

Getting published in a high impact journal: insights from an Editor

David Collingridge, PhD
Editor-in-Chief, *The Lancet Oncology*
Publishing Director, *The Lancet* Group

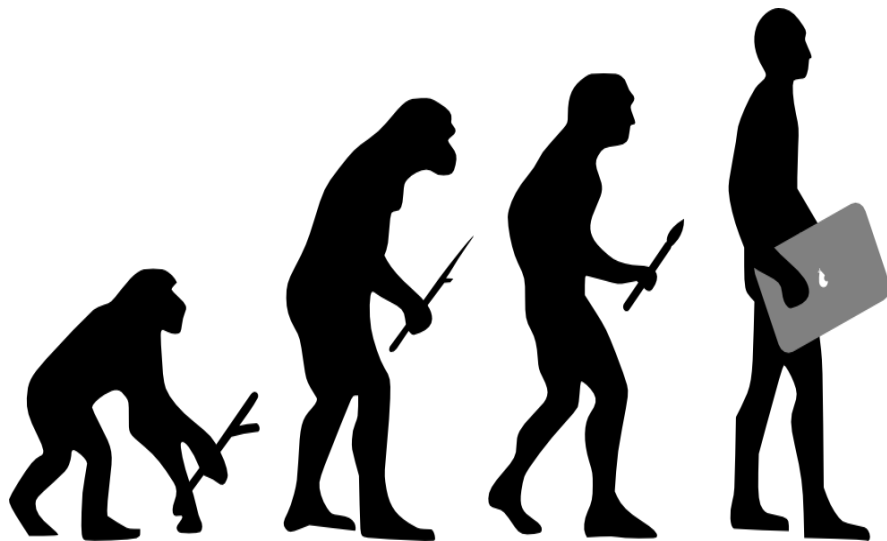
Clinical Associate Professor of Radiation Medicine
Hofstra/Northwell Health, Lake Success, NY, USA

125 London Wall
London
EC2Y 5AS
United Kingdom
david.collingridge@lancet.com



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Publishing through the ages



Getting published successfully (what Editors look for)

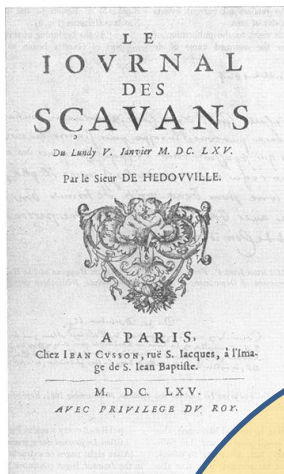


Science and medical publishing through the ages

Ca. 1500 BC

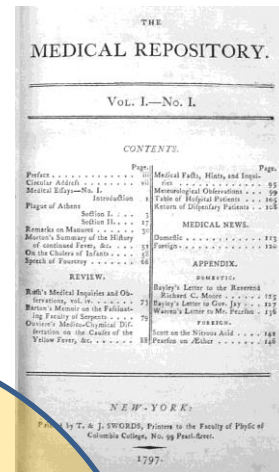
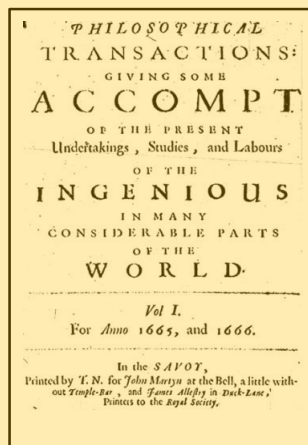


Edwin Smith Papyrus:
first description of
breast cancer surgery



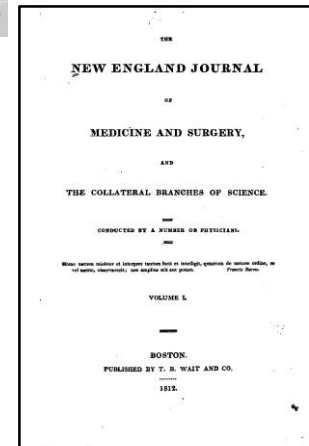
January 1665

March 1665



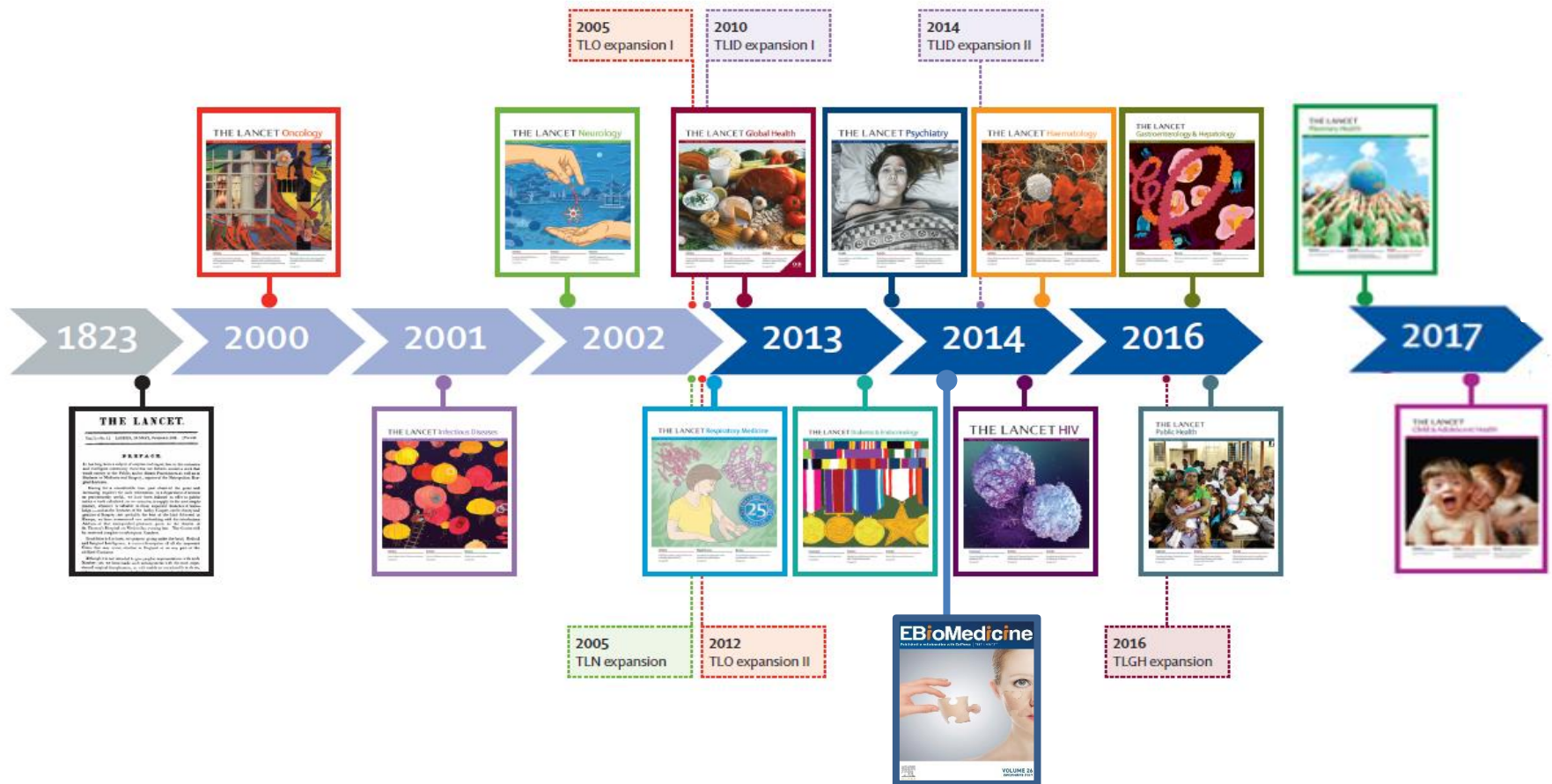
July 1797

January 1812

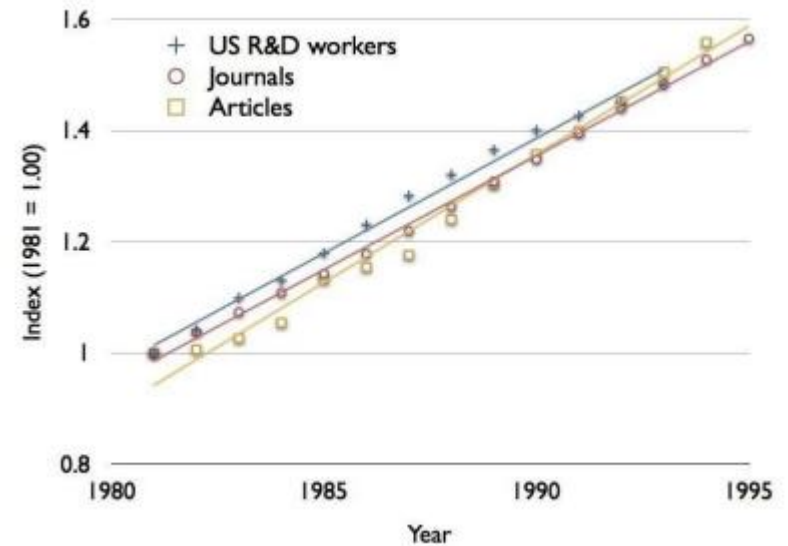
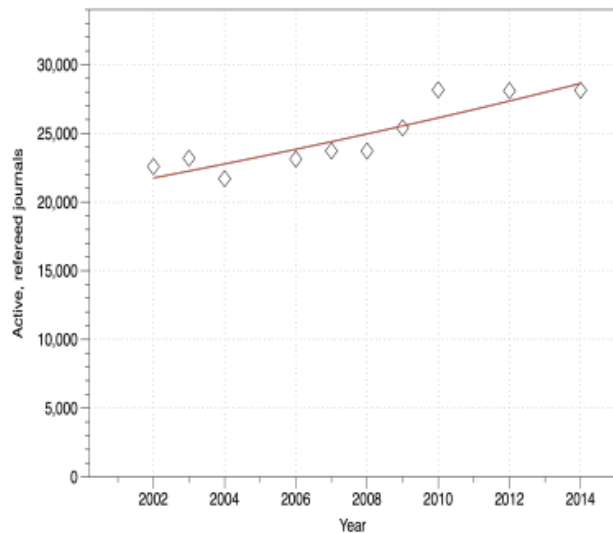
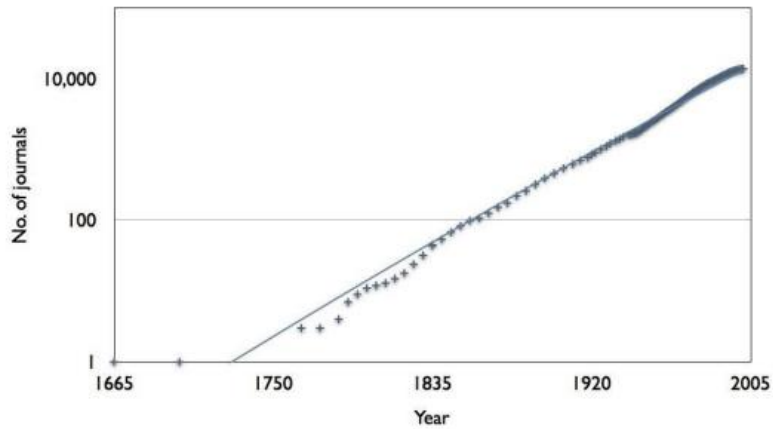


October 1823

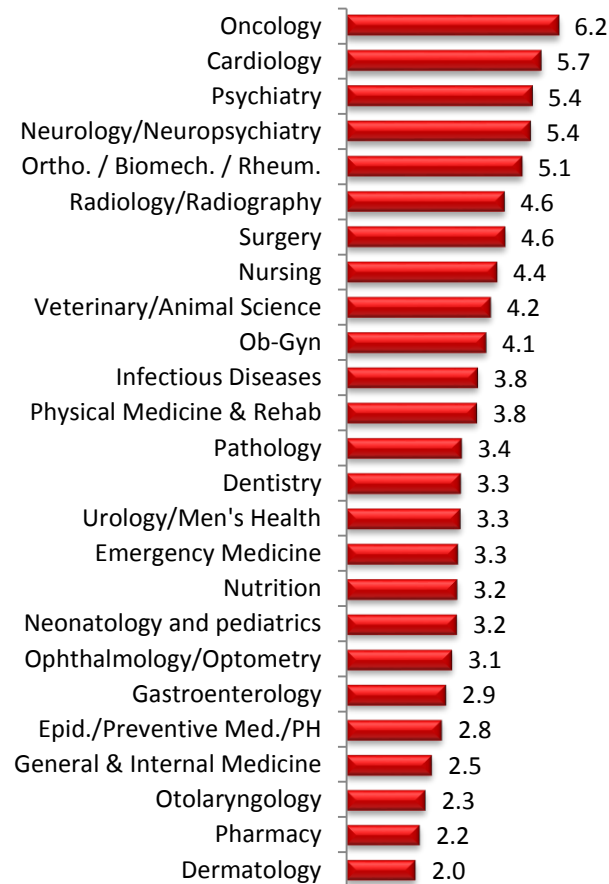
The Lancet Portfolio



Numbers of researchers, journals, and articles increasing rapidly



Average number of journals read by each specialty

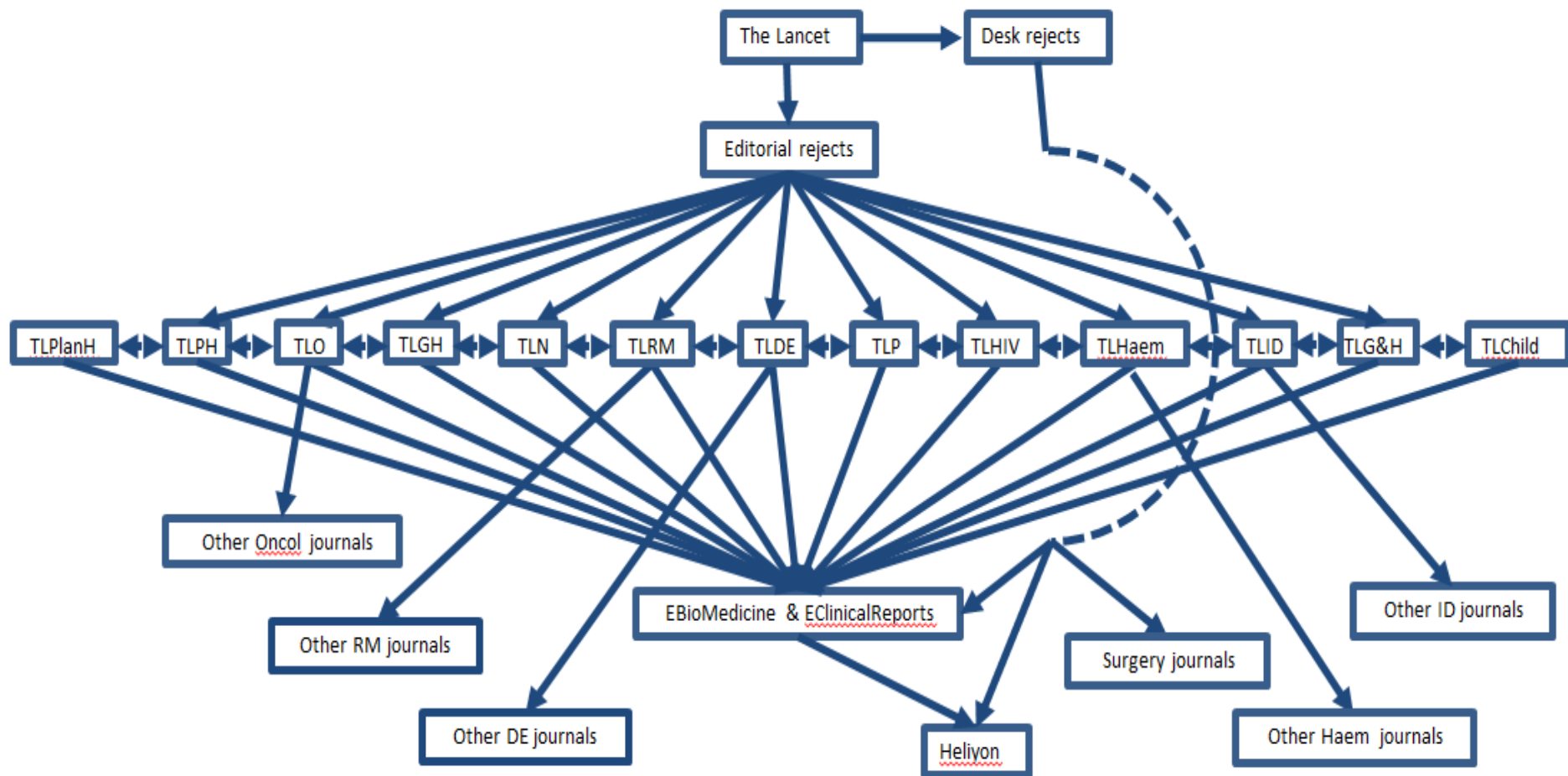


Disruptive developments in the publishing sector

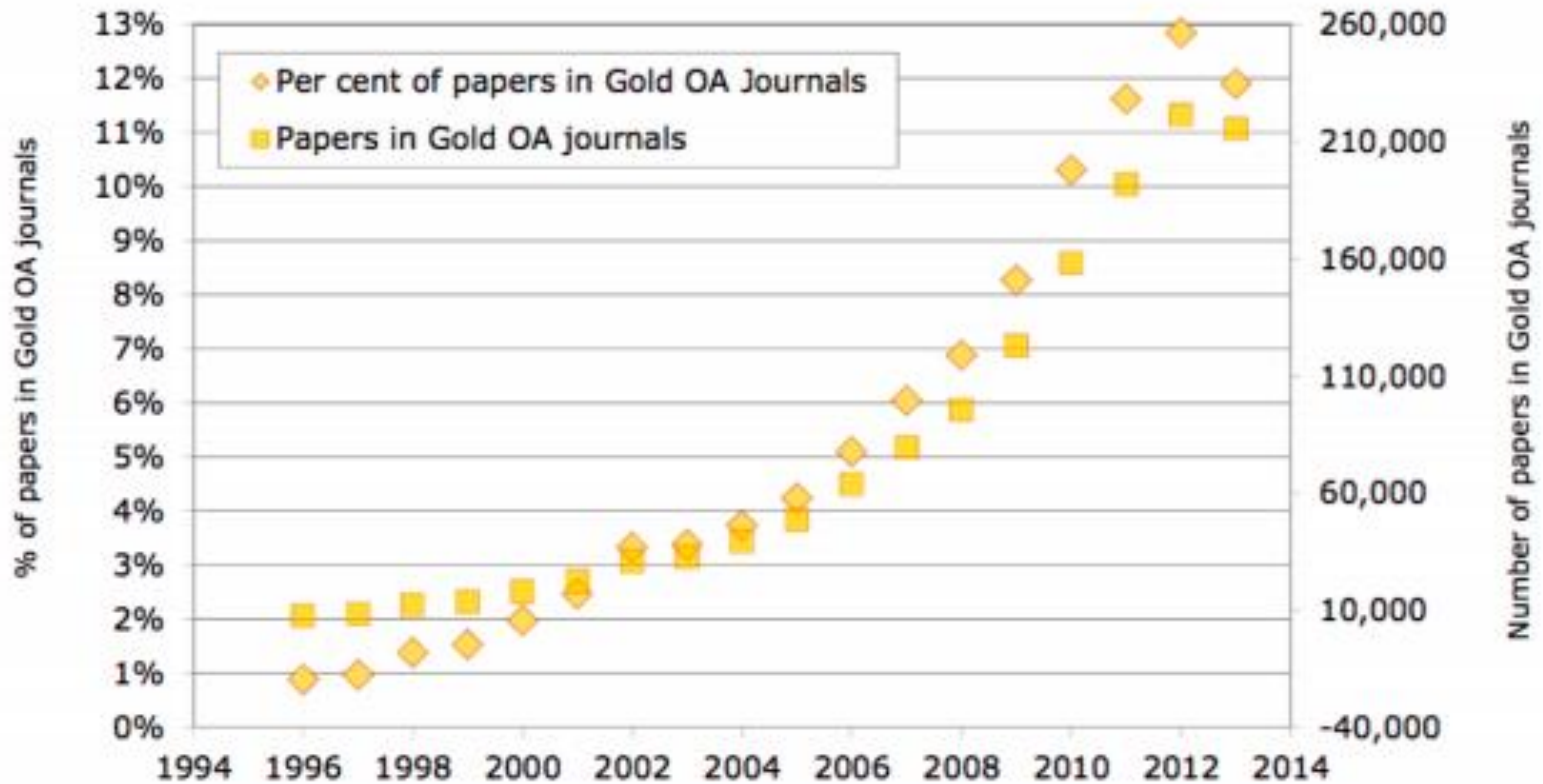
- Article discoverability
- Journal-to-journal transfers
- Social media
- Open access
- Mega-journals
- Organic articles
- Data-sharing
- Preprint servers
- Post-publication open peer-review
- Peer-to-peer dissemination
- Advocacy activities



Journal collaborations and manuscript cascade processes



Growth in gold open access



Success breeds abuse: rise of predatory open access journals

J R Coll Physicians Edinb 2017; 47: 3–4 | doi: 10.4997/JRCPE.2017.101

EDITORIAL

Turning predator into prey – the problem of predatory journals

MD Witham¹, H Runcie²

- Predatory journals take advantage of authors for reputational or financial gain, usually bypassing normal conventions of scientific publication designed to ensure quality and transparency
- Predatory journals are dishonest. They have fake archive collections and fake addresses and headquarters
- Some use well-known names as members of their editorial board without their permission
- Peer review is often either absent or not performed by reviewers with adequate knowledge
- In January 2017, it was estimated there were 1,140 predatory journals
- These journals are distorting the scientific record with poor quality literature—a problem for the research community, healthcare professionals, and the wider public

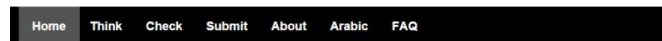
Success breeds abuse: rise of predatory open access journals

The Think.Check.Submit initiative has a useful checklist for authors to consider when selecting a journal

- Do you or your colleagues know the journal?
- Can you easily identify and contact the publisher?
- Is the journal clear about the type of peer review it uses?
- Are papers indexed in services that you use?
- Is it clear what fees will be charged?
- Do you recognise the editorial board? Do members of the editorial board mention the journal on their own websites?
- Is the publisher a member of a recognised industry initiative? (e.g. the Committee on Publication Ethics (COPE), Directory of Open Access Journals (DOAJ), Open Access Scholarly Publishers' Association (OASPA))



Choose the right journal for your research



Sharing research results with the world is key to the progress of your discipline and career. But with so many publications, how can you be sure you can trust a particular journal? Follow this check list to make sure you choose trusted journals for your research.


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Megajournals



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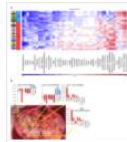
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- Leading open access forum for basic and clinical biomedical research
- Published in collaboration with Cell Press and The Lancet
- Online publication within 48 hours after acceptance

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Issue Highlights

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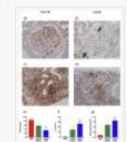


Intratumor Heterogeneity in Primary Kidney Cancer Revealed by Metabolic Profiling of Multiple Spatially Separated Samples within Tumors

Takatsugu Okegawa, Megumi Morimoto, Satoru Nishizawa, Satoshi Kitazawa, Kohei Honda, Hideo Araki, Toshiya Tamura, Ayumi Ando, Yoshinori Satomi, Kikuo Nutahara, Takahito Hara
Vol. 19

Published online: April 6, 2017

[Full-Text HTML](#) | [PDF](#) | [Supplemental Materials](#)



Hyperglycemia-induced Renal P2X7 Receptor Activation Enhances Diabetes-related Injury

Robert I. Menzies, John W.R. Booth, John J. Mullins, Matthew A. Bailey, Frederick W.K. Tam, Jill T. Norman, Robert J. Unwin
Vol. 19

Published online: April 19, 2017

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Dose-dependent T-cell Dynamics and Cytokine Cascade Following rVSV-ZEBOV Immunization

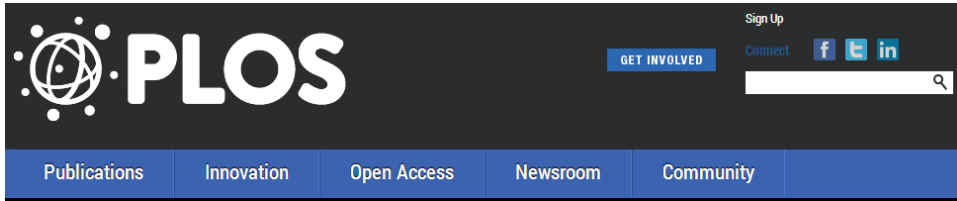
Christine Dahlke, Rahel Kasonta, Sebastian Lunemann, Verena Krähling, Madeleine E. Zinser, Nadine Biedenkopf, Sarah K. Fehling, My L. Ly, Anne Rechten, Hans C. Stubbe, Flaminia Olearo, Saskia Borregaard, Alen Jambrečina, Felix Stahl, Thomas Strocher, Markus Eickmann, Marc Lütjohann



Current Issue



Data-sharing



- Publications
- Innovation
- Open Access
- Newsroom
- Community

Data Access for the Open Access Literature: PLOS's Data Policy

Posted on December 12, 2015

Data are any and all analyzed in the pur to research articles foster scientific pro available for resear availability allows re inclusion into meta all providing a bette of which is funded these consideration access to the under publishing process

For datasets big and small

Store your research data online

Quickly and easily upload files of any type and we will host your research data for you. Your experimental research data will have a permanent home on the web that you can refer to.



The NEW ENGLAND JOURNAL of MEDICINE

Perspective

Learning What We Didn't Know — The SPRINT Data Analysis Challenge

Nancy S. Burns and Pamela W. Miller

On January 28, 2016, the International Committee of Medical Journal Editors (ICMJE) posted for public comment a proposed plan on sharing clinical trial data. The response was

starkly divided: data analysts called for immediate and open access to all clinical trial data; clinical tri-

obtained, few respondents offered concrete examples on which to base directive action.

maintaining a data repository? And perhaps most important, are the end results worth the effort?

To better understand the complexities and potential benefits of data sharing, the *Journal*, with the assistance of the Harvard Medical School Department of Biomedical Informatics, sought to create a

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bioRxiv (pronounced "bio-archive") is a free online archive and distribution service for unpublished preprints in the life sciences. It is operated by Cold Spring Harbor Laboratory, a not-for-profit research and educational institution. By posting preprints on bioRxiv, authors are able to make their findings immediately available to the scientific community and receive feedback on draft manuscripts before they are submitted to journals.



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Usage metrics

Journal-level / subject-level metrics

- Impact Factor
- Immediacy Index
- CiteScore
- SJR
- SNIP

Author-level metrics

- H index

Article-level recognition

- Citations — *Scopus, PubMedCentral, CrossRef, Web of Science*
- Web usage — *downloads and views*
- Expert ratings or reader ratings /commenting — *F1000, PubMed Commons, PubPeer*
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- Social citations — *Facebook Likes, Twitter, share, Vine, Altmetrics, Plum Analytics*
- Media/blog coverage — *ResearchBlogging, NatureBlogs, Bloglines*
- Article sharing — *ResearchGate, Academia.edu, MyScienceWorks*



Journal and author activities: online, audiovisual, advocacy, and social networking



Global Advocacy

Mission statement

The Lancet Oncology's global advocacy programme maps out the inequalities and inequities in health systems worldwide, and highlights deficiencies in all aspects of cancer care, health policy, structural organisation, and leadership.

The programme offers a neutral platform to bring together thought-leaders from across different disciplines and organisations to offer solutions to those barriers that hinder provision of high quality cancer control, irrespective of socioeconomic status or country of residence.

We aim to use the journal's international and influential voice to deliver the *best science for better lives*.

Platforms

Commissions

Series

Bespoke treatment guidelines

Conferences



Building a strategy for 2025: uniting evidence and policy to achieve cancer control for all
Track 2 - Closing the gap: quality cancer treatment and diagnosis for all
[The Lancet Oncology \(United Kingdom\)](#)

Bordeaux Amphitheatre

Chaired by: David Collingridge, The Lancet Oncology (United Kingdom)
Presentations:

- 1. Reviewing the Global Surgery Commission**
Richard Sullivan, King's College London (United Kingdom)
- 2. Reflecting on Radiotherapy**
Mary Gospodarowicz, Princess Margaret Cancer Centre (Canada)
- 3. Engaging primary health**
Greg Rubin, Durham University (United Kingdom)
- 4. Building on commissions: Latin America in 2015**
Diego Touya, University of the Republic (Uruguay)

This session will be translated from English to French

Session type: Discussion panel
Number (code): 4-T2

THE LANCET Oncology

THE LANCET Oncology

Welcome, David Collingridge
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Progress and remaining challenges for cancer control in Latin America and the Caribbean

Published: October 29, 2015

Executive Summary

Cancer is one of the leading causes of mortality worldwide, and an increasing threat in low and middle-income countries, such as those that make up Latin America and the Caribbean. In 2013, *The Lancet Oncology* published their first Commission on Latin America and highlighted several challenges in the region. The 2015 Commission on Latin America, *Progress and remaining challenges for cancer control in Latin America and the Caribbean*, explores the impact from this earlier Commission and highlights structural reforms in health care systems, new programmes for disenfranchised populations, expansion of cancer registries, cancer plans and, implementation of policies to improve primary prevention of cancer.



Partners



THE LANCET Oncology

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Cancer burden and health systems in India

Published: April 11, 2014

Executive Summary

As the second most populous nation and one of the fastest-growing major economies, India faces many challenges, but one which is often overlooked is the provision of cancer care. Currently, overall public expenditure on health care is only 1.5% of GDP. Although incidence of cancer is low in India compared with high-income countries, mortality is high, and incidence is projected to rise to 1.7 million individuals in 2035—this is a serious health issue which cannot be ignored. In this Series of three papers published in *The Lancet Oncology*, leading health professionals and policy makers examine the challenges that India faces in providing cancer care in a diverse and complex environment, and suggests how this can be achieved.



Related content
Lancet Onco

Commission

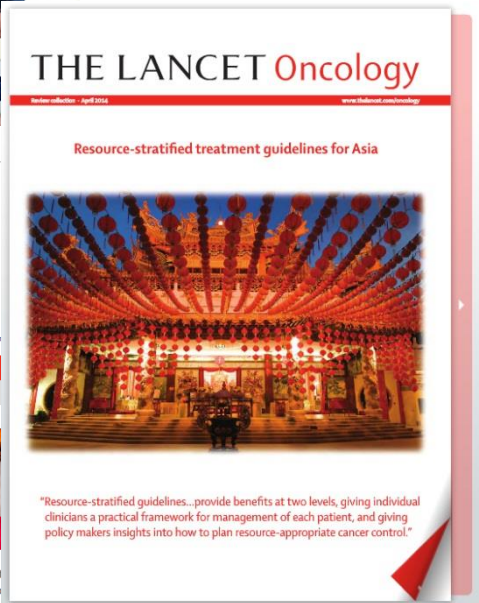
Challenges to effective cancer control in China, India, and Russia
Collected guideline papers

Asian resource-stratified guidelines

Comments

Cancer prevention and care in India: an unfinished agenda

Rengaswamy Sankaranarayanan
Summary | Full-Text HTML | PDF



Previous Commissions

Progress and remaining challenges for cancer control in Latin America and the Caribbean

Strasser-Weippl *et al*; *The Lancet Oncology*, Vol. 16, No. 14, p1405–1438
Published in issue: October, 2015

The expanding role of primary care in cancer control

Rubin *et al*; *The Lancet Oncology*, Vol. 16, No. 12, p1231–1272
Published in issue: September, 2015

Global cancer surgery: delivering safe, affordable, and timely cancer surgery

Sullivan *et al*; *The Lancet Oncology*, Vol. 16, No. 11, p1193–1224
Published in issue: September, 2015

Expanding global access to radiotherapy

Atun *et al*; *The Lancet Oncology*, Vol. 16, No. 10, p1153–1186
Published in issue: September, 2015

Challenges to effective cancer control in China, India, and Russia

Goss *et al*; *The Lancet Oncology*, Vol. 15, No. 5, p489–538
Published in issue: April, 2014

Planning cancer control in Latin America and the Caribbean

Goss *et al*; *The Lancet Oncology*, Vol. 14, No. 5, p391–436
Published in issue: April, 2013

Delivering affordable cancer care in high-income countries

Sullivan *et al*; *The Lancet Oncology*, Vol. 12, No. 10, p933–980
Published in issue: September, 2011



Future Commissions

Future Cancer Research Priorities in the USA: a *Lancet Oncology* Commission

Jaffee E, Van Dang, C, et al
Nov 2017

Palliative care

Kaasa S, et al
2018

Childhood cancer

Rodriguez-Galindo C et al
2018

Global cancer surgery: part 2

2019

Improving access to diagnostic imaging and nuclear medicine in LMICs

2019

Future Series (2018/9)

Global Oncology

Cancer and the Elderly

Drug Safety 2

Cancer control in small island states

Conflict & cancer

Cancer pathology

Head & neck cancer 2



What do journals and editors look for?

Im not obsseesed.
wf
cap
i'm an editero!

Keys to a successful publication

- Answering the right question in the right way at the right time
- Making your submission as compelling as possible
- Writing in an accessible manner
- For research always following the basic rule: IMRAD—Introduction, Methods, Results, and Discussion

What do top-ranking journals publish?

- Novel work
- First and last
- Practice-changing
- Challenges convention or dogma
- Largest dataset to-date (with different or definitive results to all other papers)
- Robust methodology
- Not just positive results, some negatives are very important
- Clinical trials
- Large meta-analyses
- Topic relevant to a large demographic
- Messages that are not regionally or geographically limited

Common barriers to publication

HOW SCIENCE PUBLISHING WORKS:



Common barriers to publication

Lack of novelty

Poorly defined objectives

Inappropriate analyses

Biased and illogical reporting

Poorly conceived arguments and discussion

'Me too' article

Is the paper a salami slice?

No trial protocol or patient recruitment started before trial registration

Subject too specialised

Topic or article out of scope

Endpoints incorrect for the setting

Analyses presented are protocol-defined / non-protocol (exploratory) analyses signposted?

Statistical powering too optimistic

Missing data handled appropriately

Wrong control comparator or no comparator

Very poor presentation and use of language hindering understanding

Has the paper been written according to Information for Authors?

Mathematical errors also affect success

Examples include...

Insufficient numbers to address objectives with confidence

Inappropriate analyses

Inconsistent reporting of data, or of facts and figures, throughout a paper

Over-emphasising interpretation of certain data or facts and figures

Lack of a prespecified statistical plan

Over-reliance on ad-hoc, exploratory analyses

Use of wrong statistical tests for comparisons

Use of outmoded analytics

Over-reliance on very rare, perhaps unvalidated, analytical tests

And sometimes...

Data that seem to be 'too good to be true'

What editors look for: QOL/PRO specifics

Is QOL/PRO a valid endpoint in this study?

Is QOL/PRO protocol defined?

Is QOL/PRO measured with a validated instrument?

Do results represent an appropriate proportion of patients?

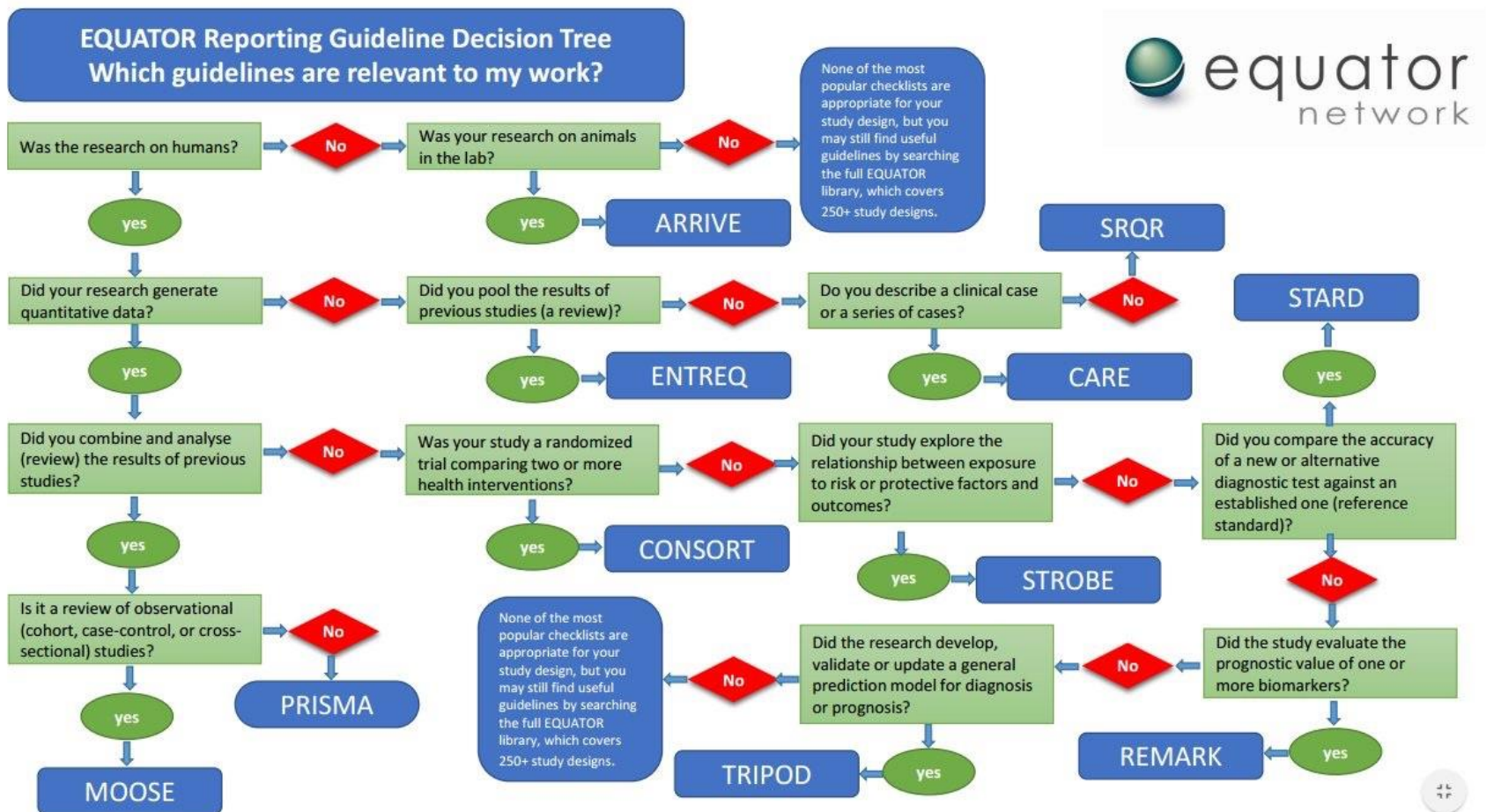
Should QOL/PRO data be presented with other endpoints?

Are data analysed and interpreted correctly?

Is result powered statistically, and if not, why not?

Is the result clinically relevant?

What editors look for: use of reporting standards



What editors look for: plagiarism

Plagiarism is becoming an increasingly prominent problem

Editors expect all authors to submit original work and not be intellectually lazy

Plagiarism covers the copying of others work, duplicate publication, and 'text recycling'

The Lancet's journals have been routinely checking reviews, opinions, and comments for plagiarism since 2010 using specialist software

Offenders can be reported to their institution

Institutions are taking allegations of plagiarism very seriously akin to professional misconduct



Thank you for your attention—any questions?