

## Not fast enough?

In their report on accelerated publication in medical journals,<sup>1</sup> William Ghali and colleagues were apparently not asked to update their citation counts beyond December 1999, although their study was published more than 2 years later. I attempted to replicate their citation analysis for the 12 articles from the *New England Journal of Medicine*, using citation data updated to April 2002. Interestingly, I found that the *Science Citation Index* grossly underestimated the citation count for one paper<sup>2</sup> because of a known problem with indexing of articles with group authorship.<sup>3</sup>

With corrected and updated data, the average citation rate was nearly twice as high for the 6 prereleased articles as for the 6 controls (50 v. 30 citations per year). Importantly, the control articles as well as the prereleased articles had citation rates well above the average for articles published in the journal in the same year (1.6 and 2.7 times higher, respectively). Citation rates for prereleased articles and their matched controls were not independent but were highly correlated (Spearman correlation coefficient = 0.88;  $p = 0.02$ ).

The latter observation illustrates a major flaw underlying Ghali and colleagues' study as a whole: overmatching, which is biased against finding differences between accelerated and control articles. Although the stated objective of the study was to compare accelerated articles to a journal's "usual" output, the control articles were purposely chosen to be as similar as possible in subject and design to the case articles. Use of random controls would have been a fairer and more informative way to meet the study's objective.

For articles published in leading medical journals, the subject of a study appears to have a greater influence on its impact than the particular study itself. Despite this, accelerated articles were found to have higher importance scores in every dimension than nonaccelerated articles on the same topic. Although prerelease of articles is a relatively new phenomenon, journal editors appear to have been generally suc-

cessful in expediting articles that are more important and will be more widely cited.

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### References

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2. International Perinatal HIV Group. The mode of delivery and the risk of vertical transmission of human immunodeficiency virus type 1 — a meta-analysis of 15 prospective cohort studies. *N Engl J Med* 1999;340:977-87.
3. Dickersin K, Scherer R, Suci EST, Gil-Montero M. Problems with indexing and citation of articles with group authorship. *JAMA* 2002;287:2772-4.

### [The authors respond:]

We thank Matthew Stanbrook for his interest in our article.<sup>1</sup> He offers some useful new information on citation counts that reinforces one aspect of our findings.

Readers may recall that citation counts were an ancillary outcome of our study. The primary outcome was clinical importance as rated by specialists with research training. By that measure, we demonstrated significant differences favouring expedited publication. As the closing paragraph of our article stated, "Our results lead us to conclude that policies for expedited publication are, on average, targeting important articles and may be contributing to the visibility of research findings" — a conclusion that is entirely in keeping with the global conclusion that Stanbrook makes in his letter. The new citation averages that he provides reinforce that assessment.

Stanbrook is perhaps defending the editorial status quo in claiming that overmatching is a "major flaw" in our study. In fact, it is precisely because the subject of study has a major impact on perceived clinical importance and citation counts that we opted for matched controls rather than randomly chosen controls. Had we randomly selected our control articles, readers could have rightly argued that we were making apple-to-orange com-

parisons that biased our results in favour of expedited publication.

In sum, articles selected for accelerated publication have, on average, higher ratings of clinical importance, and, as Stanbrook usefully elucidates, higher average citation counts. However, some control articles were rated as more important than case articles, a finding that should not be ignored or dismissed by journal editors. There may be better ways of capturing very important articles, and we thus reiterate that journal editors should continue to evaluate and refine their selection policies for accelerated publication.

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### Reference

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## COX-2 inhibitors in the treatment of cardiovascular disease

In a recent *Canadian Adverse Reaction Newsletter*<sup>1</sup> issued by Health Canada, the authors recommend that "caution should be exercised in prescribing [selective COX-2 inhibitors] to patients at