Author’s response to reviews

Title: How to choose the best journal for your case report

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Author’s response to reviews:

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Dear Journal of Medical Case Reports,

Thank you for providing us the reviewer reports and allowing us to perform the suggested revisions. We thank both reviewers for their time and helpful comments. All revisions have been made (in red font within the revised editorial) in line with the reviewers’ comments and our responses are below:

“Reviewer #1: The authors provide a very important, contemporary, and informative guide for health care professionals who are interested in reporting their patient experience. The article covers many aspects of concern regarding the open access business model and transparently lists more than 140 journal titles including the year these journals were launched and whether they are indexed in PUBMED or have questionable publishing practices (permission from ref. 6, Katherine Goold Akers). Figure 1 demonstrates how rapidly the number of case report journals and journals publishing case reports has increased since 2007. It is worth pointing out that this phenomenon almost coincides with the economic downturn in 2008 and the rapid decline in federal and other funding for basic science and other research. Why it is indisputable that basic science can lead to significant advancement of knowledge, one also has to acknowledge that the way basic science has been (and still is) funded often puts the most progressive thinkers and scientists rather in disadvantage compared to the trendy "populist scientists" who focus on low
risk. Nowadays we often face "news" with publication of "research" that in fact is already long known, at least to/for people with common sense and still being able to "re-think". Regarding clinical research, the goal should be that it is applicable to real-life circumstances. Unfortunately, most clinical research is not useful, as elegantly written and analyzed by Dr. John P. Ioannidis (Why Most Clinical Research Is Not Useful. Ioannidis JP. PLoS Med. 2016 Jun 21;13(6):e1002049). To me it always has been interesting to see how many people "believe" in truth by randomized controlled clinical trials, ignoring the fact that humans are not cloned (yet), therefore per se very heterogeneous one by one, left alone the various "non-genetic" environmental circumstances for which absolute "control" in a trial is not possible despite performing subset and subset and more subset statistical analyses, only to finally conclude that we as health care providers have to "individualize" = (mathematically speaking) study cases .....and in my view REPORT them as well as possible. For this challenging and very patient centered and helpful task, there are guidelines, see The CARE (CAse REport) guidelines and the standardization of case reports. Rison RA, Kidd MR, Koch CA. J Med Case Rep. 2013 Nov 27;7:261. The CARE guidelines: consensus-based clinical case reporting guideline development. Gagnier JJ, Kienle G, Altman DG, Moher D, Sox H, Riley D; CARE Group. J Med Case Rep. 2013 Sep 10;7:223.”

Thank you for these very insightful comments and the time spent reviewing our editorial. It did not occur to us that the increase in the number of case report journals almost coincides with the economic downturn in 2008 and the rapid decline in federal and other funding for basic science and other research (!). This is an excellent observation and we now mention this in the revised editorial. We also incorporate the line of thinking of the other comments, including emphasizing individual human variability in clinical research and case reports and the patient-centered CARE guidelines.

“Reviewer #2: Title: How to choose the best journal for your case report

Decision: accept

I enjoyed this article, and would recommend its acceptance. My only suggestion is that the authors declare their conflict of interest”
Thank you for your kind comments and the time spent reviewing our editorial. We have now included a conflicts of interest section as recommended and please accept our apologies for this oversight.

Thank you again for reviewing our editorial and we hope that the revisions will now suffice for publication. Please let us know if we can answer any further questions.

Sincerely yours,

Richard A. Rison (on behalf of all of the authors).