

How to write articles for indexed scholarly journals

Armen Yuri Gasparyan, MD, PhD, FESC Associate Professor of Medicine Member, World Association of Medical Editors Member, European Association of Science Editors

Associations concerned with scholarly writing

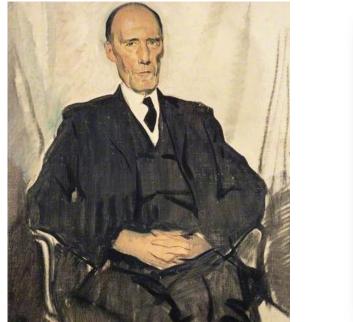












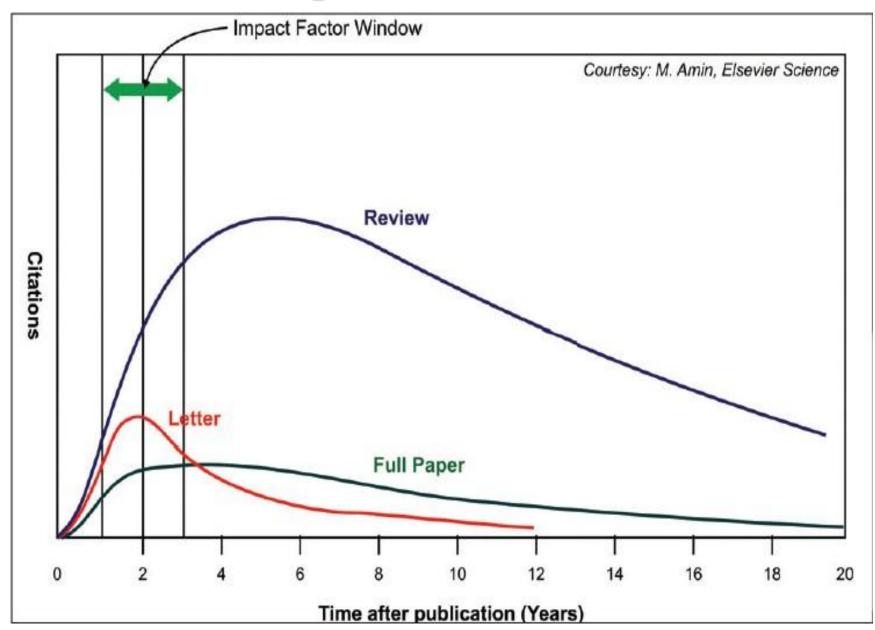
THE LANCET

"The amount of writings of a profession is a measure of its vitality and activity, whilst their quality is a rough indication of its intellectual state"

Sir Robert Hutchison (1871-1960)

Lancet 1939;2:1059

Impact of Reviews



Narrative reviews

- ✓ Often favoured by Publishers
- ✓ Highly cited in papers, textbooks and theses
- ✓ Contain updated information for practitioners
- ✓ Each thesis starts and ends with a comprehensive review

Review articles

Editorials

Authoritative reviews

- Narrative reviews (with systematic approach)
- **Qualitative systematic reviews**
- **Quantitative systematic reviews**



Enhancing the QUAlity

Home	About	Resource	Courses	Research	
	EQUATOR	Centre	Events	Projects	

Welcome to the EQUATOR Network website – the resource centre for good reporting of health research studies



Too often, good research evidence is undermined by poor quality reporting.

The EQUATOR Network is an international initiative that seeks to improve reliability and value of medical research literature by promoting transparent and accurate reporting of research studies.

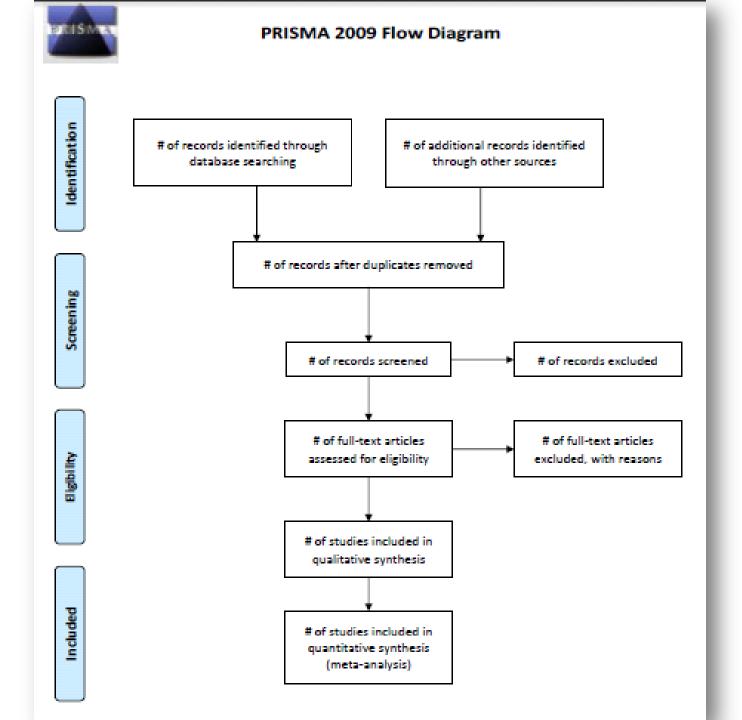
PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) PRISMA

of SYSTEMATIC REVIEWS and META-ANALYSES



PRISMA 2009 Checklist

Section/topic	# Checklist iter	n	Reported on page #				
TITLE							
Title	1 Identify the repo	ort as :	a systematic review, meta-analysis, or both				
ABSTRACT	PRISMA 20	009	Checklist				
Structured summary							
	Profile Handa	#	Checklist item	Reported			
INTRODUCTION	Section/topic		Checklist rem	on page			
Rationale	Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).				
Objectives	Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.				
METHODS	RESULTS						
Protocol and registration	Study selection	udy selection 17 Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.					
Eligibility criteria	Study characteristics	udy characteristics 18 For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.					
Information sources	Risk of bias within studies	tisk of bias within studies 19 Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).					
Search	Results of individual studies	esults of individual studies 20 For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.					
	Synthesis of results	Inthesis of results 21 Present results of each meta-analysis done, including confidence intervals and measures of consistency.					
Study selection	Risk of bias across studies	sk of bias across studies 22 Present results of any assessment of risk of bias across studies (see Item 15).					
Data collection proces	Additional analysis	dditional analysis 23 Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).					
Data collection proces	DISCUSSION	-	•	<u> </u>			
Data items	Summary of evidence 24 Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).						
Risk of bias in individu studies	is in individu Limitations 25 Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).						
Summary measures	Conclusions	Provide a general interpretation of the results in the context of other evidence, and implications for future research.					
Synthesis of results	FUNDING						
	Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.				



Narrative Reviews Authors

- Number of Authors. Optimal Number of Authors – 3-4; for authoritative reviews – 1-2
- Substantive contributor -1^{st} co-author

Authorship criteria (2013)

- 1. Substantial contributions to the conception or design of the work...
- 2. Drafting the work or revising it critically...
- **3.** Final approval of the version to be published...
- 4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part...



http://www.icmje.org/roles_a.html

Authorship statements in the instructions Rheumatology

TABLE 2. Statements on authorship criteria in the online instructions of rheumatology journals listed in the SCImago database*

				5/1	5
Rank	Abbreviated journal titles	H index	2-y JIF	Authorship criteria listed	Updated ICMJE criteria (2013) mentioned
1	Arthritis Rheum	211	7.477	+	NA
2	Ann Rheum Dis	132	9.111	+	+
3	J Rheumatol	124	3.258	+	NA
4	Rheumatology	106	4.212	+	+
5	Arthritis Res Ther	84	4.302	+	+
6	Arthritis Care Res	82	3.731	+	NA
7	Semin Arthritis Rheum	73	3.806	NA	NA
8	Clin Exp Rheumatol	62	2.655	NA	NA
9	Rheum Dis Clin North Am	61	2.096	NA	
10	Nat Rev Rheumatol	52	9.745	NA	NA
11	Joint Bone Spine	43	2.748	NA	NA
12	Rheumatol int	43	2.214	NA	NA SCIENCE COMMUNICA
13	BMC Musculoskelet Dis	41	1.875	+	+
14	Curr Rheumatol Rep	37	-	NA	NA Croat Med J. 2014;55

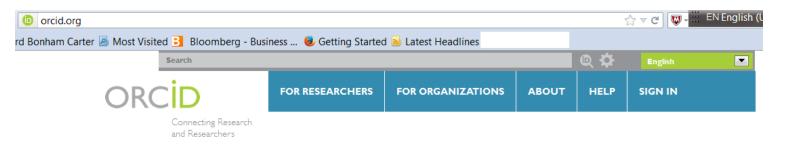
doi: 10.3325/cmj.2014.55.271

•44 journals examined
•Statements on authorship - in only 13 (29.5%)
•A specific reference to the renewed four criteria in only 8 (18.2%)

Upgrading instructions for authors of scholarly journals

Armen Yuri Gasparyan¹, Lilit Ayvazyan², Sergey V. Gorin³, George D. Kitas^{1,4}

ORCID (Open Researcher and Contributor ID) is a code to identify authors. Similar to DOIs for articles



DISTINGUISH YOURSELF IN THREE EASY STEPS

Identifiers!

ORCID provides a persistent digital identifier that distinguishes you from every other researcher and, through integration in key research workflows such as manuscript and grant submission, supports automated linkages between you and your professional activities ensuring that your work is recognized. Find out more.

I Million ORCID





wellcome^{trust}

ELSEVIER

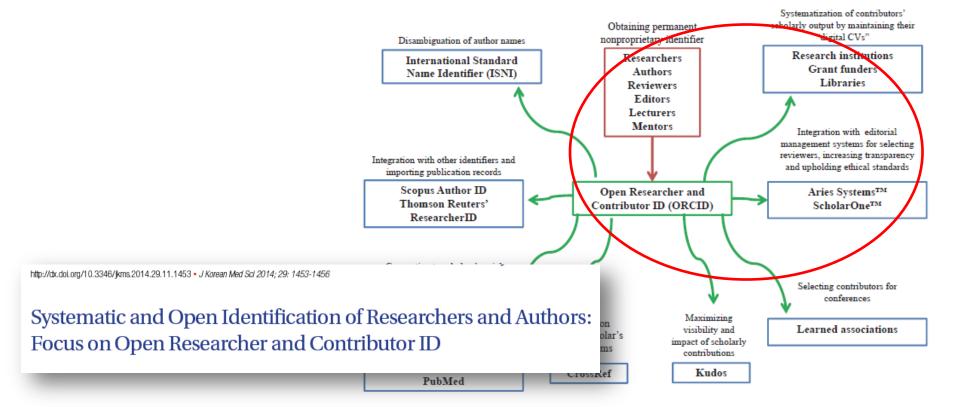
✓ Springer

WILEY

nature publishing group

ORCID IDs for reviewers

- Editors may select relevant reviewers
- Reviewers get credits by listing their reviewer contributions on ORCID
- No chance for 'fake' reviews



Scopus

Search | Alerts | My list | Settings

Live Chat | Help and C

Scopus releases updated analytical features, read more on the blog.

Document search Author search Affiliation search Advanced search	Browse Sources	Compare journa
Author Last Name e.g. Smith Author Initials or First Name	e.g. J.L.	٩
Affiliation e.g. University of Toronto		
ORCID ID e.g. 0000-0002-1108-3360		

Narrative reviews Titles

- The title should reflect the content, be concise and short. Put question when the review yield an answer(s)
- Some editors and reviews provide alternative titles

Journal of the American College of Cardiology © 2009 by the American College of Cardiology Foundation Published by Elsevier Inc.

STATE-OF-THE-ART PAPER

Inflammation in Atherosclerosis

From Pathophysiology to Practice

Peter Libby, MD,* Paul M Ridker, MD, MPH,*† Göran K. Hansson, M for the Leducq Transatlantic Network on Atherothrombosis *Boston, Massachusetts; and Stockholm, Sweden* Vol. 54, No. 23, 2009 ISSN 0735-1097/09/\$36.00 doi:10.1016/j.jacc.2009.09.009

Seminar

Rheumatoid arthritis

David L Scott, Frederick Wolfe, Tom WJ Huizinga

Lancet 2010; 376: 1094-1108 Rheumatoid arthritis is characterised by

Rheumatol Int (2011) 31:289-300 DOI 10.1007/s00296-010-1586-z

REVIEW

Current, new and future treatments of osteoporosis

Pooneh Salari Sharif · Mohammad Abdollahi · Bagher Larijani

REVIEW ARTICLE

Cardiovascular involvement in Behçet's disease

Yusuf Sezen • Hakan Buyukatipoglu • Zekeriya Kucukdurmaz • Ramazan Geyik

Current Pharmaceutical Design, 2010, 16, 3417-3434

Vitamin D and Metabolic Syndrome: Is There a Link?

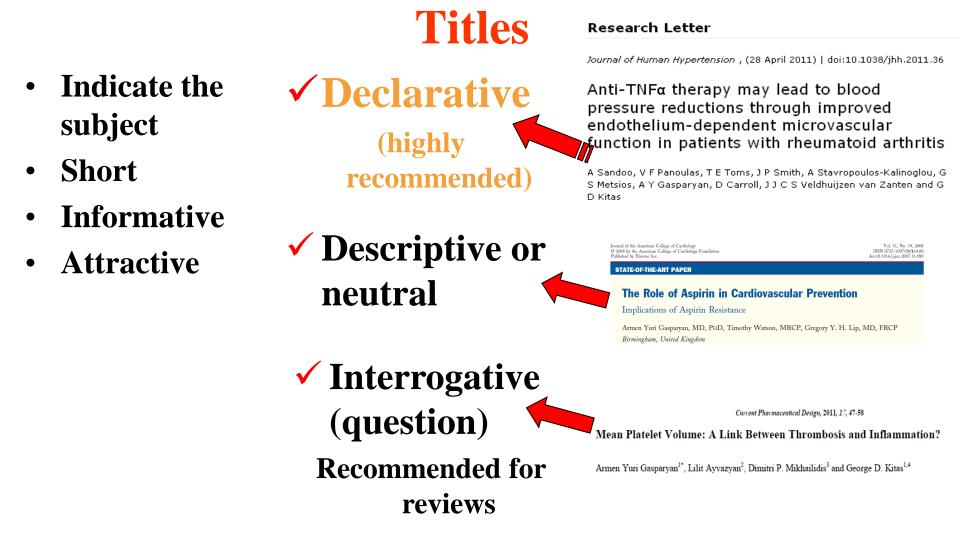
Matilda Florentin^{1,2}*, Moses S. Elisaf², Dimitri P. Mikhailidis¹ and Evangelos N. Liberopoulos²



Full Text (PDF)

Review: Antiplatelet Drugs: What Comes Next?

CLIN APPL THROMB HEMOST February 2011 17: 9-26, first published on November 15, 2010



Jamali HR, Nikzad M. Article title type and its relation with the number of downloads and citations. Scientometrics DOI 10.1007/s11192-011-0412-z

Title type	No	Download		Citation		
		Mean	Median	Mean	Median	
Descriptive	1,442	3,906	2,754	16.92	14.23	
Declarative	660	3,588	2,565	16.93	12	
Question	45	5,817	3,723	10.47	6	

Table 1 Number of downloads and citations for articles with different types of title

Articles with question titles downloaded more but cited less than the others

Longer titles are downloaded slightly less

Jamali HR, Nikzad M. Article title type and its relation with the number of downloads and citations. Scientometrics DOI 10.1007/s11192-011-0412-z

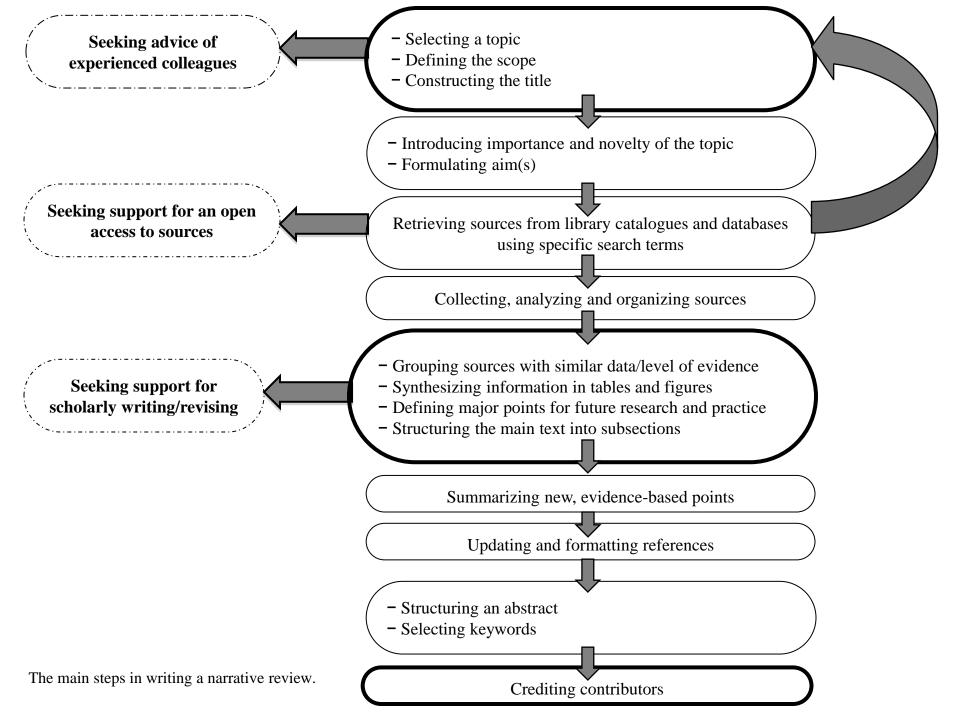
Analysis was based on PLoS articles

•Analysis of 25 most cited and the 25 least cited in 2005 in top rank journals (*TLN, BMJ, J Clin Pathol*)

Poor predictors of citations

• Reference to a specific country in the title

Jacques TS, Sebire NJ. The impact of article titles on citation hits: an analysis of general and specialist medical journals. Journal of the Royal Society of Medicine Short Reports 2009, 1(2), 1–5.



Structuring review (1)

- Structured abstract (preferable)
- Keywords (from MeSH)
- Introduction. Justify novelty and aim
- Structuring by the topic major subheadings

Online databases

- MedLine/PubMed http://www.ncbi.nlm.nih.gov/pubmed/
- PubMed Central http://www.ncbi.nlm.nih.gov/pmc/
- Scopus http://www.scopus.com/home.url
- Web of Science
 http://wokinfo.co
 - http://wokinfo.com/
- EMBASE/Excerpta Medica http://www.embase.com/

Online databases (2)

- Cumulative Index to Nursing and Allied Health Literature http://www.ebscohost.com/cinahl/
- The Cochrane Library http://www.thecochranelibrary.com



The Cochrane Collaboration

Trusted evidence. Informed decisions. Better health.



S NCBI Resources ⊙	How To 🖂	<u>Sign in to NCBI</u>
Publed.gov US National Library of Medicine National Institutes of Health	PubMed "Cochrane Database Syst Rev"[jour] RSS Save search Advanced 	Search Help
Show additional filters	Display Settings: Summary, 20 per page, Sorted by Recently Added Send to: Send to:	Filters: Manage Filters
Article types Clinical Trial Review More	Results: 1 to 20 of 10480 << First < Prev Page 1 of 524 Next > Last >> Restricting or banning alcohol advertising to reduce alcohol consumption in adults and adolescents.	New feature Try the new Display Settings option - Sort by Relevance
Text availability Abstract Free full text Full text	 Siegfried N, Pienaar DC, Ataguba JE, Volmink J, Kredo T, Jere M, Parry CD. Cochrane Database Syst Rev. 2014 Nov 4;11:CD010704. [Epub ahead of print] PMID: 25369459 [PubMed - as supplied by publisher] Related citations 	Results by year
PubMed Commons Reader comments Publication dates 5 years	 Oral calorie supplements for cystic fibrosis. Smyth RL, Rayner O. Cochrane Database Syst Rev. 2014 Nov 3;11:CD000406. [Epub ahead of print] PMID: 25363148 [PubMed - as supplied by publisher] Related citations 	Download CSV

Search strategy and selection criteria

We searched the Cochrane Library (2000–09), Medline (2000-09), and Embase (2000-09). We used the search term "rheumatoid arthritis" in combination with terms relevant for every section of the article, including: "cytokines", auto-antibodies", genetic risk factors", "prevalence", "incidence", "assessments", "outcome measures", "co-morbidities", and every specific treatment approach. We mainly selected publications from the past 5 years, although we did not exclude commonly referenced and highly regarded older publications. We also searched the reference lists of articles identified by this search strategy and selected those we judged relevant. We selected high-quality systematic reviews in preference to individual studies. Other review articles and books were cited to provide readers with more details and references than this Seminar can accommodate.

Structuring review (2)

- Unbiased search. Retrieve sources with strong evidence from PubMed/WoS
- Consider highly-cited sources
- Look at the reference lists in Scopus, SpringerLink
- Dates
- Do not cite unpublished sources, textbooks, congress abstracts, dissertations, not peerreviewed magazines and newspaper articles

Structuring review (3)

- Main body. Analyze critically, consider strengths and limitations, "+" & "-" studies
- Distinguish main problem
- Provide solutions and future perspectives
- Do not add unusual sections
- Limit citations to own papers

Structuring review (4)

- Tables. Analyze pertinent sources, level of evidence, add comments. Do not repeat details in the text.
- Number of figures (no more than 3-4)
- High quality and original figures

Where to submit reviews

• Journals publishing reviews: Seminars in..., Current Reviews..., Special issues...

TheLancet.com



The Lancet Seminars

Browse the entire collection of peer-reviewed Seminars commissioned by Lancet editors and published in *The Lancet*. Each Seminar provides a state-of-the-art overview of a disease, covering epidemiology, pathogenesis, diagnosis, treatment, and prevention, while highlighting relevant clinical controversies. The Seminars are relevant to doctors anywhere in the world, ideal for exam preparation, and invaluable as teaching tools for clinical tutors worldwide.

See also <u>The Lancet Core Clinical Collection</u>, covering the top 100 diseases of global importance, clinical significance, and research interest.

Entire Collection

All (482) 2010 (31) 2009 (34) 2008 (38) 2007 (37) 2006 (38)

ISI Web of Knowledge[™]

Journal Citation Reports®

Journals 1 - 20 (of 29)

Page

MARK ALL UPDATE MARKED LIST

Ranking is based on your journal and sort selections.

		ank (linked to journal Title information)		JCR Data 🕕						Eigenfactor [®] Metrics U		
Mark	Rank		ISSN	Total Cites	Impact Factor		Immediacy Index	Articles	Cited Half- life	<i>Eigenfactor®</i> Score	Article Influence® Score	
	1	NAT REV RHEUMATOL	1759- 4790	1921	9.745	9.318	1.446	65	2.4	0.01196	3.513	
	2	ANN RHEUM DIS	0003- 4967	27020	9.111	8.351	2.308	325	5.5	0.07203	2.510	
	з	ARTHRITIS RHEUM-US	0004- 3591	45200	7.477	7.630	1.659	411	8.0	0.08833	2.507	
	4	CURR OPIN RHEUMATOL	1040- 8711	3701	5.191	4.256	1.045	89	5.4	0.01145	1.460	
	5	ARTHRITIS RES THER	1478- 6354	8883	4.302	4.769	0.521	309	4.6	0.03138	1.575	
	6	OSTEOARTHR CARTILAGE	1063- 4584	8166	4.262	4.248	0.576	198	5.7	0.02227	1.285	
	7	RHEUMATOLOGY	1462- 0324	13184	4.212	4.558	1.107	298	5.5	0.03780	1.420	
	8	SEMIN ARTHRITIS RHEU	0049- 0172	3185	3.806	4.054	0.622	74	8.0	0.00599	1.234	
	9	ARTHRIT CARE RES	2151- 464X	8784	3.731	4.777	0.874	238	4.8	0.03122	1.549	
	10	BEST PRACT RES CL RH	1521- 6942	2138	3.550	3.693	0.373	59	5.5	0.00631	1.143	
	11	J RHEUMATOL	0315- 162X	21050	3.258	3.544	0.921	330	9.5	0.03286	1.070	

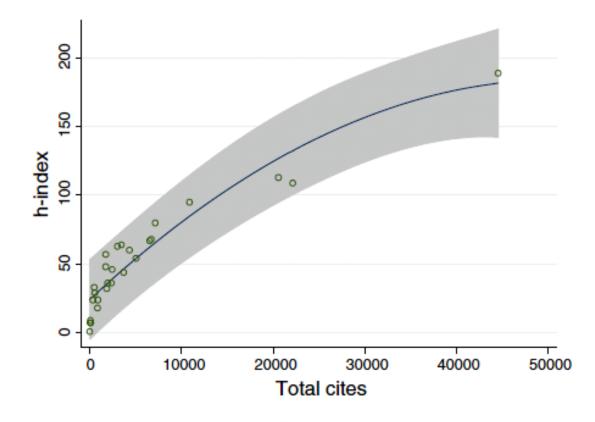


Fig. 1 Correlation between the *h*-index and total cites of the indexed rheumatology journals (Spearman rank correlation coefficient r = 0.93; P < 0.05)

Rheumatol Int (2012) 32:1861-1867 DOI 10.1007/s00296-011-2276-1

REVIEW ARTICLE

Diversity, value and limitations of the journal impact factor and alternative metrics

Lutz Bornmann · Werner Marx · Armen Yuri Gasparyan · George D. Kitas

Rejection of reviews

- Similar review was published recently
- Poor language
- Lack of structuring/dividing by sections/illustrations
- Authoritative/unbalanced/unjustified critics
- Many auto-citations, papers from the same source (lack of diversity), references with low level of evidence, not peerreviewed sources

Clinical Reviews Impacting Science

Klareskog, L., Catrina, A.I., Paget, S. Rheumatoid arthritis (2009) *The Lancet*, 373 (9664), pp. 659-672. Cited 54 times. doi: 10.1016/S0140-6736(09)60008-8

Sakane, T., Takeno, M., Suzuki, N., Inaba, G.

Behcet's disease

(1999) New England Journal of Medicine, 341 (17), pp. 1284-1291. Cited 636 times. doi: 10.1056/NEJM199910213411707

Editorials

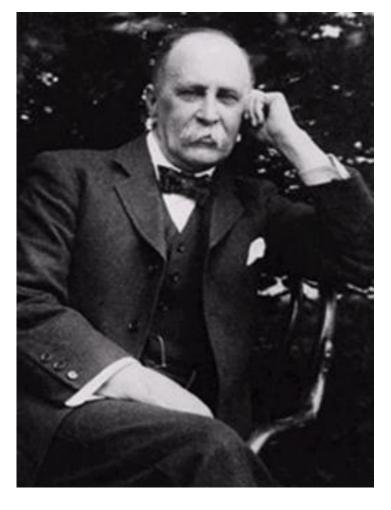
- 500-1000 words, 20-30 references, 1-2 graphics
- Title is attractive
- Topics linked to the content of the issue, may reflect editorial opinion
- Some editorials are mini-reviews
- Helpful for improving the quality of a journal
- Abstracts and subheadings are not recommended
- Usually 1-2 points/messages are supported

Definition of medical case reports

 Medical case reports, or case notes, case histories, case studies - as uncontrolled scientific observations of a single clinical observation that must be carefully documented to serve as valuable education and research tools

Coccia CT, Ausman JI. Is a case report an anecdote? In defense of personal observations in medicine. Surgical Neurology 1987;28(2):111-113.

"Always note and record the unusual... and publish it"



Sir William Osler 1849-1919

Clinical case reports

- ✓ Level of evidence is the lowest (basic observation, description)
- ✓ Authors are usually young doctors
- ✓ Of interest to the practitioners who may encounter rare conditions and to students (learning points)

Importance of case reports (1)

Case report describing side effects of a new drug

Prospective studies aimed at providing higher level of evidence

Corrections in available guidelines or withdrawal of drug from market

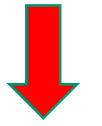
Importance of case reports (2)

Anti-TNF alpha agents in the treatment of Behcet Disease

Prospective studies aimed at providing a higher level of evidence

Importance of case reports (2)

Statins in the treatment of rheumatoid arthritis



Prospective studies

Cases of successful treatment with Colchicine in Familial Mediterranean fever (1972)US FDA approval for Familial Mediterranean fever (2009)



BioMed Central blog 🔊

CAse REport guidelines (CARE) have now been published

Shane Canning on October 9, 2013 at 10:49 am - 0 Comments







Topic	Item	Checklist item description	Reported on Page
Title	1	The words "case report" should be in the title along with what is of greatest interest in this case	
Key Words	2	The key elements of this case in 2 to 5 key words	
Abstract	38	Introduction—What is unique about this case? What does it add to the medical literature?	
	3b	The main symptoms of the patient and the important clinical findings	
	3c	The main diagnoses, therapeutics interventions, and outcomes.	
	30	Conclusion-What are the main "take-away" lessons from this case?	
ntroduction	4	Brief background summary of this case referencing the relevant medical literature	
Patient Information	58	Demographic Information (such as age, gender, ethnicity, occupation)	
	5b	Main symptoms of the patient (his or her chief complaints)	
	5C	Medical, family, and psychosocial history including co-morbidities, and relevant genetic information	
	5d	Relevant past Interventions and their outcomes	
Clinical Findings	6	Describe the relevant physical examination (PE) findings.	
Timeline	7	Depict important milestones related to your diagnoses and interventions (table or figure)	
Diagnostic Assessment	88	Diagnostic methods (such as PE, laboratory testing, imaging, questionnaires)	
	8b	Diagnostic challenges (such as financial, language, or cultural)	
	8c	Diagnostic reasoning including other diagnoses considered	
	8d	Prognostic characteristics (such as staging in oncology) where applicable	
Therapeutic Intervention	9a	Types of Intervention (such as pharmacologic, surgical, preventive, self-care)	
	9b	Administration of Intervention (such as dosage, strength, duration)	
	9c	Changes In Intervention (with rationale)	
Follow-up and Outcomes	10a	Clinician-assessed outcomes and when appropriate patient-assessed outcomes	
	10b	Important follow-up test results	
	10c	Intervention adherence and tolerability (How was this assessed?)	
	10d	Adverse and unanticipated events	
Discussion	11a	Discussion of the strengths and limitations in the management of this case	
	11b	Discussion of the relevant medical literature.	
	11c	The rationale for conclusions (including assessment of possible causes).	
	11d	The main "take-away" lessons of this case report	
Patient Perspective	12	Did the patient share his or her perspective or experience? (Include when appropriate)	
nformed Consent	13	Did the patient give informed consent? Please provide if requested	Yes 🗌 No 🗌

http://www.care-statement.org/downloads/CAREchecklist-English.pdf

Reasons for rejection of case reports

- Not so rare case (not a criterion for some journals; TLN)
- Report adds nothing new (only minor difference) and does not lead to a new research study
- Irrational diagnosis/treatment
- Poorly documented case (e.g. without biopsy, ECGs, Echo)

Where to submit case reports





The NEW ENGLAND JOURNAL of MEDICINE

THE LANCET

BMJ Case Reports

International Medical Case Reports Journal

(201,458) Views

1179-142X

ISSN 1179-142X

An international, peer-reviewed, open access, online journal publishing original case reports from all medical specialties. Previously unpublished medical posters are also accepted relating to any area of clinical or preclinical science. Submissions should not normally exceed 2,000 words or 4 published pages including figures, diagrams and references.

Indexed online:

Accepted but not yet indexed on PubMed





Case Reports Impacting Science

<mark>Goldfinger</mark>, S.E.

Colchicine for familial Mediterranean fever.

(1972) New England Journal of Medicine, 287 (25), p. 1302. Cited (124 t)mes.



• **IMRAD** - Introduction, Methods, Results and Discussion

Structure of original papers

- Title. Simple and concise but with some details useful for electronic searches
- Affiliation of each co-author (department, university, city, country)
- Full correspondence address with email

Introduction of original papers

- Summarize in a few sentences the existent data from the literature
- Avoid long epidemiological or historical overviews
- Why your study is important and novel
 Keywords of the title/paper should be explained
- Do not copy and paste (write in your words)

Methods in original papers

- Where (department) and when (timeframe) the study conducted
- ✓ Describe how subjects were selected (criteria)
- Describe study design (cohort, prospective, randomized)
- ✓ Detailed description of a new test/drug, surgery
- Details for replication of your tests (SOPs)
- Cite only papers on tests/methods
- Results and Discussion should be avoided
- Write in the past tense

Statistical analyses in original papers

- Sample size calculation based on statistical power
- A test for checking distribution (e.g. Kolmogorov-Smirnov) – normal non-normal
- Details of linear and logistic regression models
- Statistical package and version used

Statistical analysis

This was carried out using SPSS 15.0 (SPSS Inc, Chicago, IL, USA). The distribution of each variable was examined using Kolmogorov-Smirnov function. Results are expressed as mean ± standard deviation, median (25th to 75th percentile), or percentages, as appropriate. For the univariate analysis, chi-squared, t-test and Mann-Whitney U tests were used to test categorical, normally and not normally distributed data, respectively. The independence of the predictors of the MetS was tested in the multivariate models using binary logistic regression.

Results of original papers

- Order similar to the flow of information in Methods
- Present important findings with P values and 95%CIs
- Present both absolute numbers and percentages
- Do not report results of tests not mentioned in Methods
- Use standalone tables and figures
- Write in the past tense

Discussion and conclusion

- Summarize results, but do not repeat
- How do your results compare to others'
- What is new in the study?
- What are the implications for future?
- Limitations of methods and results
- Conclude in 2-3 sentences. Avoid statements not based on your results

References

- Limit to most relevant
- Up to 20-30
- Choose from PubMed, Scopus, Web of Science
- Provide DOIs, URLs
- Format in accordance with IFA of a target journal

Footnotes of original paper

- Funding
- Competing interests
- Authors' contributions
- ORCID IDs
- Acknowledgements

Reasons for rejection of original papers

- Poor statistical analyses
- Inappropriate data presentation
- Recapitulation of previously published data
- Misplaced information between Methods and Results sections
- Discussion does not distinguish important results
- Conclusion is vague
- No adherence to reporting guidelines (CONSORT, STROBE etc.)

Registration of Clinical Trials (Accepted by ICMJE)

• Australian New Zealand Clinical Trial Registry

http://www.anzctr.org.au/Survey/UserQuestion.aspx

• ClinicalTrials.gov

http://www.clinicaltrials.gov/

- International Standard Randomised Controlled Trial Number (ISRCTN) Register http://isrctn.org/
- University hospital Medical Information Network Clinical Trials Registry (UMIN-CTR) http://www.umin.ac.jp/ctr/index.htm
- Netherlands Trial Register
 http://www.trialregister.nl/trialreg/index.asp
- Primary registries in the WHO International Clinical Trials Registry Platform (ICTRP)

http://www.who.int/ictrp/about/details/en/index.html

CSE's White Paper on Promoting Integrity in Scientific Journal Publications http://www.councilscienceeditors.org/i4a/pages/index.cfm?pageid=3355#2.2.4