

# ESE and EASE call for high standards of research and editing

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## EDITORIAL

# ESE and EASE call for high standards of research and editing

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### Keywords

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The world has changed in the past few months in a way most of us could not imagine. The words “novel corona virus” (SARS-CoV-2), “COVID-19”, “prevention”, “flattening the curve” and “hand washing” have become constant references within the daily news reports of mortality rates, the lack of equipment and possible therapies. The novel corona virus (SARS-CoV-2), which was first identified in the Chinese province of Hubei, has led to a pandemic<sup>1</sup> and the whole scientific community, both in the public and privately-financed sector, is searching for an effective therapy as well as for a vaccine. All scientists (clinicians, epidemiologists, virologists, and public health experts) are under great pressure to give advice on matters where there is still no evidence.<sup>2</sup> We are used to reading fake news and non-filtered information in the media, but are we ready for similar occurrences in science journals?

The largest collection of biomedical content, the PubMed database (<https://www.ncbi.nlm.nih.gov/pubmed/>) has introduced eight new terms in their MeSH thesaurus (Medical Subject Headings) related to the corona virus (“COVID-19 vaccine”, “COVID-19 serotherapy”, “spike glycoprotein, COVID-19 virus”, “COVID-19 diagnostic testing”, “COVID-19”, “severe acute respiratory syndrome coronavirus 2”, “LAMP assay” and “COVID-19 drug treatment”) since January 2020. On April 7th 2020, searching the term “COVID-19” on PubMed retrieved 2513 records, the oldest dated December 29th 2019, and of which 776 (31%) are available as free full text (ie full open access). Out of these records, 263 (11%) were editorials, and the titles indicate that they are mostly about disease treatment in different parts of the world and in different populations of patients. Surprisingly, there were few relating to the editorial standards and policies in regard to the pandemic.

A few journals, like *eLife*<sup>3</sup> and *The Journal of Clinical Investigation* (JCI)<sup>4</sup> announced some changes to their publishing decisions in light of the pandemic. Being aware that the most prominent investigators are busy building labs to find a vaccine, or treating patients, both *eLife* and JCI editors have decided to facilitate publishing with the following changes. They have announced that authors will only be asked to make revisions for clarity and presentation and will not be asked to undertake additional experiments or analysis to improve the article. They will extend the time for revision in recognition of the pressures

on authors (removing the 2 months limit in *eLife* and allowing more than 12 months in JCI). *eLife* is encouraging authors to post their submissions as preprints on *bioRxiv* or *medRxiv* – and will post on behalf of the authors unless the authors want to opt out. In addition *eLife* is extending its “Scoop protection” – ie not requiring novelty as a prerequisite for submission.

While *eLife* and JCI editors are searching for a balance in a crisis, there have been some concern from EASE members and other editors that the publication process has changed substantially in some journals in an effort to publish faster. We are facing a “desperate times call for desperate measures” situation where the rigour of peer review, testing, and replicability as a normal scientific process is under question.<sup>2</sup> Whilst we recognise the need for fast dissemination of results at this time, publishing (and research) decisions can be made too quickly. For example a recently published non-randomized controlled trial about COVID-19 therapy was published by a reputable journal a mere one day after submission, but has already received more than 60 comments on PubPeer alluding to questionable research practices.<sup>5</sup> JAMA editors have reported a huge increase in the number of COVID-related submissions after January 2020. Within these they have spotted the reporting of the same patients in different submitted manuscripts. This may indicate duplicate publications, but even if each report is unique it will skew future meta-analyses of prevalence, treatment and outcomes if patients are counted more than once without reference.<sup>6</sup>

Because EASE Council is concerned about editorial standards and their effect on scientific reporting – especially that which has direct implications for human life – we have issued a public statement on quality standards<sup>7</sup> for editors. These have been initiated by the recent COVID-19 reporting but are equally applicable at any time of crisis. Our statement has been referenced by the recent call from *The Lancet* editors for authors to follow standard reporting guidelines, particularly those regarding the reporting of sex and gender differences. *The Lancet* reminds all researchers that sex-disaggregated infection and mortality COVID-19 data should be reported since men and woman are affected differentially, and it notes that several countries are still not reporting this.<sup>8</sup>

We all hope that EASE statement will be used as a guideline at this time and that editorial standards will remain high. The importance of quality evidence to help protect the physical and mental health of the world has never been more important.

# EASE Statement on Quality Standards

**The European Association of Science Editors encourages all editors to ensure that reports of research on COVID-19 meet required standards and comply with agreed guidelines, and that any limitations are clearly stated.**

Members of EASE have noted poor standards of reporting in many studies related to the COVID-19 pandemic. Medical and public health measures to treat infected patients and to limit the spread of the coronavirus have to be based on high quality evidence if they are to succeed. EASE urges all involved in collecting and publishing data related to the pandemic to adhere to ethical guidelines, and to follow standard reporting guidelines (see [www.equator-network.org](http://www.equator-network.org)), for example CONSORT for clinical trials and STROBE for epidemiological studies. Demographic data should include age and sex of all individuals and follow the SAGER guidelines to ensure that data on sex and gender are fully and correctly reported. We encourage full and open sharing of data where possible.

We recognise that in times of crisis it may not always be possible to obtain all required data, and that reporting may – of necessity – be curtailed. To avoid misinterpretation, but also to facilitate the rapid sharing of information, we encourage editors to ensure that authors include a statement of limitations on their research. This will inform readers and strengthen the usefulness of any published research.

In addition, whilst always advocating high language standards, we acknowledge that to facilitate rapid dissemination of important research it may be necessary to limit editorial involvement to ensuring that the published research is understandable, and not to enforce stringent language requirements on authors.

*Statement Created: 7 April 2020*

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