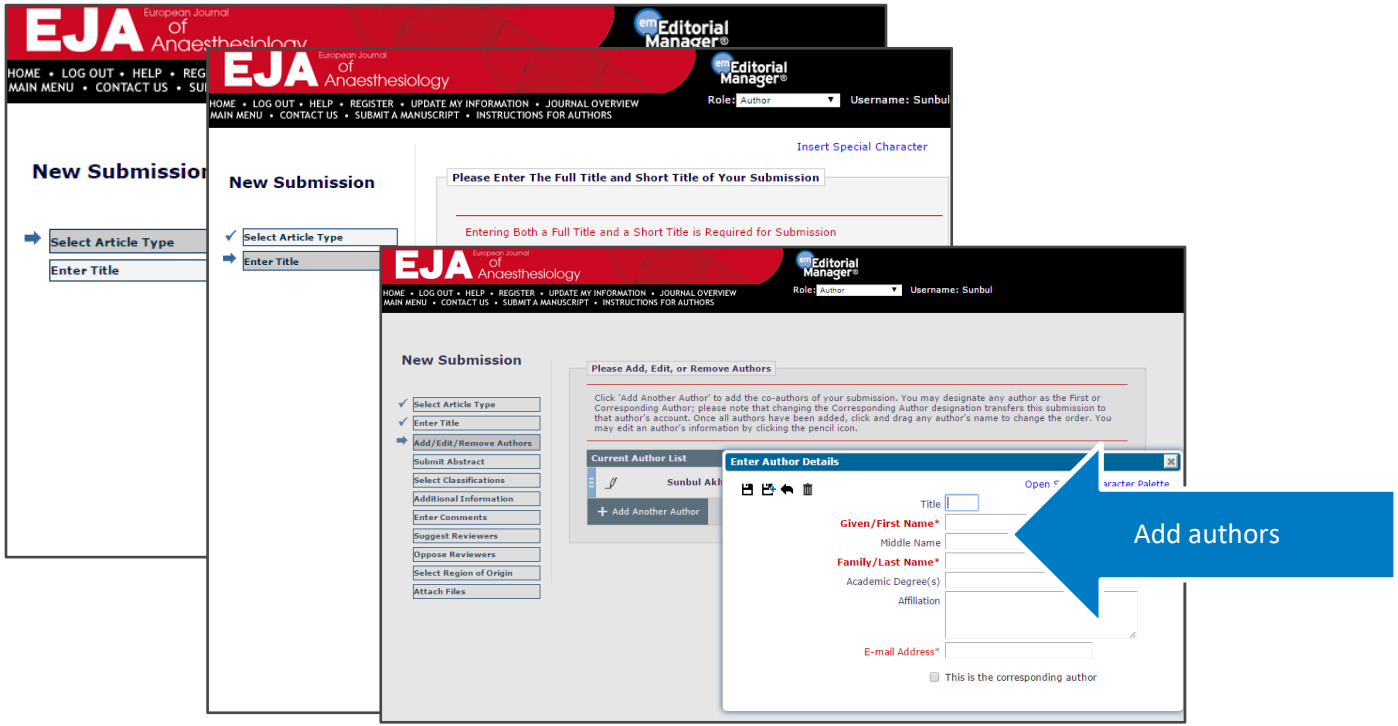
Revisions

Manuscripts with reviews requiring revision will be stored in these folders

Completed

A list of your papers which have been approved for publishing will be listed in these folders

New Submissions



Submission Questions: Open Access

I would like my paper to publish open access. [NOTE: Corresponding authors affiliated to an institution with an agreement with Wolters Kluwer that covers open access publishing will not be charged an open access fee. Authors not covered by such agreements may pay the article publication charge (APC) by credit card or request an invoice per their institution's or funders requirements. You will receive a quote, and if you choose not to proceed with open access publication you need take no further action in this regard].

Answer Required:

- (•) Please select a response
- ( ) Yes
- ( ) No

Please select a response.

Open Access

Select 'Yes' to publish open access

Click the link to check if your institution has funded the OA fee. Articles with Corresponding authors from these institutions are not charged for OA

Czech Republic

- Charles University / Univerzita Karl

Finland

- Helsinki University Central Hospital / Helsingin yliopistollinen keskussairaala
- Kuopio University Hospital / Kuopion yliopistollinen sairaala
- Oulu University Hospital / Oulun yliopistollinen sairaala
- Tampere University Hospital / Tampereen yliopistollinen sairaala
- Tampere University of Applied Sciences / Tampereen ammattikorkeakoulu
- Turku University Central Hospital / Turun yliopistollinen keskussairaala
- University of Eastern Finland / Ita-Suomen yliopisto
- University of Helsinki / Helsingin yliopisto
- University of Oulu / Oulun yliopisto
- University of Tampere / Tampereen yliopisto
- University of Turku / Turun yliopisto

Hungary

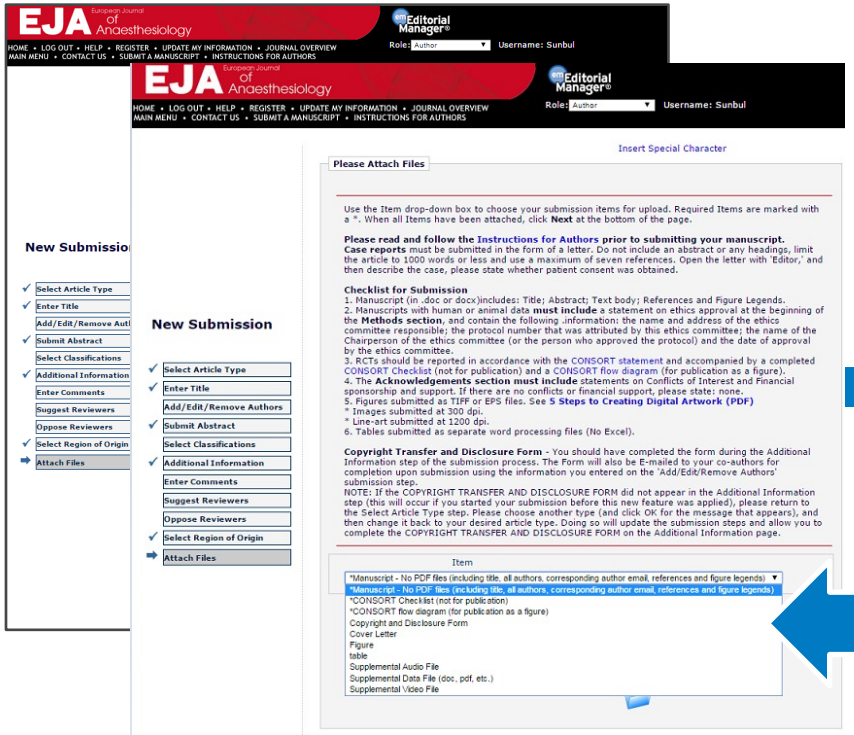
- Semmelweis University /Semmelweis Egyetem
- University of Debrecen / Debreceni Egyetem
- University of Pecs / Pecsi Tudomanyegyetem
- University of Szeged / Szegedi Tudomanyegyetem

Italy

- Catholic University of the Sacred Heart / Universita Cattolica del Sacro Cuore
- Integrated University Health Authority of Udine / Azienda Sanitaria Universitaria Integrata di Udine
- Italian Institute of Technology / Istituto Italiano di Tecnologia
- Marche Polytechnic University / Universita Politecnica delle Marche
- University of Bari Aldo Moro / Universita degli Studi di Bari Aldo Moro
- University of Bologna / Universita di Bologna
- University of Brescia / Universita degli Studi di Brescia
- University of Cagliari / Universita degli Studi di Cagliari
- University of Catania / Universita degli Studi di Catania
- University of Florence / Universita degli Studi di Firenze
- University of Genoa / Universita degli Studi di Genova
- University of Insubria / Universita degli Studi dell'Insubria
- University of L'Aquila / Universita degli Studi dell'Aquila
- University of Milan / Universita degli Studi di Milano
- University of Milano-Bicocca / Universita degli Studi di Milano-Bicocca
- University of Modena and Reggio Emilia / Universita degli Studi di Modena e Reggio Emilia
- University of Naples Federico II / Universita degli Studi di Napoli Federico II
- University of Padua / Universita degli Studi di Padova
- University of Parma/ Universita degli Studi di Parma
- University of Perugia / Universita degli Studi di Perugia
- University of Pisa / Universita degli Studi di Pisa
- University of Rome Tor Vergata / Universita degli Studi di Roma Tor Vergata
- University of Salerno / Universita degli Studi di Salerno
- University of Sassari / Universita degli Studi di Sassari
- University of Trieste / Universita degli Studi di Trieste
- University of Udine / Universita degli Studi di Udine

Wolters Kluwer

New Submissions – Uploads



You can browse for files on your computer to upload to the system, or drag and drop from a folder.

Uploads are divided according to type: upload figures, tables, cover letters etc. separately. They will be seen later in entirety as a PDF

Peer Review Process

- Is a process of subjecting an author's research or ideas to the scrutiny of experts in the field.
- It is used by journal editors to screen and select submitted manuscripts.
- It helps to ensure balance.
- It is critical to establishing a credible body of knowledge for others to build upon.

Peer Review Process

Requests from editors and referees

- The editor's initial assessment
  - May ask for changes before paper goes for peer review
    - Often: Length, Clarity, Focus
  - Most important – let the editor know what you have and have not done, and why
  - Respond to each comment raised
- Referees report
  - Referees can find errors – these must be corrected
  - Referees can make suggestions – these may be optional, but it is a good idea to follow these suggestions if possible

Addressing referee comments

- Use 'track changes' or different color to clarify revised text in the manuscript
- Attach a separate sheet listing responses to referee comments
- Include referee comments in response
- Respond to individual comments
- State upfront what action was taken (Done/Not done) and then explain the reason
- The editor may send the revised manuscript and author responses to referees for a second look

Peer Review Process

Common reasons for rejection

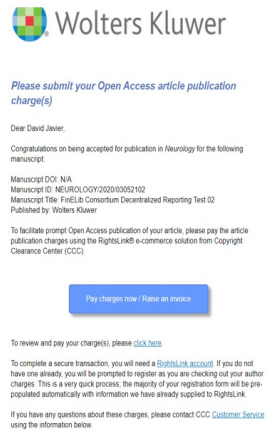
- Unrealistic target journal
- Paper is nothing new
- Overlap with other work — 'salami publication'
- Paper is not clinically relevant
- Study design is fatally flawed
- Peer reviewer comments are inadequately addressed
- Paper has been rejected before but problems have not been addressed before resubmission
- 'Fraud' — most often plagiarism

Avoiding a negative outcome

- Don't hide things
  - Declare conflicts, funding (institutional or commercial)
  - Make sure you know the criteria for authorship and that everyone meets them
  - Declare the role of other contributors
- Don't try to break the "rules"
  - NEVER submit to more than one journal at a time
  - Adhere to deadlines and communicate any changes of plan
- If rejected?
  - OK to try another journal – but make suggested improvements first (especially if rejected post peer review)

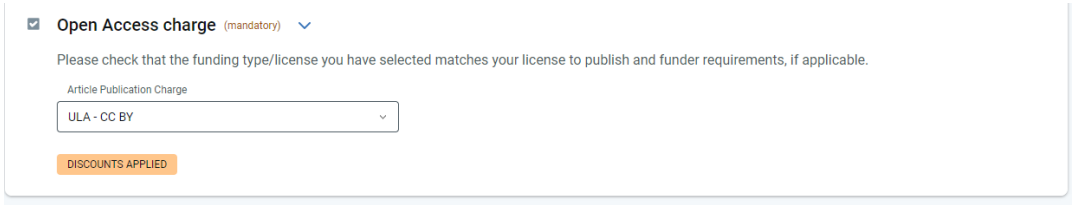
Post Acceptance: Complete the Open Access Process

1

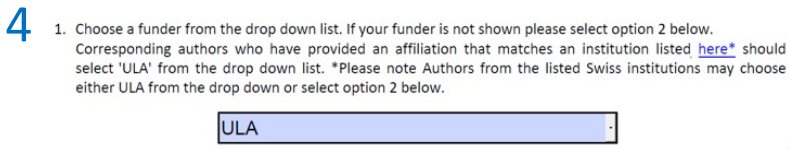


2

3



4

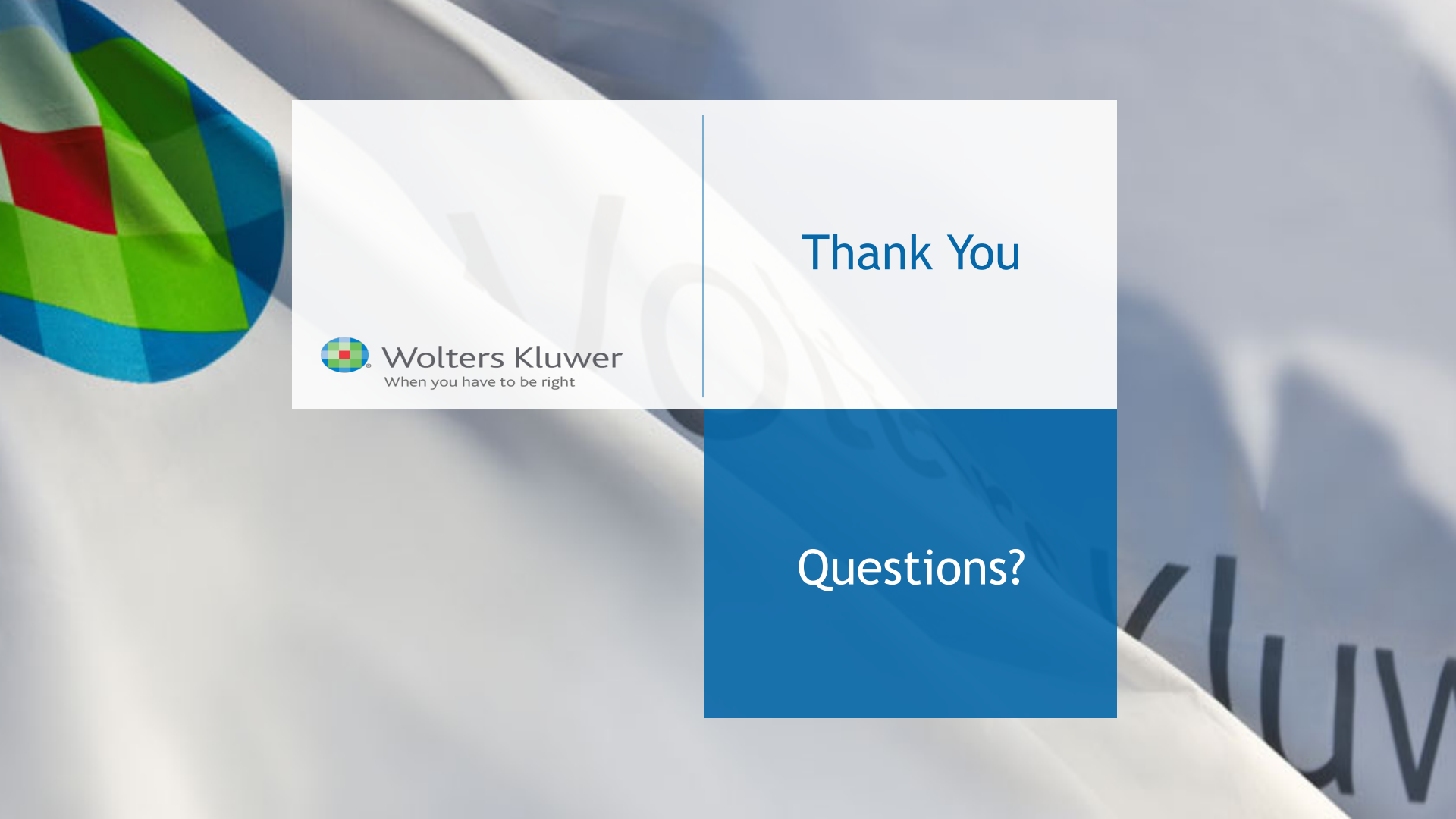


1. Click link in the open access email you receive
2. Register in the system and select ‘Seek Funding’ to receive the $0.00 price
3. Select the ULA – CCBY license option
4. Complete the license to Publish form the journal provides and select ULA in Schedule B

Final Thoughts

Publishing is about following the rules

- Plan your choices of journal – be realistic
- Consider what editors look for in their journal content?
  - Editors want good papers that will be read and cited
- Follow the process
  - Be honest and professional
  - Never withhold information
  - Don’t break the rules
- Take heed of comments from the editor and peer reviewers
- Be aware you may not be successful – but don’t give up!
- The process takes time
  - On average, expect 2-3 months for peer review
  - 3-12 months for publication after acceptance (depending on the journal), but often articles are published as non-final versions online before print


Wolters Kluwer
When you have to be right
Thank You
Questions?