Research integrity:

Authorship - Rewards and Responsibilities

Conference on Research Integrity Helsinki, November 25, 2015 Sabine Kleinert Senior Executive Editor, *The Lancet* Steering Committee for World Research Integrity Conferences

- Why am I an author?
- Different types of authors and how to indicate this
- Inappropriate authors and non-authors
- Responsibility of authorship: do authors realise what this means?
- Rewards of research/authorship do we have this right?

ment: the jaundice diminished, and bile reappeared in considerable quantity in the motions. But about Nov. 12th the vomiting became more urgent, and the prostration increased. On Nov. 19th the left foot was found to be much swollen, and livid lines marking the course of the lymphatics passed up the legs. On Nov. 20th, an abscess was opened above the left ankle, from which fetid pus and gas escaped. On the same day he was seized with a fit of convulsions, followed by coma. These fits recurred in rapid succession, so that he had nearly thirty before his death at five P.M. on Nov. 21st.

On examination of the body after death, the brain and its membranes were found to be normal, except that there was a considerable amount of fluid, which contained urea, at the base and in the lateral ventricles. The kidneys were considerably enlarged, and there was much fatty and granular deposit in the secreting cells. The liver was large, and weighed 80 oz.; its secreting cells were loaded with oil; the lobules were unusually distinct, giving a granular appearance to the organ on section. The gall-bladder contained a soft, black concretion, as large as a walnut, and many small, irregularly-shaped frag-ments of the same material. These were suspended in a small quantity of dark-green viscid fluid, which, on microscopic examination, was found to contain a large number of pus-corpuscles. The mucous surface of the gall-bladder had a stretched, white appearance, and at the fundus was deeply injected, granular, and excoriated. The bile-ducts contained a similar viscid fluid to that in the gall-bladder, with minute particles of black inspissated bile. This could be squeezed into the duodenum without much difficulty. The mucous membrane of the stomach and duodenum was minutely injected with numerous small ecchymoses, and the surface was coated with much viscid mucus. There was great cedema and congestion of both lungs. Fat was deposited in large quantity throughout the body, and all the soft tissues were deeply jaundiced.

The examination made it clear that the fatal result was due to uræmia, while it also showed that the hepatic symptoms were probably the result of catarrh of the gall-bladder and bile-ducts, excited by the gall-stones, but which was subsiding

In the case from which this preparation was obtained, there was painful enlargement of the gall-bladder and jaundice,

enlarged, the bladder inflamed, and the kidneys were granular, with dilatation of the pelves and calices.

The contraction of the liver in this case was, no doubt, due to the long duration of the obstruction, the hepatic tissue having become atrophied from the pressure of the permanently distended bile-ducts.

ON THE ANTISEPTIC PRINCIPLE IN THE PRACTICE OF SURGERY.*

By JOSEPH LISTER, Esq., F.R.S., PROFESSOR OF SURGERY IN THE UNIVERSITY OF GLASGOW.

In the course of an extended investigation into the nature of inflammation, and the healthy and morbid conditions of the blood in relation to it, I arrived, several years ago, at the conclusion that the essential cause of suppuration in wounds is decomposition, brought about by the influence of the atmosphere upon blood or serum retained within them, and, in the case of contused wounds, upon portions of tissue destroyed by the violence of the injury.

To prevent the occurrence of suppuration, with all its attendant risks, was an object manifestly desirable; but till lately apparently unattainable, since it seemed hopeless to attempt to exclude the oxygen, which was universally regarded as the agent by which putrefaction was effected. But when it had been shown by the researches of Pasteur that the septic property of the atmosphere depended, not on the oxygen or any gaseous constituent, but on minute organisms suspended in it, which owed their energy to their vitality, it occurred to me that decomposition in the injured part might be avoided without excluding the air, by applying as a dressing some material capable of destroying the life of the floating particles. Upon this principle I have based a practice of which I will now attempt to give a short account.

THE LANCET

Authorship inflation

AKTICLES

Articles

Whole genome sequencing of meticillin-resistant Staphylococcus aureus

Makoto Kuroda, Toshiko Ohta, Ikuo Uchiyama, Tadashi Baba, Harumi Yuzawa, Ichizo Kobayashi, Longzhu Cui, Akio Oguchi, Ken-ichi Aoki, Yoshimi Nagai, JianQi Lian, Teruyo Ito, Mutsumi Kanamori, Hiroyuki Matsumaru, Atsushi Maruyama, Hiroyuki Murakami, Akira Hosoyama, Yoko Mizutani-Ui, Noriko K Takahashi, Toshihiko Sawano, Ryu-ichi Inoue, Chikara Kaito, Kazuhisa Sekimizu, Hideki Hirakawa, Satoru Kuhara, Susumu Goto, Junko Yabuzaki, Minoru Kanehisa, Atsushi Yamashita, Kenshiro Oshima, Keiko Furuya, Chie Yoshino, Tadayoshi Shiba, Masahira Hattori, Naotake Ogasawara, Hideo Hayashi, Keiichi Hiramatsu

Contributors

All investigators contributed to the design of the study and to the writing of the paper. Keiichi Hiramatsu was responsible for experimental design and interpretation of data in both N315 and Mu50 genome projects, and analysed genome complexity. Makoto Kuroda constructed the genomic libraries, and annotated the N315 genome. Toshiko Ohta, Hideo Hayashi, and Naotake Ogasawara designed the experiments on the Mu50 genome project. Ikuo Uchiyama did analyses of codon usage, GC3, and BLAST best hits. Tadashi Baba, Harumi Yuzawa, and Longzhu Cui analysed the genome for pathogenic factors, intermediary metabolism, and repetitive sequences, respectively. Akio Oguchi, Yoshimi Nagai, and Akira Hosoyama did shotgun sequencing of the N315 genome. Ken-ichi Aoki, and Toshihiko Sawano did the BLAST search analysis and illustrations in collaboration with Makoto Kuroda and Keiichi Hiramatsu. Ichizo Kobayashi, Yoko Mizutani-Ui,

and Noriko Kobayashi did the analyses of lateral gene transfer, restriction-modification system, and putative phase variation of the MHC homologue. JianQi Lian analysed N315 and Mu50 genome sequences, and confirmed the difference between the genomes with PCR sequencing. Teruyo Ito cloned rDNAs to determine individual rDNA sequences. Mutsumi Kanamori and Hiroyuki Matsumaru did PCR sequence verification and construction of the physical map of the Mu50 genome. Atsushi Maruyama and Hiroyuki Murakami annotated the Mu50 genome. Susumu Goto and Minoru Kanehisa annotated the N315 genome and reconstituted the metabolic map. Junko Yabuzaki worked on the identification and classification of transporters and two component regulatory system. Ryu-ichi Inoue, Chikara Kaito, and Kazuhisa Sekimizu analysed the lipid and carotenoid synthetic pathway, cell-wall synthetic pathway, and DNA replication system, respectively. Hideki Hirakawa and Satoru Kuhara did sequence compilation and assembled the sequence of Mu50. Atsushi Yamashita, Kenshiro Oshima, Keiko Furuya, Chie Yoshino, Tadayoshi Shiba, and Masahira Hattori determined the Mu50 genome sequence.

Acknowledgments

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This project was supported by the Japanese National Institute of Technology and Evaluation, and by the Research for the Future Program of the Japan Society for the Promotion of Science.

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ICJME definition - who is an author?

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- 1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- 2. Drafting the work or revising it critically for important intellectual content; AND
- 3. Final approval of the version to be published; AND
- 4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.
- In addition to being accountable for the parts of the work he or she has done, an author should be able to identify which co-authors are responsible for specific other parts of the work. In addition, authors should have confidence in the integrity of the contributions of their coauthors.
- All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged

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Contributo

ASm, SY, MO'D, and MM developed this research question and designed these analyses, and ASm had primary responsibility for the writing of this report. SY conceived and initiated the Prospective Urban Rural Epidemiology (PURE) study, supervised its conduct and data analysis. KKT was the co-principal investigator of the study, SR coordinated the worldwide study, ASm and XZ completed all data analyses. PR, DPI, GD, PS, AR, AES, PL-J, AO, JC, RD, SI, AA, RK, VM, ASz, LW, WY, and BJ were involved in the coordination of the PURE study at the project office or in the included countries and provided comments during the writing and editing of the manuscript.

Declaration of interests

We declare no competing interests.

Acknowledgments

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Who takes responsibility for what? Everyone is accountable!

- Why am I an author?
- Different types of authors and how to indicate this
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- Rewards of research/authorship do we have this right?

Inappropriate authorship or nonauthorship

The three G's

- Guests (invites him/herself)
- Gifts (authorship as a present ie department head... But they might not know!)





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Seven areas of author 'sins'

- Research that is needed
- Planning: protocol, statistical plan, ethics/consent, authorship and responsibilities (decide early!)
- Actual authorship = contribution = accountability
- Full + honest reporting
- publish!
- Declaration of interest
- Responsibility after publication

Retractions at The Lancet family

1998-2014 (n=8)

Case Report

EARLY REPORT

Early report

the growth of endometrial tissue

and 50% of infertile women, have retrograde menstruation in which flows down the fallopian tubes;

lleal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

A J Wakefield, S H Murch, A Anthony, J Linnell, D M Casson, M Malik, M Berelowitz, A P Dhillon, M A Thomson

tine, S E Davies, J A Walker-Smith

nvestigated a consecutive series of hronic enterocolitis and regressive

en (mean age 6 years [range 3-10], 11 d to a paediatric gastroenterology unit normal development followed by loss of luding language, together with diarrhoea pain. Children underwent

review of developmental records. id biopsy sampling, magnetic-resonance ctroencephalography (EEG), and lumbar e under sedation. Barium follow-through done where possible. Biochemical. and immunological profiles were normality, lost acquired skills, inclu-They all had gastrointestinal abdominal pain, diarrhoea, and ating and, cases, food intolerance. We and gastrointestinal featur

We saw several children who, after a r

Patients and met

12 children, con nn, bloating and food symptoms arrivintolerance), were in ated. All children were admitted to the

including details of immunisations and took histor s diseases, and assessed the children. In 11

logous myoblasts and fibroblasts versus collagen for ment of stress urinary incontinence in women:

in the fluid lands on tissues in the a randomised controlled trial

Interferon alfa-2b, colchicine, and benzathine penicillin versus colchicine and benzathine penicillin in Behcet's disease: a randomised trial

Halûk Demiroglu, Osman I Özcebe, Ibrahim Barista, Semra Dündar, Bora Eldem

Background Sight-threatening eye involvement is a serious complication of Behçet's disease. Extraocular complications such as arthritis, vascular occlusive disorders, mucocutaneous lesions, and central-nervous-system disease may lead to morbidity and even death. We designed a prospective study in newly diagnosed patients without previous eye disease to assess whether prevention of eye nvolvement and extraocular manifestations, and preservation of visual acuity are possible with combination reatments with and without interferon alfa-2b.

Methods Patients were randomly assigned 3 million units nterferon alfa-2b subcutaneously every other day for the first 6 months plus 1-5 mg colchicine orally daily and 1-2 million units benzathine penicillin intramuscularly every 3 weeks (n=67), or colchicine and benzathine penicillin lone (n=68). The primary endpoint was visual-acuity loss. Analysis was by intention to treat.

Behcet's disease is recurrent systemic vasculitis unknown definite cause, characterise genital ulceration, uveitis, skin thrombosis, arterial occlusion or an central-nervous-system involven have suggested a role for mic simplex virus type 1 is thou nononuclear cells of Streptococcus spp (is tissues of poor in symptoms can be ced by skin tests with these various microorganisms that antigens.3 ock protein may be responsible for the disease. hock proteins found in several cteria, and other species of gramgative bacteria show a high degree

A growing, bleeding, violet mole

Lancet 2007; 170: 1392 In May, 2007, a 33-year-old woman presented to our clinic breath, and had been diagnosed in December, 2006. | neurological, and developmental atofGeneral and with a violet, painless lump on her navel (figure), The When the patient saw us keentSorgery, Augusta
hermanisth, Academic
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and Department of
more academic academic statement of patient had not been worried by the lump, but it had
grown steadily and reached a size that worried her although she said she had no idea what it was. The lump bled irregularly. The patient had pale skin and a tendency to burn rather than tan (Fitzpatrick skin type II); however, she was not a habitual sunbather and had only been sunburnt twice. There was no family history of cancer or

of skin disease. The woman had no other symptoms. Her medical history was unremarkable, except for sarcoidosis which had manifested with coughing and shortness

Non-steroidal anti-inflammatory drugs and the risk of oral

cancer: a nested case-control study

matory drugs (NSAIDs) seem to prevent several types of car

mplications. We investigated whether use of NSAIDs was

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This article can be found in the following collections: Genetics & Genomics; Oncology (Breast cancer, Translational oncology @ Combination treatment of angiotensin-II receptor blocker ar angiotensin-converting-enzyme inhibitor in non-diabetic renal

Published Online: 14 November 2007

RETRACTED: Validation of gene signatures that predict the response of breast cancer to neoadjuvant chemotherapy: a substudy of the EORTC 10994/BIG 00-01 clinical trial

THE LANCET Oncology

The Lancet Oncology, Volume 8, Issue 12, Pages 1071 - 1078, December 2007

doi:10.1016/S1470-2045(07)70345-5 (?) Cite or Link Using DOI

Prof Hervé Bonnefoi MD & b S 🖼 Mo. Anil Potti MD d, Mauro Delorenzi PhD & f., Louis Mauriac MD &, Mario Campone MD b, Mi Tubiana-Hulin MD !, Prof Thierry Petit MD !, Philippe Rouanet MD !, Prof Jacek Jassem MD !, Emmanuel Blot MD !!, Véronique MD !! Becette MD !, Pierre Farmer PhD @ !, Sylvie André @, Chaitanya R Acharya MS d, Sayan Mukherjee PhD d, Prof David Camero Prof Jonas Bergh MD 2, Prof Joseph R Nevins PhD ₫, Prof Richard D Iggo PhD 2 P

Summary

chemotherapeutic drugs in vitro. The aim of this study was to confirm the validity of these gene-expression signatures in series of patients with oestrogen-receptor-negative breast tumours who were treated in a phase III neoadjuvant clinical tri

This trial compares a non-taxane regimen (fluorouracil, epirubicin, and cyclophosphamide [FEC] for six cycles) with a taxar regimen (docetaxel for three cycles followed by epirubicin plus docetaxel [TET] for three cycles) in women with oestrogen-

Naovuki Nakao, Ashio Yoshimura, Hirovuki Morita, Masyuki Takada, Tsuguo Kayano, Terukuni Ideura

disease (COOPERATE): a randomised controlled trial

Background Present angiotensin-converting-enzyme inhibitor treatment fails to prevent progression of non-diabetic renal disease. We aimed to assess the efficacy and safety of combined treatment of angiotensin-converting-enzyme inhibitor and angiotensin-II receptor blocker, and monotherapy of each drug at its maximum dose, in patients with non-diabetic renal disease

Methods 336 patients with non-diabetic renal disease were enrolled from one renal outpatient department in Japan. After screening and an 18-week run-in period, 263 patients were randomly assigned angiotensin-II receptor blocker (losartan, 100 mg daily), angiotensin-converting-enzyme inhibitor (trandolapril, 3 mg daily), or a combination of both drugs at equivalent doses. Survival analysis was done to compare the effects of each regimen on the combined primary endpoint of

According to the 2000 annual dat Society for Dialysis Therapy individuals are on renal r to cardiovascular e nephrosclerosis, an Valsartan in a Japanese population with hypertension and other cardiovascular disease (likei Heart Study): a randomised, open-label, blinded endpoint morbidity-mortality study

Seibu M ochizuki, Biörn Dahlöf, Mitsuvuki Shirnizu, Katsunoril kewaki, Makoto Yoshikawa, Ikuo Taniauchi, Makoto Ohta Kazu hiko Ogawa, Kiyoshi Kanae, Makoto Kawai, Shingo Seki, Furniko Okazaki, Masayuki Taniguchi, Satoru Yoshida, I likei Heart Study group*

Background Drugs that inhibit the renin-angiotensin-aldosterone system benefit pa cardiovascular disease. However, evidence for this effect in Asian populations is scarce. We whether addition of an angiotensin receptor blocker, valsartan, to convention in Japanese patients with cardiovascular disease.

20-79 years, (mean 65 [SD 10] years) who were undergoing conventions disease, heart failure, or a combination of these disorders. In addition to combination ension, coronary heart , patients were assigned either to valsartan (40-160 mg per day) or to other treating or blockers. Our primary endpoint was a composite of cardiovascular morbidity and registered at clintrials.gov with the identifier NCT00133328 ention to treat. The study was

Findings After a median follow-up of 3.1 years (ray endpoint was recorded in fewer individuals given valsartan than in controls (92 vs 149; abs er 1000 patient years; hazard ratio 0 · 61, 95% CI 0-47-0-79, p=0-0002). This difference was r incidences of stroke and transient ischaemic attack (29 vs 48: 0.60, 0.38-0.95, n=0.0 0-35, 0-20-0-58, p<0-0001), and heart failure

Lancet 2007: 369: 1431-39 See Comment page 1407 "Members listed at end of articl

> K Ikewaki M.D. M Yoshikawa M.D. Taniquehi MD, M Ohta MD, TYamada M.D. K.Ogawa M.D.

Metabolism, and (Prof N Tajima MD),



Too much of a good thing? An observational study of prolific authors

Elizabeth Wager¹, Sanjay Singhvi² and Sabine Kleinert³

- ¹ Sideview, Princes Risborough, UK
- ² System Analytic, London, UK
- ³ The Lancet, London, UK

ABSTRACT

Introduction. Researchers' productivity is usually measured in terms of their publication output. A minimum number of publications is required for some medical qualifications and professional appointments. However, authoring an unfeasibly large number of publications might indicate disregard of authorship criteria or even fraud. We therefore examined publication patterns of highly prolific authors in 4 medical specialties.

Methods. We analysed Medline publications from 2008–12 using bespoke software to disambiguate individual authors focusing on 4 discrete topics (to further reduce the risk of combining publications from authors with the same name and affiliation).

Extreme productivity

- Max. number of publications per year:
 - 43 (all types of publication)
 - 15 (trials)
- Of the 10 most prolific authors for each topic
 - 24/40 listed on ≥1 publication/10 working days in any single year



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Rewards and authorship - problems

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- (false) Incentives
- Career progression
- Further funding, individually and institutionwide (research assessment exercises)
- Quantity over quality
- Easy (lazy) proxy for Quality
- Individual versus team science
- Short-term versus long-term output

How journals like Nature, Cell and Science are damaging science Randy Schekman

The incentives offered by top journals distort science, just as big bonuses distort banking

Research environment/ **Reward system**

Research Integrity

Research productivity/waste

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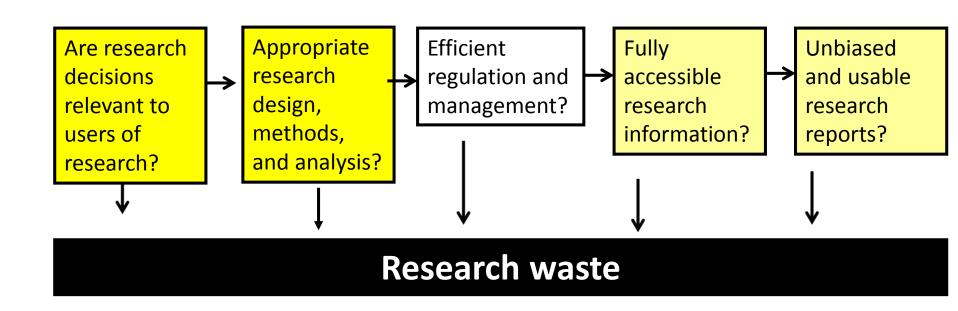
Research: Increasing value, reducing waste - January, 2014

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Talking about it

Avoidable waste or inefficiency in biomedical research



Panel: Research in context

Evidence before this study

This section should include a description of all the evidence that the authors considered before undertaking this study. Authors should state: the sources (databases, journal or book reference lists, etc) searched; the criteria used to include or exclude studies (including the exact start and end dates of the search), which should not be limited to English language publications; the search terms used; the quality (risk of bias) of that evidence; and the pooled estimate derived from meta-analysis of the evidence, if appropriate.

Added value of this study

Authors should describe here how their findings add value to the existing evidence (including an updated meta-analysis, if appropriate).

Implications of all the available evidence

Authors should state the implications for practice or policy and future research of their study combined with existing evidence.



The Lancet REWARD (**RE**duce research **W**aste **A**nd **R**eward **D**iligence) Campaign invites everyone involved in biomedical research to critically examine the way they work to reduce waste and maximise efficiency.

Read the REWARD statement

The REWARD Statement

We recognise that, while we strive for excellence in research, there is much that needs to be done to reduce waste and increase the value of our contributions. We maximise our research potential when:

we set the right research priorities; we use robust research design, conduct and analysis; regulation and management are proportionate to risks; all information on research methods and findings are accessible; reports of research are complete and usable. We believe we have a responsibility not just to seek to advance knowledge, but also to advance the practice of research itself. This will contribute to improvement in the health and lives of all peoples, everywhere. As funders, regulators, commercial organisations, publishers,

editors, researchers, research users and others – we

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reducing waste in research."

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Read the REWARD statement

Updates

The first REWARD conference, held jointly with EQUATOR Network, in Edinburgh 28-30 September 2015, was an unmitigated success! Full details of the programme and abstracts are available; the PowerPoint slide presentations and video content will be posted online soon. There were 236 delegates from 28 countries.

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Sabine Kleinert, Richard Horton The Lancet, Vol. 383, No. 9913, p197–198 Published online: January 8, 2014

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Partners









































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