How to Get Published: Tips from the Editor

Hilary P. Grocott, MD, FRCPC
Editor-in-Chief
Canadian Journal of Anesthesia

Disclosures

- Editor-in-Chief, *Canadian Journal of Anesthesia*
- Stipend from the Canadian Anesthesiologists Society

Outline

- Brief overview of an anesthetic journal
- What happens after manuscript submission
- Keys to successful writing

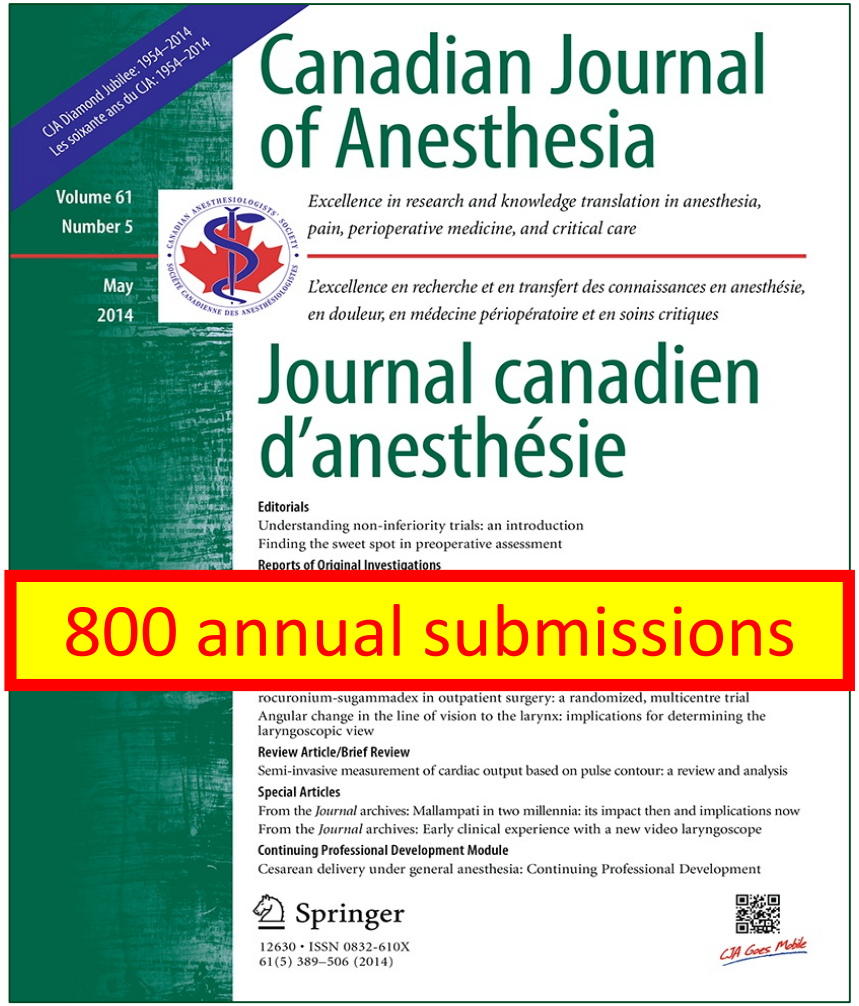
    - component parts of a manuscript

- Common writing errors
- Easy writing solutions

Mission Statement

"Excellence in research and knowledge translation in anesthesia, pain, perioperative medicine, and critical care"

"L'excellence en recherche et en transfert des connaissances en anesthésie, en douleur, en médecine périopératoire et en soins critiques"



800 annual submissions

publish 230 articles/year


CJA Diamond Jubilee: 1954–2014
Les soixante ans du JCA: 1954–2014
Volume 61
Number 5
May
2014
Canadian Journal of Anesthesia
Excellence in research and knowledge translation in anesthesia, pain, perioperative medicine, and critical care
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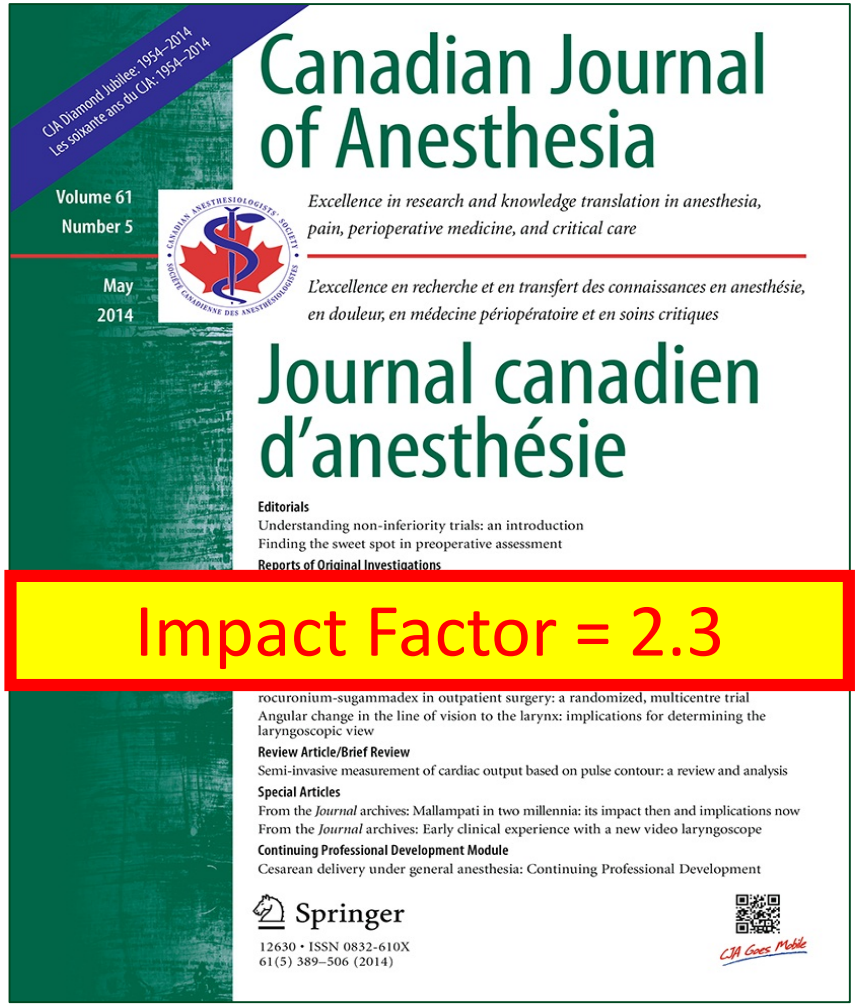
Journal canadien d'anesthésie
Editorials
Understanding non-inferiority trials: an introduction
Finding the sweet spot in preoperative assessment
Reports of Original Investigations
rocuronium-sugammadex in outpatient surgery: a randomized, multicentre trial
Angular change in the line of vision to the larynx: implications for determining the laryngoscopic view
Review Article/Brief Review
publish 230 articles/year
Acceptance rate = 30%
Springer
12630 • ISSN 0832-610X
61(5) 389–506 (2014)
CJA Goes Mobile

$$\text{2017 Impact Factor} = \frac{\text{Citations (2017)}}{\text{Articles published (2015+2016)}}$$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Review Article/Brief Review
Semi-invasive measurement of cardiac output based on pulse contour: a review and analysis
Special Articles
From the Journal archives: Mallampati in two millennia: its impact then and implications now
From the Journal archives: Early clinical experience with a new video laryngoscope
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Cesarean delivery under general anesthesia: Continuing Professional Development
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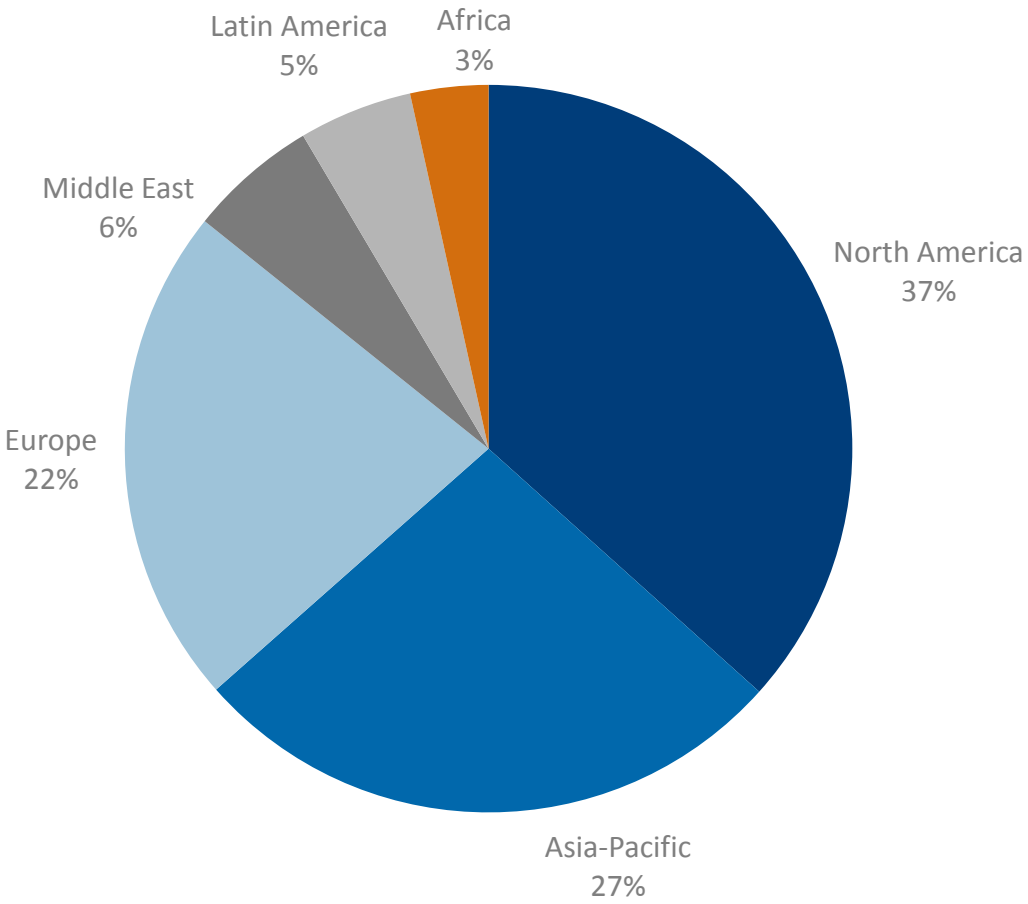
Readership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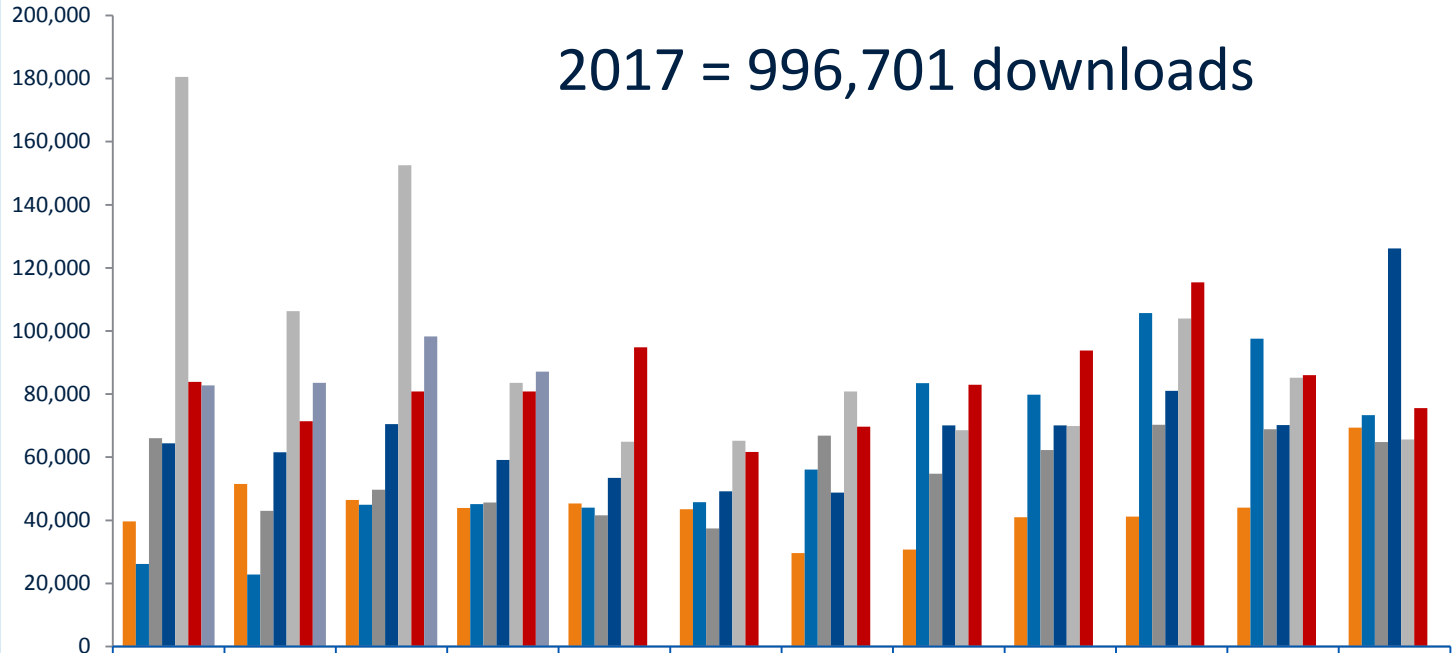
Journal Article Downloads

Full-Text Article Requests 2012-2018*



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2012	39,663	51,510	46,404	43,935	45,374	43,534	29,627	30,733	40,928	41,159	44,047	69,414
2013	26,193	22,819	44,962	45,165	44,041	45,697	56,085	83,494	79,826	105,671	97,553	73,295
2014	66,063	43,033	49,664	45,595	41,594	37,436	66,865	54,713	62,228	70,310	68,839	64,755
2015	64,352	61,608	70,504	59,137	53,406	49,206	48,814	70,115	70,040	81,022	70,164	126,117
2016	180,503	106,236	152,541	83,522	64,948	65,234	80,786	68,549	69,877	103,922	85,184	65,608
2017	83,897	71,356	80,876	80,800	94,783	61,644	69,708	82,916	93,796	115,400	85,952	75,573
2018	82,768	83,616	98,303	87,160								

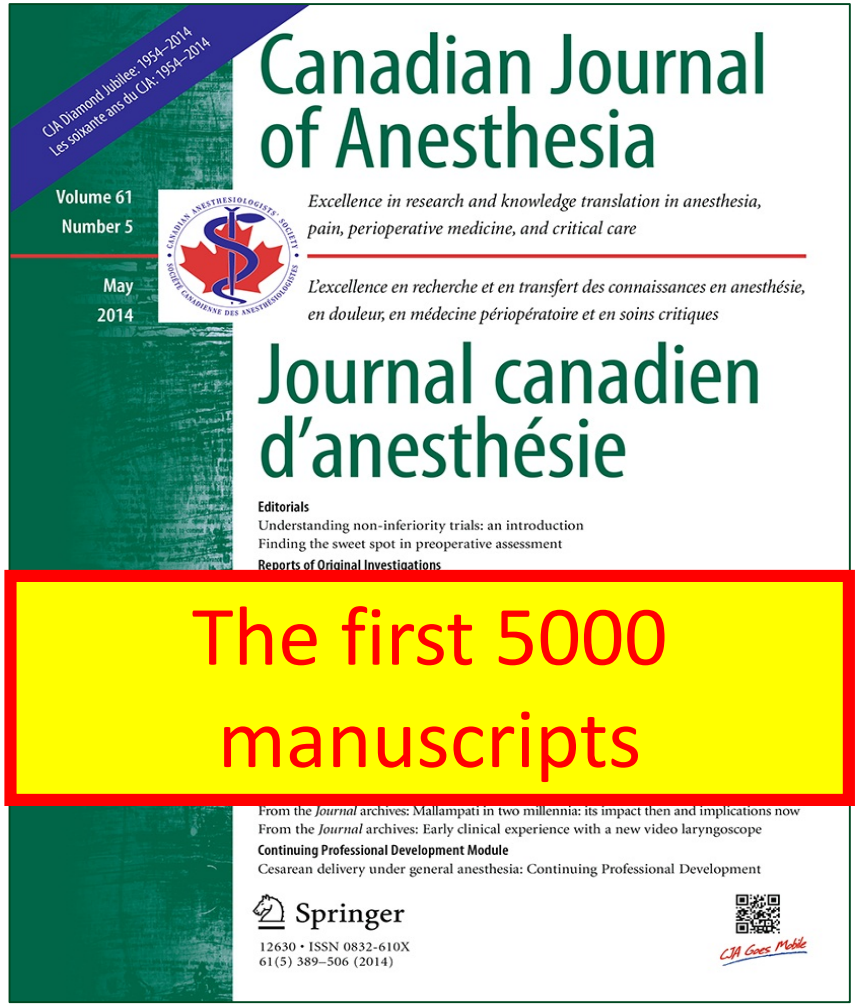
Totals	
2012	526,328
2013	724,801
2014	671,095
2015	824,485
2016	1,130,382
2017	996,701
2018*	351,847

Monthly Average	
2012	43,861
2013	60,400
2014	55,925
2015	68,707
2016	93,909
2017	83,058
2018*	87,962

*as of 9 May 2018

My perspectives on publishing in the CJA

- Clinician
- Clinician-Scientist
- Investigator
- Writer
- Collaborator
- Supervisor
- Mentor
- Reviewer/Editor
- Editor-in-Chief (CJA)



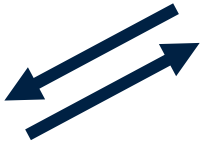
The first 5000 manuscripts

Journal Workflow

Journal Workflow

Time (days)

Submission



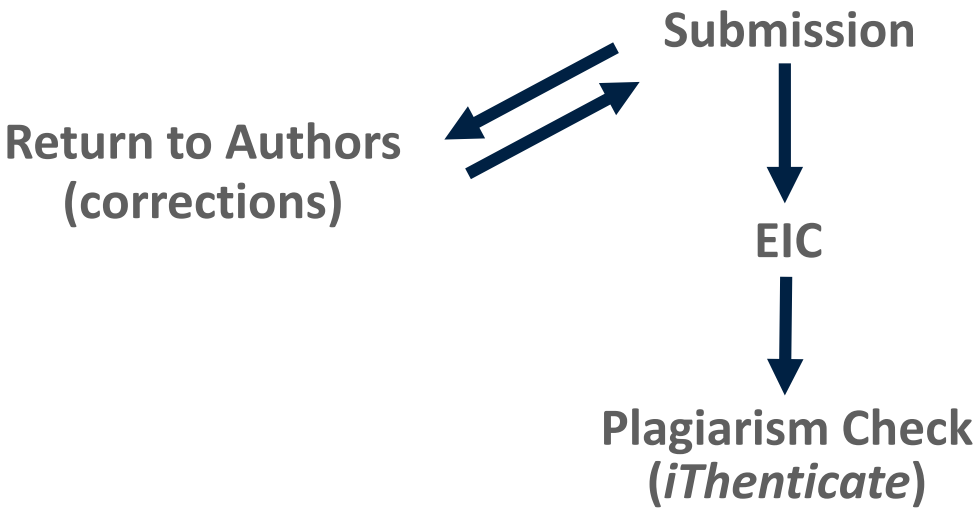
Return to Authors
(corrections)

Journal Workflow

Time (days)

Journal Workflow

Time (days)



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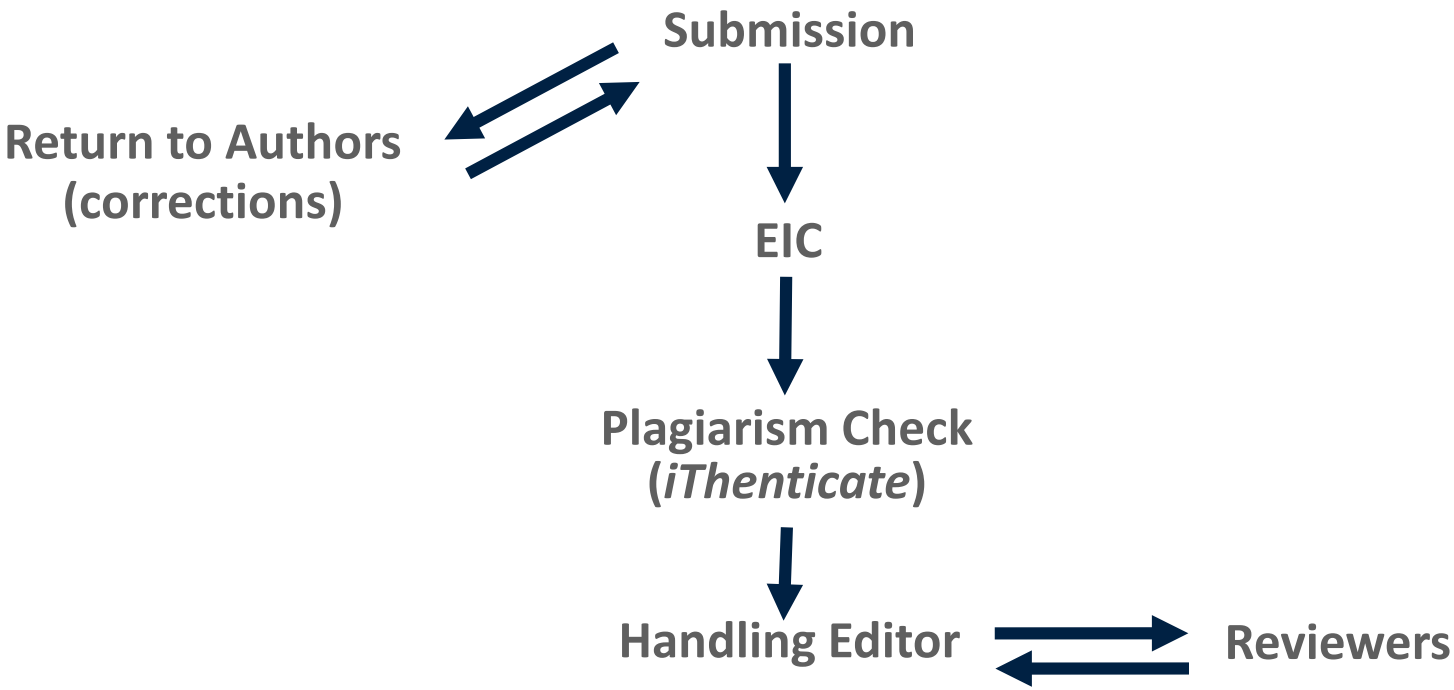

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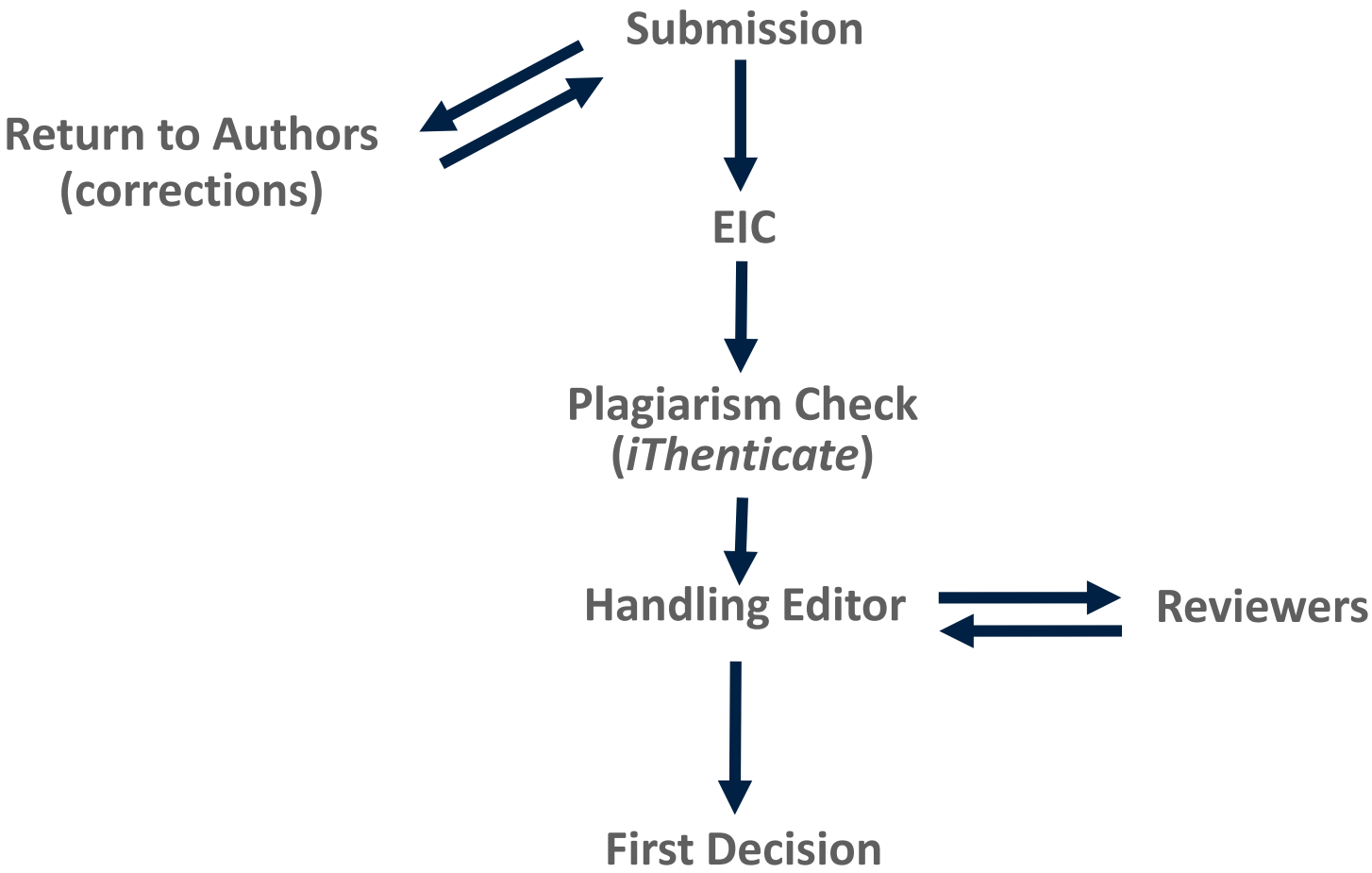

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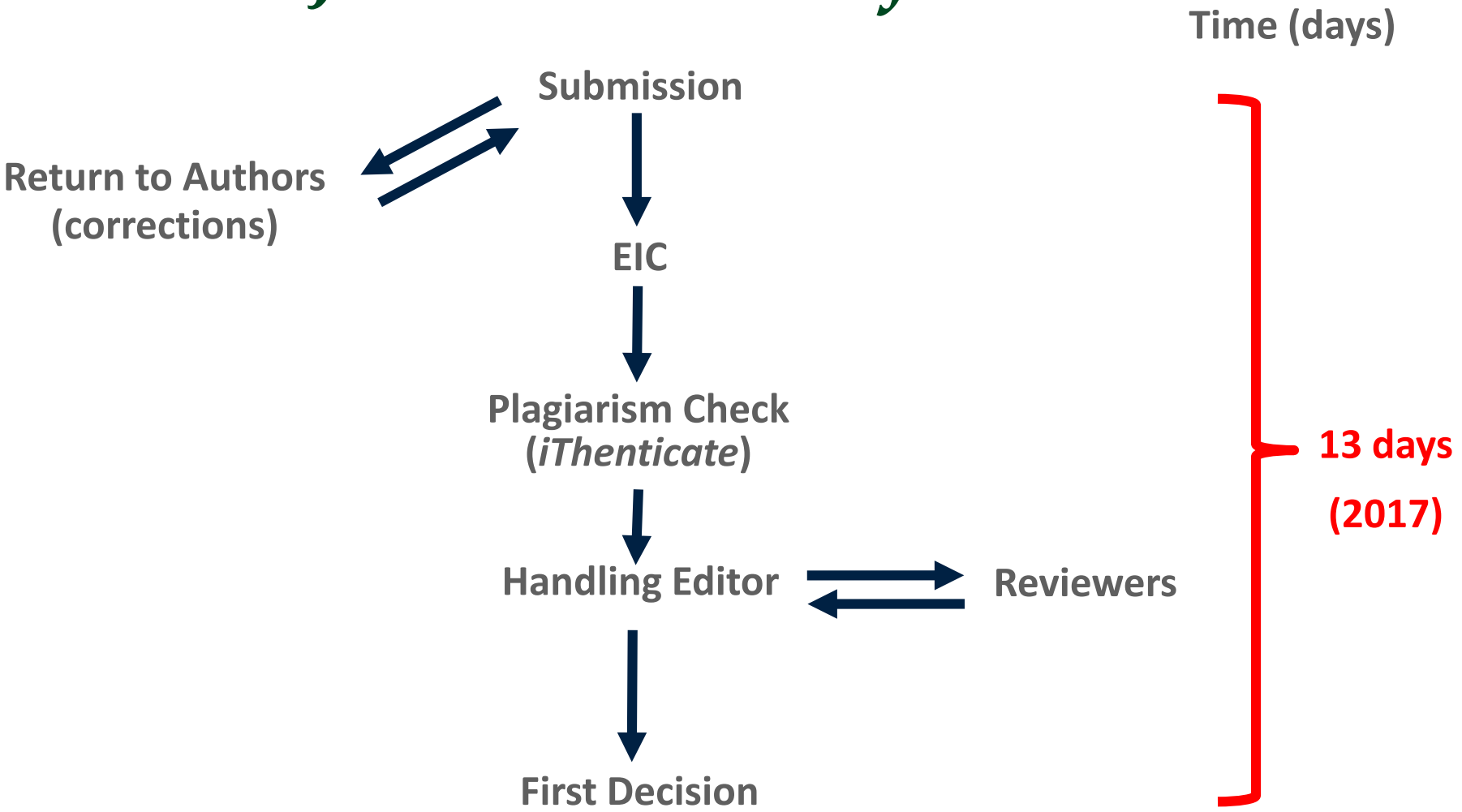

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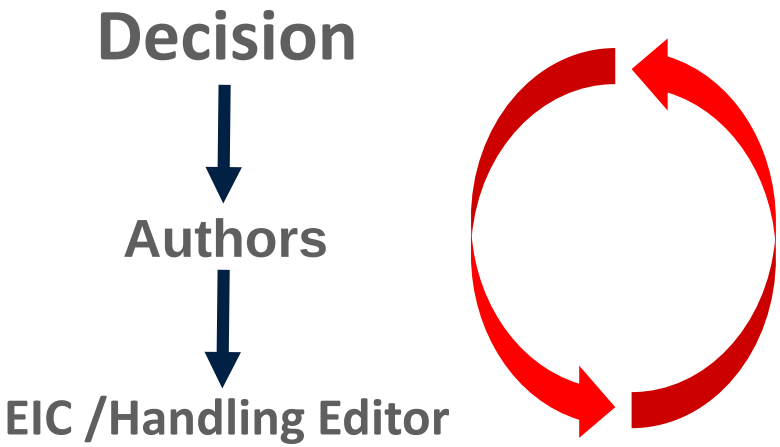

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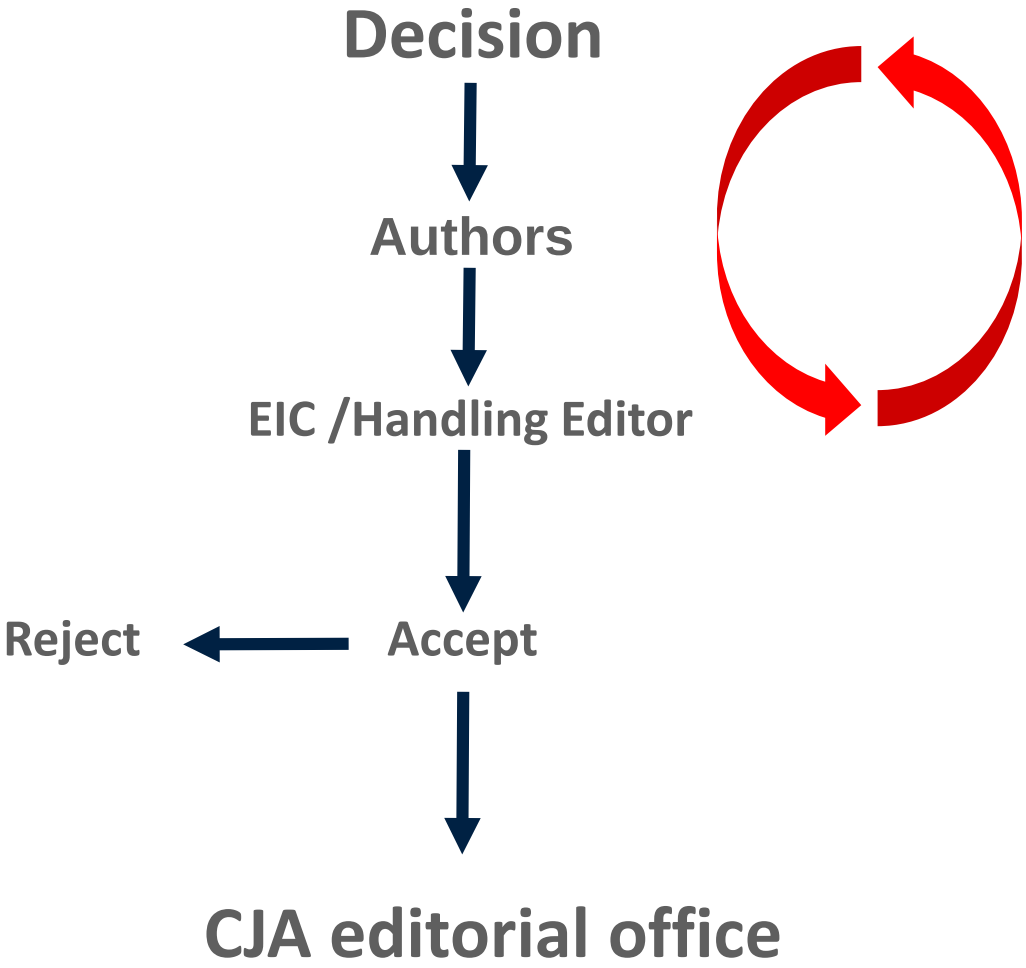

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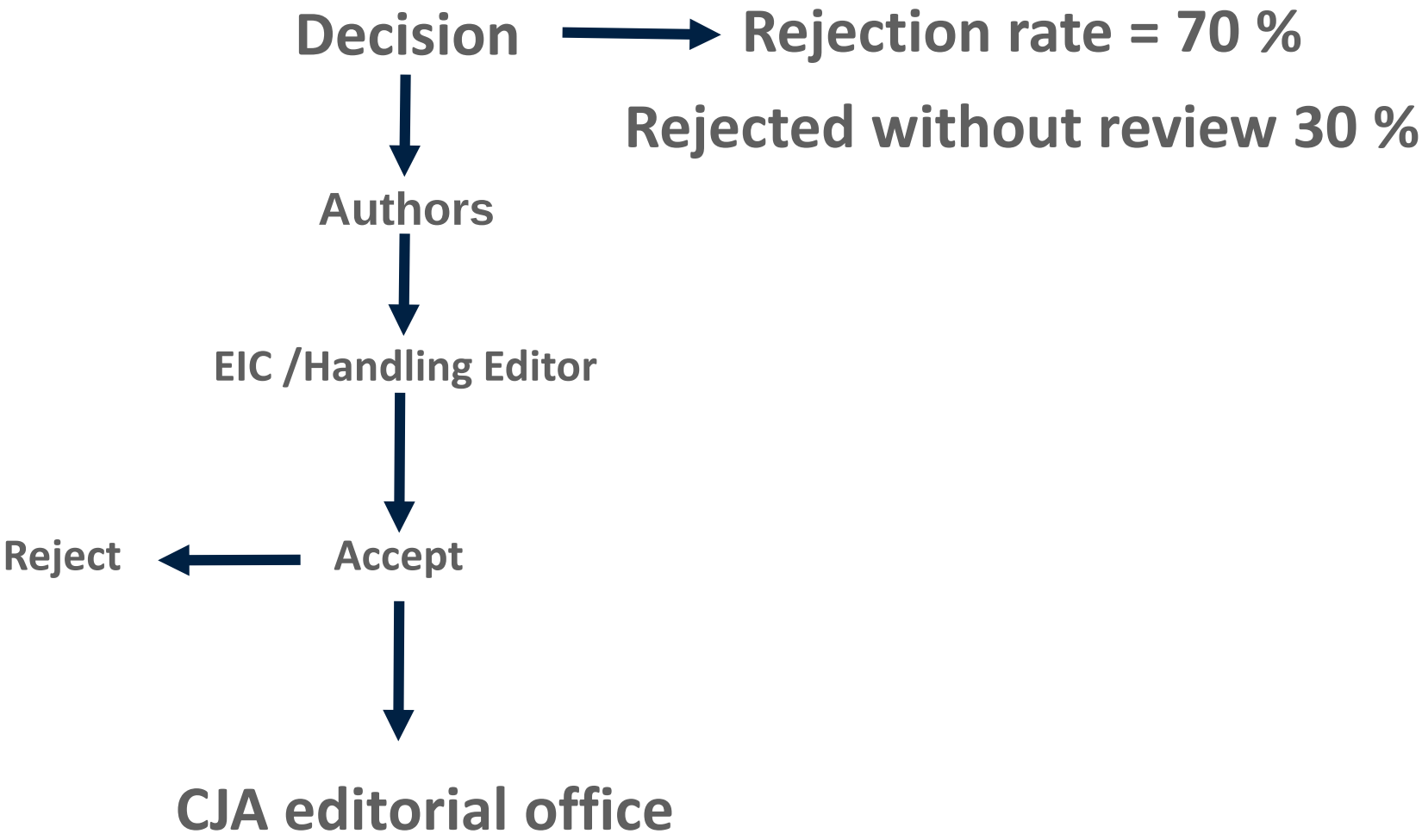
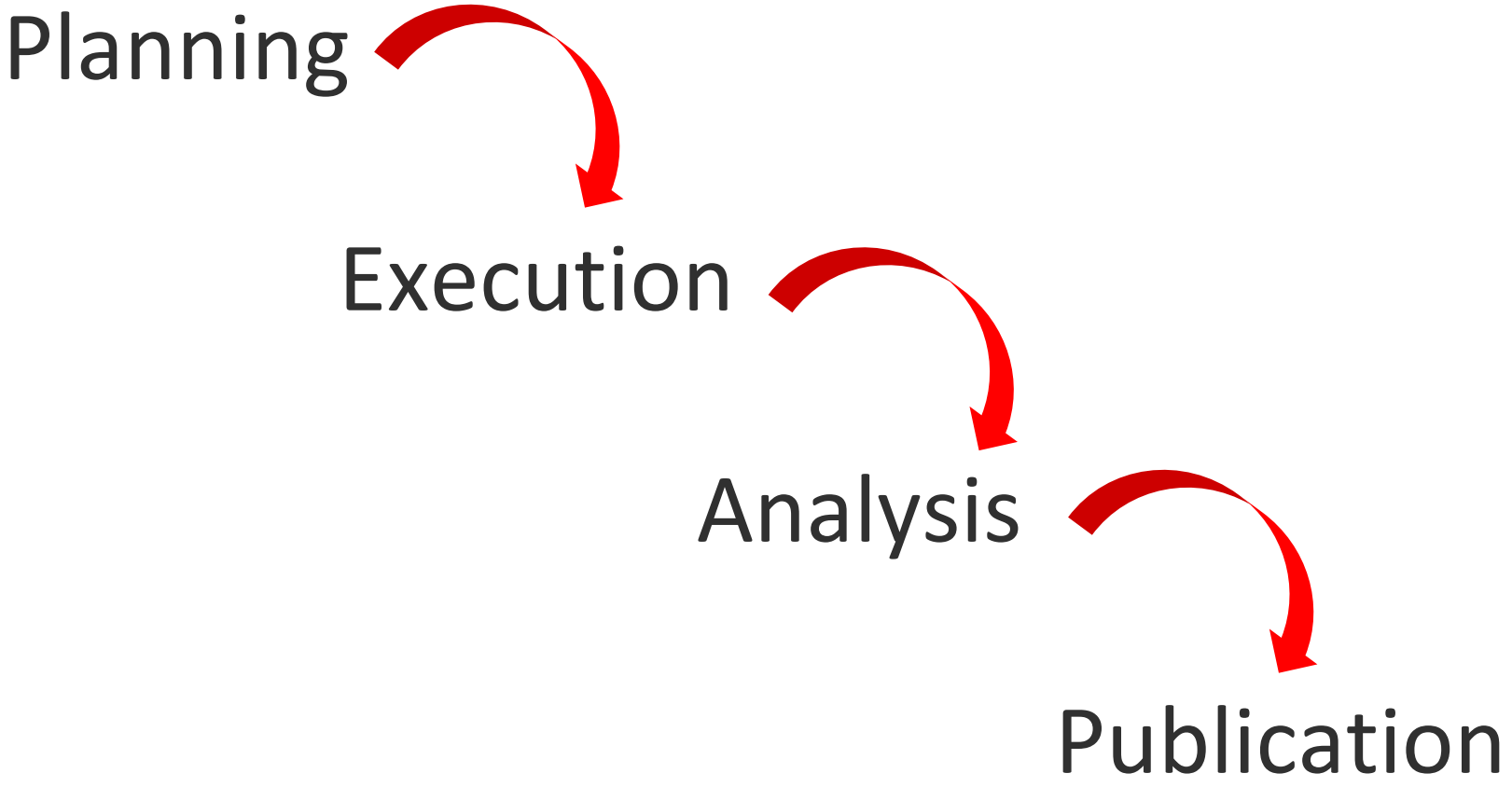


Journal Workflow

How to Successfully Publish Your Study

Publication

How to Successfully Publish Your Study



3 questions to ask?

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1. Is it new? → Novelty

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1. Is it new? → Novelty
2. Is it important? → Significance

3 questions to ask?

1. Is it new? → Novelty
2. Is it important? → Significance
3. Is it well done? → Quality

Optimizing Your Chances of Acceptance

"Make a good first impression"

Optimizing Your Chances of Acceptance

"Make a good first impression"

(you only get one chance)

Optimizing Your Chances of Acceptance

A badly prepared and written piece of good science is no more likely to get a good review than a polished piece of poor (minimal significance) science

Get the Reviewers on Your Side

Get the Reviewers on Your Side

- Read the instructions for authors

  - specific to the journal
  - article types
  - references
  - word count (approximate)
  - copyright
  - disclosures
  - submission process/signatures

Get the Reviewers on Your Side

- SPELL check – USE IT, please!!
- Poor grammar and spelling are red flags to reviewers

Get the Reviewers on Your Side

- SPELL check – USE IT, please!!
- Poor grammar and spelling are red flags to reviewers
- “if the author is sloppy with their writing, maybe the science was sloppy too”

Does my paper have all the needed “parts”?

www.equator-network.org

Search for reporting guidelines

Use your browser's Back button to return to your search results

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

Reporting guideline provided for? (i.e. exactly what the authors state in the paper)

Parallel group randomised trials

CONSORT checklist (Word) CONSORT flow diagram (Word)

Full bibliographic reference

Schulz KF, Altman DG, Moher D, for the CONSORT Group. CONSORT 2010 Statement: updated guidelines for reporting parallel group randomised trials.

Ann Int Med. 2010;152(11):726-32. PMID: 20335313
BMC Medicine. 2010;8:18. PMID: 20334633
BMJ. 2010;340:c332. PMID: 20332509
J Clin Epidemiol. 2010;63(8): 834-40. PMID: 20346629
Lancet. 2010;375(9721):1136 supplementary webappendix
Obstet Gynecol. 2010;115(5):1063-70. PMID: 20410783
Open Med. 2010;4(1):60-68.
PLoS Med. 2010;7(3): e1000251. PMID: 20352064
Trials. 2010;11:32. PMID: 20334632

Language

English

Reporting guidelines for main study types

Randomised trials	CONSORT	Extensions
Observational studies	STROBE	Extensions
Systematic reviews	PRISMA	Extensions
Case reports	CARE	
Qualitative research	SRQR	COREQ
Diagnostic / prognostic studies	STARD	TRIPOD
Quality improvement studies	SQUIRE	
Economic evaluations	CHEERS	
Animal pre-clinical studies	ARRIVE	
Study protocols	SPIRIT	PRISMA-P

Translations

Some reporting guidelines are also available in languages other than English. Find out more in our Translations section.

About the Library

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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	
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale	
	2b	Specific objectives or hypotheses	
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	

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Ensure your trial is registered

ClinicalTrials.gov
A service of the U.S. National Institutes of Health

ClinicalTrials.gov is a registry and results database of publicly and privately supported clinical studies of human participants conducted around the world. Learn more about clinical studies and about this site, including relevant history, policies, and laws.

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ClinicalTrials.gov currently lists 213,007 studies with locations in all 50 States and in 193 countries.

Text Size

Search for Studies

Example: "Heart attack" AND "Los Angeles"

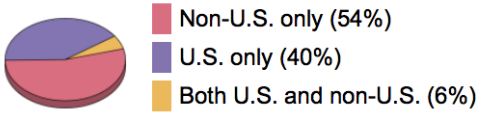
Search

Advanced Search | See Studies by Topic
See Studies on Map

Search Help

- How to search
- How to find results of studies
- How to read a study record

Locations of Recruiting Studies



Total N = 37,802 studies
(Data as of April 14, 2016)

- See more trends, charts, and maps

For Patients and Families

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- See studies by topic
- Learn about clinical studies
- Learn more

For Researchers

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- Download content for analysis
- About the results database
- Learn more

For Study Record Managers

- Why register?
- How to register your study
- FDAAA 801 requirements
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Learn More

- Tutorials for using ClinicalTrials.gov
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Clinical Trial Registration Adequacy

- registration is complete before first patient is randomized

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- outcomes are defined unambiguously
  - not acceptable: “mortality”
  - acceptable: “all-cause mortality 30 days after the operation”

Clinical Trial Registration Adequacy

- registration is complete before first patient is randomized
- outcomes are defined unambiguously
  - not acceptable: “mortality”
  - acceptable: “all-cause mortality 30 days after the operation”
- all outcomes (primary/secondary) are registered

Clinical Trial Registration Adequacy

All unregistered outcomes should designated as exploratory analyses

the Introduction

- Define key concepts and identify topic of study
- Establish importance of the topic
- Summarize existing literature - build a case as to why your study needed to be done

the Introduction

- Define key concepts and identify topic of study
- Establish importance of the topic
- Summarize existing literature - build a case as to why your study needed to be done
- Tell a story that flows – “sell” your story!
- State the purpose of the study
- include a discrete hypothesis, where appropriate

the hypothesis

- Look for it in the final paragraph of the introduction
- Helps identify the primary endpoint
- points to key sections in the methods
  - Precise primary endpoint definition
  - sample size calculation
  - Must exactly match with registration

the Methods

- How the study was done
- Omit un-important details
- Write it from the perspective of a reviewer who may know little about the subject
- Keep the discussion/results out of it
- Statistics

the Statistical reporting

- How is the data being presented?
- Tests for normality
- Be precise with describing how the main endpoints are being compared
- Multiplicity considerations

the Discussion

- Re-state the main finding(s)
- Put the findings into perspective
- Expand on the key concepts from the intro
- Connect the paragraphs (telling a flowing story)
- Strengths and limitations
- Conclusions (watch for excessive repetition)

Authorship (justification)

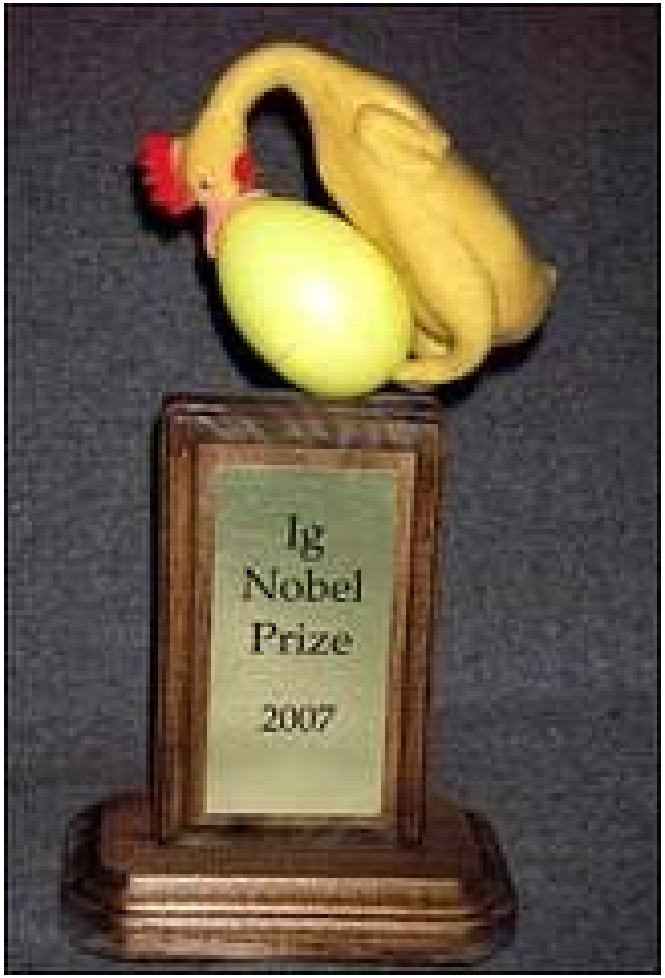
- Substantive input:

- Study design
- Patient enrollment
- Data collection
- Data analysis
- Statistical analysis*
- Writing/editing

Authorship

Inclusivity vs. Exclusivity


ALFR.
NOBEL
MDCCC
XXXVII
MDCCC
XCVI


Ig
Nobel
Prize
2007

streptokinase and intravenous heparin, accelerated tissue plasminogen activator (t-PA) and intravenous heparin, or a combination of streptokinase plus t-PA with intravenous heparin. ("Accelerated" refers to the administration of t-PA over a period of 1½ hours — with two thirds of the dose given in the first 30 minutes — rather than the conventional period of 3 hours.) The primary end point was 30-day mortality.

Results. The mortality rates in the four treatment

bined end point of death or disabling stroke was significantly lower in the accelerated–t-PA group than in the streptokinase-only groups (6.9 percent vs. 7.8 percent, $P = 0.006$).

Conclusions. The findings of this large-scale trial indicate that accelerated t-PA given with intravenous heparin provides a survival benefit over previous standard thrombolytic regimens. (N Engl J Med 1993;329: 673-82.)

SINCE the landmark trial of intravenous streptokinase by the Gruppo Italiano per lo Studio della Streptochinasi nell'Infarto Miocardico (GISSI) in 1986,[1] there has been no confirmation that other thrombolytic regimens provide additional survival benefit in patients with acute myocardial infarction, except for the important addition of aspirin.[2] Collec-

more than 60,000 patients found a difference in associated mortality between the use of streptokinase and the use of tissue plasminogen activator (t-PA)[4,5] or between the use of these agents and that of anistreplase.[6] Furthermore, the addition of subcutaneous heparin to the regimens did not significantly reduce mortality as compared with no use of heparin.[5,6] Al-

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The 1993 Ig Nobel Literature Prize was awarded to:

Robert Califf

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medical research paper which has one hundred times as many authors as pages.

Random Words of Advice

- Rejection - don’t take it personally!
- Always an educational experience
- Writing, reviewing, editing, and publishing is a collaborative effort

5 reasons papers are rejected - 5 ways to improve your chances of getting published

TOP 5 reasons papers are rejected

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1. [Unreadable]

TOP 5 reasons papers are rejected

1. [Unreadable]
2. No clear hypothesis/aim/purpose

TOP 5 reasons papers are rejected

1. [Unreadable]
2. No clear hypothesis/aim/purpose
3. No study registration

TOP 5 reasons papers are rejected

1. [Unreadable]
2. No clear hypothesis/aim/purpose
3. No study registration
4. No consent/REB approval

TOP 5 reasons papers are rejected

1. [Unreadable]
2. No clear hypothesis/aim/purpose
3. No study registration
4. No consent/REB approval
5. No sample size calculation

TOP 5 reasons papers are rejected

1. [Unreadable]
2. No clear hypothesis/aim/purpose
3. No study registration
4. No consent/REB approval
5. No sample size calculation
6. Methods unclear

5 simple things you can do to improve your chances of a successful publication

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1. Hire a statistician

5 simple things you can do to improve your chances of a successful publication

1. Hire a statistician
2. Register the study

5 simple things you can do to improve your chances of a successful publication

1. Hire a statistician
2. Register the study
3. Follow reporting guidelines

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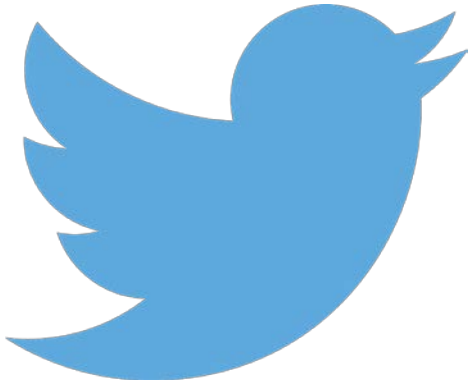
5. Read it, re-read it out loud…. and then have an unbiased colleague read it again

QUESTIONS ?



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