

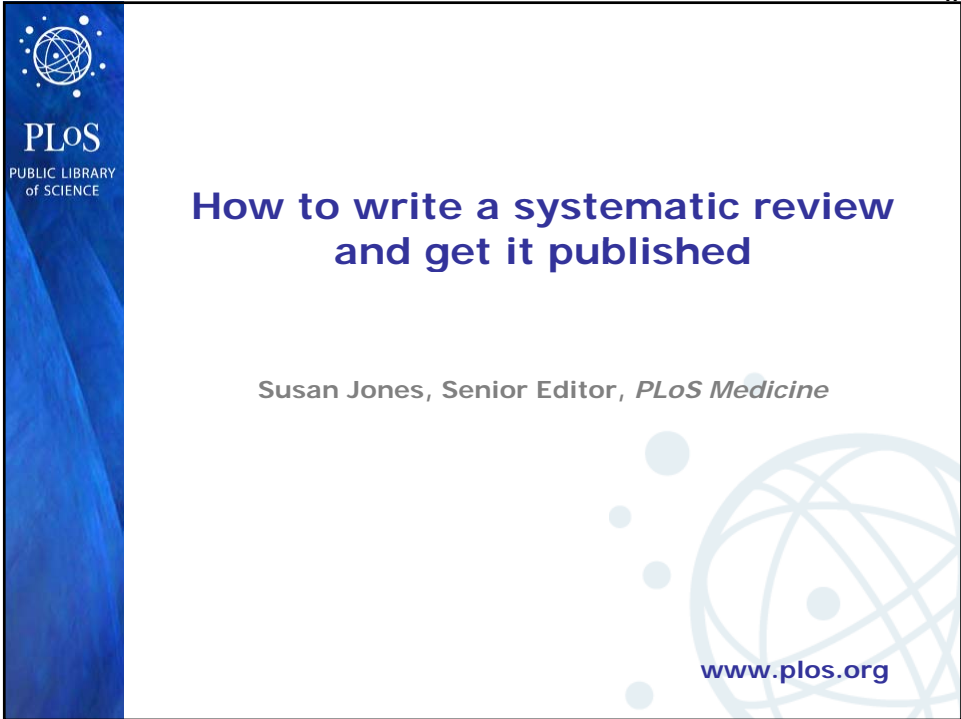


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## Structure of talk

- Overview of the publication process
- Role of editor
- Where to publish your systematic review
- Writing your paper
- Publication of the new PRISMA statement
- What do editors look for at PLoS Medicine
- How do editors make decisions
- Dealing with conflicts of interest
- Publishing updates to SRs
- Why publish an SR in an open access journal

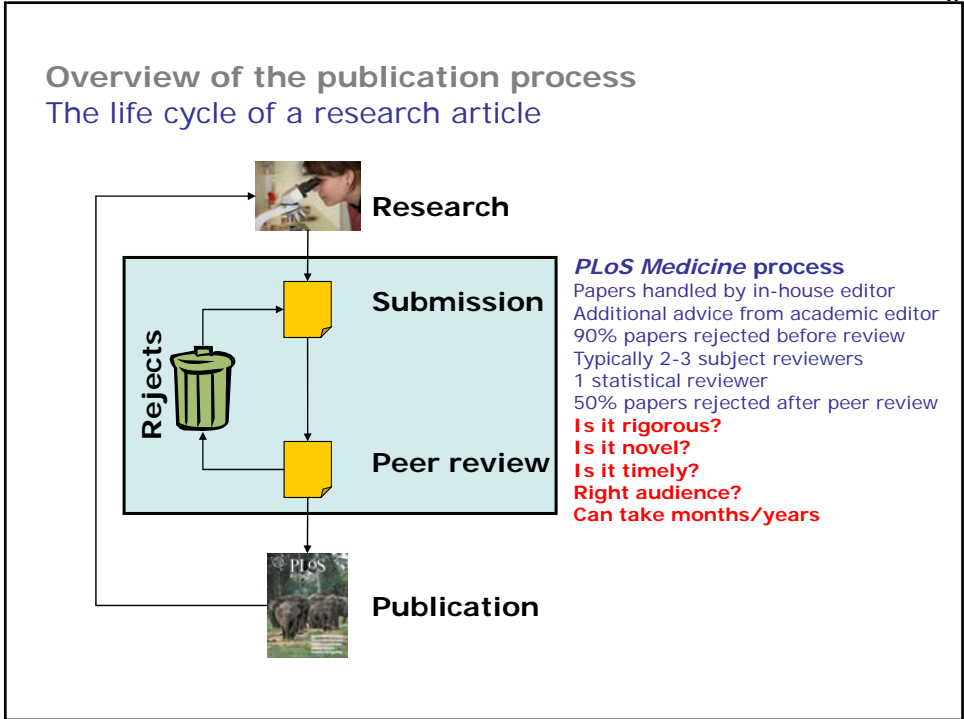
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### Role of editor

- Should select appropriate papers for the journal
- Should carefully consider context : literature, policy, practice
- Should not review the paper in depth
- Should identify non-conflicted appropriate expert reviewers
- Should shepherd the paper through review
- Should be responsive to authors and reviewers
- Should be neutral and objective


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### Where to publish your systematic review

- Choose the best journal for your paper: topic, audience, speed to first decision, speed of production process
- Think about the difference between general and specialist journals
- Think about your audience – who will read your SR
- Think about accessibility



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### Where to publish your systematic review

There are many different types of journals – and many different peer review processes

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### Writing your paper

- Follow journal guidelines!
- Beware of slicing up work into too many small packets if you want to publish in prestigious journals
- Structured abstract
- Cover letter
- Main text
- Using guidelines

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**Writing your paper: Structured abstract**

**Abstract**

**Background**

Tobacco smoking, passive smoking, and indoor air pollution from biomass fuels have been implicated as risk factors for tuberculosis (TB) infection, disease, and death. Tobacco smoking and indoor air pollution are persistent or growing exposures in regions where TB poses a major health risk. We undertook a systematic review and meta-analysis to quantitatively assess the association between these exposures and the risk of infection, disease, and death from TB.

**Methods and Findings**

We conducted a systematic review and meta-analysis of observational studies reporting effect estimates and 95% confidence intervals on how tobacco smoking, passive smoke exposure, and indoor air pollution are associated with TB. We identified 23 papers on tobacco smoking and TB, five papers on passive smoking and TB, and five on indoor air pollution and TB. We found substantial evidence that tobacco smoking is positively associated with TB, regardless of the specific TB outcomes. Compared with people who do not smoke, smokers have an increased risk of having a positive tuberculin skin test, of having active TB, and of dying from TB. Although we also found evidence that passive smoking and indoor air pollution increased the risk of TB disease, these associations are less strongly supported by the available evidence.

**Conclusions**

There is consistent evidence that tobacco smoking is associated with an increased risk of TB. The finding that passive smoking and biomass fuel combustion also increase TB risk should be substantiated with larger studies in future. TB control programs might benefit from a focus on interventions aimed at reducing tobacco and indoor air pollution exposures, especially among those at high risk for exposure to TB.

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**Writing your paper: PLoS journals –standards for reporting systematic reviews**

- Authors must adhere to PRISMA
- Authors can provide a protocol if available
- Editors and peer reviewers check PRISMA flowchart and checklist, protocol.

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## Why are journals important in moving towards better reporting?

- Once, journals were the only mechanism for publishing results of trials and other studies
- Journals still provide the main method of disseminating full details of systematic reviews
- Investigators want peer-reviewed journal publication as credit for what has been done
- Peer review and editorial process provides an important opportunity for achieving good quality reporting

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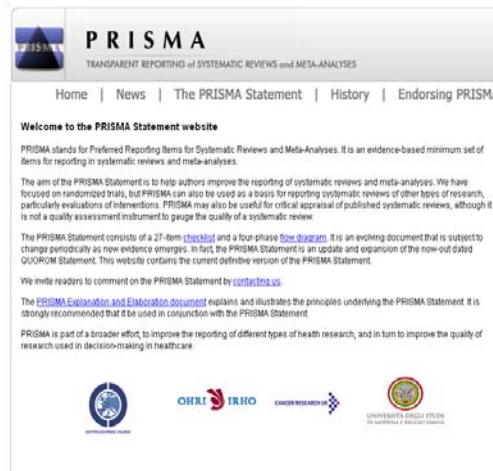
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## Writing your paper: The new PRISMA statement

<http://www.prisma-statement.org/index.htm>



**PRISMA**  
TRANSPARENT REPORTING of SYSTEMATIC REVIEWS and META-ANALYSES

Home | News | The PRISMA Statement | History | Endorsing PRISMA

**Welcome to the PRISMA Statement website**

PRISMA stands for Preferred Reporting Items for Systematic Reviews and Meta-Analyses. It is an evidence-based minimum set of items for reporting in systematic reviews and meta-analyses.

The aim of the PRISMA Statement is to help authors improve the reporting of systematic reviews and meta-analyses. We have focused on randomized trials, but PRISMA can also be used as a basis for reporting systematic reviews of other types of research, particularly evaluations of interventions. PRISMA may also be useful for critical appraisal of published systematic reviews, although it is not a quality assessment instrument to gauge the quality of a systematic review.

The PRISMA Statement consists of a 27-item [checklist](#) and a four-phase [flow diagram](#). It is an evolving document that is subject to change periodically as new evidence emerges. In fact, the PRISMA Statement is an update and expansion of the now-outdated QUOROM Statement. This website contains the current definitive version of the PRISMA Statement.

We invite readers to comment on the PRISMA Statement by [contacting us](#).

The [PRISMA Explanation and Elaboration document](#) explains and illustrates the principles underlying the PRISMA Statement. It is strongly recommended that it be used in conjunction with the PRISMA Statement.

PRISMA is part of a broader effort, to improve the reporting of different types of health research, and in turn to improve the quality of research used in decision-making in healthcare.

Logos for endorsing organizations: OHRI, ITRHO, CANADIAN RESEARCH, UNIVERSITY OF CALGARY, UNIVERSITY OF ALBERTA.

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**Writing your paper: The new PRISMA statement**

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GUIDELINES AND GUIDANCE **OPEN ACCESS**

Featured in *PLOS Hub for Clinical Trials*

**Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement**

Article Metrics Related Content Comments: 0

David Moher<sup>1,2\*</sup>, Alessandro Liberati<sup>3,4</sup>, Jennifer Tetzlaff<sup>1</sup>, Douglas G. Altman<sup>5</sup>, The PRISMA Group<sup>1</sup>

**Citation:** Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009) Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed.1000097

**Published:** July 21, 2009

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Total Article Views: 19861

Cited in: CrossRef (33), PubMed Central (20), Scopus (65)

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**Writing your paper: the new PRISMA**

- What is new in updated PRISMA / Quorum?
- Why we think guidelines for reporting are really important @plos medicine
- Adhering to the spirit of the guidelines – not just using it as a tickbox mentality

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## Writing your paper: Using PRISMA - advantages and opportunities?

For **authors**:

- Adhering to PRISMA upfront means your paper will go straight through to the editor's desk
- Clearly reported papers go through peer review faster and with fewer revisions. Quicker, easier trip through copyediting
- We can't guarantee the decision will be different


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## Specific examples – applying PRISMA guidance to real papers

- Many researchers think that once they have ticked the boxes in the checklist and filled out the numbers in the flowchart they are "**PRISMA compliant**"
- For editors (and readers) the devil is in the details

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### What are the barriers?

- Lack of awareness of appropriate standards for reporting
- Language?
- Lack of time – for authors, editors, reviewers
- Authors need to get the paper published as quickly as possible


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### Submitting your paper: What do PLoS Medicine editors look for in systematic reviews/meta-analyses?

- Does the systematic review/meta-analysis ask an important and novel question?
- Are the findings relevant to practice or policy?
- Is the SR well done –time frame, scope of search, databases, languages (English non English), inclusions and exclusions (types of studies, published, unpublished, conference abstracts), has there been an attempt to track down original data, assessment of bias
- Are reporting related biases dealt with
- If YES, YES, YES, YES – consider further
- Even if the outcomes are 'better research is needed' or 'negative'

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## Submitting your paper: Dealing with conflicts of interest

- Conflicts of interest – authors
- **PLOS Medicine don't consider just company COI**
- Conflicts of interest – reviewers
- Conflicts of interest – editors
- Most important – be upfront!

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## Conflicts of editors

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### Editors, Publishers, Impact Factors, and Reprint Income

Article Metrics Related Content Comments: 1

**Harvey Marcovitch\***  
Clinical Risk, RSM Press Ltd., London, United Kingdom

**Citation:** Marcovitch H (2010) Editors, Publishers, Impact Factors, and Reprint Income. PLoS Med 7(10): e1000355. doi:10.1371/journal.pmed.1000355

**Published:** October 26, 2010

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**Funding:** The author received no specific funding for this paper.

**Competing interests:** The author declares no competing financial interests. He is employed by BMJ Publishing Group as a freelance associate editor. He is a director of the Council of Science Editors. The views expressed in this paper are his own.

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[Increased Responsibility and Transparency in an Era of Increased Visibility](#)

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### Submitting your paper: suggesting reviewers

- Suggest appropriate reviewers
- Editors will check for conflicts of interest
- Editors may want to pick their own reviewers
- Only exclude with good reason


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### Making decisions: journals can introduce bias

- Journals want to publish new and interesting papers
- Editors / reviewers may suggest emphasis on the “positive” parts of a study, shifting focus away from disappointing outcomes
- Lack of time may mean editors can’t always help authors use PRISMA
- Editors should balance reviews objectively considering positive / negative comments, in the context of literature
- Methodological review prime importance in SR/meta-analysis

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### Submitting your paper: Dealing with rejection

- Ask for specific reasons for rejection
- Be realistic
- If it's 'journal scope' , 'lacking general appeal' only appeal if you have good reasons
- Don't be afraid to appeal decisions, but do have solid reasons WHY decision is wrong


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### Submitting your paper: How can you publish updates of SRs

- Ensure it's the right time for an update – should be new evidence or a new research question
- Ensure the update advances in an important way on the original study and make it clear why
- You will publish more quickly if you target a specialist audience

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**Why publish an SR in an open access journal?**



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*Bethesda Principles, April 2003*


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**PLoS Biology**  
October, 2003



**PLoS Medicine**  
October, 2004




**PLoS Community Journals**  
June-September, 2005

October, 2007

**PLoS ONE**  
December, 2006



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**Articles have broken free of journals:  
each can now be assessed for itself**

- Citations in Google Scholar, Scopus, Web of Science, etc
- Usage (and re-usage)
- Press, blog coverage

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**Researchers (authors and readers)**



**Institutions**

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**Who cares about measuring research impact?**

**Librarians**



**Funders**

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**The public**



**Publishers**

PLoS BIOLOGY

**Science**


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**How do we measure 'impact' now?**

The worth of a paper tends to be judged on the basis of the **impact factor** of the journal in which it was published.

Recommended reading:  
 Adler, R., Ewing, J. Taylor, P. Citation statistics. A report from the International Mathematical Union.  
<http://www.mathunion.org/publications/report/citationstatistics/>

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## How **can** we measure 'impact'?

At the **article level**, we can track:

- Citations
- Web usage
- Social bookmarking
- Community rating
- Media/blog coverage
- Commenting activity
- Expert ratings
- and more...

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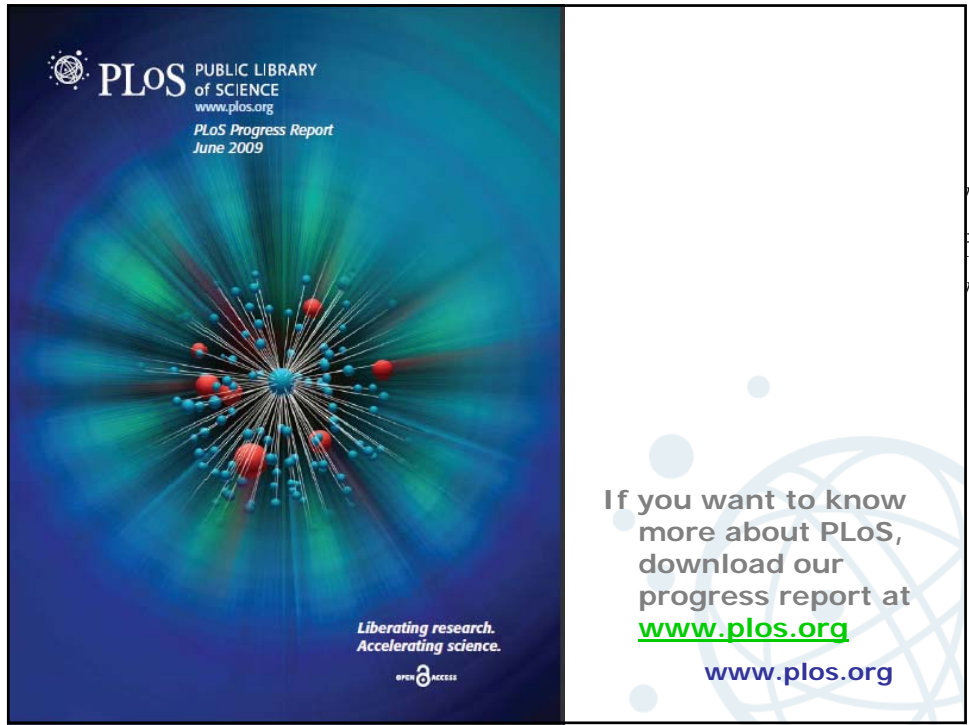
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## Article-level metrics at PLoS

- Article-level metrics at PLoS are **not just about citations and usage**. A whole range of additional measures can provide insight into 'impact'
- We are providing metrics at the **article level**, for every article, in every one of our titles, from the first issue of our first journal, *PLoS Biology* in 2003, onwards
- We are the first publisher to provide this range of data, but we hope that others will follow

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