PROFESSIONAL MEDICAL WRITING SUPPORT (PMWS) AND THE REPORTING QUALITY OF RANDOMIZED CONTROLLED TRIAL (RCT) ABSTRACTS AMONG HIGH-IMPACT GENERAL MEDICAL JOURNALS

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PMWS is associated with increased adherence to CONSORT guidelines for abstracts reporting RCTs among high-impact general medical journals.

ABSTRACT

OBJECTIVES

PMWS is associated with increased adherence to CONSORT guidelines for abstracts reporting RCTs among high-impact general medical journals.

DESIGN

We explored the density of CONSORT items in abstracts reporting RCTs, focusing on CONSORT for Abstracts. We selected articles reporting RCTs published between 2011 and 2014 in 5 top medical journals, and determined the association between PMWS and CONSORT for Abstracts items using a binomial rank-sum test.

RESULTS

The mean proportion of adherence to CONSORT guidelines for Abstracts items reported was similar with and without PMWS (66.3% vs 65.0%, respectively; P = 0.3044). PMWS was associated with lower adherence to reporting study design and incomplete adherence to CONSORT for Abstracts items, including reporting of adverse events and funding source. This study identifies areas to consider for improvement.

CONCLUSIONS

PMWS was not associated with increased adherence overall to CONSORT, important results not improved with PMWS, including reporting of adverse events and funding source. This study identifies areas to consider for improvement.

DISCUSSION AND CONCLUSIONS

Professional medical writing support is important in the reporting quality of randomized controlled trial abstracts

Aims: To determine whether professional medical writing support (PMWS) was associated with increased adherence to CONSORT guidelines for abstracts reporting RCTs among high-impact general medical journals.

Methods: Articles reporting RCTs published between 2011 and 2014 in 5 top medical journals were included in this study. We determined the association between PMWS and CONSORT for Abstracts items using a binomial rank-sum test.

Results: The mean proportion of adherence to CONSORT guidelines for Abstracts items reported was similar with and without PMWS (66.3% vs 65.0%, respectively). PMWS was associated with lower adherence to reporting study design and incomplete adherence to CONSORT for Abstracts items, including reporting of adverse events and funding source. This study identifies areas to consider for improvement.

Conclusions: PMWS was not associated with increased overall adherence to CONSORT, important results not improved with PMWS, including reporting of adverse events and funding source. This study identifies areas to consider for improvement.

Call to arms: Increased awareness and application of CONSORT guidelines among contributors is needed to ensure that high-impact general medical journals are publishing in line with CONSORT guidelines.