What can journals do to improve research reporting?

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What needs improvement?

• Incomplete (partial / selective) reporting
• Outcome switching
• Disconnected information
• Inefficient review process
Non-reporting: lots of variation

Kyowa (80% missing)

Univ Ghent (84% missing)

Total (45% missing)

Eli Lilly (5% missing)

Johns Hopkins (24% missing)
Outcome switching

Here’s what we found.

<table>
<thead>
<tr>
<th>Trials Checked</th>
<th>Trials Were Perfect</th>
<th>Outcomes Not Reported</th>
<th>New Outcomes Silently Added</th>
</tr>
</thead>
<tbody>
<tr>
<td>67</td>
<td>9</td>
<td>354</td>
<td>357</td>
</tr>
</tbody>
</table>
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.
Reporting guidelines

• Emergency medicine journals (n=27)
  – 15 (56%) did not mention registration
  – 11 (41%) did not mention any reporting g’lines
  

• 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

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

Harriman & Patel
Trials 2016;17:187
Registered Reports:

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

Pioneered by Cortex
Saving researcher time

- 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

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

Wiley's Data Sharing Service

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.

Why archive your data?

- Save time – All of your data will be automatically deposited into your journal's figshare data repository without further work for you.
- Increase discoverability – Your data will be easy to find, and other researchers will build on it, increasing its impact.
- Comply with funder requests – Shared data keeps you compliant with funder data policies.

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.
One step closer to “threaded publications”

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.
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