

WHY WAS MY ARTICLE REJECTED?

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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. **Not only reject: write to their institutions as well** asked patients were not asked for their consent.
 - A test of a new drug for the treatment of the atypical pneumonia patients were not asked for their consent.
- Fabricated data.
- Wholesale plagiarism.

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