Comment publier en psycho-oncologie?

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14h-18h

Pourquoi écrire?

- Bâtir plus de connaissance
- Partager de la connaissance
- Dénoncer des erreurs
- Montrer de la crédibilité
- Soutenir une recherche de financement
- Obtenir un poste
- Apprendre
- Etablir des relations intéressantes
- ….

Freins à l’écriture

- Manque d’expérience
- Mauvaises habitudes d’écriture
- Anxiété
- Perfectionnisme
- Manque de confiance
- Peur de l’échec
- Résistance aux critiques
- …

Alibis

- Manque de temps
- Manque de documentation
- Manque d’outils
- Manque d’inspiration

Leviers

- Travailler avec des collègues
- Assurer un cadre matériel adéquat
- Projet réaliste, à adapter si nécessaire
- Etre motivé
  - Objectifs précis
  - Progrès régulier
  - Persévérer

Préalables

- Choix d'un sujet de recherche original, pertinent, utile, contemporain/avant-garde
- Elaboration d'un protocole de recherche rigoureux
  - Méthodologie de recherche
- Recherche de financement
  - Appels d'offre
- Soumission aux instances règlementaires
- Collecte et gestion des données
- Extraction des données, nettoyage
- Analyse
- Tracer ses démarches – Journal de bord

Ecriture

- Ecrire dès le début
  - Introduction
  - Méthode
- Suivre la littérature
- Revoir/réécrire au fil de l'analyse, de l'intégration des données de la littérature
- Faire relire premier jet

Type de publication

- Article scientifique
- Thèse
- Livre académique
- Livre général
- Français/Anglais

Format (1)

Quel contenu de …:

- Abstract?
- Introduction (contexte, rationnel des questions posées)?
- Méthode (?
- Résultats (sans jugement)?
- Discussion?
- Conclusion?
- Implications cliniques?

Format (2)

Quelle forme …:

- Titres, sous-titres
- Résultats
  - $F(1, 136) = 4.86$, $MSE = 3.97$, $p = .029$, $\dot{\eta}^2 = .03$ –
- Références
  - Style APA, Harvard …
- Tableaux, figures

Style

- Phrase courte
- Texte concis
- Clair
- Direct
- Logique
- Facile à suivre (assurer sa lecture)
- Facile à comprendre (pédagogique)

Lettre d’accompagnement

Pourquoi un article est rejeté?

- Inadapté au journal
- Inadéquat, incomplet
  - Détails sur la population, les instruments, le type d'analyse
- Manque de validité interne/externe
- Surinterprétation des résultats
- Ecriture confuse, difficile à suivre

EXPÉRIENCE

TRAVAILLER AVEC DES CO-AUTEURS

Abstract (N=244)

Background: The 'BOADICEA' breast cancer (BC) risk prediction model is currently being further~~undergoing new validation~~developed, to integrate~~ing~~ additional genetic and non-genetic factors. ~~For its uptake in clinical practice, W~~we assessed clinicians' appraisals, and correlates~~,~~ of the ~~current~~ existing BOADICEA tool, based on current uptake in clinical practice ~~.~~

Methods: An online survey was ~~addressed~~ conducted through the BOADICEA website and the British, Dutch, French and Swedish cancer? genetics societies. Cross-sectional data from ~~the~~ 443 participants who provided~~ing~~ at least 50% survey responses were analysed.

Commentaire [AA2]: Can we say that the "tool" is also undergoing development and the one of the aims was to identify key concerns so that they are addressed in the new tool?

Commentaire [AA3]: Indicate version?

Abstract (N=250)

Background: The ~~'~~BOADICEA~~'~~ breast cancer risk prediction model and BOADICEA Web Application (BWA) ~~web tool~~ are ~~currently~~ being further developed. We assessed clinicians' concerns, and correlates, of ~~the~~ BWA v3 ~~existing BOADICEA V3.0 web tool so as~~ to address these in the next~~w~~ version of the software.

Règles de publication

- Rôle des co-auteurs
- Ordre des noms
- Collaboration/cadeau
- Auteur fantôme
- Conflits d’intérêt
- Fraude/plagiat

EXPÉRIENCE
REJET IMMÉDIAT

Dear Dr. Brédart:

Thank you for your submission to Journal of Clinical Oncology. I have read your manuscript in full detail.

I am sorry to report that we are unable to accept your manuscript for publication. Many considerations factored into our decision. Among these considerations is concern that the results of this qualitative study are too preliminary to inform oncology practice. Our feeling is that this manuscript would be more appropriate for another journal that focuses to a greater extent than JCO on initial qualitative findings in oncology (e.g., Supportive Care in Cancer).

Journal of Clinical Oncology receives an average of 5,000 submissions per year, of which more than 3,000 are Original Reports, and less than 13% of these are ultimately accepted for publication. In view of the many manuscripts that we receive for consideration, it is sometimes necessary to make an editorial decision as to whether a paper's priority is high enough to warrant full review. Rejection of a manuscript based upon priority considerations should not be taken to imply that the study lacks merit. Rather, the expedited review process is ultimately designed to permit you to more rapidly resubmit the paper to a more appropriate journal.

Sincerely,

Paul Jacobsen, PhD
Associate Editor
Journal of Clinical Oncology

EXPÉRIENCE

RÉVISION MAJEURE

Reviewer(s)' Comments to Author:
Reviewer: 1

Comments to the Author
The manuscript describes an important area of research into patients' tolerability of MTA-related side-effects using qualitative methodology which was clearly outlined. The paper would benefit from a greater clarity of expression. For example the abstract contains sentences which are difficult to follow especially the concluding sentence. A description of eligible patient groups would be advisable, for example, the abstract could outline that patients with different cancers receiving MTAs were eligible for inclusion. An outline for the rationale for including patients on MTAs either as monotherapy, dual MTA or in combination with chemotherapy while excluding those receiving MTAs with radiotherapy could have been provided. Side effects described might be a consequence of the chemotherapy.
In addition, the rationale for including patients still on treatment and those for whom treatment has been discontinued could be clearly outlined.
There could be discussion of different perceptions of side effects according to treatment setting (metastatic or adjuvant).
Finally, a more descriptive and comprehensive overview of the findings within the text could have been provided - Table 2. provides illustrative excerpts but quotes to support arguments within the text could have been provided, for example within the discussion of social repercussions of side effects.

Réponse à R1

Thank you for this suggestion. We reformulated as such:
"Patients with solid tumours receiving molecularly targeted agents (MTAs) with/without chemotherapy in a dose finding phase I trial were eligible for inclusion."

An outline for the rationale for including patients on MTAs either as monotherapy, dual MTA or in combination with chemotherapy while excluding those receiving MTAs with radiotherapy could have been provided.

These criteria were chosen to allow for homogenising the treatment mechanisms of action and toxicity profile.

In the text, we clarify this clinical context: *"...radiotherapy (since adverse events may occur after a relatively long time-lapse), hormone therapy or biological therapies such as gene therapy (since they display completely different action mechanisms and toxicity profiles)."*

Reviewer: 2

Comments to the Author

Comments to the Authors
Very important study!

Results
Very interesting and important results! However, you need to give a more thoughtful picture of the lived experiences and add more quotes to validate your results (more than the table). For example; "… they felt symptom improvement and reduction in side-effects..." (page 9), I would like to know what the patients said, because when I read the quotes in your table, I only read about difficult side-effects. The result section would also benefit by including some quotes about the patients' side effects regarding frequency.
At p.8: "patients described as the most intolerable, unacceptable or unbearable …"You never describe what is seen as unbearable side-effects for patients? Later you use words like tolerable, unpleasant, bothersome, etc. Is this something else than intolerable, unacceptable or unbearable?

Discussion
I think you have theoretical and clinical implications that are underdeveloped in your discussion section and should be further extracted from issues of relevance to EJCC readers. A suggestion is to start the discussion section with your primary results in maximum 2-3 lines Clinical: Are patients well informed, do they understand the nature and aim of phase 1 trials? Since they underestimate the side-effects and are afraid of being dropped out and, therefore, are holding out, are they relevant treated?
Ethical: If patients with severe cancer at the end of life choose to be treated in an aggressive way – as a last chance and, if you then have in mind that the aim of phase 1 trials are to identify toxicity profile, the question must be asked – is the individual tolerability definition relevant? Is it possible to use such a definition in such setting? What about therapeutic misconception and the fact that patients preferred physicians to make the decision for discontinuation.
Is it a problem that those who discontinued trial participation maybe are suffering from long-term side-effects, in addition to loosing their last hope?
Scientific: There might be a risk of bias and incorrect results (underreported side-effects, to high prescribed drugs, unnecessary adverse side-effects, which also affect phase 2 participants). Is then the definition of medical tolerability adequate? Is it possible to provide an excellent safety profile, with a low incidence of side effects?
You say that" patients mostly reported acceptable treatment tolerance" (page 11). What about those who discontinued the trial?
Clinical implications should be added. What can we learn from your results?

Réponse à R2

Thank you for this comment and the helpful suggestions provided below. We followed them and provide the following revisions for the manuscript discussion.

We added a figure presenting the conceptual categories that emerged from the analysis and their interrelationships suggesting an explanation of perceived treatment tolerance and consequence on treatment discontinuation or not. We explain this figure in the text as such:

To discuss the clinical aspects, we added the following in the text:

"Phase I trial cancer patients may face up to painful side effects because of their determination to pursue the experimental treatment. Consequently, they often force themselves to take the medicine even though they suffer from side effects.

From a clinical point of view, given this observation and also research results showing that clinicians often underestimate the frequency and severity of certain side effects as compared to patients' self-reports (Novello et al., 2014; Di Maio et al., 2015), it is possible that some patients are treated with doses that are too high, rather than optimal for them."

Ressources

- Publication **manual of the APA**, 2010.
- Bragge, BMC Med Res Meth , 2011: The Global Evidence Mapping Initiative: **scoping research** in broad topic areas.
- Baumeister, Rev Gen Psy, 1997: Writing **narrative review**.
- O'Brien, Acad Med, 2014: Standards for **reporting qualitative research**: a synthesis of recommendations.
- Liumbruno, Blood Transfus , 2013: How to write a **scientific manuscript** for publication.
- Moher, BMJ, 2009: Preferred reporting items for systematic reviews and meta-analyses: the **PRISMA** statement.
- von Elm, Ann Inter Med, 2007: The Strengthening the Reporting of Observational Studies in Epidemiology (**STROBE**) statement: guidelines for reporting observational studies.