ISMTE Announces Board Election Results

Thank you to all who participated in the recent ISMTE Board elections. We can now officially report the following:

Elizabeth Blalock will assume the role of President on January 1, 2010.

Jennifer Deyton has retained her position as Secretary for another two years starting in January 2010.

Glenn Collins (Meetings), Erin Dubnansky (Training), and Wendy Krank (Members) have all been appointed to the Board for a term of three years.

Congratulations to all. ISMTE will become yet stronger with their already-demonstrated hard work and vision.

I will assume the role of Past-President and will retain a voting position on the board for a two-year tenure. Dianne Dixon will be stepping down from the board on December 31st. I would like to thank Dianne for her contributions over the first two years of the society.

As a reminder, any member in good standing is entitled to serve on the ISMTE Board of Directors. A condition is that a member demonstrates commitment to the organization through committee work. All committees are actively seeking volunteers ahead of meeting (by phone or e-mail) before the end of the year.

In December’s issue of EON Elizabeth will present her vision for the Society over the next two years.

In this issue:

Articles
- ISMTE Board Elections
- Executive Director
- Medical Illustration for Your Journal
- Summary of 6th Peer Review Congress

Columns
- Tips & Tricks
- Taming Technology
- Ethical Questions
- Portrait of an Editorial Office

Miscellaneous
- Calendar

ISMTE Appoints New Executive Director

ISMTE is pleased to announce Leslie McGeoch has assumed executive director responsibilities as of 27 October 2009.

Leslie McGeoch is currently a 2011 Juris Doctor candidate at the Rutgers School of Law in Camden, New Jersey. Prior to continuing her education, Leslie was a client executive director in the Headquarters Division of Talley Management Group, an association management company, in Mt. Royal, New Jersey. Her
responsibilities included working with the executive committee and board of directors on administrative, strategic, and governance issues, financial oversight and reporting, administration of awards programs, membership recruitment and retention, chapter relations, and coordination of electronic media initiatives.

Leslie is active in the student community at Rutgers Camden, serving as a class representative to the Student Bar Association and Secretary to the Rutgers-Camden Student Chapter of The Federalist Society. She participates in the Association for Public Interest Law (APIL) Voters’ Rights Project and the Pro Bono Mediation Program, and was named a 2009-10 Marshall-Brennan Fellow. Marshall-Brennan Fellows prepare and teach a course in Constitutional Law to Camden high school students. Leslie is a member of the American Society of Association Executives (ASAE), the American Bar Association (ABA), and the New Jersey State Bar Association (NJSBA).

She is a Past Chair of the Program Committee of the Delaware Valley Society of Association Executives (DVSAE) and also served on DVSAE’s Communications Committee. Leslie has elected experience as a Township Committeewoman for Harrison Township, New Jersey, and she continues to serve on the Township’s Economic Development Council. She is Vice-President of the Harrison Township Beautification Committee, which is working to revitalize the downtown Mullica Hill district through business development and aesthetic improvements.

Leslie holds a bachelor’s degree in Political Science from Rutgers, the State University of New Jersey.

We wish Leslie the best of luck and look forward to working with her as the Society moves into perhaps its busiest phase yet with several new initiatives coming to fruition.

Jason Roberts
President, ISMTE

New Contact Information for ISMTE

Leslie McGeoch, Executive Director
International Society of Managing and Technical Editors
1107 Mantua Pike Ste. 701 # 122
Mantua, New Jersey, USA 08051-1606
Phone: +1 856 292 8512
Fax: +1 856 292 8513
E-mail: ismteoffice@gmail.com
I feel very fortunate to be the medical illustrator for the American Gastroenterological Association (AGA). My primary responsibility is to develop complex medical illustrations, in cooperation with authors and editors, for our journals: Gastroenterology and Clinical Gastroenterology and Hepatology (CGH).

I also provide graphic design, graphics software training, and a variety of other visual communication services. As such, I occupy a unique niche in the AGA’s publishing program. In this article I will show you why medical illustration for your journal is an important consideration, how my illustrations are developed, my specific experience in integrating medical illustrations into the AGA journals, and tips for how you can incorporate illustration services into your journal workflow.

The Value of Medical Illustration

Medical illustration is a highly specialized field, combining advanced art skills and medical knowledge. Most medical illustrators attend one of the five certified medical illustration graduate training programs in North America. A comprehensive first-year curriculum in medicine provides illustrators with the necessary tools to converse fluently with medical professionals. The first and second years of training also include art coursework in traditional and digital media, surgical illustration, business and portfolio courses, and a graduate thesis. After graduating, illustrators are employed in a variety of settings, including medical publishing.

Illustrations in the medical publishing environment are a result of a collaboration among illustrator, author, and editor. The illustrator helps realize the author’s ideas, highlights important scientific findings, and guides the reader through the story. The editor sometimes suggests the concept for the illustration and often reviews it in the context of the broader research. A good illustrator doesn’t just trace an author’s sketches or copy from textbooks; she reads and understands the article’s content, distilling and visually arranging the key scientific points. Illustrations combine visuals and words to tell a story, adding a distinct layer of quality to a scholarly journal.

Medical illustration can support an article in a variety of ways including:

• quickly highlighting the most important research findings or key points,
• clarifying complex chemical and biological pathways,
• combining visible and invisible elements (such as anatomy with biochemistry),
• showing structures (such as organs in surgery) below or behind other structures using transparency, lines, schematics, and other visual tools,
• removing extraneous material (such as overwhelmingly complex anatomy); illustrating only key structures or pathways,
• using imagination and knowledge to visualize items that cannot be imaged with photography, X-ray, microscopes, etc.,
• assisting medical teams in visualizing and coordinating rare or undocumented surgical procedures,
• guiding the reader’s attention through a complicated story or procedure by combining words and images,
• overlaying artwork onto a photo or radiograph to highlight or clarify important structures,
• adding visual interest to keep the reader’s attention, and
• branding a journal with a consistent visual style.

How an Illustration Comes Together

How is an Illustration Initiated?

Illustration jobs are initiated in a variety of ways. In some cases, journals require illustrations for specific sections of content. For example, the AGA requires four to six illustrations for the review section in Gastroenterology. When authors are invited to write for this section, they are provided with my contact information, a list of frequently asked questions (FAQs) about medical illustration, and are asked to contact me early in the development of their manuscripts. These authors usually send sketches or PowerPoint™ (PPT) slides, as they have a strong idea of how they would like their figures to appear. It is helpful to have their text and figure legends as well, even in rough format.

In other cases, authors are encouraged to request medical illustration services, should they need them. This is the case with select content in CGH. Additionally, sometimes medical illustrators are expected to generate ideas for possible illustrations. For example, I review accepted manuscripts for CGH to identify articles that would benefit from illustrations (or articles with illustrations needing improvement). I then contact these authors to share suggestions for illustrations. I follow up with rough sketches based upon their text and ask the authors to provide edits and feedback.

How is an Illustration Developed?

After it is decided an article needs an accompanying illustration, I read the article carefully; sort through the author’s rough sketches; note the key findings or highlights; and identify any items needing clarification, further research, or consultation with the author. As I plan the illustrations, I keep in mind my objectives of helping the reader to: 1) quickly understand the essence of the article and 2) absorb the most important scientific points. The author’s input to illustration development is also critical, as they may have information to add that was not apparent from a review of the materials (or may not have been included in the article).

When my notes and research are complete and I have a concept firmly in mind, I turn to the computer. I first refer to my digital library of basic illustrated elements (e.g., cells, molecules, anatomical elements, medical equipment and procedures, etc.). By starting with existing elements and modifying them as needed, I can work extremely quickly; and with each completed project, I can add materials to my library.

All of my work is done digitally because I like the clean and modern look, it helps me work quickly, and it is easily editable throughout the life of the artwork. I first create an outlined
Medical Illustration

Sketch with flat color fills in Adobe Illustrator™, which I send to the author for feedback. It often takes several rounds of revisions until an author is happy with the sketch. After I have the author’s approval, I finalize the artwork in Adobe Photoshop™, adding highlights and shadows for a sense of depth and dimension.

Changes in the AGA Journals’ Workflow

Although I have worked for many years as a medical illustrator in a variety of settings (medical center, research laboratory, medical–legal, freelance), and my work has appeared in books and journals, I had no experience with the inner workings of an editorial office when I arrived in the publications department of the AGA in 2006. However, I knew from my previous jobs that many authors consider illustrations an afterthought to be tacked on at the end of the writing process. Given that the best illustrations result from a true collaborative effort, I knew I needed to be involved sooner, and more directly, with the Gastroenterology and CGH authors.

As our illustration service expanded, it quickly became apparent creating our figures in-house and incorporating them into our production cycle was challenging the traditional paradigm, causing us to rethink all stages of production (invitation letters, FAQs, obtaining materials from authors, file naming conventions, figure edits, transmission of final figures, figure compositing, proof circulation, etc.). Throughout all of the workflow transitions, the AGA editorial staff has done an exceptional job of involving me in every stage of the process.

Along with the challenges, the opportunities presented have been plentiful. For example, we have been able to visually brand the AGA journals via the illustrations, author-submitted

Figure 1.
(A) Rough sketches, done in Adobe Illustrator™ CS3, ready to send to the author for approval. (B) Final, author-approved, publication-ready artwork, completed in Photoshop™ CS3.
Medical Illustration

As our department has worked collectively to integrate medical illustration into our journal content over the past several years, we have learned many helpful lessons, which I summarize below.

Tips for Integrating an Illustration Service

From an author’s point of view, manuscript handling and illustration services should be seamless. This process requires a great deal of communication and coordination within the editorial office. Whether the illustrator works onsite or remotely, incorporating them fully into the editorial office team will help meet deadlines and solidify a quality publication. And of course, the same goes for the illustrator: Respecting the expertise of the editorial office staff and keeping them included, no matter how closely you are working with an author, will help prevent the

Figure 2: Illustrated covers from (A) Gastroenterology, and (B) Clinical Gastroenterology and Hepatology (CGH).
Medical Illustration continued

pitfalls of missed deadlines and duplicated efforts.

What the illustrator needs:

- the author’s figure ideas (sketches, PPT slides, notes, or scary doodles on cocktail napkins);
- article content, including figure legends (draft is okay);
- direct contact information for the corresponding author and any other individuals who might need to review/ approve the illustrations;
- deadline changes, critical changes to issue lineups, production schedules;
- revisions/edits that need to be made to either the figures or the text;
- the journal’s color figure budget (and any changes along the way); and
- as much time as possible to complete the work.

How the illustrator can help:

- honor deadlines; get things turned in on time,
- notify editorial staff right away of any anticipated delays in completing the work; discuss how to reprioritize work if necessary,
- never overlook the importance of communication; keep staff in the loop when talking with authors—it is important for them to know how the illustration jobs are progressing,
- educate staff about the illustration process (for example, can they tell the difference between a draft and a final illustration? Will they be able to spot an illustration that is incorrectly sized in a proof? Do they know how much time is needed for each type of illustration?),
- share your knowledge; you will likely be called upon to help with many of the figures processed by the editorial office; you also can give tutorials and workshops to the staff, which are often highly valued,
- create a FAQs document for authors to help guide them through the process of working with an illustrator, and
- be open to feedback on improving the collaboration process.

What the author needs to know:

- the illustrator’s direct contact information;
- how many total figures they are expected to include with the manuscript;
- who will be paying for color figures, if applicable;
- who is responsible for obtaining permission to use previously published figures;
- the timeline (when to expect drafts, how much time they will have to review the drafts, when to expect finals); and
- where to submit each portion of the manuscript (how are the submission instructions different for manuscript text, figure legends, and figures?).

How the editorial staff can help:

- copy the illustrator on all relevant correspondence with the authors,
- give the illustrator as much advanced notice as possible about new illustrations,
- keep issue lineups current,
- keep the illustrator informed during the manuscript revision and editing process,
- share all proofs to ensure accurate figure quality and sizing,
• give the author and illustrator every opportunity to work together directly, and
• be open to feedback on improving the collaboration process.

The Big Picture

Integrating medical illustration into the complicated workflow of journal production is a process that evolves over time and relies heavily on communication, collaboration, and patience. Ultimately, however, adding this element to your journal gives it tremendous value and presents exciting new ways to engage and communicate with your readers, providing them with critical information.

References and Further Reading

Association of Medical Illustrators (good resource to find qualified medical illustrators):
www.ami.org/

Medical Illustration FAQ for Authors
www.gastrojournal.org/content/medical_faqs

Wikipedia
http://en.wikipedia.org/wiki/Medical_illustrator

Accredited Medical Illustration Programs

Johns Hopkins Medical Institutions
www.hopkinsmedicine.org/medart/

Medical College of Georgia
www.mcg.edu/medart/

The University of Illinois at Chicago's College of Applied Health Sciences
www.ahs.uic.edu/bhis/programs/bvis.php

The University of Texas Southwestern Medical Center at Dallas
www.utsouthwestern.edu/utsw/cda/dept75796/files/319267.html

University of Toronto
www.bmc.med.utoronto.ca/bmc/index.php
Summary of the International Congress on Peer Review and Biomedical Publication, 10–12 September 2009

by Irene Hames
Managing Editor
The Plant Journal, Wiley-Blackwell
imh5@york.ac.uk

The Sixth International Congress on Peer Review and Biomedical Publication was held at the beginning of September in Vancouver, and more than 400 delegates from 34 countries gathered to hear and discuss 49 presentations and view more than 60 posters over 3 days. There was a buzz in the air and expectations were high.

The Congresses were introduced to provide a forum for the presentation of research on peer review and are organised by JAMA (Journal of the American Medical Association) and the BMJ Group. The first Congress, ‘Guarding the Guardians’, took place in Chicago in 1989, and the meetings have been held every four years since. Only new research can be presented, and equal time is given to discussion. In his summing-up session at the end of the meeting, Drummond Rennie, the Congress Director, gave an overview of the previous Congresses, highlighting a number of important studies that have come out of them. He stressed that the Congresses exist to promote research, and in 2005 he did what he said he would do when the research presented reached a certain level: direct that the presentations would no longer be published in a special issue of JAMA, but study authors should rather submit their research for publication to various journals. Although there were still many challenges, he felt the Congresses had seen a number of victories, notably the introduction of reporting structures such as SORT and CONSORT (note: a new CONSORT Statement is due to be published next year), and the requirement for clinical trial registration by the ICMJE journals.

EQUATOR Pre-meeting Satellite Event

The EQUATOR network (see May 2008 issue of EON) held a successful and well-attended reporting workshop the day before the Congress and hosted its second Annual Lecture in the evening: Redescribing medicine: reporting or reclaiming research for health? by Richard Horton, editor-in-chief of The Lancet. This was a fascinating talk, delivered in Horton’s usual passionate and thought-provoking way. He likened journals to systems of justice (drawing on concepts in Amartya Sen’s 2009 book, The Idea of Justice), stressing that journals are more than repositories of research – they have personalities. I liked this idea, as I think it’s very true. He questioned whether journals accurately describe the world of health as it truly is and then went on to talk about research reporting, asking ‘How can we all help EQUATOR to become a global network?’ He was concerned about publication bias against low-income countries and stressed that it is the responsibility of editors to ensure that divergent perspectives are given space in their journals.

The Congress

And so to the Congress proper. All the sessions were plenary sessions – 10-minute presentations followed by 10 minutes for
Congress on Peer Review

continued
discussion based on questions from the audience – so no difficult choices needed to be made as to which to attend. The sessions were well attended throughout, even on the last day and despite the meeting being held in such a beautiful city with so many potential distractions. The Congresses concentrate on biomedical publications and, although there were sessions on authorship/contributorship, peer review, data sharing and conflicts of interest, editorial training, decisions, policies and ethics, publication pathways and publication bias, reporting in relation to clinical trials predominated – there were three sessions on this, plus one on trial registration. Coming from a science journal, I think I was in the great minority. I would have liked more on other aspects of peer review. But, as Drummond Rennie explained, the committee can only select presentations from what’s submitted. He, like others, had been surprised that there was so little electronic-related material and urged everyone to ‘start working’.

What Were the Highlights of the Meeting?

Invited Presentations

As well as the research presentations, each day started with a longer invited talk, and these were very good.

Steven Goodman opened the first day with an entertaining and stimulating talk entitled ‘Jumping without Parachutes: numbers, knowledge and biomedical journals’, focussing on how things work in the reporting of studies. This included both humorous and serious examples of premature or inaccurate causal pathways (from the 3.9-year survival advantage of Oscar winners to the protective effect of Omega-3 oils from different sources), which are frequently reversed in subsequent studies, and the claim that medical journals are still predominantly using an 80-year-old statistical technology. We are witnessing an ‘avalanche of new methods’ entering the field, but Goodman felt they are often being used by poorly trained people and being reviewed by those who are even less knowledgeable. A couple of interesting points came up: the tension between what is known before a study and what is found, and the phenomenon of ‘data peeking’, where if you look at the data during a study you’re more likely to find the effect you expect – so don’t.

Harold (Hal) Sox gave a very nice and topical talk at the start of the second day on Comparative Effectiveness Research. He has recently retired from 8 years as the editor of Annals of Internal Medicine and gave an overview of four important lessons he’d learned during his editorship: (1) most clinical research is either not novel or not valid (i.e., conclusions not fully supported by the evidence) and unlikely to change patient care; (2) journal editing has diverse ‘receptor sites’ and these groups expect different things (e.g., the public, a stamp of approval on clinical research; the author’s peers, transparent reporting and details of what was done and found; the authors, valuable help from expert editors); (3) predicting which articles will be influential is an imperfect science; and (4) to minimise mistakes in what they publish, journals need statisticians who are active participants in the culture of the journal, and this involves a big financial investment.

The main focus of Sox’s talk was Comparative Effectiveness Research (CER), which compares the benefits and harms of different treatments and identifies interventions that work in improving health care. A lot of money is being put into this in the United States in the form of stimulus funding (see www.hhs.gov/recovery/programs/cer/index.html) and he saw this as both an opportunity and a challenge for medical journals. An opportunity because medical journals will have a central role in CER, a challenge because there will be a large
Congress on Peer Review

increase in the number of publications, some of which will involve complex modelling, and this will impact peer review. Medical journal editing is expensive, and he asked the question: ‘Who will pay for this in the future?’ He sees free access to journal content as a threat to medical journals’ traditional income sources, and if journal income falls he is concerned about what will happen to first-class journal editing. (Note: Sox used his farewell editorial in the 7 July issue of Annals of Internal Medicine, vol 151, pp 68-69 to cover this.)

Drummond Rennie’s historical overview of the Congresses (see above) opened the third and final day.

Research Presentations

With 46 research presentations it’s not possible to highlight more than a few. The abstracts are all available on the Congress website (www.ama-assn.org/public/peer/peerhome.htm), but quite a few speakers included updated results so these abstracts don’t represent exactly what was presented. It’s important to remember that although the presentations were selected for inclusion by a double-blind review process, they haven’t yet been subject to scrutiny by journal peer review. A number of the presentations have already been reported in the press and on blogs; some have received a lot of coverage, including some criticism (see below).

Authorship. The first research presentation on the opening day (Thursday 10th, morning) reported an interesting study with important implications for the perception of authors’ contributions. Little is known about how readers assign credit based on author position and corresponding-author (CA) designation. Jason Busse and colleagues (Bhandari et al.), therefore, looked at how chairpersons in departments of surgery and medicine across North America perceived author contribution (in study conception and design, analysis and interpretation of data, and statistical analysis) based on position in the author listing and CA status, and asked their view of the most prestigious position. They presented a hypothetical study with five authors to nearly 300 chairpersons, making either the first or last author the CA. From the 165 responses (57% response rate), they found that when the last author was the CA, perception of the first author’s contribution decreased significantly for a number of areas, whereas their own overall prestige increased significantly. The respondents varied widely in their perceptions of the contributions of the other authors, irrespective of who was the CA. The second author’s contribution was affected by whether the first or last author was the CA. Academic department chairs were, therefore, influenced by CA designation. The authors of the study concluded that without explicit details of the contributions of authors, false conclusions can be drawn about author credit and accountability.

Joseph Wislar (Thursday 10th, morning session) presented the results of a study (Wislar et al.) to determine the prevalence of honorary and ghost authorship in general medical journals and how this compared to the results of an earlier study in 1996. He and his three co-authors, who are JAMA editors, surveyed the corresponding authors of 900 articles of various types published in 2008 in six general medical journals (Annals of Internal Medicine, JAMA, The Lancet, Nature Medicine, New England Journal of Medicine (NEJM), and PLoS Medicine) about honorary and ghost authorship and obtained 630 responses (about a 70% response rate). Honorary authors were reported for 21% of articles, ghost authors for 8%, and both for 2% (cf, 19%, 11% and 2%, respectively, for results in the 1996
survey). The prevalence of honorary authors was highest in *Nature Medicine* (39%) and lowest in *NEJM* (16%), and the prevalence of ghost authors was highest in *NEJM* (11%) and the lowest in *Nature Medicine* (2%). They concluded that the prevalence of honorary and ghost authors has not changed significantly since 1996 and found this worrying given the increased awareness of authorship issues and the introduction and publication of author contributions by some medical journals. However, they found no significant differences between journals requiring author contribution disclosures and those that do not.

The study has been the subject of much discussion, and the *NEJM* has been reported to be sceptical about the findings and concerned about some of the definitions and methodology. Ginny Barbor, chief editor of *PLoS Medicine*, was at the meeting and found the results ‘quite shocking’ because her journal has tough and explicit policies on ghostwriting and contributorship, and she felt they’d ‘been lied to by authors’.

**Peer Review.** There were only three presentations in this session (Thursday 10th, morning), which was a bit disappointing—one on grant review, the other two on peer reviewers and review quality. The study presented by Michael Callaham (*The natural history of peer reviewers: changes over time*) has also generated some interest in the media but maybe shouldn’t be taken at face value. Callaham wanted to see if reviewer performance changes as reviewers get older. So all the reviews for *Annals of Emergency Medicine* (where he is EiC) from 1994 to 2008 (14,808 by 1498 reviewers), which had been rated on a five-point scale by 84 editors, were assessed. The performance of 93% of the reviewers deteriorated over time at a mean rate of 0.04 points a year. He also looked to see if doing more reviews over time led to better reviews — it didn’t. Kent Anderson has written a good post on this study on The Scholarly Kitchen blog highlighting the limitations and suggesting other interpretations; it’s worth a look (http://scholarlykitchen.sspnet.org/?s=vancouver+peer+review). Kent Anderson also comments that ‘attempts to make scientific peer-review more scientific seem misguided’ and ‘the purpose of tools like these eludes me’.

**Editorial Policies.** An important study was presented by Benjamin Djulbegovic (*Wager et al.*, *JAMA*) on the Thursday afternoon in the editorial policies session. In July 2005, *JAMA* introduced a new policy requiring independent statistical analysis for industry-funded randomized controlled trials (RCTs). The authors looked at all the RCTs published in *JAMA* and two other journals as a control (*The Lancet* and *NEJM*) from July 2002 to June 2008. They found that the total number of RCTs and the proportion with commercial funding decreased significantly in *JAMA* after July 2005. During the same period, the number of RCTs published in *NEJM* increased, but funding did not change significantly; the same number were published in *The Lancet*, but the proportion of industry-funded RCTs rose (but not significantly). The authors concluded that *JAMA*’s requirement for independent statistical analysis for industry-funded studies was associated with a change in pattern of RCTs published, but they were unable to tell whether the policy had affected the number submitted, the acceptance rate (i.e., quality), or both. Fiona Godlee, editor-in-chief of the *BMJ*, made the point from the floor that if it could be shown that the quality had improved, other medical journals would be ‘flocking to do the same’. Catherine DeAngelis, the *JAMA* editor-in-chief, got up to explain the policy and reasons why she’d introduced it. The aim had been to protect the public against poor studies and she had no regrets about introducing it.
**Congress on Peer Review**

*Publication Bias.* An interesting study was presented by Seth Leopold (Emerson et al.) in the Friday morning session on publication bias. The authors wanted to see whether more reviewers would recommend publication of a ‘positive’ outcome report compared to a ‘no-difference’ outcome report of an otherwise identical fabricated RCT. Positive-outcome publication bias can skew evidence-based medicine, so this is an important area of study. The two versions of the reports they prepared (on dosage and timing of perioperative antibiotics) were identical except for outcome and were randomly allocated to 209 reviewers at two orthopaedic journals − *Journal of Bone and Joint Surgery (JBJS)* and *Clinical Orthopaedics and Related Research (CORR)*. At both journals the ‘positive’ outcome manuscript was more likely to be recommended for publication (but only significantly at *JBJS*), suggesting that positive-outcome bias is present. A surprising, and worrying, finding was that the ‘positive’ outcome manuscript received better reviews for methodological rigour, even though the methods sections of the two versions were identical, and was checked less carefully for errors. The authors recommended that editors should consider providing reviewers with more explicit guidelines for the review of ‘no-difference’ manuscripts.

*Rhetoric.* The Friday afternoon session started with an unusual but interesting session on ‘rhetoric’, where research involving linguistic analysis of the use of words and phrases in published articles was reported. Studies were presented by Isabelle Boutron on the nature and frequency of ‘spin’ (‘the manipulation of the content and rhetoric of reporting to convince the reader of the likely truth of a result’) in published reports of RCTs with nonstatistically significant primary outcomes, and by Lisa Bero on the rhetoric used to frame research results reported in drug studies to determine if statistically significant numerical data support claims about the effectiveness or safety of a drug. The final presentation, by Eileen Gambrill, advocated the introduction of a ‘propaganda index’. The principle behind this was commendable, namely to devise an index to serve as a complement to methodological filters such as CONSORT in reviewing manuscripts and the published literature, which could identify and reduce spin and inappropriate claims and emphasis. I didn’t, however, like the use of the term ‘propaganda index’ in this context, as it denotes a rather extreme and doctrinaire activity and has derogatory and political connotations, which makes it unsuitable for general and international use. In submissions to most journals authors do try to hype their findings to make their data seem more important than they are and help get their work published, but many times authors are just sloppy in their use of language. In both cases it’s up to reviewers and editors to spot inflated claims and inappropriate use of language and get the authors to address these issues. The problem is of course much more serious in the biomedical literature because claims about drug effectiveness and safety impact health care, and positive results in industry-sponsored studies can result in great financial returns. So an index that can help reviewers and readers detect exaggerated and unsupported claims could be valuable.

**Posters**

There were many interesting posters – covering a much wider subject base than the actual presentations – but, unfortunately, they weren’t on display for the whole meeting and there wasn’t enough time to view them all and discuss the findings with the poster presenters. I only managed to look at a fraction and would have loved to have seen them all. 🏛️
If you have ever deleted a paragraph break while working in Microsoft® Word and seen your standard Times New Roman 12-point document suddenly turn into **Gill Sans Ultra Bold Condensed font in italics and 16-point type**, then you know there’s something going on in Word you just cannot see. These hidden ‘codes’ in Word can cause all types of formatting problems for journal editors working on documents created by authors from all over the world who use various platforms. About two years ago, we at the *Journal of Studies on Alcohol and Drugs* began using a Word add-in program called CrossEyes that displays the formatting details of each document. It has helped us unravel most of the tangled formatting problems we encounter.

Although Word itself has some functions to help you uncover the formatting behind the scenes, this information is typically not available in a cohesive way or in a manner that is easy to troubleshoot. If you are familiar with the word processing program WordPerfect, you may recall the *Reveal Codes* feature that displays formatting codes, a function Word notoriously lacks. CrossEyes performs essentially the same Reveal Codes function for Word users.

Downloading CrossEyes adds a new icon to the ‘Add-Ins’ tab at the top of every Word manuscript (for Word 2007 users). By clicking on this new icon (or typing Alt + k), a window opens at the bottom of the document, revealing all the formatting details of the text (Figure 1). Clicking on a specific formatting code in the CrossEyes window opens the relevant dialog box (e.g., Font or Paragraph), where the formatting can be altered. (For stubborn formatting problems that cannot be changed through standard routes, you can use the *Clear Formatting* button in Word 2007 as a last resort. Almost always, this strips the text of all its formatting, reverting the text to the format settings defined in your ‘Normal’ style. However, be sure to save your file beforehand because the Clear Formatting function will eliminate all formatting you have used for the selected text.)

By going through each manuscript and making sure only the necessary codes are there, we have been able to minimize the number of surprises we encounter while editing manuscripts and after importing them into InDesign for layout. CrossEyes may not solve every formatting problem you have—for example, it will not help you unlink in-text citations from reference list items in manuscripts where authors used reference-
CrossEyes management software. (To unlink these, you have to type Control + Shift + F9 for PC users and Command + Shift + F9 for Mac users.) However, CrossEyes does have the potential to make editing and related tasks such as layout (somewhat) less frustrating. CrossEyes is available for download through Levit & James, Inc. (www.levitjames.com/crosseyes/)

CrossEyes is available for download through Levit & James, Inc. (www.levitjames.com/crosseyes.html) for $29.99. Levit & James also offers 15-day free trials. You will need administrative rights on your computer to download the program.

Figure 1. CrossEyes reveals formatting details.
Let’s move on with the exciting and amazing features of the Cognos Reporting system. If you thought the last part was it, you were wrong. Cognos is the ultimate reporting tool, and as such offers many customization options which will help you during report creation in a very practical way. We shall continue with the tools available to you in the Query Studio by looking at a few options you will find very useful.

**Condition Styles**

Picture this situation: you have created a report, you see a very long set of numbers, names, and lots of data, but all you really want to see is who the reviewers are who submitted their scores on time and who submitted after the due date. In Cognos, you can do this in a very easy way that is also easy on the eyes. For that, you will use the conditional styles option (see Figure 1).
When you enter conditional styles, you will be able to, with just a few clicks, set parameters that will translate into visual cues. For example, set a time interval to 20 days for review scores. Then, assign colors for values under 20 days and over 20 days. Let’s say green for under and red for over. The final result will be a report highlighting in green and red the “good” and “bad” reviewers, in terms of timeliness (see Figure 2).

Changing Font, Size, and Color

To customize the display of your report, Cognos offers you extensive visual customization options. You can change virtually every aspect of the display of your report: from the font color, type, or size, to border thickness, style, etc. All of these are available in expandable reports as well as in Query studio (see Figure 3).

Adding Charts and Tables

This option is very popular with many Cognos users as it gives a clean and simple display of vast amounts of data. After you have made some crosstabs using pivot, left click on either the row or the columns header, and choose the chart/pie button and use one of the many available chart/pie types available (see Figure 4).
Figure 3.
Customizing the style

Figure 4.
Adding charts and tables
Some of the available options include: Bar Charts, Pie Charts, Tables, Line Charts, and Radar.

Above all, the only way one improves their familiarity and aptitude with Cognos is by just getting in there and playing with the system.

User Guide:

Videos:
www.planetsg.com/PLANet_Systems_Group_Website/Flash/Cognos_Reports/English/Cognos_Videos.html

Ask Customer Support:
http://mchelp.manuscriptcentral.com/gethelpnow

---

Praise for Irene Hames’ (ISMTE member) book, Peer Review and Manuscript Management in Scientific Journals

‘...a timely and well-informed book. Newly appointed editors will find masses of useful information and practical tips. Seasoned editors will be inspired to reassess and refine their own procedures.’ (Polar Research)

‘An excellent and must-read book for journal editors ... It will also serve as a valuable resource for anyone interested or involved in the peer-review process.’ (PsycCritiques)

Buy your copy with your ISMTE discount. Go to the Members link at www.ismte.org for details.

---

So, When Is the Next ISMTE Conference?

Check the ISMTE website, www.ismte.org, for upcoming information (dates, venues, speakers, etc.) on the 2010 ISMTE conferences.

The information is not there yet? Keep checking. It’s coming soon!

---

Have You Fallen Behind?

If you’ve gotten behind in checking the weekly news items on the ISMTE home page, you can catch up by going to the ISMTE Resources page at http://ismte.org/resources.html. Scroll down to ‘News from the world of publishing’ and click on the ‘archive’ link.
Although this article focuses on potential conflicts of interest created by advertising in medical and biomedical journals, the authors’ discussion could apply to any journal that accepts advertising as a means of augmenting its revenue. It would be of interest to read in the ISMTE Forum how conflict of interest issues have been managed by members whose journals have advertising. In addition, it would be helpful to review our members’ thoughts on the authors’ recommendations for maintaining the integrity of their staff and journals when the contents of submissions directly or indirectly conflict with the claims contained in advertisements.

Ira F. Salkin, PhD  
Column Editor

Awareness of conflict of interest (COI) in all aspects of health care and biomedical research continues to increase. COI has been defined as ‘a set of circumstances that creates a risk that professional judgment or actions regarding a primary interest will be unduly influenced by a secondary interest.’ Primary interests include ‘promoting the integrity of research, the welfare of patients, and the quality of medical education.’ Secondary interests are not limited to direct financial gain, but also include ‘desire for professional advancement, recognition for personal achievement, and favors to friends and family or students and colleagues.’ Conflict disclosure and management policies have been proposed and implemented for clinicians, investigators, authors, academic medical centers and other health care institutions, and professional medical associations (PMAs).

A recent – and vivid – call for reform came from an unexpected source, the comedian Jim Carrey. On April 3, 2009, on CNN’s Larry King Live, questions of conflict of interest – and vivid – call for reform came from an unexpected source, the comedian Jim Carrey.

On April 3, 2009, on CNN’s Larry King Live, questions of conflict of interest

9 Kamerow D. No gifts, please, we’re doctors. BMJ. 2009;338:b1835.
pertaining to advertising in biomedical journals took a rare place at center stage. Jim Carrey and Jenny McCarthy accused the American Academy of Pediatrics (AAP) of having a conflict of interest that prevents publication of data on the health risks of childhood immunizations. Carrey asserted, ‘The AAP is financed by the drug companies.’ To support this assertion, he urged a pediatrician on the show to open the latest issue of *Pediatrics* (‘that’s their journal, with unbiased opinions’ Carrey said) showing a full-page ad for Rotateq (Merck and Company) vaccine. (It should be noted that since June 2009, *Pediatrics* has not carried print advertisements from Rotateq or other vaccines.)

The argument underlying this effective bit of theater is based on the historical role of advertising in medical journals and the perceived value of such advertising to pharmaceutical companies. In 2003, pharmaceutical companies spent an estimated $4.48 billion on advertising in medical journals. In addition, pharmaceutical companies often buy large numbers of reprints of articles favorable to their products, as well as subsidizing special issues of journals. These activities also represent important revenue sources for biomedical journals.

Pharmaceutical advertising helps both the PMAs and their journals. In 1996, five of six physician PMAs raised more than 10% of their total annual revenue from pharmaceutical advertising in their professional journals. For example, the American Medical Association (AMA) in its 2004 annual report indicated the advertising in its publications brought in $40 million, which was over 15% of total AMA revenues.

It is now widely acknowledged the receipt of things of value from industry (whether as gifts or contracted provision of services for remuneration) can engender actual or the appearance of COI. It is generally agreed COI should be identified through a reporting process, reviewed by an administrative mechanism, and eliminated, managed, and/or disclosed to all those potentially affected. Rothman *et al.*’s recent comprehensive discussion makes important arguments for addressing COI in PMAs:

> [E]ducation must be carefully distinguished from marketing. Professional medical associations have a duty to bring to their members the best scientific evidence on the efficacy and suitability of drugs and devices. These efforts must be separate from and not affected by industry promotions.

Remarkably, however, Rothman *et al.* completely exempt journal advertising revenue from consideration.

PMAs should work toward a complete ban on pharmaceutical and medical

---

device industry funding ($0), except for income from journal advertising and exhibit hall fees. Although attracting advertising and exhibit hall fees might possibly bias the activities of PMAs, the officers and members can easily distinguish these marketing activities from educational presentations and are free to ignore them.4

This exemption seems to be based on a failure to appreciate that the effects of advertising revenue do not apply to the ads themselves and are not limited to the journal readers who see the ads. Rothman et al. go on to state:

PMA journals must have policies governing journal-based advertising to ensure that scientific and editorial integrity is maintained, for instance, by prohibiting editorial decisions to be based on the likelihood of generating advertising revenue.4

Such a prohibition is no different from merely ‘prohibiting’ clinicians and researchers from being influenced by industry gifts – long recognized as an inadequate solution to a complex problem of human psychology.

When professional journal advertising comes primarily from the industry groups that supply the profession with the tools of its trade, the possibility that advertising revenue might unconsciously influence editorial decision-making should not come as a surprise. In pertinent respects, the editors and staff of biomedical journals are analogous in role to the leadership and officers of PMAs, and should be so regarded for COI purposes. As Rothman et al. note, education and marketing are distinct activities that should remain separate. Journal readers rely on the professional objectivity of editors just as patients rely on the professional objectivity of clinicians. Clinicians and editors are expected to advise based on the recipient’s best interests, not their own financial, social, or political interests.

Is there any evidence advertising, reprint purchases, or subsidies to biomedical journals influences their content? 15. In a well-publicized case, a manuscript that had passed both editorial and peer review was rejected by the editor after it was rejected by the journal’s marketing department 16. Moreover, one of us has found in a review of 11 commonly read general medical journals that increased pharmaceutical advertising was associated with publishing fewer articles about non-pharmaceutical dietary supplements (e.g., vitamins and minerals) and the publication of more manuscripts concluding that such supplements are unsafe 17. Data from another study indicated potential COI in the publication of book reviews in scientific journals. It was recommended journals and associations representing journal editors develop COI policies pertaining to book

---

16 Dyer O. Journal rejects article after objections from marketing department. BMJ. Jan 31 2004;328(7434):244.
Journals Advertising

Although additional studies are needed to test alternative explanations for these findings in a more diverse group of journals, the data are consistent with well-established social science observations on the influence of advertising and the principle of reciprocity in human relationships.19-23.

The medical profession has only begun to fully appreciate the ways in which the lines between marketing, editorials, education, and advice can be blurred. In light of the evidence strongly suggesting advertising revenues from the pharmaceutical industry can affect the content of biomedical journals, policies are needed for the elimination, management, and/or disclosure of potential COI for journal editors and staff. We propose the following steps toward decreasing COI for biomedical journals:

1. Journal revenue sources should be transparent and completely disclosed, including funding for editor and staff salaries, office spaces, equipment, supplies, and the costs of editorial board meetings (including meals and travel). Journal editors should refrain from accepting gifts, meals, tickets, trips, samples, or similar items of material value from advertisers.

2. Revenue sources for meetings of PMAs that sponsor journal publications and awards should also be transparent.

3. Journals should develop COI policies for editors, editorial boards, staff, and reviewers consistent with their policies for authors.

4. Since ending reliance on pharmaceutical and biotech device advertising, reprint purchases, and special issue subsidies is likely to represent a financial hardship for many journals, they should seek alternative sources of funding. Seeking advertising from industries unrelated to medical products or services, increasing subscription fees, or charging authors for publication costs may be challenging but more ethically defensible.24. The fact that some prominent journals, such as PLoS Medicine, accept no advertising at all suggests that this approach is feasible.

5. The International Committee of Medical Journal Editors should establish a standing committee on editorial COI composed of members who have no relevant COI and have had experience in developing, adopting, and implementing COI policies for journals.

themselves, staff, and reviewers. The committee could standardize the content, format, and procedures for disclosing financial relationships with industry.

Ultimately, the financing of biomedical journals should be reformed so it is apparent to all that the contents of a journal are of high quality and provide unbiased, objective information to readers.

* Kathi J. Kemper, Departments of Pediatrics; Family and Community Medicine; Social Science and Health Policy, Wake Forest University Baptist Medical Center, Winston-Salem, NC, USA, and Nancy M. P. King, Department of Social Sciences and Health Policy, Wake Forest University Baptist Medical Center, and Center for Bioethics, Health, and Society, Wake Forest University, Winston-Salem, NC USA.

## Calendar of Events

**ALPSP - Going Green? Sustainable Publishing**  
*4 November 2009*  

**ALPSP - Introduction to Journals Publishing**  
*6 November 2009*  

**COPE - US Seminar 2009**  
*9 November 2009*  
Washington DC, USA  
www.publicationethics.org

**ALPSP - Commissioning Book and Journal Content**  
*25 November 2009*  

**ScholarOne Manuscripts User Conference**  
*30 November 2009*  
London, UK  
www.onlineregistrationcenter.com/register.asp?m=192&c=8205

**Editorial Manager User Group Meeting**  
*4 December 2009*  
London, UK  
www.editorialmanager.com

**Council of Science Editors**  
*14-18 May 2010*  
Atlanta, GA, USA  
www.councilscienceeditors.org

**Editorial Manager User Group Meeting**  
*17-18 June 2010*  
Cambridge, MA, USA  
www.editorialmanager.com

**International Academy of Nursing Editors**  
*11-14 August 2010*  
Brisbane, Queensland, Australia  
www.nursingeditors-inane.org/events.html
We offer our gratitude to our Corporate Supporters:

**Gold Level**
Wiley-Blackwell, Informa/Taylor & Francis

**Bronze Level**
American Chemical Society, Aries Systems Corp., British Medical Journals, Oxford University Press, ScholarOne Thomson Reuters

for their support of ISMTE!

Please see the website for details: www.ismte.org

ISMTE EON

EON is the official newsletter of the International Society for Managing and Technical Editors (ISMTE) and is published monthly. The contents and opinions expressed by the authors do not necessarily represent those of the Society, the Board of Directors, or EON editors, nor does the publication of an article constitute an endorsement on the part of ISMTE of the authors’ organizations or companies. Submissions are welcome and can be sent to the editor at the address below. Submissions may be edited for style and format without the author’s permission. Authors must seek permission to reprint any copyrighted material and provide this permission to the editor. EON's content belongs to the members of ISMTE. Users may view and download EON articles for personal, non-commercial use. Use beyond that allowed by the "Fair Use" limitations (sections 107 and 108) of the U.S. Copyright law require written permission from the EON editor.

Editor:
Kristen Overstreet
kristen.overstreet@mac.com

Associate Editors:
Susan Scalia
susan@awra.org
Emily Mueller
emueller@allenpress.com

Editorial Advisor:
Sirkka-Liisa Leinonen
sirkka-liisa.leinonen@pp.inet.fi

Section Editors:
Portraits: Deborah Bowman
dbowman@asge.org

Technology: Kimberly Sankey
sankey.kimberly@mayo.edu

Publication: Jan McColm
jmccolm@med.unc.edu

Ethics: Ira Salkin
irasalkin@aol.com

A note on English: ISMTE aims to be a truly international society. English will represent our lingua franca, but we would like to stress that in materials published in EON or online that variations in idiomatic usage and spelling should reflect the origins of the author. No one version of English is preferred over the other.

ISMTE Executive Office: PMB 300, 223 N. Guadalupe, Santa Fe, NM 87501 USA Tel: 1.505.983.4923 Admin@ISMTE.org
I was born and educated in Northern Ireland, and in 1987 - after obtaining a distinction in my Diploma for Medical Secretaries - I was appointed medical secretary to a professor of Hepatology at the Royal Free Hospital, Hampstead, London. My first introduction to journal publishing was in April 1989 when I was appointed personal assistant (PA) to Professor Roy Pounder, who was also based at the Royal Free Hospital. Part of my role as Professor Pounder’s PA was processing the paperwork associated with the journal *Alimentary Pharmacology & Therapeutics (AP&T)*, which was then published every two months. Professor Pounder is the founding editor of *AP&T*, and the other co-editor was Professor Michael Langman.

In 1990 I became the editorial assistant for *AP&T*. This meant all authors sent their manuscripts directly to Professor Pounder at the Royal Free Hospital, improving the efficiency of both the submission and peer-review process of papers submitted to the journal.

In 1991 Professor Langman completed his tenure as co-editor of *AP&T* and, as the journal’s success grew, it was agreed by the editorial board and Blackwell Publishing Ltd that the new co-editor should be based in the United States to broaden *AP&T*’s profile. Professor Walter Peterson in Dallas, Texas, became Professor Langman’s successor, and he finishes his tenure at the end of this year.

The introduction of a new US-based editor enabled all papers from the US and Canada to be submitted directly to Professor Peterson, whilst the UK-based office continued to process all manuscripts from Europe and the rest of the World. All the manuscripts came in triplicate by post and courier, and all articles were sent out in duplicate to reviewers. The journal’s success continued under the new co-editorship, and from 1st January 1998 *AP&T* was published monthly.

Submissions continued to rise, and at the end of December 1999 my primary role was editorial manager for *AP&T*. This enabled me to dedicate more time to ensuring all new submissions and other related correspondence were dealt with promptly. Our peer-review process was still paper-based, but our system continued to work well, with the average time to first decision approximately 28 days. The submission and peer-review process entailed the following pathway:

- Paper submitted by author directly to editor in either the UK or US;
- Editor assesses paper and decides on appropriate reviewers;
- Paper sent to reviewers with relevant paperwork;
- Reviewers return their comments, preferably by fax;
- Once all reviewer comments are
received, paper is returned to editor for initial decision;
• Decision sent to corresponding author by fax.

*AP&T* was one of the first Wiley-Blackwell journals to pilot the submission and peer-review process via Manuscript Central™ (now known as ScholarOne™ Manuscripts) and on 1st April 2001 the transition commenced. This proved successful, and through time authors preferred to submit their papers online; although we offered a service (and still do) whereby any author who still preferred to submit via paper, along with a disk or CD, would have their manuscript uploaded to ScholarOne™ Manuscripts by myself, and the peer-review system was then commenced. After moving to ScholarOne™ Manuscripts, the peer-review system was then changed to account for the fact any editor could deal with any manuscript submitted. New submissions were therefore assigned to an editor by the manuscript’s specific specialty. This allowed for the addition of two associate editors to oversee the commissioning of all review articles and peer-reviewing of all submissions relating to liver disease.

Since that time, the journal has evolved from two editors and an editorial assistant (based at Blackwell Publishing Ltd in London) who used a paper-based system, to five editors and myself, all of whom manage everything online—that is, from submission to acceptance. *AP&T* is ‘The International Journal of Gastroenterology & Hepatology’ and, in 2008, 1,004 papers were submitted to us from 45 countries, involving 1,156 different reviewers (two for each paper).

The submission and peer-review process for a paper to *AP&T* now entails the following pathway:
• Submitted paper is checked by me to ensure all files have been uploaded correctly, including any figures and/or tables;
• Manuscript is assigned to appropriate editor depending on the specialty or manuscript type;
• Editor selects and invites reviewers;
• I accept/decline reviewers if they reply directly by e-mail to the editor;
• I check on the papers regularly to ensure sufficient reviewers are always invited for a paper, should a reviewer decline by clicking on the automatic link included within the invitation e-mail;
• Overdue reviewers (who have agreed to review a paper) are sent regular automated reminder e-mails requesting their comments within a given time-scale and reminded of how to view the manuscript and submit their comments online;
• When a reviewer submits their comments I ascertain if they qualify for our reward (either a free CD of their choice or an anonymous donation to Médecins sans Frontières) for having submitted their comments within a specified time-scale and, if so, will send them the appropriate e-mail message;
• When all reviewer comments have been received, paper is passed automatically to editor for decision.

*AP&T*’s move to an online office proved successful, as our submissions continued to increase, and on 1st January 2003 we moved to
publishing AP&T bi-monthly.

I believe the main reason for the success of AP&T is the service and incentives we provide to both our authors and reviewers, plus the enthusiastic daily involvement of every editor online. For example, as we now publish bi-monthly it is imperative our flow of papers does not stop. To ensure reviewers submit their comments promptly, we offer them a choice of a free CD (from a list updated monthly and including a variety of music choices, from pop and rock to folk or world) or AP&T will make an anonymous donation to Médecins sans Frontières on their behalf (in 2008 the donations totalled £17,480 [US$ 28,097 – currency rate conversion as at 30 September 2009]).

Our authors are also extremely important because without them we would not be able to publish a journal; we therefore not only provide them with a very prompt and efficient peer-review process, but we also offer the corresponding author of an accepted paper a free online subscription to the journal for one year. These are only a couple of our incentives to encourage our authors to submit to AP&T—I cannot reveal all our secrets!

I now work solely from home, based in Hertfordshire, England, and have two children aged eight and six. This works extremely well for me as I do the majority of my work whilst they are at school, and catch up on my e-mails later in the evening, usually received from our US editors, authors, and reviewers. This also allows me the flexibility to take my children to any after-school activities, help them with their homework, and be at home with them if they are unwell.

My typical day as editorial manager involves managing all e-mails received, including those of the other editors that relate to AP&T, obviously asking for their expert advice when required. This helps to ensure our authors and reviewers receive a prompt, personal response on receipt and hence no delay should the editor be busy with their other daily commitments. The e-mails may include anything from a newly submitted paper to a thank-you for providing a reviewer with a reward for returning their comments promptly or from an author for providing a prompt initial decision—whether it be accept or reject.

My role is almost complete when a paper has been accepted and I export the final accepted paper to our production editor in Singapore. The production editor will then liaise with the author concerning the proofs and any corrections, and with Professor Pounder to determine the running order for subsequent issues. However, there is still a link between myself, the authors, the editors, and the production editor until actual publication.

Being the editorial manager for AP&T is an extremely satisfying occupation—when AP&T falls through your letterbox twice a month and you look through it, the achievement one receives from having seen a paper from submission to publication is most gratifying. In addition, being able to liaise with authors, reviewers, editors, production, and publishing staff throughout the world, and receiving continued positive feedback from authors concerning the prompt receipt of an initial decision following peer-review (YTD mean of 13 days) and from acceptance to print publication (YTD mean of 7 weeks), is most rewarding. AP&T is undoubtedly the ‘Fastest Journal in Gastroenterology’ – and I like it!