

## Personal experiences with editors and reviewers.

(A scientific medley down memory lane)



Øyvind Omland, Tine Malling, Torben Sigsgaard  
Ramazzini seminar  
29.10.2014

## Withdrawal of a manuscript - a case

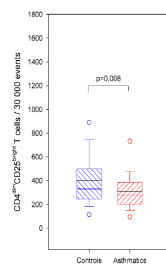
Tine H Malling

## Submitted manuscript

- Hypothesis:
- Asthmatics have fewer T-reg cells (Tr) than healthy

- Methods:
- RAV-study in North Jutland
- Flow-cytometry can identify Tr by CD4<sup>dim</sup>CD25<sup>bright</sup> T cells

### Results:



## Revision

- Reviewers answer:
- Exiting, but would you add a flow-diagram and a demographic table?
- However:
- In the dataset:
- 43 cases og 109 controls but in the manuscript:
- 46 cases og 103 controls
- When comparing ID-numbers no concordance was observed

## Solving the problem

- Cause:
- Thorough data collection
- Thorough blood analysis
- Simple statistics – and the use of excell sheet
- Error when sorting data
- Answer to the Editor:
- Dear Editorial team
- We have discovered a mistake in the key data of the manuscript recently submitted to Respiratory Research; the assignment of asthmatics and controls was not correct. Where we had reported a 20% reduction in number of Treg in asthmatics, after correctly assigning asthmatics and controls, the number of Treg in asthmatics (355/30000 events) is in fact nearly the same as in controls (376/30000 events,  $p=0.672$ , Mann Whitney Signed Rank test). We feel that it is important that the reviewers get this corrected information.

## Submission

Longitudinal lung function decline and wood dust exposure in the Danish Furniture Industry

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Immediately rejected by the editor  
Nothing new

## We responded

- By far the biggest study
- The best designed – so far the only true longitudinal study
- Included a very comprehensive exposure assessment
- As the ERJ had previously been interested they should also be inclined to publish the better studies.

## The response

01-Dec-2006, ERJ-01468-2006

Longitudinal lungfunction decline and wood dust exposure in the Danish Furniture Industry

Dear Dr Sigsgaard, dear Peter,  
Thanks for your mail complaining about the "immediate rejection" of your submission. Please understand me right: I personally like the paper very much, because it is a longitudinal well-performed study on organic dusts - quite the type of studies I love!

But I was afraid of getting somewhat non-enthusiastic reviewers' comments assigning not highest priority while not point out specifically negative issues - the type of comments difficult to handle. I was afraid of receiving not highest priority scores since, as you honestly point out in the introduction section, there is already quite some literature on this topic, and the findings are not really new.

However, I see your point in saying that this study is the biggest performed in this area, and I admit that the study was well performed and nicely presented.

May I ask Peter Sterk (Chief editor; TS) to check the decision independently and give advice?

Thanks, Peter.

## Decision has been reversed

To: [gitte.jacobsen@sygehusviborg.dk](mailto:gitte.jacobsen@sygehusviborg.dk)  
Fra: [Dennis.Nowak@med.uni-muenchen.de](mailto:Dennis.Nowak@med.uni-muenchen.de)  
Dato: 05-12-2006 12:37  
Emne: European Respiratory Journal - Manuscript ID ERJ-01468-2006 - Decision has been reversed  
05-Dec-2006

Dear Mrs. Jacobsen:

The decision recently made on your manuscript entitled "Longitudinal lungfunction decline and wood dust exposure in the Danish Furniture Industry" has been reversed. You will be notified when another decision is made.

Sincerely,  
Prof. Dennis Nowak  
Associate Editor, European Respiratory Journal  
[Dennis.Nowak@med.uni-muenchen.de](mailto:Dennis.Nowak@med.uni-muenchen.de)

## Article published after review

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### Longitudinal lung function decline and wood dust exposure in the furniture industry

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**ABSTRACT:** The aim of the present study was to investigate the relationship between change in lung function and cumulative exposure to wood dust.

In total, 1112 woodworkers (507 males, 185 females) and 235 reference workers (104 males, 185 females) participated in a 6-yr longitudinal study. Forced expiratory volume in one second (FEV<sub>1</sub>), forced vital capacity (FVC), height and weight were measured, and questionnaire data on respiratory symptoms, wood dust exposure and smoking habits were collected. Cumulative inhalable wood dust exposure was assessed using a study-specific job exposure matrix and exposure time.

The median (range) for cumulative wood dust exposure was 3.75 (0-7.55) mg year m<sup>-3</sup>. A dose-response relationship between cumulative wood dust exposure and percent annual decrease in FEV<sub>1</sub> was suggested for female workers. This was confirmed in a linear regression model adjusted for confounders, including smoking, height and age. An additional difference of -14.50 mL yr<sup>-1</sup> and -27.97 mL yr<sup>-1</sup> was revealed for females exposed to 3.75-4.71 mg yr m<sup>-3</sup> or to >4.71 mg yr m<sup>-3</sup>, respectively, compared with non-low-exposed females. For females, a positive trend between wood dust exposure and the cumulative incidence proportion of FEV<sub>1</sub>/FVC <70% was suggested.

In conclusion, in the present low-exposed cohort, female woodworkers had an accelerated decline in lung function, which may be clinically relevant.

**KEYWORDS:** Cohort, dust, lung function in epidemiology, occupational, sex, wood

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### Validity of skin prick test in a population based cross-sectional study. Allergen batch differences and double skin prick tests; which are important?



Editors' Comment: While your paper is of interest to the allergy field it will require some revision to be of sufficient interest to a pulmonary medicine journal.

Towards this end it would be of particular benefit **if the asthma symptom subgroup analysis data could be included and discussed in addition to an expansion of the rhinitis data.**

1 man GT: Editor wants more data analysis related to asthma subgroups – but this is a new article or what?

2. ØO: I think we can not neglect the Editors comments, and if we do I want beforehand to see good arguments that is convincing.

3. VS: If this is a question of stratifying for asthma I fully agree. I got the impression at first that the editor wanted a whole lot of new analysis.

4. TS: Exactly Øyvind. The Editor wants us to perform stratified analysis (asthma vs. non-asthma)

5: VS We follow the Editors suggesture

### The short-term repeatability of histamine bronchial testing in young males. The SUS study

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## Summary

### **All do mistakes, but:**

PhD students (clever) most often are right

Be sure to be sharp on your arguments when you challenge the Editor

Consider to give in on the Editors argument even if the consequence is more work and further analysis

Even Editor-in-Chief gives X-mas presents when he has a desk to clear and empty