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# Fate of manuscripts rejected by Intensive Care Medicine from 2013 to 2016: a follow-up analysis

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Dear Editor,

## Introduction

All intensivists aim to publish in high-impact journals. ICM receives significantly more submissions compared to the number of articles published every year. We attempted to speed the review process and to manage the submitted manuscripts in an impartial and independent way. We select those manuscripts that could be of interest to our readership that are practice-changing, methodologically and ethically sound. Since 2013, we implemented a policy for a rapid turnaround time, by immediately rejecting inappropriate manuscripts after a quick evaluation by the editorial board. Instead, if the manuscript is selected for external reviewing, the priority is to quickly give feedback to authors. In 2013, the first decision was reached in 7 days and a final decision, after revision, in 8 days for source items (original manuscripts, reviews, systematic reviews, conference reports). In 2016, source items received a first decision in about 4 days, due to an increase of immediate rejections, and a final decision in 5 days. Nevertheless, this fast process can produce errors, and some rejected manuscripts from ICM can be published in other peer-reviewed journals, becoming highly cited and thus influencing the ICU community.

As a quality improvement effort, we investigated the fate of manuscripts rejected by ICM, evaluating the impact factor (IF) of the publishing journals, the number

of citations obtained, and the interval to publication after the rejection.

## Methods

In November 2017, a PubMed search was performed to identify the source items rejected by ICM from 2013 to 2016. Articles were considered “published in another journal” if they met the following criteria: (1) same first author, (2) similar title, (3) similar abstract, (4) publication year  $\geq$  2013.

The target journals were classified by the difference between ICM's IF and the IF of the target journal in the same year into four categories: higher IF, same IF ( $\pm 0.5$ ), lower IF, and ICM (for items published in ICM in a different format). We also investigated whether a source item obtained more citations than those required to contribute to the annual ICM IF and where it was eventually published. To contribute to the IF, a paper should have obtained a minimum number of citations equal to the absolute value of the annual IF.

The number of citations for each published article was retrieved from the Web of Science Core Collection database (Clarivate Analytics). If an article was not found there, the search was expanded to all databases in Clarivate Analytics. The time to publication was defined as the interval between the final disposition and the publication in another journal.

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**Table 1 Outcomes of source items submitted to ICM from 2013 to 2016**

Year of submission to ICM	2013	2014	2015	2016
N. of source items submitted	1096	1098	1171	1301
N. of source items rejected (rejection rate)	985 (89%)	964 (88%)	1046 (89%)	1197 (92%)
N. of rejected items published in other journals after ICM final disposition (publication rate)	522 (53.0%)	387 (40.1%)	485 (46.3%)	478 (39.9%)
Distribution per year of publication after ICM rejection (%)	2013: 85 (16.3) 2014: 342 (65.5) 2015: 82 (15.7) 2016: 13 (2.5)	2014: 98 (25.3) 2015: 269 (69.5) 2016: 20 (5.2)	2015: 119 (24.5) 2016: 280 (57.7) 2017: 85 (17.6) 2018: 1 (0.2)	2016: 140 (29.3) 2017: 335 (70.1) 2018: 3 (0.6)
Time to publication Mean (SD)	376 days (207)	301 days (152)	348 days (181)	289 days (135)
IF of journals where items were published after ICM final disposition	ICM IF 2013 5,6	ICM IF 2014 7,2	ICM IF 2015 10,1	ICM IF 2016 12,0
Higher (2)	2	0	0	0
Same (28)	27	1	0	0
ICM (31)	12	7	5*	7
Lower (1386)	481	379	393*	133**
N. of manuscript which obtained a higher number of citations in respect to the corresponding IF of ICM	11 <sup>a</sup>	13 <sup>b</sup>	2 <sup>c</sup>	1 <sup>d</sup>

\*This only considers the source items that were submitted and published in 2015 and 2016. Our analysis did not include items published after Jan 2017

\*\*Only source items submitted and published in 2016 are included in this value

<sup>a</sup> Critical Care (four items); Intensive Care Medicine (2 items); PloS One; Shock; British Journal of Anaesthesia; Clinical Microbiology and Infection: The Official Publication of the European Society of Clinical Microbiology and Infectious Diseases; The Journal of Antimicrobial Chemotherapy

<sup>b</sup> Acta Anaesthesiologica Scandinavica; Annals of Intensive Care; Chest; Critical Care (five items); Critical Care Medicine; Journal of Cardiothoracic and Vascular Anesthesia; Shock; Journal of thrombosis and haemostasis; Resuscitation

<sup>c</sup> JAMA surgery, Critical Care

<sup>d</sup> The Cochrane Database of Systematic Reviews

## Results

From 2013 to 2016, 4666 source items were submitted to ICM to be reviewed for publication. The average rejection rate of source items was 89% (4192 rejected items). Forty-five percent of source items (1872) that were submitted to ICM from 2013 to 2016 were eventually published in other journals or in ICM as a letter (Table 1). Almost all were published in journals with a lower impact factor. The mean interval from the rejection by ICM to publication was  $331 \pm 176$  days.

fewer citations than those required to maintain the ICM impact factor, thus indicating that the fast process did not result in a loss of manuscripts with high citations.

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## Conclusion

Almost half of rejected manuscripts were published in other journals, generally with a lower IE, and obtained