CRN Connection

Volume VI, Issue 2

In This Issue

- What's New on the Web
- Snapshot of CRN Committees
- Special Feature: The Author's Guide to the Galaxy
- CRN News & Milestones
- Calendar of Events



The Cancer Research Network (CRN) is a collaboration of 11 non-profit HMOs committed to the conduct of high-quality, public domain research in cancer control. The CRN is a project of NCI and AHRQ.

News from NCI - "Critical Issues in eHealth Research"

NCI, along with several other NIH Institutes and other organizations is sponsoring an upcoming conference on "Critical Issues in eHealth Research" The conference will be held June 9-10, 2005 at the Hyatt Regency Bethesda. The purpose of the conference is to encourage discussion, debate and identification of issues related to the theoretical and methodological aspects of eHealth research, especially in the contex to the current highly dynamic technological environment of communications technology. The meeting will convene government scientists, academic researchers from a variety of disciplines, survey research scientists and practitioners from the private and public sectors, and students to discuss the state-of-the-science of eHealth research theory, design, methodology, ethics and evaluation from a variety of disciplinary perspectives. For more information go to: http://www.scgcorp.com/ehealthconf2005/index.asp

-Martin Brown, NCI

May, 2005

Ed's Corner of the World News from the CRN PI

It was good to see so many of you and our NCI colleagues in Santa Fe where we had a series of productive meetings. The meetings

reaffirmed the progress of the CRN, the quality of our research, and the consonance of the Network and its research to the NCI's new focus on the delivery of cancer care. We were also reminded repeatedly that we are viewed as a "national resource." The Steering Committee has been considering what it means to be a national resource, and how best to balance the needs and aspirations of our research centers and investigators with this expectation.



In this vein, we have developed a collaborative agreement with the Dana-Farber Cancer Institute/Harvard Cancer Center, and several site PIs are discussing similar linkages with other cancer centers. These developments will enhance our capacity and relevance (and prospects for renewal), but will further test our ability to collaborate effectively. We have learned that this is not easy, even when the collaborators are all from within the CRN family. We will need to become experts at forging and managing collaborative projects that build trust, and exploit the talents while meeting the career goals of all involved. No small challenge.

WHAT'S NEW ON THE WEB?

Cancer Counter data has recently been received from HPHC and KPSC. Incorporating new data into the counter is a work in progress, and we anticipate that this new data will be in the Cancer Counter soon after you have read this!

Members from the SDRC and the Web Advisory group have been diligently working on a new Virtual Data Warehouse (VDW) matrix. This matrix, called the VDW Road Map, was announced in Santa Fe. This Road Map is now available on the web site in the VDW area! This Road Map will evolve continually as content develops. Its purpose is to help all PI's, Analysts and Programmers to more quickly find content from both the SDRC and the VDW areas. The green light icon _____on the web site page shows where the completed content lies. On the home page, simply click on the VDW icon.



Check it out!

-Gary Ansell, KPNW

CRN Connection

The *CRN Connection* is a publication of the CRN developed to inform and occasionally entertain CRN collaborators. It is produced with oversight from the CRN Communications Committee.

Contributors Gary Ansell,
Suzanne Fletcher, Sarah Greene and Ed Wagner
OversightGary Ansell, Joann Baril,
Judy Mouchawar, Dennis Tolsma, and
Ed Wagner
Editor

Please send comments or suggestions on this newsletter to Maurleen Davidson, CRN Connection Editor, at davidson.ms@ghc.org or fill out a feedback form on the web site. All submissions are welcome!

Special thanks to all for your contirubtions in the publishing of this newsletter.

SNAPSHOT: The CRN Publications Committee



<u>CRN COMMITTEE</u> CRN Communications Committee CRN New Proposals Committee CRN Project Leaders Forum CRN Publications Committee CRN SDRC Leadership/Implementation CRN Steering Committee

We have learned from the 2004 CRN Evaluation Survey, that several participants of the survey are not familiar with the infrastructure committees that are part of the CRN. The Communications Committee, which has responsiblility for the CRN Connection, has decided to include a synopsis of each of the CRN Committees in this and future issues of the CRN Connection.

This article features the CRN Publications Committee, which is comprised of seven members: Tom Vogt (Chairperson), KPH; Lisa Herrinton, KPNC; Russ Glasgow, KPCO; Marianne Ulcickas-Yood, HFHS, Ed Wagner, GHC and Martin Brown, NCI.

As part of a recent strategic planning process, numerous recommendations were developed to help ensure the CRN's long term visibility. One of the recommendations included increasing the number of CRN publications published or in press from 16 to 50 by January 2006. This recommendation has become the top priority of the Publications Committee. They meet each month, and ultimately hope to review three manuscripts per month. This Committee also developed a document, "Ten Ways to Increase Dissemination of CRN Research Results," which can be found in the October 2004 issue of the CRN Connection. In this document, they offer suggestions to help investigators and project teams produce and disseminate research findings more efficiently.

The focus continues to be on increasing publications. The Committee's current focus is the CRN Monograph, which has the potential for 19 papers to be published by June. This is a great start to getting to our 50-article goal by January 1, 2006. Here are a few reminders from the CRN Publications Committee:

- 1. Assign a lead author to a paper and allow others to self-select onto the writing team. Use international authorship standards and be clear about it— authorship requires participation.
- 2. **Monitor progress** of planned publications. If progress is not being made, resolve the issue and/ or reassign the lead author as necessary to proceed.
- 3. **Presentations should lead to publications.** Plan to submit a publication from all presentations within six months.

-Maurleen Davidson, GHC

The Author's Guide to the Galaxy:



A response to a Journal Editor can be an important moment in the lifeline of an article. Having read thousands of such letters as an editor and having written or helped with hundreds as an author, I offer the following suggestions, gleaned from years of experience.

1. Visualize the Editor's desk before beginning your letter.

When I was at Annals of Internal Medicine I felt like Charlie Chaplin with the conveyor belt in the hat factory. The manuscripts never stopped coming. I finally amassed a week's worth of work, piling files from 80 manuscripts high on my desk, and took a picture. When giving talks about editing, I often start with that photo, which elicits a gasp from the audience. If authors have such a picture in their minds, they'll realize that the editor has little time for their letter and probably doesn't remember their manuscript. Thus, response letters should be as clear and brief as possible.

2. Approach the editor as a professional colleague.

Always be courteous, no matter how outrageous the comments are. Avoid both arrogance and obsequiousness. Hitting the right

Writing Response Letters to the Editors After Receiving a Request for Revision

> tone in a letter, especially when defending your work, correcting a reviewer, or appealing a rejection, is tricky. But stay professional and courteous, and the correct tone will emerge. State any disagreements clearly and be factual in your response.

3. Appeal rejections rarely.

As authors, we know only about our work and have no idea what the other 80 manuscripts of the week contain. At top journals, editors receive many more good manuscripts than they can accept. Top medical journals reject 85 - 95% of submissions. Editors choose among good manuscripts according to the importance of the topic to their readers and other recently accepted articles. Because the importance of the topic is crucial to getting a paper accepted in a top journal, work hard on the manuscript's introduction. Good introductions help convince the editor that the topic is important.

4. Be honest.

Although we all respond to comments in ways that we think put our approach in the best light, it is important not to cross the line and shade truths. It is far more important to protect our reputation for producing good research that is clearly written than to convince an editor to accept a given manuscript.

5. Start your letter with the title

of your manuscript (in bold) and a thank you.

The title helps the editor focus on your study and distinguish it from the other 80 manuscripts on their desk. Reviewers spend an average of 3 hours on a manuscript. These are unpaid and anonymous efforts that do not help them get promoted. Being a reviewer is among the most unselfish academic work I know. Most editors are parttime, receive only nominal honoraria for their efforts, and squeeze in their journal work at ungodly hours. They deserve thanks no matter what we think of their comments. Every manuscript I've ever participated in was improved with peer review, even if the only change was better defense of the methods. At Annals, we actually studied whether peer review improved the manuscripts we published. It did. (Goodman et al, Ann Intern Med 1994;121:11-21)

6. If the editor or reviewer expresses a major concern, address it early in your letter.

Editors are most engaged at the beginning of the letter, so don't waste their attention on less important issues. I prioritize the editor's concerns over those of the reviewers. (continued on next page)



The Author's Guide to the Galaxy:

(Continued)

7. Number and italicize each of the editor's concerns, then each of the reviewer's concerns.

Quote the editor's or reviewer's concern when responding. Follow each concern with your response in a separate paragraph (not italicized). This format makes it easy for the editor to follow, consulting the request for revisions and original reviews while reading your letter. Try to deal with every concern. Sometimes very diffuse reviews make this difficult, but making the effort conveys that you took the comments seriously.

8. Editor and reviewer comments leading to a revision should be dealt with primarily in the revised paper, not in the letter.

As an editor, I am often frustrated by response letters that go on about some concern but then I cannot find the response in the revised manuscript or, if in the manuscript, the response is not what was in the letter. Even if the revision in the paper is the same as in the letter, I have had to read the response twice. (It is not good practice to frustrate an editor!)

State clearly upfront how you addressed each concern in the manuscript. Write a cogent response that doesn't require the editor to read your reply twice, (in the letter and the revision).

Longer replies in the letter are appropriate when you do not revise

the paper because you disagree with the concern. In that case, explain why you disagree. Occasionally, you may want to indicate willingness to make what you consider an unnecessary revision if the editor insists.

9. Always include the page number (even the paragraph and line) where the relevant revision is made in the revised manuscript.

Doing this saves the editor time. Consider sending 2 versions of a revised paper – one with revisions in track mode and one with the revisions accepted.

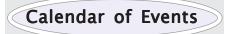
10. Proofread both the letter and manuscript revision carefully for spelling and grammar.

Our predecessor at Annals, Ed Huth, sensitized me to this. Everyone should read Strunk and White, along with Huth's book on style and format or the AMA's similar manual. Spelling and grammatical errors send a powerful message that you view the response task as a hassle (which it is), and that you are dealing with the task in a superficial way (which you shouldn't). I have heard editors say if the spelling isn't correct, how can we trust that the data are correct? There is much about the review process that authors cannot control. This is something we can.

-Suzanne Fletcher, HPHC

CRN NEWS & MILESTONES

- The DETECT Study's main results paper from the cervical cancer component was just published in JNCI's May 4th issue. Congratulations to the co-authors on this great milestone!
- Leah Tuzzio has accepted the position of CRN Project Director and will join
 Group Health in early June.
 Leah will be relocating to Seattle from New York,
 where she was a project manager at Mount Sinai
 School of Medicine.
- The CRN will be featured in a presentation at the AcademyHealth Annual Research Meeting in Boston, June 26-28. This session will provide examples of NCI-funded HSR research, including the CRN, CanCORS and the Breast Cancer Surveillance.



SGIM May 11-14, 2005 New Orleans, Louisiana

> ASCO May 13-17, 2005 Orlando, Florida

National Cancer Advisory Board

June 6-8, 2005 Bethesda, Maryland