

Could peer-reviewed publications be more efficient?

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1. Does peer review work?

How could peer-reviewed

publications be more efficient?

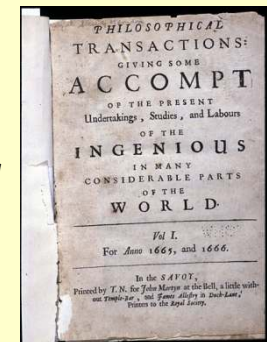
2. How do publications
use technology?

3. Who are we trying to reach?

Peer review hasn't changed much in 250 years:
1752: Royal Society (London)

- Established a 'Committee on Papers' to review submissions to *Philosophical Transactions*
- Members could call on 'other members of the society who are knowing and well skilled in that particular branch of science'

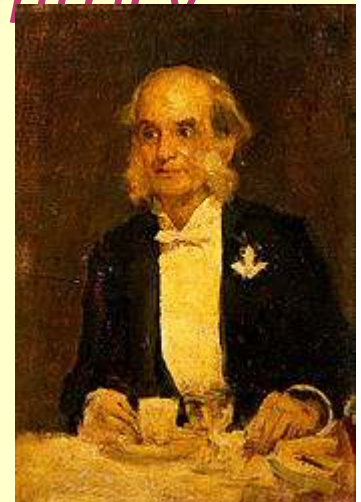
1665 *Philosophical Transactions*



1893: *British Medical Journal*

Ernest Hart

- Every article is '*referred to an expert having special knowledge and being a recognized authority in the matter*'
- This is a '*laborious, difficult method, involving heavy daily correspondence and constant vigilance to guard against personal eccentricity or prejudice*'



How much have
publications changed?

How much have publications changed in the last 100 years?

A RARE FORM OF LICHEN RUBER PLANUS.

BY
C. H. CATTLE, M.D., F.R.C.P.LOND.,
PHYSICIAN TO THE NOTTINGHAM GENERAL HOSPITAL.

THE cases of skin disease described in the Epitome of the JOURNAL of May 9th (No. 266) so closely resemble a case lately under my care that I think the following notes worth reporting:

The patient was a married woman, aged 32, and healthy except for the skin affection. There was nothing important in the previous history except the tendency of the rash to relapse. At one time the mouth was so badly affected with the "silver grey patches" described by Malcolm Morris¹ that an opinion was expressed that the disease was syphilitic. A careful consideration of all the facts convinced me it was not syphilis. The one thing that made me doubt my diagnosis of lichen planus was the same author's statement:² "In the adult there are never any vesicles or pustules mingled with the papules." Having now seen the report of Polland's cases in the Epitome, I no longer doubt the correctness of the original diagnosis. Brooke and MacLeod state, "A bullous eruption has appeared in a few cases."³

BMJ June 13th, 1914

JUNE 13, 1914]

When first seen by me, on August 9th, 1913, the condition of the skin closely corresponded with Malcolm Morris's description. All four limbs were thickly covered with intensely irritable, hard, dusky red papules. There was free desquamation. On the abdomen and back there were also groups of papules, the skin being thickened, and discoloured with deep sepia-brown pigmentation. In places the pigment had been absorbed, leaving white atrophic-looking areas with abrupt margin. The mouth was still affected with small aphthous spots.

She was admitted to hospital on August 13th, and kept entirely in bed. Liq. arsenicalis nvi was given thrice a day, but no improvement followed, perhaps because the arsenic was not sufficiently pushed. The temperature at first was 99.2°, and gradually increased to 101° on August 28th. On September 16th it became normal, but rose again after this. On August 31st she was given 3jss doses of liq. hydrarg. perchlor. with potassium iodide gr. v. The limbs of one side were wrapped in an ointment of zinc, mercuric nitrate, and coal tar, and those of the other in an ointment of mercury perchloride, carbolic acid, and zinc.

It might be argued that in this case the disease was syphilitic because improvement occurred under the use of mercury, but this treatment has also been used successfully for lichen planus by recognized authorities on that disease—for example, Unna, quoted by Morris. The rash in this case was so persistent that we discussed the advisability of injecting salvarsan as a more efficient method of giving arsenic. This treatment is also suggested by Polland,⁴ but his cases responded fairly well to arsenic internally. My case resembles Polland's in the fact that the bullous lesions mainly occurred on the lower part of the legs.

REFERENCES.

¹ *Diseases of the Skin*, 1899 edition, p. 170. ² *Ibid.* ³ Allbutt's *System*, vol. ix, p. 416. ⁴ *BRITISH MEDICAL JOURNAL*, Epitome, May 9th, 1914.

What's changed?

BMJ Case Reports 2013; doi:10.1136/bcr-2013-010515

CASE REPORT

Oral lichen planus in a young Indian child

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Summary

Lichen planus (LP) is one of the most distinct muc with the middle aged and elderly population but has incidences of oral LP in children is most commonly present a 10-year-old Indian girl with the documented histopathological studies.



Open Access

Case report

Lichen planus-like eruption resulting from a jellyfish sting: a case report

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Abstract

Introduction: Contact with a jellyfish can cause a wide variety of conditions, ranging from cutaneous eruption to fatal cardiovascular and respiratory collapse. Cutaneous lesions can be both acute and chronic. We report a case of perioral lichen planus-like eruption in a young boy after a jellyfish sting, a hitherto unreported occurrence.

Case presentation: A 15-year-old boy presented with multiple lichen planus-like violaceous papules over the lower part of his left thigh on the anterior aspect and also over the perioral region. He had a history of a jellyfish sting over his lower limbs incurred while bathing in the sea four weeks prior to presentation. Histopathology revealed a predominantly perivascular mononuclear cell infiltrate immediately beneath the dermo-epidermal junction underneath the hyperplastic epidermis. The lesions significantly subsided with topical corticosteroid application.

Conclusion: This case report demonstrates a new variant of chronic cutaneous change following a jellyfish sting. We report it because of its uniqueness and we believe that physicians should be aware of the possibility of an aquatic animal-induced disease when dealing with lesions with lichen planus-like morphology.

Introduction

Jellyfish are marine invertebrates found both in the ocean and in fresh water. Jellyfish are categorized into four classes, namely, hydrozoa (Portuguese man-of-war), scyphozoa (true jellyfish), cubozoa (box jellyfish, moon jellies) and anthozoa (sea anemones and corals) [1]. Jellyfish are responsible for the most common human envenomations acquired from bathing in the sea. Envenomations usually result in three main types of reactions:

immediate allergic, intermediate toxic and delayed allergic responses [2]. It may also occur due to hypersensitivity or can be induced by the effect of toxins system on the cardiovascular system, respiratory center or kidneys [3].

Immediate local skin reactions to jellyfish stings at contact sites occur in the form of tenderness, burning and pruritus, which may spread centrally and differ in intensity depending on the species involved. Local skin tissue swellings are

Journal of Medical Case Reports 2009, 3:142

<http://www.pubmedcentral.nih.gov/stableURL/142142/>

The skin lesions significantly subsided with a three-week course of a twice daily topical application of betamethasone dipropionate (0.05%) cream.

Discussion

Jellyfish stings may be responsible for both acute and chronic forms of cutaneous lesions. While early skin changes following jellyfish stings are acute and inflammatory in nature, long term or delayed complications of jellyfish dermatitis may occur in the form of localized pigmented areas and fibroplasia from persistent rubbing, granuloma, ulceration and necrosis [4], hairy patches, fat atrophy, scarring and contractures as well as pigmentary changes on the skin [5]. Delayed cutaneous reactions in the form of grouped pink to red-tan, raised papular lesions, which may be described in the literature [6] but we could not find any report of lichen planus-like eruption as a consequence of a jellyfish sting. This cutaneous reaction may represent a persistent delayed hypersensitivity response to an antigenic component of the cutaneous nematocysts. The histopathological features of a perioral lesion caused by a jellyfish sting may reveal a predominantly perivascular and perivascular lymphohistiocytic infiltrate located primarily in the vascular domain often admixed with numerous eosinophils and eosinophils [4]. Epidermal changes may include focal atrophy and necrosis of keratinocytes [6]. The eruptions usually subside about seven weeks from the time of onset [4].

Despite the absence of pruritus, which is the dominant symptom of lichen planus, our case bears a striking clinical resemblance to lichen planus, an autoimmune inflammatory dermatosis that presents with characteristically violaceous, itchy papules and plaques, often with prominent mucosal involvement. Lichen planus may present with a variety of morphological patterns including a linear variety and the lesions may have a pronounced postinflammatory hyperpigmentation following resolution. Histopathologically, lichen planus is characterized by hyperkeratosis, acanthosis with saw-tooth elongation of rete ridges, a band-like lymphocytic infiltrate with interface changes on the dermo-epidermal junction, and vacuolar degenerative changes of the basal cells [6]. The histology of the present case, however, showed a dense, predominantly perivascular accumulation of mononuclear cells in the upper dermis with underlying hyperplastic epidermis. Thus, although there was a clinical similarity, histopathology of the lesions was not typical of lichen planus.

Conclusion

This case report demonstrates that lichen planus-like lesions and acute and chronic complications of a jellyfish sting. This case is reported because of its uniqueness and it

is felt that dermatologists should be aware of this when dealing with cases of aquatic animal-induced dermatoses.

Competing interests

The authors declare that they have no competing interests.

Consent

Written informed consent was obtained from the parent for publication of this case report and any accompanying images. A copy of the written consent is available for review by the Science-Open Editor of this journal.

Authors' contributions

MG and SH analyzed and interpreted data on the dermatological disease of the patient. DB performed the histological examination of the skin and was a major contributor in writing the manuscript. All authors read and approved the final manuscript.

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5. Sitar C, Akinci H, Sitar H: Jellyfish envenomation: a review. *Journal of Cutaneous Medicine and Surgery* 2009, 15:100.
6. Sitar C, Akinci H, Sitar H: Jellyfish envenomation: a review. *Journal of Cutaneous Medicine and Surgery* 2009, 15:100.

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Smallpox Vaccination in Pregnancy: A Prospective Study

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Epidemiol. & Hyg., 1966, **5**, 1549-1560

Ever since the observation by Gregg (1940) of a high incidence of congenital defects of the eye in children born to women who had had rubella in pregnancy, interest has been stimulated in infections as probable aetiological factors in congenital abnormality or pregnancy wastage. It follows that a similar answer should be asked in the artificial introduction into the body of virus or bacterial products during immunisation procedures in pregnancy.

A smallpox outbreak occurred in England and Wales between December 1961 and April 1962. As a consequence of public and television publicity, the staff of public health and other doctors in Dublin City advised many pregnant women against smallpox, and large numbers of women were vaccinated as a result. Despite notices displayed in health clinics stating that routine smallpox vaccination was contraindicated in pregnancy, it was inevitable that some women would be vaccinated, and this paper is a study of the effects on the foetus of smallpox vaccines.

Method

The population of Dublin City is served by four a health centres, which together account for one fifth of the city. During the period 1 April to 1 September 1962, women attending the antenatal clinics of these four centres were asked whether or not they had been vaccinated against smallpox during her current pregnancy. If the answer in the affirmative she was asked for the date and time of vaccination, and was interviewed to determine when vaccination had been successful or not. Because it was a study of the effects on the foetus of smallpox vaccines

* From the Department of Social Medicine, Trinity College, Dublin.

successful reactions it was decided to use a history of vesicle ("waxie blisse") which later formed a pustule ("pus blisse") and the presence of a recent scar as the criteria of successful vaccination. If the woman had not been vaccinated she was advised against the procedure. The appropriate facts were recorded on each chart.

It should be noted that the women were not asked direct questions about the reaction but was limited to describe the lesions which appeared on the arms after vaccination. It is

13 June 1964

Smallpox Vaccination—Bourke and Whitty

1549

infect, and, for each vaccinated woman, the stage of the pregnancy in weeks when vaccination was performed.

Results

During the 22 weeks when patients were asked whether or not they had been vaccinated on the current pregnancy, 117 reported that vaccination had been done. Five women who did not have successful vaccination according to the standards adopted were excluded from the study, leaving for observation 112 mothers successfully vaccinated during pregnancy. The five mothers omitted from the study all produced healthy living children at term; the remaining 112 women gave birth to 113 infants (two pairs of twins) and one abortion. There were 443 control mothers, who gave birth to 449 infants (five pairs of twins) and four abortions. Analysis shows that the vaccinated and control groups are very similar with regard to age, parity, and blood-group distribution. The average age of the vaccinated women was 28.11 years and of the controls 28.23 years; the average parity of the vaccinated was 2.68 and of the controls 2.66. No significant difference was observed in the distribution of the ABO and Rh blood groups among the vaccinated and the controls ($\chi^2=0.092$, $n=7$; 0.950 ; $P=0.820$). Further, when the stage of pregnancy at the first visit is analysed by trimester no significant difference is found between the vaccinated and the controls ($\chi^2=0.479$, $n=2$; 0.820 ; $P=0.767$). For the purpose of this study all estimations of the length of pregnancy are calculated in weeks and days from the first day of the last menstrual period.

Among the women vaccinated during pregnancy there were three stillbirths with no apparent abnormality, one abortion at 26 weeks, three congenital defects (one of these was stillborn), and 317 normal live births. The abnormalities were hydrocephalus with spine bifida, spine bifida alone, and Down's syndrome; the mothers were vaccinated when 23, 4, and 27 weeks pregnant respectively. The mothers of the normal stillbirths were all vaccinated within the second trimester, when 15, 17, and 21 weeks pregnant. The mother who aborted at 26 weeks was vaccinated when 19 weeks pregnant. One normal death occurred in a twin, premature by weight, whose mother was vaccinated when 11 weeks pregnant; the other twin was alive and healthy. Fifty-four women were vaccinated when in the first trimester of pregnancy (11 under 4 weeks and 43 in pregnancies of 4-12 weeks' duration); 40 mothers were vaccinated at 12-24 weeks' pregnancy, and 18 at over 24 weeks.

Among the controls there were six stillbirths with no apparent abnormality, four abortions, three live births with congenital defects (spina bifida with hydrocephalus, distal palmar and spine bifida alone), and 440 normal live births. The four abortions occurred at 6, 7, 12, and 18 weeks of pregnancy. In addition, there were four normal deaths (two infants premature by weight and one post-natal infant); the fourth normal death was that of the baby with spine bifida and hydrocephalus already referred to.

It will be seen from the Table that the abortions, congenital deficiencies, and normal stillbirths among the mothers vac-

Category	Vaccinated	Unvaccinated	Percentage	Standard Error
Stillbirths	3	6	2.7	0.3
Abortions	1	4	0.9	0.2
Normal Deaths	5	4	1.2	0.2
Total	9	14	2.8	0.4

* The congenital defect also of stillbirth, but recorded from a congenital defect only.

controls and those unvaccinated in the course of their pregnancies do not differ significantly in their distribution.

50 years ago...

1546

13 June 1964

Smallpox Vaccination—Bourke and Whitty

1549

and no control unvaccinated series was available for comparison, the frequency of abortion among vaccinated mothers was compared with the highest incidence of foetal loss that Rendell *et al.* (1959) considered could occur in a series of normal pregnancies.

Bancroft and DeBorwick (1956) compared the outcome of pregnancy in 1,270 vaccinated and 1,515 unvaccinated pregnant women in Poland. They showed that the incidence of abortion in women vaccinated up to the end of the second month of pregnancy was significantly higher than that of the controls, and they reported an increase in congenital malformations. The numbers are certainly impressive, but some facts about the study detract from its value; it is not stated whether or not the vaccinated women had successful reactions, and, furthermore, the cases and controls might not have been exposed to the same environmental influences. While the cases related to women who were pregnant in 1913, the great majority of the controls (2,122, 80.5%) were women who were pregnant in the preceding year.

The prospective type of inquiry for cases and controls is the only satisfactory approach to the problem of the effect of virus infections during pregnancy (Lagan, 1951). In the present prospective study the outcome of the pregnancies of 112 mothers successfully vaccinated against smallpox in the course of pregnancy is compared with a control group of 449 mothers who were unvaccinated and pregnant during the same time. The results do not indicate that vaccination exerted a harmful influence on the foetus for the factors examined, but abnormally the number of vaccinated women in the study is small. The incidence of abortion among the vaccinated and control groups is identical. MacArthur (1952) reported that about 30% of pregnancies where vaccination was performed within 4 to 12 weeks of the beginning of pregnancy resulted in abortion. This was not demonstrated in the present study, in which 61 women were vaccinated when between 4 and 12 weeks pregnant and only one abortion occurred, 16 weeks later; on the figures quoted by MacArthur one would have expected approximately 13 abortions in this group. It should be mentioned that at least some weeks elapsed between the inception of the vaccination campaign and the beginning of the study. It is possible that women vaccinated early in pregnancy who aborted weeks afterwards could have escaped inclusion in the study. However, as pointed out, only one abortion occurred among 43 women vaccinated when between 4 and 12 weeks pregnant, almost certainly suggesting that if vaccination at this stage of pregnancy is associated with abortion the likelihood cannot be as high as that quoted by MacArthur (1952).

There is no doubt that primary vaccination in early or mid-pregnancy may, albeit rarely, produce a foetal vaccine which will result in death of the foetus. Such cases have been reported by MacDonald and MacArthur (1951), Tucker and Sloan (1962), Interziet *et al.* (1962), and Haidich and Hirsch (1963) among others. Whittam *et al.* (1961) also reported a

case of prenatal vaccine when the mother was unvaccinated, and they concluded that she had received an airborne vaccine infection from her recently vaccinated son. With the modern need for vaccination against smallpox for industrial travel to many countries, coupled with the fact that a woman may be unaware that she is pregnant at the time of vaccination, one could argue in favour of vaccinating all female infants at the age of minimum risk (1-4 years) and revaccinating within intervals of ten years when complications of a serious nature are apparently negligible (Bourke, 1964); congenital vaccine has not yet been reported in a pregnant woman with a previous history of successful vaccination.

Summary

In a prospective study the results of the pregnancies of 112 women vaccinated during their pregnancies were compared with the outcome of the pregnancies of 449 controls. No statistically significant differences were noted for pregnancy duration, abortions, stillbirths, congenital deaths, congenital malformations, or the weights and sex of the infants.

It is pointed out that, as the main condition of prenatal vaccine may follow primary vaccination in pregnancy, this procedure should never be carried out on pregnant women as a routine.

We are indebted to the Masters of the County, National Maternity, and Bernard Hospital, and the consultant obstetrician of St. Kevin's Hospital and their staffs in the out-patient and medical records departments for their co-operation and assistance. We are grateful to Miss E. McKeown for clerical help.

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Other things have changed more ...



Mercedes 1914



Mercedes 1964



Mercedes 2014 (hybrid)

Does peer review 'work'?

- Need to define purpose:
 - selection tool, quality control mechanism

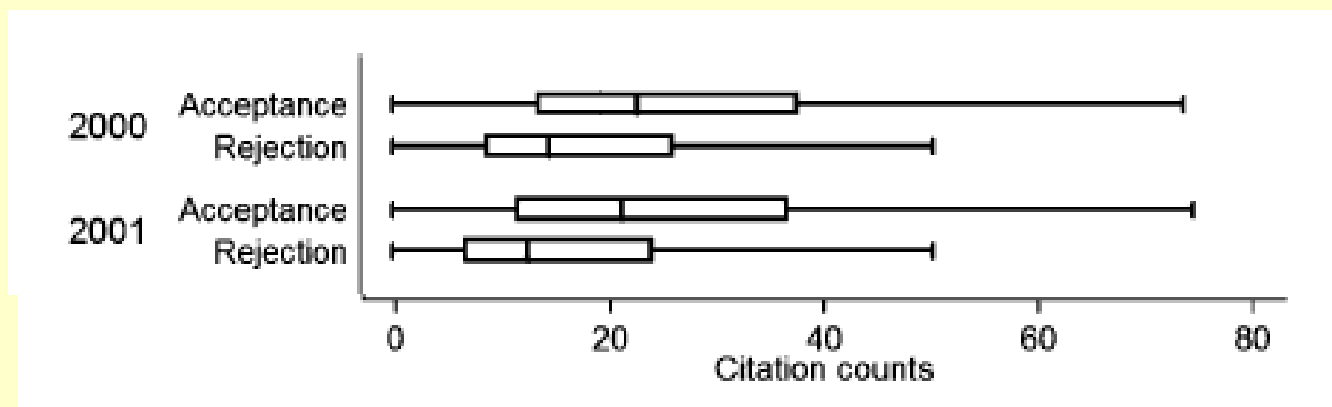
Is it free from
'personal eccentricity and prejudice'?

Jefferson, Wager, Davidoff. *JAMA* 2002;**287**:2786-90

Peer reviewers don't agree much

- Study of 1899 articles
- kappa coefficients 0.10 – 0.21
- 'indicate a low level of agreement between the referees' recommendations concerning acceptance or rejection'

Reviewers don't reliably select highly cited articles



Bornmann & Daniel *Angew Chem* 2008;47:7173-8

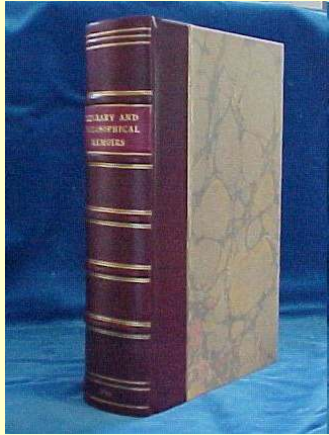
Peer review is not effective at detecting errors

- Godlee et al. The impact of blinding and masking on the quality of peer review. *JAMA* 1998;**280**:237-40
- Sent paper (+8 errors) to *BMJ* reviewers

	N*	Mean no. errors identified
Traditional	72	1.9
Open	30	1.8
Masked	59	2.1
Masked + sign	60	1.7

Rigorous peer-review has not prevented the publication of fraudulent science in major journals

- Hwang Woo-Suk cloning: *Science*
- Jan Hendrik Schön nanotechnology: *Science*
- John Sudbø cancer: *Lancet & NEJM*



1785: Literary & Philosophical Society of Manchester

- Review can guarantee only *'the novelty, ingenuity, or importance'* of submissions
- *'Responsibility concerning the truth of facts, the soundness of reasoning ... [and] the accuracy of calculations is wholly disclaimed: and must rest alone, on the knowledge, judgement, or ability of the authors who have respectfully furnished such communications'*

Conclusions (1)

Does peer review 'work'?

- Peer review is not particularly effective at:
 - identifying errors
 - identifying fraud (fabrication / falsification)
 - Difficult to know if it identifies the 'right' articles for a particular journal
- Peer review has many flaws (speed, cost, bias)
- But we don't have a better system

Making peer review more efficient

- Journal consortia



The screenshot shows the homepage of the Neuroscience Peer Review Consortium (NPRC). At the top, there are three images: a stack of journals, a group of people in a circle, and the NPRC logo. The logo consists of a stylized green and orange leaf-like shape next to the text 'nprc' in a cursive font, with 'Neuroscience Peer Review Consortium' written below it.

Home
NPRC overview
Journals
Authors
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Editors
Publishers
Joining
About

Welcome to the Neuroscience Peer Review Consortium – an innovation in science publishing.

The Neuroscience Peer Review Consortium is an alliance of neuroscience journals that have agreed to accept manuscript reviews from other members of the Consortium. Its goals are to support efficient and thorough peer review of original research in neuroscience, speed the publication of research reports, and reduce the burden on peer reviewers.

The Consortium was initiated in January, 2008. The participating journals, in cooperation with the INCF, agreed in November, 2008 to extend the NPRC through 2009, and then to evaluate its effectiveness annually and consider extending it on a year-to-year basis. This model was followed until 2011, when it was agreed among the journal representatives at the annual meeting that NPRC would continue indefinitely and that INCF will continue to support NPRC on an ongoing basis. Journals may join or leave the NPRC at any time.

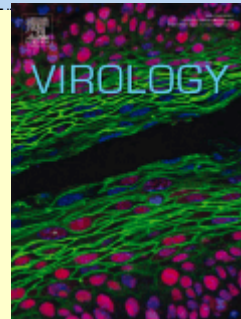
The Consortium extends an invitation to all MEDLINE-indexed journals that publish peer-reviewed original research in the broad field of neuroscience to join.

The Consortium extends an invitation to all MEDLINE-indexed journals that publish peer-reviewed original research in the broad field of neuroscience to join.

'Streamlined peer review'

The screenshot shows the Elsevier website's 'Streamlined peer review process' section. The page features a navigation bar with 'Journals & books', 'Online tools', 'Authors, editors & reviewers', 'About Elsevier', 'Community', and 'Store'. A sidebar on the left is titled 'For Reviewers' and includes links for 'Home', 'Reviewer guidelines', 'Peer review', 'Elsevier Editorial System', 'Reviewers' Update', and 'Archive'. The main content area is titled 'Streamlined peer review process piloted by several Elsevier journals' and features a large image of the 'JOURNAL OF RESEARCH IN PERSONALITY' cover. Below the image, there is a list of journal titles and their respective editors. The text on the page describes the streamlined process, mentioning that authors can supply reviewer reports from other 'well-respected' journals and that the editor may base their decision on previous reviews or invite additional reviews. It also states that the rejection rate is 53% compared to 77% and that the time to decision is reduced from 8 to 3 weeks.

- authors can supply reviewer reports from other 'well-respected' journals
- editor may base decision on previous review or invite one additional review
- rejection rate 53% cf 77%
- time to decision reduced from 8 to 3 weeks



now being used by Virology (for articles reviewed by journals with IF >8)

Style after acceptance



Are we harnessing technology effectively?

'Article of the future'

Article of the Future

Paleogeography, Palaeoclimatology, Palaeoecology

Abrupt environmental and climatic change during the deposition of the Early Permian Hauschi limestone, Oman

Michael J. Heads, Steven M. Stanley, Robert W. Smith, J. S. Gibson, J. P. Smith, S. G. Campbell, S. J. Wood, J. J. H. Ross

Research highlights

- The paper finds the geochemistry that fits of a small volcanic cone that developed on the Arabian plate during the Early Permian.
- Three sedimented core samples and surface sections of the Hauschi limestone show a change in isochlorous indicating warming, and more oligotrophic conditions through time.
- Pollen assemblages and increasing vascular fossils in PPOCoal and PPOCoal indicate that the climate of the beltland became more arid.
- The changes happened partly because the insular sea, being an environment partially isolated by the growth of insular uplift, was more vulnerable to changes in orbital and axial tilt as they are also not subject to the usual moderating influence of oceanic water in the middle latitudes.

Article information

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Keywords: Permian; House of the Future; PPOCoal; PPOCoal

Research highlights (+ abstract)

Malaria vectors in the Republic of Benin: Distribution of species and molecular forms of the *Anopheles gambiae* complex

Luc Djangbékou ¹*, Nicole Pasteur ¹, Sarahi Bio-Dangana ¹, Théry Sissat ¹, Sam R. Venter ², Mylene Woff ³, Fabrice Chazotte ⁴

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⁴ London School of Hygiene and Tropical Medicine, Keppel Street, WC1E 7HT London, UK

Research highlights

- Large scale sampling of *Anopheles gambiae* complex was carried out in various bioclimatic areas (West Africa)
- *Anopheles gambiae* s.s. was present in all 30 samples, the *Anopheles arabiensis* was less than half of the samples (13/30 sites)
- The S form was shown to be predominant form in Benin (it was the only form in 12/30 predominant form in 11/30 sites)
- The predominance of S and M molecular forms of *Anopheles gambiae* s.s. varied with

Abstract

Members of the *Anopheles gambiae* complex are among the best malaria vectors in the world, but their vectorial capacities vary between species and populations. A large-scale sampling of *An. gambiae sensu lato* was carried out in 2008 and 2007 in various bioclimatic areas of Benin (West Africa). The objective of this study was to collate data on the relative frequencies of species and forms within the *An. gambiae* complex and to produce a map of their spatial distribution. Sampling took place at 30 sites and 2122 females were analysed. Two species were identified through molecular methods. The overall collection showed a predominance of *An.*

Figure 1

Bar chart showing the frequency of M molecular forms across different localities. The Y-axis is 'Frequency of M molecular forms' (0 to 100). The X-axis is 'Locality'. The legend indicates: Sudanian (green), Sudano-Sudanian (yellow), and Coastal Guinean (red).

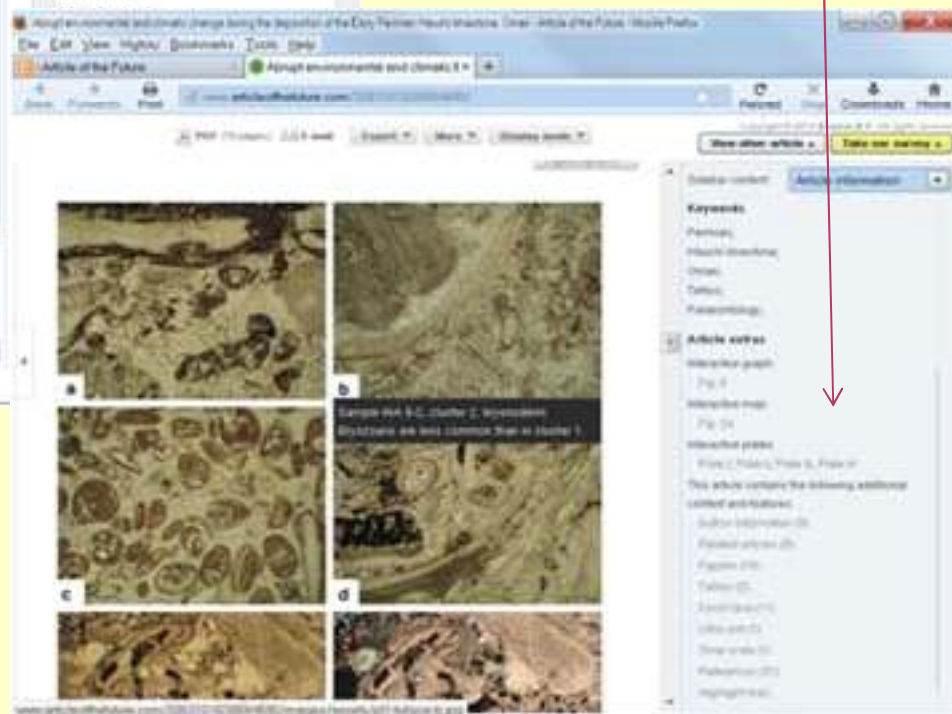
Locality	Sudanian	Sudano-Sudanian	Coastal Guinean
1	0	0	0
2	0	0	0
3	0	0	0
4	0	0	0
5	0	0	0
6	0	0	0
7	0	0	0
8	0	0	0
9	0	0	0
10	0	0	0
11	0	0	0
12	0	0	0
13	0	0	0
14	0	0	0
15	0	0	0
16	0	0	0
17	0	0	0
18	0	0	0
19	0	0	0
20	0	0	0
21	0	0	0
22	0	0	0
23	0	0	0
24	0	0	0
25	0	0	0
26	0	0	0
27	0	0	0
28	0	0	0
29	0	0	0
30	0	0	0

'Interactive' plate and map



Interactive figure options

- View in sidebar
- Open in new window
- Download full image
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BMJ 2013; 347: doi:10.1136/bmj.f5248 (Published 8 September 2013)

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Author information: Elizabeth Wiger, publications consultant¹, Peter Williams, research associate² on behalf of the OPEN Project (Overcome failure to Publish Negative Findings) Consortium

RESEARCH

"Hardly worth the effort"? Medical journals' policies and their editors' and publishers' views on trial registration and publication bias: quantitative and qualitative study

Elizabeth Wiger,¹ Peter Williams,² on behalf of the OPEN Project (Overcome failure to Publish Negative Findings) Consortium

STUDY QUESTION
How many journals require trial registration as a condition for publication and what are the reasons for this?

DESIGN AND SETTING
Only 55/200 journals required trial registration as a condition for publication, increasing to 106/187 that journals were the most recent before the present and requiring registration.

KEY RESULTS AND MAIN RESULTS
The proportion of journals requiring registration has increased by the major medical journals since 2008. However, many journals did not have a clear policy on the benefits of registration to the journal or to the public. The majority of journals that do not require registration do not have a clear policy on the benefits of registration.

CONCLUSIONS
Randomised, double-blind randomised controlled trials are the gold standard for clinical research, followed by an international network with parallel randomised public trials.

Participants and setting
The authors analysed 2009 journals from the Cochrane CENTRAL database, in accordance with 13 journals that had published their policy.

Measures and main results
The authors reviewed journals that had published their policy on trial registration, including journals that had recently changed their policy.

Data and conclusions
The authors conducted a quantitative survey, followed by a qualitative analysis of the interviews.

Journal requirements for trial registration

Study	Year/Issue	Journal	Policy	Requires registration	Requires registration	Requires registration
Wiger et al	2009/7	Medical Affairs	Journal/Overseas	76	76	100
Wiger et al	2008	Medical Affairs	Journal/Overseas	49	110	115
Wiger et al	2009	Overseas	Journal/Overseas	41	100	115
Wiger et al	2009	Medical Affairs	Journal/Overseas	100	100	100
Wiger et al	2009	Medical Affairs	Journal/Overseas	100	100	100
Wiger et al	2009	Medical Affairs	Journal/Overseas	100	100	100

BMJ 2013; 347: f5248

Publication history (*BMJ Open*)

Complementary medicine

Research

Pharmacy study of natural health product adverse reactions (SONAR): a cross-sectional study using active surveillance in community pharmacies to detect adverse events associated with natural health products and assess causality

Candace Niecyc, Ross T Tsuyuki, Heather Boon, Brian C Foster, Don LeGatt, George Cembrowski, Mano Murty, Joanne Barnes, Theresa L Charois, John T Amazon, Mark A Ware, Rhonda J Roczyniak, Sunta Vohra

BMJ Open 2014;4:e003431 doi:10.1136/bmjopen-2013-003431

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adverse reactions (SONAR): a cross-sectional study using active surveillance in community pharmacies to detect adverse events associated with natural health products and assess causality

Candace Niecyc, Ross T Tsuyuki, Heather Boon, Brian C Foster, Don LeGatt, George Cembrowski, Mano Murty, Joanne Barnes, Theresa L Charois, John T Amazon, Mark A Ware, Rhonda J Roczyniak, Sunta Vohra

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⁵Department of Laboratory Medicine, Alberta Hospital, Edmonton, Alberta, Canada

⁶Laboratory Services Health Services, Edmonton, Alberta, Canada

⁷Market Research Products Bureau, Ottawa, Ontario, Canada

⁸Faculty of Medical Sciences, University of Auckland, Auckland, New Zealand

⁹School of Pharmacy, Perth, Australia

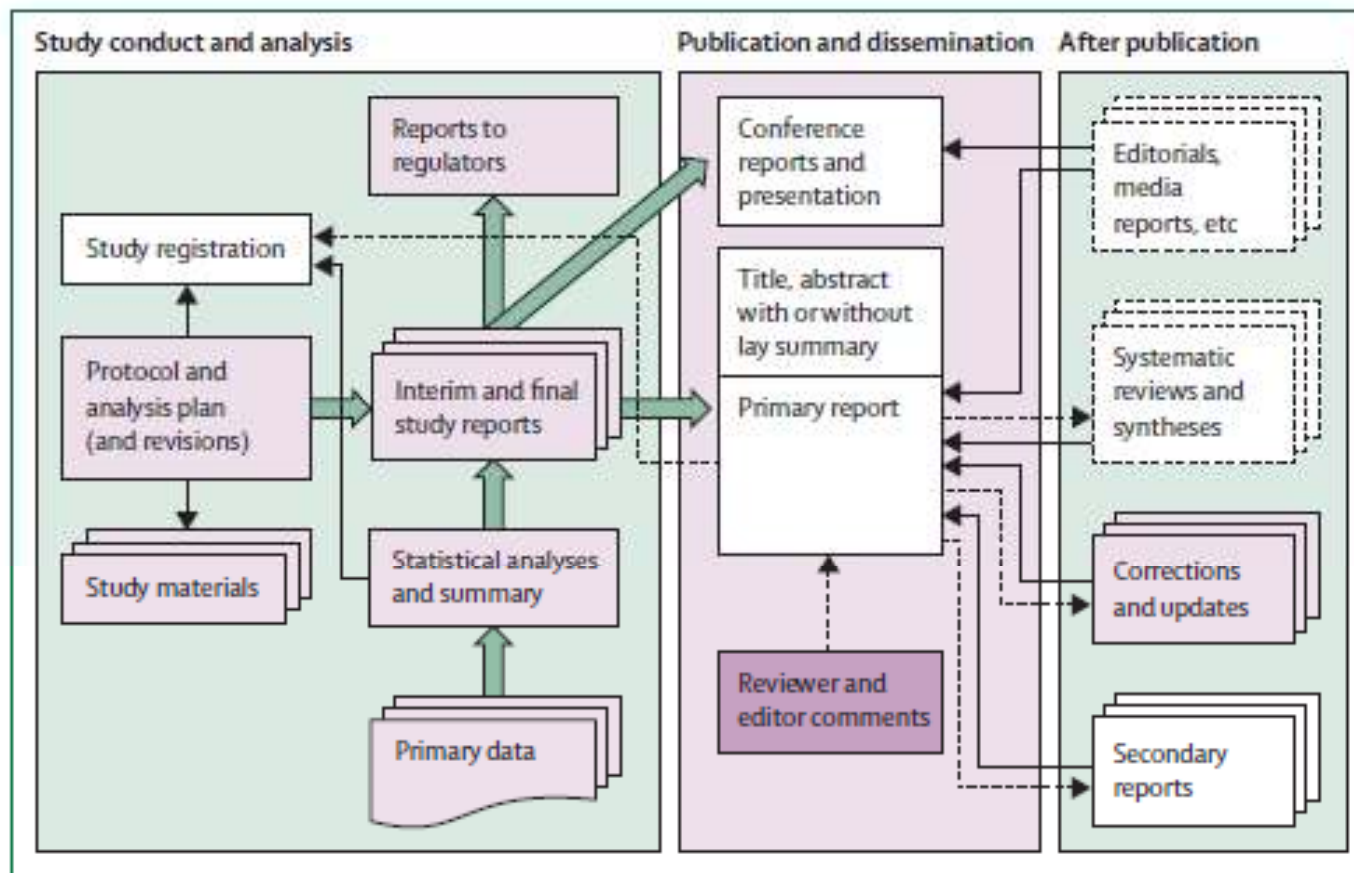
¹⁰Department of Biomedical Sciences, Perth, Australia

VERSION 1 - REVIEW

REVIEWER	Duez P, Professor Université Libre de Bruxelles Faculté de Pharmacie Laboratoire de Pharmacogénétique, de Biométrie et de Nutrition humaine Belgium
REVIEW RETURNED	01-Aug-2013

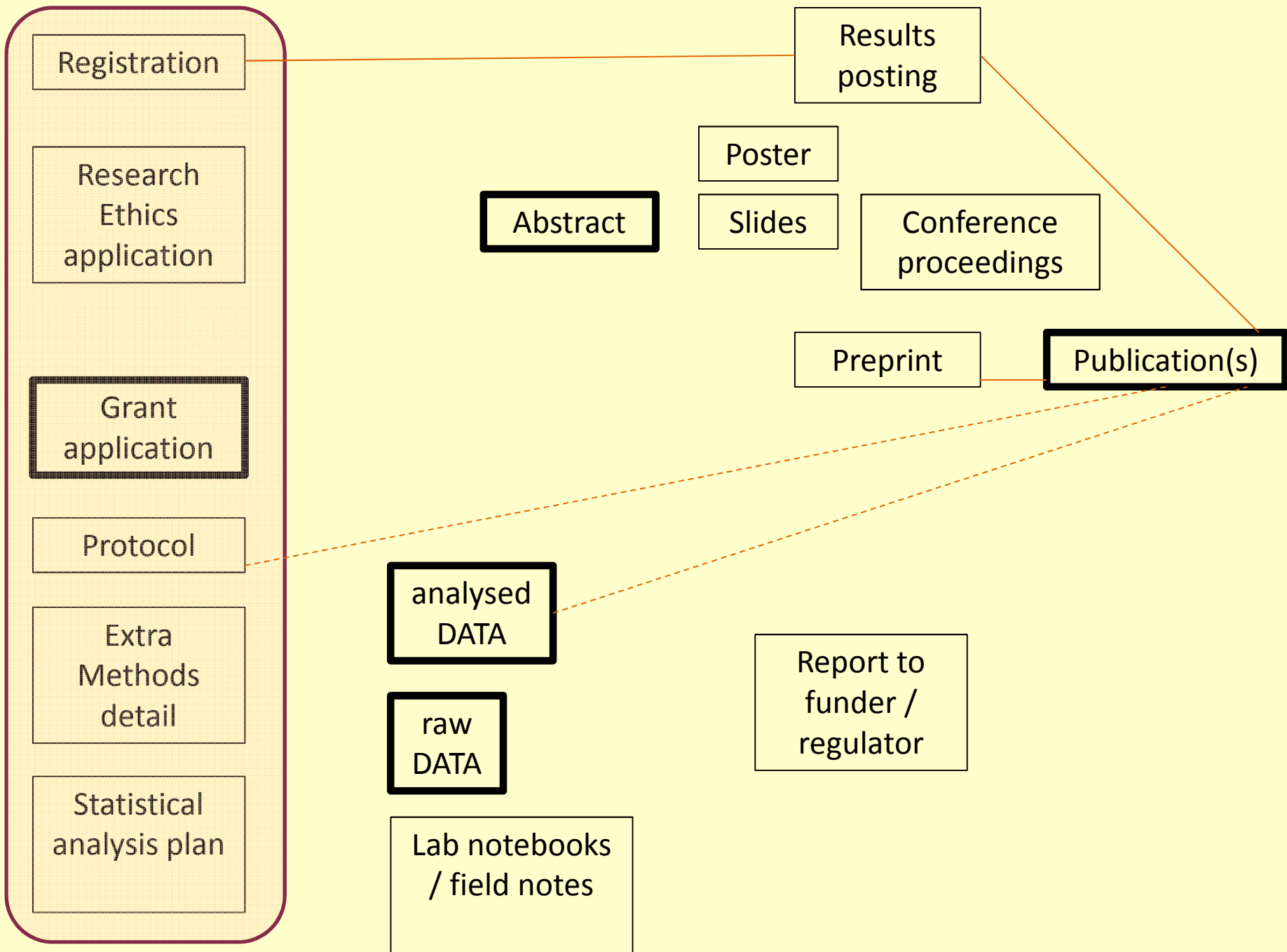
GENERAL COMMENTS	<p>The paper is interesting but quite optimistic in the significance of some of its findings. The authors nevertheless discuss correctly many of the study limitations.</p> <ul style="list-style-type: none"> • A major concern with the paper is that the definition of NHP used here includes too many different types of products. Most cases (Table 4, cases 1, 2, 7, 8) are not related to herbal products but more to dairy compounds. It would be interesting to stratify to get an impression of herbal products-related problems, as these are likely to yield the most important ARs. This would be important to discuss, notably on page 18, around line 50. • p 12, lines 21-26 : of 11 patients interviewed, only 6 were likely or possibly caused by NHP (Fig. 2), so 55% only. This (low) proportion of causality should be translated to the non-evaluated cases and be considered in computing the AE/ARs figures reported here and throughout the paper. • Page 20, line 23: "Another strength of our study was the causality assessment involved with each AE reported", this is not correct, only a few reports were assessed (see Fig. 2) • Page 22, line 4: "one of the strongest aspects of this study is its ability to assess each case reported for causality, to include laboratory analysis of products", see previous comment, there are no laboratory data reported in the paper. <p>p 12, line 14: the proportion of patients who consented to, and were available should be reported (13%) in the abstract "All AEs reported by patients who consented to, and were available for, a detailed telephone interview were adjudicated fully to assess for causality"</p> <p>p 12, line 34: the authors judge by themselves that their method</p>
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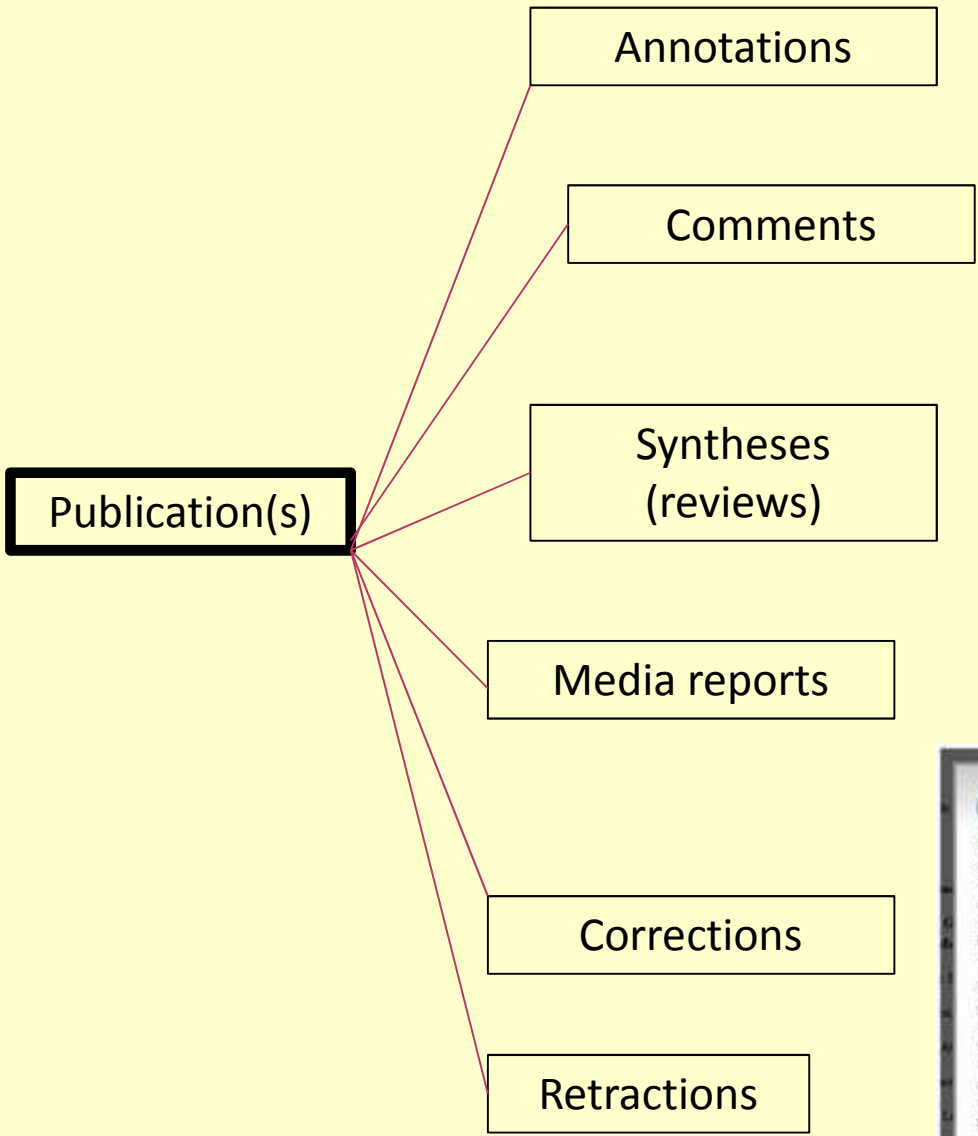
Lack of linkage in medical publications



Inefficiency of research reporting due to information being presented in multiple formats, inadequate linkage between information sources, and inaccessibility of documents

From Glasziou et al *Lancet* 2014;383:267-76





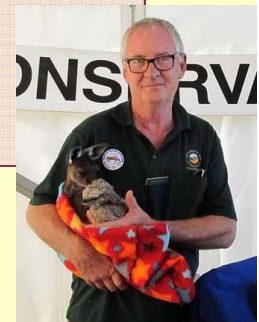
Why should publications change?

Can we improve:

- readability?
- comprehensibility?
- accuracy?
- completeness?
- usability?



Usability
depends on
the user



What do different readers / users need?

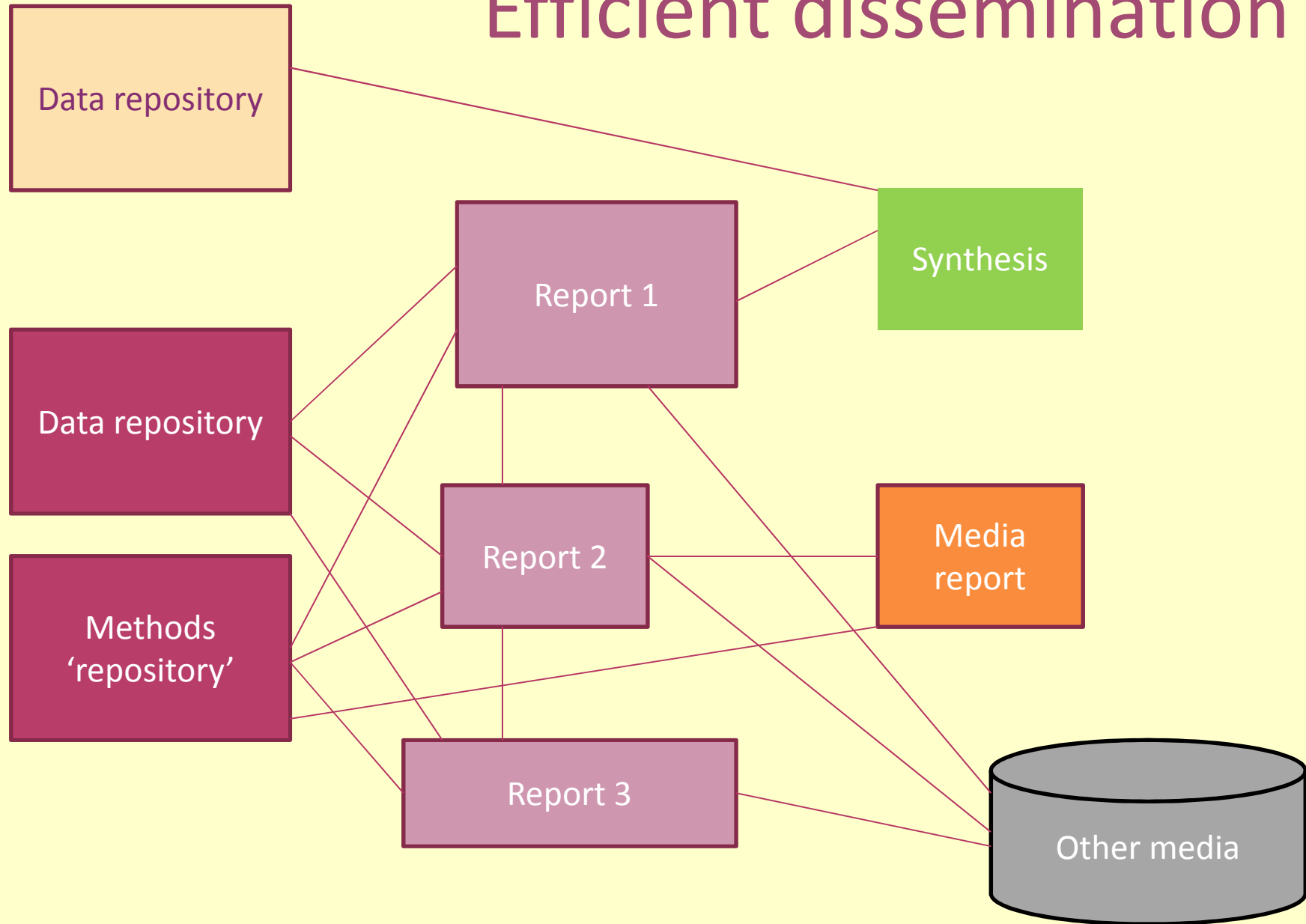


- raw data
 - analysed data
 - detailed methods
 - context / background
 - interpretation
 - quick summary
 - answers to questions
-
- publications in their own language?

Could we:

- Link data to publications?
- 'Thread' reports / protocols / articles?
- Provide translations?
- Provide plain language summaries?

Efficient dissemination



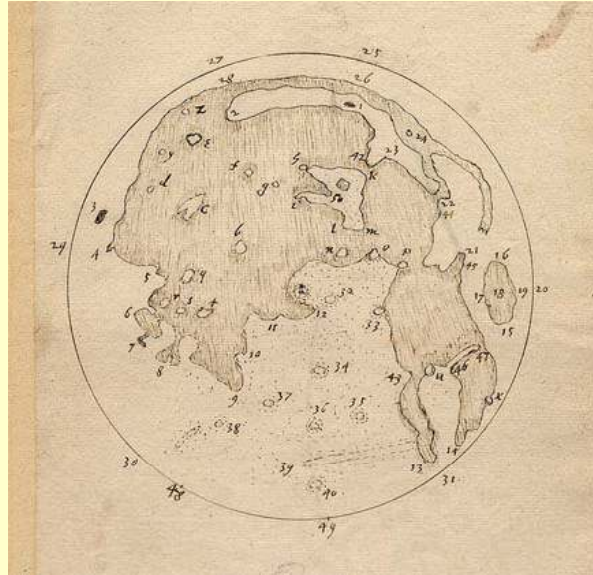
Barriers to effective dissemination

- Economic / different budgets
- Technological (?)
- Social – need to change system of academic rewards
- Psychological / conservatism

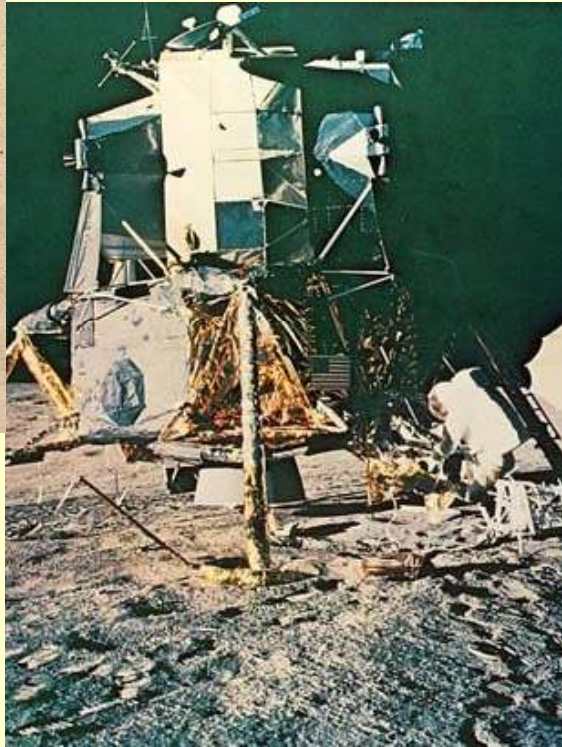
Different budgets

- Research funders / institutions (e.g. data repositories / Green Open Access)
- Researchers' time (data standardization / curation / reporting)
- Publishers (investment into new technology / translation, etc.)
- Users (public, government, libraries, institutions)

But if we really want it ...



Map of the moon
1609



Apollo 12 mission
1969



