



## The Status of Peer Review

Most authors of published articles will tell you that the hardest part of the process is reading the reviews of their work. After spending considerable amounts of time and energy writing a manuscript, an author usually is quite pleased with the outcome and happily submits the manuscript to her

or his journal of choice. The editor of said journal sends the manuscript to two or three reviewers with expertise in the topic and in professional publication. A few weeks later, the author receives those reviews along with a decision from the editor either accepting or rejecting the paper or recommending revision. Difficult as it often is for authors to read critiques of their work, articles revised to incorporate reviewers' remarks usually are much improved by the process.

Any editor of a professional publication will tell you that manuscript decisions rely heavily on the accuracy and integrity of the peer-review process. The *Clinical Journal of Oncology Nursing (CJON)* is a peer-reviewed journal, which means that each article is sent to reviewers who ensure that the article is scientifically current, reflects state-of-the-art practice, is original, and is documented comprehensively and accurately. Clinicians can rely on peer-reviewed journals for information that is critical to evidence-based practice. Articles in peer-reviewed journals strive to be objective and unbiased. To that end, authors and reviewers must disclose financial conflicts of interest, and those of the author are published with the article.

The peer-review process is discussed extensively among the editor community. Some editors have been experimenting with open peer review, where the names of reviewers and authors are known to each other. Most of us prefer the blinded process, where no names are disclosed and only the editor is aware of the identity of the author and reviewers. With this bit of background, let me update you on some studies that were presented at the Fifth International Congress on Peer Review and Biomedical Publication,

One of the primary purposes of this journal is to develop the publication skills of oncology nurses, and accepting manuscripts that originate with a medical writer defeats that purpose.



in published clinical trials, where trials with negative results were not submitted for publication. The bias seemed to lie with the investigators, who chose not to submit. Vigorous discussion occurred over some authors' use of medical writers. Most publication

guidelines require disclosure of the use of medical writers, and many insist that the writer be listed as an author. I can definitively tell you that some nurses use medical writers, who often are paid by pharmaceutical companies. Some of these nurses do not disclose—or deliberately try to conceal—that their manuscripts were ghostwritten. A ghostwritten manuscript is written largely by a medical writer, after which the nurse may make a few minor changes and submit it to a journal as her or his own. This is a fraudulent practice that every responsible editor is trying to stop.

which I attended in September in Chicago, IL. Approximately 500 editors, researchers, journalists, and publishers from 38 countries attended this meeting, which was organized by the *Journal of the American Medical Association (JAMA)* and *BMJ* Publishing Group. One study conducted by Veronica Yank, MD, Drummond Rennie, MD, (deputy editor of *JAMA*), and Lisa A. Bero, PhD, looked at 71 meta-analyses of antihypertensive drugs. Meta-analyses use sophisticated statistical measures to pool data from many studies to draw evidence-based conclusions. Their results were alarming: Of studies in which authors had financial ties to a drug company, 56% reported favorable results in the drug under study, but 93% reported favorable conclusions. In other words, the "Conclusions" section of the manuscript stated that the drug had a favorable result 93% of the time, despite the "Results" section, where the statistical analyses are described as having favorable results 56% of the time. The reviewers did not pick up the discrepancy, nor did the editors. The peer-review process failed. This discrepancy was not found in studies in which authors had no ties to drug companies. This manuscript is not published yet, but the authors have a long history of important research in the peer-review process. The results are sobering to all involved in scientific publishing, and during the next few editorial board meetings, we will discuss methods to ensure that *CJON's* hard-working reviewers have the training they need.

To that end, the *CJON* Editorial Board made a decision to reject manuscripts that have been written by medical writers or communication companies. One of the primary purposes of this journal is to develop the publication skills of oncology nurses, and accepting manuscripts that originate with a medical writer defeats that purpose. An author certainly can ask a published colleague for feedback on a draft of a manuscript or have an assistant check the references and grammar before submission. Any oncology nurse who takes care of acutely ill patients on a daily basis has every skill needed to write a manuscript. Substantial help is available to you from editors, editorial board members, and the *CJON* Mentor-Fellow Program as well as at Congress and Institutes of Learning sessions. We are all here to help you, and *CJON*, filled with unbiased, state-of-the-art, accurate articles written by your peers, will continue to be an essential tool in your practice.

Another editor, Dev Kumar R. Sahu, MD, reported a tremendous increase in readership after a journal adopted open access, meaning that articles were online and free to readers. Other studies reported a positive bias

in published clinical trials, where trials with negative results were not submitted for publication. The bias seemed to lie with the investigators, who chose not to submit. Vigorous discussion occurred over some authors' use of medical writers. Most publication

guidelines require disclosure of the use of medical writers, and many insist that the writer be listed as an author. I can definitively tell you that some nurses use medical writers, who often are paid by pharmaceutical companies. Some of these nurses do not disclose—or deliberately try to conceal—that their manuscripts were ghostwritten. A ghostwritten manuscript is written largely by a medical writer, after which the nurse may make a few minor changes and submit it to a journal as her or his own. This is a fraudulent practice that every responsible editor is trying to stop.

To that end, the *CJON* Editorial Board made a decision to reject manuscripts that have been written by medical writers or communication companies. One of the primary purposes of this journal is to develop the publication skills of oncology nurses, and accepting manuscripts that originate with a medical writer defeats that purpose. An author certainly can ask a published colleague for feedback on a draft of a manuscript or have an assistant check the references and grammar before submission. Any oncology nurse who takes care of acutely ill patients on a daily basis has every skill needed to write a manuscript. Substantial help is available to you from editors, editorial board members, and the *CJON* Mentor-Fellow Program as well as at Congress and Institutes of Learning sessions. We are all here to help you, and *CJON*, filled with unbiased, state-of-the-art, accurate articles written by your peers, will continue to be an essential tool in your practice.

Digital Object Identifier: 10.1188/05.CJON.669