

## PUBLISH OR BE DAMNED? A RETROSPECTIVE COHORT STUDY OF ABSTRACTS PRESENTED AT THE ICS MEETING 2003.

### Hypothesis / aims of study

International scientific meetings provide a forum for the presentation and discussion of new work. However the abstracts presented require publication in peer review journals if the information is to be widely disseminated and accepted as valid. Failure to publish may lead to unnecessary duplication of research, and compromise the results of subsequent systematic reviews or meta-analyses.

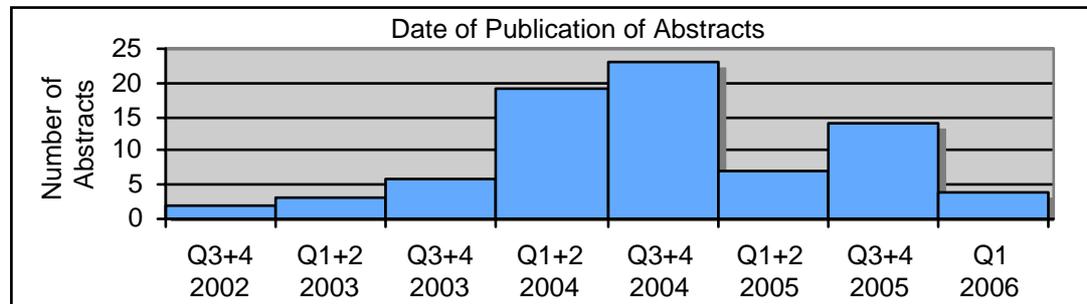
This study examines the presented abstracts from the ICS Meeting held in Florence, 2003. It analyses the rate of publication, the time to publication, the factors predicting successful publication, the consistency of reporting between presented abstracts and published abstracts, and the barriers to publication.

### Study design, materials and methods

All podium presentations and discussed posters from the ICS Meeting 2003 were included in the cohort. They were categorised according to the topics from the Abstract Submission Rules, according to the nationality of presenting authors, and according to a range of other factors previously identified as correlating with likelihood of publication(1). Using keywords and author names, two observers searched PubMed for published papers (between 2002 and February 2006) corresponding to the work presented. For abstracts that had been published, the original abstract was compared with the abstract accompanying the full-text paper. Inconsistencies between the two abstracts were assessed independently by each observer. For abstracts that could not be identified in PubMed, the main authors were surveyed with an email questionnaire. It asked for confirmation of non-publication, and about the reasons for non-publication of their work.

### Results

812 abstracts were submitted to the 2003 Meeting, and 130 were accepted for presentation (16.0%). Of these 130, 77 (61.6%) had been published by February 2006. Of the published abstracts, 7 (9.1%) were published in advance of the meeting. The median time to publication was 11 months with an interquartile range of 15 months. Papers were published in 30 different journals. 75 (97.4%) papers were published in English. Only 7 (9.1%) were published in the official journal of the ICS, *Neurourology and Urodynamics*. The median Impact Factor (based on the 2003 list) was 1.63, with an interquartile range of 0.92 (1.10-2.02).



A large majority of papers were presented by authors from North America, Europe, or Asia (94.6%). The most prolific nations were the UK (n=28), US (n=25), Italy (n=17), and Japan (n=12). Authors from the US were significantly more likely to have had their work published (p=0.048 Fisher's Exact Test).

Some topics for ICS abstracts (including "Neurourology: Basic Science" and "Rehabilitation and conservative treatments") were more likely to result in publication. Uniquely though, Clinical Pharmacology abstracts were significantly more likely to have been published (p=0.043 Fisher's Exact Test).

Multi-centre studies were no more likely than single centre studies to have been published. Similarly interventional trials were no more likely than observational studies to have been published. For interventional trials, a positive or negative outcome was not a predictor of publication. Published trials had a higher mean sample size (874) than unpublished trials (505), but this difference was not significant (Mann-Whitney U-Test).

Of the 77 published abstracts, we classified 14 (18.2%), as having major inconsistencies between the presented abstract and the published abstract. These differences included a change in hypothesis, change in design, or results that were numerically incompatible. 42 (54.6%) papers had minor inconsistencies, including changes to the authors or the sample size. Of the 20 (26.0%) papers with altered sample size, 17 were increased. 24 (31.1%) abstracts had differing conclusions, of which 7 (9.1%) were major. In all cases the results as expressed in the published paper were less good, or less emphatically stated. Just 21 (27.2%) abstracts were unchanged from presentation to publication. Inconsistencies between presented and published abstracts were significantly associated with delay in publication on Kaplan-Meier analysis (Hazard ratio=2.76; 95%CI=2.60-12.53; p=0.0001).

53.4% of contacted authors responded, regarding their unpublished abstracts. Only one additional paper was identified in PubMed in this way, and is included in the above analyses. Two abstracts had contributed to published theses, not indexed in PubMed. A single study had been submitted and rejected for publication. The other reasons for non-publication given are shown below.

Reasons given for non-publication of papers	
Still in process of submission	4 (17.4%)
Preliminary work for larger study	6 (26.4%)
Lack of interest from journals	7 (30.4%)
No time	6 (26.4%)
Responsibility lay elsewhere	3 (13.0%)

#### Interpretation of results

Previous studies examining other international scientific meetings have reported publication rates ranging between 11% and 78%(2). The rate of publication for the ICS 2003 conference is comfortably within this range, with the expectation that further abstracts are still to be published. The rate of publication is considerably higher than for equivalent urological meetings, such as the American Urological Association Annual Meeting(37.8%) and the British Association of Urological Surgeons Annual Meeting (42%)(3). There was delay in publishing many studies, in part because some presented abstracts were for interim results.

Inconsistencies between presented and published abstracts were common. While some of these inconsistencies (differences in authors or titles) may be unimportant for the validity or generalisation of the work, others are a cause for concern. Since only the published abstracts, rather than the full-text papers were analysed, it is likely that the true rate of inconsistency has been underestimated.

US authors, as well as meetings in the US, have been associated with higher rates of publication, and this was shown again for the ICS. Clinical pharmacology trials were also more likely to be published, and this probably reflects the commercial interest associated with those trials.

The reasons given for non-publication are largely remediable. All studies ought to be suitable for publication, given that they have already undergone a rigorous peer-review process by the Scientific Committee.

#### Concluding message

The high publication rate reflects the scientific quality of the ICS Meeting. In line with the International Committee of Medical Journal Editors Requirements, caution is advised when citing abstracts that have not yet been published in full. All authors should be encouraged to publish their work after presentation.

1. JAMA 1994; 272: 158-62
2. Ann R Coll Surg Engl 2006; 88: 57-61
3. BJU Int 2006; 97: 306-309

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