

Redundant, Duplicate or Dual Publication?

In the world of commerce, repeated exposure of products and services through advertising and marketing is essential for a successful sales campaign. However in the scientific world, the reporting of data is governed by more stringent rules. Normally it is acceptable to present new data at more than one scientific meeting as a podium presentation or poster. Indeed investigators will often present their 'preliminary data' at one scientific meeting, and then later give a presentation of the conclusive results at another meeting. For example, preliminary data presented as a poster at the Veterinary Orthopedic Society meeting might be subsequently included in the final presentation of results at the next meeting of the European Society of Veterinary Orthopaedics and Traumatology (ESVOT). This early sharing of data with peers is a valuable mechanism by which feedback can be obtained to guide, reshape or redirect one's research. However, authors have only one opportunity to publish their data as a full length scientific paper in a journal. The publication of a scientific paper in more than one journal, either simultaneously or at a later date, may constitute a 'redundant, duplicate or dual publication'.

Authors seeking to publish a scientific paper in more than one journal may attempt to conceal this duplication by changing the order or number of co-authors, altering the title of the paper, adding some more patients to the study cohort or publishing in journals that are not indexed on Medline. Although there may be these kinds of differences between two papers, the key features of dual publications are that they report studies that have the same aims and hypothesis, and the same methodology and outcome measures. The study material or patient population in the two reports is the same or overlaps considerably. The addition of more subjects to a clinical investigation, or the reporting of slightly longer follow-up time is not considered to make the reports different. Finally, the two papers will have essentially the same outcomes and conclusions.

doi:10.3415/VCOT-09-07-0070

When a manuscript is submitted for publication in VCOT the corresponding author is asked to confirm that *the manuscript has been submitted solely to this journal and is not published, in press, or submitted elsewhere*. The meaning of this statement would seem to be unambiguous, so one might ask how a duplicate publication comes about. Surprisingly, there are many reasons. Inexperienced authors in their zeal to share their new knowledge may erroneously believe that the previously mentioned alterations are sufficient to make their two reports unique and different. Other authors may deliberately intend to deceive, because simultaneously submitted publications are not cross referenced in the bibliography of either manuscript. Authors who initially published their findings in an obscure, foreign journal may wish to make their finding more universally known by submitting an English translation of their report for publication in another journal as well. Publication in non-peer reviewed society magazines, like AO Dialogue or in conference proceedings such as those of the ESVOT meeting may unwittingly constitute a previous publication. The editorial policy of VCOT is that abstracts of less than 250 words that contain only a summary of the findings of the study are not considered to be prior publications. In case of any doubt about prior publication, I would strongly recommend that full disclosure at the time of submission of your manuscript to VCOT should avert any potential problems of duplicate publication.

A lack of communication, collaboration or collegiality amongst clinicians working in large institutions and hospitals can also lead to problems of redundant publications. Over the years, large volumes of clinical data such as patient records, medical images and biopsy reports are generated and stored. Many different clinicians may be involved in the management of these patients, and these days there is a high turnover of staff in most institutions. A new resident who is conducting a retrospective study of case records for their credential's application might be blissfully ignorant that a recently departed academic from their department has also accrued a



Kenneth A. Johnson

similar data set from an overlapping cohort of patients in readiness for a publication. Recently two referees who reviewed a paper submitted for publication in VCOT alerted me to the fact that similar data had been published in another journal several years previously. Inquiry revealed that the two papers were indeed based on the same set of data, but the data had been written up by two different authors who were no longer in communication with one another. When this was revealed, the author of the more recently submitted manuscript graciously withdrew their paper from consideration with VCOT.

Some of the problems with redundant publications are that they are an unnecessary addition to the burgeoning volume of available peer-reviewed literature; they may skew evidence-based medicine when it is assumed that they are two independent reports, they can distort systematic meta-analyses, and finally they may infringe international copyright law (1). In addition, the publication of a redundant publication is bad for the reputation of a journal, and may detract from its credibility (2).

Duplicate publication of certain papers is occasionally desirable. From time to time, we have re-published official guidelines or useful information such as growth plate closure

times in VCOT. Also, translations of papers from non-English papers to English might be desirable to allow wider dissemination of scientifically important information to the readers of VCOT. However, this requires the prior consent of the Editor-in-Chief, and appropriate permission from the journal in which the paper was first published. In addition, duplication of any images requires appropriate copyright clearance. Of course the secondary article must be clearly designated as a duplicate, to minimize any of the aforementioned problems.

Unfortunately a paper published in the previous issue of VCOT (3) contained many similarities to another paper that was submitted and published in another journal almost simultaneously (4). The two papers shared the same aims, methodology and statements of conclusion and clinical relevance. Twenty-three out of the 39 dogs that underwent surgery were common to both papers, as were the majority of the illustrations. This occurrence is regrettable because it constitutes an instance of redundant or dual publication. As Editor-in-Chief, I believe that this occurrence must be revealed to readers of VCOT so that it is clearly understood that the outcome data from these studies are not independent and it did not

arise from 62 different animals. Readers need to be aware of these facts when making their evaluation of this newly described surgical procedure. Consideration of patient safety and welfare are paramount when assessing the available data, and when deciding whether or not to recommend a new surgical procedure for a patient under our care.



Kenneth A Johnson
Editor-in-Chief

References

1. Stahel PF, Clavien PA, Smith WR et al. Redundant publications in surgery: a threat to patient safety? *Patient Saf Surg* 2008; 2:6.
2. Anderson KS. Redundant publication. *International Orthopaedics (SICOT)* 1999; 23:313–314.
3. Hach V, Delf G. Initial experience with a newly developed cementless hip endoprosthesis. *Vet Comp Orthop Traumatol* 2009; 22: 153–158.
4. Hach V. Dei HELICA-Endoprothese – eine neue zementlose Hüft-endoprothese beim Hund. *Tierärztl Prax* 2009; 37: 69–74.