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Upgrading instructions for authors

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Member, World Association of Medical Editors

Member, European Association of Science Editors

Main suggestions

- ✓ Detailed instructions are tools for indexing
- ✓ No strict rules or regulations
- ✓ Objective – to improve the quality of communication
- ✓ Examples of leading journals are helpful

	Title	Type	SJR	H index
1	Nature	j	21,323	829
2	Science	j	12,465	801
3	New England Journal of Medicine	j	13,514	708
4	Cell	j	28,272	555
5	Proceedings of the National Academy of Sciences of the United States	j	7,048	529
6	Lancet, The	j	11,563	514
7	JAMA - Journal of the American Medical Association	j	6,278	491
8	Circulation	j	8,202	460
9	Chemical Reviews	j	23,543	440
10	Nature Genetics	j	24,052	423

Common sections

- Scope and priority of the journal
- Peer review statistics
- Authorship policy
- Formatting
- Plagiarism, duplication, retraction and other ethical policies
- Publication fees, open access models
- Adherence to editorial recommendations (associations)

Complete list of essentials

SCIENCE COMMUNICATION

Croat Med J. 2014;55:271-80
doi: 10.3325/cmj.2014.55.271

Upgrading instructions for authors of scholarly journals

BOX 1. Main sections of the instructions for authors of scholarly journals

- Subject areas and specific scope of the journal
- Types of published articles and their priority for the journal
- Preparation and formatting of all sections of manuscripts, covering letters, and supplementary materials
- Research reporting guidelines to consult
- Internal and external peer review policy
- Online registration and submission guide
- Research ethics considerations
- Authorship criteria and authors' contribution details
- Conflicts of interest disclosures
- Definition of plagiarism and related procedures
- Ethical considerations for duplicate (redundant) and secondary publications and retractions
- Copyright forms and licenses
- Open access models employed
- Publication and open access charges

THE LANCET

Information for Authors

- Writing for The Lancet
- Writing for The Lancet Diabetes & Endocrinology
- Writing for The Lancet Global Health
- Writing for The Lancet Haematology
- Writing for The Lancet HIV
- Writing for The Lancet Infectious Diseases
- Writing for The Lancet Neurology
- Writing for The Lancet Oncology
- Writing for The Lancet Psychiatry
- Writing for The Lancet Respiratory Medicine
- Protocol Reviews
- The Ombudsman
- Access to content on the Lancet.com
- Committee on Publication Ethics (COPE): *The Lancet* journals follow th
  Conduct
- Conference abstracts

- How to submit your paper or correspondence
- Statements, permissions, and signatures
  - Authors and contributors
  - Declaration of interests
  - Role of the funding source
  - Role of medical writer or editor
  - Patient and other consents
  - Signatures
- Types of article and manuscript requirements
- Formatting guidelines
- Guidelines for web extra material
- Disclosure of results before publication
- Fast-track publication
- Online First publication
- Protocol review
- How The Lancet handles your paper
- Open access and funding
- What happens after publication?

http://download.thelancet.com/flatcontentassets/authors/lancet-information-for-authors.pdf

TABLE 1. Publishing priorities in the *Croatian Medical Journal*

Topics of the manuscript	Acceptance priority	Useful guidelines for the content and structure of the manuscript	
		general	specific
Basic sciences	high	relevant for medicine	completed testing of a defined hypothesis
Clinical sciences	high	proper study design	clear and simple hypothesis, adequate sample size, controls, and statistics
Translational research	high	connects basic and clinical medicine	relevance and aplication of molecular studies for medicine
Public health	high	originality of research data	no compilations of publicly available data (eg, from WHO)
Health care organization	low	of international importance, not (only) plans for the future	not descriptive; only with a hypothesis, and concrete data; scientific analysis
Health and human rights	low	no politics; the work has to deal with health	no commentaries; the report should contain analysis of concrete data
Medical education	low	research data	no commentaries; the report should contain analysis of concrete data
Types of articles			
Original research articles	absolute preference	completed and high-quality work	clear hypothesis; strong, databased arguments
Reviews	solicited only	on a relevant subject	significant own previous publications
Short communications	low	absolutely important to be published fast	the case must be strong

http://neuron.mefst.hr/docs/CMJ/guidelines/CMJ_55%281%29_GUIDELINES.pdf

Peer review transparency

- Internal and external review
- N of reviewers (>1) – for different articles
- Single-, double-blind, or open
- Duration of 1st round of review
- Do authors list potential reviewers?
- Fast-track review?
- Submission and acceptance dates are checked by indexers

SCIENCE COMMUNICATION

Croat Med J. 2014;55:271-80
doi: 10.3325/cmj.2014.55.271

Peer review model - mentioned in only 10 (22.7%) N of external reviewers – in 11 (25%) rheumatology journals (44).

TABLE 1. Statements on peer review in the online instructions of rheumatology journals listed in the SCImago database*

Rank	Abbreviated journal titles	H index	2-y JIF	Peer review type	Open review option	N of reviewers	Statistical reviewer involved	Policy for editors' submissions	Author suggest reviewers
1	*Arthritis Rheum*	211	7.477	?	?	?	-	+	+
2	*Ann Rheum Dis*	132	9.111	?	+	≥1	+	+	-
3	*J Rheumatol*	124	3.258	?	?	1-3	-	-	-
4	*Rheumatology*	106	4.212	SB	-	?	-	+	+
5	*Arthritis Res Ther*	84	4.302	?	?	2	-	-	-
6	*Arthritis Care Res*	82	3.731	?	-	?	-	-	+
7	*Semin Arthritis Rheum*	73	3.806	?	-	?	-	-	+
8	*Clin Exp Rheumatol*	62	2.655	-	-	-	-	-	-
9	*Rheum Dis Clin North Am*	61	2.096	-	-	-	-	-	-
10	*Nat Rev Rheumatol*	52	9.745	?	-	3	-	-	-
11	*Joint Bone Spine*	43	2.748	?	-	?	-	-	-
12	*Rheumatol int*	43	2.214	DB	-	?	-	-	-
13	*BMC Musculoskelet Dis*	41	1.875	-	+	2	-	-	+
14	*Curr Rheumatol Rep*	37	-	?	-	?	-	-	-
15	*Z Rheumatol*	31	0.450	?	-	?	-	-	-
16	*J Clin Rheumatol*	29	1.183	?	-	?	-	-	-
17	*Rev Rhum (Edition Francaise)*	28	-	?	-	?	-	-	-
18	*Bull NYU Hosp Jt Dis*	26	-	?	-	?	-	-	-
19	*J Musculoskelet Pain*	25	0.328	DB	-	?	-	-	+
20	*Reumatismo*	13	-	?	-	?	-	-	-

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- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Croat Med J. 2014;55:271-80
doi: 10.3325/cmj.2014.55.271

Explicit statements on authorship are absent in 35%-85% of biomedical journals.

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

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	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
13	*BMC Musculoskelet Dis*	41	1.875	+	+
14	*Curr Rheumatol Rep*	37	-	NA	NA

✓**Statements on authorship were present in 13 (29.5%) rheumatology journals.**

✓**4 criteria are in 8 (18.2%) rheumatology journals**

- **399 high-impact biomedical journals scanned**
- **Most mandated disclosure of authors' financial (90%) and nonfinancial conflicts (70%)**
- **Only 39% mandated the editors' disclosures**

Original Article

Financial, nonfinancial and editors' conflicts of interest in high-impact biomedical journals

FREE

Xavier Bosch*, Juan M. Pericas, Cristina Hernández and Pamela Doti

Article first published online: 1 APR 2013

DOI: 10.1111/eci.12090

Issue

European Journal of Clinical Investigation

Volume 43, Issue 7, pages 660–667, July 2013

SCIENCE COMMUNICATION

Croat Med J. 2013;54:600-8
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Conflicts of interest in biomedical publications: considerations for authors, peer reviewers, and editors

TABLE 3. Main recommendations of learned associations on conflic

Associations	Documents	Year of last update	
International Committee of Medical Journal Editors (ICMJE)	Roles and Responsibilities of Authors, Contributors, Reviewers, Editors, Publishers, and Owners: Author Responsibilities—Conflicts of Interest. ICMJE Form for Disclosure of Potential Conflicts of Interest	2010	D c a f a v
World Association of Medical Editors (WAME)	Conflict of Interest in Peer-Reviewed Medical Journals	2009	T e r b
Committee on Publicatio Ethics (COPE)	Code of Conduct and Best Practice Guidelines for Journal Editors	2011	J r r
Office of Research Integrity (ORI)	A brief overview on Conflict of Interests	2013	T c r
Council of Science Editors (CSE)	CSE's White Paper on Promoting Integrity in Scientific Journal Publications	2012	T c
European Association of Science	EASE Guidelines for Authors and Translators of Scientific Articles to Be	2013	T a

Research reporting guidance

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Key reporting guidelines

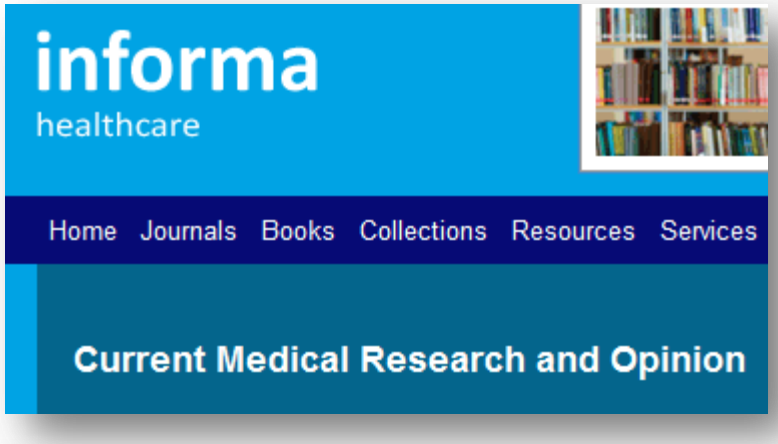
CONSORT	Full Record | Checklist | Flow Diagram
STROBE	Full Record | Checklist
PRISMA	Full Record | Checklist | Flow Diagram
STARD	Full Record | Checklist | Flow Diagram
COREQ	Full Record
ENTREQ	Full Record
SQUIRE	Full Record | Checklist
CARE	Full Record | Checklist
SAMPL	Full Record
SPIRIT	Full Record | Checklist

case reports

a little structure goes a long way

CARE Checklist (2013) of information to include when writing a case report

Retracted publications in MEDLINE (1966-2008)
Of the 213 retracted misconduct publications,
42% - for plagiarism, 52% - for falsification/fabrication



Publication misconduct and plagiarism retractions: a systematic, retrospective study

October 2012, Vol. 28, No. 10 , Pages 1575-1583 (doi:10.1185/03007995.2012.728131)

Serina Stretton, Narelle J. Bramich, Janelle R. Keys, Julie A. Monk, Julie A. Ely, Cassandra Haley, Mark J. Woolley, and Karen L. Woolley

HTML

PDF (230 KB)

TABLE 2. Impact indicators duplicate and retracted publications of the fifty most productive countries*

Rank	Country	Total No. of articles	*h* index	Duplicate items No. (%)	Retracted items No. (%)
1	United States	7 063 329	1 380	149 (13.7)	523 (17.4)
2	China	2 680 395	385	38(3.5)	272 (9.1)
3	United Kingdom	1 918 650	851	20 (1.8)	92 (3.1)
4	Germany	1 782 920	740	29 (2.7)	210 (7.0)
5	Japan	1 776 473	635	43 (4.0)	326 (10.9)
6	France	1 283 370	681	35 (3.2)	41 (1.4)
7	Canada	993 461	658	38 (3.5)	67 (2.2)
8	Italy	959 688	588	36 (3.3)	60 (2.0)
9	Spain	759 811	476	22 (2.0)	37 (1.2)
10	India	750 777	301	24 (2.2)	160 (5.3)
11	Australia	683 585	514	21 (1.9)	45 (1.5)
12	Russian Federation	586 646	325	5 (0.4)	3 (0.1)
13	South Korea	578 625	333	14 (1.3)	122 (4.1)

Instructions on duplication and retractions are not globally available

SCIENCE COMMUNICATION

Croat Med J. 2014;55:61-72
doi: 10.3325/cmj.2014.55.61

Self-correction in biomedical publications and the scientific impact

TABLE 1. Duplicate and retracted articles in PubMed (as of January 30, 2014)

Article types	Duplicate items, No. (%)	Retracted items, No. (%)
Case reports	83 (7.6)	90 (3.0)
Comparative studies	137 (12.6)	302 (10.1)
Randomized controlled trials	57 (5.2)	263 (8.8)
Systematic reviews	65 (6.0)	38 (1.3)
Meta-analyses	4 (0.4)	14 (0.5)
Reviews	170 (15.6)	210 (7.0)
Editorials	45 (4.1)	10 (0.3)
Practice guidelines	10 (0.9)	8 (0.3)
Letters	38 (3.5)	48 (1.6)
News items	0 (0)	3 (0.1)
Non-English sources	74 (6.8)	72 (2.4)
US NIH supported sources	4 (0.4)	5 (0.2)
Total	1086 (100)	3000 (100)

SCIENCE COMMUNICATION

Croat Med J. 2014;55:61-72
doi: 10.3325/cmj.2014.55.61

Self-correction in biomedical publications and the scientific impact

TABLE 3. Journal *h*-index values and number of duplicate and retracted items in top-tier journals*

Rank	Journal abbreviations	Journal h-index	Duplicate items, No.	Retracted items, No.
1	*Nature*	768	0	51
2	*Science*	739	0	73
3	*N Engl J Med*	651	1	17
4	*Cell*	521	0	27
5	*Proc Natl Acad Sci U S A*	485	1	75
6	*Lancet*	477	4	14
7	*JAMA*	456	3	3
8	*Circulation*	429	8	13
9	*Chem Rev*	400	0	1
10	*Nat Genet*	395	0	2
11	*Phys Rev Lett*	395	0	5
12	*J Biol Chem*	372	1	82
13	*Nat Med*	370	0	11
14	*J Clin Oncol*	346	2	10
15	*J Am Chem Soc*	340	0	16
16	*J Clin Invest*	336	0	25

Retractions are sign of proper IFAs and good for correcting evidence base

SCIENCE COMMUNICATION

Croat Med J. 2014;55:61-72
doi: 10.3325/cmj.2014.55.61

Self-correction in biomedical publications and the scientific impact

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- Gold OA
- Hybrid open access (subscription + gold OA)
- Diamond OA
- Article Processing Charges or Membership fees

Reference formatting

Introduction

Plagiarism is considered a form of scientific misconduct and a serious breach of publication ethics (Bilic-Zulle 2010; Mason 2009). It is defined as "appropriation of another person's ideas, processes, results or words without giving appropriate credit to the source or author" (ORI 2000). While plagiarism indicates intellectual theft from another author, self-plagiarism occurs when "one's previously published idea, text or data is being reused and presented as original work" (Roig 2010). Unde
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Springer

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Bilić-Zulle, L., Frković, V., Turk, T., Ažman, J., & Petrovečki, M. (2005). Prevalence of plagiarism among medical students. *Croatian Medical Journal, 45*(1), 126–131.

Fibromyalgia is characterized by the presence of widespread pain and tenderness in at least 11 of 18 specified pressure regions [1]. This syndrome is characterized by low pain thresholds and pain-related symptoms such as fatigue, anxiety, and depression [2]. Since the etiology of fibromyalgia is yet to be ascertained, various st
ies have been conducted to gain a better understa
ing of the various genetic and environmental factors t
may play role in the susceptibility to fibromyalgia [3,
Previous studies have revealed that catechol-O-met
transferase (COMT), monoamine oxidase (MAO),
serotonin (5-HT) gene polymorphisms may play a
in the genetic susceptibility of fibromyalgia and cont
ute to pain sensitivity and efficacy of pain treatments
fibromyalgia patients [2, 5–8]. A recent study sugges
that fibromyalgia may result in central nervous syst
malfunction, thereby causing amplification of pain tra
mission and perception [9]. Furthermore, impairment
nociceptive reflex pathways was reported in fibromyal
women suffering from severe symptoms of depress
and fibromyalgia [10].

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DOIs

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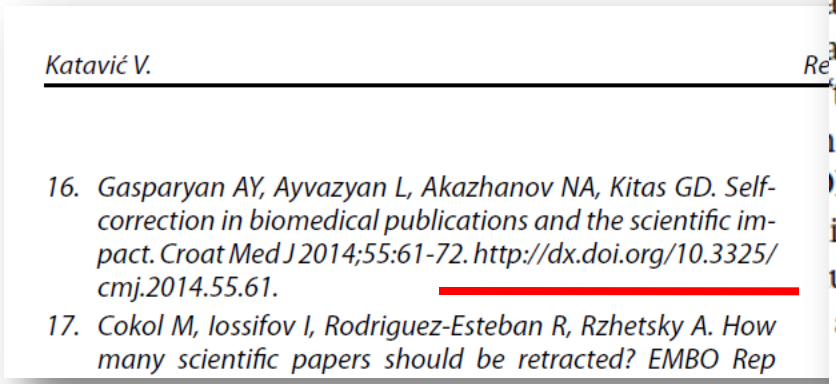

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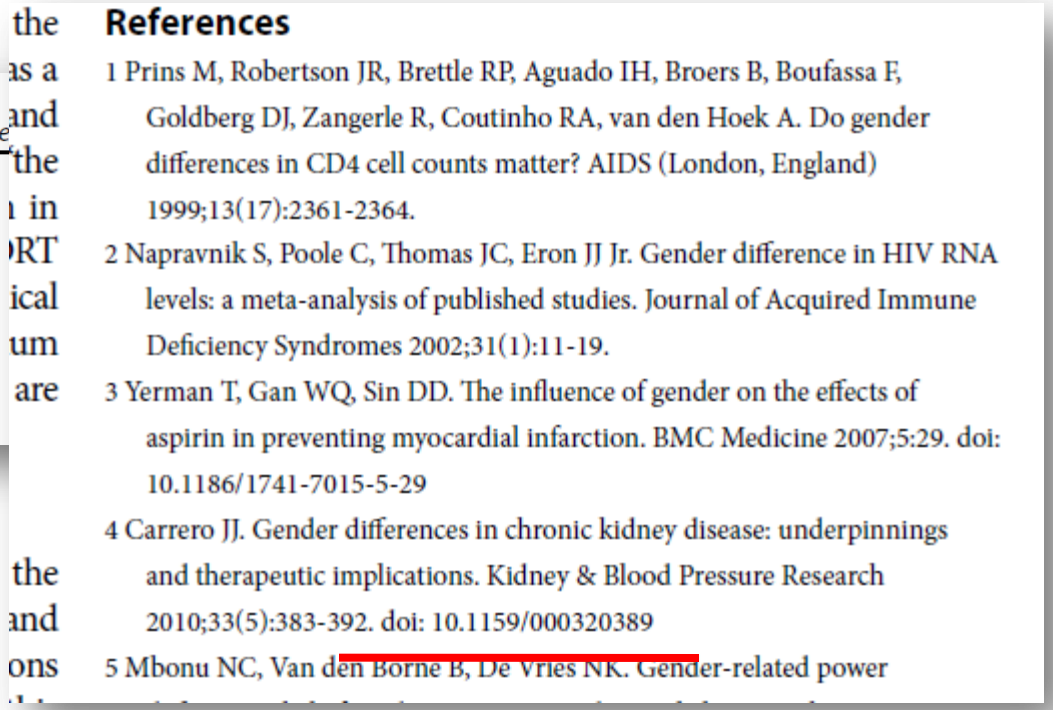

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Structured abstract

BMJ. 2014 Sep 16;349:g5264. doi: 10.1136/bmj.g5264.

Accuracy of urinary human papillomavirus testing for presence of cervical HPV: systematic review and meta-analysis.

Pathak N[1], Dodds J[1], Zamora J[2], Khan K[1].

Author information

Abstract

OBJECTIVE: To determine the accuracy of testing for human papillomavirus (HPV) DNA in urine in detecting cervical HPV in sexually active women.

DESIGN: Systematic review and meta-analysis.

DATA SOURCES: Searches of electronic databases from inception until December 2013, checks of reference lists, manual searches of recent issues of relevant journals, and contact with experts.

ELIGIBILITY CRITERIA: Test accuracy studies in sexually active women that compared detection of urine HPV DNA with detection of cervical HPV DNA.

DATA EXTRACTION AND SYNTHESIS: Data relating to patient characteristics, study context, risk of bias, and test accuracy. 2×2 tables were constructed and synthesised by bivariate mixed effects meta-analysis.

RESULTS: 16 articles reporting on 14 studies (1443 women) were eligible for meta-analysis. Most used commercial polymerase chain reaction methods on first void urine samples. Urine detection of any HPV had a pooled sensitivity of 87% (95% confidence interval 78% to 92%) and specificity of 94% (95% confidence interval 82% to 98%). Urine detection of high risk HPV had a pooled sensitivity of 77% (68% to 84%) and specificity of 88% (58% to 97%). Urine detection of HPV 16 and 18 had a pooled sensitivity of 73% (56% to 86%) and specificity of 98% (91% to 100%). Metaregression revealed an increase in sensitivity when urine samples were collected as first void compared with random or midstream (P=0.004).

LIMITATIONS: The major limitations of this review are the lack of a strictly uniform method for the detection of HPV in urine and the variation in accuracy between individual studies.

CONCLUSIONS: Testing urine for HPV seems to have good accuracy for the detection of cervical HPV, and testing first void urine samples is more

Authorship

Authorship credit should be based on:

1) Substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data;

2) Drafting the article or revising it critically for important intellectual content;

3) Final approval of the version to be published; and

4) Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

A

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- Distinguish prespecified from exploratory analyses, including subgroup analyses.

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CSE's White Paper on Promoting Integrity in Scientific Journal Publications, 2012 Update

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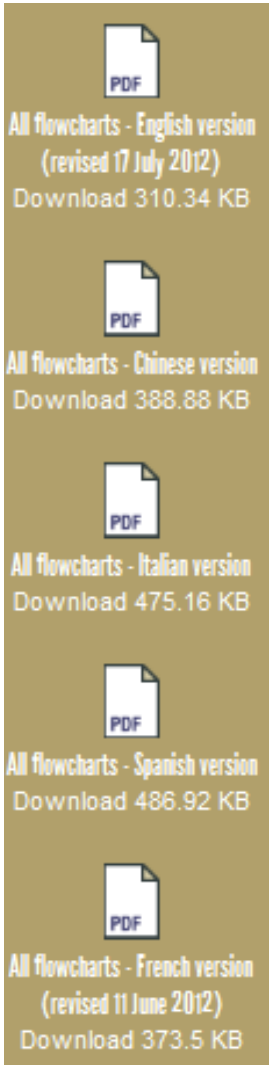

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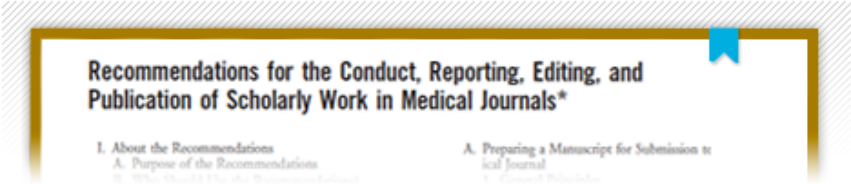
Recommendations



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