Key Aspects of Scientific Publishing

For researchers from the medicine and life sciences field

Izmir, Turkey, March 2013

Elizabeth Wager PhD
Sideview
for Cactus Communications
About Editage

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Cactus Communications is in the business of providing top-notch communication solutions that enable “growth through effective communication.” This commitment has helped CACTUS serve over 45,000 clients and grow from an organization with a single service offering to one that offers a diversified portfolio of communication-related services. Today, CACTUS provides scientific & technical editing, medical communications, transcription, translation, and training services to researchers, pharmaceutical companies, universities, and corporations worldwide.

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Today’s workshop

- Planning your publication
- Identifying target audience and target journal
- The structure of a scientific article
- Break
- Writing the key sentences
- Writing a persuasive cover letter
- Understanding the peer-review process
- Rules and guidelines to help you

Plan before you write

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

Have one key message

How would you describe your findings:
- to a friend in a cafe?
- as a newspaper headline?
- in a ‘Tweet’ (140 characters)
- “in 30 seconds, standing on one leg”

Why do we write?

"Words are, of course, the most powerful drug used by mankind"

Rudyard Kipling (1865-1936)

What effects will your words have?

Keep your readers in mind

- What will interest them?
- What do they know already?
- What do you need to explain?

Remember, your first readers are:
- the journal editor
- the peer reviewer(s)
Know your audience (1)

Who are you writing for?
- All clinicians (*Lancet*)
- Infectious disease docs (*J Infectious Diseases*)
- Tropical medicine/malaria specialists (*Tropical Med & Int Health/ Malaria Journal*)
- Basic researchers (*J Invertebrate Pathology*)

Know your audience (2)

Who are you writing for?
- Global audience
- Regional audience
- Local audience

How ’big’ is your message?

Practical exercise

- Answer these questions then discuss them with the person sitting next to you:
  - What is your key message?
  - Who are you writing for?
  - What do you want readers to do?
  - How would you ’Twee’ your findings? (<140 characters)

How to identify journals?

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

Publisher website

Web search: ‘cardiology journals’
Factors to consider
- Scope and format
- Current topics
- Rejection rate
- Time for decision / publication
- Readership
- Geography
- Indexing (e.g. Medline)
- Co-authors’ experiences / preferences

Where to find the info
- Speed of decision
- Speed of publication
- Journal website / info for authors
- Readership
- Instructions (e.g. length)
- Accessibility
- Chance of acceptance
- Cost
- Reputation

Journal scope

Don’t be fooled by the title!

*Philosophical Transactions of the Royal Society*

What’s this journal about?

It’s a biology journal …

What is important to you?
- Readership
- Accessibility
- Impact factor
- Speed
- Chance of acceptance

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Rejection rates

<table>
<thead>
<tr>
<th>Readership</th>
<th>Journal</th>
<th>Rejection rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>Lancet, NEJM</td>
<td>&gt;90%</td>
</tr>
<tr>
<td>Specialist</td>
<td>Circulation, Heart</td>
<td>85% 75%</td>
</tr>
<tr>
<td>Sub-specialty</td>
<td>Jnl of Interventional Cardiology</td>
<td>50-80%</td>
</tr>
<tr>
<td>Super-specialty</td>
<td>Jnl of Vascular Access</td>
<td>&lt;60%</td>
</tr>
<tr>
<td>Bias to publish</td>
<td>CMRO, BioMedCentral, PLoS One</td>
<td>10-25%</td>
</tr>
</tbody>
</table>

THE LANCET

- “We seek to publish high-quality clinical trials that will alter medical practice”
- “The aim of The Lancet Oncology is to publish interesting, informative, and practice-changing articles on any topic connected with clinical oncology”

BMJ

- “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.”

New philosophy

- “Our editorial view is that readers can decide for themselves whether or not an article has value or relevance to them, and this is the way that the internet has transformed publication of all kinds. Print publication, because of space limitations, forces decisions on editors based on their judgement of what’s of interest to readers. Online publication allows readers to decide what’s of interest to them.”
- Kamran Abbasi, JRSM Short Reports

PLOS ONE

- “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)”
**BMJ Open**

- aims to publish “all research study types – including small or potentially low-impact studies.”

**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

**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

**Author / page / publishing charges**

<table>
<thead>
<tr>
<th>Journal</th>
<th>Charge / article</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLoS Medicine</td>
<td>$2900</td>
</tr>
<tr>
<td>PLoS One</td>
<td>$1350</td>
</tr>
<tr>
<td>BMJ Open</td>
<td>£1200</td>
</tr>
<tr>
<td>Nature Communications</td>
<td>$5000</td>
</tr>
<tr>
<td>BMC Medicine</td>
<td>£1395 ($2165)</td>
</tr>
<tr>
<td>OUP OA option</td>
<td>£900 ($1800)</td>
</tr>
<tr>
<td>IJCP expedited review</td>
<td>$1500</td>
</tr>
</tbody>
</table>

**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
- There are good and bad OA journals

**Key points**

- Choice of journal has a BIG influence on:
  - Chance of acceptance
  - Speed of publication

- What is important to YOU?
- Who will be interested in your message?
The structure of a scientific article

The key questions

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)

Contents of a paper

- Authors – Who did this work?
- Title - Why should I read it?
- Introduction - Why did you do it?
- Methods - How did you do it?
  (and where / when did you do it?)
- Results - What did you find?
- Discussion - What does it mean?
- Conclusions - What should I do now?

Which do you write first?

- Methods
- Results (+ figures)
- Introduction
- Discussion
- Abstract
- Title

Methods – function/content

- What did you do?
- A 'recipe' for the study
- Allows trial to be repeated
- Readers can judge:
  • validity
  • generalizability
  of the results
**Methods – general points**

- Give enough detail so that another scientist could repeat the study
- Define the population but do not describe it (eligibility criteria)
  (e.g. aged 18-55, NOT mean age 36 years)
- Mention ethical issues for medical papers
  (e.g. REC approval and patient consent)

**Methods - tips**

- Be precise about times, doses, titrations
- Do not include references EXCEPT for:
  - previously published special methods (which you do not describe)
  - published rating scales / questionnaires
  - unusual statistical techniques

**Methods - style**

- Use the past tense (tell a story)
- Use the active voice where possible
  (e.g. we measured X)
- but the passive voice can be useful
  (e.g. blood pressure and pulse were measured at 4, 8 and 12 hours)

**Common problems with Methods**

- Future / 'complex future' tense
  e.g. "patients were not to have had a positive pregnancy test"
  "sub-groups will be analysed …"
- Do not distinguish what you planned to do from what you actually did
  (but OK to say "we aimed to recruit 100 patients")

**What do editors / reviewers say about Methods sections?**

- Often too short!
- Not enough detail
- Do not explain setting
  (e.g. clinic / in-patients / out-patients)
- Do not follow guidelines, e.g. CONSORT
- Unclear / muddled

**The results**

- Keep your message in mind
- Don’t include everything you measured!
- BUT don't omit results that don’t ‘fit’
- Round-up to sensible decimal places
- Write main conclusions
- Keep tables & figures on separate sheets (at end)
Results

- Choose between text, tables, figures
- State main findings in words
- Then follow with numbers
- Use past tense
- Do not duplicate between text, tables and figures
- Journals prefer tables to figures

Introduction & Discussion

- The Introduction should answer the question: 'WHY did you do this study?'
- The Discussion should answer the question: 'WHAT do the results mean?'

The introduction

- State aims / objectives
- ‘Why did you do what you did?’
- Why might the reader be interested?
- ‘So what?’ test

Say something interesting

- Extrapulmonary small cell lung cancer was first described by Duguid & Kennedy in 1930
- There is a debate as to whether triple negative breast carcinoma has a worse prognosis than non-TNBC

Say something interesting

- Alzheimer’s disease is a serious, degenerative condition
- An estimated 4.5 million Americans have Alzheimer’s disease
- The number of Americans with Alzheimer’s has more than doubled since 1980

If you can’t be funny, be interesting

Harold Ross (founder, New Yorker) (1892-1951)
Remember your audience

- Give enough information to put your question in context and explain why it is important
- Do NOT tell readers what they already know

Intro: suggested structure

- Interesting opening sentence
- Statement of the problem (why this study needed to be done)
- State your hypothesis

"Judge of a man by his questions rather than by his answers"

Voltaire (1694 – 1778)

Discussion: suggested format

- Summarize results with respect to original question in the introduction
- Acknowledge shortcomings
- Describe other related work
- Explain why opposing evidence may be discounted
- Summarize with conclusions

Discussion checklist

- State MAIN finding (answer hypothesis)
- Discuss strengths & weaknesses
- Discuss unexpected findings
- Compare with other studies
- Put into clinical context
- What does this study add?
- Why is it interesting?
- What should we do now?

The discussion

- Remember your message
- Be honest / realistic
- Don’t include anything not in the results
- Face up to shortcomings in study design
- Cite relevant references
- Suggest future work
- Avoid clichés
Mistakes to avoid

- Don't put a literature review in the Introduction (save for the Discussion)
- Don't put any findings in the Discussion that are not in the Results
- Don't repeat all your findings in the Discussion (e.g. state in words only)
- Remember to address study limitations (nothing is perfect!)

Discussion: what do journals say?

- The Discussion section should not merely restate the experimental results and immediate conclusions. It should be constructive, interpretive, analytical, and it should establish the relationship between the results obtained and previously published work.

What do reviewers say?

- Study hypothesis not clear
- Study limitations not addressed
- Literature is quoted selectively
- Conclusions go beyond findings

How many references?

- Remember the function!
  (This is NOT to show how clever you are or how many papers you have read!)
- **Introduction**: enough references to understand the question / hypothesis
- **Discussion**: enough references to understand the results

How long?

Editors often say:
- Introduction is too long
- Discussion is too short!
- Introduction should be short
- Discussion may be longer

"Writing is a struggle between presence and absence"

*The Art of Writing*
Lu Ji (261-303)
Your paper should be like an hour-glass

or like Marilyn Monroe!

Wide at the top and bottom, narrow in the middle!

- Introduction – rationale; study question
- Methods – primary outcome
- Results – key finding (in words)
- Discussion – what did you find?
- Conclusion – what should readers do now?

Key (lead) sentences

- Start with thunder
- End with lightning

©Sideview
Key sentences

Lancet 2011;378:403-11

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

• Needed? Treatment of depression in people with dementia is a clinical priority but the evidence base is sparse and equivocal. The most recent Cochrane review7 identified six relevant studies, of which only three could be meta-analysed.

• 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.

• Findings 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.

• Limitations 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 ...

• Conclusion 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.


ATXN2 and Its Neighbouring Gene SH2B3 Are Associated with Increased ALS Risk in the Turkish Population

[………]
**Key sentences**

**Declarative title (stating conclusions)**

ATXN2 and Its Neighbouring Gene SH2B3 Are Associated with Increased ALS Risk in the Turkish Population

---

**Findings:**  
The first analysis of Turkish ALS patients regarding ATXN2 confirms its role as a risk factor. More importantly, this study identifies a common risk haplotype for ALS, containing the ATXN2 and its neighbouring SH2B3 gene.

**Limitations:**  
These data need to be validated in large and independent populations.

**Conclusion:**  
Our results implicate a genetic (and a possible biological) interaction between ATXN2 and SH2B3 genes, therefore we propose that it will be useful to investigate genetic variations in this genomic region of ALS patients.

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**Interesting? ALS is a late-onset, rapidly progressive and devastating neurodegenerative disorder… associated with selective degeneration of both upper and lower motor neurons in the brain, brainstem and spinal cord.**

**Although the mechanisms causing ALS are not well understood yet, several genes have been linked to the disease.**

**Question:** This study aims to investigate the association of the ATXN2 chromosomal region with ALS risk in the Turkish population

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**Key sentences**

**BMC Plant Biology**

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**Interesting /Needed?** The small grass B. distachyon is fast emerging as a powerful model system to study questions unique to the grasses… A truly tractable model grass is needed because the [standard] model Arabidopsis thaliana, cannot be used to answer questions where dicot and grass biology diverge. Humans derive the majority of their food directly or indirectly from grasses …

---

**Question:** We addressed these needs by developing SSR markers and creating inbred lines from a diverse collection of Bd …
• **Conclusion**: we have demonstrated that considerable genotypic and phenotypic variation exists within this Brachypodium collection. This diversity will allow scientific methods that exploit natural diversity to be applied to Brachypodium. The geographic distribution of SSR genotypes suggests that long-distance seed dispersal plays a significant role in the population structure of Brachypodium.

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**Practical exercise**

- Write the key sentence describing your study findings
e.g. 1st sentence of discussion

  - **Our study showed that ....**
  - **We found that ....**

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**Writing a persuasive cover letter**

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**Contents of an effective cover letter**

1. Describe study design (1-2 sentences)
2. Describe **key** findings (1-2 sentences)
   (hint: key sentence from discussion)
3. Why are these findings of interest / relevant to this journal’s readers?
   (show you know the journal!)

---

**Other items to include in cover letter**

- Title of paper (as heading)
- Statement that work is original and your own
- Statement that paper is not being considered by other journals
- Statement that all authors have approved final version

- Check journal instructions!
Dear Dr Abbasi,

Re: Bloggs et al, Fish oil in schizophrenia

Polite intro

What it’s about

Why you should publish it

Yours sincerely,

[Editor’s name]

How to get rejected

- Write the cover letter in a hurry
- Don’t ewes your spell cheque
- Spell the editor’s name wrong
- Address it to the previous editor
- Give the editor reasons to reject your paper
- Show you have not researched your target journal at all

but if you want to be accepted …

- Take care over your cover letter
- Give the editor reasons to accept your paper
- Briefly describe the paper
- Explain why it is interesting / important for this journal’s readers
- Show you have researched the journal

Responding to reviewers and editors

Possible outcomes

- Reject outright
- Conditional acceptance (willing to reconsider if you can address reviewers' comments)
- Accept with minor revisions
- Accept with no changes

Check reasons for rejection

- ‘Not for us’
  (e.g. rejected after in-house review or clear statement in editor’s letter)
  Select another journal

- Problems with the study
  May be worth appealing / resubmitting but only if you can address issues
Resubmit to same journal if:
- Rejected because too long
- Missing data can be added
- Data can be re-analysed
- Misinterpretation can be corrected
- Additional research can be done/added
- Overall comments were encouraging

Resubmit elsewhere if:
- Rejected outright
- Comments are not encouraging
- Irretrievable problems of design
- Data requested is missing
- You cannot agree on interpretation
- You are in a hurry and cannot make improvements in time available

The Lancet
- 100 submitted
- 20 peer reviewed
- 80 rejected
- 10 revised
- 10 rejected
- 6 accepted
- 4 rejected

- 249 received (5% of rejected papers)
- 114 considered
- 135 appeal rejected
- 26 accepted
- 83 rejected

BMJ 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'

Action plan for revision
- Re-read editor’s letter and reviewer comments
- Delegate response sections to appropriate authors (e.g., stats queries)
- (Circulate journal response to authors)
- Have a cup of coffee
Check editor’s letter

- Remember, the editor has the final say
- Check the editor’s letter for requested changes
- Do everything the editor asks you (or resubmit to another journal)

Responding to reviewers

- Don’t get angry
- Treat it like a school exam
- Respond to every point
- BUT you don’t have to do everything the reviewers suggest
- Argue your case (include ref’s) if you are resisting suggestions

Remember

It’s a negotiation NOT an ultimatum!

If reviewers want different things

- Option 1: follow the review suggestion you like best
- Option 2: contact the editor if reviewers demands conflict

Addressing comments

- Don’t rush but comply with deadline
- Be systematic, thorough and detailed
- Show where you have made changes
  Point-by-point list plus tracked changes in paper
- Be polite, even if reviewers aren’t

June 23, 2005

Daniel B. Mark, M.D., M.P.H., Editor
American Heart Journal
Duke Clinical Research Institute
South Square II, Suite 301 – Box 27
3708 Mayfair Street
Durham, NC 27707

Dear Dr. Mark:

Enclosed please find the revised version of our manuscript entitled “Excess Body Weight, Clinical Profile, Management Practices, and Hospital Prognosis in Men and Women After Acute Myocardial Infarction” (AHJ #50006R1).

We have attempted to address each of the concerns raised by the reviewers of this submission as well as editorial related concerns. We have attempted to make it more clear what the relevant groups are for our crude and multivariable adjusted analyses and have attempted to clarify statistically significant vs. nonsignificant findings in the revised submission.

We hope that this paper will now be considered for publication in the American Heart Journal.

Sincerely,

Robert J. Goldberg, Ph.D.
Professor of Medicine and Epidemiology
University of Massachusetts Medical School

©Sideview
Reviewer #1:

Comment #1 - Underweight (BMI <18.5 kg/m2) and Normal Weight (BMI 18.5-24.9 kg/m2) patients are lumped together in the analyses. Compared with heavier patients, underweight patients are likely to have different clinical characteristics (older, higher prevalence of certain comorbidities) that may influence their responses to certain, if not most, therapies. Underweight patients should be separated from Normal Weight patients in analyses.

Response: While we agree with the reviewer about the importance of studying underweight from normal weight patients, and more fully understanding the possible reasons for their relative thinness, the small number of men (n=36), and the comparatively small number of women (n=105), who had a BMI <18.5 do not allow for a systematic analysis of these underweight groups. We have, however, provided information about the number of male and female patients who were underweight in the revised manuscript (page 7, paragraph 2).

Comment #2 - Similarly, the three obesity classes are lumped together even though very obese patients might have different utilization rates of certain therapies than mildly obese patients. Table III suggests this in that there is not a clear 'dose-response' relationship between BMI and therapy use, i.e., Overweight patients have higher ORs than Obese patients for certain outcomes, especially in men.

Response: In agreement with the reviewer’s concern, we have now provided data for 2 groups of obese patients, namely those with a BMI of 30-34.9 (mild/moderate obesity) and those with a BMI of >35 (severe obesity). We have added information about these 2 groups in our revised tables with accompanying comments about these groups in the revised text.

Comment #3 - Abstract: p2, ln 4: ‘is associated with’ is more appropriate than ‘affects’ p2, ln 6: ‘Population-based investigation’ is vague. This is a retrospective cohort study.

Response: We have revised the abstract to reflect this first comment and have also clarified the study design utilized.

Comment #4 - Introduction; p4, ln 7: syntax ‘Obesity has been associated with, and exacerbation of...’ is unclear

Response: We have rephrased this comment.

Comment #5 - p4, ln 16: ‘association’ or ‘relationship’ is more appropriate than ‘impact’

Response: We have modified this line also to reflect the reviewer’s suggestion.

Comment #6 - Results: P10, ln 6: syntax of sentence starting ‘Obese women, and...’ is awkward

Response: This sentence has been rephrased.

Reviewer #2: General Comments:

Comment #1-Most of the results presented in this study are not new. However, the gender-related outcome differences are intriguing. It would be interesting to see whether these relationships persist after adjusting for race, and with BMI groups defined using NHLBI/NIDDK guidelines.

Response: We have further adjusted our study findings for race. We have also presented data according to the NHLBI/NIDDK guidelines.

Rules and guidelines to help you publish your work

Two types of guideline:

Reporting guidelines
- CONSORT
- STROBE
- PRISMA

Conduct guidelines
- ICMJE
- CSE
- WAME

And don’t forget:
- Journal instructions to authors ...
- Variable ...
  - practical information on formatting
  - word limits, reference style
  - how to submit your manuscript
  - may refer to reporting guidelines
ICMJE (Vancouver Group) Uniform requirements & statements

Covers a wide range of topics:
- authorship
- overlapping publications
- prior publication
- conflicts of interest
- dealing with the press
- trial registration

ICMJE authorship criteria

- All persons designated as authors should qualify for authorship, and all those who qualify should be listed
- Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content

ICMJE continued

Authorship credit should be based on:
- 1) substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data;
- 2) drafting the article or revising it critically for important intellectual content; and
- 3) final approval of the version to be published.

Conditions 1, 2, and 3 must all be met.
- Acquisition of funding, the collection of data, or general supervision of the research group, by themselves, do not justify authorship

CSE White Paper

WAME Policy Statements

Reporting guidelines (medicine)

- CONSORT
- PRISMA (QUOROM)
- STROBE
- STAR-D

All available at: www.equator-network.org
If you only look at two sites:

- www.icmje.org
- www.equator-network.org

New guideline for clinical trial protocols

Annals of Internal Medicine 2012;158:200-7

Explanation & elaboration:
BMJ 2013;346:e7586

Reporting guidelines (life sciences)

- MIAME (microarrays)
- ARRIVE (animal research)
www.nc3rs.org.uk

Conclusions and Discussion

Key points: planning & writing

- Keep your message and reader in mind
- Focus on the key questions: why, what, when, how, where, who?
  And ‘what does it mean?’
Key points: choosing a journal
- Research target journals carefully
- Who will be interested in my research?
- Check Instructions to Authors
- Read recent issues of the journal

Key points: cover letter
- Brief description of study design
- Key finding
- Why is this interesting to journal readers?
- Think: why should the editor publish this?

Key points: peer review
- Answer all editors’ requests
- Detailed response to reviewers
- You do not have to do everything the reviewers ask you to …
- Give reasons for not following suggestions

Key points: guidelines
- Check journal Instructions for formatting
- Reporting guidelines (for your study design)
- Conduct guidelines (authorship, originality, prior publication, research ethics)
- ICMJE (even for non-medical papers)
- EQUATOR-network

"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)
Helpful books on writing and publishing

E. Wager
*Getting Research Published: an A to Z of Publication Strategy* (2nd ed)

E. Wager, F. Godlee & T. Jefferson
*How to Survive Peer Review*

T. Albert
*Winning the Publications Game*
Good sections on planning and the writing process

N.W. Goodman & M.B. Edwards
*Medical Writing: a prescription for clarity*
CUP, Cambridge, 2e 1997
Helpful guide to correct word usage and good medical style

G.M. Hall (ed)
*How to Write a Paper*

Jane Fraser
*How to Publish in Biomedicine: 500 tips for success*

J. Fraser, L. Fuller & G. Hutber
*Creating Effective Conference Abstracts and Posters in Biomedicine*

E.J. Huth
*Writing and Publishing in Medicine*
Williams & Wilkins, 3e 1999

W. Strunk & E.B. White
*The Elements of Style*
Allyn & Bacon, Massachussetts, 3e 1979
The best book on style ever written – also available at: www.bartleby.com/141/

*Fowler’s Modern English Usage*
2nd edition, 1965 (much more useful than the totally revised recent edition)
OUP, Oxford

*AMA Manual of Style*
(latest edition includes sections on publication ethics, authorship, punctuation, etc.)
Useful resources

ICMJE Uniform Requirements
www.ICMJE.org

EQUATOR website
(links to CONSORT + much more!)
www.equator-network.org

Declaration of Helsinki
http://www.wma.net/e/policy/b3.htm

GPP guidelines
www.gpp-guidelines.org

EMWA guidelines

PhRMA principles
Principles on conduct of clinical trials and communication of clinical trial results

WAME statement: Ghost Writing Initiated by Commercial Companies
www.wame.org/wamestmt.htm#ghost

Council of Science Editors
www.councilscienceeditors.org

Committee on Publication Ethics (COPE)
www.publicationethics.org
Further reading: research reporting guidelines

**Epidemiology and observational studies general**


**STROBE**


**Meta-analyses**


**Case reports**


**Figures and tables**


For more information about workshops, e-mail bilgi@editage.com
**Trainer biography**

**Dr Elizabeth (Liz) Wager** is a freelance publications consultant and trainer and has worked with scientists, editors and writers on six continents. Before setting up her own company, Sideview, she worked in the publishing and pharmaceutical industries (for Blackwell Scientific, Janssen Cilag and GlaxoSmithKline). She chaired the Committee on Publication Ethics (2009-12) and is a member of the *BMJ*’s Ethics Committee, the World Association of Medical Editors Ethics Committee, and the CONSORT for Abstracts steering group. She is Visiting Professor at the University of Split School of Medicine.

She is a co-author of Good Publication Practice for Pharmaceutical Companies (2003), the European Medical Writers Association guidelines on the role of medical writers (2005), the Wiley-Blackwell Best Practice Guidelines on Publication Ethics (2006), COPE Best Practice and flowcharts for journal editors and the author of books on ‘Getting Research Published: an A to Z of Publication Strategy’ *(2nd edition 2010)* and ‘How to Survive Peer Review’. She has published research and commentaries on peer review and is the co-author of two systematic reviews on the effects of peer review. In 2010 she was awarded a PhD for a thesis entitled ‘Peer review and editorial processes for improving the quality of research reporting’.