

# Post-Publication Response on Concerns raised Regarding False Data in clinical research in Women's Health: A Cohort Study

Siddharth Shivantha BMedSc (Hons), BBiomedSc (Hons)

Nicole Au

Jim Thornton MD PhD

Jeremy Nielsen (Medical Student)

**Ben W Mol MD, PhD.**

# Disclosure statement

- I am a Consultant for Merck, Germany and Organon, USA
- I hold stock for ObsEva
- I am supported by a NHMRC Investigator grant (GNT1176437).
- I have been an invited speaker at sponsored meetings

# Health warning

If you are near to Ben W Mol at a medical conference you are at risk of being killed in the crossfire



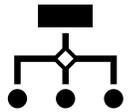




Background



Aim



Methods



Results



Conclusions



## Methyldopa versus nifedipine or no medication for treatment of chronic hypertension during pregnancy: A multicenter randomized clinical trial

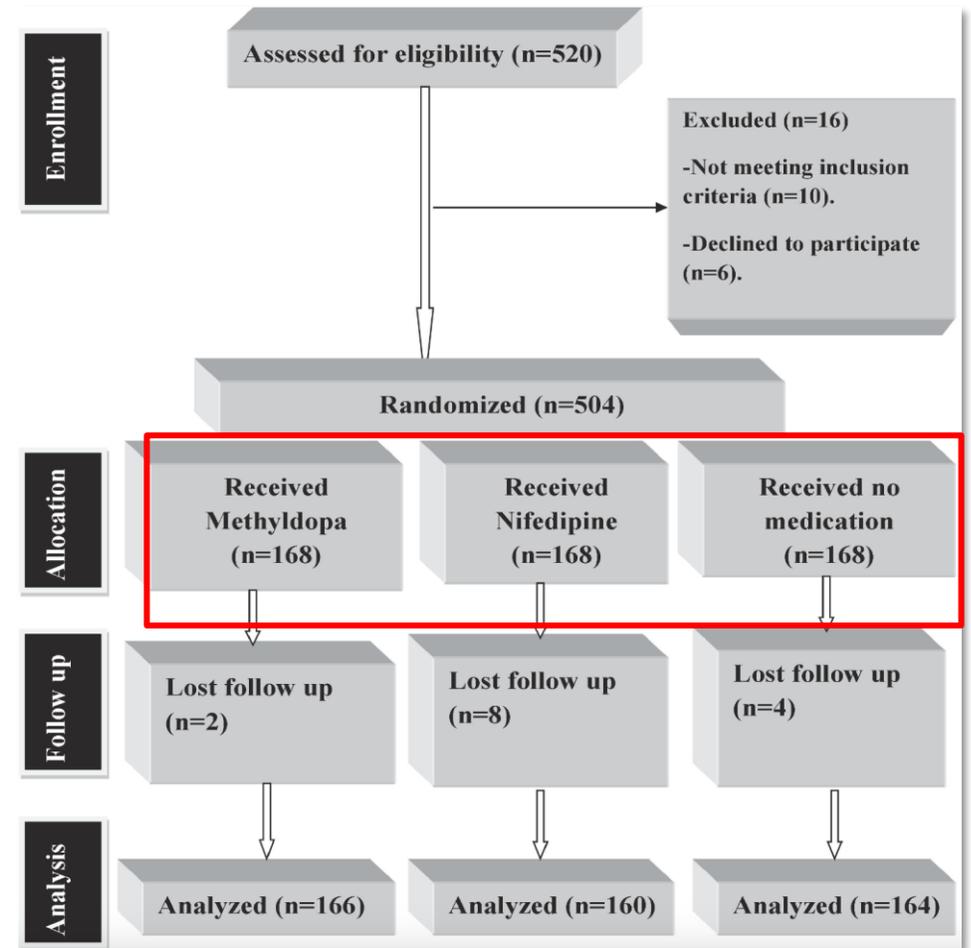
Mohamed Salama<sup>a</sup>, Mohamed Rezk<sup>a,\*</sup>, Wael Gaber<sup>a</sup>, Haitham Hamza<sup>a</sup>, Hala Marawan<sup>b</sup>, Awni Gamal<sup>c</sup>, Sameh Abdallah<sup>d</sup>

<sup>a</sup> Department of Obstetrics and Gynecology, Faculty of Medicine, Menoufia University, Egypt

<sup>b</sup> Department of Community Medicine and Public Health, Faculty of Medicine, Menoufia University, Egypt

<sup>c</sup> Department of Cardiology, Faculty of Medicine, Menoufia University, Egypt

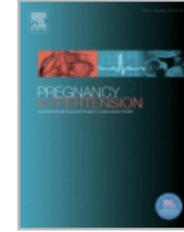
<sup>d</sup> Department of Pediatrics, Faculty of Medicine, Menoufia University, Egypt





# Pregnancy Hypertension

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## Letter to the Editor regarding research integrity

George R. Saade<sup>a</sup>, Ben W. Mol<sup>b</sup>

<sup>a</sup> Department of Obstetrics and Gynecology, University of Texas Medical Branch, Galveston, TX, USA

<sup>b</sup> Department of Obstetrics and Gynaecology, Monash University, Monash Medical Centre, Clayton, Victoria 3168, Australia

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## Methyldopa versus nifedipine or no medication for treatment of chronic hypertension during pregnancy: A multicenter randomized clinical trial

Mohamed Salama<sup>a</sup>, **Mohamed Rezk<sup>a,\*</sup>**, Wael Gaber<sup>a</sup>, Haitham Hamza<sup>a</sup>, Hala Marawan<sup>b</sup>, Awni Gamal<sup>c</sup>, Samen Abdallah<sup>d</sup>

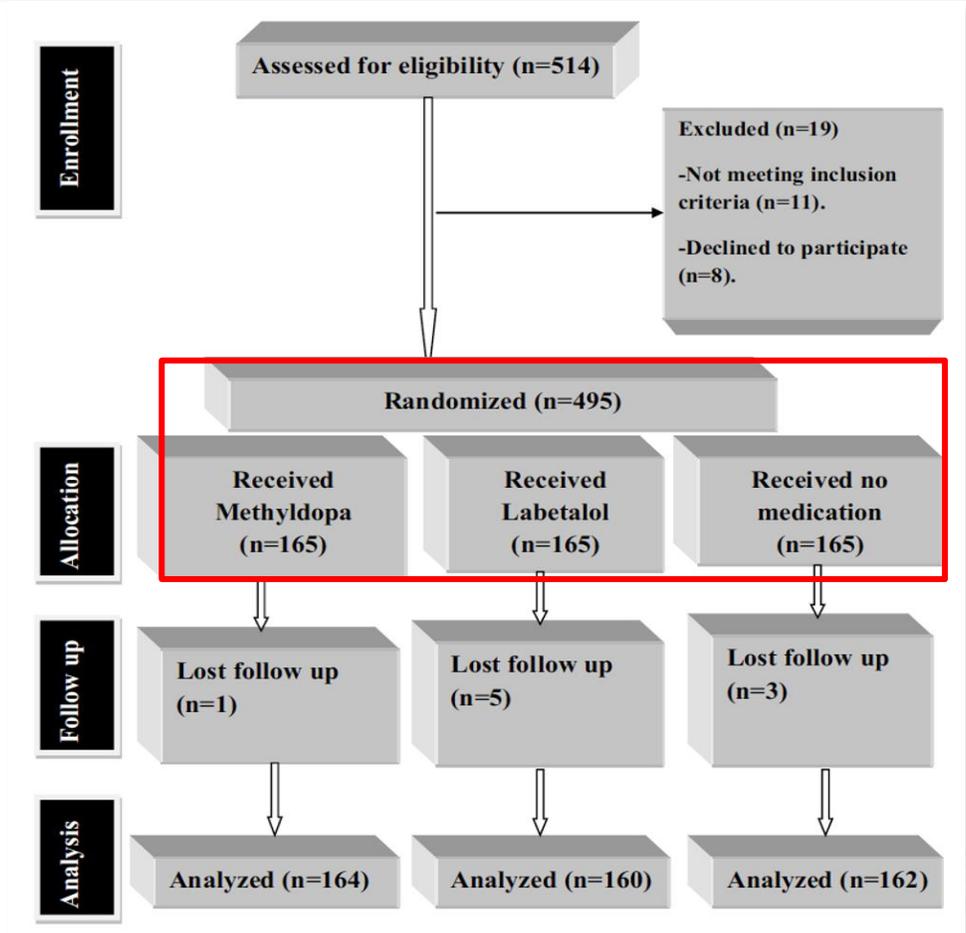
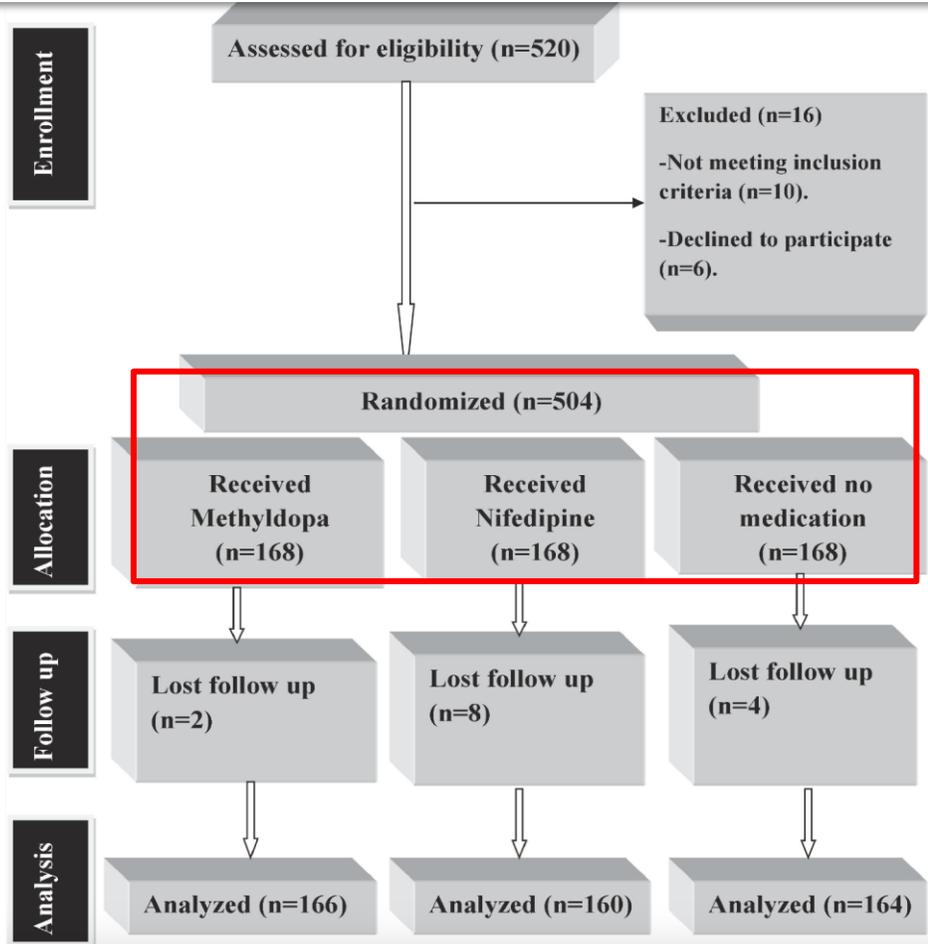
<sup>a</sup>Department of Obstetrics and Gynecology, Faculty of Medicine, Menoufia University, Egypt  
<sup>b</sup>Department of Community Medicine and Public Health, Faculty of Medicine, Menoufia University, Egypt  
<sup>c</sup>Department of Cardiology, Faculty of Medicine, Menoufia University, Egypt  
<sup>d</sup>Department of Pediatrics, Faculty of Medicine, Menoufia University, Egypt



## Methyldopa versus labetalol or no medication for treatment of mild and moderate chronic hypertension during pregnancy: a randomized clinical trial

**Mohamed Rezk<sup>a</sup>**, Mohamed Emarh<sup>a</sup>, Alaa Masood<sup>a</sup>, Ragab Dawood<sup>a</sup>, Elsayed El-Shamy<sup>a</sup>, Awni Gamal<sup>b</sup>, and Hassan Badr<sup>c</sup>

<sup>a</sup>Department of Obstetrics and Gynecology, Menoufia University, Shibin Al Kawm, Egypt; <sup>b</sup>Department of Cardiology, Menoufia University, Shibin Al Kawm, Egypt; <sup>c</sup>Department of Pediatrics, Menoufia University, Shibin Al Kawm, Egypt



Salama  
2019



Table 2

Maternal outcome.

	Methyldopa group (n = 166)	Nifedipine group (n = 160)	Control group (n = 164)	Chi square test	P-value	OR at 95% CI
Severe hypertension	38 (22.9%)	36(22.5%)	88 (53.6%)	47.26	< 0.001	0.26 (0.16–0.41) <sup>†</sup> 0.25 (0.15–0.41) <sup>†</sup> 1.02(0.61–1.72) <sup>‡</sup>
Preeclampsia (PE)	44 (26.5%)	46 (28.7%)	80 (48.8%)	22.79	< 0.001	0.37(0.23–0.59) <sup>†</sup> 0.41(0.26–0.66) <sup>†</sup> 0.89(0.55–1.45) <sup>‡</sup>
Renal impairment	32 (19.3%)	34 (21.3%)	88 (53.6%)	56.67	< 0.001	0.21 (0.13–0.34) <sup>†</sup> 0.23 (0.14–0.38) <sup>†</sup> 0.88 (0.52–1.52) <sup>‡</sup>
Hepatic impairment	36 (21.7%)	38 (23.8%)	48 (29.3%)	2.70	> 0.05	–
ECG changes	36 (21.7%)	40 (25%)	92 (56.1%)	52.45	< 0.001	0.22 (0.13–0.35) <sup>†</sup> 0.26 (0.16–0.42) <sup>†</sup> 0.83 (0.50–1.39) <sup>‡</sup>
Placental abruption	10 (6.02%)	12 (7.5%)	38 (23.2%)	27.55	< 0.001	0.21 (0.10–0.44) <sup>†</sup> 0.27 (0.13–0.54) <sup>†</sup> 0.79 (0.33–1.88) <sup>‡</sup>
Hospital admissions	32 (19.3%)	34 (21.3%)	72 (43.9%)	30.34	< 0.001	0.31 (0.19–0.50) <sup>†</sup> 0.34 (0.21–0.56) <sup>†</sup> 0.88 (0.52–1.52) <sup>‡</sup>
Venous thromboembolism	4 (2.4%)	4 (2.5%)	6 (3.7%)	0.57	> 0.05	–
Cesarean Delivery	52 (31.3%)	48 (30%)	58 (35.4%)	1.16	> 0.05	–
Maternal mortality	0	0	0	–	–	–

OR at 95% CI = Odd's ratio at 95% Confidence interval, <sup>†</sup> OR between Methyldopa and Control group, <sup>\*</sup> OR between Nifedipine and Control group, <sup>‡</sup> OR between Methyldopa and Nifedipine group.

Rezk  
2020



Table 2. Maternal outcome.

	Methyldopa group (n = 164)	Labetalol group (n = 160)	Control group (n = 162)	Chi square test #	P-value	OR at 95% CI
Severe hypertension	38 (23.2%)	34(21.3%)	86(53.1%)	47.03	<0.001	0.27(0.17–0.43) <sup>*</sup> 0.24(0.15–0.39) <sup>†</sup> 1.12(0.66–1.89) <sup>‡</sup>
Preeclampsia (PE)	50 (30.5%)	48 (30%)	78(48.1%)	14.99	<0.001	0.47(0.30–0.74) <sup>*</sup> 0.46(0.29–0.73) <sup>†</sup> 1.02(0.64–1.64) <sup>‡</sup>
Renal impairment	34 (20.7%)	36(22.5%)	88(54.3%)	52.80	<0.001	0.22(0.14–0.36) <sup>*</sup> 0.24(0.15–0.40) <sup>†</sup> 0.90(0.53–1.53) <sup>‡</sup>
Hepatic impairment	40 (24.4%)	38(23.7%)	46(28.4%)	1.40	0.495	–
ECG changes	42 (25.6%)	40 (25%)	90(55.5%)	43.22	<0.001	0.28(0.17–0.44) <sup>*</sup> 0.27(0.17–0.43) <sup>†</sup> 1.03(0.63–1.70) <sup>‡</sup>
Placental abruption	10 (6.1%)	12(7.5%)	38(23.5%)	27.87	<0.001	0.21(0.10–0.44) <sup>*</sup> 0.26(0.13–0.53) <sup>†</sup> 0.80(0.34–1.91) <sup>‡</sup>
Hospital admissions	44 (26.8%)	28(17.5%)	76(46.9%)	34.42	<0.001	0.41(0.26–0.66) <sup>*</sup> 0.24(0.14–0.40) <sup>†</sup> 1.73(1.01–2.95) <sup>‡</sup>
Venous thromboembolism	4 (2.4%)	4 (2.5%)	6 (3.7%)	0.59 <sup>a</sup>	0.74	–
Cesarean Delivery	50(30.5%)	48(30%)	52(32.1%)	0.18	0.912	–
Maternal mortality	0	0	0	–	–	–

OR at 95% CI = Odd's ratio at 95% Confidence interval, <sup>\*</sup>OR between Methyldopa and control group, <sup>†</sup>OR between Labetalol and control group, <sup>‡</sup>OR between methyldopa and Labetalol group, <sup>a</sup> Fischer's exact test. # Yates correction was applied for the Chi-square test.

Salama  
2019



**Table 3**

Fetal and neonatal outcome.

	Methyldopa group (n = 166)	Nifedipine group (n = 160)	Control group (n = 164)	Chi square test	P-value	OR at 95% CI
Small for gestational age	38 (22.9%)	40 (25%)	32 (19.5%)	1.43	> 0.05	-
Intrauterine fetal demise	4 (2.4%)	4 (2.5%)	6 (3.7%)	0.57	> 0.05	-
Prematurity	30 (18.1%)	42 (26.3%)	50 (30.5%)	7.03	0.029	0.50 (0.30-0.84) <sup>†</sup> 0.81 (0.50-1.32) <sup>*</sup> 0.62 (0.36-1.05) <sup>‡</sup>
Gestational age at delivery (Weeks)	35.6 ± 2.62	35.42 ± 2.44	35.56 ± 2.5	0.89	> 0.05 <sup>#</sup>	-
Birth weight (Kg)	2.24 ± 0.62	2.26 ± 0.66	2.25 ± 0.6	0.56	> 0.05 <sup>#</sup>	-
Apgar score < 7 at 5 min	10(6.02%)	12 (7.5%)	38 (23.2%)	27.55	< 0.001	0.21 (0.10-0.44) <sup>†</sup> 0.27 (0.13-0.54) <sup>*</sup> 0.79 (0.33-1.88) <sup>‡</sup>
Prematurity	30 (18.1%)	42 (26.3%)	50 (30.5%)	7.03	0.029	0.50 (0.30-0.84) <sup>†</sup> 0.81 (0.50-1.32) <sup>*</sup> 0.62 (0.36-1.05) <sup>‡</sup>
Admission to NICU	22 (13.3%)	26 (16.3%)	48 (29.3%)	15.12	< 0.001	0.37 (0.21-0.65) <sup>†</sup> 0.47 (0.27-0.80) <sup>*</sup> 0.79 (0.43-1.46) <sup>‡</sup>
Neonatal mortality	6 (3.6%)	8 (5%)	12 (7.3%)	2.30	> 0.05	-

<sup>#</sup> Student t-test, OR at 95% CI = Odd's ratio at 95% Confidence interval, <sup>†</sup> OR between Methyldopa and Control group, <sup>\*</sup> OR between Nifedipine and Control group, <sup>‡</sup> OR between Methyldopa and Nifedipine group.

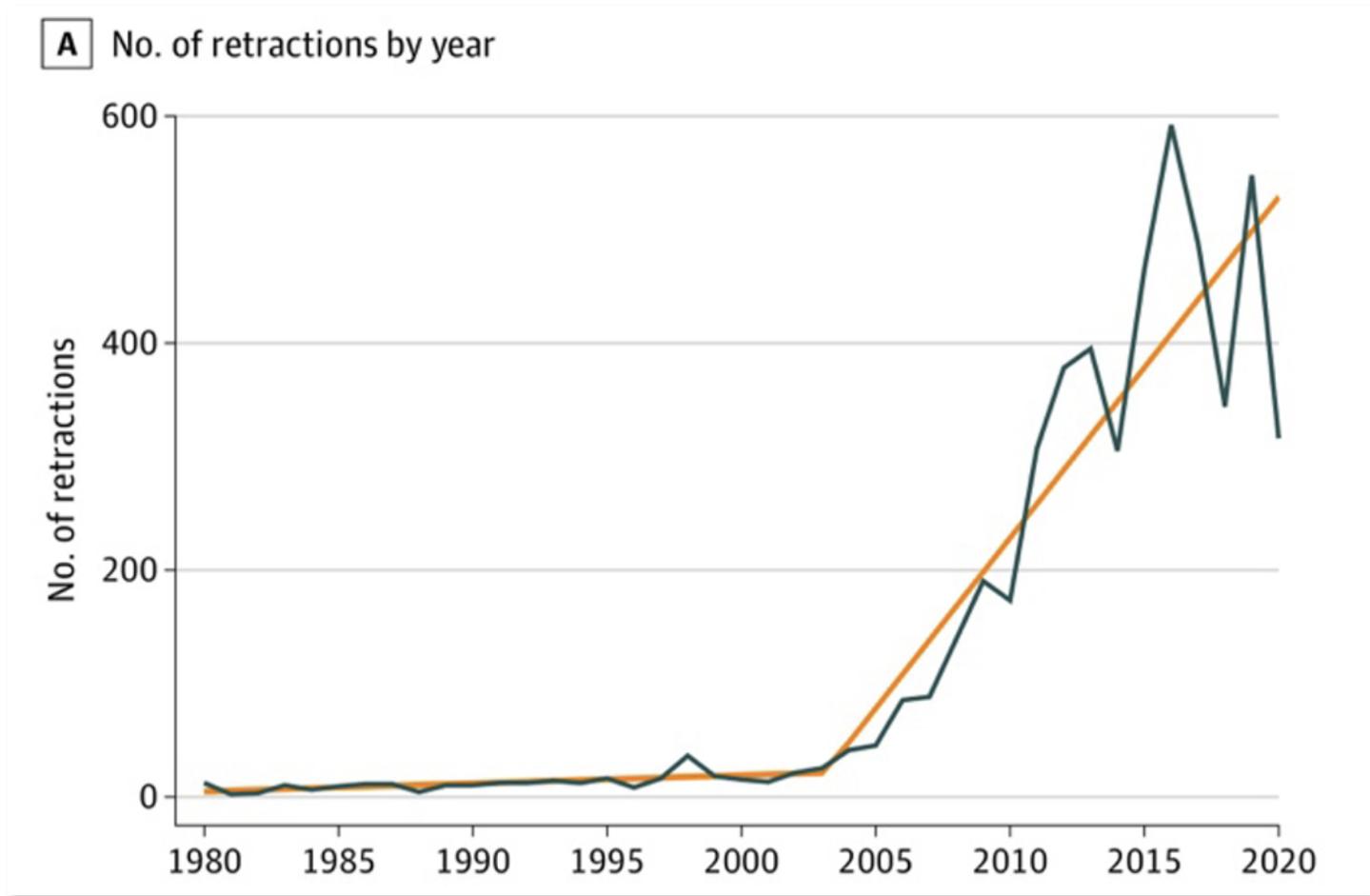
Rezk  
2020



**Table 3. Fetal and neonatal outcome.**

	Methyldopa group (n = 164)	Labetalol group (n = 160)	Control group (n = 162)	Chi square test #	P-value	OR at 95% CI
Small for gestational age	34 (20.7%)	66 (41.3%)	32 (19.7%)	23.97	<0.001	1.06(0.62-1.82) <sup>*</sup> 2.85(1.73-4.70) <sup>†</sup> 0.37(0.23-0.61) <sup>‡</sup>
Intrauterine fetal demise	4 (2.4%)	4 (2.5%)	6 (3.7%)	0.59 <sup>a</sup>	0.74	-
Prematurity	30 (18.3%)	42(26.3%)	50 (30.9%)	7.02	0.029	0.50(0.30-0.84) <sup>*</sup> 0.80(0.49-1.29) <sup>†</sup> 0.63(0.37-1.07) <sup>‡</sup>
Neonatal hypotension	8 (4.9%)	26(16.3%)	4 (2.5%)	24.18 <sup>a</sup>	<0.001	0.26(0.12-0.60) <sup>*</sup> 7.66(2.61-22.51) <sup>†</sup> 2.03(0.60-6.86) <sup>‡</sup>
Neonatal hypoglycemia	6 (3.7%)	8 (5%)	4(2.5%)	1.45 <sup>a</sup>	0.48	-
Neonatal hyperbilirubinemia	24(14.6%)	52(32.5%)	20 (12.3%)	24.72	<0.001	1.05(0.55-1.99) <sup>*</sup> 2.94(1.65-5.23) <sup>†</sup> 0.36(0.21-0.61) <sup>‡</sup>
Admission to NICU	24(14.6%)	48 (30%)	26 (16%)	14.43	<0.001	0.90(0.49-1.64) <sup>*</sup> 2.24(1.31-3.84) <sup>†</sup> 0.40(0.23-0.69) <sup>‡</sup>
Neonatal mortality	4 (2.4%)	12 (7.5%)	8 (4.9%)	4.42	0.12 <sup>a</sup>	-

**OR at 95% CI** = Odd's ratio at 95% Confidence interval, <sup>\*</sup>OR between Methyldopa and control group, <sup>†</sup>OR between Labetalol and control group, <sup>‡</sup>OR between methyldopa and Labetalol group, <sup>a</sup> Fischer's exact test. # Yates correction was applied for the Chi-square test.



1. Moylan EC, Kowalczyk MK. Why articles are retracted: a retrospective cross-sectional study of retraction notices at BioMed Central. *BMJ Open*. 2016;6(11):e012047.

2. Chambers L, Michener C, Falcone T. Plagiarism and data falsification are the most common reasons for retracted publications in obstetrics and gynaecology. *BJOG: An International Journal of Obstetrics & Gynaecology*. 2019;126(9):1134-40.

## False individual patient data and zombie randomised controlled trials submitted to *Anaesthesia*

J. B. Carlisle<sup>1,2</sup> 



John Carlisle

## Hundreds of thousands of zombie randomised trials circulate among us

J. P. A. Ioannidis

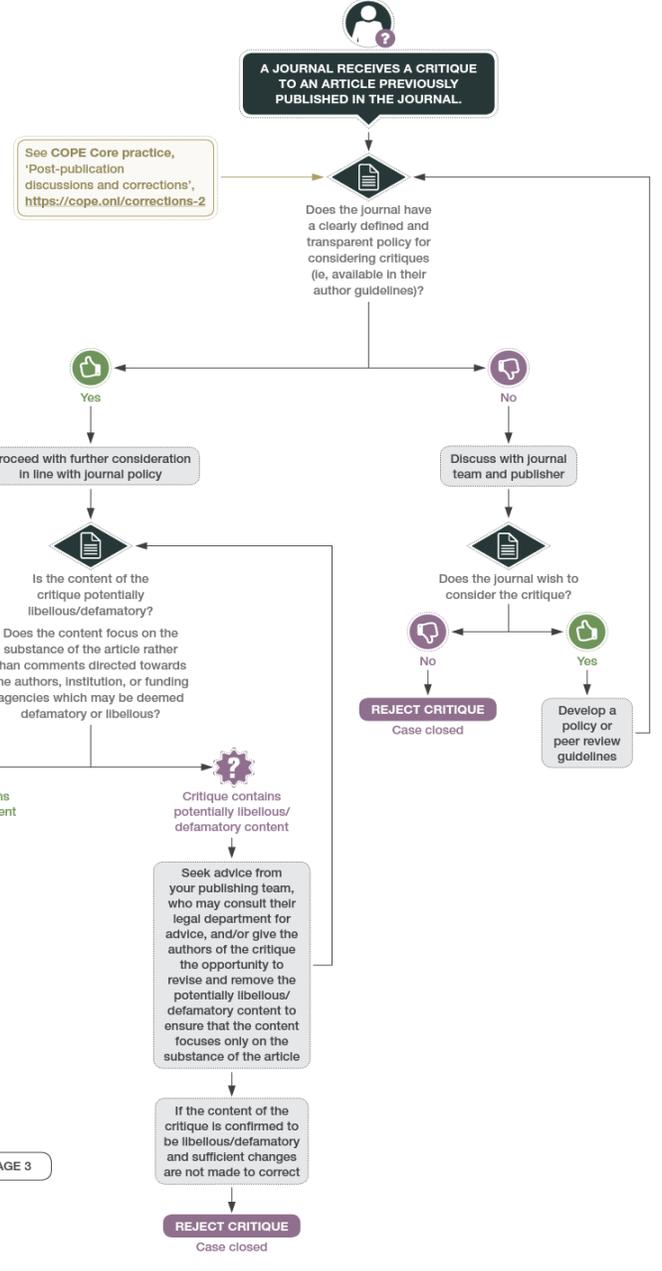


- It is estimated that 30-40% of RCTs are untrustworthy

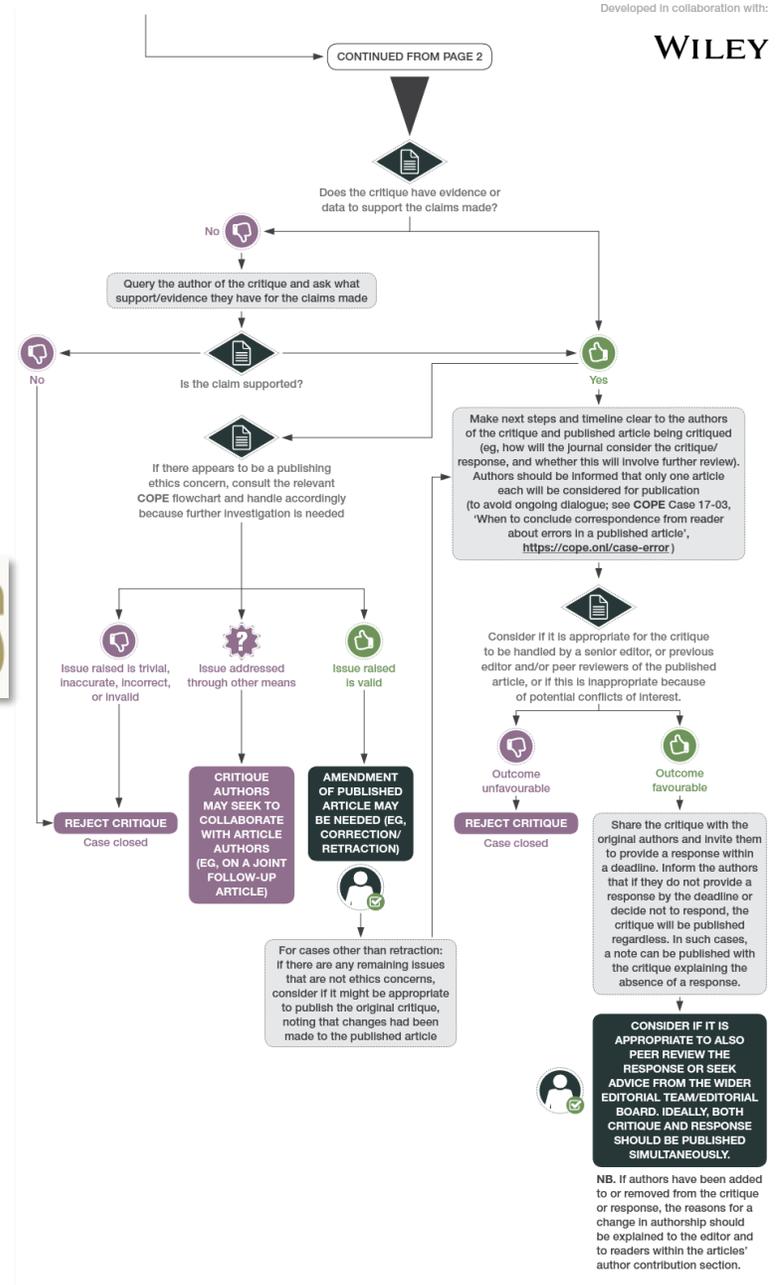
C O P E

PROMOTING INTEGRITY IN  
RESEARCH AND ITS PUBLICATION

Depending on the particular situation, it may be appropriate for an editor to facilitate a conversation between both parties (eg, if in regard to an issue which needs more clarification). If so, the editor should be copied in on the conversations. Editorial teams may wish to provide an anticipated timeline for this process from the outset to avoid prolonged discussions without resolution. Both parties (the critique authors and the authors of the critiqued article) should be informed of this timeline and encouraged to adhere to it. If delays are encountered/expected, all parties should be kept informed.



# HANDLING OF POST-PUBLICATION CRITIQUES



# Study Aim

To Quantify and Assess Publishers' and Editors Post-Publication Responses on Papers with Potential Untrustworthy Data in Women's Health

# Methods

Data collection

Through independent reviews noted potential untrustworthy data

Identifying Studies

Searched through online databases (eg. PubMed, PubPeer, Google Scholar)

E-mail correspondence with editors and publishers

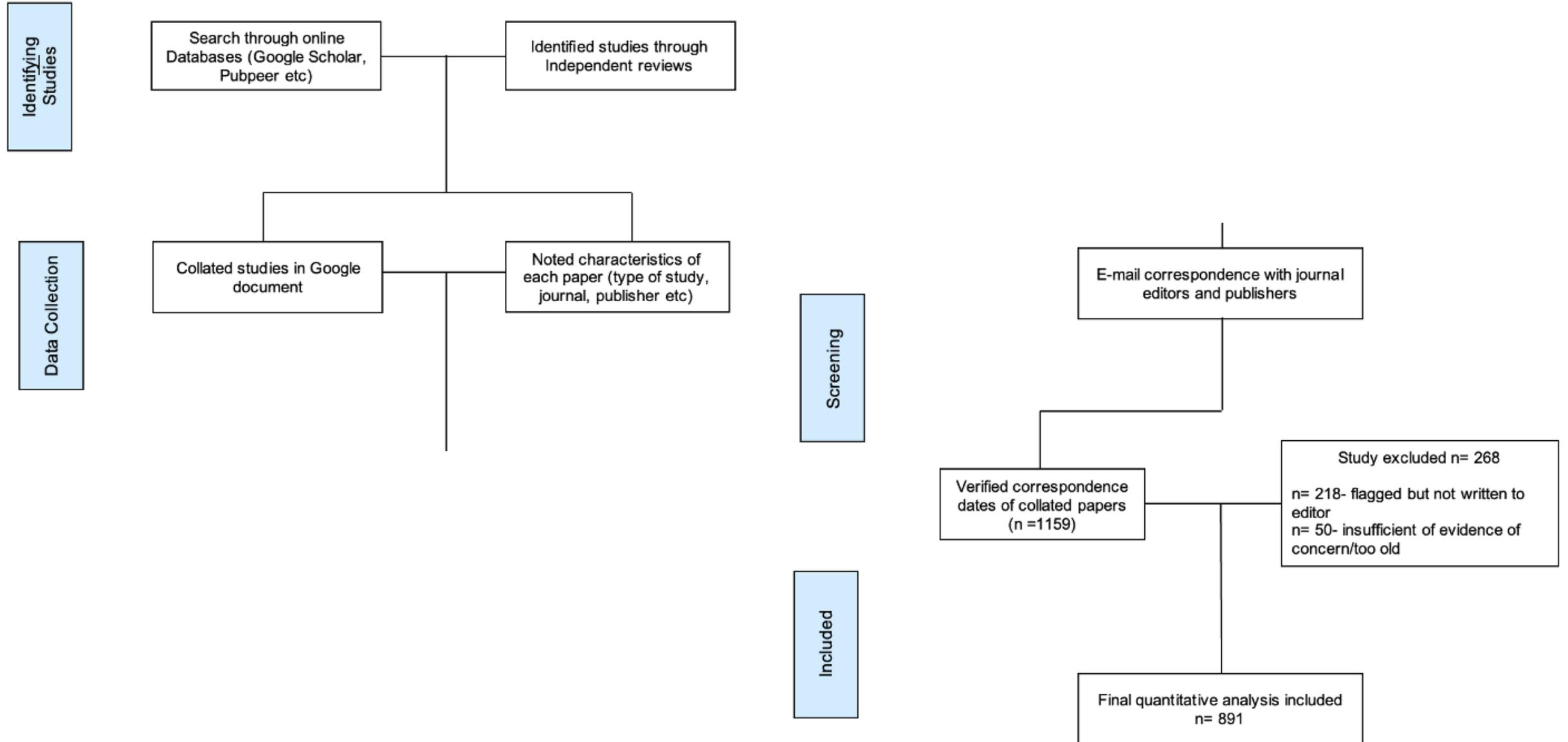
Verified and noted initial correspondence and outcome dates

	A	B	C	D	E	F	G	H	I	J	
1	Date added (after 26-05-23)	Problematic Author	ID	Status -1= Insufficient Evidence/Not written, 0=Pending Investigation, 1=retract, 2=EoC, 2a= temporary removal, 3=Retr expected, 4= Editors note, 5= Investigation concluded no action, 6= Correction	Paper	Journal	Publisher	Additional Journal Information	Institution	Pubmedlink	Re
251		Badawy	225	0	Badawy 2001	J Obstet Gynaecol	Taylor Francis		Mansoura University, ...	<a href="https://pubmed.ncbi.nlm.nih.gov/1252190">https://pubmed.ncbi.nlm.nih.gov/1252190</a>	Obser
252			226	0	Badawy 2003	J Obstet Gynaecol	Taylor Francis		Mansoura University, ...	<a href="https://pubmed.ncbi.nlm.nih.gov/1285086">https://pubmed.ncbi.nlm.nih.gov/1285086</a>	Cohor
253			227	1	Badawy 2006	Fertil Steril	Elsevier		Mansoura University, ...	<a href="https://pubmed.ncbi.nlm.nih.gov/1683143">https://pubmed.ncbi.nlm.nih.gov/1683143</a>	RCT
254			228	0	Badawy 2007a	EJOG	Elsevier		Mansoura University, ...	<a href="https://pubmed.ncbi.nlm.nih.gov/1712366">https://pubmed.ncbi.nlm.nih.gov/1712366</a>	RCT
255			229	2	Badawy 2007b	Acta Obstet Gynecol Sc	Wiley Blackwell		Mansoura University, ...	<a href="https://pubmed.ncbi.nlm.nih.gov/1736428">https://pubmed.ncbi.nlm.nih.gov/1736428</a>	RCT
256			230	1	Badawy 2007c	RBM Online	Elsevier		Mansoura University, ...	<a href="https://pubmed.ncbi.nlm.nih.gov/1750915">https://pubmed.ncbi.nlm.nih.gov/1750915</a>	RCT
257			231	1	Badawy 2007d	RBM Online	Elsevier		Mansoura University, ...	<a href="https://pubmed.ncbi.nlm.nih.gov/1769750">https://pubmed.ncbi.nlm.nih.gov/1769750</a>	RCT
258			232	0	Badawy 2007e	J Obstet Gynaecol	Taylor Francis		Mansoura University, ...	<a href="https://pubmed.ncbi.nlm.nih.gov/1770180">https://pubmed.ncbi.nlm.nih.gov/1770180</a>	Cohor
259			233	1	Badawy 2008a	J Obstet Gynaecol	Taylor Francis		Mansoura University, ...	<a href="https://pubmed.ncbi.nlm.nih.gov/1856946">https://pubmed.ncbi.nlm.nih.gov/1856946</a>	RCT
260			234	1	Badawy 2008b	Fertil Steril	Elsevier		Mansoura University, ...	<a href="https://pubmed.ncbi.nlm.nih.gov/1768647">https://pubmed.ncbi.nlm.nih.gov/1768647</a>	RCT
261			235	1	Badawy 2008c	RBM Online	Elsevier		Mansoura University, ...	<a href="https://pubmed.ncbi.nlm.nih.gov/1854966">https://pubmed.ncbi.nlm.nih.gov/1854966</a>	RCT
262			237	1	Badawy 2009a	Fertil Steril	Elsevier		Mansoura University, ...	<a href="https://pubmed.ncbi.nlm.nih.gov/1830453">https://pubmed.ncbi.nlm.nih.gov/1830453</a>	Cohor
263			238	1	Badawy 2009b	Fertil Steril	Elsevier		Mansoura University, ...	<a href="https://pubmed.ncbi.nlm.nih.gov/1867596">https://pubmed.ncbi.nlm.nih.gov/1867596</a>	RCT
264			239	1	Badawy 2009c	Fertil Steril	Elsevier		Mansoura University, ...	<a href="https://pubmed.ncbi.nlm.nih.gov/1831411">https://pubmed.ncbi.nlm.nih.gov/1831411</a>	RCT
265			240	1	Badawy 2009d	Fertil Steril	Elsevier		Mansoura University, ...	<a href="https://pubmed.ncbi.nlm.nih.gov/1834285">https://pubmed.ncbi.nlm.nih.gov/1834285</a>	RCT
266			241	1	Badawy 2009e	Fertil Steril	Elsevier		Mansoura University, ...	<a href="https://pubmed.ncbi.nlm.nih.gov/1870654">https://pubmed.ncbi.nlm.nih.gov/1870654</a>	RCT
267			242	1	Badawy 2009f	Fertil Steril	Elsevier		Mansoura University, ...	<a href="https://pubmed.ncbi.nlm.nih.gov/1758240">https://pubmed.ncbi.nlm.nih.gov/1758240</a>	RCT
268			243	1	Badawy 2009g	Fertil Steril	Elsevier		Mansoura University, ...	<a href="https://pubmed.ncbi.nlm.nih.gov/1816617">https://pubmed.ncbi.nlm.nih.gov/1816617</a>	RCT

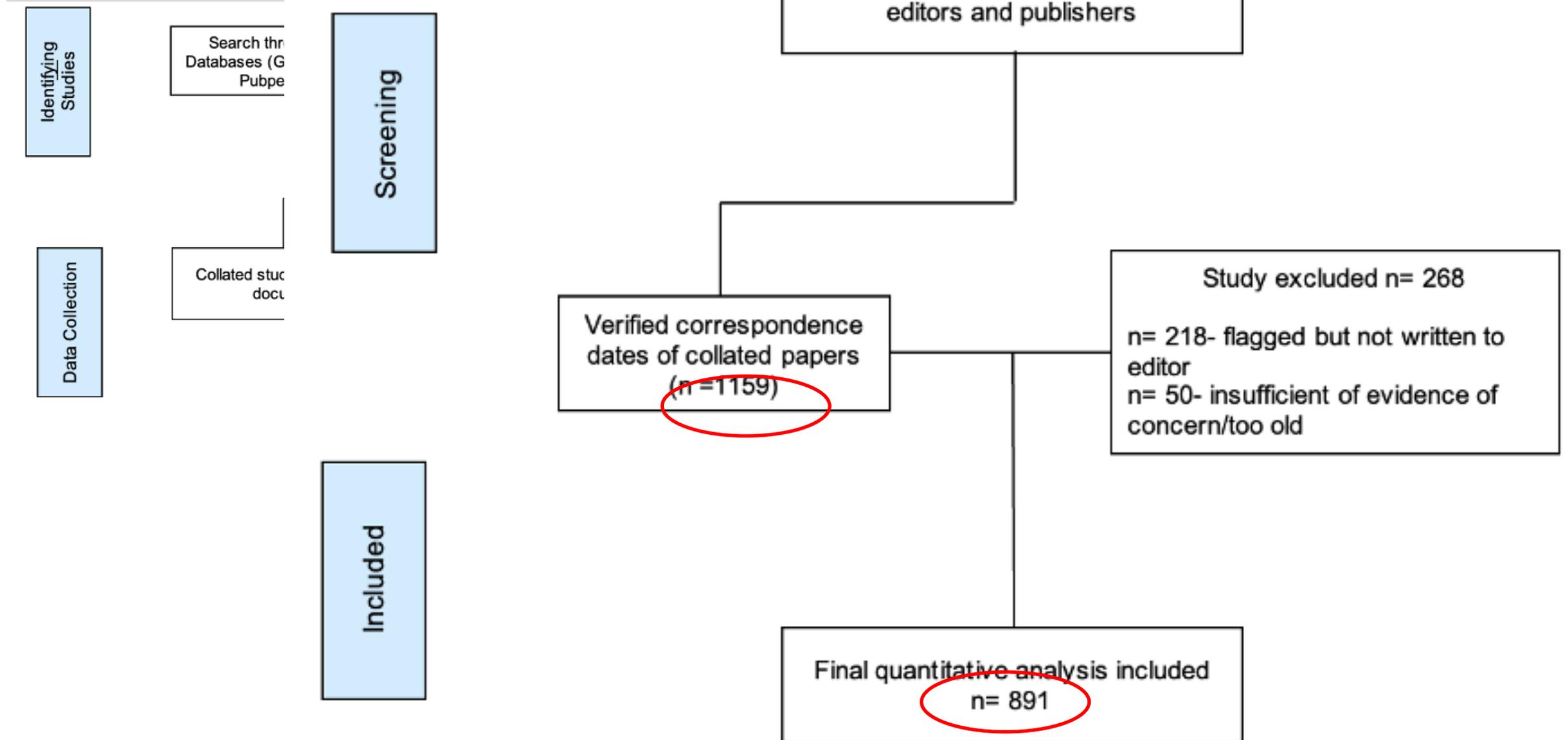
# Statistical Analysis

- Calculate the time taken from the original email written to editor – outcome date [Retraction, Expression of Concern (EOC), etc]
- Kaplan-Meier analysis -
- Subgroup analysis - Journal, publisher and country
- SPSS Version 29.0

# Results



# Results



Identifying Studies

Search the Databases (G Pubpe)

Screening

Data Collection

Collated stud doct

E-mail correspondence with journal editors and publishers

Verified correspondence dates of collated papers (n=1159)

Study excluded n= 268  
n= 218- flagged but not written to editor  
n= 50- insufficient of evidence of concern/too old

Included

Final quantitative analysis included n= 891

# Study characteristics

Table 1. Baseline Characteristics of Papers

Characteristics	Status					Total
	Retraction N = 151 <sup>1</sup>	Expression of Concern N = 75 <sup>1</sup>	Correction N = 6 <sup>1</sup>	Investigation concluded no action N = 30 <sup>1</sup>	Pending Investigation N = 629 <sup>1</sup>	
<b>Publication year</b>						
< 2000	1 (0.7%)	3 (4.0%)	0 (0%)	2 (6.7%)	6 (1.0%)	12 (1%)
2000-2010	27 (18%)	19 (25%)	0 (0%)	5 (17%)	94 (15%)	145 (16%)
2010-2020	89 (59%)	47 (63%)	4 (67%)	11 (37%)	376 (60%)	527 (59%)
2020-Present	34 (23%)	6 (8.0%)	2 (33%)	12 (40%)	153 (24%)	207 (23%)
<b>Type of study</b>						
Observational	40 (26.4%)	25 (33%)	1 (17%)	5 (17%)	292 (46.6%)	363 (41%)
RCT	111 (80%)	50 (67%)	5 (83%)	25 (83%)	337 (53.4%)	528 (59%)
<b>Country of origin</b>						
Middle East	141 (93%)	73 (96%)	6 (100%)	19 (63.3%)	551 (86.8%)	790 (86%)
Europe	6 (3.9%)	2 (2.7%)	0 (0%)	3 (10%)	73 (7.0%)	84 (9%)
Asia	4 (2.7%)	1 (1.3%)	0 (0%)	8 (26.7%)	27 (4.3%)	40 (4%)
Other (USA, Brazil and Tunisia)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	7 (1.1%)	7 (1%)
<b>Year 1st email sent</b>						
2017	2 (1.3%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (0.1%)
2019	5 (3.3%)	12 (16%)	0 (0%)	1 (3.3%)	1 (0.2%)	19 (2%)
2020	34 (23%)	10 (14%)	0 (0%)	2 (6.7%)	16 (2.5%)	62 (7%)
2021	64 (43%)	17 (23%)	2 (33%)	7 (23%)	96 (15%)	186 (21%)
2022	39 (25%)	28 (36%)	4 (67%)	8 (27%)	273 (43%)	352 (40%)
2023	7 (4.7%)	8 (11%)	0 (0%)	12 (40%)	172 (27%)	199 (22%)
2024	0 (0%)	0 (0%)	0 (0%)	0 (0%)	70 (11%)	70 (8%)

<sup>1</sup> Data are n (%) unless otherwise specified.

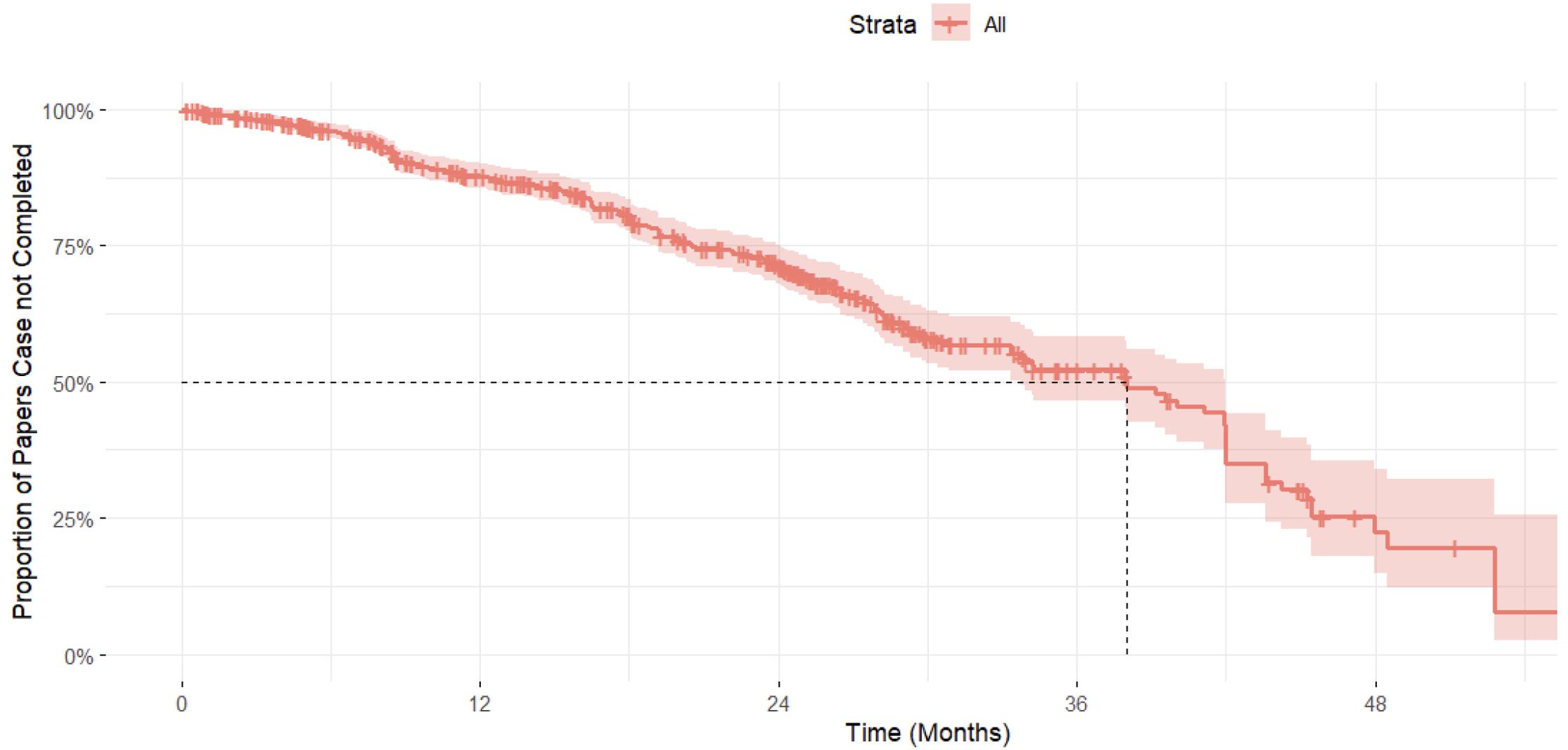


# Outcome of post-publication of papers

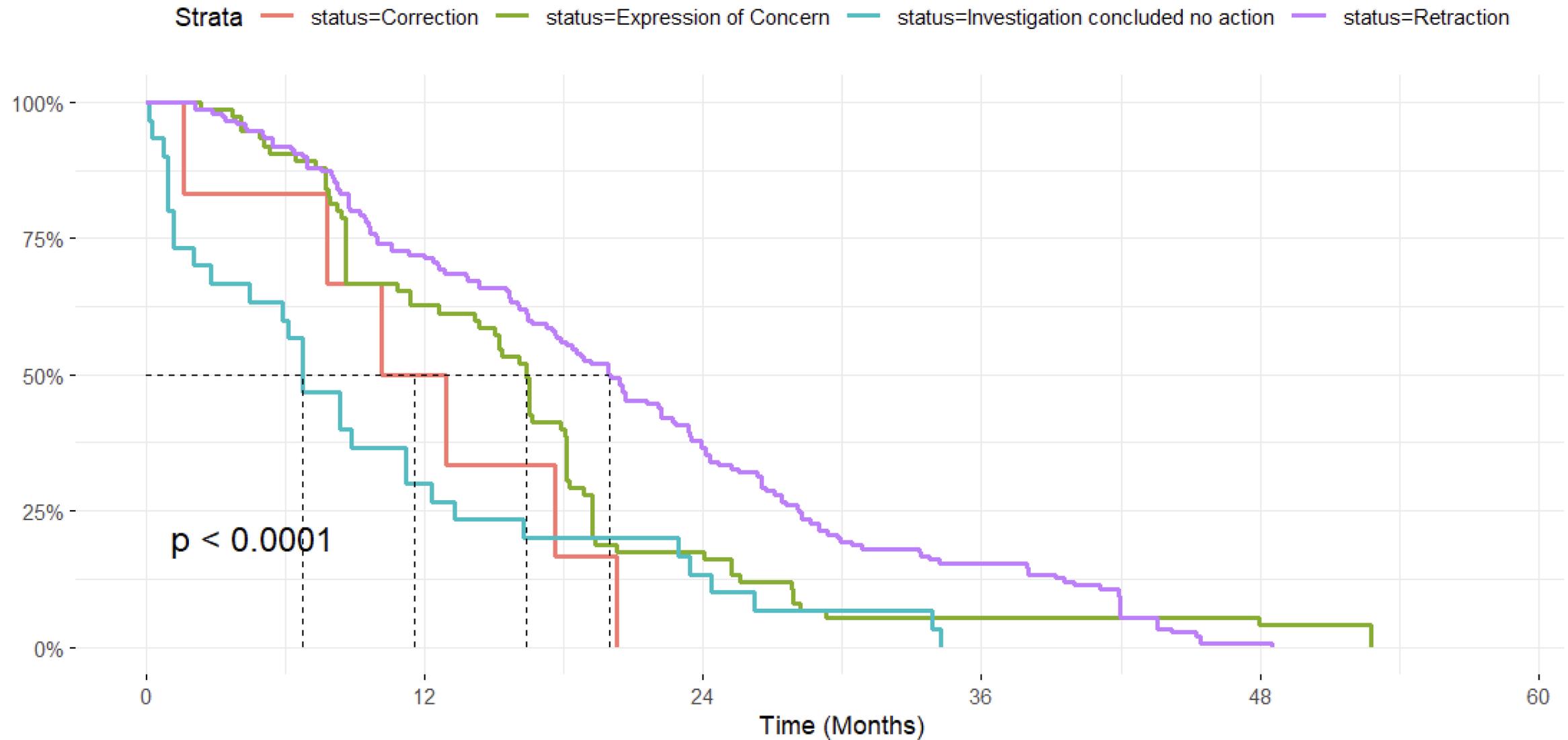
<b>Status</b>	<b>N=891</b>	<b>Assessment Outcome (%)</b>
<i>Completed investigation</i>	262	25
Retraction	151	16.9
Expression of concern	75	8.4
No wrongdoing found	30	3.4
Correction	6	0.7
<i>Pending</i>	629	70.6



# Time To decision



# Time To decision (stratified by type of decision)



# Publisher's Time To Response

<b>Publishers &amp; Societies (n=73)</b>	<b>No: of Flagged Papers (N=732)</b>	<b>Case Completion Rate (N,%)</b>	<b>Retracted</b>	<b>EOC</b>	<b>Correction</b>	<b>No Wrong-doing</b>	<b>Pending</b>	<b>Median Time To Response (Months)</b>
Elsevier	165	40 (24%)	27	8	1	4	125	40
Taylor & Francis	140	48 (34%)	28	20	0	0	92	26
Springer	133	35 (26%)	19	11	2	3	98	44
Wiley Blackwell	102	21 (21%)	10	8	0	3	81	33
Wolters Kluwer	43	22 (51%)	5	14	0	3	21	16



# Journal Time To Response

Status	Number of flagged Papers	Case Completion Rate (%)	Retraction	Expression of Concern	Correction	Investigation concluded no action	Pending Investigation	Median Time to Response (Days)	Median Time to Response (Months)
J Matern Fetal Neonatal Med	78 (8.8%)	29 (37%)	11 (7.3%)	18 (24%)	0 (0%)	0 (0%)	49 (7.8%)	594	20
Int J Gynaecol Obstet	67 (7.5%)	22 (33%)	12 (7.9%)	0 (0%)	0 (0%)	10 (33%)	45 (7.2%)	724	24
Fertil Steril	57 (6.4%)	24 (41%)	14 (9.3%)	2 (2.7%)	1 (17%)	4 (13%)	36 (5.7%)	319	11
EJOG	38 (4.3%)	16 (42%)	14 (9.3%)	2 (2.7%)	0 (0%)	0 (0%)	22 (3.5%)	522	17
Eur J Contracept Reprod Health Care	24 (2.7%)	19 (75%)	18 (12%)	0 (0%)	0 (0%)	1 (4%)	5 (1.0%)	465	16
J Obstet Gynaecol	23 (2.6%)	12 (52%)	12 (7.9%)	0 (0%)	0 (0%)	0 (0%)	11 (1.7%)	739	25
J Urol	15 (1.7%)	14 (93%)	0 (0%)	14 (19%)	0 (0%)	0 (0%)	1 (0.2%)	258	9

# RCTs from Egypt (PubMed)

**PubMed**<sup>®</sup>

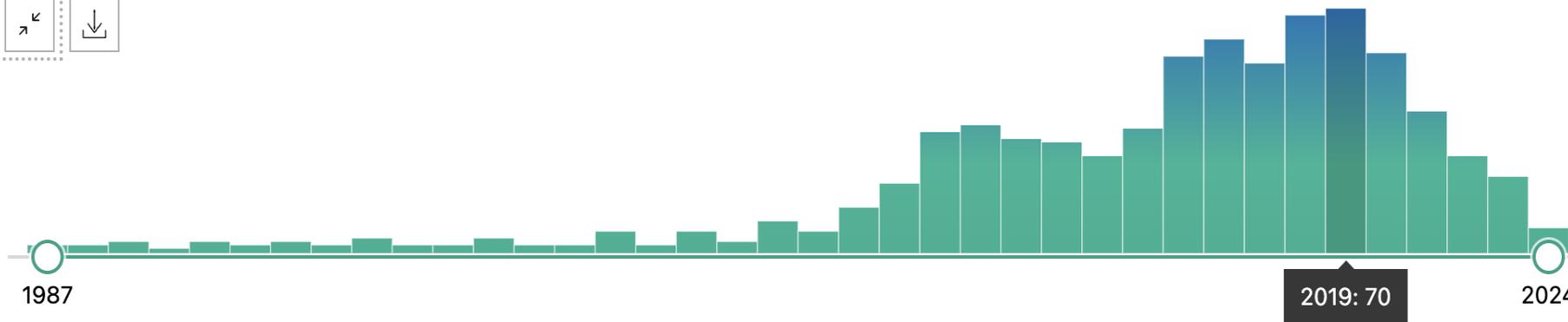
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# RCTs from Egypt (PubMed)



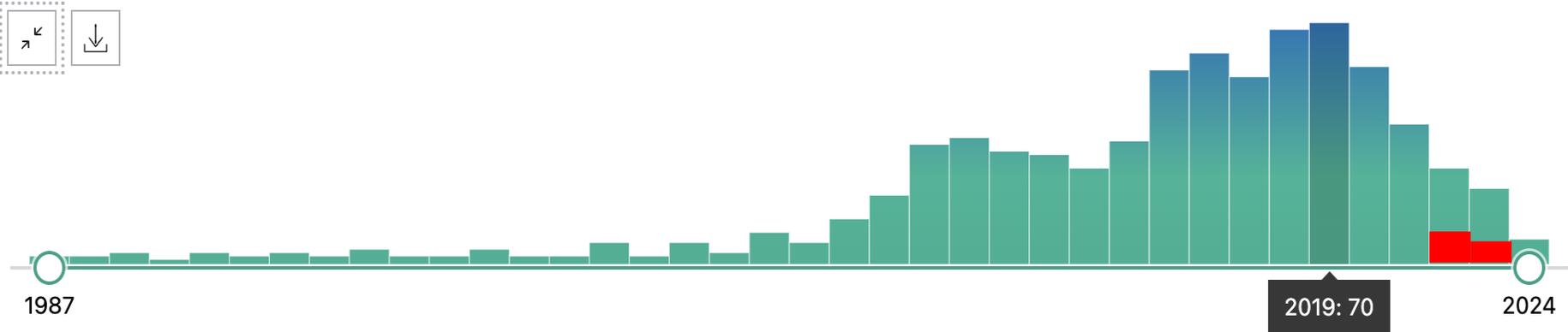
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## Editorial Board

### Tovah Honor Aronin, Ph.D. - Senior Editor, *BMC series*



Tovah Honor Aronin has been an Editor for BMC since 2016 and has been working on *BMC Pregnancy and Childbirth* since 2017. Before moving into publishing, Tovah received her Ph.D. from Johns Hopkins University, Baltimore, USA, where she studied calcium signaling in yeast, developing a novel microscopy probe for real-time measurement of calcineurin activity. An early fascination with Punnett squares led to a focus on genetics, which then broadened into an interest in the communication and application of scientific research across disciplines. Tovah is an editor for the [BMC series blog](#) and is interested in promoting best practices in health care.

6 RCTs In BMC in 2022/23

1x Ahmed Maged



1x Ahmed Abbas



4x Mazen Abel-Rasheed



# The Economist

Science & technology | Scientific malpractice

There is a worrying amount of fraud in medical research

And a worrying unwillingness to do anything about it



- The current post-publication review process is slow to issue an outcome
- Majority of investigated papers led to retractions/EOC
- Study shows a small percentage of a bigger problem in women's health
- Harmful to mothers and babies



## Acknowledgements

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Lyle Gurrin  
Wentao Li  
Rui Wang  
John Carlisle  
John Loadsman  
Jack Wilkinson  
Will Spratt  
Jessica Srivastava  
Nishat Siddique

Many anonymous informers  
Many positive responses on my morning talk

**From:**  
**Date:** Tuesday, 4 June 2024 at 1:06 pm  
**To:** Ben Mol <Ben.Mol@monash.edu>  
**Subject:** WCRI talk

Hi Ben

Your talk was really moving. What a shitshow!

So problem is everyone is winning:

- Authors get h-index
- Institutions get published research
- Publishers make money
- COPE says they are good policemen

Only as you say women and children suffer, but who cares :-)

I can't help thinking it's the Dutch in you that keeps the fight going. Bit like Elisabeth Bik.  
You say what you feel, unlike the British say!

Thanks for the talk.

Regards

