ICCP
Member

Dear Author:
Avoid Rejection & Violations

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Professor of Colon & Rectal Surgery, Alfaisal University
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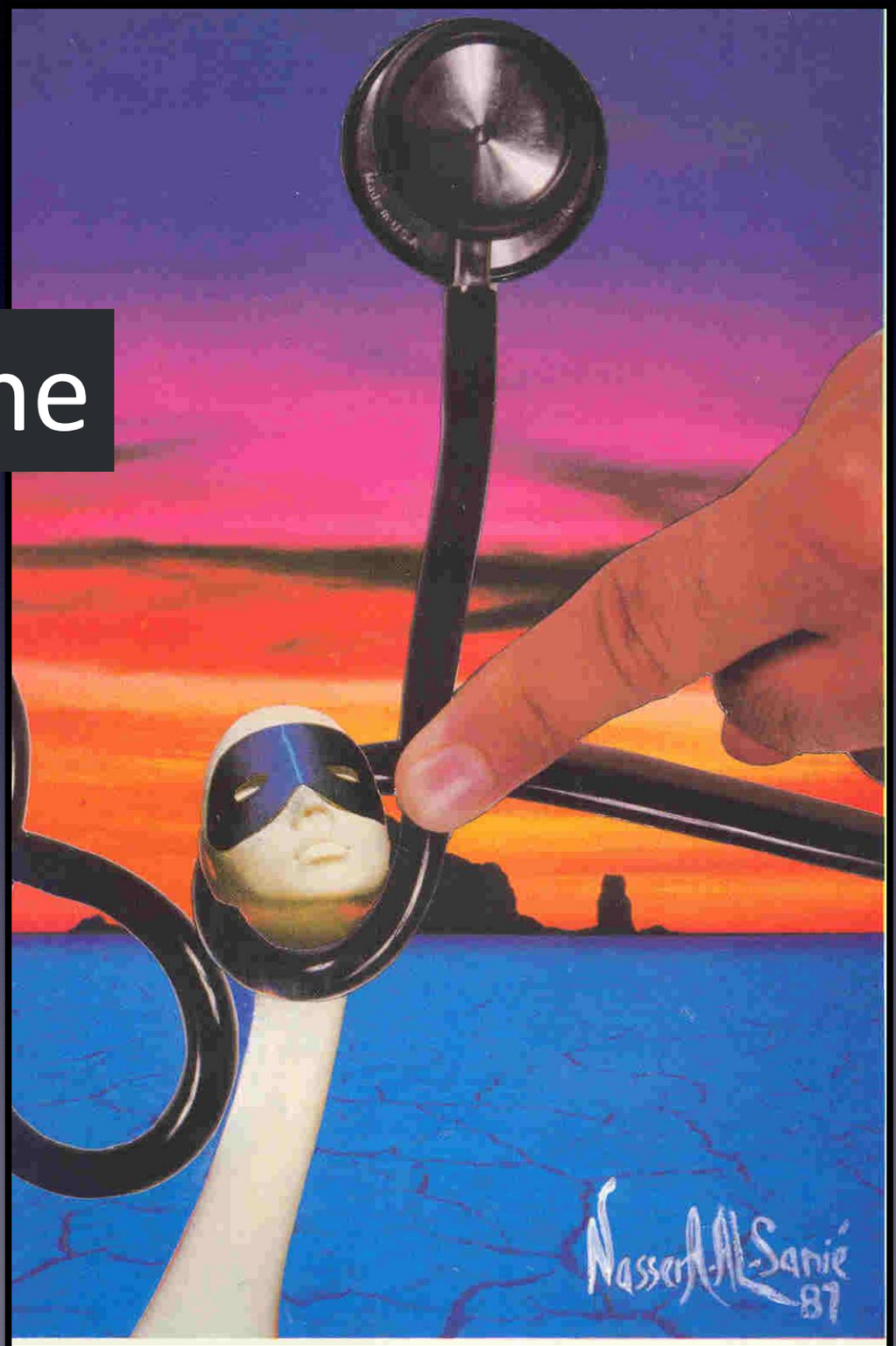
Riyadh, Saudi Arabia
Editor-in-Chief, World Journal of Colorectal Surgery
Editor-in-Chief, Annals of Saudi Medicine

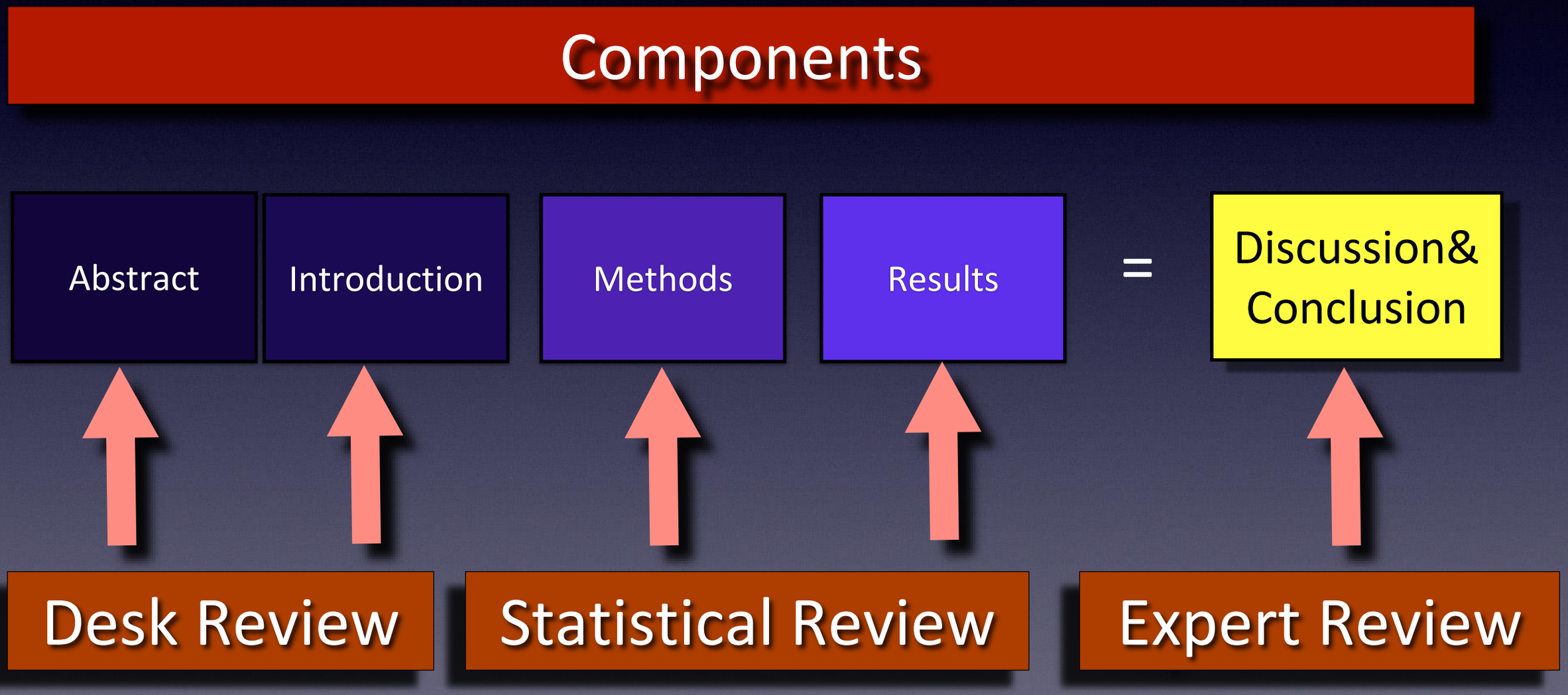
23rd Annual Meeting ESCP - Cairo, Egypt
InterContinental Citystars, 31 Aug - 2 Sept 2022

Financial Disclosures

None



Components of Manuscript



Question to be Answered

Aim

Question

Essential

Background

Gap in Info

Cannot publish what is not needed

Main Outcome Measure

Methods

Design

Essential

Statistics

Measure

Design and statistics fit the question

Risk of Sleep Disturbance in Renal Dialysis Patients

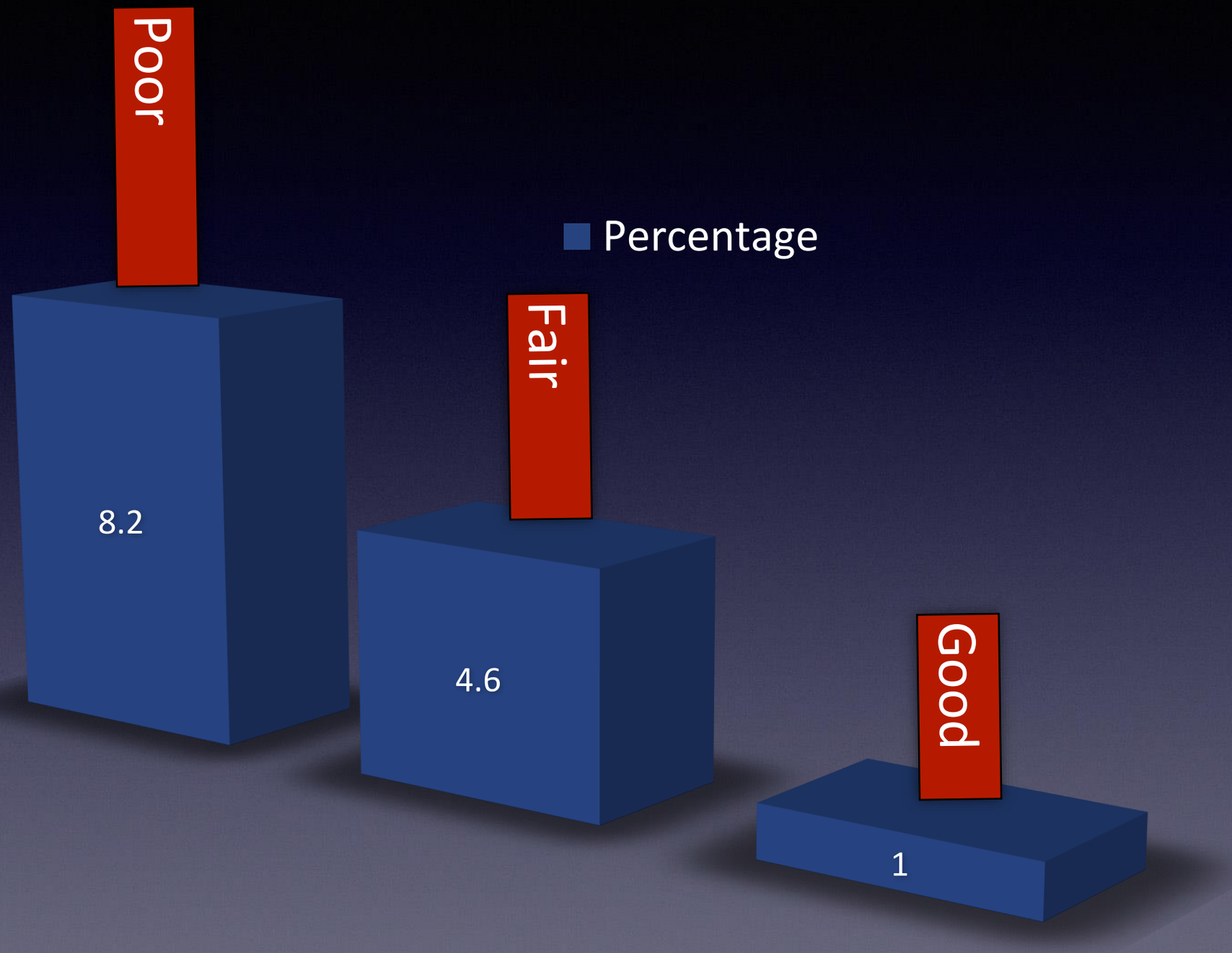
Population Cohort (propensity matched score)	Normal	Sleep Disturbed
Calcium Level low	23%	33%
Duration of Dialysis (months)	37	42

Low calcium disturbance

DO YOU BELIEVE IT?

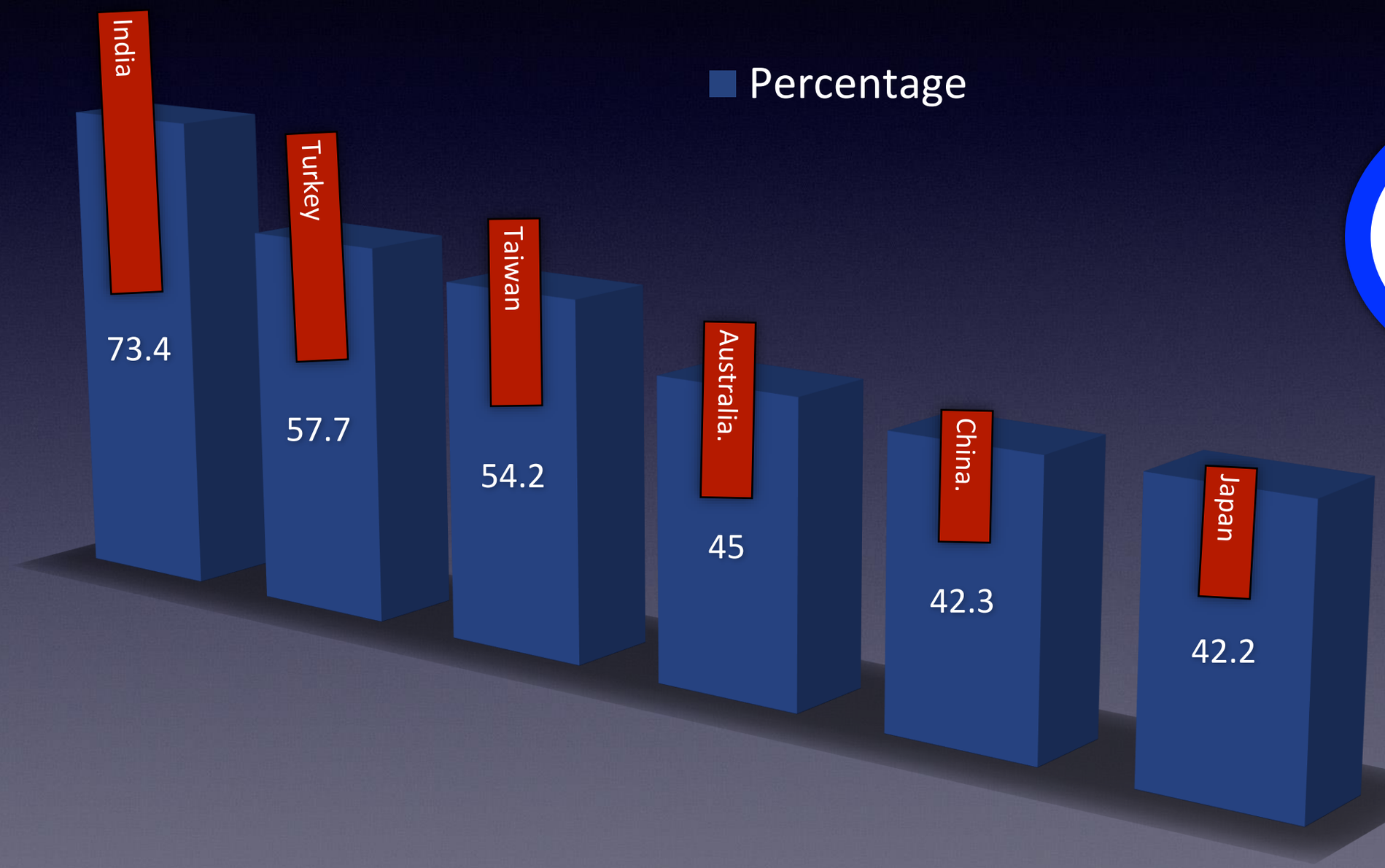
Medicine (Baltimore). 2018 Jul;97(28):e11410. doi: 10.1097/MD.0000000000011410.
The application of transanal total mesorectal excision for patients with middle and low rectal cancer: A systematic review and meta-analysis.
Hu D1, Jin P1,2, Hu L1,2, Liu W1,2, Zhang W1, Guo T1, Yang X1.

Poor Title leads to Rejection of Manuscript (Odd Ratio)



Gjersvik P, Gulbrandsen P, Aasheim ET, Nylenna M. Poor title--poor manuscript? Tidsskr Nor Laegeforen. 2013 Dec 10;133(23-24):2475-7. English, Norwegian. doi: 10.4045/tidsskr.13.1077. PMID: 24326496.

Rejection by Country of Manuscript (AJR)



1120

Submitted

65.6%

%

Rejected

Ehara S, Takahashi K. Reasons for rejection of manuscripts submitted to AJR by international authors. AJR Am J Roentgenol. 2007 Feb;188(2):W113-6. doi: 10.2214/AJR.06.0448. PMID: 17242215.

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Reviewer Bias: US vs Non-US Manuscripts (JAMA)

US manuscripts 2355

Non-US manuscripts 1297

US reviewers: US > Non-US (P .001)

US reviewers: Ranked US > Non-US papers (P .001)

Non-US reviewers: Ranked US>Non-US papers (P .09)

Link AM. US and non-US submissions: an analysis of reviewer bias. JAMA. 1998 Jul 15;280(3):246-7. doi: 10.1001/jama.280.3.246. PMID: 9676670.

Choice of Journal Determines Rejection

Journal Characteristics		Manuscript Characteristics
Scientific Prestige	62%	Scope
Performance (ISI)	61%	Novelty
Publishing model (open acc		
Accep		
Specialty		Impact

Choosing ↑ ISI & with ↑ issues

→ → →

↓chance of publication

Bahadoran Z, Mirmiran P, Kashfi K, Ghasemi A. Scientific Publishing in Biomedicine: How to Choose a Journal? Int J Endocrinol Metab. 2020 Nov 25;19(1):e108417. doi: 10.5812/ijem.108417.

Reed H, Dehn RW, Bushardt RL. Reasons for unsuccessful research submissions to JAAPA. JAAPA. 2022 May 1;35(5):54-56. doi: 10.1097/01.JAA.0000824948.31791.0b.

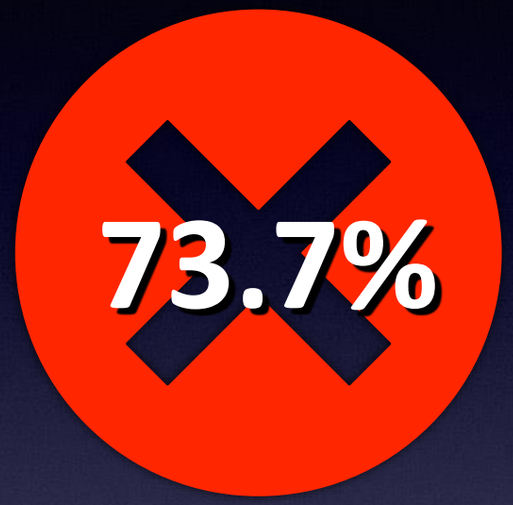
Koli PG, Kulkarni A, Shetty YC. Evaluation of Issues Affecting Time Between Study Completion, Manuscript Submission, Acceptance, and Publication in Medical Journals. Cureus. 2022 Mar 15;14(3):e23184. doi: 10.7759/cureus.23184.

Søreide K, Winter DC. Global survey of factors influencing choice of surgical journal for manuscript submission. Surgery. 2010 Apr;147(4):475-80. doi: 10.1016/j.surg.2009.10.042. Epub 2009 Dec 11.

Choice of Journal Determines Rejection (JAAPA)

Reason	%
Methodology flawed	55.4
Scope	42.9
Poor writin	
Guideline non	
Lack of novelty	3.6
Decline to revise manuscript	1.8

Employ
Statistician
Editor
Senior Author



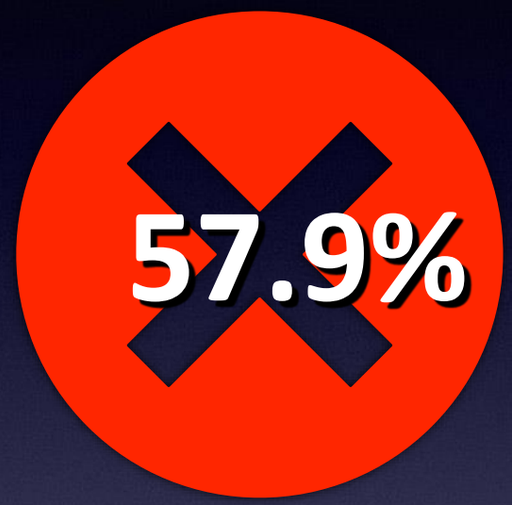
Bahadoran Z, Mirmiran P, Kashfi K, Ghasemi A. Scientific Publishing in Biomedicine: How to Choose a Journal? Int J Endocrinol Metab. 2020 Nov 25;19(1):e108417. doi: 10.5812/ijem.108417. PMID: 33815519; PMCID: PMC8010430.

Reed H, Dehn RW, Bushardt RL. Reasons for unsuccessful research submissions to JAAPA. JAAPA. 2022 May 1;35(5):54-56. doi: 10.1097/01.JAA.0000824948.31791.0b. PMID: 35421874.

Ethics Determines Acceptance (J Clin Diag Res)

Reason	%
Plagiarism	11.1
Double pu	7.7
Poor	
Data fab	
Black listed author	1.1
Unethical	0.57

Journals ask for the Data sheet and run back check on the authors



Bahadoran Z, Mirmiran P, Kashfi K, Ghasemi A. Scientific Publishing in Biomedicine: How to Choose a Journal? Int J Endocrinol Metab. 2020 Nov 25;19(1):e108417. doi: 10.5812/ijem.108417. PMID: 33815519; PMCID: PMC8010430.

Reed H, Dehn RW, Bushardt RL. Reasons for unsuccessful research submissions to JAAPA. JAAPA. 2022 May 1;35(5):54-56. doi: 10.1097/01.JAA.0000824948.31791.0b. PMID: 35421874.

Plagiarism vs. Quote

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Br J Surg. 2016 Apr;103(5):600-6. doi: 10.1002/bjs.10099. Epub 2016 Feb 10.
Propensity score-matched outcomes analysis of the liver-first approach for synchronous colorectal liver metastases.
Welsh FK1, Chandrakumaran K1, John TG1, Cresswell AB1, Rees M1.

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Fate after Rejection

Journal of Bone & Joint Surgery

918 manuscripts rejected

75.8% Accepted: lower ISI journals <5 yrs

Reasons for re-rejection

Asia & Middle East

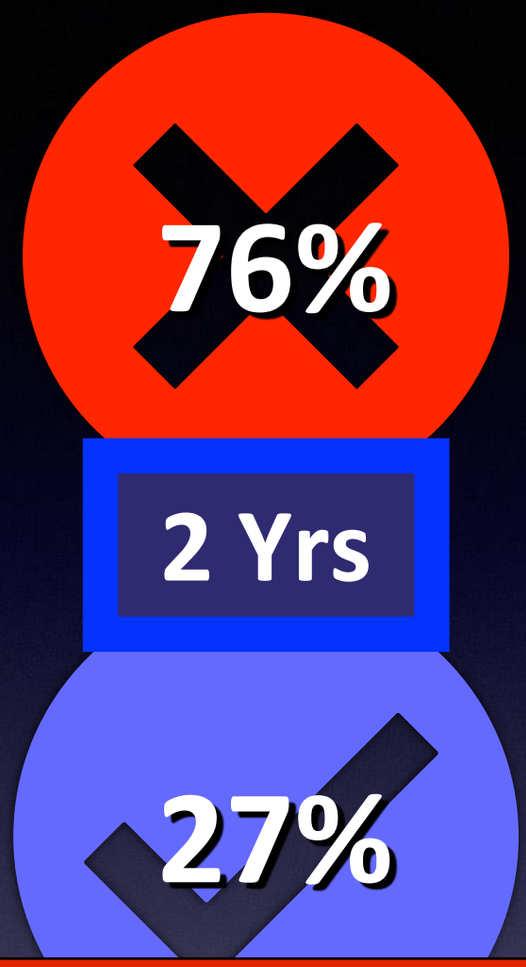
Author: Woman

Author gave up 51.4%

Okike K, Kocher MS, Nwachukwu BU, Mehlman CT, Heckman JD, Bhandari M. The fate of manuscripts rejected by The Journal of Bone and Joint Surgery (American Volume). J Bone Joint Surg Am. 2012 Sep 5;94(17):e130. doi: 10.2106/JBJS.L.00078. PMID: 22992859.

Holliday EB, Yang G, Jagsi R, Hoffman KE, Bennett KE, Grace C, Zietman AL. Fate of manuscripts rejected from the Red Journal. Int J Radiat Oncol Biol Phys. 2015 Jan 1;91(1):3-

Arrogance & Pride Angers the Reviewer



Journal of Bone & Joint Surgery

Answer completely

ANSWER WITHOUT EMOTIONAL OVERTONES

Answer with evidence and citations

Predictors of Acceptance (Med J Aust)

N=1107	Odds Ratio of Acceptance	P-value
Sound Methods	1.39 (95% CI, 1.16-1.67)	0.001
RCT	2.4 (95% CI,1.21-4.80)	-
Descriptive/Qualitative Analysis	2.85 (95% CI, 1.51-5.37)	-
From the same country of the journal	1.99 (95% CI, 1.44-3.46)	-

Lee KP, Boyd EA, Holroyd-Leduc JM, Bacchetti P, Bero LA. Predictors of publication: characteristics of submitted manuscripts associated with acceptance at major biomedical journals. Med J Aust. 2006 Jun 19;184(12):621-6. doi: 10.5694/j.1326-5377.2006.tb00418.x. PMID: 16803442.j.ijrobp.2014.10.003 . PMID: 25835616.

Time to Review (PLoS One)

Submission to first review 8 weeks

Submission to publication 12 weeks

Review time: Europeans>North American

Review: Women > men

Men: ↑ Rejection

Woman ↓Rejection

Author gave up 51.4%

Grod ON, Budden AE, Tregenza T, Koricheva J, Leimu R, Aarssen LW, Lortie CJ. Systematic variation in reviewer practice according to country and gender in the field of ecology and evolution. PLoS One. 2008 Sep 12;3(9):e3202. doi: 10.1371/journal.pone.0003202. PMID: 18787653; PMCID: PMC2527679.

ETHICS: STEM CELL TRACHEA TRANSPLANT

Karolinska Institute

Paolo Macchiarini

23rd Annual Meeting ESCP - Cairo, Egypt
InterContinental Citystars, 31 Aug - 2 Sept 2022

STEM CELL TRACHEA TRANSPLANT

THE LANCET

Volume 376 · Number 9734 · Pages 1–68 · July 3–9, 2010 www.thelancet.com

Articles

Tracheobronchial transplantation with a stem-cell-seeded bioartificial nanocomposite: a proof-of-concept study

Philipp Jungebluth, Evren Alici, Silvia Baiguera, Katarina Le Blanc, Pontus Blomberg, Béla Bozóky, Claire Crowley, Oskar Einarsson, Karl-Henrik Grinnemo, Tomas Gudbjartsson, Sylvie Le Guyader, Gert Henriksson, Ola Hermanson, Jan Erik Juto, Bertil Leidner, Tobias Lilja, Jan Liska, Tom Luedde, Vanessa Lundin, Guido Moll, Bo Nilsson, Christoph Roderburg, Staffan Strömblad, Tolga Sutlu, Ana Isabel Teixeira, Emma Watz, Alexander Seifalian, Paolo Macchiarini

Summary

Background Tracheal tumours can be surgically resected but most are an inoperable size at the time of diagnosis; therefore, new therapeutic options are needed. We report the clinical transplantation of the tracheobronchial airway with a stem-cell-seeded bioartificial nanocomposite.

Methods A 36-year-old male patient, previously treated with debulking surgery and radiation therapy, presented with recurrent primary cancer of the distal trachea and main bronchi. After complete tumour resection, the airway was replaced with a tailored bioartificial nanocomposite previously seeded with autologous bone-marrow mononuclear cells via a bioreactor for 36 h. Postoperative granulocyte colony-stimulating factor filgrastim (10 µg/kg) and epoetin beta (40 000 UI) were given over 14 days. We undertook flow cytometry, scanning electron microscopy, confocal

Lancet 2011; 378: 1997–2004

Published Online November 24, 2011 DOI:10.1016/S0140-6736(11)61715-7

See Comment page 1977

Advanced Center for Translational Regenerative Medicine (P Jungebluth MD, S Baiguera PhD,

STEM CELL TRACHEA TRANSPLANT

Patient	Location	When operated	Outcome
Andemariam Beyene	Stockholm	June 2011	Deceased Jan 2014
Keziah Shorten	London	Sept 2011	Deceased Jan 2012
Christopher Lyles	Stockholm	Nov 2011	Deceased March 2012
Julia Tuulik	Krasnodar	June 2012, Aug	Deceased Sept 2014
Sadiq Kahaan	Krasnodar	Aug 2013	Deceased (date unknown)
Dmitri Onogda	Krasnodar	June 2014	Survives (synthetic trachea removed)

Source: SVT production team. Image: Macchiarini and Julia Tuulik, courtesy of SVT

He unfortunately lied and fooled
even the best medical journals, scientific community,
Reputable Nobel Prize Center of Excellence

STEM CELL TRACHEA TRANSPLANT

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NEWS

Home Video World UK Business Tech Science Magazine Entertainment & Arts

Karolinska Institute Vice-Chancellor fired

Paolo Macchiarini is a renowned stem cell scientist and has denied all allegations against him

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STEM CELL TRACHEA TRANSPLANT

To be retracted

Tracheobronchial transplantation with a stem-cell-seeded bioartificial nanocomposite: a proof-of-concept study

Philipp Jungebluth, Evren Alici, Silvia Baiguera, Katarina Le Blanc, Pontus Blomberg, Béla Bozóky, Claire Crowley, Oskar Einarsson, Karl-Henrik Grinnemo, Tomas Gudbjartsso… …er, Tobias Lilja, Jan Liska, Tom Luedde, Vanessa Lundin, Gu… …Isabel Teixeira, Emma Watz, Alexander Seifalian, Paolo M…

Ethics in Science
Must be observed

Summary

Background Tracheal tumours car… …time of diagnosis; therefore, new therapeutic options are needed. We report the clinical transplantation of the tracheobronchial airway with a stem-cell-seeded bioartificial nanocomposite.

Methods A 36-year-old male patient, previously treated with debulking surgery and radiation therapy, presented with recurrent primary cancer of the distal trachea and main bronchi. After complete tumour resection, the airway was replaced with a tailored bioartificial nanocomposite previously seeded with autologous bone-marrow mononuclear cells via a bioreactor for 36 h. Postoperative granulocyte colony-stimulating factor filgrastim (10 µg/kg) and epoetin beta (40 000 UI) were given over 14 days. We undertook flow cytometry, scanning electron microscopy, confocal

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See Comment page 1977

Advanced Center for Translational Regenerative Medicine (P Jungebluth MD, S Baiguera PhD,

Lancet Repeats again: COVID-19

Hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19: a multinational registry analysis

Mandeep R Mehra, Sapan S Desai, Frank Ruschitzka, Amit N Patel

Summary

Background Hydroxychloroquine or chloroquine, often in combination with a second-generation m[illegible]ide, are b[illegible] widely used for treatment of COVID-19, despite no conclusive evidence of their benefit. Althoug[illegible]nerall[illegible]fe whe[illegible] used for approved indications such as autoimmune disease or malaria, the safety and bene[illegible]f th[illegible]treatment regimens are poorly evaluated in COVID-19.

Methods We did a multinational registry analysis of the use of hydroxychloroquine [illegible]oquine wit[illegible]thout a macrolide for treatment of COVID-19. The registry comprised data from 671 hosp[illegible]s in s[illegible]ntinents. We included patients hospitalised between Dec 20, 2019, and April 14, 2020, with a positive laboratory [illegible]g for SARS-CoV-2. Patients who received one of the treatments of interest within 48 h of diagno[illegible]e included in [illegible]of four treatment groups (chloroquine alone, chloroquine with a macrolide, hydroxychlor[illegible]ine alone, or hydroxychloroquine with a macrolide), and patients who received none of these treatments formed [illegible] control gr[illegible]. Patients for whom one of the treatments of interest was initiated more than 48 h after diagnosis o[illegible]ile they w[illegible]on mechanical ventilation, as well as patients who received remdesivir, were excluded. The main outc[illegible]of int[illegible]st were in-hospital mortality and the occurrence of de-novo ventricular arrhythmias ([illegible]tained o[illegible]ied ventricular tachycardia or ventricular fibrillation).

Findings 96 032 patients (mean age 53·8 years, 46·3% women) [illegible]COVID-19 were hospitalised during the study period and met the inclusion criteria. Of the[illegible] patie[illegible]were in the treatment groups (1868 received chloroquine, 3783 received chloroquine wit[illegible]macro[illegible]e, 3016 [illegible]eived hydroxychloroquine, and 6221 received hydroxychloroquine with a macrolide) and [illegible]4 pati[illegible]e in the control group. 10 698 (11·1%) patients died in hospital. After controlling for multiple c[illegible]fou[illegible]ctors ([illegible]sex, race or ethnicity, body-mass index, underlying cardiovascular disease and its risk fact[illegible], diabetes[illegible]derlying lung disease, smoking, immunosuppressed condition, and baseline disease severity), w[illegible]mpared wi[illegible]ortality in the control group (9·3%), hydroxychloroquine (18·0%; hazard ratio 1·335, 95%[illegible]1·22[illegible]457), hydr[illegible]ychloroquine with a macrolide (23·8%; 1·447, 1·368–1·531), chloroquine (16·4%; 1·365, [illegible]218–1·531), [illegible]chloroquine with a macrolide (22·2%; 1·368, 1·273–1·469) were each independently associated [illegible]n an increased [illegible]f in-hospital mortality. Compared with the control group (0·3%), hydroxychloroquine (6[illegible]; 2·36[illegible]·935–2·900), hydroxychloroquine with a macrolide (8·1%; 5·106, 4·106–5·983), chloroquine (4·3%; [illegible]51, 2[illegible]0–4·596), and chloroquine with a macrolide (6·5%; 4·011, 3·344–4·812) were independently associate[illegible]an inc[illegible]ed risk of de-novo ventricular arrhythmia during hospitalisation.

P[illegible]ed Online [illegible] 22, 2020 https://doi.org/10.1016/S0140-6736(20)31180-6

This online publication has been corrected. The corrected version first appeared at thelancet.com on May 29, 2020

See Online/Comment https://doi.org/10.1016/S0140-6736(20)31174-0

Brigham and Women's Hospital Heart and Vascular Center and Harvard Medical School, Boston, MA, USA (Prof M R Mehra MD); **Surgisphere Corporation, Chicago, IL, USA** (S S Desai MD); **University Heart Center, University Hospital Zurich, Zurich, Switzerland** (Prof F Ruschitzka MD); **Department of Biomedical Engineering, University of Utah, Salt Lake City, UT, USA** (A N Patel MD); **and HCA Research Institute, Nashville, TN, USA** (A N Patel)

Correspondence to: Prof Mandeep R Mehra, Brigham and Women's Hospital Heart and Vascular Center and Harvard Medical School, Boston, MA 02115, USA **mmehra@bwh.harvard.edu**

NEJM: COVID-19

The NEW ENGLAND JOURNAL of MEDICINE

CORRESPONDENCE

Retraction: Cardiovascular Disease, Drug Therapy, and Mortality in Covid-19. N Engl J Med. DOI: 10.1056/NEJMoa2007621.

TO THE EDITOR: Because all the authors were not granted access to the raw data and the raw data could not be made available to a third-party auditor, we are unable to validate the primary data sources underlying our article, "Cardiovascular Disease, Drug Therapy, and Mortality in Covid-19."[1] We therefore request that the article be retracted. We apologize to the editors and to readers of the *Journal* for the difficulties that this has caused.

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Disclosure forms provided by the authors are available with the full text of this letter at NEJM.org.

This letter was published on June 4, 2020, at NEJM.org.

1. Mehra MR, Desai SS, Kuy S, Henry TD, Patel AN. Cardiovascular disease, drug therapy, and mortality in Covid-19. N Engl J Med. DOI: 10.1056/NEJMoa2007621.

DOI: 10.1056/NEJMc2021225

Conclusions

Must address a gap in the literature

Formulate a statistical Question to Answer

Use a Statistician and use the right method

Keep the data set and analyze it properly

Use Reference Software

Collaborate with a senior researcher

Copyedit with an English native

Consult with Reviewers