

LETTERS TO THE EDITOR

Effective writing and dealing with reviewers



To the Editor:

Effective writing is probably not supported by the following advice to your readers: after the rejection of an article that has been sent out for peer review, Dr. Kotz and Dr. Cals recommend: “Once you have received the decision, read it, sleep on it, and read it again, reflecting on the reasons for rejection (...) and use the opportunity to further strengthen your manuscript before submitting it to a different journal” [1]. This reasoning is part of the “Icarus fallacy”: many people believe that medical articles improve after corrections by co-authors, further enhanced by suggestions from the professor, almost hit the jackpot after reviewers’ comments, and ultimately get published in the Lancet. I cannot prove this statement, and neither can Dr Kotz and Dr Cals prove theirs. However, Icarus fell down because his wings were burnt by the sun’s heat. And only a minority of medical articles are being published in top clinical journals. Dealing with feedback from reviewers after a rejection is a false feedback loop; they are not executive, and you do not know who they are. I got all my articles published.

Frank de Vries

*Division of Pharmacoepidemiology and Clinical Pharmacology
Utrecht Institute of Pharmaceutical Sciences
Universiteitsweg 99m
3584 CG Utrecht, The Netherlands
Department of Clinical Pharmacy and Toxicology
Maastricht University Medical Centre+
P Debyelaan 25
6229 HX Maastricht, The Netherlands
Tel.: +31-(0)-302537324; fax: +31-(0)-302539166.
E-mail address: f.devries@uu.nl*

Reference

- [1] Kotz D, Cals JW. Effective writing and publishing scientific papers, part XII: responding to reviewers. J Clin Epidemiol 2014.

<http://dx.doi.org/10.1016/j.jclinepi.2014.02.013>

Dr F.d.V. is an accredited trainer of a course on effective medical writing which has been developed by Tim Albert training, UK.

0895-4356/\$ - see front matter © 2014 Elsevier Inc. All rights reserved.

Authors should consider reviewer comments on a rejected article to improve their article before submission to the next journal



We thank Frank de Vries for his interest in our series on effective writing and publishing scientific articles [1], in particular part XII: responding to reviewers [2]. In his letter [3], De Vries specifically states that effective writing is not supported by our advice on what to do when a manuscript has been rejected with review by a journal: “read it, sleep on it, and read it again, reflecting on the reasons for rejection. Share the rejection decision with your co-authors, and use the opportunity to further strengthen your manuscript before submitting it to a different journal” [2].

De Vries finds this the wrong approach and states that dealing with feedback from reviewers after a rejection is a “false feedback loop”. He implies that one should neglect the feedback from these, mostly unknown, reviewers and submit the manuscript unchanged to the next journal. We find this a rather negative attitude toward the peer review process as it suggests that peer review is not useful at all to improve the quality of scientific articles. Hence, we fully disagree with this viewpoint. The advice from our writing series is useful because a good reviewer report always contains suggestions, which, if followed by the author, will improve the quality of the article and subsequently increase the likelihood of acceptance of the article at the next journal. Furthermore, it may happen that the next journal will accidentally involve partly the same people into the peer reviewing process (as journals will always search for those researchers with the highest level of expertise and experience in the field, which may be only a few). If you can show that you have taken the feedback from the previous peer review round seriously, part of the job is already done.

The peer review process is not perfect and reviewers sometimes produce poor reports, but in many cases, peer reviews provide authors with objective, critical, and constructive feedback on their work [4]. For example, if two or more reviewers offer the same criticism, other future reviewers and editors are likely to share their response [5]. Ignoring such feedback shows disrespect toward those reviewers who spent their valuable time and expertise on

D.K. and J.W.L.C. are authors of a writing series in the Journal of Clinical Epidemiology and teachers of an international writing course (www.heuvelandcursus.nl).

helping to improve somebody else's article. The same goes for feedback and tips from co-authors. De Vries claims that the belief that an article will benefit from advice by insiders (co-authors and professors) and outsiders (reviewers) is an "Icarus fallacy". However, we believe that neglecting their advice is the *real* Icarus fallacy. Icarus was warned not to fly his artificial wings too high or too low to prevent them from burning by the sun or getting soaked by the water from the sea. He neglected the advice given to him, and his over-ambition led him to burn his wings and fall into the sea where he drowned. Effective writing and publishing is teamwork, and researchers should use their team to strengthen their work and also to realistically aim for the right journal [6,7].

Contrary to the advice by De Vries, our writing series [1] and writing course [8] teach researchers to become self-critical academic writers who are open for critical feedback from their peers. This, we believe, will lead to more effective writing and publishing by the individual researcher and to the advancement of science as a whole.

Daniel Kotz*
Jochen W.L. Cals

Department of Family Medicine
CAPHRI School for Public Health and Primary Care
Maastricht University Medical Centre
P.O. Box 616, 6200 MD
Maastricht, The Netherlands

*Corresponding author. Tel.: +31-43-38-82893;
fax: +31-43-36-19344.

E-mail address: d.kotz@maastrichtuniversity.nl (D. Kotz)

References

- [1] Kotz D, Cals JWL, Tugwell P, Knottnerus JA. Introducing a new series on effective writing and publishing of scientific papers. *J Clin Epidemiol* 2013;66:359–60.
- [2] Kotz D, Cals JWL. Effective writing and publishing scientific papers, part XII: responding to reviewers. *J Clin Epidemiol* 2014; 67:243.
- [3] De Vries F. Effective writing and dealing with reviewers. *J Clin Epidemiol* 2014;67:830 [in this issue].
- [4] Spigt M, Arts ICW. How to review a manuscript. *J Clin Epidemiol* 2010;63:1385–90.
- [5] Guyatt GH, Brian Haynes R. Preparing reports for publication and responding to reviewers' comments. *J Clin Epidemiol* 2006;59: 900–6.
- [6] Cals JWL, Kotz D. Effective writing and publishing scientific papers, part IX: authorship. *J Clin Epidemiol* 2013;66:1319.
- [7] Cals JWL, Kotz D. Effective writing and publishing scientific papers, part X: choice of journal. *J Clin Epidemiol* 2014;67:3.
- [8] Effective writing and publishing scientific papers. Available at www.heuvelandcursus.nl. Accessed March 17, 2014.

A stepped wedge cluster randomized trial is preferable for assessing complex health interventions



To the Editor:

The stepped wedge design, a form of cluster randomized controlled trial (CRCT), presents advantages and disadvantages, as previously debated [1–3]. Under certain circumstances, this design facilitates the implementation of complex health interventions [4].

The assessment of complex health interventions imposes some constraints. First, because professionals must be trained in the intervention, cluster randomization of professionals belonging to the same network of care is required to prevent contamination bias. Second, the availability of professionals for inclusion of patients may be adversely affected at certain periods of higher workload. To avoid clusters with no inclusion and to avoid the risks of inter-cluster contamination, it is consequently preferable to have a limited number of clusters, with each one containing a high number of professionals. It is therefore difficult to use a classic parallel CRCT design in this context, because this would often require a high cluster number. A classic crossover design is, meanwhile, impossible to use, because the training of the professionals could not be undone.

The choice of a CRCT stepped wedge trial can be advantageous [5]. First, the intervention is introduced sequentially in the order assigned by randomization, with only some professionals trained simultaneously at each time point, which can facilitate intervention implementation. Second, the stepped wedge design has recently been shown to be far more efficient than a parallel CRCT design in terms of sample size [6]. The intervention effect can indeed be estimated using between- and within-cluster comparisons. Consequently, fewer clusters are needed than with a parallel CRCT design, which can improve group comparability in terms of population characteristics. Another reason that the comparability of groups is improved is that the professionals are their own controls in both control and program units.

A stepped wedge design could also present some disadvantages [1] such as the potentially burdensome nature of repeated measurements of variables, the longer time generally required compared with a classic CRCT design, and the risk of providing an intervention of not yet proven efficiency to a large number of patients.

On the contrary, to avoid the burden of repeated measurements, new patients can be sampled from the clusters at each measurement. Also, if each patient is included for a short period of time, the total duration of the study could be no longer with a stepped wedge design than with a classic parallel design. Only the professionals all receive the intervention by the end of study; this means that if the intervention turns out to be ineffective,

Conflict of interest: The authors declare that they have no competing interests.