

## EDITORIAL • RÉDACTION

**Editor-in-Chief • Rédacteur en chef**  
John Hoey, MD (hoeyj@cma.ca)

**Associate Editors • Rédacteurs associés**  
Tom Elmslie, MD, MSc; Ken Flegel, MD, MSc  
K.S. Joseph, MD, PhD; Anita Palepu, MD, MPH  
James Hanley, PhD (Biostatistics • Biostatistique)

**Editorial Fellow • Boursière en rédaction médicale**  
Erica Weir, MD (weire@cma.ca)

**Managing Editor • Rédactrice administrative**  
Jennifer Douglas (douglj@cma.ca)

**News and Features Editor**  
**Rédacteur, informations générales**  
Patrick Sullivan (sullip@cma.ca)

**Editor, The Left Atrium**  
**Rédactrice, De l'oreille gauche**  
Anne Marie Todkill (todkia@cma.ca)

**Editors • Rédactrices**  
Glenda Proctor (proctg@cma.ca)  
Kate Schissler (schisk@cma.ca)  
Barbara Sibbald (sibbab@cma.ca)

**Assistant Editors • Rédacteurs adjoints**  
Jennifer Raiche (raichj@cma.ca)  
Steven Wharry (wharrs@cma.ca)

**Editorial Administrator • Administratrice de rédaction**  
Carole Corkery (corkec@cma.ca)

**Manuscript Coordinator • Coordonnatrice des manuscrits**  
Sylvie Urie (uries@cma.ca)

**Editorial Assistant • Assistante à la rédaction**  
Wilma Fatica (faticw@cma.ca)  
Zrinka Mamic (mamicz@cma.ca)

**Translation Coordinator**  
**Coordonnatrice de la traduction**  
Marie Saumure

**Contributing Editors • Rédactrices invitées**  
Gloria Baker; C.J. Brown, EL; Charlotte Gray;  
Peggy Robinson, EL

**Editorial Board • Conseil de rédaction**  
Nicholas R. Anthonisen, MD, PhD (Winnipeg)  
Paul W. Armstrong, MD (Edmonton)  
Neil R. Cashman, MD (Toronto)  
Hugues Cormier, MD, MPH (Montréal)  
Raisa B. Deber, PhD (Toronto)  
C.J. de Gara, MB, MS (Edmonton)  
David H. Feeny, PhD (Edmonton)  
Antoine M. Hakim, MD, PhD (Ottawa)  
Judith G. Hall, MD (Vancouver)  
Carol P. Herbert, MD (Vancouver)  
Neill Iscoe, MD, CM, MSc (Toronto)  
Harriet L. MacMillan, MD, MSc (Hamilton)  
Allison J. McGeer, MD (Toronto)  
Olli S. Miettinen, MD, PhD (Montréal)  
C. David Naylor, MD, DPhil (Toronto)  
Susan Phillips, MD (Kingston)  
Louise Pilote, MD, MPH, PhD (Montréal)  
Martin T. Schechter, MD, PhD (Vancouver)  
Martin F. Shapiro, MD, PhD (Los Angeles)  
Richard Smith, MB, ChB (*British Medical Journal*,  
London, England)  
C. Peter Warren, MB (Winnipeg)

All editorial matter in *CMAJ* represents the opinions of the authors and not necessarily those of the Canadian Medical Association (CMA). The CMA assumes no responsibility or liability for damages arising from any error or omission or from the use of any information or advice contained in *CMAJ* including editorials, studies, reports, letters and advertisements.

Tous les articles à caractère éditorial dans le *JAMC* représentent les opinions de leurs auteurs et n'engagent pas l'Association médicale canadienne (AMC). L'AMC décline toute responsabilité civile ou autre quant à toute erreur ou omission ou à l'usage de tout conseil ou information figurant dans le *JAMC* et les éditoriaux, études, rapports, lettres et publicités y paraissant.



## A word about manuscripts

Every Wednesday at *CMAJ* we sit down to review about a dozen, and sometimes as many as 20, manuscripts. These are the submissions that have survived our initial screen. (Papers that clearly do not suit our readers' needs — about 25% — are intercepted and returned, and the remainder are sent to peer review.) The Wednesday manuscripts have been evaluated by 2 or 3 reviewers and sent with the reviewers' comments to all of the editors. From among the Wednesday set we choose those that provide new information, appear to be sound and are of interest to our readers. On average, only 2 are chosen for publication.

Because the number of submitted manuscripts has increased — in fact, almost doubled — in the past 3 years and the number of available journal pages has not, we must decline a greater proportion of papers. Increasingly, we get calls from authors who wonder why their paper was not accepted. There is rarely one single reason for our decision, but a few come up rather often.

Let's take the example of surveys. Although surveys have a place in an epidemiologist's tool kit, they are often remarkably uninformative. Authors of surveys are familiar with the sea of data that accumulates from, say, a questionnaire for physicians and the subsequent difficulty of sorting out what to cram into a 2000-word article with 4 tables. The result is often an unfocused report with no discernible point. Low response rates are another common difficulty. We rarely consider surveys with dismal response rates (under 50%) and often find that even when response rates are good the results are prone to distortion. In this issue (page 42), Steven Grover ponders the discrepancy between survey results that suggest hormone replacement therapy (HRT) is protective against cardiovascular dis-

ease and the negative findings of a randomized controlled trial.<sup>1</sup> He asks whether the apparent cardiovascular benefits of HRT might reflect a selection bias: perhaps women who choose HRT tend to be healthier to begin with than women who do not. Selection bias can also enter into surveys by virtue of the fact that people who respond almost certainly have different characteristics than those who do not.

Although a controlled trial may be logistically more difficult than a mailed survey, it is considerably simpler to analyse and write up. And sometimes even the logistics are not as difficult as they might seem. In this issue Graham Worrall and colleagues (page 37) report on a randomized trial of continuing medical education in 42 different practice settings across Newfoundland. It would have been easier to survey the physicians than to enlist and maintain their support over the 6-month study period. Yet Worrall and colleagues managed the logistics, obtained interesting results and wrote a report with a clear, discernible point. Before embarking on yet another survey, authors should consider other methodologies in their tool kits, including clinical trials. Alex Jadad has recently published an excellent, concise and practical book on randomized controlled trials.<sup>2</sup>

We close our Wednesday meeting with a brief summary of our decisions; each editor departs with his or her assigned manuscripts, and in the following days we inform authors and peer reviewers of the outcomes and begin to negotiate revisions with authors whose manuscripts have been accepted. This revision process is almost always successful, and after 1 or 2 rounds the paper is scheduled for publication.

### References

- Hulley S, Grady D, Bush T, Furberg C, Herrington D, Riggs B, et al, for the Heart and Estrogen/progestin Replacement Study (HERS) Research Group. Randomized trial of estrogen plus progestin for secondary prevention of coronary heart disease in postmenopausal women. *JAMA* 1998;280(7):605-13.
- Jadad AR. *Randomised controlled trials: a user's guide*. London (UK): BMJ Books; 1998. Avail-