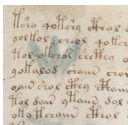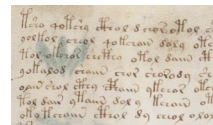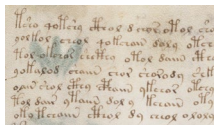# The principles of successful path for publications

Arne May, University Clinic Hamburg
a.may@uke.de

Predatory Journal

Definition: Pseudo-journals—**publications that claim to be legitimate scholarly journals, but misrepresent their publishing practices**

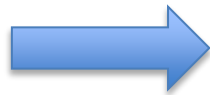Some common forms of predatory publishing practices include
- falsely claiming to provide peer review
- hiding information about Article Processing Charges
- misrepresenting members of the journal's editorial board
- violations of copyright or scholarly ethics.

It is all about money!

Writing a manuscript starts…

… before starting the actual experiment !

positive ethics vote √

Trial registered with clinicaltrials.gov √

know your authors and position √

Experiment is done, results are definite, story is ready to be told

1.) define readership

Headache

PAIN

Neurology/Neuroscience

Cephalalgia
J Headache Pain
Headache

PAIN
Europ J PAIN
J of Pain

BRAIN
Neurology
Europ J Neurol
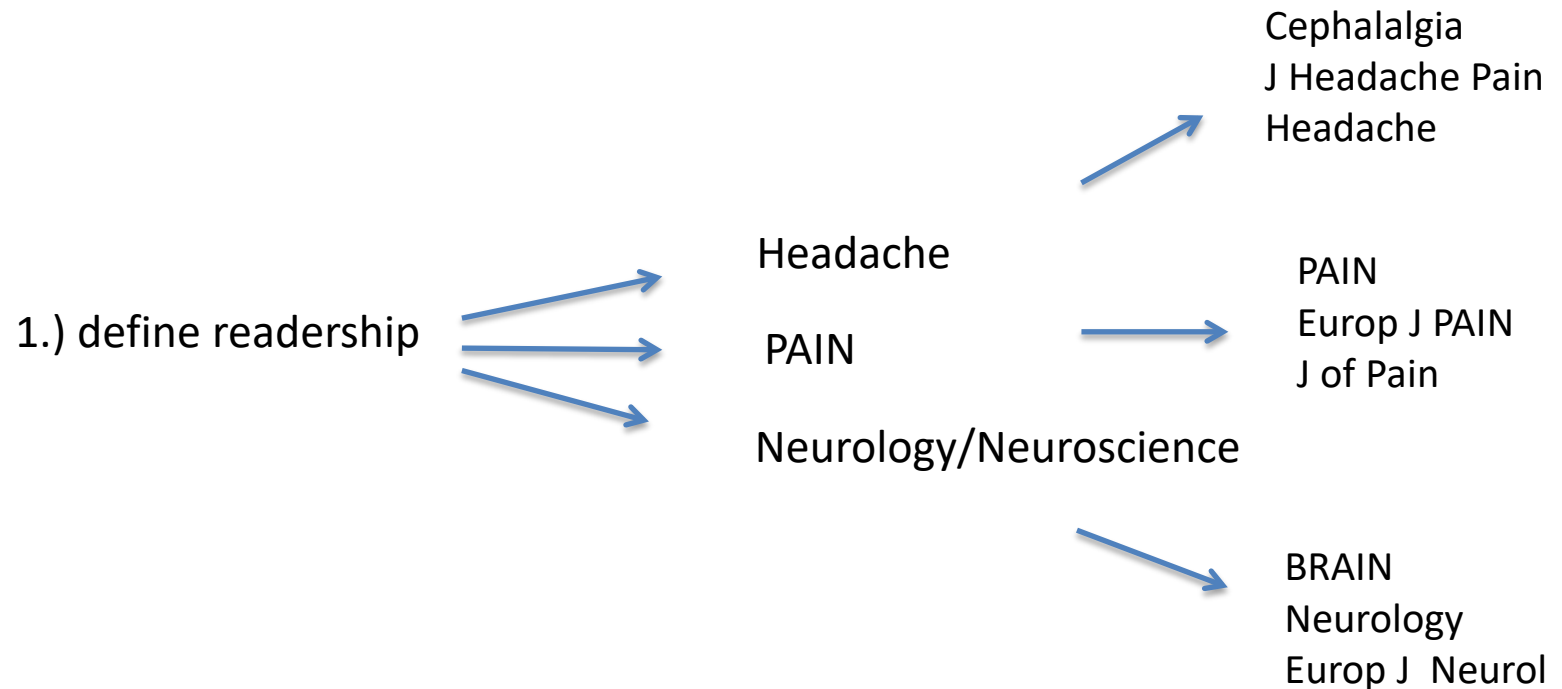
2.) make yourself at home with author guidelines

Organisation of a paper

Start here:

1. Title	1. Methods
2. Abstract	2. Results
3. Key words	3. Introduction
4. Introduction	4. Discussion
5. Methods	5. Title page & Key words
6. Results	6. Acknowledgements & COI
7. Discussion	7. Abstract
8. Acknowledgements	
9. COI	
10. References	References… use Endnote or Zotero

Beware of (unintended) Plagiarism!

At Cephalalgia all manuscripts undergo iThenticate

from years 2013 through 2015. These patients included 31 males and 32 females. Diagnosis was based on clinical presentation, particularly orthostatic headache, MRI and/or CT, and RI scintigraphy. SIH was diagnosed when all the following conditions described below were present (5), based on ICHD-3beta (6) and the diagnostic criteria reported by Schievink et al. (7).

1. Evidence of CSF leakage from cranial MRI findings of intracranial hypotension (e.g., pachymeningeal enhancement) and/or low CSF opening pressure (≤60 mm H₂O).
2. No recent history of dural puncture
3. Not attributable to another disorder

Figure 1 shows gadolinium enhanced MR images representative of SIH patients. We excluded five redundant samples and one sample mismatched for a cord, leaving 62 patients for analysis. Per the aforementioned diagnostic criteria, these were divided into a group of 38 SIH patients (19 males and 19 females, mean age: 43.2 (12.0) years) and a group of 24 non-SIH patients (11 males and 13 females, mean age: 36.6 (21.1) years) (Figure 2). No statistically significant difference in age was found between the two group (p= 0.172). A control group of 10 additional patients (2 males and 8 females, mean age: 57.4 (13.7) years) included those who received microvascular decompression or unruptured aneurysm clipping surgery and who consented to CSF sampling from the cerebral cistern at Fukushima Medical University Hospital from year 2012 through 2016.

Oversight of our human subject research was provided by the institutional review boards of Sanno Hospital and Fukushima Medical University, which are guided by local policy, national law, and the World Medical Association Declaration of Helsinki.

SDS-PAGE

CSF and serum samples were dissolved in Laemmli sample buffer, boiled for 5 min and loaded onto SDS-polyacrylamide gels (SuperSep™ Ace; Wako Pure Chemical Industries, Osaka, Japan). After SDS-PAGE, the proteins were visualized using a 2D-silver stain II kit (Dai-ichi Pure Chemicals, Co., Tokyo, Japan) according to the manufacturer's instructions.

Serum total protein and albumin measurements

increased in SIH. Indeed, albumin, IgG, L-PGDS, sAPP, Tf-1 ("brain-type" glycan-isoform of transferrin) and Tf-2 ("serum-type" glycan-isoform of transferrin) were increased in the CSF of SIH.

Imaging studies are useful for identifying CSF leakage, but typical findings of intracranial hypotension on MRI are not always observed in patients with SIH (1) (8). RI scintigraphy reveals CSF leakage, but some SIH patients do not show positive finding (1) (2) (9). Thus, biomarkers such as CSF proteins are required for accurate diagnosis.

CSF is sequestered from blood by the blood-brain barrier (BBB), for which reason total protein in CSF is much lower than in blood in control groups. The barrier, however, is not absolute. Albumin, biosynthesized exclusively in the liver and secreted into blood, is a major protein in the CSF, indicating that small fraction of albumin diffuse into CSF from blood. IgG in CSF may also be derived from blood, because no lymphatic tissue for antibody production is observed in CNS. We previously suggested that Tf-2 ("serum-type" glycan-isoform of transferrin) diffused into CSF from blood. The "leakage" is probably due to the lack of BBB structures in several paraventricular areas such as neurohypophysis and the pineal body, etc. SIH may enhance leakage through vasodilatation of the brain and meninges due to CSF hypotension (2). Vasodilatation may not only increase the intracranial blood pool but also change permeability of blood vessels, in which water moves from CSF to blood due to osmolality difference, contributing to a relative increase in protein concentration.

In addition to an increase of blood-derived proteins in CSF, SIH patients showed increase of CNS-derived proteins: e.g.; L-PGDS, mainly produced by leptomeninges and arachnoid membrane (10); sAPP, derived from neurons (11) Tf-1, mainly produced by choroid plexus. These proteins were decreased in (idiopathic) normal pressure hydrocephalus (NPH) (4) (12) (13) (14), possibly concomitant with the reduction of CSF production. In contrast to the pathophysiology in NPH, these proteins were increased in SIH, suggesting compensatory increase of CSF production induced by hypovolemia. Our results suggest that all CSF proteins could be markers for SIH, but we prefer CNS-derived proteins to blood-derived ones, because the latter may enter as a contaminant during lumber puncture. In contrast, CNS-derived proteins are accurately measured because of their specific origin. In addition, L-PGDS and Tf-1 concentrations were correlated to both RI residual activity and CSF pressure, and sensitivity and specificity of a combination of L-PGDS and Tf-1 were 94.7% and 72.6%, respectively. Due to the high sensitivity of this combination, it would rank highly as a laboratory diagnostic tool. Marker-positive patients would need to undergo RI scintigraphy and CT

THE UNSUCCESSFUL SELF-TREATMENT OF A CASE OF "WRITER'S BLOCK"[1]

Dennis Upper

VETERANS ADMINISTRATION HOSPITAL, BROCKTON, MASSACHUSETTS

COMMENTS BY REVIEWER A

I have studied this manuscript very carefully with lemon juice and X-rays and have not detected a single flaw in either design or writing style. I suggest it be published without revision. Clearly it is the most concise manuscript I have ever seen—yet it contains sufficient detail to allow other investigators to replicate Dr. Upper's failure. In comparison with the other manuscripts I get from you containing all that complicated detail, this one was a pleasure to examine. Surely we can find a place for this paper in the Journal—perhaps on the edge of a blank page.

Good writing starts with a plan
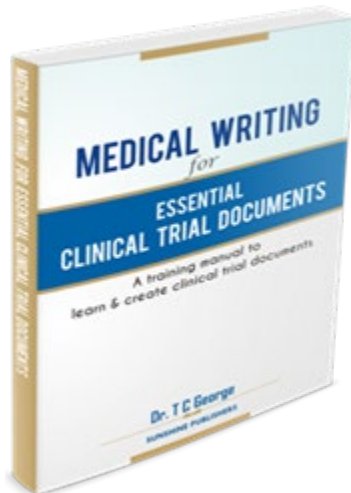
1. Title
2. Abstract
3. Key words
4. Introduction
5. Methods
6. Results
7. Discussion
8. Acknowledgements
9. COI
10. References

METHODS & RESULTS

→ *Past Tense!*

→ equipment, materials, method, statistical tools,

→ Give sufficient detail that the reader can reproduce what you did.

→ Point by Point... and repeat these in results

→ Don't mix Method with Results or Discussion—they come next.

→ Report your results simply, without opinion or interpretation

→ Indicate Figures or Tables

It is one of the principles of science that a paper should contain sufficient detail to allow the work to be repeated by someone else

http://www.consort-statement.org/

INTRODUCTION

→ What is the problem and why is it interesting?

→ What have others found out?

→ How does this lead to your question?

First sentence: never a platitude!
eg. „Migraine is a devastating disorder"

Start with your main findings!

If more than 1 finding: treat them one at a time

develop subsidiary conclusions after that

Do not waffle.

List any reservations or limitations.

Conclusion: 1-5 sentences

It is one of the principles of science that a paper should contain

sufficient detail to allow the work to be repeated by someone else
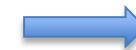
THE ABSTRACT

Try for one sentence each on

→ motive

→ method

→ key results

→ conclusions

Don't exceed 3 sentences on any one.

STYLE

Introduce Abbrevations just once and use them consistently

Decide how to define populations and interventions
(not: participants/volunteers/patients etc.)

If several experiments: clear labelling and follow that logic strictly!
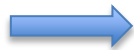(not: project A,B, intervention A,B and then experiment A,B etc)

FIGURES:

Restrict yourself.

→ A legend to a Figure or Table can give you additional space!

→ Use Figures only:

if they explain something you cannot explain in text
They give additonal information not yet in the manuscript
To visualize and thus make more results more comprehensible

→ Use Tables to:

Save space in the results section
Give a better overview over results: e.g. lots of data /numbers

ACKNOWLEDGEMENT:

Keep it simple, give full names and don't get sentimental.

Appendix:

"An appendix must have purpose; it is not a bottom drawer for the stuff that you cannot bear to throw away."

Mike Ashby

Not a bad idea: put your paper aside

After that: read it again.

Is the story well told, red line visible, grammar correct, sentences short?

Reject

Don't take it personal

Change your paper where appropriate

Submit somewhere else (this week)

Your paper is your baby…

and of cause your paper is not perfect

Major revision
Reviewer 1 did not even read it
Reviewer 2 quite obviously has no clue

Revise and rewrite

Do not waffle

Always answer all reviewer points

Do not overstate, over emphasise or apologise

If a reviewer is confused, a reader is likely to be confused as well

Never state: „to our knowledge" „first time" „very important findings"

„we prove" „we establish" always use: „we demonstrate" „we suggest"

Once published...

1. Title ←
2. Abstract
3. Key words ←
4. Introduction
5. Methods
6. Results
7. Discussion
8. Acknowledgements
9. COI
10. References

Use the title AND the keywords- do NOT use keywords which are part of the title

Once published…

Title:

SPG stimulation in cluster headache

is better than

Blocking the parasympathetic output of the Ganglion sphenopalatinum in a specific form of trigemino-autonomic headaches

Avoid questionmarks: Does SPG stimulation work in cluster headache?

What else to get cited?

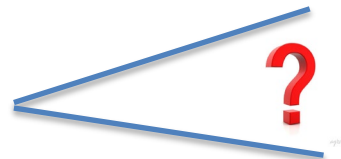How to get the biggest bang

Let people know !
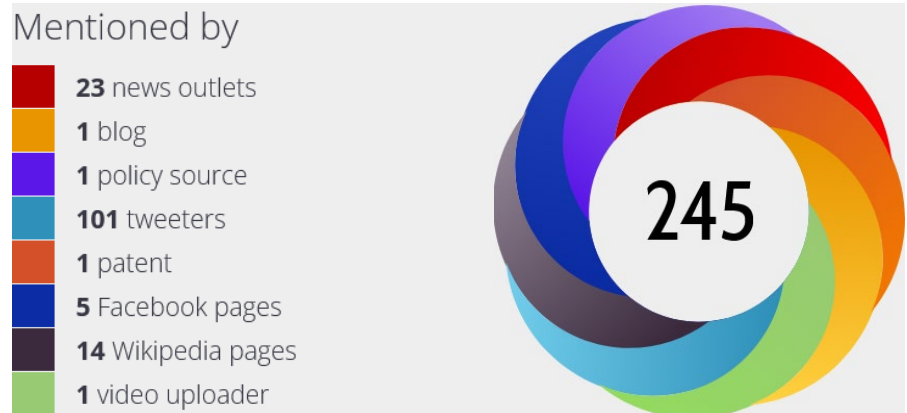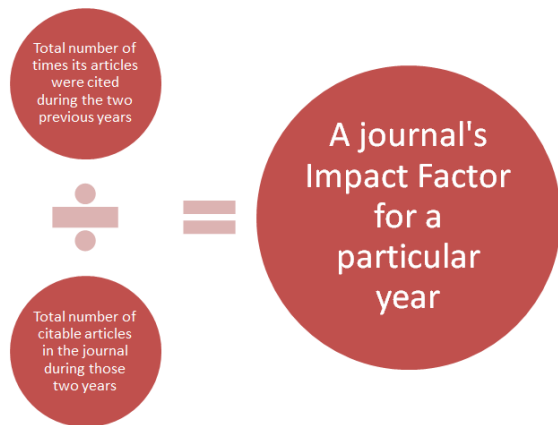
Prices
Awards
Grants
also IHS

Publish - advertise – get cited – get funded - publish

Social media
Posters
Talks
Other talks- stand up and ask questions
Become a reviewer: introduce yourself. Once selected, do a good job
Get involved with your national headache society
Get involved with IHS
Get funded by IHS

?

Mentioned by

- **23** news outlets
- **1** blog
- **1** policy source
- **101** tweeters
- **1** patent
- **5** Facebook pages
- **14** Wikipedia pages
- **1** video uploader

245

Total number of times its articles were cited during the two previous years

÷

Total number of citable articles in the journal during those two years

=

A journal's Impact Factor for a particular year

Classical metric

Impact factor for Cephalalgia (6.075)

Nominator: #cites

Denominator: # citables

Altmetric donut for ICHD3 (2018)

red: paper cited in news outlets
yellow: paper cited by blogs
light blue: tweeters
orange: paper cited in s patent
dark blue: facebook citations
black: Wikipedia citation
purple : Google+ citations

Effect of Altmetric score on manuscript citations: A randomized-controlled trial

Mario FP Peres[1], Mark Braschinsky[2] and Arne May[3]

- prospective, randomized, parallel-arm, superiority trial

- papers published in Cephalalgia from July 2019 to January 2020 (online first)

- 48 papers randomly assigned:
  - 24 papers intervention
  - 24 papers no booster

- Interventions standardized (twitter, facebook, reddit, blogs, F1000, Youtube)

- 12 & 24 months later:
  - Altmetric scores
  - number of downloads
  - citations

Cephalalgia

An International Journal of Headache

International Headache Society

Effect of Altmetric score on manuscript citations: A randomized-controlled trial

Mario FP Peres[1] ©, Mark Braschinsky[2] © and Arne May[3] ©

Table 2. Downloads, Altmetric scores and citations (dimensions, crossref and web of science) 12 and 24 months after intervention in both groups.

	Intervention Group n = 24 (total score, mean ± SD)		Control Group n = 24 (total score, mean ± SD)	
	12 months	24 months	12 months	24 months
Downloads	9681 (403.4 ± 391.6)	13344 (556 ± 484.6)	6465 (269.4 ± 170.9)**	10598 (441.6 ± 337.9)
Dimension citation	83 (3.5 ± 3.4)	176 (7.3 ± 3.6)	61 (2.5 ± 5.8)**	139 (5.8 ± 4.8)**
Crossref	68 (2.8 ± 2.3)	158 (6.6 ± 5.6)	56 (2.3 ± 2.2)**	123 (5.1 ± 4.3)**
Web of science	51 (2.1 ± 1.7)	104 (4.3 ± 3.9)	43 (1.8 ± 1.5)#	93 (3.9 ± 3.2)#
Altmetric score	1296 (54 ± 29.8)	1334 (55.6 ± 32.3)	172 (7.2 ± 6.3)*	194 (8.1 ± 6.9)*

$*p < 0,001$; $**p < 0,05$; $\#p = ns$.

Table 3. Altmetric scores and its components. Note that papers from the control group were naturally also noted in the respective news and media, but significantly less than in the intervention group.

	Intervention Group Total (mean)	Control Group Total (mean)
Altmetric score	1334 (55.6 ± 32.3)	194 (8.1 ± 6.9)
News (each)	68 (2.8 ± 1.7)	15 (0.6 ± 0.3)
Twitter	734 (30.6 ± 16.5)	100 (4.2 ± 3.6)
Blog	24 (1)	0 (0)
Facebook	34 (1.4 ± 0.6)	6 (0.3 ± 0.2)
Reddit	86 (3.6)	0 (0)
Publons	3 (0.1)	0 (0)
Wikipedia	3 (0.1 ± 0.1)	1 (0.04 ± 0.02)
F1000	5 (0.2)	0 (0)

*Each News score accounts for 7 Altmetric points.

➡️ Actively promoting a paper through media channels increases the Altmetric score

➡️ A higher promoted paper diffusion in social media leads to a significantly higher number of citations

The Association of Learned & Professional Society Publishers

Maximizing dissemination and engaging readers: The other 50% of an author's day: A case study

Toby Green

T. Green

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E-mail: toby.green@oecd.org

Key points

- Dissemination should be the other 50% of what authors do: being read and having impact will not happen by itself.
- Authors can influence discovery and readership through owned media – i.e. their own communication activities.
- Earned media – i.e. when influencers write about your work – is key to reaching larger and more diverse audiences.
- There is plenty of data for tracking engagement and use of articles, but it is scattered across multiple tools and providers and can be misleading or even incorrect.
- Listservs can have higher engagement than modern, 'cool', social networking tools.