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A word about manuscripts

Every Wednesday at *CMAJ* we sit down to review about a dozen, and sometimes as many as 20, manuscripts. These are the submissions that have survived our initial screen. (Papers that clearly do not suit our readers' needs — about 25% — are intercepted and returned, and the remainder are sent to peer review.) The Wednesday manuscripts have been evaluated by 2 or 3 reviewers and sent with the reviewers' comments to all of the editors. From among the Wednesday set we choose those that provide new information, appear to be sound and are of interest to our readers. On average, only 2 are chosen for publication.

Because the number of submitted manuscripts has increased — in fact, almost doubled — in the past 3 years and the number of available journal pages has not, we must decline a greater proportion of papers. Increasingly, we get calls from authors who wonder why their paper was not accepted. There is rarely one single reason for our decision, but a few come up rather often.

Let's take the example of surveys. Although surveys have a place in an epidemiologist's tool kit, they are often remarkably uninformative. Authors of surveys are familiar with the sea of data that accumulates from, say, a questionnaire for physicians and the subsequent difficulty of sorting out what to cram into a 2000-word article with 4 tables. The result is often an unfocused report with no discernible point. Low response rates are another common difficulty. We rarely consider surveys with dismal response rates (under 50%) and often find that even when response rates are good the results are prone to distortion. In this issue (page 42), Steven Grover ponders the discrepancy between survey results that suggest hormone replacement therapy (HRT) is protective against cardiovascular dis-

ease and the negative findings of a randomized controlled trial.¹ He asks whether the apparent cardiovascular benefits of HRT might reflect a selection bias: perhaps women who choose HRT tend to be healthier to begin with than women who do not. Selection bias can also enter into surveys by virtue of the fact that people who respond almost certainly have different characteristics than those who do not.

Although a controlled trial may be logistically more difficult than a mailed survey, it is considerably simpler to analyse and write up. And sometimes even the logistics are not as difficult as they might seem. In this issue Graham Worrall and colleagues (page 37) report on a randomized trial of continuing medical education in 42 different practice settings across Newfoundland. It would have been easier to survey the physicians than to enlist and maintain their support over the 6-month study period. Yet Worrall and colleagues managed the logistics, obtained interesting results and wrote a report with a clear, discernible point. Before embarking on yet another survey, authors should consider other methodologies in their tool kits, including clinical trials. Alex Jadad has recently published an excellent, concise and practical book on randomized controlled trials.²

We close our Wednesday meeting with a brief summary of our decisions; each editor departs with his or her assigned manuscripts, and in the following days we inform authors and peer reviewers of the outcomes and begin to negotiate revisions with authors whose manuscripts have been accepted. This revision process is almost always successful, and after 1 or 2 rounds the paper is scheduled for publication.

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