

**Publish or Perish !**  
***What to publish and where:***  
***some personal insights***

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**David Batty**

*University College London, London;*  
*Centre for Cognitive Ageing and Cognitive Epidemiology,*  
*Edinburgh;*  
*Alzheimer Scotland Dementia Research Centre, Edinburgh*

# Content

- Why bother ?
- Caveats
- Strategy
- Developing an idea
- Topical ideas
- Picking a study
- Picking a target journal
- Picking (managing) collaborators

# Why bother ?

- (My background – I had to bother)
- We owe it to the funding agencies to deliver
- Paper production is a major metric in academia, perhaps *the* major metric
- Paper production is required in decision-making for the level of HEFC support
- Papers are tangible entities with which to engage the public (e.g., via the media)
- Without it, you will not get funding – it's not really 'chicken and egg'

# Caveats

- I might be wrong
- I might not be the best qualified
- Different researchers have different approaches
- Publishing, and its industrialisation, is not for everyone
- My interest is aetiological epidemiology – not HSR, not trials, not qualitative research...
- This is not a course on how to write a manuscript

# Publication Strategy

- As ECRs, prioritise manuscript production over the preparation of grant applications
- Quantity vs. quality: probably quantity
- Aim to publish six plus first-authored papers/year/ECR

# Publication Strategy

- The research questions can drive the choice of study – introduction to paper unchanged
- The study can drive the choice of research question – methodology/strengths&limitations in paper unchanged. Probably most time-efficient
- Each approach has different implications

# Developing a research idea

*Or finding (or, Knowing you have) a 'winner'*

- Most papers so not report truly novel ideas/RQs
- But, a novel 'take' can often be found on what first appears to be well established area
- Requires a shift in thinking and knowledge of the literature
- For example.....

# Developing a research idea

## Cigarette smoking and lung cancer etc, etc

- A randomised controlled trial !
- Smoking in adolescence/early adulthood
- Smoking *reduction*
- Tobacco alternatives in LMIC, e.g., betel leaf
- New tobacco alternatives in West, e.g., electronic 'vapour' cigarettes

# Developing a research idea

## **Obesity and total mortality**

- A randomised controlled trial !
- Under-researched groups: Adolescence/early adulthood; east Asians/Africans
- Individual Participant Meta-analysis →

## **Blood glucose and CVD.....**

## **SES and mortality**

- A randomised controlled trial !
- Early life SES
- Early *and* later life SES

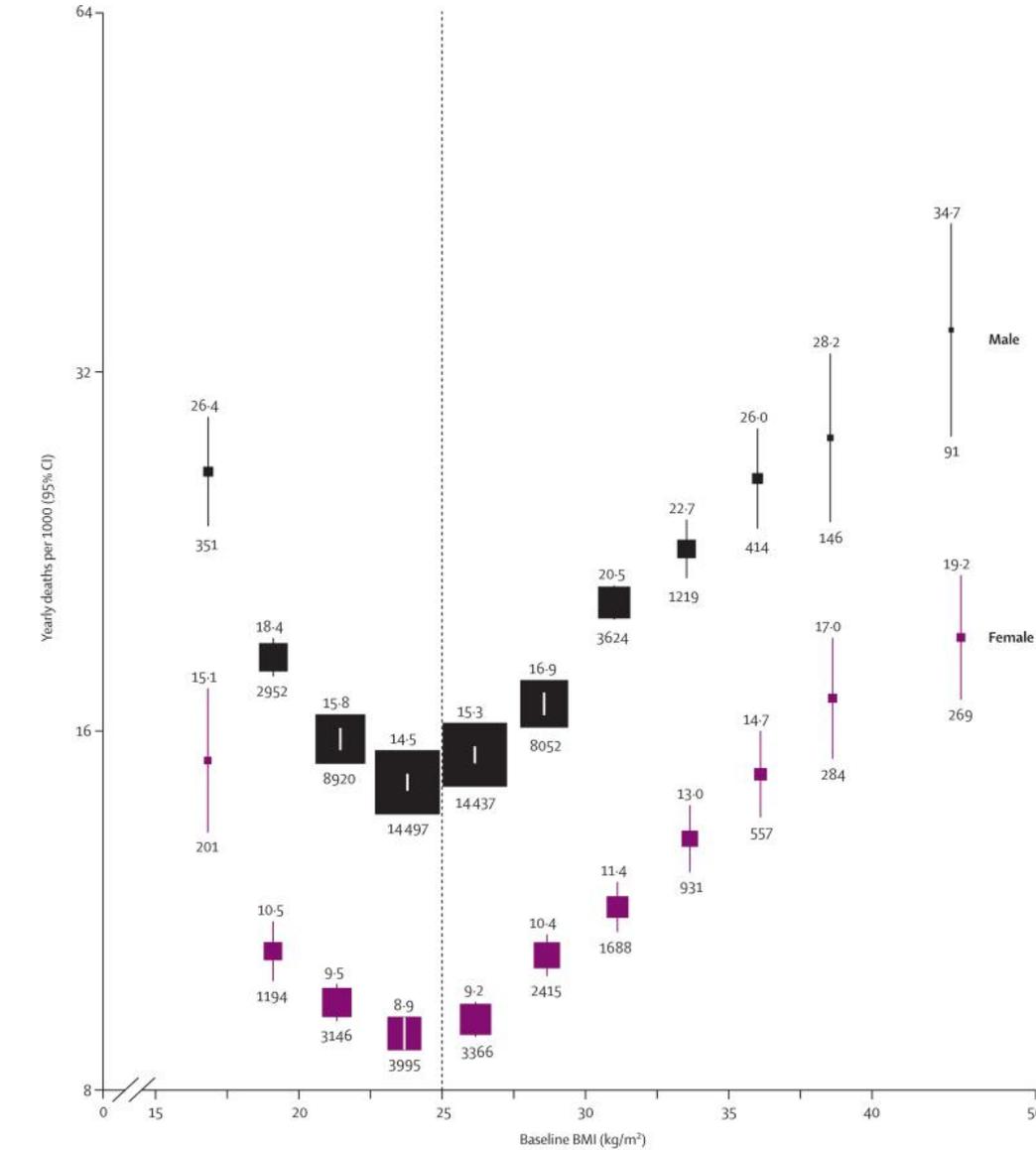
# Prospective Studies Collaboration

## Body-mass index and cause-specific mortality in 900 000 adults: collaborative analyses of 57 prospective studies

*PSC:*  
 BMI  
 Blood pressure  
 Blood cholesterol

*ERFC:*  
 Systemic inflammation  
 Blood glucose  
 Height.....

Whitlock et al. Lancet. 2009  
 March 28; 373(9669): 1083–1096.



Number at risk	2218	24522	91102	160298	138592	62071	23342	7360	2462	843	540
Males											
Females	3295	34617	88348	86970	57023	30824	18372	9366	5100	2821	2738

# Developing a research idea

## **Obesity and total mortality**

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## **Blood glucose and CVD..... →**

## **SES and mortality**

- A randomised controlled trial !
- Early life SES
- Early *and* later life SES

ORIGINAL ARTICLE

# Glucose Levels and Risk of Dementia

Paul K. Crane, M.D., M.P.H., Rod Walker, M.S., Rebecca A. Hubbard, Ph.D.,  
Ge Li, M.D., Ph.D., David M. Nathan, M.D., Hui Zheng, Ph.D.,  
Sebastien Haneuse, Ph.D., Suzanne Craft, Ph.D., Thomas J. Montine, M.D., Ph.D.,  
Steven E. Kahn, M.B., Ch.B., Wayne McCormick, M.D., M.P.H.,  
Susan M. McCurry, Ph.D., James D. Bowen, M.D., and Eric B. Larson, M.D., M.P.H.

## ABSTRACT

### **BACKGROUND**

Diabetes is a risk factor for dementia. It is unknown whether higher glucose levels increase the risk of dementia in people without diabetes.

# General Advice: What's hot/next in aetiological epidemiology

- Single studies for 'discovery science' **only**
- GWAS
- Mega-cohort studies: investigator-led, IPMA, E-health (E-epidemiology, health informatics, etc)
- Mendelian randomisation
- (Life course) / transgenerational approach
- Aetiological trials

# Finding a study/dataset

- Most data are free and easily accessed via, for instance, UK data service (Essex), e.g., ELSA, HES, SHS, 1958, 1970, Millennium, etc
  - typically, these studies do **not** involve collaborators
- Similarly accessible are ‘private’ datasets (mostly), e.g., ALSPAC, Twenty-07, WHII, UKBB, GS, etc
- Data linkages
- (Specific funding calls for ‘existing’ [not ‘secondary’!] data)

# Picking a journal

- In general, the higher up the food chain (IF), the better
- Balance IF with duration of assessment – though higher IF journals are often better funded and weekly so can and need to be more efficient
- Speak to colleagues regarding *recent* experience
- Scrutinise the journal titles for the papers you cite

# Picking a journal (cont'd)

- Sadly, most journal editors are results-driven, leading to publication bias
- But some journals are more concerned with the methodology than results: *PLoS-One*, *Journal of Negative Results in BioMedicine*, *BMC stable of journals*
- Focus on 'when' not 'if': utilising a well-known, respected study, even with a rather hackneyed RQ, means you *will* find an outlet

# Picking collaborators/co-authors

- If you are a ECR, they usually pick you !
- Produce an analytical plan - makes analyses transparent
- Authorship is not a democracy – the manuscript needs the same ‘voice’ throughout
- The best papers are not written by committee
- If in doubt, involve someone as a co-author – spread the love. Recalibrate for your next papers if they show themselves to be a ‘passenger’
- Adhere to the original author list – don’t move people around
- Your **first** version should be a polished manuscript **with** an author list

# Picking collaborators/co-authors (cont'd)

- Attach only one document to an email even if the final submission requires separate covering letter, tables, supplementary files etc
- Typically, give the co-authors one opportunity to comment; more only if major changes are made or conclusions are revised
- But, your boss/close collaborators may want more than one view
- Give a deadline (10 days – shorter if a second look)
- After submission, circulate the final version with automated response from the journal
- If further revisions required, highlight edits (not using 'track changes')
- The next occasion you contact co-authors will be with the revised document – even after multiple submissions
- Blow-by-blow updates are not needed
- You may need to work outside your day job to increase your publication rate