

Manuscript Writing

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What are the most common reasons for a manuscript to be rejected (and how can they be avoided)?

In their article on handling manuscript rejection, Woolley and Barron¹ offer the following soothing advice:

Authors, particularly inexperienced authors, may take comfort in knowing that manuscript rejection is common.

The rejection rate for many journals is over 50%, and for top-tier journals, it can be over 90%.²⁻⁶ Some of the reasons for these rejections are under the control of the medical writer, whereas others are not. Regardless, medical writers should be aware of the main reasons to minimize their occurrence and to be able to give practical advice to the authors and other contributors.

1 Lack of new or useful information

The most common reason for rejection of a manuscript is that it does not add to the current literature or that it lacks originality.^{2,7,8} As a manuscript writer, there is not always a lot that you can do to avoid this problem. However, you should be familiar and up to date with the literature so that you can advise the contributors when you have a concern about the novelty or importance of the results. In some cases, you can encourage the contributors to include or to focus on data that are novel or especially interesting.

2 Study design and methodology problems

Whether the study has an appropriate, rigorous, and comprehensive design is cited as the most or second-most important factor deciding the fate of a manuscript.^{2,7,9-12} Main problems in this regard include:

- a fundamentally weak hypothesis or question;
- poor methodology;
- inadequate description of methods, including study design and technical methods;

- results not addressing the hypothesis, question, or stated objectives;
- questionable results due to inappropriate methods or statistical analysis.

As a medical writer, you cannot do much about poor study design or methodology, but you should ensure that the hypothesis/question, objective, study design, and technical methods are easy to find, complete, clear, and consistent with the experimental findings. Pay particular attention to the methods because this is where mistakes most often occur and because it is the section most often responsible for rejection of a manuscript.⁹

Table 1 lists guidelines that can help ensure that the study design is fully described and that the technical methods are complete.

Table 1: Available guidelines for study designs

Guideline	Applies to	Checklist included?	Reference
ICMJE	All manuscripts	No	13
CONSORT	Randomized clinical trials	Yes	14
STROBE	Observational studies	Yes	15
PRISMA	Systematic reviews and meta-analyses	Yes	16
TREND	Non-randomized evaluations of behavioral and public health interventions	Yes	17

3 Logic problems

After study novelty and study design/methodology, the most important aspect determining a manuscript's fate is whether it is logical and well written.^{2,7,9,10} How the study design, results, and

conclusion are interconnected is of utmost importance to peer reviewers when commenting on a manuscript and deciding its fate.^{7,8} In addition, inadequate reporting of results and excessive enthusiasm about their implications can be major reasons for rejection.¹⁸

Your most important job as a manuscript writer is to logically tell the story of what happened in the study. Present the study problem and gradually take the reader through the study, its results, and its implications. Following are some tips to help ensure a logical flow.

- *Consider the following questions:*
 Why did you start (introduction)?
 What did you do (methods)?
 What did you find (results)?
 What does it mean (discussion)?
- *Break the writing into manageable pieces:* break the methods and results into subsections. Maintain one idea per paragraph and one thought per sentence. If a sentence or paragraph gets too long, break it into smaller parts.
- *Present the appropriate information in each section of the manuscript:*
 Introduction: give the background, describe the problem and finish with the question/hypothesis and study objective(s).
 Methods: include the study design, patient selection, treatments, measures, technical methods, and statistical methods. Do not present any data.
 Results: present results that address the study question/hypothesis, and stated objectives. Progress logically from subject demographics/disposition through the results. You may summarize but do not discuss the meaning of the results.
 Discussion: discuss the main results and move gradually through them. Compare the results with the scientific literature. Include limitations, applications, and implications. Make conclusions based on the results and linked to the study design and the study problem, question, or hypothesis. Do not repeat yourself and do not present any new data.

4 Language problems

Common language problems identified by editors and reviewers include excessive wordiness, poor syntax, poor grammar, redundancy, and deliberately complicated writing.^{2,9,18} Language problems are not usually an important reason for rejection of manuscripts, but reviewers may become critical of

a study when the manuscript contains too many language errors.⁷

It is your job as a professional medical writer to write well. Language problems should definitely not be a limitation to the acceptance of a manuscript you have written. Your writing should be clear and concise, and use good English spelling, grammar, and syntax. Most importantly, you should write for the reader: information should be easy to find and easy to understand. Manuscripts are not a place to demonstrate your ability to write poetically or with big words. If a reader, editor, or reviewer misunderstands something or finds the manuscript hard to read, it is *your* fault, not theirs!

Always run a spelling and grammar check before submitting a manuscript, and always have a colleague proofread the article. Do not expect that the authors will catch language problems. If writing in English and not a native-English speaker, if possible, have your manuscript read and corrected by someone who is a native English speaker. If you are a native-English speaker, have the courage to correct the writing of non-native speakers, even if they are well-known or experienced researchers.

5 Wrong journal

Content irrelevant to the journal is an important reason that editors reject manuscripts.¹⁰ Journal editors usually have limited space and must select articles according to their priority, which is based on whether the article is appropriate for their journal and readership and whether it is sufficiently novel and interesting according to the journal's standing. Sometimes, contributors will feel that the manuscript deserves a premier journal, but these can have rejection rates over 90%.⁴⁻⁶ Detailed advice on selecting an appropriate journal was the subject of the previous manuscript writers' corner.¹⁹

6 Badly written abstract

A confusing or boring abstract can cause an article to be rejected without entering the review process.²⁰ Take the time to put together a good abstract that captures the reader's attention. Guidance for writing a successful abstract was provided in a previous article in *The Write Stuff*.²¹

7 Not formatted according to the instructions for authors

Although few manuscripts are rejected because they do not perfectly meet the instructions for authors, they have to comply with the instructions to be published. Getting this right at the beginning puts the

manuscript in a good light and will help ease its acceptance.

References

1. Woolley KL, Barron JP. Handling manuscript rejection: insights from evidence and experience. *Chest* 2009;135:573-7.
2. Wyness T, McGhee C, Patel DV. Manuscript rejection in ophthalmology and visual science journals: identifying and avoiding the common pitfalls. *Clin Exp Ophthalmol* 2009;37:864-7.
3. Armstrong AW, Idriss SZ, Kimball AB, Bernhard JD. Fate of manuscripts declined by the Journal of the American Academy of Dermatology. *J Am Acad Dermatol* 2008;58:632-5.
4. Lancet Information for Authors. [cited 2011 October 7]. Available from: <http://download.thelancet.com/flatcontentassets/authors/lancet-information-for-authors.pdf>.
5. JAMA Instructions for Authors. [cited 2011 October 7]. Available from: <http://jama.ama-assn.org/site/misc/ifora.xhtml>.
6. Welcome to Resources for Authors. [cited 2011 October 7]. Available from: <http://resources.bmj.com/bmj/authors>.
7. Ehara S, Takahashi K. Reasons for rejection of manuscripts submitted to AJR by international authors. *AJR Am J Roentgenol* 2007;188:W113-6.
8. Shakiba B, Salmasian H, Yousefi-Nooraie R, Rohanizadegan M. Factors influencing editors' decision on acceptance or rejection of manuscripts: the authors' perspective. *Arch Iran Med* 2008;11:257-62.
9. Byrne DW. Common reasons for rejecting manuscripts at medical journals: a survey of editors and peer reviewers. *Sci Ed* 2000;23:39-44.
10. Northam S, Yarbrough S, Haas B, Duke G. Journal editor survey: information to help authors publish. *Nurse Educ* 2010;35:29-36.
11. Turcotte C, Drolet P, Girard M. Study design, originality and overall consistency influence acceptance or rejection of manuscripts submitted to the Journal. *Can J Anaesth* 2004;51:549-56.
12. Lee KP, Boyd EA, Holroyd-Leduc JM, Bacchetti P, Bero LA. Predictors of publication: characteristics of submitted manuscripts associated with acceptance at major biomedical journals. *Med J Aust* 2006;184:621-6.
13. Uniform requirements for manuscripts submitted to biomedical journals: Writing and editing for biomedical publication. [cited 2011 October 7]. Available from: http://www.icmje.org/urm_full.pdf.
14. Schulz KF, Altman DG, Moher D. CONSORT 2010 statement: updated guidelines for reporting parallel group randomised trials. *PLoS Med* 2010;7:e1000251.
15. von Elm E, Altman DG, Egger M, Pocock SJ, Gotsche PC, Vandenbroucke JP. The Strengthening of Reporting of Observational Studies in Epidemiology (STROBE) statement: guidelines for reporting observational studies. *J Clin Epidemiol* 2008;61:344-9.
16. Moher D, Liberati A, Tetzlaff J, Altman DG. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *J Clin Epidemiol* 2009;62:1006-12.
17. Des Jarlais DC, Lyles C, Crepaz N. Improving the reporting quality of nonrandomized evaluations of behavioral and public health interventions: the TREND statement. *Am J Public Health* 2004;94:361-6.
18. Pierson DJ. The top 10 reasons why manuscripts are not accepted for publication. *Respir Care* 2004;49:1246-52.
19. Leventhal PS. How do I select a target journal for a manuscript? *TWS* 2011;20:268-269.
20. Bernhard JD. No further studies are required: additional notes on avoiding manuscript rejection. *J Am Acad Dermatol* 2001;44:541-2.
21. Ohri M, Dawes K. Successful abstract writing: an essential skill for medical writers. *TWS* 2009;18:27-8.

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Writing first sentences

The *New Statesman* magazine runs a weekly competition. There are recurring favourites, such as the one for opening sentences of novels so awful that the reader will read no further. Some medical opening sentences are likely to have the same effect. Here is the first sentence of a chapter on renal blood flow, from a book about specialized cardiovascular physiology.

The kidneys are bilateral, bean shaped organs, which lie in a retroperitoneal position on either side of the vertebral column beneath the diaphragm.

This curious mixture of *Reader's Digest* and anatomical detail is unnecessary for even a second year medical student, let alone someone reading a specialized textbook. (It is also inaccurate, because the kidneys are on each side, not either side, of the vertebral column.) A presentation on how to write papers (accessible via medicine.yale.edu) advises, 'Grab the reader, drawing them immediately to the crucial issue that your paper addresses'. Too many papers start with information that can only be described as banal, the written equivalent of clearing the throat. Sometimes, a paper is improved instantly by just deleting the first sentence and starting with the second; sometimes a banal first sentence is an indication that a paper's introduction

needs rewriting, often because the authors have fallen into the trap of thinking that the introduction should be a general review of the topic. While appropriate for a thesis, a general review is unnecessary – and boring – in a research paper that asks and answers a circumscribed question.

I found a paper in the journal *Chest*, which is the official journal of the American College of Chest Physicians. It is ranked 3rd of 46 respiratory journals on its impact factor, so it is a leading journal. The paper was titled: ‘Significance of pulmonary arterial pressure and diffusion capacity of the lung as prognosticator in patients with idiopathic pulmonary fibrosis’. (Some may find the single word *prognosticator* better than the phrase *prognostic factor*. I do not, and think rather that a prognosticator is a person who makes prognoses.) The opening sentence of the paper was ‘Idiopathic pulmonary fibrosis is a relatively common interstitial lung disease’, surely unnecessary for readers of *Chest*. Of the paper’s 34 references, 29 were available as full text on the internet. Twelve of these had opening sentences that were little improvement, being variations on ‘Idiopathic pulmonary fibrosis is a progressive interstitial lung disease of unknown etiology and with a poor prognosis’. Just two papers had focused opening sentences that told readers what was coming next: ‘In idiopathic pulmonary fibrosis, there is an unmet need for an accurate noninvasive measure of disease severity’ and ‘Idiopathic pulmonary fibrosis has undergone important redefinition in the last several years,

based largely on revised histopathologic classification criteria’.

I think the best – or worst – example I found in my search was the opener to ‘The search for an ideal method of abdominal fascial closure: a meta-analysis’. With blinding insight, the authors had written, ‘The ideal suture for closing abdominal fascia has yet to be determined’.

You can usually rely on orthopaedic surgeons to be straightforward. The opening sentence to ‘Dislocations after total hip-replacement arthroplasties’ was not waffle about hip replacements being an increasingly common weapon in the orthopaedic surgeon’s armamentarium but, ‘Between January 1972 and June 1975, 300 total hip-replacement procedures were performed by five surgeons on the orthopaedic service of the Northwestern Memorial Hospital’; and right away we were in there with the surgeons looking at their results.

It is not a novel, and it is not a medical paper, but my favourite opening sentence is from one of my favourite books by one of my favourite authors, an author who has written a number of books about words: Bill Bryson. The best of his travel books is *The lost continent*. Its opening sentence – actually, its opening two sentences, its opening paragraph: but there are only eight words in all, and two of them are the name of a town – is a brilliant book, and I was unable to put the book down once I had read them:

‘I come from Des Moines. Somebody had to’.

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