Editorial

Lament of the publications professional: 1. Managing author expectations and the obstacle of peer review

The aim of all authors, whether they be academics, clinicians or pharmaceutical companies is to publish their research in the best possible journal – in terms of suitability, audience, and impact factor. The carefully crafted manuscript, once submitted, hopefully makes it to the desks of two or more peer reviewers, who may have been suggested by the author themselves as having sufficient expertise to make a fair and informed evaluation.

Dating back to the earlier part of the 18th century, peer review has come a long way – evolving from a means of assisting editors to select manuscripts to, according to the chief editor of *Science and Engineering Ethics,* Raymond E Spier[1],

> "a turf battle with the ultimate prize of knowledge, science or doctrine being published. On one side we have the writers, on the other the editors and critics."

But what do authors really think of peer review? Do they welcome critical feedback and use it to the full to improve their manuscripts, or do they regard it as an obstacle in the way of publication?

One would hope the former, that authors would appreciate the comments and suggestions of their peers – constructive criticism given freely and in good faith. But my experience during several of years as a publications professional in a (smallish) number of medical communications agencies tells me that this is not always the case.

The example I will use to illustrate this is that of a pharmaceutical company working on an orphan disease – a rare disease affecting a very small percentage of the population, defined in the European Union as fewer than 5 individuals in 10,000 of the general population. Clinical trials of drugs in such diseases are already on the "back foot" in terms of robustness due to the small numbers of subjects available for study – achieving a sufficiently powered study is often beyond the reach of such companies, as the patients simply aren't available. This is not to say though, that the data aren't valid – they most certainly are. Further, orphan disease areas are usually of interest to a restricted specialist audience – such that the pool of peers available to act as reviewers is small.

This year I found myself with responsibility for four manuscripts describing studies carried out with one drug in two orphan diseases. The aim, obviously, was to get them all accepted for publication in the "best" journals possible. Despite trying to manage the client's expectations, all four manuscripts were submitted to fairly high ranking journals. One after the other these manuscripts were returned from their target journals with extensive reviewer comments.

With the first two manuscripts to come back, the response of my client was to flatly refuse to consider addressing the reviewer comments as "they are fundamentally flawed". In other words, the client felt that the reviewers had not understood the studies, or taken into account their inherent limitations. I was instructed to simply reformat the manuscripts for alternative (lesser IF) journals, and get them resubmitted as soon as possible. A cheap job, but a false economy. Despite my advice that this was possibly not the wisest course of action, the client persisted, and the reformatted manuscripts were duly submitted to the alternate journals and – although hard to believe – the very same reviewers suggested during the submission process.

By the time these two manuscripts came back from their second-choice journals, the other two manuscripts were back from their first-choice journals. Perhaps now the client would listen to my advice, select a journal with the correct specialist audience, not the highest ranking cancer journal in print, be realistic about the impact factor of a journal that is likely to be sufficiently niche to consider the manuscript, and address those reviewer comments that could be deemed valid while pre-empting those considered misguided, perhaps because the nature of the disease, or the design of the study made them impossible to address.

I lost count of the number of times I invoked GPP-3[2], and appealed to common sense, but in the end we got there, by the end of my stay in that particular agency, all four manuscripts were accepted for publication, following various degrees of modification, and in journals reflective of the "real-world" interest in the data. Of course, the case of the deceased author is a matter for another time.

References

1 Spier R. The History of the Peer Review Process. *Trends in Biotechnology.* 2002 20(8):357-8.

2 Battisti WP *et al.* Good Publication Practice for Communicating Company-Sponsored Medical Research: GPP3 *Annals of Internal Medicine*. 2015; 163(6): 461-4. doi:10.7326/M15-0288

Author's note

All experiences and opinions mentioned in this article are those of the author. No clients, publication professionals, or authors were harmed during the events leading up to this editorial.

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