Lessons from Journal Rejections: Improving your odds

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Objective

To determine the most common reasons for journal rejections from one pharma company's sponsored manuscripts in order to improve future acceptance rates and quicken delivery of clinical research data to the public.

Conclusions

The results of this analysis indicate a need for better study design and more rigorous discussions of study interpretation and statistical interpretation overall. Feedback was provided to the teams designing the protocols and conducting the analyses to better inform their work in the future. These insights will improve the upstream study design and data interpretation which should address journal reception to the subsequent publications.

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Introduction

Would you choose a college without visiting the campus or doing your research?

Would you swipe right or left blindfolded to find your true love?

Investing the time in selecting the right target journal for your clinical research data should be based on more than solely looking at the journal impact factor.

By taking a multi-dimensional approach, we can reach every last patient faster.

Methods

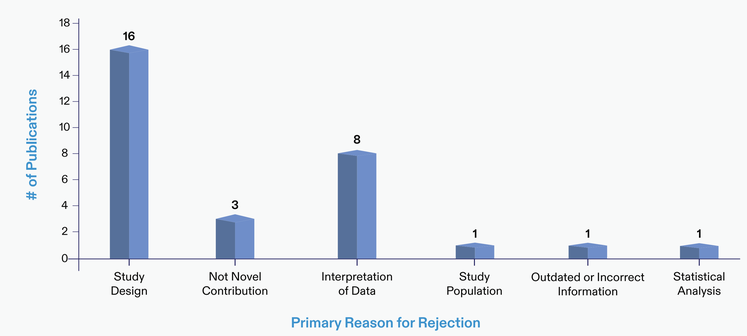
The rejection notifications for manuscripts submitted to peer-reviewed journals between 01 Jan 24 to 13 Jun 24 (n=87) were collected and assessed. Publications that received peer-review (n=30) were included in the analysis. Publications without peer-review were excluded. Those with peer-review were categorized into 6 primary rejection reasons. Most publications had multiple rejection reasons which were distilled to the overarching one. This subset was also stratified by study and phase type.

Results

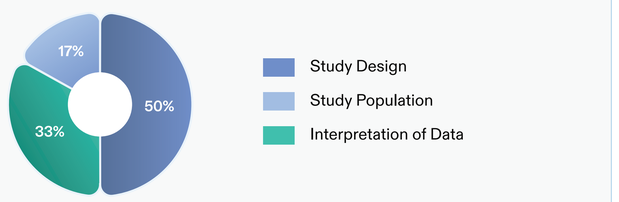
Of 86 publications, 35% (n=30) manuscripts were peer reviewed and 65% (n=56) were rejected at the onset.

The most common primary reasons for rejection of publications that received peer-review were flaws in study design or methodology [53% (n=16)], flaws in study interpretation [27% (n=8)], not novel contribution [10% (n=3)], and 10% (n=3) due to the following: outdated information (n=1), poor statistical analysis (n=1), and flawed study population (n=1). Of the 16 rejected for flaws in study design, 3 were Phase 2 studies, 1 was Phase 3 and the remaining 12 were non-interventional studies such as health economics/outcomes research (HEOR), retrospective database studies, reviews or predictive modeling studies.

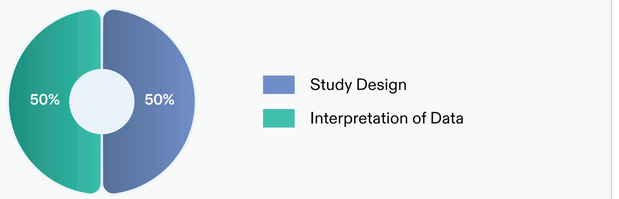
Primary Rejection Reasons Overall (n=30)



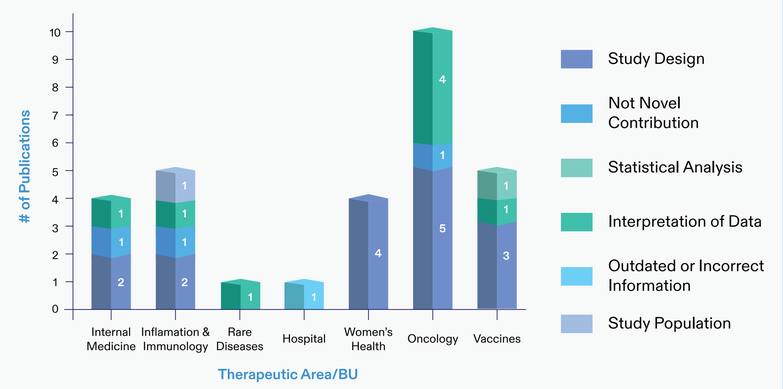
Rejection Reasons: Phase 2 Studies (n=6)



Rejection Reasons: Phase 3 Studies (n=2)



Rejection Reasons by Therapeutic Area (n=30)



Rejection Reasons: Non-Interventional Studies (n=22)

