



Getting published

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Executive Editor, *The Lancet*

> Home > About Us > Mission statement

FUNDING OPPORTUNITIES

OUR RESEARCH

ACHIEVEMENTS & IMPACT

NEWS & PUBLICATIONS

SCIENCE & SOCIETY

ABOUT US

Annual Review 09-10

Mission statement

Strategy

Structure

Delivery Plan

Transparency

Facts and figures

History

Working for the MRC

Information and standards

Contact us

Find us

ABOUT US

Our Mission

The heart of our mission is to improve human health through world-class medical research. To achieve this, we support research across the biomedical spectrum, from fundamental lab-based science to clinical trials, and in all major disease areas. We work closely with the NHS and the UK Health Departments to deliver our mission, and give a high priority to research that is likely to make a real difference to clinical practice and the health of the population.

Back To Top

Mission Statement

The MRC's mission, as set out in our [Royal Charter](#), is to

- ★ > Encourage and support research to improve human health.
- ★ > Produce skilled researchers.
- ★ > Advance and disseminate knowledge and technology to improve the quality of life and economic competitiveness of the UK.
- ★ > Promote dialogue with the public about medical research.

Competing interests

Dr. Summerskill is an employee of (and has stock options with) Reed Elsevier, a company that publishes scientific journals.

He has received hospitality, accommodation, and travel from academic organisations, scientific charities, and governments; but not knowingly from the pharmaceutical industry.

Aims

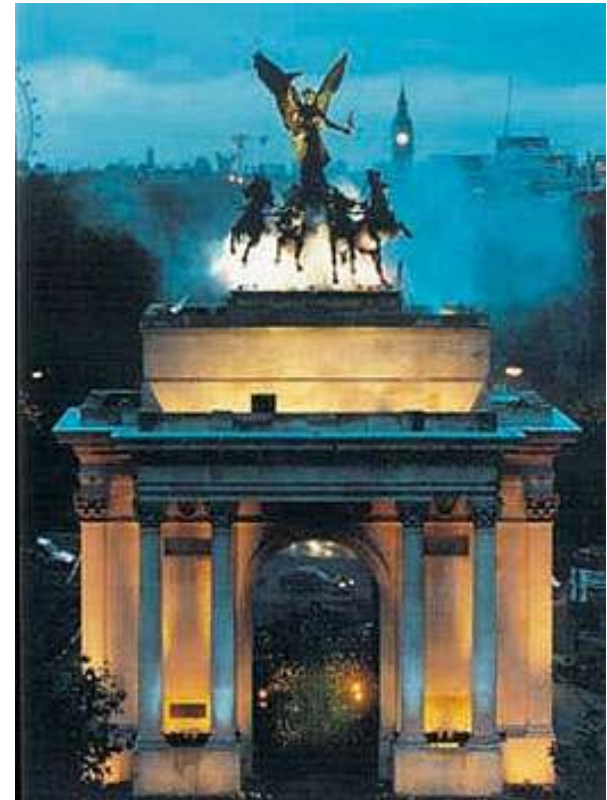
- **To describe what editors at *The Lancet* look for**
- **To explain factors that influence decisions**
- **To show how submissions can be strengthened**
- **To encourage you to publish**

Objectives

- **Describe how journals make decisions and use this information to your advantage**
- **To choose the most appropriate journal for your submission**
- **Be able to write a persuasive cover letter**

What do editors look for?

- Research that is going to change thinking
- Interest to a wide audience
- First and last
- Ethically sound
- Robust methods
- Reported fully



Common reasons for rejection

- **Research that will *not* change thinking**
- ***Limited interest* to a wider audience**
- ***Incremental* knowledge**
- ***Inappropriate methods* or methods not followed**



The key to successful publication

- Answering the right question in the right population in the right way at the right time
 - Clinical importance
 - Novelty
- Submitting to the most appropriate journal
- Making your submission compelling
- Accurate and clear presentation



The key to successful publication

- **Is NOT positive findings and small p-values**
- **Findings need to be reliable and conclusive, and able to inform practice**

Writing comes first, not last

- **The time to think about writing up your research is when you first plan that research**
- **Protocol – publication strategy**
- **Design – include reporting requirements**
- **Conduct – focus on publishable data**

Reporting guidelines



<http://www.equator-network.org>

(*Lancet* 2008; 371: 1149-50)

Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication

(Updated October 2008)

Publication Ethics: Sponsorship, Authorship, and Accountability
International Committee of Medical Journal Editors

The following information is available to be viewed/
printed in Adobe Acrobat pdf format.

- I. Statement of Purpose
 - A. About the Uniform Requirements
 - B. Potential Users of the Uniform Requirements
 - C. How to Use the Uniform Requirements
- II. Ethical Considerations in the Conduct and Reporting of Research
 - A. Authorship and Contributorship
 - 1. Byline Authors
 - 2. Contributors Listed in Acknowledgments
 - B. Editorship
 - 1. The Role of the Editor
 - 2. Editorial Freedom
 - C. Peer Review
 - D. Conflicts of Interest
 - 1. Potential Conflicts of Interest Related to Individual Authors' Commitments
 - 2. Potential Conflicts of Interest Related to Editors

- I. Medical Journals and the General Media
- J. Obligation to Register Clinical Trials
- IV. Manuscript Preparation and Submission
 - A. Preparing a Manuscript for Submission to Biomedical Journals
 - 1. a. General Principles
 - b. Reporting Guidelines for Specific Study Designs
 - 2. Title page
 - 3. Conflict-of-interest Notification Page
 - 4. Abstract and Key Words
 - 5. Introduction
 - 6. Methods
 - a. Selection and Description of Participants
 - b. Technical Information
 - c. Statistics
 - 7. Results
 - 8. Discussion
 - 9. References
 - a. General Considerations Related to References

Submission – where?

- **Who is your reader**
- **International vs. regional**
- **General vs. specialist**
- **Calls for papers**
- **Upcoming events**
- **If in doubt, check your references**

Submission – where?

- **Can you honestly ‘see’ your paper in this journal?**
- **Is it similar to other publications in terms of**
 - **topic, population (human / animal / cells)**
 - intervention, size?**
- **Are the findings exploratory, preliminary, confirmatory, or definitive?**

Submission – where?

- **Be familiar with your chosen journal**
- **Philosophy, interests, landmark papers**
- **Reporting style, abstract structure, length**
- **Supporting documents (protocol, signatures)**
- **If in doubt, ask (and mention this in your cover letter!)**

Submission – how

- **Many journals will make an initial decision based on a masked reading of your cover letter and abstract; sometimes just the abstract**

Submission – Cover letter

- **Be brief**
- **Why manuscript is important to this readership**
- **Any relevant context**
- **Summarise but do NOT repeat the abstract**

Details for Manuscript Number: THELANCET-D-09-02112 "A call for research papers from China"

Cancel

Save and Close

[Manuscript Details](#) [Manuscript Notes](#) [Status Information](#) [Editors](#) [Reviewers](#) [Additional Information](#) [Production Tasks](#) [Author\(s\) Invited to Submit Commentary](#)

Author Comments:

[Insert Special Character](#)

Dear <SPECIFIC NAME IF POSSIBLE>,
<IN RESPONSE TO> we are pleased to submit <TITLE> and all supporting material for your consideration. We believe that readers of <JOURNAL NAME> will find this paper particularly interesting because <CLINICAL IMPORTANCE / TOPICALITY>. Our work <BUILDS ON / RESPONDS TO> and shows that <INTERVENTION / RESULT>. This will inform <CLINI- CIANS> <WHERE> <AND IS BEING PRESENTED AT / WHEN>. The manuscript has not been submitted elsewhere <OR EXPLAIN>.

Manuscript

Manuscript Number:	THELANCET-D-09-02112
Full Title:	A call for research papers from China
Region of Origin:	UNITED KINGDOM
Article Type:	Invited Comment
Corresponding Author:	Richard Horton , The Lancet ^{KE} London, UNITED KINGDOM ^{Proxy}
Corresponding Author E-Mail:	richard.horton@lancet.com
Other Authors:	
Keywords:	
Classifications:	This manuscript does not have any Classification
File Inventory:	File Inventory
Submission Flags:	☆ ✓ ✘ ✘
Select Submissions Flags:	Add/Edit Submission Flags
Manuscript Notes:	

**Editor
Context
Title
Journal
Importance
Implication
Audience
History**

Submission – Abstract

- **How: follow reporting guidelines**
- **How many: absolute numbers**
- **How much: effect size, confidence intervals, p-values**
- **How useful: implications for practice / research**
- **How funded**

Comparison of adaptive pacing therapy, cognitive behaviour therapy, graded exercise therapy, and specialist medical care for chronic fatigue syndrome (PACE): a randomised trial



P D White, K A Goldsmith, A L Johnson, L Potts, R Walwyn, J C DeCesare, H L Baber, M Burgess, L V Clark, D L Cox, J Bavinton, B J Angus, G Murphy, M Murphy, H O'Dowd, D Wilks, P McCrone, T Chalder*, M Sharpe*, on behalf of the PACE trial management group†

Summary

Background Trial findings show cognitive behaviour therapy (CBT) and graded exercise therapy (GET) can be effective treatments for chronic fatigue syndrome, but patients' organisations have reported that these treatments can be harmful and favour pacing and specialist health care. We aimed to assess effectiveness and safety of all four treatments.

Methods In our parallel-group randomised trial, patients meeting Oxford criteria for chronic fatigue syndrome were recruited from six secondary-care clinics in the UK and randomly allocated by computer-generated sequence to receive specialist medical care (SMC) alone or with adaptive pacing therapy (APT), CBT, or GET. Primary outcomes were fatigue (measured by Chalder fatigue questionnaire score) and physical function (measured by short form-36 subscale score) up to 52 weeks after randomisation, and safety was assessed primarily by recording all serious adverse events, including serious adverse reactions to trial treatments. Primary outcomes were rated by participants, who were necessarily unmasked to treatment assignment; the statistician was masked to treatment assignment for the analysis of primary outcomes. We used longitudinal regression models to compare SMC alone with other treatments, APT with CBT, and APT with GET. The final analysis included all participants for whom we had data for primary outcomes. This trial is registered at <http://isrctn.org>, number [ISRCTN54285094](http://isrctn.org).

Findings We recruited 641 eligible patients, of whom 160 were assigned to the APT group, 161 to the CBT group, 160 to the GET group, and 160 to the SMC-alone group. Compared with SMC alone, mean fatigue scores at 52 weeks were 3.4 (95% CI 1.8 to 5.0) points lower for CBT ($p=0.0001$) and 3.2 (1.7 to 4.8) points lower for GET ($p=0.0003$), but did not differ for APT (0.7 [-0.9 to 2.3] points lower; $p=0.38$). Compared with SMC alone, mean physical function scores were 7.1 (2.0 to 12.1) points higher for CBT ($p=0.0068$) and 9.4 (4.4 to 14.4) points higher for GET ($p=0.0005$), but did not differ for APT (3.4 [-1.6 to 8.4] points lower; $p=0.18$). Compared with APT, CBT and GET were associated with less fatigue (CBT $p=0.0027$; GET $p=0.0059$) and better physical function (CBT $p=0.0002$; GET $p<0.0001$). Subgroup analysis of 427 participants meeting international criteria for chronic fatigue syndrome and 329 participants meeting London criteria for myalgic encephalomyelitis yielded equivalent results. Serious adverse reactions were recorded in two (1%) of 159 participants in the APT group, three (2%) of 161 in the CBT group, two (1%) of 160 in the GET group, and two (1%) of 160 in the SMC-alone group.

Interpretation CBT and GET can safely be added to SMC to moderately improve outcomes for chronic fatigue syndrome, but APT is not an effective addition.

Funding UK Medical Research Council, Department of Health for England, Scottish Chief Scientist Office, Department for Work and Pensions.

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See Online/Comment
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How

How many

How much

How useful

How funded

Submission – Revision

“ On behalf of my co-authors, I would like to thank you for arranging peer-review of our manuscript and for your invitation to submit a revised version. We appreciate the effort of the reviewers, and believe that their constructive suggestions have resulted in a stronger manuscript for *The Lancet’s* readers. ”

Rejection

- **When journals receive more submissions than they can publish, rejections are inevitable**
- ***The Lancet* receives ~9 000 submissions/ year, yet publishes only 3-4 research papers/ week**
- **Editors choose the manuscripts that they believe most subscribers will want to read**

Rejection

- **Manuscripts compete with one another, depending on a journal's stock and upcoming theme issues**
- **Sometimes good submissions are unlucky**
- **Rejection is not intended to be personal; authors and their submissions are valued**

Appeals

- **Editorial decisions are not infallible**
- **Indicate why the editors may not have appreciated the importance of your paper**
- **Provide evidence to refute reviewers**
- **Demonstrate how your paper will influence practice**

Submission - what

- **Journals publish more than research**
 - **Overviews**
 - **Correspondence**
 - **Clinical cases, pictures**
 - **Reviews of books, conferences, media**
 - **Essays**

What do editors look for?

- **Research that is going to change thinking**
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