

# In the Bookstores



## Getting Research Published. An A to Z of Publication Strategy (Third Edition)

Elizabeth Wager  
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£29.95. 188 pages.

Dr Elizabeth Wager has been a freelance publications consultant and trainer since 2001, having previously worked within the publishing and pharmaceutical industries. She is a current and previous member of a number of committees that safeguard biomedical publication ethics, and has authored and co-authored a number of papers and industry-standard books on good publication practice and peer review. I have heard her speak on publication strategy on a number of occasions and, just like her presentations, *Getting Research Published* (now in its third edition) is packed full of good advice and sprinkled with humour. This makes it very easy to read and digest.

This book is designed to be relevant to readers with differing levels of experience and expertise in the management and writing of journal publications and abstracts, whether they are based in pharmaceutical companies, medical communications agencies, or academia. It consists of two parts: the first, which contains five chapters, provides an overview of publication strategy, and the second is organised (as the title suggests) as an A–Z list of useful topics in medical publications planning and practice.

This new edition has been revised to contain recommendations from the most recent edition of the Good Publication Practice guidelines (GPP3)<sup>1</sup> and the latest publications guidance from the International Committee of Medical Journal Editors (ICMJE),<sup>2</sup> which were both published in 2015.

The first chapter of *Getting Research Published* provides step-by-step suggestions for timely publication of an individual paper with the minimum of pain and stress for the participants. Wager emphasises the need first to establish a writing group for the paper and then agree the roles and responsibilities of its members at the start of the process. She also recommends early discussions to agree the target audience for, and aims and content of, the paper. Finally, there is a reminder that the responsibilities of the writing group don't end when its members sign off the

final draft – they still have to complete the submission package (e.g. copyright transfer forms, declarations of authorship, and statements on competing interests), revise the manuscript if required, and, finally, check the proofs.

In chapters 2 and 3, Wager goes on to propose a strategy for establishing a publication plan for a multicentre study and makes suggestions for gauging how long the process might take. Such studies are likely to provide opportunities for multiple publications that highlight different aspects of the study's findings, or country-specific data. It is important that each of these publications comes into the public domain in a timely manner – particularly if the study is a phase 3 clinical trial – but without jeopardising other planned publications. Wager explains how, by assembling a well-chosen team early in the study, its members can use their expectations of the types of data that will be produced in the study, and the timetable for their delivery, to start to assemble a list of appropriate scientific meetings with abstract submission deadlines close to the expected date for database lock, and to sketch out how the actual dates of the meetings might influence submissions to journals. Of course, study dates change and Wager stresses the importance of getting the team together regularly, either in person or on the phone, to ensure that the publication plan reflects those changes.

Chapter 4 is devoted to the advantages and disadvantages of involving professional medical writers in a publication. This chapter is firmly underpinned by the ICMJE and GPP guidelines and the need to make sure that all authors are happy to have a medical writer on board; be clear about what the medical writer is going to do (and not do); and understand how the target journal views the work of the medical writer and how it should be acknowledged.

In chapter 5, the author uses a fictional tale of ambitious pharma executives, greedy agencies, disinterested academics, and unapproachable statisticians to illustrate how the absence of a publication strategy can prevent the outcomes of pharmaceutical research reaching the eyes of doctors whose patients might benefit from them.

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It's an unusual way to make a point, but as the alternative would be akin to a lecture, I think that it works well.

Part 2 of *Getting Research Published* – the author's dictionary of medical publishing – covers around 250 topics in 145 pages. The list of terms is comprehensive and even covers a number of areas that I didn't know I didn't know about. This part of the book is intended both to provide more detailed information about specific topics covered in the first part of the book and for people to consult if they have a particular problem or question. It is a fantastic resource for people who have had little or no exposure to the medical publishing industry and for others like me, who worked in the industry some time ago and need to catch up on more recent developments.

In short, this is a must-have book for writers, editors and account managers in medical communications agencies and in the publications departments of research institutions and pharmaceutical and medical device companies. I also recommend it to my fellow freelance writers as an easy way to ensure that you are 'on the same page' as the companies that you are working with when it comes to disseminating medical research findings.

### References:

1. Battisti WP, Wager E, Balzer L, Bridges D, Cairns A, Carswell CI, *et al.* Good publication practice for communicating company-sponsored medical research: GPP3. *Ann Intern Med.* 2015;163(6):461–1.
2. International Committee of Medical Journal Editors. Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals. 2015 [cited 2016 Mar 14]. Available from: <http://www.icmje.org/recommendations/>.

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