

Journal Watch

SECTION EDITOR



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From the Editor-in-Chief: Journal Watch is the re-birth of a previous column edited by Nancy Milligan. We are happy to welcome Hervé Maisonneuve, MD as the new Section Editor for Journal Watch. Hervé is a contributing editor for several scientific journals and regularly teaches medical writing in hospitals and universities in France. The new version of Journal watch will be based on his French-language blog *Rédaction Médicale et Scientifique*, available at <http://www.redactionmedicale.fr>.

Journals should publish referee reports and respond to well-founded concerns about papers after publication

According to an article by Nicolair Slavov published in the November 11 issue of *eLife*, referee reports are helpful and hiding them is an enormous waste. The author encourages post-publication debates and for journals to take the lead in considering non-anonymous comments posted on electronic platforms. Three controversial reports—one that a bacterial DNA sample contained arsenic instead of phosphorous, one that RNA sequences contain widespread edits or changes from the corresponding DNA sequences, and one on stimulus-triggered acquisition of pluripotency — have shown that post-publication comments offer a fast and efficient method for raising concerns about potential problems in published papers. **Reference:** Slavov N. Making the most of peer review. *eLife* 2015;4:e12708.

Are meta-analysis simple works, office-based, cheap, time-efficient with chances to be highly cited?

In an article recently published in *Medical Hypothesis*, Giovanni Tebala, a surgeon, warned about a trend in current research for researchers to move from performing randomised clinical trials to systematic reviews and meta-analysis. He warned that “If we are unable to invert this trend, in the future we will have a growing number of synthetic studies utilising someone else’s original data and fewer raw data to base our knowledge upon.”

Reference: Tebala GD. What is the future of biomedical research? *Medical Hypothesis* 2015;85(4):488-490.



The COMPARE Project

The COMPARE project is an Oxford-based group (<http://compare-trials.org/>) that is tracking “switched outcomes”. They are systematically checking every trial published in the top five medical journals (*Annals of Internal Medicine*, *BMJ*,

JAMA, *Lancet*, and *New England Journal of Medicine*) to see if the findings have been misreported by comparing each clinical trial report with its registry entry. Results are updated weekly, and as of January 6, 2016, they had checked 66 trials. Only 9

trials were considered “perfect”, while the remaining had a total of 355 outcomes not reported and 336 new outcomes that were silently added. Unreported or added outcomes are reported to the journal so that readers are aware of the problems.

First data on the reproducibility of research published in *Science*

A huge effort is under way to reproduce 100 experiments published by three prestigious American psychological journals (<https://osf.io/ezcuj/>). The effort, supervised by the Center for Open Science at the University of Virginia (US), is supported by 250 researchers at 125 foundations in the US. As reported in the August 28th issue of *Science*, although 97% of original studies had statistically significant results, only 36% had statistically significant results when they were reproduced. In 47% of the cases, the original effect sizes were in the 95% confidence interval of the replication effect size, and only 39% of effects were subjectively rated to have replicated the original result. The authors concluded that “if no bias in original results is assumed, combining original and replication results left 68% with statistically significant effects.”

A similar same effort is being carried out for cancer biology (<https://osf.io/e81xl/wiki/home/>), although results have not yet been published.

Reference: Open Science Collaboration. Estimating the reproducibility of psychological science. *Science* 2015 (28 August);349:6251.



Restoring study 329: re-analysis of a paroxetine trial with the same data with opposite conclusions

Study 329 was a randomised, controlled trial on the efficacy and harms of paroxetine and imipramine in the treatment of adolescent major depression published in the *Journal of the American Academy of Child and Adolescent Psychiatry* in July 2001. The original paper concluded that “Paroxetine is generally well tolerated and effective for major depression in adolescents” and found that “The response to imipramine was not significantly different from placebo for any measure.” The article was ghostwritten and largely criticised, with a variety of anomalies spotted by researchers. A reanalysis of the original study, recently published in *BMJ*, was carried out under the Restoring Invisible and Abandoned Trials initiative “to see whether access to and reanalysis of a full dataset from a randomised controlled trial would have clinically relevant implications for evidence based medicine.” The authors of the re-analysis concluded, “Neither paroxetine nor high dose imipramine showed efficacy for major depression in adolescents, and there was an increase in harms with both drugs.”

Reference:

Keller *et al.* Efficacy of paroxetine in the treatment of adolescent major depression: a randomised, controlled trial. *J Am Acad Child Adolesc Psychiatry*. 2001 Jul;40(7):762-72.

Doshi *et al.* Restoring invisible and abandoned trials: a call for people to publish the findings. *BMJ*. 2013;346:f2865.

Le Noury. Restoring Study 329: efficacy and harms of paroxetine and imipramine in treatment of major depression in adolescence. *BMJ*. 2015;351:h4320.

The HAP score for granting authorship of large multi-center trials

In an article relevant to the current issue of *Medical Writing*, David Whellan describes a new system for attributing authorship, the HF-ACTION Authorship and Publication (HAP) score. The HF-ACTION study was a randomised clinical trial that examined the efficacy of exercise training as a supplement to standard care in heart failure patients. The score assigns points according to “investigators’ participation in trial

enrolment, follow-up, and adherence, as well as participation in committees and other trial activity” and “was designed to enhance rate of dissemination, recognise investigator contributions to the successful conduct of the trial, and harness individual expertise in manuscript generation.” They admit that although it is not without limitations, the system may be useful as a starting point for authorship decisions in multisite trials.

Reference:

Whellan DJ *et al.* Authorship in a multicenter clinical trial: The Heart Failure – A controlled trial investigating outcomes of exercise training (HF-ACTION) authorship and publication (HAP) scoring systems results. *Am Heart J* 2015;169:457-463.e6.