

reduce waste in

What can journals do to improve research reporting?

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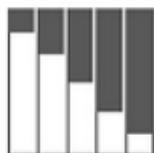
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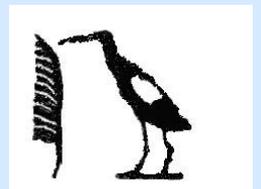
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REWARD

REduce research **WA**ste and **R**eward **D**iligence

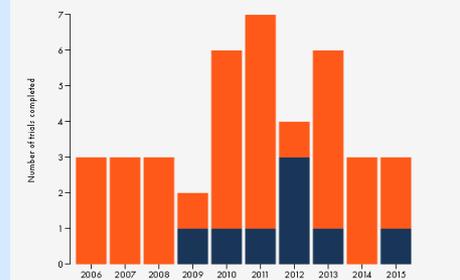


What needs improvement?

- Incomplete (partial / selective) reporting
- Outcome switching
- Disconnected information
- Inefficient review process

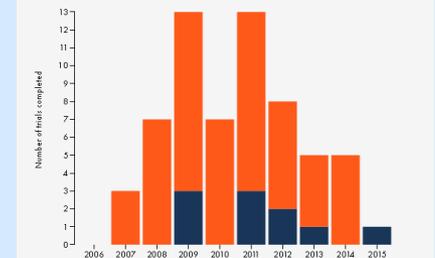
Non-reporting: lots of variation

Since Jan 2006, **Kyowa Hakko Kirin Co., Ltd** completed 40 eligible trials and **hasn't published results for 32 trials**. That means 80.0% of its trials are missing results. See all its completed trials on [ClinicalTrials.gov](#)



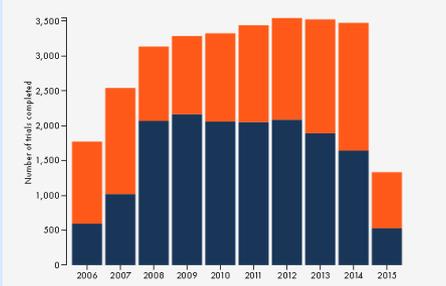
Kyowa (80% missing)

Since Jan 2006, **University Hospital, Ghent** completed 62 eligible trials and **hasn't published results for 52 trials**. That means 83.9% of its trials are missing results. See all its completed trials on [ClinicalTrials.gov](#)



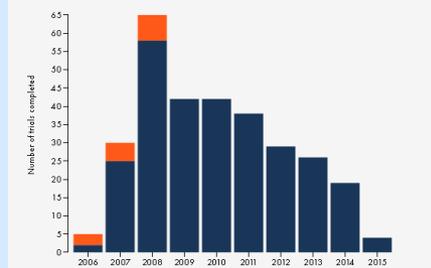
Univ Ghent (84% missing)

Since Jan 2006, **all major trial sponsors** completed 29,377 eligible trials and **haven't published results for 13,266 trials**. That means 45.2% of their trials are missing results.



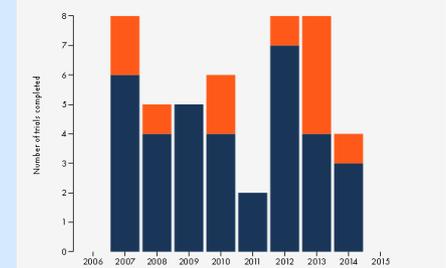
Total (45% missing)

Since Jan 2006, **Eli Lilly and Company** completed 300 eligible trials and **hasn't published results for 15 trials**. That means 5.0% of its trials are missing results. See all its completed trials on [ClinicalTrials.gov](#)



Eli Lilly (5% missing)

Since Jan 2006, **Johns Hopkins Bloomberg School of Public Health** completed 46 eligible trials and **hasn't published results for 11 trials**. That means 23.9% of its trials are missing results. See all its completed trials on [ClinicalTrials.gov](#)



Johns Hopkins (24% missing)

Outcome switching



COMPARE

TRACKING SWITCHED OUTCOMES IN CLINICAL TRIALS

Here's what we found.

67

TRIALS CHECKED

9

TRIALS WERE PERFECT

354

OUTCOMES NOT
REPORTED

357

NEW OUTCOMES
SILENTLY ADDED

Incomplete reporting: solutions

- Trial registration (medicine)
- Registered reports
- Protocol review (with manuscript)
- Reporting guidelines

- Flexible formats / supplementary information

No word limit

To encourage full and transparent reporting of research we do not set fixed limits for the length of research articles in *The BMJ*. None the less, please try to make your article concise and make every word count. Think hard about what really needs to be in the paper to get your message across accurately and what can be left out. We suggest 4400 words as a guideline for fully reporting a study's methods (including [Patient involvement](#)), results, introduction, and discussion in an average article, although we recognise that some studies may need more space, others less. You will be prompted to provide the word count for the main text (excluding the abstract, references, tables, boxes, or figures) when you submit your manuscript.

The logo for The BMJ, featuring the text "thebmj" in a white, lowercase, sans-serif font on a blue rectangular background.

Reporting guidelines

- Emergency medicine journals (n=27)
 - 15 (56%) did not mention registration
 - 11 (41%) did not mention any reporting guidelines

Sims et al Scand J Traum Resusc Emerg Med 2016;24:137

- 200 medical journals (2012)
 - 28% required trial registration

Wager & Williams BMJ 2013;347:f5248

- 195 Chinese journals (2011)
 - 6 (3%) mentioned CONSORT
 - 5 required trial registration

Li et al PLOSOne 2012;7:e30683

Trial registration

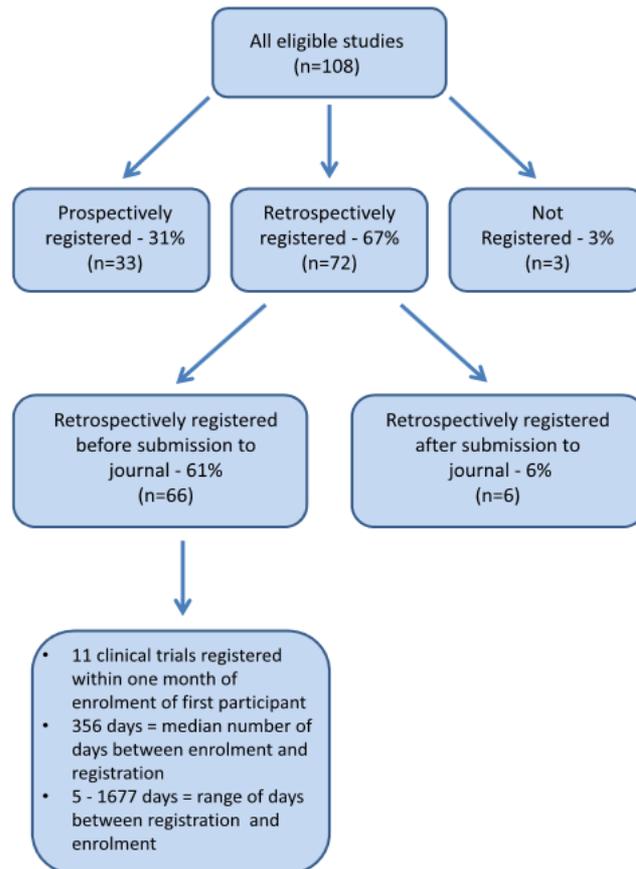


Fig. 1 Number (and % of total included studies) of identified clinical trials registered at different stages

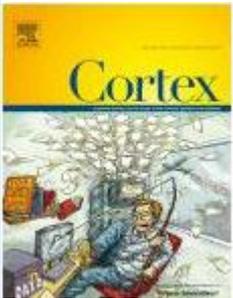
Study of trials published in 2013 in BMC series:
Only 31% were prospectively registered

Harriman & Patel
Trials 2016;17:187

+ AllTrials

Registered Reports:

- 51 journals now using registered reports (at least in part / as an option)



Pioneered by Cortex



ELSEVIER

Your Paper, Your Way

PeerJ

Reference Format

💡 Formatting Tip

We want authors spending their time **doing science**, not formatting.

We include reference formatting as a guide to make it easier for editors, reviewers, and preprint readers, but will not strictly enforce the specific formatting rules as long as the full citation is *clear*.

Styles will be normalized by us if your manuscript is accepted.

Saving researcher time



Welcome to the Neuroscience Peer Review Consortium – an innovation in science publishing.

The Neuroscience Peer Review Consortium is an alliance of neuroscience journals that have agreed to accept manuscript reviews from other members of the Consortium. Its goals are to support efficient and thorough peer review of original research in neuroscience, speed the publication of research reports, and reduce the burden on peer reviewers.

The Consortium was initiated in January, 2008. The participating journals, in cooperation with the INCF, agreed in November, 2008 to extend the NPRC through 2009, and then to evaluate its effectiveness annually and consider extending it on a year-to-year basis. This model was followed until 2011, when it was agreed among the journal representatives at the annual meeting that NPRC would continue indefinitely and that INCF will continue to support NPRC on an ongoing basis. Journals may join or leave the NPRC at any time.

The Consortium extends an invitation to all MEDLINE-indexed journals that publish peer-reviewed original research in the broad field of neuroscience to join.

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Streamlined peer review

Authors: Irene Kan

Peer review is widely considered an enormously time-consuming process. The delay in getting the same article often goes through several processes add to the set of reviewers.

JOURNAL OF RESEARCH IN PERSONALITY

- authors can supply reviewer reports from other 'well-respected' journals
- editor may base decision on previous review or invite one additional review
- rejection rate 53% cf 77%
- time to decision reduced from 8 to 3 weeks

Journals requiring or encouraging data sharing

thebmj Research ▾ Education ▾ News & Views ▾ Campaigns ▾

Editorials

The BMJ requires data sharing on request for all trials

BMJ 2015 ; 350 doi: <https://doi.org/10.1136/bmj.h2373> (Published 07 May 2015)
Cite this as: BMJ 2015;350:h2373

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SHARE

Data Sharing

0 Marcia McNutt
+ See all authors and affiliations

Science 10 Feb 2016
aaf4545
DOI: 10.1126/science.aaf4545

Article Info & Metrics eLetters PDF

The Science family of Journals is committed to the sharing of data relevant to public health emergencies, and therefore we are signatories and wholeheartedly endorse the following statement by funders and journals. – Marcia McNutt

Statement on Data Sharing in Public Health Emergencies

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In the academic community there is an increased pressure on researchers to share and archive their data, with funders now mandating data publication. Choosing where to publish your data sets can be problematic and time consuming. Wiley's Data Sharing Service enables you to automatically archive your data in a public repository, when submitting your article to your chosen journal.

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The Wiley Data Sharing Service is currently available through a partnership with figshare, so you can easily upload data within the existing manuscript submission workflow. Once accepted for publication, data files will be transferred automatically and deposited to the figshare data repository without charge or further work.



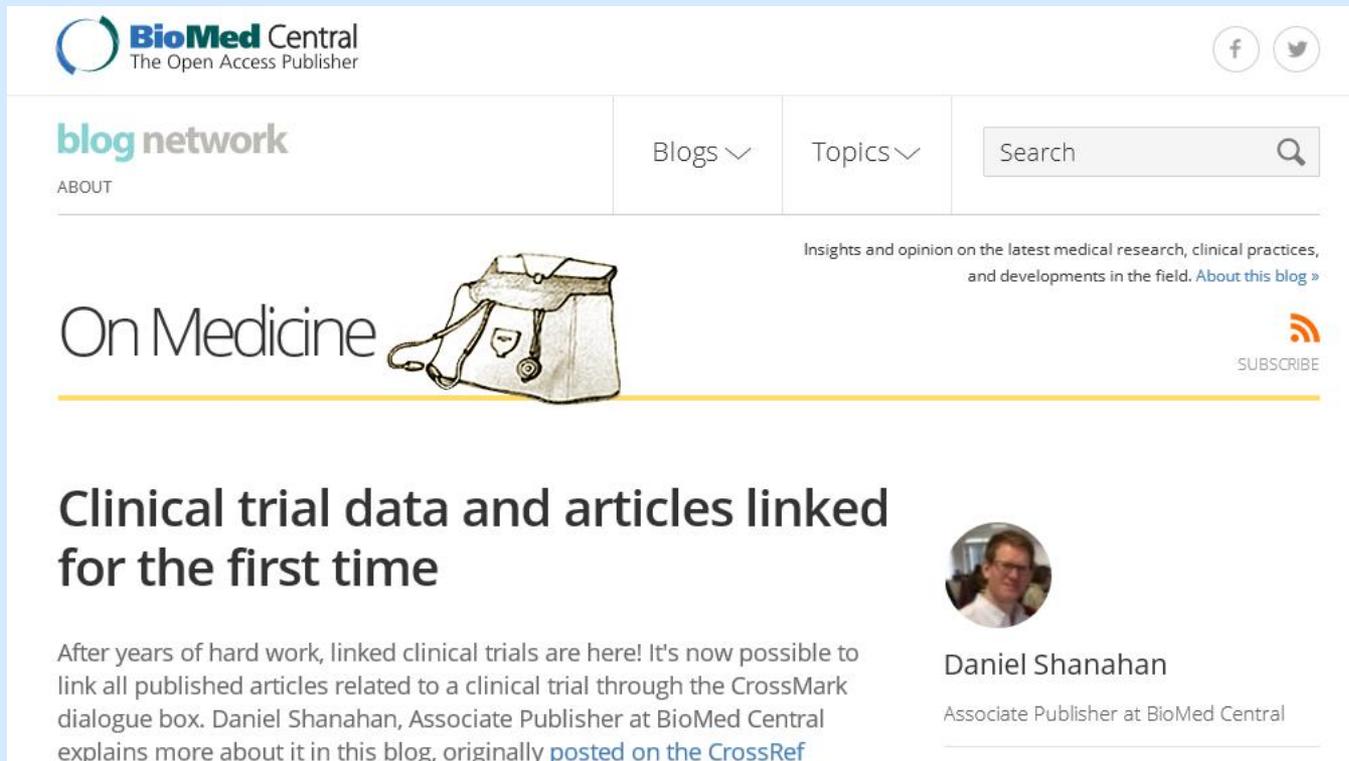
Sharing Clinical Trial Data Maximizing Benefits, Minimizing Risk

Bernard Lo, MD¹

[» Author Affiliations](#) | [Article Information](#)

JAMA. 2015;313(8):793-794. doi:10.1001/jama.2015.292

One step closer to “threaded publications”



The image shows a screenshot of a BioMed Central blog post. At the top left is the BioMed Central logo with the tagline 'The Open Access Publisher'. To the right are social media icons for Facebook and Twitter. Below the logo is the 'blog network' header with a search bar and dropdown menus for 'Blogs' and 'Topics'. The main header features the title 'On Medicine' next to a drawing of a medical bag, with a 'SUBSCRIBE' button and an RSS icon to the right. The article title is 'Clinical trial data and articles linked for the first time'. The author's name is Daniel Shanahan, Associate Publisher at BioMed Central, with a circular profile picture. The article text begins with 'After years of hard work, linked clinical trials are here! It's now possible to link all published articles related to a clinical trial through the CrossMark dialogue box. Daniel Shanahan, Associate Publisher at BioMed Central explains more about it in this blog, originally posted on the CrossRef'.

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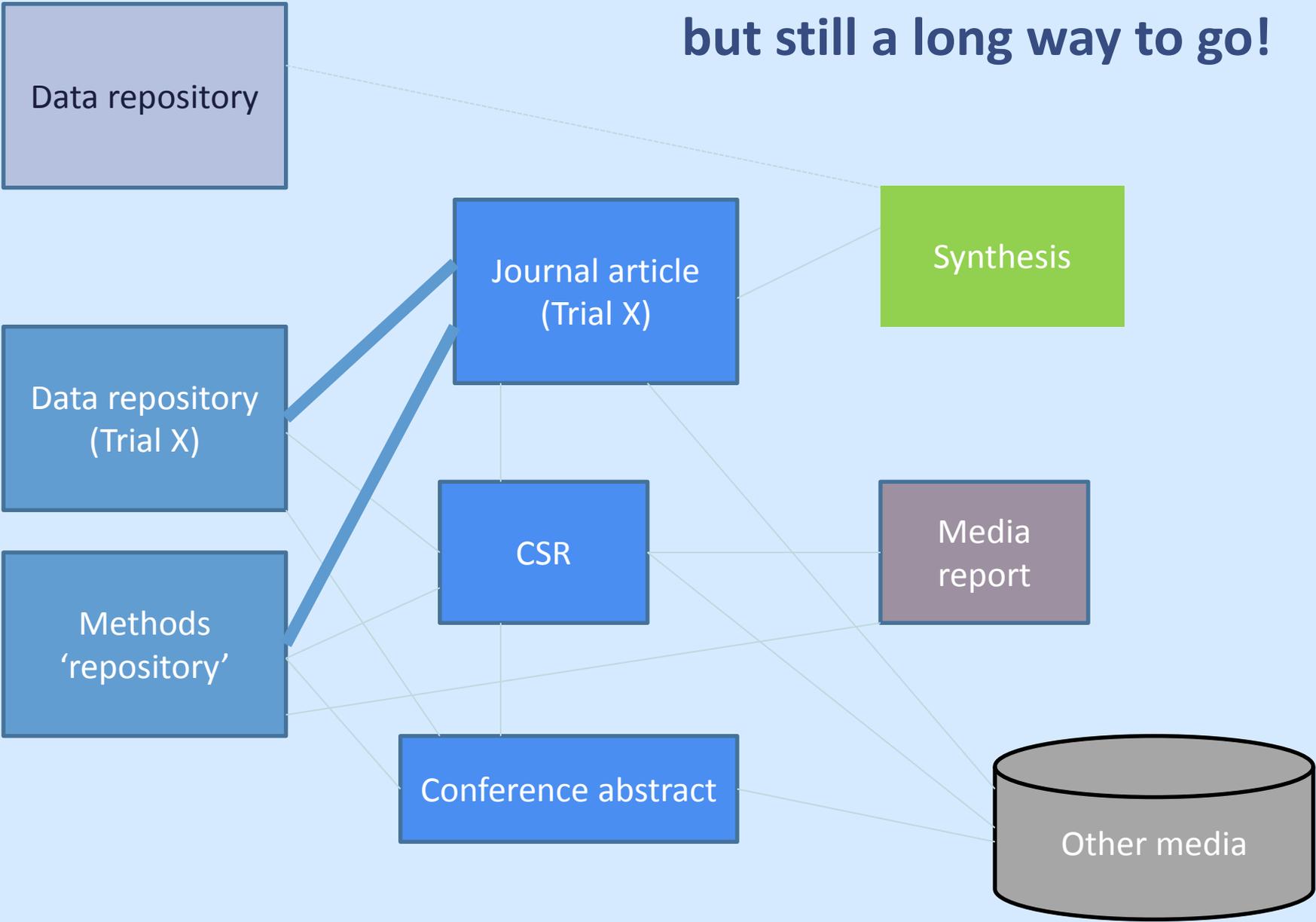
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Clinical trial data and articles linked for the first time

After years of hard work, linked clinical trials are here! It's now possible to link all published articles related to a clinical trial through the CrossMark dialogue box. Daniel Shanahan, Associate Publisher at BioMed Central explains more about it in this blog, originally [posted on the CrossRef](#)


Daniel Shanahan
Associate Publisher at BioMed Central

Starting to join up
but still a long way to go!



Conclusions

- Many good initiatives
- But adoption / endorsement is S-L-O-W
- Need to understand barriers
- Could promote low cost / easy fixes
 - Trial registration
 - Reporting guidelines
 - Protocol publication / review
 - Registered reports