Career Development Series 2021

An Editor's View on Publishing a Paper

Presentation will begin at 12:00 PM (PT)

ITHS | Institute of Translational Health Sciences
ACCELERATING RESEARCH. IMPROVING HEALTH.

UNIVERSITY of WASHINGTON

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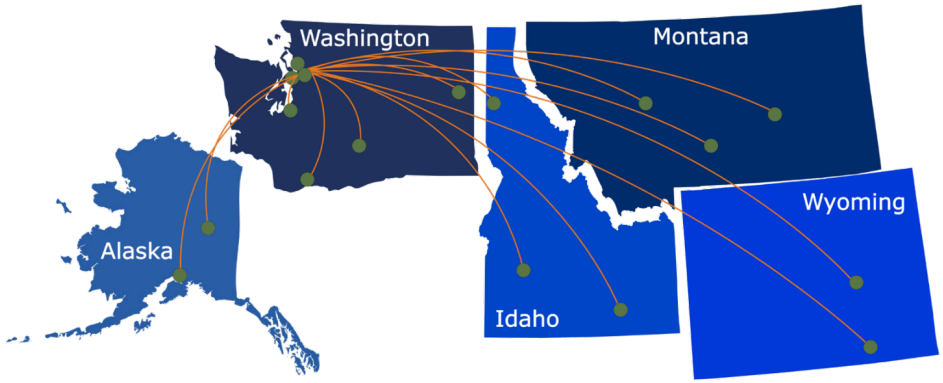

What We Offer:

1. **Research Support Services:** Members gain access to the different research services, resources, and tools offered by ITHS, including the ITHS Research Navigator.

2. **Community Engagement:** Members can connect with regional and community based practice networks

3. **Education & Training:** Members can access a variety of workforce development and mentoring programs and apply for formal training programs.

4. **Funding:** Members can apply for local and national pilot grants and other funding opportunities. ITHS also offers letters of support for grant submissions.

Contact our Director of Research Development

- **Project Consultation**
- **Strategic Direction**
- **Resources and Networking**

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Feedback

At the end of the seminar, a link to the feedback survey will be sent to the email address you used to register.

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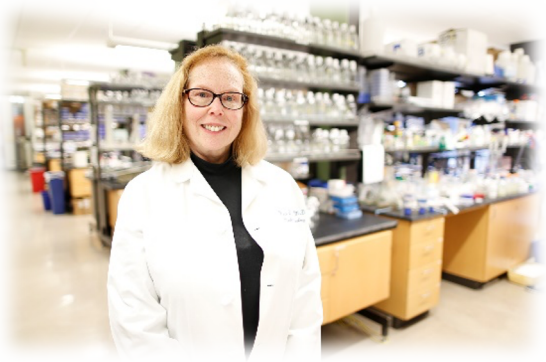
An Editor's View on Publishing a Paper

Presented by Dr. Nora Disis, MD



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ACCELERATING RESEARCH. IMPROVING HEALTH.

Learning Objectives

1. Identify the major reasons papers are rejected
2. Describe the 4 major questions every paper should answer
3. Determine the elements that make a successful paper submission

JAMA Oncology?

IMPACT

Journal Impact Factor

24.8

One of the highest ranking among oncology journals

+1.9 **MILLION**

Annual visits to *JAMA Oncology* website

+2.8 **MILLION**

Annual article views and downloads

Oncology Journals, 2020 JCR Release

Rank	Abbreviated Journal Title	ISSN	2019 Total Cites	Journal Impact Factor	IF Sans Journal Self Cites	5-Year Impact Factor	Immediacy Index	Citable Items	Cited Half-Life	% Articles in Citable Items
1	CA-CANCER J CLIN	0007-9235	39,917	292.278	291.481	225.870	75.000	22	3.4	77.27
2	NAT REV CLIN ONCOL	1759-4774	12,384	53.276	52.667	34.517	11.463	41	3.8	17.07
3	NAT REV CANCER	1474-175X	52,053	53.030	52.604	52.659	9.047	43	9.1	4.65
4	LANCET ONCOL	1470-2045	53,592	33.752	33.223	35.843	8.497	167	5.2	76.65
5	J CLIN ONCOL	0732-183X	155,297	32.956	32.193	25.597	11.421	285	8.0	95.09
6	CANCER DISCOV	2159-8274	18,093	29.497	29.000	28.298	7.359	92	4.2	86.96
7	CANCER CELL	1535-6108	41,064	26.602	26.193	30.237	4.828	99	6.8	89.90
8	JAMA ONCOL	2374-2437	13,794	24.799	24.191	23.246	7.331	151	2.5	85.43
9	ANN ONCOL	0923-7534	45,813	18.274	17.806	15.254	5.845	187	5.1	75.40
10	MOL CANCER	1476-4598	15,448	15.302	14.860	10.478	4.297	175	4.5	60.57
11	J THORAC ONCOL	1556-0864	18,136	13.357	12.317	10.089	3.608	186	4.5	91.94
12	JNCI-J NATL CANCER I	0027-8874	36,018	11.577	11.397	11.641	3.787	136	11.8	88.97
13	TRENDS CANCER	2405-8025	2,351	11.093	10.975	11.592	1.519	52	2.7	0.00
14	SEMIN CANCER BIOL	1044-579X	8,310	11.090	10.862	11.290	5.695	95	5.3	24.21
15	J HEMATOL ONCOL	1756-8722	6,732	11.059	10.258	8.474	2.030	133	3.0	48.12
16	NEURO-ONCOLOGY	1522-8517	12,950	10.247	9.688	9.552	2.135	133	4.9	87.22
17	CLIN CANCER RES	1078-0432	85,288	10.107	9.821	10.115	3.077	672	7.6	94.94
18	J IMMUNOTHER CANCER	2051-1426	4,557	9.913	9.264	...	1.337	326	2.5	91.72
19	CANCER RES	0008-5472	135,753	9.727	9.587	9.883	2.246	536	11.6	92.91
20	LIVER CANCER	2235-1795	1,131	9.720	8.940	7.912	1.548	31	3.2	77.42
21	J NATL COMPR CANC NE	1540-1405	6,912	9.316	9.224	6.780	1.503	155	3.7	84.52
22	CANCER TREAT REV	0305-7372	9,427	8.885	8.807	8.547	2.900	70	5.3	0.00
23	CANCER IMMUNOL RES	2326-6066	6,969	8.728	8.514	9.876	1.736	174	4.0	95.98
24	LEUKEMIA	0887-6924	25,819	8.665	8.260	9.359	3.229	231	6.6	90.91
25	BLOOD CANCER J	2044-5385	2,800	8.023	7.831	7.607	1.354	65	3.5	92.31
26	ONCOGENE	0950-9232	66,303	7.971	7.812	7.066	2.502	500	10.0	96.40
27	CLIN TRANSL MED	2001-1326	1,349	7.919	7.905	...	1.167	30	3.3	46.67
28	NPJ PRECIS ONCOL	2397-768X	500	7.717	7.583	7.717	1.121	33	2.2	75.76
29	BBA-REV CANCER	0304-419X	5,650	7.365	7.198	8.188	2.359	64	6.5	0.00
30	CANCER LETT	0304-3835	34,162	7.360	7.183	7.105	1.836	426	5.7	87.09
31	EUR J CANCER	0959-8049	32,241	7.275	7.041	7.121	1.975	283	7.6	92.23
32	GASTRIC CANCER	1436-3291	5,525	7.088	6.640	5.879	1.779	131	4.3	94.66
33	J EXP CLIN CANC RES	1756-9966	9,316	7.068	6.657	6.530	1.484	471	3.4	92.14
34	THER ADV MED ONCOL	1758-8340	1,894	6.852	6.730	6.660	0.777	112	3.1	58.93
35	MOL ONCOL	1574-7891	6,378	6.574	6.369	6.287	1.699	173	4.4	80.92
36	CANCER METAST REV	0167-7659	6,247	6.400	6.390	6.676	1.415	53	9.4	0.00
37	CANCERS	2072-6694	10,442	6.126	5.492	6.433	1.037	2,020	2.3	64.46
38	ONCOGENESIS	2157-9024	2,775	6.119	6.100	6.052	0.845	71	3.2	98.59
39	STEM CELLS	1066-5099	20,554	6.022	5.864	5.810	1.547	139	8.0	82.01
40	NPJ BREAST CANCER	2374-4677	814	6.000	5.916	...	1.000	41	2.6	92.68
41	J PATHOL	0022-3417	16,307	5.979	5.852	6.230	2.107	140	9.2	83.57
42	ONCOIMMUNOLOGY	2162-402X	10,116	5.869	5.582	6.255	1.120	251	3.4	95.62
43	INT J RADIAT ONCOL	0360-3016	44,197	5.859	5.317	5.652	1.650	354	9.8	94.07
44	CRIT REV ONCOL HEMAT	1040-8428	8,477	5.833	5.709	5.175	1.027	188	5.4	0.00
45	BRIT J CANCER	0007-0920	46,406	5.791	5.695	6.210	1.299	254	9.0	90.16
46	CHIN J CANCER	1000-467X	2,330	5.760	5.760	4.042	...	0	5.6	...
47	CANCER-AM CANCER SOC	0008-543X	66,520	5.742	5.578	6.587	1.416	433	12.5	89.61
48	NEOPLASIA	1476-5586	7,453	5.696	5.643	5.270	1.235	98	8.6	98.98
49	CANCER COMMUN	2523-3548	465	5.627	4.746	5.642	1.566	53	1.4	75.47
50	MOL CANCER THER	1535-7163	19,457	5.615	5.526	5.766	1.037	217	7.3	96.77
51	CANCER IMMUNOL IMMUN	0340-7004	8,390	5.442	5.245	4.781	1.538	160	6.9	85.00
52	CANCER BIOL MED	2095-3941	1,389	5.432	5.227	...	0.297	64	3.8	73.44
53	ANNU REV CANCER BIOL	2472-3428	318	5.413	5.370	5.457	2.826	23	2.0	100.00
54	ESMO OPEN	2059-7029	1,286	5.329	4.570	...	0.919	74	2.5	54.05
55	BIODRUGS	1173-8804	1,803	5.313	5.061	4.115	1.655	55	4.8	60.00
56	CELL ONCOL	2211-3428	1,719	5.304	4.176	4.191	1.233	60	4.2	76.67
57	ADV CANCER RES	0065-230X	2,711	5.235	5.191	6.866	1.107	28	6.7	0.00
58	AM J CANCER RES	2156-6976	5,531	5.177	5.121	4.725	0.615	200	3.5	82.00
59	INT J CANCER	0020-7136	53,177	5.145	4.981	6.485	2.605	587	8.3	94.72

Most common reasons manuscripts get rejected from *JAMA Oncology*

Reject without review

Reject after review

1. The paper is not the type of paper that *JAMA Oncology* publishes; not suited to the journal.

JAMA Oncology is a clinically oriented journal read by academicians and practitioners and we are looking for papers that will impact cancer clinical practice today or in the near future

- The paper is more suited to a basic science journal, e.g. murine studies, large genomic association studies, highly technical AI investigations.
- The paper focuses on a very specialized topic that would be of interest to only a select group of readers, e.g. specific cancer surgical procedures, rare toxicities that impact less than 1% of patients.
- Small hypothesis generating studies that will require further validation. If your discussion ends with, " these preliminary data lay the foundation for future studies" or "more definitive studies will be needed"- then the paper is not the type *JAMA Oncology* publishes.

2. The authors did not follow the instructions of the journal for that article type.

Always comply with instructions for authors for the journal to which you are submitting a paper

- Many words over the allowed limit of 3000. Papers have been submitted with 5000-8000 words.
- Figures too large for the journal format. We allow 4 panels/figure but have seen submissions with as many as 20 panels/figure.
- Tables too large of the format of the journal. Papers have been submitted in which tables have been 3-4 pages long.
- The abstract is not in the correct format. Abstracts are highly structured and many editors only read the abstract to make a decision on the paper. If the abstract is narrative, does not contain the appropriate data the editor need to see, the paper will be rejected.
- Manuscripts clearly have been formatted for another journal.

3. The paper lacks novelty or significance for our readership.

State your hypothesis clearly in the introduction. NOT "this has never been studied before"

- Results that are not generalizable, e.g. a specific method or procedure that was developed at one institution, single institution database studies.
- Results that are predictable, e.g. a paper with the major finding that most cancer patients have depression, or the greater the number of positive lymph nodes the greater the risk of recurrence.
- Results that have no clinical or practical implications, e.g. a large scale study that found eating acorns did not lead to colon cancer, biomarker that predicts prognosis in metastatic pancreatic cancer.
- Studies that validate others that have been published, e.g. meta-analysis that document standard of care is the correct treatment, "this study is the largest reported to date", minor differences in populations.
- Long term reports of clinical trial outcomes that are the same as previous reports.

4. There are flaws in the study design or the reporting of the data.

Investigators who publish in excellent journals always have a strong statistical collaborator.

- Underpowered studies, e.g. Phase III RCT with 40 patients/arm.
- Incorrect method used to analyze the results.
- No description of the study design in the methods.
- Reported primary and secondary outcomes for a clinical trial do not match the submitted clinical protocol.
- Overemphasis on exploratory objectives.
- Reporting a negative trial as a positive trial.
- For meta-analysis, if there are few patients or the level of the data is insufficient or poor then the meta-analysis should not be performed.

5. The quality of the manuscript is poor.

Reviewers are highly influenced by the quality of the data presentation-poor quality makes their job difficult

- **EXCESSIVE USE OF ABBREVIATIONS**
- **EXCESSIVE AMOUNT OF DATA that is not relevant to the major points of the work**
  - Using the manuscript to “data dump”.
  - Too many supplemental figures and tables.
- Poor use of the English language.
- Multiple spelling errors.
- Poorly designed tables and figures.
- Title of the paper is complex, complicated, long and does not concisely convey the purpose of the paper.

Top 10 Reviewer Comments that will cause rejection

1. No clear hypothesis or rationale stated-why did they do this study?
2. Methodologic flaws that can not be fixed.
3. Descriptive data- just providing the numbers of things, e.g. many current COVID papers.
4. Data does not support the conclusions.
5. Lack of statistical power to answer question proposed.
6. For biomarkers studies- Lack of an independent validation set.
7. The paper is a moderate advance over what has been published.
8. Better suited to a subspecialty journal (not important for all oncologists).
9. Unclear “take-home” message.
10. Hard to understand; overly complex, too technical, poor use of English.

IMRAD approach to writing a scientific paper

Introduction:	What was the question?
Methods:	How did you try to answer it?
Results:	What did you find?
And	
Discussion:	What does it mean?

When you write a paper:

Top 5 Tips For Writing a Paper
Order of writing: Start with the data-Figures FIRST
Determine your “take home messages” (2-3)
Results should include just the results, not discussion
Focus discussion on take home points
Introduction should state a strong hypothesis

A winning paper is:

- Clear
- Brief (2500 words or less)
- Novel
- Presents data that is relevant to the paper's message.
- Does not oversell itself; does not use words like "drastic increase", "we have proved", "Strong new evidence", robust dataset….
- Written by authors that read the journal to which they submit papers.

Thank You!

Open for Questions

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Feedback Survey

A link to the feedback survey has been sent to the email address you used to register.

Please get out your device, find that email, and spend a few moments completing that survey before you leave today.

Tip: If on a mobile device, shift view to landscape view (sideways) for better user experience.