

Conversion of Society for Maternal-Fetal Medicine abstract presentations to manuscript publications

Tracy A. Manuck, MD; Kelli Barbour, MD; Lindsay Janicki, MD; Sean C. Blackwell, MD; Vincenzo Berghella, MD

OBJECTIVE: We sought to evaluate the rate of conversion of Society for Maternal-Fetal Medicine (SMFM) annual meeting abstract presentations to full manuscript publications over time.

STUDY DESIGN: Full manuscript publications corresponding to all SMFM oral abstracts 2003 through 2010 inclusive, and SMFM poster abstracts in 2003, 2005, 2007, and 2009 were manually searched in PubMed. An abstract was considered to “match” a full publication if the abstract and publication titles as well as main methods and results were similar and the abstract first author was a publication author. In cases of uncertainty, the abstract-publication match was reviewed by a second physician researcher. Time to publication, publication rates over time, and publication rates among US vs non-US authors were examined. PubMed identification numbers were also collected to determine if >1 abstract contributed to a manuscript. Data were analyzed using Wilcoxon rank sum, analysis of variance, *t* test, and logistic regression.

RESULTS: In all, 3281 abstracts presented at SMFM over the study period, including 629 orals (63 main plenary, 64 fellows plenary, 502 concurrent), were reviewed. Of 3281, 1780 (54.3%) were published, generating 1582 unique publications. Oral abstracts had a consistently higher rate of conversion to publications vs posters (77.1% vs 48.8%, $P < .001$). The median time to publication was 19 (interquartile range,

9–36) months, and was significantly shorter for orals vs posters (11 vs 21 months, $P < .001$). Over the study period, rates of publication of orals remained constant, but rates of publication of posters were lower in 2007 and 2009 compared to 2003 and 2005. Publications related to SMFM abstracts were published in 194 different journals, most commonly *American Journal of Obstetrics and Gynecology* (39.8%), *Obstetrics and Gynecology* (9.7%), and *Journal of Maternal-Fetal and Neonatal Medicine* (6.5%). Publication rates were higher if the abstract’s first author was affiliated with a non-US institution (64.8% vs 51.1%, $P < .001$) and if the abstract received an award (82.7% vs 53.3%, $P < .001$). In regression models, oral presentation at SMFM, first author affiliation with a non-US institution, submission for *American Journal of Obstetrics and Gynecology* SMFM special issue, and year of abstract presentation at SMFM were associated with full manuscript publication.

CONCLUSION: From 2003 through 2010, full manuscript publication rates of SMFM abstracts were high and consistent, and time to publication decreased/improved across the study period for oral presentations.

Key words: abstract presentation, annual meeting, peer-reviewed publication, Society for Maternal-Fetal Medicine

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Scientific presentations at national medical specialty meetings provide a valuable forum to communicate and disseminate information about current research findings and medical advances. The Society for Maternal-Fetal Medicine (SMFM) annual meeting is held yearly in late January/early February. It is a well-attended meeting by physicians and

From the Division of Maternal-Fetal Medicine, Department of Obstetrics and Gynecology, University of Utah School of Medicine, Salt Lake City, UT (Drs Manuck, Barbour, and Janicki); Division of Maternal-Fetal Medicine, Department of Obstetrics and Gynecology, University of North Carolina, Chapel Hill, School of Medicine, Chapel Hill, NC (Dr Manuck); Division of Maternal-Fetal Medicine, Department of Obstetrics, Gynecology, and Reproductive Sciences, University of Texas Health Science Center at Houston, Houston, TX (Dr Blackwell); and Division of Maternal-Fetal Medicine, Department of Obstetrics and Gynecology, Thomas Jefferson University, Philadelphia, PA (Dr Berghella); for the Society for Maternal-Fetal Medicine Publications Committee, Washington, DC (Drs Manuck, Blackwell, and Berghella). Dr Janicki now works at Mountain Area Health Education Center, Asheville, NC. Received March 6, 2015; revised April 23, 2015; accepted May 10, 2015.

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Corresponding author: Tracy A. Manuck, MD. tmanuck@med.unc.edu

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TABLE 1

Abstracts submitted and presented at Society for Maternal-Fetal Medicine by year

Year	Total no. of abstracts submitted	Accepted abstracts (%)		
		Total	Oral	Poster
2003	1068	656/1068 (61.5)	68/656 (10.3)	588
2004	1073	665/1073 (61.8)	68/665 (10.2)	597
2005	1093	684/1093 (62.6)	68/684 (9.9)	616
2006	1059	692/1059 (65.3)	85/692 (12.2)	606
2007	1205	792/1205 (65.7)	86/792 (10.9)	706
2008	1047	746/1047 (71.3)	82/746 (11.0)	664
2009	1236	828/1236 (67.0)	86/828 (10.4)	742
2010	1256	836/1256 (66.6)	86/836 (10.3)	750

Manuck. SMFM abstract presentations to manuscript publications. *Am J Obstet Gynecol* 2015.

other personnel involved in obstetric research; in 2015, >2000 individuals registered for the meeting. SMFM is regarded by many obstetric care providers, perinatologists, and obstetric basic science researchers to be the premier forum to obtain contemporary medical information regarding the care of routine and nonroutine pregnancies. A wide range of clinical, translational, and basic science research is accepted and presented each year at SMFM across a variety of obstetric topics. Clinicians may be eager to implement knowledge learned from SMFM annual meeting abstract presentations into practice.

Although acceptance of an abstract at SMFM is prestigious, only publication of this research in a peer-reviewed journal provides a more in-depth explanation of the work, validates the significance of the data and methods, and provides detailed interpretation and implications of the findings. The *American Journal of Obstetrics and Gynecology* (AJOG) is the official journal of SMFM. Abstracts presented at SMFM are published in a special supplement edition of AJOG each year approximately 1 month prior to the meeting. Presenting authors are encouraged to submit their full manuscripts for consideration of publication in AJOG, and are invited to do so through 3 options: Fast-Track submission (open to oral presentations only, with a submission deadline 2-3 months prior to the

annual meeting, program started in 2005); SMFM special issue submission (open to both oral and poster presentations, with a submission deadline approximately 1 month after the annual meeting); or regular AJOG submission. Presenters/authors also have the option of submitting their manuscripts elsewhere, resulting in publication in a variety of peer-reviewed journals.

Other societies have investigated the conversion of meeting abstract presentations to full manuscript publication. Across specialties, a wide range of publication rates, from 30% to as high as 59%, have been reported.¹⁻⁴ However, the rate of conversion of SMFM abstract presentations into full publication has not been previously investigated and is uncertain. We sought to evaluate the rate of conversion of SMFM annual meeting abstract presentations to full manuscript publication over time, and to examine factors associated with an increased likelihood of publication.

MATERIALS AND METHODS

SMFM abstracts corresponding to all SMFM oral abstracts 2003 through 2010 inclusive, and SMFM poster abstract presentations in alternating years over the study period (2003, 2005, 2007, and 2009) were identified from the published supplements in AJOG. Additionally, a list of abstracts winning awards was compiled using SMFM annual meeting

records. Abstracts officially withdrawn or retracted by the authors or the journal were excluded.

Full manuscript publications corresponding to each abstract presentation were manually searched in PubMed by physician researchers (K.B., L.J., and T.A.M.) during 2014 and 2015. An abstract was considered to “match” a full publication if the abstract and publication titles, as well as main methods and results, were similar and the abstract first author was a publication author. In cases of uncertainty, the abstract-publication match was reviewed by a second physician researcher. Papers that included some of the data presented in the abstract (eg, a smaller cohort) were also regarded to be a match. When a match was confirmed, PubMed identification numbers were collected. PubMed identification numbers were used to determine if >1 abstract contributed to a manuscript. Once a suitable match was found, the search for that abstract was concluded; no effort was made to check for multiple papers stemming from a single abstract. Journal impact factors as of 2014 were compiled from an online resource (www.impactfactorsearch.com).

Abstracts presented in oral format were compared to those presented in poster format. Time to publication, publication rates over time, publication rates of award-winning abstracts, and publication rates among US vs non-US primary authors were also examined. Study data were collected and managed using Research Electronic Data Capture (REDCap) tools hosted at the University of Utah.⁵ REDCap is a secure, World Wide Web-based application designed to support data capture for research studies, providing: (1) an intuitive interface for validated data entry; (2) audit trails for tracking data manipulation and export procedures; (3) automated export procedures for seamless data downloads to common statistical packages; and (4) procedures for importing data from external sources.

Data were analyzed by Wilcoxon rank sum, analysis of variance, Kaplan-Meier survival function, and *t* test as appropriate using software (Stata, version 13.1; StataCorp LP, College Station, TX). This

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