



## How to get the best out of presubmission enquiries

Caroline Halford, Adis Publishing Manager  
MedComms Networking Event , 4 January 2017  
[www.MedCommsNetworking.com](http://www.MedCommsNetworking.com)

All authors want timely publication...  
but there are many challenges

ALLTRIALS!

Authors  
currently on the  
7<sup>th</sup> draft... taking  
forever

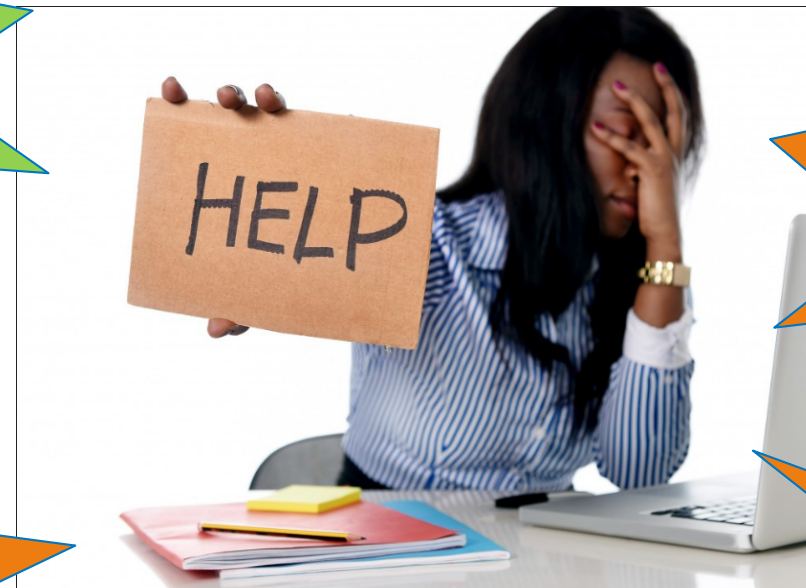
GPP3: "Submit  
manuscript 12-  
18 months  
after LPLV"

Client wants a  
manuscript  
published in  
time for ESMO

Been rejected 4  
times already....  
What now?

Which journals  
publish sponsored  
reviews?

PUBLICATION PLANNERS AND  
MED COMMS




## My job was created to solve this problem



I need to publish this manuscript....

**PUBLICATION PLANNERS OR  
MED COMMS**



Send me the details and I'll ask the Adis editors if they'd consider publishing it

**ME AT ADIS HQ (PART OF  
SPRINGER NATURE)**

## My job



Hi Editors – what do you think about this article?

Maybe.... If the limitations were expanded to discuss X?

No thanks

Yes please!



Success!

“Dear Dr Smith. We are pleased to tell you that your article has been published in *CNS Drugs*.”



**PUBLICATION PLANNERS AND  
MED COMMS**

## It is not uncommon to receive vague information about manuscripts

?

?

*We have health outcomes data around my new product – will this be suitable for Pharmacoeconomics?*

*I have a study of patients treated with statins.. Which Adis journals will be likely to accept it?*

?

?

?

?

*My client needs to publish a review on new heart failure agents*

## Help editors to help you

- There are several tools to help authors choose a realistic/suitable journal
  - Journal selector tools
  - Analysing journal rejection rates
- Engaging the author in a presubmission conversation is often the best way to receive personalised advice on your article's suitability
- Vague presubmission enquires do not allow editors to give you accurate advice

The more information you can provide in a presubmission enquiry = the better the chance of an accurate response on your manuscript's suitability for publication

Rejection rate can be a starting point



Rejection rate:  
95%



Rejection rate:  
~30%



## Beware of putting too much trust into a journal's rejection rate














- Case study: *Clinical Drug Investigation*
- One of Adis' most famous journals
- Impact Factor 1.806
- Broad aims and scope
- Welcomes all kinds of research regarding clinical trials (including HEOR, PK/PD, etc)
- **Rejection rate 65%**
- BUT.... This is partially because it receives so many out-of-scope articles (such as preclinical studies and case reports! )
- Other journals may have low rejection rates, but this may be because it is a niche field with few submissions

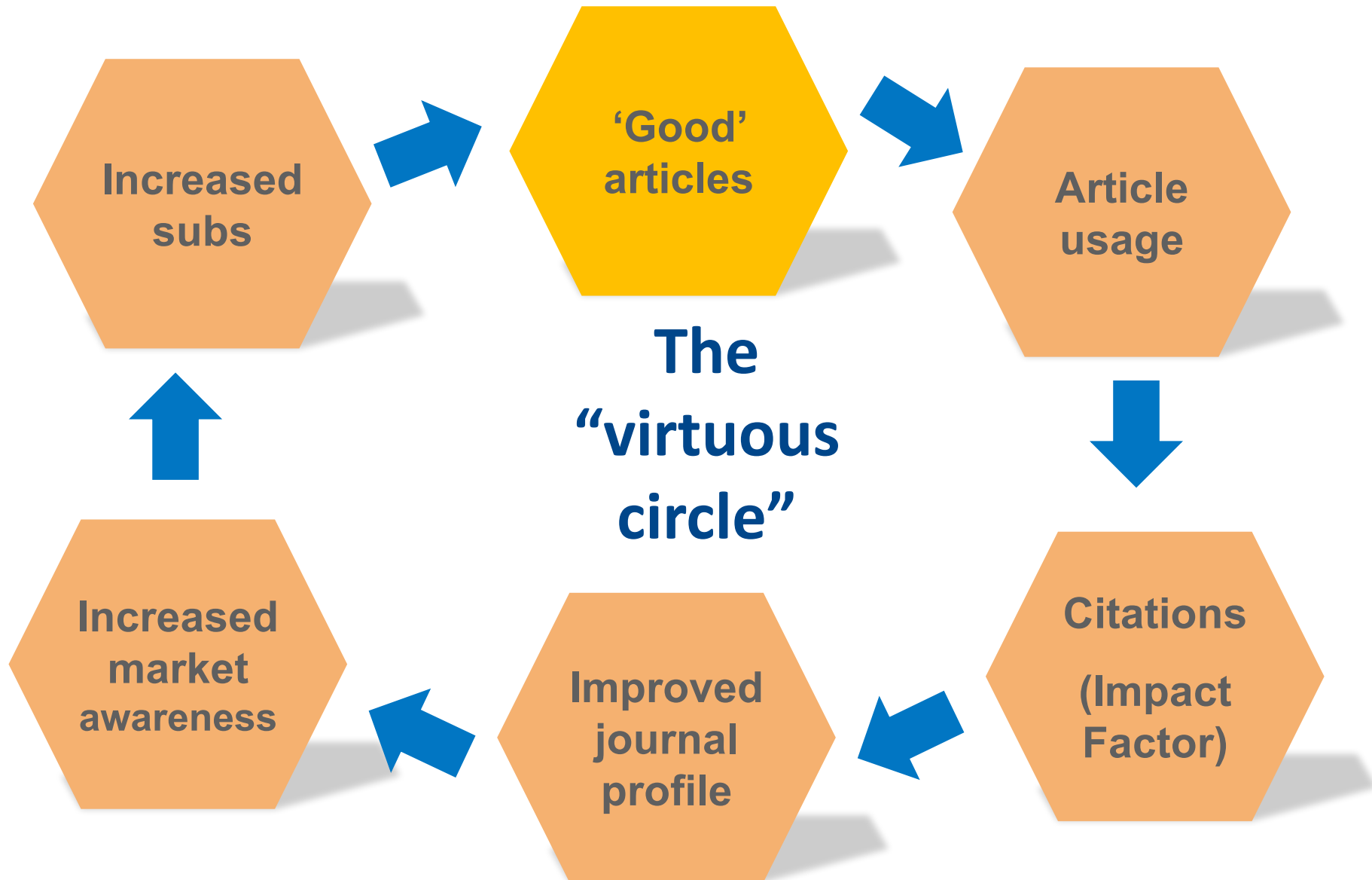
## Journal shortlist tools can be helpful to make a shortlist

- Many services now available to help identify suitable journals, (e.g. Edanz, DataVision, PubsHub)
- There are also ‘semantic technology’ tools to help you choose from over 2,600 journals.
  - Enter the abstract, description of the research, or a sample text.
  - Refine the results based on requirements
- But these tools can have limitations
  - Data may not be up-to-date
  - Matching up keywords can pull up journals that are not a good fit

We recommend the following journals

SORT RESULTS BY ▼ Match		Title	Impact Factor	Frequency	Model
		<b>Infectious Diseases and Therapy</b>	Impact Factor :	Frequency : Continuous	Model: Full OA
		<b>European J. Clinical Microbiology &amp; Infectious Diseases</b>	Impact Factor : 2.688	Frequency : Continuous	Model: Hybrid
		<b>J. Infection and Chemotherapy</b>	Impact Factor : 1.554	Frequency : Continuous	Model: Hybrid
		<b>Infection</b>	Impact Factor : 2.618	Frequency : Continuous	Model: Hybrid
		<b>Current Infectious Disease Reports</b>	Impact Factor : 1.677	Frequency : Continuous	Model: Hybrid
		<b>BMC Infectious Diseases</b>	Impact Factor : 2.613	Frequency : Annual	Model: Full OA
		<b>Annals of Clinical Microbiology and Antimicrobials</b>	Impact Factor : 2.189	Frequency : Annual	Model: Full OA
		<b>J. Cardiothoracic Surgery</b>	Impact Factor : 1.028	Frequency : Annual	Model: Full OA
		<b>J. Medical Case Reports</b>	Impact Factor :	Frequency : Annual	Model: Full OA
		<b>Antimicrobial Resistance and Infection Control</b>	Impact Factor :	Frequency : Annual	Model: Full OA
		<b>Advances in Therapy</b>	Impact Factor : 2.272	Frequency : Continuous	Model: Hybrid

## Editors want 'good' manuscripts



## What is a 'good' manuscript?

- Fits scope of the journal
- Not replicating other recent content within the journal
- High enough interest
  - Describes research that might affect future research/treatment (positive, negative, neutral, confirmatory data)
  - Is it a review of an area that has not been covered before/recently?
  - Has novel findings, or at least adds something new to the literature?
- Has robust methodology
- Is fair/balanced
- Uses clear and concise language
- Timely
- *All these factors can lead to high readership and citations (and feed the virtuous circle)*
- *It is almost impossible to tell if a manuscript fits the above criteria from a one-line presubmission enquiry*



**'Good'  
articles**

## Reasons editors might decline to send your paper to peer review

- Published a similar paper recently (or have one in the pipeline)
- Not of high enough interest to readers (i.e. will not provide adequate readership/citations)
- Too much copy
- The paper is not carefully prepared and formatted
- No evidence of ethical approval (for ORAs)
- Trial not prospectively registered
- Too perceivably promotional (reviews or interpretation of ORA results)
- Badly written/needs editing work
  
- *The template rejection email will be unlikely to give you this information*
- *However, an editor will often give this feedback during a presubmission conversation – which may help you to in your next journal choice*
  - *Either by fixing the issues raised*
  - *Or choosing a more ‘inclusive’ journal*

## Common reasons for rejection after peer review

- Methodological flaws (ORAs)
- Significant data omitted (reviews)
- Fabricated/manipulated data
- Salami slicing
- Over-stating conclusions
- Plagiarism (iThenticate plagiarism checker software)
  
- Editors respect and rely on reviewers' independent, expert opinions regarding data
- Nevertheless, if you send the editor a full draft, they can often advise you on these issues beforehand, allowing you to address them before submission
  - Methodological issues can sometimes be addressed in the limitations
  - Plagiarism can be easily fixed

## Honesty is the best policy regarding previous rejections

- Always declare the manuscript's submission history in a presubmission enquiry (or within the official submission)
- A previous rejection does not mean the next editor will necessarily reject it
- But not declaring it can make editors and peer reviewers look unfavourably on your work
  - Your manuscript may be sent to the same reviewers that have previously rejected it – and these reviewers may be annoyed if authors have not taken on board any of their comments
  - A 'soft indicator' for editors - *what else have the authors not been transparent about?*
- By discussing the manuscript history with the editor in a presubmission enquiry, the editor can provide advice about:
  - Which previous journal comments should be addressed
  - Which comments can be rebutted within the new manuscript
- Occasionally, previously peer reviewed manuscripts do not need further review

## What to include in presubmission enquiries

- Best-case scenario = send the full paper (essential for HEOR)
- Cover letter describing how the article adds to the literature
- If unable to provide the full text, please provide the following for original research:
  - Clinical trial registration number
  - Title + abstract + authors
  - Funding
- **For reviews:**
  - An unfinished draft is ideal
  - Outlines may also be sufficient for the editor to assess suitability
  - Or at the least, provide a good description of the scope/type of review
  - Funding
- **For case reports: as much detail as possible!**
- *For all papers: include history of the paper + what looking to achieve (timelines)*



## Conclusion

- Journals want to publish ‘good’ manuscripts
- ‘Good’ means different things to different editors
- Nevertheless, editors generally want readership and citations: manuscripts that will add to the literature (rather than replicate it)
- The editor is best placed to advise you on if your paper is of interest to their journal
- Therefore:
  - ✓ Provide as much information as possible in the presubmission enquiry
  - ✓ Be transparent about the history of the article
  - ✓ Address the previous journal’s comments as much as possible – or provide detail in the cover letter as to why you haven’t
  - ✓ Nowadays, many journals will have cascading titles to find a home for your work

## Please contact me if you have any questions

### Caroline Halford

Adis | Springer Healthcare Ltd

Adis Publishing Manager

---

Springer Healthcare Ltd | Chowley Oak Business Park | Tattenhall | Chester | CH3 9GA,  
UK

Tel: +44 (0)1829 772741

E-mail: [caroline.halford@springer.com](mailto:caroline.halford@springer.com)

---

[www.springer.com/adis](http://www.springer.com/adis) and [www.adis-rapidplus.com](http://www.adis-rapidplus.com)

Follow us on Twitter: [www.twitter.com/AdisRapidPlus](https://www.twitter.com/AdisRapidPlus) or [www.twitter.com/AdisJournals](https://www.twitter.com/AdisJournals)