

Retraction and Beyond

Anthony N. DeMaria, MD, MACC, the editor of the *Journal of the American College of Cardiology (JACC)* in that period, wrote about this subject as a letter from the editor in the 12th issue of volume 59 of the journal in 2012. The letter began with this sentence: "One of the least attractive aspects of being an editor is dealing with the possibility of scientific misconduct or fraud." A study published in the *British Medical Journal (BMJ)* 2012; 344: e377) that year was one of the reasons why he wrote this sentence. This study reported that 13% of the researchers in the United Kingdoms were aware of scientific misconduct.

DeMaria explains various types of scientific misconduct and make recommendations for resolving them. Among them, the most undesirable resolution with the severest results is retraction. An article may be retracted by one of the authors, the institution that supports the study or where the study was conducted, or by editors. When retraction is carried out by the authors or a supporting institution, their scientific prestige is protected to some extent. However, editors and reviewers do not always easily notice scientific misconduct. They cannot know all the phases of the study that start with obtaining the ethics committee approval, continue with the inclusion of patients, and end with the final evaluations and putting the data into a scientific article. However, this position of editors and reviewers does not mitigate the severe damage to the reliability and prestige of the journal caused by a retraction after the publication of the article in the online or printed version of the journal. DeMaria, as an editor aware of the damage of the restrictions in noticing a scientific misconduct and retraction on the journal, concludes his article with this sentence: "In the final analysis, however, the validity of the medical literature has to be based upon the integrity of the community of investigators. Based upon my 35 years in academic medicine and research, I think that this confidence is reasonably well placed. I do not anticipate many retractions in *JACC* in the future."

JACC experienced this kind of an event approximately 4 years after DeMaria's letter: "RETRACTED: Impact of Rotor Ablation in Nonparoxysmal Atrial Fibrillation Patients Results From the Randomized OASIS Trial (J Am Coll Cardiol 2016;68:274–82)." The reason for the retraction of the study, which reported that a new device or method in atrial fibrillation was compared with the conventional ablation methods and that the new method was found to be inferior, was explained as: "This article has been retracted at the request of the JACC Editor-in-Chief, its Editorial Board, and the JACC Ethics Board for the following reasons: In the title and multiple times in the article, the study is referred to as a 'randomized trial,' but deviation from a random allocation of subjects to treatments across sites and the imbalance introduced by a non-random

'randomization error' were not disclosed in the manuscript. Registration with ClinicalTrials.gov was not completed before patient enrollment began." In response to this notice, the corresponding author of the article accused the journal of bowing to the pressure of the industry in a comment seen on the medical websites such as Medscape, Medpagetoday and Retraction Watch.

The details of the discussions are beyond the scope of this letter. However, it would be good to observe how it reflects on the scientific community. The fact that the researchers were not careful to abide by the protocol made the study worthless and caused the reliability of the studies they had conducted until that day to be questioned. This also brought to mind the question why the editors and reviewers did not notice this significant deficiency during the assessment process. Is the industry effective enough to cause the retraction of an article in a journal with such a high prestige and 17.759 impact factor? If it is, should not the lines be redrawn for the relationship between the industry, scientific research and publication responsibilities?

The editors, reviewers, researchers and the entire community should learn some lessons to prevent these problems from arising and reducing confidence in scientific publications. The first lesson is to establish the protocols well and obtain the ethics committee approvals before starting the study. We often see that this temporal relationship is not heeded, particularly in dissertations, articles derived from them and retrospective studies in Turkey. The example given above is one possible negative result that this situation will yield in the future. Therefore, it should be ensured that particularly the residents at the beginning of their academic education acquire the discipline of not starting the inclusion of patients without obtaining ethics committee approval. This will increase the prestige of researchers and scientific studies in Turkey. The latter is our concern. Reviewers and editors should request that the ethics committee approval be documented or the raw data be submitted even if they have the slightest doubt during the assessment of the articles. This will both minimize the possibility of damage to the journal's prestige and increase confidence in it. The third is the industry-supported studies. Since the industry usually supports multinational studies, and these studies are published in the journals in upper categories, we do not often encounter this situation in our journal. However, it should be noted that the greatest danger to the prestige of the journal is the claim of an unexplainable relationship between the journal and the industry.

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