Avoiding the Pain of Manuscript Rejection

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You’ve written an aesthetic paper about which you are really excited. Your study is a breakthrough. Your clinical results are phenomenal. You submit the paper for publication in *Aesthetic Surgery Journal* (ASJ), anticipating rave reviews. Then you receive a letter saying that the manuscript has been rejected or perhaps returned for substantial revision and resubmission. Your first reaction is surprise. What’s going on here? Your next reaction is indignation. Why can’t the reviewers appreciate the significance of your work? Perhaps they just don’t understand.

ASJ, like other top journals, strives to enhance its quality through greater selectivity—meaning that, over time, a higher percentage of submitted manuscripts is being rejected. As this quality control process continues, it becomes increasingly difficult for authors to achieve publication unless they adhere to certain widely-accepted criteria for scientific manuscripts. Fortunately, many of the typical manuscript shortcomings that lead to rejection can be easily avoided or corrected. Addressing these shortcomings prior to manuscript submission, rather than in revision, can eliminate a lot of headaches for both authors and editors.

**BEWARE OF FATAL FLAWS**

For publication in ASJ, the most basic criterion is that the topic of your paper must be relevant to the practice and scientific investigation of aesthetic surgery or cosmetic medicine. However, even when that criterion is met, many Original Articles submitted to ASJ are rejected because reviewers determine that the material offers nothing substantially “new” to the literature.

Furthermore, problems that are inherent in either topic selection or initial study design often cannot be “fixed” after the research has been conducted and may relegate your manuscript to the recycling bin. Flawed methodology is a serious problem. Study design depends on the type of research that you undertake and must be carefully considered during the planning phase. Obviously, prospective clinical research has demands that are quite different from retrospective studies and chart reviews. With either type of study, however, adequate sample size to support the objective of your research is an important consideration. ASJ reviewers sometimes will designate and publish a paper as a “Preliminary Report” if the findings are promising, despite a smaller-than-desirable sample size.

**STANDARD FORMAT FOR ORIGINAL ARTICLES**

Once you’ve decided upon a topic and completed your study, you are ready to begin formatting your information into a scientific article. Your data should be organized in a standard format that is common, with some slight variation, among most scientific journals. The text of Original Articles published in ASJ always includes an introduction that reviews the study’s background and objective. The introduction is followed by text with major headings for Methods, Results, Discussion, and Conclusions. Depending on author and editor preference, there may be subheadings that fall under each of the major headings for further clarification and ease of reading—for example, under Methods, one may find subheadings for Surgical Technique, Postoperative Care, and so on.

The introduction to your article should be a review of the previous literature that led to the existing “knowledge gaps” you identified, thereby explaining your reasons for undertaking the present study. The Methods section should include information on your patient population as well as patient selection criteria, study design and approval, preoperative evaluations and protocols, technical details of the procedure, and postoperative guidance. Outcomes (including complications) are detailed in the Results section. Your analysis of the importance of the study results—including how they differ from previous findings, possible explanations for discrepancies, and the clinical implications of your data—should all be included in the Discussion.

A survey of editors and peer reviewers uncovered several common complaints with regard to the Discussion sections of submitted papers. Primary among these, as you might expect, was the opinion that authors frequently arrive at incorrect or unsupported conclusions. This could be the result of failing to question statistical data, misinterpreting findings, or overinflating the importance of results. Authors were also criticized for not pointing out the limitations of
their studies. Additionally, redundancy is frequently a problem throughout submitted manuscripts. The Discussion is usually where most needless repetition occurs. However, authors sometimes write their Conclusions section as if every previously discussed finding of the study must be reiterated. In fact, the Conclusions section should be a succinct statement of the most important reader “takeaway” from the study, without being overly repetitious of previous details.

ABSTRACTS AND THE INTERNET

Developing an effective abstract is one of the most difficult prospects for most authors. Your paper’s abstract should be written in such a way as to provide key information while simultaneously enticing the reader to explore the full article. Manuscript abstracts have become increasingly important in the Internet age. A well-written abstract can greatly increase the exposure of your article to a wide audience. An abstract that repeats three or four key descriptive phrases—phrases that a researcher interested in your topic would be likely to “Google”—should improve the ranking of your article in the search engines and thus increase its potential readership. Of course, you should not employ the technique of phrase repetition ad nauseam, but rather incorporate it into a reasonably natural writing style. The title of your article should include one of your key phrases. Likewise, your keywords should be included in your selected phrases.5

LEVELS OF EVIDENCE IN ORIGINAL RESEARCH

One important way to evaluate the significance of a manuscript in the context of evidence-based medicine (EBM) is to grade it according to the Level of Evidence that it provides. Beginning in January 2011, ASJ will request that submitting authors grade their own manuscripts with regard to Level of Evidence. Reviewers will also be asked to assess papers in this manner, although the significance of a particular paper’s grade will depend on the type of article, as well as other individual factors.

There are a variety of systems for ranking evidence by its quality. A common one was described by Phillips et al6 and summarized by Chang et al7 in the ASJ article, “Quality of Clinical Studies in Aesthetic Surgery Journals: A 10-Year Review.” In my January editorial,8 I described a recent EBM summit attended by leaders in aesthetic surgery, during which a final ranking scale was decided upon. This scale was printed in our November/December 2009 issue,9 as well as in the January issues of ASJ10 and Plastic and Reconstructive Surgery.11 It is reprinted again here in Table 1 for your convenience.

As you write a scientific paper for submission, it is important to consider where your paper falls on this scale, keeping in mind that an excellent clinical paper may not necessarily meet the standards for the highest levels of evidence. This fact does not mean that such a paper has no place in a scientific journal. In fact, research-based animal studies, anatomy reviews, Featured Operative Techniques, and commentaries do not fit into the existing EBM scale—but these article types are an integral part of what ASJ authors offer to the scientific community. It is worth noting, though, that the reader’s awareness of how the author’s conclusions are drawn (and his or her personal evaluation of how much credence to place in those conclusions) is key when a paper is based on lower levels of evidence.

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<thead>
<tr>
<th>Level of Evidence</th>
<th>Qualifying Studies</th>
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<tbody>
<tr>
<td>1</td>
<td>High-quality, multicentered or single-centered, randomized controlled trial with adequate power; or systematic review of these studies</td>
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<tr>
<td>2</td>
<td>Lesser quality, randomized controlled trial; prospective cohort study; or systematic review of these studies</td>
</tr>
<tr>
<td>3</td>
<td>Retrospective comparative study; case-control study; or systematic review of these studies</td>
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<tr>
<td>4</td>
<td>Case series</td>
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<tr>
<td>5</td>
<td>Expert opinion; case report or clinical example; or evidence based on physiology, bench research, or “first principles”</td>
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Table 1. Levels of Evidence Scale

TECHNIQUE-ORIENTED MANUSCRIPTS

Aesthetic surgeons often write Original Articles that focus heavily on the details of surgical technique. Reviewers frequently criticize technique-oriented papers that do not pay adequate attention to scientific evaluation of outcomes, including valid measures of patient satisfaction. Simply stating that the results were “excellent” or “satisfactory” is not enough; some type of quantifiable data (patient survey, evaluation by objective experts, etc.) are required to support conclusions. This is the case even when patient photographs would seem to validate the author’s claims.

With regard to photographic figures, authors submitting their work to ASJ often are requested, in the revision phase, to expand upon their figure legends. This not only requires the author to go back to the drawing board in order to locate the missing information, but it also may delay the publication process. Patient photos should include a full description of what is being shown—the age of the patient, presenting complaint, prior procedures, specific procedures performed, and time elapsed since surgery. In the case of breast procedures, the size of implants or amount of tissue removed should be indicated. In most instances, ASJ prefers at least one year of follow-up for postoperative photographs, if possible. Needless to say, pre- and postoperative views should be identical with regard to angle, distance, lighting, and—in the case of facial photography—makeup (no makeup is always preferable although not always achievable).
It should be noted that the illustrated Featured Operative Technique articles are among our most popular and widely read. These “how I do it” manuscripts frequently are supplemented with online video of the described techniques. These are invited articles, yet they still undergo peer review. The standards by which such articles may be judged, however, differ significantly from original research since the sole purpose is to share details of a particular author’s preferred clinical technique.

REVIEW ARTICLES

I personally believe that review articles are invaluable learning tools for both young and more experienced practitioners. There is seldom, if ever, an occasion when I don’t learn something new from reading a well-researched review article. That being said, a shortcoming of some review articles is the author’s failure to adequately place the evolution of principles and procedures into the broader context of where we are today. Work cited from other authors should, to some extent, be analyzed and evaluated within this context. Doing so substantially increases the reader’s understanding of the relevance of previous publications to current practice.12

QUALITY OF WRITING

I am often asked whether authors who are writing in English as a second language are at a disadvantage when submitting papers to the Journal. I can, without equivocation, assure you this is not the case. In fact, English is not my native tongue either! ASJ reviewers are instructed to evaluate papers on the quality of the material presented and not to be distracted by issues such as incorrect grammar or poor sentence structure. Those kinds of imperfections can be addressed by our highly competent editorial team once a paper has been accepted for publication.

Failure to organize your paper in a clear and logical manner, however, is something that can influence reviewers’ perception of the manuscript’s overall merit. The problem of poor organization is encountered as often in papers submitted by domestic authors as in papers by foreign authors. If you are among those who have difficulty with the mechanics of putting a paper together, it is well worth the effort and minor expense to avail yourself of professional writing assistance. Our publisher, SAGE, provides referral to seasoned medical writers who can help you organize your data and develop a finished manuscript. For more information, please visit http://www.sagepub.com/authors/journal/submission.sp.

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LET US HELP YOU

With continued awareness of the essentials of effective writing for journal publication, you can greatly enhance your prospects for manuscript acceptance. ASJ’s editorial staff is always ready to answer your questions and assist you in any way possible with the online submission process. We look forward to making your next submission to our journal a truly enjoyable and gratifying experience!

Disclosures

The author has no disclosures with respect to the contents of this editorial.

REFERENCES

4. Pierson DJ. The top 10 reasons why manuscripts are not accepted for publication. Respir Care 2004;49(10):1246-1252.