



The NEW ENGLAND JOURNAL of MEDICINE

CORRESPONDENCE

Publication of Trials Funded by the National Heart, Lung, and Blood Institute

N Engl J Med 2014; 370:781-782 | [February 20, 2014](#) | DOI: 10.1056/NEJMc1315653

Share:

Article

To the Editor:

Gordon et al. (Nov. 14 issue)¹ cite a number of factors that affect the timelines for the publication of clinical trial results. A factor they did not mention is the choice of primary target journal. With the use of data collected by the authors, an evidence-based analysis could have been conducted to assist future researchers in selecting journals most likely to publish their results in a timely manner.

The cross-tabulation of study characteristics, study completion dates, publication dates, and journal names could help to identify journals more likely to publish specific types of studies, to evaluate 10-year trends in studies funded by the National Heart, Lung, and Blood Institute (NHLBI), and to assess the effect of more recent developments in publishing, such as open access and electronic publication ahead of print.

Adequately powered, well-funded clinical trials with relevant clinical end points will always be of interest to journal editors. However, smaller studies with surrogate end points have an important role to play and deserve timely publication as well. Identifying the most appropriate journals for these studies before submission may contribute to more opportune publication of NHLBI-funded studies.

Frank J. Rodino, M.H.S., P.A.
Churchill Outcomes Research, Maplewood, NJ
frank.rodino@fjrodino.com

No potential conflict of interest relevant to this letter was reported.

1 Reference

- 1 Gordon D, Taddei-Peters W, Mascette A, Antman M, Kaufmann PG, Lauer MS. Publication of trials funded by the National Heart, Lung, and Blood Institute. *N Engl J Med* 2013;369:1926-1934
[Free Full Text](#) | [Medline](#)

The authors reply: Mr. Rodino asks an intriguing question. The primary results of the 156 trials that were published before our common censor date appeared in 50 different journals. They appeared with the greatest frequency in the *New England Journal of Medicine* (30 publications, with 23 [77%] focused on clinical end points), *JAMA* (27 publications, with 13 [48%] focused on clinical end points), *Archives of Internal Medicine* (14 publications, with 1 [7%] focused on clinical end points), and *Circulation* (7 publications, with none focused on clinical end points).

We considered the *Journal*, *JAMA*, and *Lancet* (which published three trials) to be “general journals,” with interests that transcend internal medicine and its subspecialties. In a multivariable logistic regression model adjusting for all the confounders listed in Table 1 of our article, the most powerful independent predictor, by far, of publication in a

general journal (as opposed to a specialty journal) was focus on clinical end points (adjusted odds ratio, 21.4; 95% confidence interval, 2.90 to 157.87; $P=0.003$).

It thus seems reasonable to “target” surrogate end point trials to specialty journals. We acknowledge, though, that we did not collect systematic data on each trial's primary target journal.

David J. Gordon, M.D., Ph.D.

Michael S. Lauer, M.D.

National Heart, Lung, and Blood Institute, Bethesda, MD

lauer@nhlbi.nih.gov

Since publication of their article, the authors report no further potential conflict of interest.