

The fate of triaged and rejected manuscripts

Carmine Zoccali¹, Daniela Amodeo², Angel Argiles³, Mustafa Arici⁴, Graziella D'arrigo¹, Pieter Evenepoel⁵, Danilo Fliser⁶, Jonathan Fox⁷, Loreto Gesualdo⁸, Michel Jadoul⁹, Markus Ketteler¹⁰, Jolanta Malyszko¹¹, Ziad Massy¹², Gert Mayer¹³, Alberto Ortiz¹⁴, Mehmet Sever¹⁵, Raymond Vanholder¹⁶, Caroline Vinck¹⁷, Christopher Wanner¹⁸ and Andrzej Więcek¹⁹

¹CNR-IFC, Clinical Epidemiology and Pathophysiology of Renal Diseases and Hypertension Unit, Reggio Cal 89124, Italy, ²ERA-EDTA Parma Office, Parma, Italy, ³RD-Néphrologie and Groupe Rein et Hypertension EA7288, University of Montpellier 15, Montpelliercedex 5, France, ⁴Department of Nephrology, Hacettepe University Faculty of Medicine, Ankara, Turkey, ⁵Laboratory of Nephrology Department of Immunology and Microbiology Herestraat 49. B-3000 Leuven, Belgium, ⁶Department of Internal Medicine IV – Renal & Hypertensive Diseases, Saarland University Medical Centre, Homburg/Saar, Germany, ⁷Glasgow Renal & Transplant Unit and University of Glasgow, Glasgow, UK, ⁸Nephrology, Dialysis and Transplantation Unit, 'Aldo Moro' University of Bari, Bari, Italy, ⁹Department of Nephrology, Cliniques Universitaires Saint-Luc, Université Catholique de Louvain, Brussels, Belgium, ¹⁰Division of Nephrology, Klinikum Coburg GmbH, Coburg, Germany, ¹¹2nd Department of Nephrology and Hypertension with Dialysis Unit, Medical University, Białystok, Poland, ¹²Division of Nephrology, Ambroise Paré Hospital, Paris/Boulogne Billancourt, France, ¹³Department of Internal Medicine IV (Nephrology and Hypertension), Medical University Innsbruck, Innsbruck, Austria, ¹⁴IIS-Fundacion Jimenez Diaz, School of Medicine, Universidad Autonoma de Madrid, Madrid, Spain, ¹⁵Department of Internal Medicine/Nephrology, Istanbul School of Medicine, Istanbul, Turkey, ¹⁶Nephrology Section, Department of Internal Medicine, University Hospital Ghent, Ghent, Belgium, ¹⁷ERA-EDTA, Lede, Belgium, ¹⁸Renal Division, University of Würzburg, University Hospital Würzburg, Würzburg, Germany and ¹⁹Department of Nephrology, Transplantation and Internal Medicine, Medical University of Silesia in Katowice, Katowice, Poland

Correspondence and offprint requests to: Carmine Zoccali; E-mail: carmine.zoccali@tin.it

ABSTRACT

In 2011, *Nephrology Dialysis and Transplantation (NDT)* established a more restrictive selection process for manuscripts submitted to the journal, reducing the acceptance rate from 25% (2008–2009) to currently about 12–15%. To achieve this goal, we decided to score the priority of manuscripts submitted to *NDT* and to reject more papers at triage than in the past. This new scoring system allows a rapid decision for the authors without external review. However, the risk of such a restrictive policy may be that the journal might fail to capture important studies that are eventually published in higher-ranked journals. To look into this problem, we analysed random samples of papers (~10%) rejected by *NDT* in 2012. Of the papers rejected at triage and those rejected after regular peer review, 59 and 61%, respectively, were accepted in other

journals. A detailed analysis of these papers showed that only 4 out of 104 and 7 out of 93 of the triaged and rejected papers, respectively, were published in journals with an impact factor higher than that of *NDT*. Furthermore, for all these papers, independent assessors confirmed the evaluation made by the original reviewers. The number of citations of these papers was similar to that typically obtained by publications in the corresponding journals. Even though the analyses seem reassuring, previous observations made by leading journals warn that the risk of 'big misses', resulting from selective editorial policies, remains a real possibility. We will therefore continue to maintain a high degree of alertness and will periodically track the history of manuscripts rejected by *NDT*, particularly papers that are rejected at triage by our journal.

Keywords: desktop rejection, editorial policy, publication, triage

NDT AND THE EUROPEAN RENAL ASSOCIATION – EUROPEAN DIALYSIS AND TRANSPLANT ASSOCIATION

The European Renal Association – European Dialysis and Transplant Association (ERA-EDTA) is the sole stakeholder of *NDT* and considers the journal to be one of its major assets. Since *NDT* was founded in 1986, its Editor-in-Chief ex officio has been an influential member of the ERA-EDTA Council and reports to the council on the journal's activities three times a year. While the Editor-in-Chief of *NDT* has full independence from the parent association, as granted to editors of other journals as well, he is an active member of the ERA-EDTA Council and, as such, he is exposed to opinions and suggestions of council members which reflect the perceptions and judgments of nephrologists about the journal in the European and non-European countries where the association is based. The close relationship between the ERA-EDTA Council and *NDT* is also highlighted by the fact that the majority of the council members are also members of the editorial board of *NDT*.

NDT 2011–2014: OPPORTUNITIES AND RISKS

In 2011, the new Editor-in-Chief, Professor Carmine Zoccali (Reggio Cal, Italy) presented a plan for the journal to the ERA-EDTA Council. This plan contemplated a thorough restructuring of *NDT*, from the journal's aesthetics to the selection process of submissions to *NDT*. Due to the editorial talent and capabilities of previous editors, *NDT* received the highest number of submissions of all nephrology journals in 2011 (~2500 manuscripts per year). C.Z. envisaged a reduction in the number of published manuscripts from ~500 to 600 per year (i.e. actual volume of original articles published per year in *NDT* between 2008 and 2011) to ~300 per year (i.e. 25

articles per issue). This endeavour implied a stricter selection of submitted manuscripts in order to reduce the acceptance rate from 25% in 2008–2009 to about 12–15% from 2011 onwards. The plan was approved in March 2011 and initiated in June of the same year. Even though the acceptance rate of *NDT* shows oscillations, it now fluctuates within the 12–15% limit set in 2011 (Figure 1). To achieve this goal, the editorial board had to reject more papers at triage ('desktop rejection') than in the past, i.e. rapid (within 7 days) return of submitted manuscripts to authors without external review. During the last 2 years, some council members and *NDT* editors became concerned about the high rejection rate of *NDT* for various reasons: some were concerned that the ERA-EDTA members might be disappointed by the high number of manuscripts rejected at triage, whereas others objected to the lack of specific criticism of the manuscripts rejected at triage, which deprived these authors of the educational value of the editorial process. However, the most serious concern was that rejection at triage, a fast process made in isolation by the members of editorial board, might result in potentially important papers being overlooked. The relevant scientific and ethical responsibilities of the *NDT* editorial board are therefore often emphasized during council meetings and in internal communication among the *NDT* board members. Ultimately, the journal is one of the main channels to communicate scientific research on kidney disease to the medical community and the society at large. Such responsibilities indirectly extend to career advancement, since the quality and quantity of publications in prestigious journals are the main metrics for academic promotion in most countries. There are many anecdotal recounts of seminal scientific discoveries rejected by journals [1, 2] and personal experiences with papers rejected at triage. To stimulate discussion, during a council meeting, C.Z. presented an account of a *Proceedings of the National Academy of Sciences* article by Siler *et al.* on the risk of triaging [3]. This paper considered samples of manuscripts, both accepted and rejected, from three leading

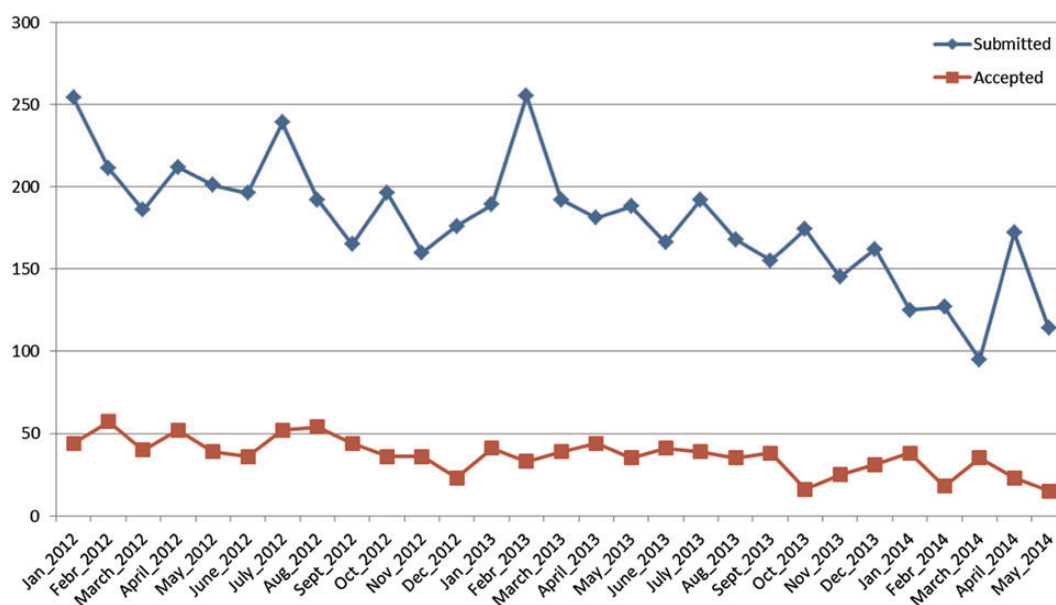


FIGURE 1: Submitted and accepted papers in the period January 2012–May 2014.

journals (*The Lancet*, *The British Medical Journal* and *Annals of Internal Medicine*). Surprisingly, of all manuscripts submitted to these journals, 12 manuscripts rejected at triage that were eventually published elsewhere ranked among the 15 most quoted articles of those journals. This important issue raised by Siler's analysis and the concern by some council members and *NDT* editors that we may miss important original articles stimulated this analysis of the fate of articles rejected by *NDT*, either at triage or after peer review. Since these analyses derive from discussions within the ERA-EDTA Council, present and past council members share authorship of this report.

TRIAGING AND REJECTION BY *NDT*: WHAT DO WE MISS?

For this analysis, we considered articles submitted to *NDT* between 1 January and 31 December 2012. In this year, *NDT* received 1967 submissions. Among these submissions, we randomly sampled 10% of the papers that were immediately rejected ($n = 1038$) either by the Editor-in-Chief or by the theme editors, as well as 10% of the papers that underwent regular peer review ($n = 929$) (Table 1). Using both the names of the authors of these studies and the keywords derived from the title and abstract of these papers, we investigated whether the same papers were published elsewhere in the period between *NDT* rejection and 31 December 2014. The search was performed in PubMed and Web of Science and showed that as many as 59% of the manuscripts that were immediately rejected by *NDT* had a better fortune with other journals in which they were eventually published. We then examined the

Table 1. Analysis of articles rejected by *NDT* in 2012 (1 January to 31 December)

	Number	% accepted in other journals	Number accepted in 2012–2014 in journals with IF > <i>NDT</i>
Immediate rejection (without peer review)	1038	59	4
Rejected after regular peer review	929	61	7

Table 2. Top 10 journals that accepted papers triaged by *NDT* in 2012

Journal	Number of articles	IF	Citations (2 years adjusted)	
Hematology	1	5.868	0 as of 14 October 2014	} IF > <i>NDT</i>
Am J Kidney Dis	1	5.756	Letter, 1	
Am J Surg	1	4.592	8	
Clin Immunol	1	3.891	10	
J Cardiol	1	3.425		
Cardiov Drugs Ther	1	2.952		
Leuk Lymphoma	1	2.605		
Clin Ther	1	2.586		
J Clin Pharmacol	1	2.472		
Clin Biochem	1	2.229		

impact factor (IF) of these journals that accepted the papers that were rejected at triage by *NDT*. The list of the top 10 journals is shown in Table 2. Of these, only four had an IF higher than that of *NDT*. We then asked independent assessors (external to the *NDT* editorial board), selected from experts in the field covered by these papers, to re-examine and score the same papers. The first paper of this series, eventually published in *Hematology* (IF = 5.868), was a descriptive study about the response to an iron chelator in chronic kidney disease. The external assessor considered this study unoriginal and with no novelty. The second was published in the *American Journal of Kidney Diseases* (IF = 5.756), but it was only accepted as a letter. The third appeared in the *American Journal of Surgery* (IF = 4.592) and dealt with the risk of acute kidney injury in patients who had received non-cardiac, non-vascular surgery, an issue which was already well-covered in *NDT*. The external assessor pointed out that this study was methodologically less than impeccable and not very original. The fourth paper was a study about kidney fibrosis published in *Clinical Immunology* (IF = 3.891). In this case, the external assessor remarked that this model could not be generalized to other diseases and scored the paper of mild to moderate interest. These papers received a number of citations (2 years adjusted, along with the IF timeframe) of the same order of quotations received by other coeval papers accepted in these journals, i.e. from 0 to 10 (average 4.9) citations.

We applied the same approach to papers rejected by *NDT* after regular peer review and found that the proportion accepted elsewhere was very close (61%) to that of papers we had rejected at triage (59%, see above). Of the post-review rejected papers (Table 3), seven appeared in journals with an IF higher than that of *NDT*. In detail, the first of these papers was published in *Molecular Pathology* (IF = 6.360). This was a diagnostic study, and the external assessor identified methodological problems, such as the lack of application of calibration and re-classification analysis. Two articles were accepted in the *American Journal of Physiology, Renal Physiology* (IF = 4.420). For these papers, the external assessors noted technical problems for one paper and lack of novelty for both papers. Two papers were published in *Clinical Research in Cardiology* (IF = 4.167). Here, the assessors remarked that one of these had weak statistics (logistic regression instead of Cox regression analysis) and the other was a re-analysis of a previous trial and therefore insufficiently novel. The sixth paper of this series was published in the *Journal of Steroid Biochemistry and Molecular Biology* (IF = 4.149) and was a purely *in vitro* study that was

Table 3. Top 10 journals that accepted papers rejected by *NDT* after regular peer review in 2012

Journal	Number of articles	IF	Citations (2 years adjusted)	
Mod Pathol	1	6.36	3.7	} IF > <i>NDT</i>
AJP Renal Physiol	2	4.42	3.07 and 11.0	
Clin Res Cardiol	2	4.167	3.6 and 4.6	
J St Biochem Mol Biol	1	4.049	8.7	
Acta Diabetol	1	3.679	0 in 1 year	
PLoS One	3	3.53		

rejected by *NDT* reviewers because of limited originality. This coincided with the opinion of the external assessors, who also noted the lack of clinical implications of this study. The seventh was a meta-analysis of studies dealing with a genetic marker of a podocyte protein published in *Acta Diabetologica* (IF = 3.679). Here, the reviewers and the assessors agreed that this meta-analysis had quite limited power and, as such, added very little to the observations made in previous studies upon which it was based. The citations received by these papers were again in line with the average citations received by the journals in which they were published (average = 4.95, Table 3).

CONCLUSION

The results of our analyses seem reassuring. Overall, none of the papers submitted to *NDT* in the calendar year 2012 that were rejected at triage or rejected after regular peer review by *NDT* were high-quality, incisive studies, and the opinion of the expert assessors external to the *NDT* board substantially confirmed the evaluation made by the *NDT* editors and reviewers. Thus, so far, *NDT* has not registered any ‘big misses’, which was the problem faced by the three major league journals perused in Siler’s analysis. The apparently better results of the selection process in *NDT* are to some degree dependent on the fact that some of the papers submitted to *NDT* might already have been rejected by journals with a higher IF, thus limiting the chance of ‘big misses’ by *NDT*. Analyses of this kind, restricted in time and confined to a random sample of the entire series of manuscripts submitted to *NDT* in the index period, therefore have inherent limitations. Although our findings support the validity of the editorial policy established in *NDT*,

we are very much aware of the risk of making wrong decisions that may disappoint authors and damage the reputation of the journal. For this reason, we will implement a periodical surveillance of the publishing history of manuscripts that are rejected by *NDT*, particularly papers that are rejected at triage by our journal.

AUTHORS’ CONTRIBUTIONS

D.A. and C.V. reconstructed the post-rejection history of papers submitted to *NDT*. G.D. did the descriptive analyses. C. Z. contacted external assessors and wrote the first draft of the manuscript, which was eventually integrated and modified along the suggestions received by the other authors. The external assessors asked to remain anonymous.

CONFLICT OF INTEREST STATEMENT

None declared.

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