WHY WAS MY ARTICLE REJECTED?

Leonard Leibovici
Editor-in-Chief, Clinical Microbiology and Infection

April 2019, Amsterdam
Because we’ve noted major problems:

- Ethical issues, e.g.:
  - A randomized controlled trial in which two drugs for antibiotic prophylaxis, in common use in the hospital both of them, were compared: no approval of the ethics committee, patients were not asked for their consent.
  - A test well validated for other indications tested in samples from a new group of patients in real time; the results were not available to the attending physician: no approval of the ethics committee, patients were not asked for their consent.
  - Fabricated data.
  - Wholesale plagiarism.

Not only reject: write to their institutions as well.
What to do about that:

- Go to your research ethics committee whenever you consider doing research on people, data on people, samples drawn from people.
- Don’t copy.
Out of the scope of the journal

What to do about that?

• Editors: make sure the scope is well defined, in enough detail, and the definitions are not ambiguous (e.g.: does CMI clearly say that it does not publish articles in veterinary medicine?)

• Authors: please read the relevant paragraphs before submission.
Problems:

• Bad design, e.g.:
  • Small sample size.
  • Sparse data – subgroups too small.
  • Sparse data – overfitting a multivariate model.
  • Inappropriate controls.

• Irrelevant questions, e.g.:
  • ‘Features and outcomes of a cohort of patients with E. coli and S. aureus bacteremia’
  • ‘Liver transaminases at presentation of cystitis’

• No logical thread: the hypothesis does not drive methods; conclusions are not based on the results.
What to do about that?

• Bad design:
  • Always write a detailed protocol.
  • Do a sample size analysis. Sample size analyses can be manipulated; but they will at least inform you if you’re off by an order of magnitude.
  • Take advice with an experienced colleague.

• Irrelevant questions:
  • Beyond the wish to publish another article: look at the potential answers to the question: would they change a thing in our understanding? For future research? Management of patients?
Low interest:

• Local data
• Data, no hypothesis (e.g. case series, an archive of data)
• It was done many times in the past with similar results.

• Confirmatory studies are important, given the number/percentage of published results that are not confirmed.
• When does a confirmatory study turn superfluous?
  • The editor and/or the peer-reviewers think so.
  • A bit more formal: when the confidence interval from the previous studies is narrow enough judged in context.
What to do about that?: Data

• Data are important. Local data are important.
• They should be posted somewhere: not necessarily in a journal: easy to find, easy to use, maintained for a long time.
Low priority

• Most journals publish a limited numbers of articles:
  • Limitations on number of pages/volume imposed by the publisher.
  • Impact factor!
• Your article – although solid and quite interesting – does not compete with others.
What to do about it?

• Joerg Heber, Editor-in-Chief, PLOS One:

  ‘PLOS ONE was established to serve a need for the scientific community: a multidisciplinary Open Access journal that does not judge work based on perceived impact, thereby enabling fast publication that does not require a journey of manuscripts through various journals. Within PLOS, this means papers that might fit into more than one of our journals often find a home at PLOS ONE, as do replication studies or negative results.’

• Negative results should not be a reason for rejection. More difficult to interpret negative results.
Style and language difficult to understand

- Even if your results are very interesting, not many journals will bother to edit an unintelligible text.
- Ask an English native speaker colleague versed in medical writing to read through your text.
What if the editor was wrong when rejecting my article?

• CMI has a formal appeal process. Most journals will have either a formal or an informal process.

• Good reasons to appeal with CMI: ‘…misunderstandings of methods or analysis by the Editor or peer-reviewers.’

• Unfortunately….‘If your manuscript was rejected because we could not assign it a high enough priority for publication, the chances of a successful appeal are low.’

• Peter is talking about that.
Thank you

In memoriam: G.C., ??? – 29.3.2019