

Pediatric Radiology

Presentation to Publication: Institutional and Individual Factors

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Presentation to Publication: Institutional and Individual Factors

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1 Letter to editor

2 **Presentation to publication: institutional and individual factors**

3

4 Dear Editor,

5 The recent article detailing the proportion of abstracts published from the Society for
6 Pediatric Radiology (SPR) and European Society of Paediatric Radiology (ESPR) annual
7 meetings (1) addresses important themes in modern pediatric radiology but fails to capture the
8 root cause of disparities in publication rates.

9 The authors describe a limitation in the discussion that studies accepted for an oral
10 presentation were presumed to be eventually submitted for journal publication, however, this
11 contention is erroneously misconceived and likely accounts for a large share of the disparity
12 between meeting presentations and publications. The premise underlying the authors' notion is
13 that a publication is more valuable than a meeting presentation, but in the United States (which
14 claimed over half of the abstracts examined), radiology residents (who regularly spearhead such
15 research) commonly receive funding from sponsoring institutions to attend meetings based on
16 accepted abstracts which confers inherent value to the meeting presentation not necessarily
17 implicit to a publication which is of little value to a resident interested in private practice.
18 Likewise, increasing the number of meeting presentations increases the potential fund of
19 knowledge presented at the meeting without the level of scrutiny required for a publication
20 which incentivizes professional societies to host a wider array of presenters. In contrast, journal
21 space is typically limited to studies meeting a higher standard of quality.

22 I consider a peer-reviewed publication to represent a quantum of evidence that leads to
23 generalizable knowledge while I judge the intent of a meeting presentation (which is often

24 limited to ten minutes or less) to convey an observation set comprised of initial correlational
25 findings relevant to the interests of the meeting audience. A meeting presentation is thus not
26 necessarily intended to represent the finished product of a scientific investigation which also
27 explains why so many meeting presentations do not result in publication.

28 While many readers of scientific journals ascribe value to publication authorship as a
29 result of personal career satisfaction or as a method to attain academic promotion, the vast
30 majority of pediatric radiologists in the United States (where the authors attribute greater access
31 to academic resources) are compensated on the basis of clinical productivity and often lack the
32 time or means necessary to convert observations presented at meetings into generalizable
33 knowledge. This includes a significant portion of pediatric radiologists who work in conjunction
34 with academic radiology programs. In review of the original articles published in *Pediatric*
35 *Radiology* in 2015, approximately 1 in 3 of the manuscripts stem from work at one of the 25
36 largest children's hospitals in the United States, and of these papers, roughly 60% originated
37 from one of the top 3 children's hospitals according to *US News and Report* (2). It is not
38 surprising that these 3 institutions also trained 30% of all pediatric radiology fellows
39 participating in the accredited US programs during the 2015-2016 academic year (3). I posit to
40 the authors that institution size or the presence of trainees specific to pediatric radiology are
41 likely stronger correlates to publication success than the elements measured. As to the finding of
42 author inflation between presentation and publication, I further suggest that the inflation is likely
43 to be greater in publications arising from institutions with strong relationships between academic
44 productivity and career advancement among faculty. There is no reason to suggest that simply
45 having more authors should increase likelihood of publication which makes such a hypothesis
46 irrelevant (though later proven in the article nonetheless).

47 The authors state that impact factor (IF) is frequently used to indicate the relative
48 importance of a journal within its field, but the perpetuation of this classical perception is mired
49 in fallacy. I consider Pediatric Radiology, for instance, to be the most important journal for those
50 who practice predominantly in this subspecialty because it is the official publication of the most
51 important professional societies in the field and is subscribable via society membership even
52 though the journal IF is likely negatively impacted as a result of accepting case reports which are
53 rarely cited by other papers (4). If there is a topic of interest most relevant to pediatric
54 radiologists, I agree with the prior sentiment of Donnelly (5) that this journal is the most
55 appropriate venue for submission, and I am greatly disappointed when subspecialty journals are
56 passed over for harder-to-access serials simply to associate such papers with higher IF journals.
57 If high caliber research is rendered harder to access as a result of chasing IF, it defeats the
58 purpose of good science.

59 I agree with the authors that value should be assigned to sound hypothesis-driven
60 research and look forward to future articles in Pediatric Radiology encompassing this principle.

61

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