

Duplicate publications and related problems in published papers on oral and maxillofacial surgery

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Accepted 17 March 2015

Available online 9 April 2015

Abstract

As duplicate publication is unethical, our aim was to find out how common it is among published papers on oral and maxillofacial surgery. We used PubMed to identify index articles published in 2010 in the Journal of Oral and Maxillofacial Surgery, the British Journal of Oral and Maxillofacial Surgery, and the European Journal of Cranio-Maxillo-Facial Surgery, and searched for possible duplicate publications from 2008 to 2012 using the first or second and last authors' names. Suspected duplicates were categorised into "non-duplicate" (no overlap), "duplicate" (identical results and conclusions), or "salami-sliced" publications (part of the index article repeated or continued). Of the 589 index articles, 17 (3%) had some form of duplication, but specifically, we found 3 duplicate, and 15 salami-sliced publications. Most redundant articles originated from China ($n=4$), followed by Italy, Japan, and Germany (3 from each) and the United States and Denmark (2 each). Of the 18 redundant publications, 9 did not reference the related index article. Duplicate material is still being published, and salami-slicing is relatively common among publications on oral and maxillofacial surgery. Further research is required into the extent and impact of this finding.

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Keywords: Duplicate publications; Oral and maxillofacial surgery; Dual publications; Salami-slicing

Introduction

Duplicate publication, the publication by the same author(s) of multiple articles that overlap substantially without clear, visible reference to the related publication,¹ is considered highly unethical.^{2–4} It unnecessarily expands and dilutes the already saturated body of scientific work, and wastes the time of reviewers and editors of scientific journals. These publications can also contribute to false conclusions being

reached when they are included in systematic reviews or meta-analyses.⁵

Salami-slicing, which is related to duplicate publication, is another controversial practice, and several definitions exist. A simple one, "writing too many papers from one study",⁶ can also cover articles that are written by the same group of authors and share similar hypotheses, methodology, and results. In academic practice, to publish peer-reviewed articles, some investigators may slice data from a single research project into several pieces to generate multiple manuscripts, and this can be viewed as unethical. When authors do not clearly cross-reference and acknowledge an original article, it could be a deliberate attempt to conceal the practice of salami-slicing.⁷

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In some instances salami-slicing can be deemed legitimate – for example, it may be better to present data from large clinical trials or epidemiological studies as multiple papers, or to draft additional manuscripts in large cohort studies when different analyses have been done to answer distinct research questions.⁷ In these cases however, the authors should clearly reference the associated study and, to ensure transparency, notify the editor when they submit their manuscripts.

Previous studies have assessed the problem of duplicate publication and salami-slicing,^{8–11} but to our knowledge, none have looked at papers on oral and maxillofacial surgery. Our aim therefore was to find out how common the practice is, and to describe and analyse the characteristics of the redundant materials.

Material and methods

Search for index articles

Index articles were defined as original articles of interest (reference articles). Subsequent searches looked for other articles (duplicate or salami-sliced publications) that were similar.

We used PubMed to retrieve original index articles published (in print and online ahead of print) in 2010 in 3 journals: the *Journal of Oral and Maxillofacial Surgery*, the *British Journal of Oral and Maxillofacial Surgery*, and the *European Journal of Cranio-Maxillo-Facial Surgery*. Case reports, editorials, letters, reviews, systematic reviews, and meta-analyses, were excluded. Results were recorded on Microsoft Excel spreadsheets (Microsoft Corp, Redmond, USA).

Search for duplicate publications

To identify potential duplicate and salami-sliced publications, we searched PubMed for the first initials and surnames of the first or second, and last authors of the index articles.¹¹ We restricted it to between 2008 and 2012 to cover the 2 years before and after the year the index article was published. For searches that yielded more than 200 results, a keyword from the title of the index article (agreed by 2 of the authors) was used to limit the results. Potential duplicates not in the English language were excluded at this point.

Two of the authors independently reviewed the titles and abstracts found, and also reviewed the full text of papers that covered similar subjects to the index articles. The full texts were then categorised into 3 groups: non-duplicate (no significant overlap between the articles), duplicate (identical or nearly identical methods, results, and conclusions), or salami-sliced publications (substantial part of the index article repeated or continued) as previously defined.¹⁰ The study's objectives, hypotheses, methods (including subjects), results (including tables and figures), and conclusions were compared to establish similarities between the index and possible duplicate material. Any disagreements between the 2 authors were resolved by the senior authors.

As the definition of salami-slicing can vary, we initially used a broad definition to include all possible duplicate material.⁹ All the authors reviewed the full texts of the articles selected in this initial round, and they further categorised them into legitimate and non-legitimate groups. A paper was considered legitimate if the index article was explicitly cited and it included the assessment of different outcomes or tested different hypotheses.

Results

We identified 589 original articles published in the 3 oral and maxillofacial journals in 2010. Initial screening for redundant material yielded 86 titles and abstracts that contained similar or related topics to their respective index articles (corresponding to 60 (10%) of all index articles) (Fig. 1). The full texts were then retrieved and compared to the index articles of which 23 were from the *Journal of Oral and Maxillofacial Surgery*, 20 from the *British Journal of Oral and Maxillofacial Surgery*, and 17 from the *European Journal of Cranio-Maxillo-Facial Surgery*.

In the full-text review we found that 18 of the 86 suspected duplicates had some form of redundancy, while 68 were not considered duplicates. Of the corresponding index articles ($n = 17$ or 3% of all index articles), 6 originated from the *British Journal of Oral and Maxillofacial Surgery*, 6 from the *Journal of Oral and Maxillofacial Surgery*, and 5 from the *European Journal of Cranio-Maxillo-Facial Surgery*. Further classification showed that 15 were salami-sliced, and 3 were duplicate publications (Fig. 1).

Of these 17 index papers, most ($n = 16$) were associated with only one redundant publication, but one was associated with 2 salami-sliced publications. Eight of the index articles were prospective cross-sectional or cohort studies, 8 were retrospective case series, and one was an experimental study. Using the mailing address of the corresponding author, we identified the countries from which the duplicate papers had originated: 4 were from China, 3 each from Italy, Japan and Germany, and 2 each from the United States and Denmark. Seven of the redundant articles had been published 2 years before the index article (2008–2009), 3 the same year (2010), and 8 had been published 2 years after (2011–2012).

Of the 15 salami-sliced papers, 12 were judged to be not completely legitimate. Although the index articles were clearly referenced in 6, the contents were very similar and they included only slightly different analyses with the same or a very similar group of subjects. Five included a different analysis but the original article was not clearly referenced. A total of 13 used the same or a very similar cohort, and the other 2 added more patients to the initial study. The 3 articles judged to be legitimate used the same study population as their index article, but all made clear reference to the original paper and included different analyses.

The 3 duplicate publications did not reference the respective index articles. All of them included identical or very

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