



Professional medical writing support and the quality of randomised controlled trial reporting: a cross-sectional study

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## **Paul Farrow DPhil CMPP**

- Communications Director at Oxford PharmaGenesis
  - More than 10 years of experience in medical communications
  - Contract Global Publications Lead for a top-10 pharma company
  - Head of the PharmaGenesis Publications Ethics, Planning and Research group
  - GPP3 reviewer
  - Guest lecturer on GPP at the University of Oxford, UK



# Medical writing is misunderstood and sometimes gets bad press







### Our industry bodies say ...

"Involving medical writers may therefore raise the standard of publications and accelerate the writing and publication process"<sup>1</sup>





"... medical writers can often improve the efficiency and effectiveness of manuscript preparation by working with the research team to develop clear and concise manuscripts in a timely fashion"<sup>2</sup>

#### ... but is there any evidence to support these statements?



#### **Available evidence**

"When professional medical writers help authors prepare manuscripts, these manuscripts are less likely to be retracted for misconduct,<sup>22</sup> are more compliant with best-practice reporting guidelines,<sup>23</sup> and are accepted more quickly for publication<sup>24</sup>"

Woolley KL *et al.* Poor compliance with reporting research results – we know it's a problem ... how do we fix it? *Curr Med Res Opin* 2012;28:1857–60

22. Woolley KL *et al.* Lack of involvement of medical writers and the pharmaceutical industry in publications retracted for misconduct: a systematic, controlled, retrospective study. *Curr Med Res Opin* 2011;27:1175–82

23. Jacobs A. Adherence to the CONSORT guideline in papers written by professional medical writers. *The Write Stuff* 2010;19:196–200

24. Bailey M. Science editing and its effect on manuscript acceptance time. *AMWA Journal* 2011;26:147–52

# Peer-reviewed evidence of the value of medical writing support



BMJ Open	Professional medical writing support and the quality of randomised		
	William T Gattrell, <sup>1,2</sup> Sally Hopewell, <sup>3</sup> Kate Elizabeth Wager, <sup>5,6</sup> Christopher C Winche	Young, <sup>4</sup> Paul Farrow, <sup>1</sup> Richard White, <sup>1,2</sup> ster <sup>1,7</sup>	
	Tocite: Gattrell WT, Honewell S. Young K. et al	ABSTRACT	Strengths and limitations of this study
Preseional metical writing support and the quality of andomised controllist trial aporting: a cross-sectional work, BMJ Open 2016; BMJ Open 2016; 2016; BMJ Open 2016; 2016; Peppublication history and additronal material is analizable. To view place what the journal (http://dx.doi.org/ 10.1136/bmjopen-2015- 01528).	Upperfuse: Anthors may crosse to work with professional made where sheen writing up their research for publication. We examined the relationship between mickel and writing support and the quality and timeliness of reporting of the results of randomised controlled traits (RCTs). Design: Cross-sectional study. Study sample: Primary reports of RCTs published in BioMed Central journals from 2000 to 16 July 2014, subdivided into these with model and writing support (n=123). Main outcome measures: Proport on of items tut were completely reported from a prediminal subcide for	<ul> <li>First study to examine the value flat professional medical writing support brings to manuscript development across a troad ange of journals.</li> <li>Used robust methodody and objective mea- sures to assess systematically the quality of reporting of randomised controlled triats in BioMed Central journals.</li> <li>In this obsenational study, the characteristics of the two groups of articles differed in some respects, in addition to the involvement of medical writing support.</li> <li>Natable measurements of timeliness may not correspond to the steps in the mauscript sub- difference of the steps in the mauscript sub- stance.</li> </ul>	
WTG and PF presented preliminary findings of this study at the International Society for Medical	Consolidated Standards of Reporting Trials (CDNSORT) checklist (12 items known to be commonly poorly reported), overall acceptance lime (from manuscript submission to editorial acceptance) and quality of written English as assessed by peer reviewes. The effect of funding source and publication year was examined.	mission process that are the responsibility of professional medical writers. Articles that met the inclusion criteria were from 74 different journals, but it remains to be seen whether the findings are applicable to journals other than those published by BioMed Central.	
Publication Professionals (SMPP) European and International meetings 2015. Reaelved 21 October 2015 Revised 18 December 2015 Accepted 12 January 2016	Results: The number of anticles that completely exported at least 5%) of the CONSDRT items assessed was higher for those with declared medical writing support (39.1%; (43/110 articles); 35%; C129.9% to 48.9%); than for those without (21.1%; (26/123 articles); 6%); C11.4%; to 28.4%). Articles with declared medical writing support were more likely than articles without such support to have acceptable writims English (11%; (46.553 articles); 95%; C13.5%) to 02.7%). The medical inter of overall acceptance was longer for articles with declared medical writing support than for those without (167 days) (018	clinical study results, but it has been esi- mated that only about half of biomedical research is published in full, and failure to publish is associated with negative study find- ings. <sup>1</sup> The pharmacentical industry in par- ticular has been criticised for incomplete reporting of dinical studies. <sup>3</sup> The complete and transparent reporting of clinical studies is important to allow others to appraise and	
CrossMark	114.5–231 days) vs 136 days (IQR 77–193 days)). Conclusions: In this sample of open-access journals, declared professional medical writing support was associated with more complete reporting of clinical trial results and higher quality of written English. Medical	Interpret the results hully." Researchers and clinicians can misjudge the benefits or risks of therapies when study details are not fully disclosed. Reporting guidelines provide advice on how	
For numbered affiliations see end of article.	writing support may play an important role in raising the quality of clinical trial reporting.	to disclose research methods and findings." The Consolidated Standards of Reporting Trials (CONSORT) checklist describes the	
Correspondence to Dr William T Gattreit will.g.attreil@pharmagenesis. com	INTRODUCTION Publication in a peer-reviewed journal remains the gold standard for disclosing	information that should be included when reporting randomised studies. <sup>5</sup> Although the adoption of the CONSORT checklist by journals has improved the reporting of	

- Collaboration with experts in publications ethics and reporting standards
  - Liz Wager (author of GPP1 and GPP3, COPE)
  - Sally Hopewell (Oxford Clinical Trials Unit, CONSORT)
- Awarded best research prize at Annual and European meetings of ISMPP in 2015
- Published in *BMJ Open* in February 2016
  - Impact factor: 2.3



## Study design



1. Jacobs A. The Write Stuff 2010;19:196-200; 2. Hopewell S et al. BMJ 2010;340:c723

# Higher rate of reporting of CONSORT items with medical writing support ...



#### CONSORT item (number)

Pre-defined primary outcome (6a) How sample size was determined (7a) Method used to generate random allocation (8a) Type of randomization (8b) Mechanism to implement random allocation sequence (9) Who generated the allocation sequence (10) Who was blinded (11a) Description of similarity of interventions (11b) Participant flow diagram (13) Dates defining recruitment and follow-up (14a) Trial registration (23) Access to study protocol (24)

Items were chosen that are often poorly reported





CI, confidence interval; CONSORT, Consolidated Standards of Reporting Trials; MW, medical writer



# ... irrespective of funding source

- Medical writing support was associated with enhanced reporting of CONSORT checklist items (≥ 50%) versus no medical writing support
- Irrespective of industry funding





# Improved quality of written English

- Medical writing support was associated with significantly better written English, as judged by peer reviewers
  - Acceptable
  - Needs some language corrections before being published
  - Not suitable for publication unless extensively revised



# Slight reduction in speed of acceptance



- Median time from submission to acceptance was longer for articles with medical writing support than for those without
  - 23.9 versus 19.4 weeks (*p* < 0.01)
  - Attributable to increased time for peer review and responding to reviewers





# Accepted in higher impact journals ...

- Also true for the subgroup of industry-sponsored articles with (n = 108) and without medical writing support (n = 39)
- Mean impact factor:
   2.6 vs 1.8; *p* < 0.001</li>



# ... and receive an increased number of citations in the first year



 For the subgroup of industry-sponsored articles with and without medical writing support, mean number of citations within the first year: 2.9 vs 1.9; p = 0.542



# No significant differences in other measures of article impact







### **Study conclusions**

- Declared medical writing support is associated with higher quality reporting of RCTs, compared with no writing support
  - Other differences between the study groups do not explain findings
- Secondary analyses suggest that articles with medical writing support are accepted in higher impact journals
  - Articles with medical writing support were published more recently

- First study to demonstrate convincingly the value of medical writing support
- Further research is warranted





## How did we make our voice heard?

- ISMPP posters
- News article
- Twitter direct messages to influential tweeters
- Twitter take-over
- Press release
- Author videos
- With support from
  - Peter Llewellyn (MedComms Networking)
  - Ryan Woodrow (The Publication Plan)





#### The warm reaction



So far, Altmetric has seen 154 tweets from 88 users, with an upper bound of 86,957



### **Reach after 5 days**





manam/

#### How can our evidence be used?

87% positive impact, ~75% had or would use this evidence



Hamilton *CW et al. Account Res* 2016;23:178–94; Wager E. *BMJ* 2015;351:h2782 ISMPP: An Important Announcement about the CAST directive (31 March 2016).

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Gattrell WT *et al.* Professional medical writing support and the quality of randomised controlled trial reporting: a cross-sectional study. *BMJ Open* 2016 21;6:e010329 <u>http://bmjopen.bmj.com/content/6/2/ e010329.full</u>

Gattrell W *et al.* Professional medical writing support increases the impact of articles reporting randomized controlled trials. *Curr Med Res Opin* 2016; 32(Suppl 1):S17. 12th International Meeting of ISMPP, 11–13 April 2016 <u>http://www.eposters2u.com/654575/</u>



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