Journal Watch

Journal Watch is based on the French-language blog *Rédaction Médicale et Scientifique* by Hervé Maisonneuve available at www.redactionmedicale.fr.

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Good Practice for Conference Abstracts and Presentations: GP-CAP

Guidance for conference abstracts and presentations of company-sponsored research is not uniform. Each conference has its recommendations, and there is a need for consistency. A group of editors and communicators has posted a preprint describing the GP-CAP (Good Practice for Conference Abstracts and Presentations). The authors are gathering comments on the draft guidelines, with a plan to revise and publish the document. There are recommendations for researchers and for conference organizers.

1. Authorship: authors (see International Committee of Medical Journal Editors [ICMJE] and GPP3), contributors/study groups, and presenters/ society sponsors are described. Listing fewer than 10 authors and study group names is recommended. "In certain circumstances, and if all authors agree, it is permissible for somebody whose contribution does not (or will not) meet the ICMJE authorship criteria for a journal article to present findings at a conference."
2. Conference abstracts: These should include a study identifier such as a registration number (for clinical trials), study name, protocol number, or grant number. "Most conferences will not consider reports of findings that have already been published in full (i.e., in a peer-reviewed journal). This requirement must be respected and, even if permitted, presenting findings after full publication should be avoided."
3. Encore abstracts: "It is permissible to present the same research findings at more than one conference if both the first and subsequent conferences allow this. This practice may be referred to as an *encore* (or, more specifically an *encore abstract* or *encore presentation*). However, presentations of the same findings to the same audience should be avoided."
4. Conference presentations (slides and posters): "Author listing and sequence on posters and oral presentations should be the same as that on the abstract. Authors should not be added to a presentation after the abstract is accepted.… If research findings change substantially between abstract submission and conference presentation and this change affects the conclusions of the research, we recommend that authors alert the conference to this discrepancy… Posters are not peer-reviewed by conferences and may not describe all aspects of the research. Posters should therefore not be viewed as a substitute for a full article in a peer-reviewed journal."

Reference

Foster C, Wager E, Marchington J, Patel M, Banner S, Kennard NC, et al. Good practice for conference abstracts & presentations: GP-CAP. Peer J Preprints. https://peerj.com/preprints/3356/

Catalogue of bias

The Center of Evidence-Based Medicine (CEBM), University of Oxford, has launched a Catalogue of Bias, an online resource at https://catalogofbias.org/biases that features definitions of the types of bias that can affect health research. The worthwhile effort is supported by the McCall MacBain Foundation. Currently, there are 30 entries with a short definition. The team wants to expand the list and they welcome any suggestions or comments.

Transparency in authors' contributions and responsibilities

A preprint posted on bioRxiv then later published by *Proceedings of the National Academy of Sciences* is a position paper about author contributions and responsibilities signed by 13 editors from prestigious biomedicine journals.[1] They adapted the ICMJE criteria for authorship and recommended that journals adopt the following statement as a best practice for crediting all authors of a paper:

> *Each author is expected to have made substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data; or the creation of new software used in the work; or have drafted the work or substantively revised it; AND to have approved the submitted version (and any substantially modified version that involves the author's contribution to the study); AND to have agreed both to be personally accountable for the author's own contributions and to ensure that questions related to the accuracy or integrity of any part of the work, even ones in which the author was not personally involved, are appropriately investigated, resolved, and the resolution documented in the literature.*

Other recommendations are:

- Roles for the corresponding authors: "*ensuring that all listed authors have approved the manuscript before submission and that all authors receive the submission and all substantive correspondence with editors, as well as the full reviews, verifying that all data, materials (including reagents), and code, even those developed or provided by other authors, comply with the transparency and reproducibility standards of both the field and journal;*"
- "To discourage ghost authorship, corresponding authors must reveal as appropriate whether the manuscript benefited from the use of editorial services that, if unacknowledged, might constitute an undisclosed conflict of interest."
- Journals should use the 14 CRediT taxonomy categories for contributor roles; CRediT stands for Contributors Roles Taxonomy;[2]
- All journals in the physical, life, and social sciences should require that authors have an ORCID iD;
- Universities/research institutions, funding agencies, and scientific societies should strongly endorse efforts to increase transparency.

The French national institute of health and medical research (Inserm) has issued a nice brochure on authorship good practices.[3] They have internal data showing that 40% of the individual files (n = 100) processed over 10 years by the scientific integrity office related to conflicts concerning the list of authors. The list of co-authors is a sensitive subject, as researchers are assessed on publications. The topics are: What are the ethical rules to be applied? How can authorship be determined? The document also provide advice for how to address these issues throughout the duration of a project and editorial submission.

References

1. McNutt MK, Bradford M, Drazen JM, Hanson B, Howard B, Jamieson KH, et al. Transparency in authors' contributions and responsibilities to promote integrity in scientific publication. Proc Natl Acad Sci U S A. 2018;115(11):2557–60.
2. Brand A, Allen L, Altman M, Hlava M, Scott J. Beyond authorship: attribution, contribution, collaboration, and credit. Learned Publishing. 2015;28:151–5.
3. Inserm. The authorship of scientific papers. Good practices. https://www.inserm.fr/sites/default/files/media/entity_documents/Inserm_Brochure_SignaturePublications ScientifiquesBonnesPratiques_EN.pdfBonnesPratiques_EN.pdf.

RCTs published in *The BMJ* and *PLOS Medicine* can be reanalysed when authors share data

Naudet and colleagues undertook a large project to determine the effectiveness of data sharing policies in *The BMJ* and *PLOS Medicine*. The researchers gathered data from 37 published randomised controlled trials (RCTs) and reanalysed primary outcomes. In reassuring findings, the reanalyses mostly yielded similar results. Methods are detailed in the paper and all data are available. It showed that the sharing data policy, as recommended by ICMJE, can be implemented, even if not optimal.

The study notes the following:

- *Data availability was not optimal in two journals with a strong policy for data sharing, but the 46% data sharing rate observed was higher than elsewhere in the biomedical literature.*
- *When reanalyses are possible, these mostly yield results similar to the original analysis; however, these reanalyses used data at a mature analytical stage.*
- *Problems in contacting corresponding authors, lack of resources in preparing the datasets, and heterogeneity in data sharing practices are barriers to overcome.*

Few journals have a strong data sharing policy, so the potential to reanalyse data from RCTs published in specialty journals is questionable. We need further similar research studies to improve our confidence in publications.

Reference

Naudet F, Sakarovitch C, Janiaud P, Cristea I, Fanelli D, Moher D, et al. Data sharing and reanalysis of randomized controlled trials in leading biomedical journals with a full data sharing policy: survey of studies published in The BMJ and PLOS Medicine. BMJ. 2018;360:k400 http://dx.doi.org/10.1136/bmj.k400.

Inconsistent reporting between protocols or registrations and full reports of primary biomedical research

Researchers form McMaster University, Hamilton, Canada, searched databases to survey the existing evidence of inconsistencies between protocols or registrations and full reports published in biomedical journals. They searched studies in English up to September 30, 2016. They followed guidance to perform a systematic review, retrieved 9123 records, and included 37 studies (33 surveys and 4 systematic reviews) for analysis. They observed high levels of inconsistency between the described research plan in protocols/registrations and what was reported in the journal literature for the categories of outcome reporting (ranging from 14% to 100%), subgroup reporting (from 12% to 100%), statistical analysis (from 9% to 47%), and other measure comparisons. Some factors, such as outcomes with significant results, sponsorship, type of outcome, and disease specialty were reported to be significantly related to inconsistency reporting.

This 20-page article contains many troublesome examples from RCTs (complete references are in the paper):

- 49% (75/152) showed some discrepancies in outcomes, most related to introducing or omitting a primary outcome; 28% (21/75) of these discrepancies favored statistically significant results;
- 29% (32/108) of registered trials had a discrepancy of primary outcomes between registrations and full reports; 92% of the discrepancies in primary outcomes (in 22 out of 24 full reports) favored a statistically significant finding;
- 100% (69/69) of full reports had discrepancies in primary outcome specifications (POS); 30% (21/69) of full reports had unambiguous POS discrepancies, with significantly higher percentages of non-industry-sponsored than industry-sponsored full reports having unambiguous POS discrepancies;
- 19% (17/88) of full reports were registered; 45% (32/71) of full reports had inconsistency of primary outcomes; 71% (15/21) had discrepancies in primary outcomes that favored significant findings.

Reference

Li G, Abbade LFP, Nwosu I, Jin Y, Leenus A, Maaz M, et al. A systematic review of comparisons between protocols or registrations and full reports in primary biomedical research. BMC Medical Research Methodology. 2018;18:9. https://doi.org/10.1186/s12874-017-0465-7.