

New Professionals: Career Advice Across The Globe – “The Art of Getting Published”

Monday, November 6, 2017

15:00 – 16:00 EDT



Presenters:

Lyn Beamesderfer

C. Daniel Mullins, PhD

Diego Rosselli, PhD, MD, MEd

Dan Greenberg, PhD

New Professional Overview



The ISPOR New Professionals Network is composed of recent graduates from Health Economics and Outcomes Research related programs. The Network is available to former student ISPOR members and any new members who join that possess 3 years or less of experience in the HEOR field. Members will be eligible to renew for two additional years after they join before becoming standard ISPOR members. Current ISPOR members, paying the \$150 Standard membership, are not eligible to downgrade their membership to New Professional.

Mission:

To continue the development of future HEOR leaders by providing increased awareness, educational opportunities, and professional advancement in the field.

Vision:

To develop leaders of health economics and outcomes research and help build the workforce across the multiple disciplines of outcomes research.

Objectives & Overview

- This session will provide an opportunity for New Professional Members and soon to graduate students to hear good practices and experiences straight from HEOR experts about “The Art of Getting Published”
- Upon completion of the presentations there will be time for Q&A and Networking.

Agenda



Time	Topic	Presenter
15:00 – 15:05	Overview of New Professional membership & Objectives	Jason Cohen
15:05 – 15:10	Moderator: Lyn Beamesderfer Associate Director, Publications & Communication, ISPOR	Lyn Beamesderfer
15:10 – 15:25	Speaker: Daniel Mullins ISPOR Co-Editor In Chief, Value in Health Professor, University of Maryland School of Pharmacy	Dr. Mullins
15:25 – 15:40	Speaker: Diego Rosselli Associate Professor, Universidad Javeriana	Dr. Rosselli
15:40 – 15:55	Speaker: Dan Greenberg Associate Professor, Ben-Gurion University of the Negev	Dr. Greenberg
15:55 – 16:00	Q&A/Final Comments/Adjourn	ALL

Career Advice Across the Globe: “The Art of Getting Published”



Moderator:

Lyn Beamesderfer

Associate Director, Publication & Communications

ISPOR

Lyn Beamesderfer

Associate Director, Publication & Communications ISPOR



- Joined ISPOR in 2015
- Work with EICs and CEs to establish and enforce journal policy, implement strategic direction for the publications, and improve editorial work flows / processing times
- 25+ years in managing peer-reviewed journals
 - *The American Journal of Managed Care*
 - *Cancer and Cancer Cytology* [American Cancer Society journals]

ISPOR Publications



Value in Health provides a forum for researchers, health care decision makers, and policy makers to apply pharmacoeconomics and outcomes research into health care decisions.



Value in Health Regional Issues is an online journal that publishes articles that focus on health-related topics that impact the health policies and populations in the following regions: 1) Asia; 2) Central and Eastern Europe, Western Asia, and Africa; and 3) Latin America.



Value & Outcomes Spotlight is to foster dialogue within the global health economics and outcomes research (HEOR) community by reviewing the impact of HEOR methodologies on health policy and health care delivery to ultimately improve decision making for health globally.

ISPOR Journals



- MEDLINE-indexed
- 4.325 impact factor
- 12 issues /year + 3 abstract issues
- 1000+ submissions / year
- 80% rejection rate

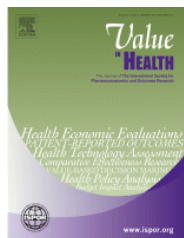


- MEDLINE-indexed
- 3 e-only issues / year
- ~200 submissions / year
 - 73 from Asia
 - 65 from Latin America
 - 62 from CEEWAA
- 54% rejection rate

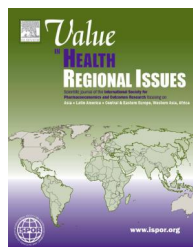
Instructions for Authors

Where to start? Read the journal's instructions

- editorial scope
- length restrictions (word counts, number of tables/figures)
- style and formatting



www.ispor.org/publications/value/submit.asp



www.ispor.org/publications/VIHRI/authors_guide.asp

Career Advice Across the Globe: “The Art of Getting Published”



Presenter:

C. Daniel Mullins, PhD

Professor and Chair, PHSR Dept

University of Maryland School of Pharmacy

Baltimore, MD, USA

C. Daniel Mullins, PhD

Professor, University of Maryland School of Pharmacy



Editor with *Value in Health*

- Co-Editor-in-Chief 2010 – present
- Co-Editor 2002-2010

Editorial Review

- **Novel contribution**
 - Differentiated from prior studies
 - First cost study in (country) not sufficient
- **Appropriate comparator**
- **Match the data to the research question**
- **Model treatment using “local” practice patterns**
- **Incorporate treatment approaches into cost estimation**
 - Site of care (VA, Kaiser Permanent versus BCBS non-closed system)
 - Geography (treatment patterns by country or jurisdiction)
- **Discussion vis-à-vis prior studies**
- **Free from marketing bias**

Editorial Review

- **Aligned with journal scope & formatted correctly**
- **Initial “internal” decision based on merit**
 - Reject without review
 - Require pre-review edits
 - Send for Peer Review
- **Peer review**
 - Significance
 - Methods
 - Transparency
 - Free from bias
- **Recommendation**
 - Peer review comments to authors
 - Peer review comments to editor
 - Editor’s assessment

Guidance



ISPOR Task Force

Consolidated Health Economic Evaluation Reporting Standards

– **CHEERS:**

A Report of the ISPOR Health Economic Evaluation Publications
Guidelines Task Force

ISPOR Task Forces

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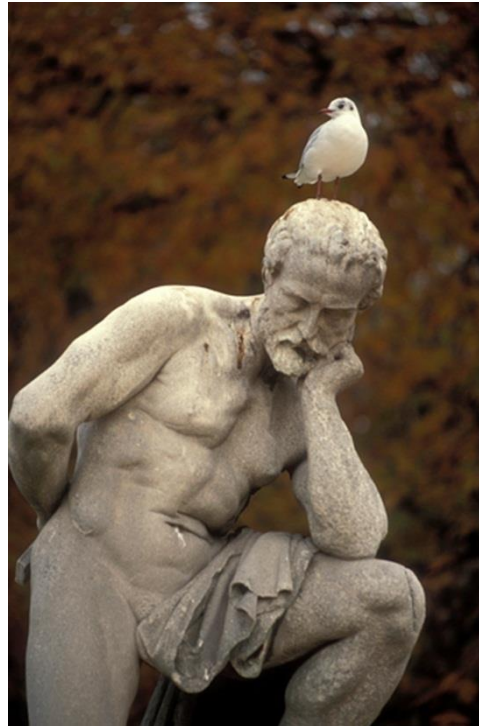
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ISPOR Task Forces are created to advance the field of health care outcomes research and the use of this research in health care decisions. An ISPOR Task Force is approved by the ISPOR Board of Directors to achieve a defined goal, the development of a "good research practice" report or similar work product. An ISPOR Task Force is composed of a small, active Leadership Group that develops the work product and a larger Review Group that provides comments and feedback on the draft. The Leadership Group is selected by the Task Force Chair(s). The Reviewer Group is composed of any ISPOR member who is interested in the goal of the task force. When the goal of a task force is achieved, e.g., the task force report is submitted to *Value in Health* for publication, the task force is dissolved.

ISPOR Task Forces	Good Research Practices Developed by ISPOR Task Forces
<p>Budget Impact Analysis Good Practices II</p> <p>CER-CI: Interpreting Indirect Treatment Comparison Studies for Health Care Decisions Task Force</p> <p>CER-CI: Interpreting Modeling Studies for Health Care Decisions Task Force</p> <p>CER-CI: Interpreting Prospective Observational Studies for Health Care Decisions Task Force</p> <p>CER-CI: Interpreting Retrospective Observational Studies for Health Care Decisions Task Force</p> <p>CER-CI: Synthesizing a Body of Evidence Task Force</p>	<p>Conjoint Analysis Experimental Design Good Research Practices Task Force</p> <p>Health Economic Evaluation Publication Guidelines-CHEERS: Good Reporting Practices Task Force</p> <p>Performance-Based Risk-Sharing Arrangements Good Practices for Design, Implementation & Evaluation Task Force</p> <p>PRO: Good Research Practices for the Assessment in Children and Adolescents Task Force</p> <p>PRO: Good Research Practices for ePRO Systems Validation Task Force</p> <p>PRO: Good Research Practices for Mixed Modes to Collect PRO Data in Clinical Trials</p>
<p>JOIN ISPOR TASK FORCES</p>	<p>ISPOR GOOD OUTCOMES RESEARCH PRACTICES INDEX</p> <ul style="list-style-type: none"> Comparative Effectiveness Research Methods Economic Evaluation Methods Modeling Methods Observational Study Methods-Database Methods Observational Study Methods-Medication Adherence Methods Patient Reported Outcomes (PRO) Methods Preference-Based Methods Risk Benefits Methods

Reflections from an Editor



Common Problems

- **Lack of transparency**
 - Model Structure
 - Analysis
 - Data sources

- **Lack of novel contribution**
 - Why manuscript is unique and important
 - How the manuscript adds to prior publications

- **Study not randomized, not a trial**
 - Defend why study is needed
 - Place in context of trials and other evidence

- **Methods don't match study question**
 - Ideally, develop SAP based on question
 - If “second best” SAP, change your Q

Common Problems

■ Need to address selection bias

- Instrument (search for the holy grail)
- Propensity match or score
 - Provide details
 - Explain whether the process provides better evidence
 - Recall that this, too, is a biased sample

■ Cost drivers not transparent

- Disaggregate costs
- Don't mask drug costs

■ Wrong (or no) active comparator

- Ideally, include all relevant comparators
- If unable, explain in Discussion

Advice



To Dos

- Do motivate the research question
- Do match the statistical analysis plan to the research question and study design
- Do provide fair balance in results and discussion
- Do explain the relevance and importance of your findings (but see last bullet!)
- Do list all limitations of the analysis and dataset
- Do draw conclusions that stem directly from the results
- Do place your results in the context of related literature

NOT To Dos

- Do not use the Introduction as a means of providing random facts and trivia
- Do not suggest that non-statistically significant results “trend toward significance”
- Do not place marketing messages in Abstract or Conclusion (or anywhere else!)
- Do not introduce new concepts in the Conclusion

Career Advice Across the Globe: “The Art of Getting Published”



Presented By:

Diego Rosselli, MSc, MEd, MD

Associate Professor

Universidad Javeriana

Bogota, Colombia

Diego Rosselli, MSc, MEd, MD

Associate Professor, Universidad Javeriana



- Clinical Epidemiology & Biostatistics Department, Medical School, Universidad Javeriana, Bogota, Colombia
- Neurologist
- Master's in Education (Harvard) and Health Policy (London School of Economics)

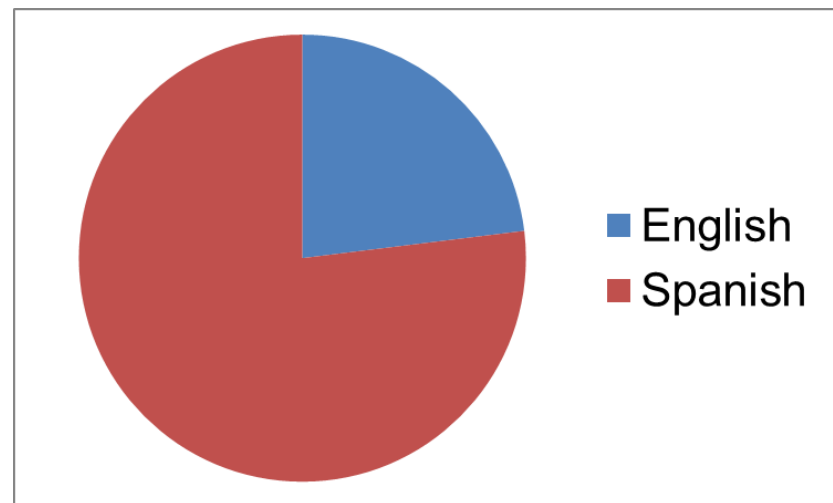
- Previous positions: Director for Science & Technology at the Ministry of Health, General Director Colombian Red Cross, Dean of Medical School
 - Partner at:



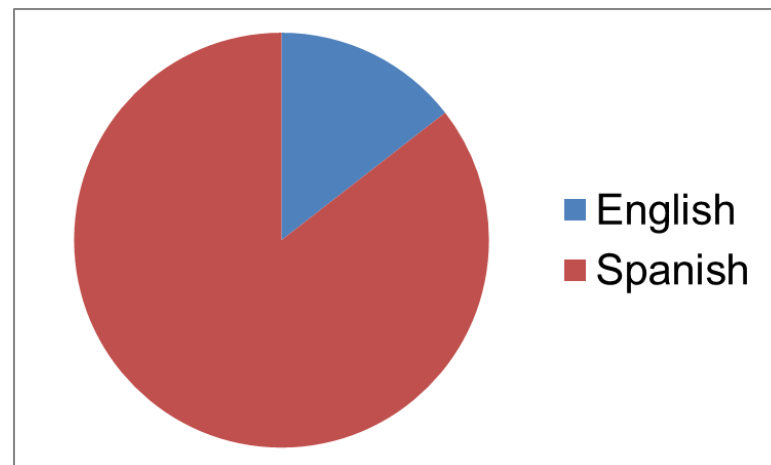
Language barriers

- PubMed-indexed Journals from Spanish speaking Latin America Argentina, Chile, Colombia, Costa Rica, Cuba, Peru and Venezuela 2012-2016

- English 3218
- Spanish 10743



- 2007-2011
 - English 1802
 - Spanish 10650

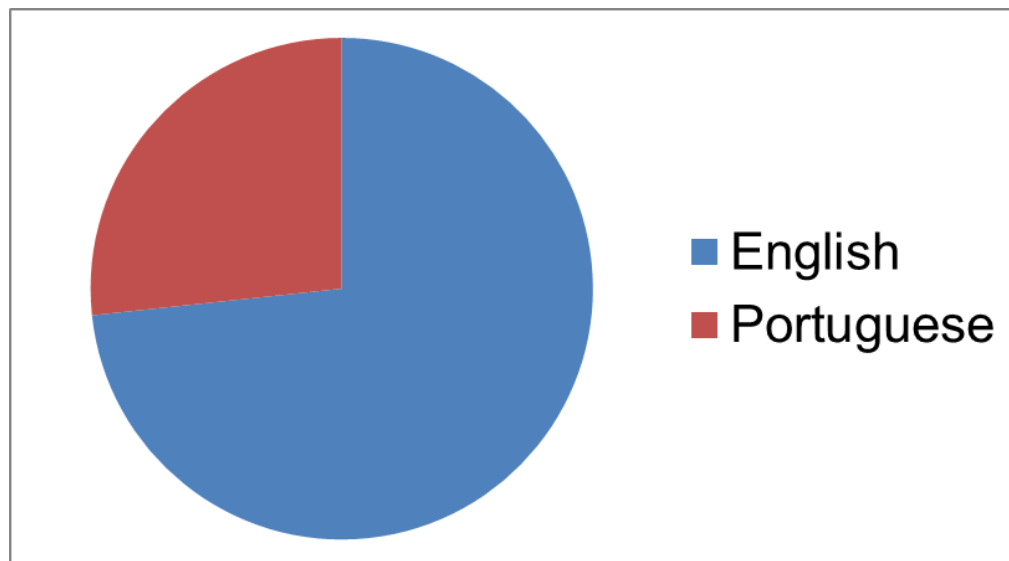


Language barriers

- PubMed-indexed Journals from Portuguese speaking Latin America

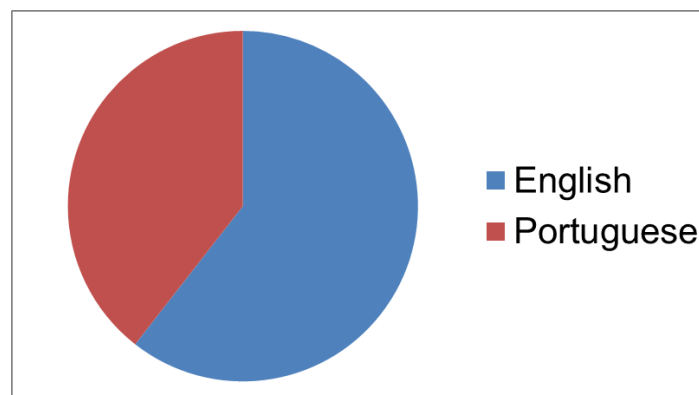
- 2012-2016

- English 36708
- Portuguese 13366



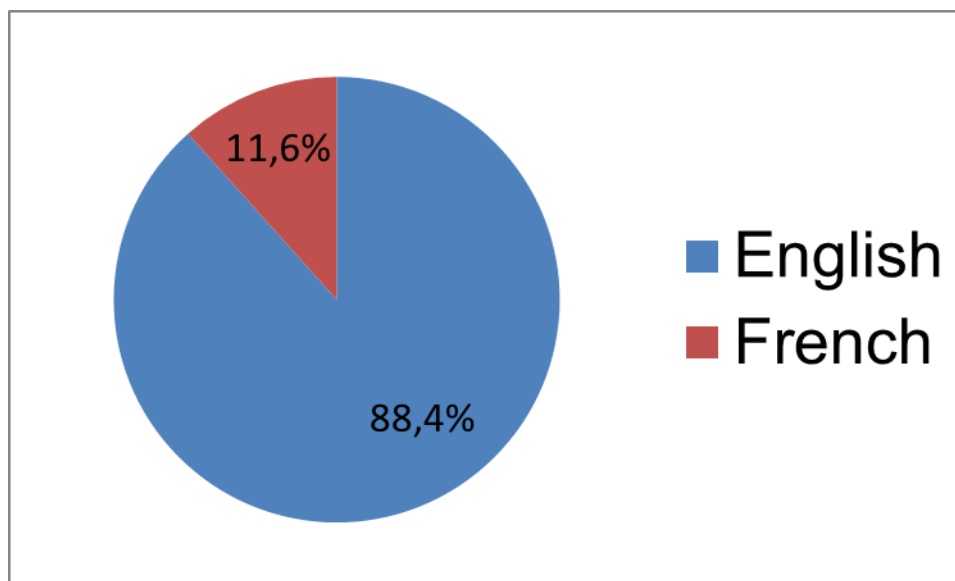
- 2007-2011

- English 20675
- Portuguese 13469



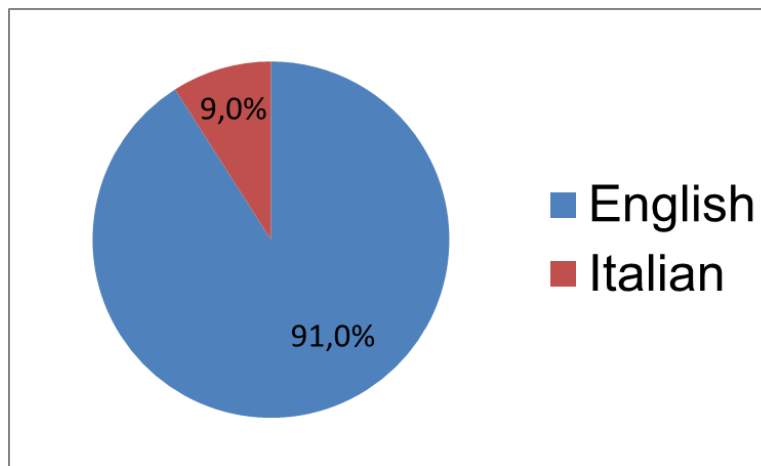
Language barriers

- Journals from France

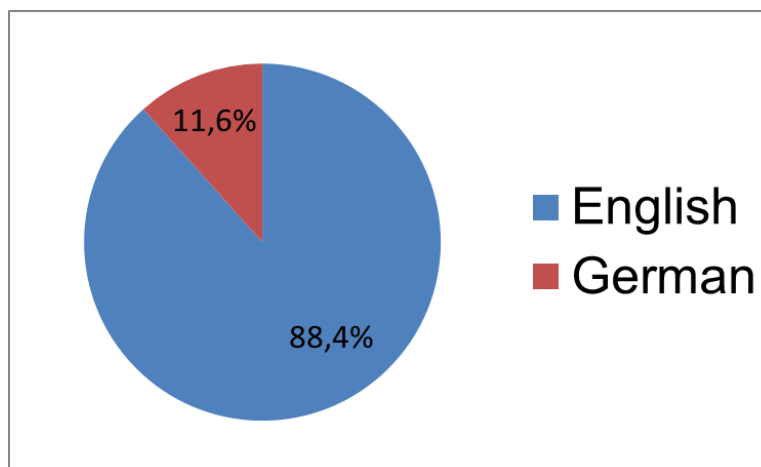


Language barriers

- Journals from Italy

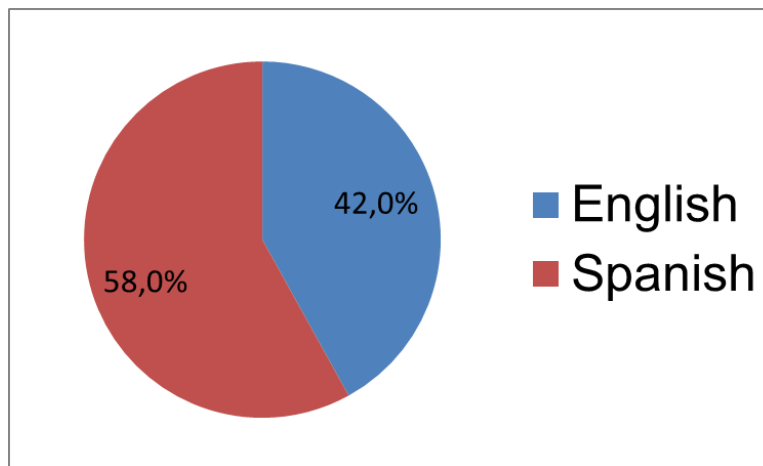


- Journals from Germany

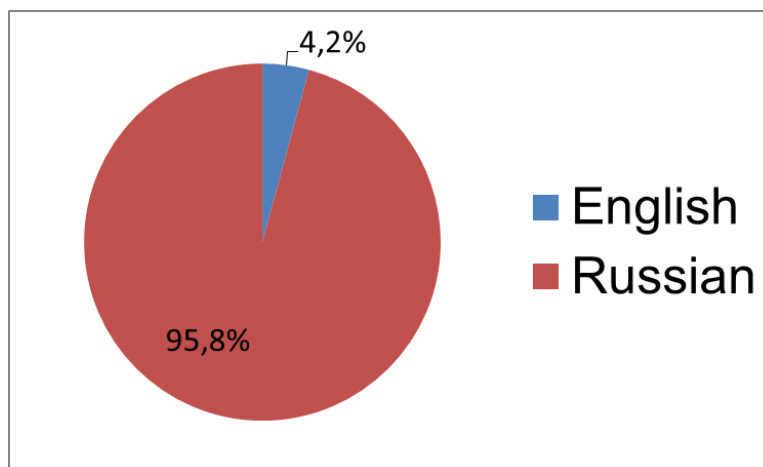


Language barriers

- Journals from Spain



- Journals from Russia



Choose your references well

■ References serve two purposes:

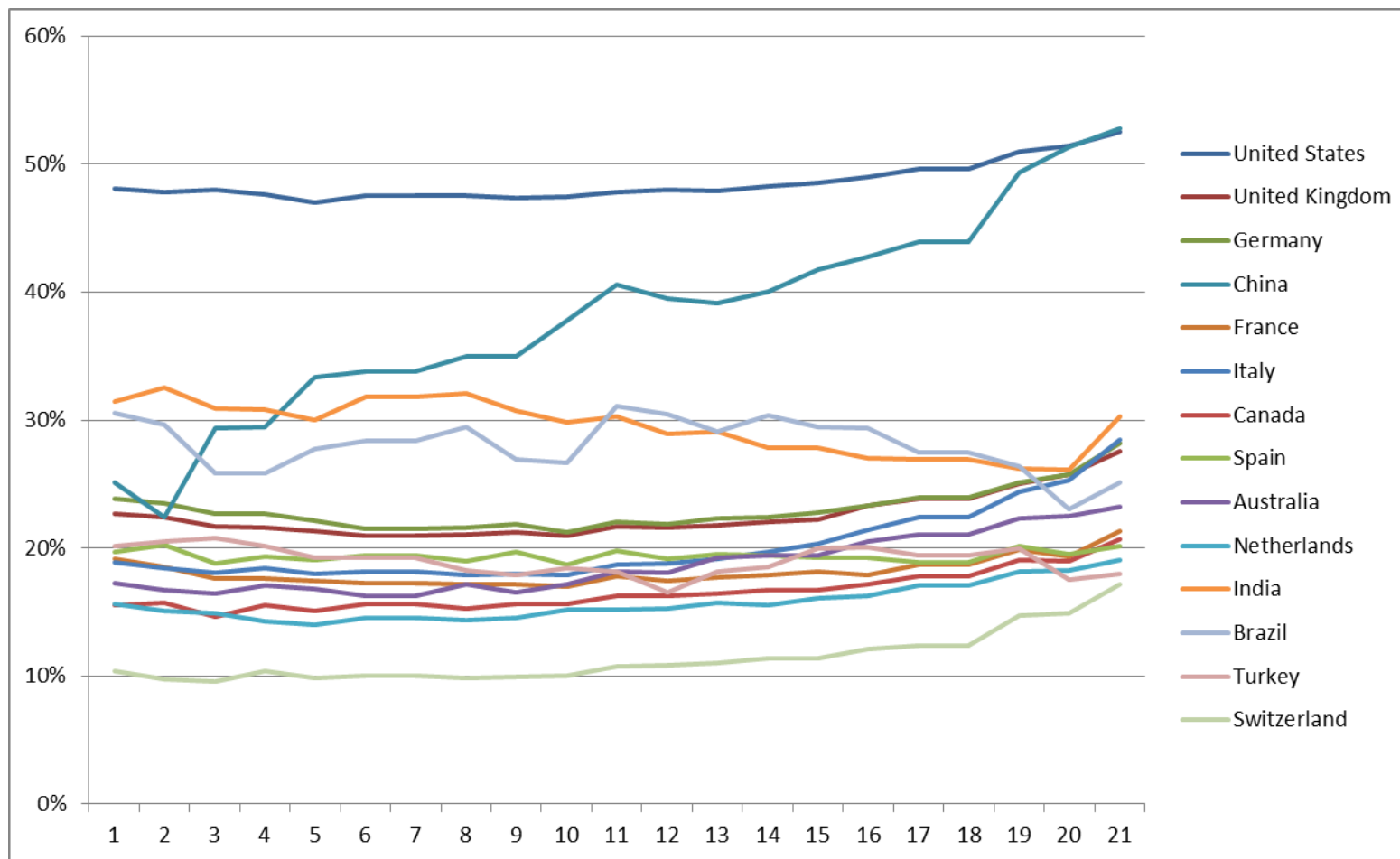
- The obvious one
- The political one

■ Improving your references is perhaps the most cost-effective way of improving the quality of your paper.

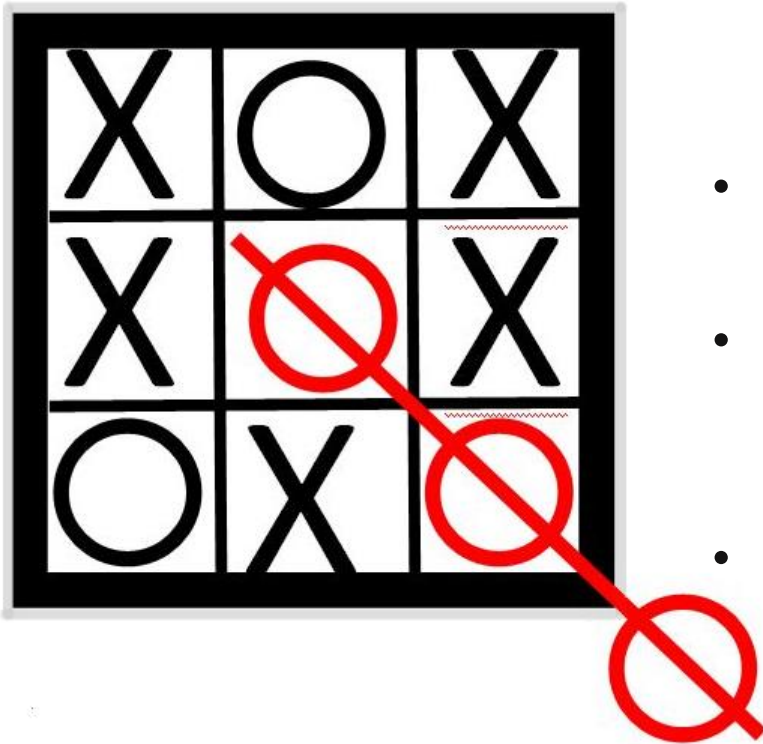
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Choose your references well

- Self-citations by country (source Scimago)



Selecting the appropriate journal



- Consider journals outside your own discipline.
- Don't be (too) original
- Copying from one person is plagiarism, copying from many: that's science.
- Think of that journal's readership.

Selecting the appropriate journal

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Seizure - European Journal of Epilepsy Editorial Board

Editor-in-Chief

M. Reuber, MD PhD FRCP
Adult Neurologist, Sheffield, UK
Email M. Reuber, MD PhD FRCP



- Improving the differential diagnosis of epilepsy and other seizure disorders
- Comorbidity of Epilepsy
- Psychogenic Nonepileptic Seizures
- Subjective seizure experiences
- History-taking and interpreting the history of patients with seizures
- Epilepsy service provision
- Role of stress in patients with epilepsy

Editorial Board

N.S. Abend

Pediatric Neurologist, Philadelphia PA USA

Research Interests:

- Status Epilepticus Management
- EEG Monitoring in Critically Ill Patients
- Pharmacological Management of Seizures and Epilepsy

G. Baker

Liverpool, UK

S. Beyenburg

Adult neurologist, Luxembourg, Luxembourg

Research Interests:

- Pharmacological treatment of epilepsy
- Comorbid conditions in epilepsy

M. Brodie

General physician and clinical pharmacologist, Glasgow, UK

Research Interests:

- Antiepileptic drug neuropharmacology
- Combining antiepileptic drugs
- Regulatory and other drug trials
- Natural history of treated epilepsy
- Pharmacogenomics of treatment outcomes
- Patterns of drug response
- Pharmacological management of epilepsy

J. Carrizosa Moog

Child Neurologist, Medellin, Colombia

Research Interests:

- Pediatric epilepsy
- Genetics in epilepsy syndromes
- Comorbidity
- Social issues and quality of life
- Education

R. Matsumoto

Kyoto, Japan

Research Interests:

- functional and seizure networks using invasive neurophysiology and neuroimaging
- epileptogenicity using clinical neurophysiological methods
- Language function and its reorganization in epilepsy
- Impact of autoimmunity on epilepsy

A. Mazarati

Los Angeles, California, USA

Research Interests:

- Neurobehavioral disorders associated with epilepsy (comorbidities): animal models, mechanisms, and therapies
- Developmental aspects of epilepsy and epileptogenesis
- Role of brain inflammation in epilepsy

D.R. Nordli

Long Grove, Illinois, USA

M. Oto

Glasgow, Scotland, UK

Ç. Özkara

Istanbul, Turkey

S.-P. Park, MD, PhD.

Adult neurologist, Daegu, South Korea

Research Interests:

- Depression and anxiety in people with epilepsy (PWE)
- Behavioral and other psychiatric disorders in PWE
- Cognitive impairment in PWE
- Quality of life and psychosocial function in PWE
- Comorbidity of epilepsy
- Adverse effects of antiepileptic drugs

Follow checklists

- Checklists were designed for reviewers.
- They help you make sure you comply with their expectations.

Table 2 – CHEERS checklist—Items to include when reporting economic evaluations of health interventions.

Section/item	Item no.	Recommendation	Reported on page no./line no.
Title and abstract			
Title	1	Identify the study as an economic evaluation, or use more specific terms such as “cost-effectiveness analysis” and describe the interventions compared.	_____
Abstract	2	Provide a structured summary of objectives, perspective, setting, methods (including study design and inputs), results (including base-case and uncertainty analyses), and conclusions.	_____
Introduction			
Background and objectives	3	Provide an explicit statement of the broader context for the study. Present the study question and its relevance for health policy or practice decisions.	_____
Methods			
Target population and subgroups	4	Describe characteristics of the base-case population and subgroups analyzed including why they were chosen.	_____
Setting and location	5	State relevant aspects of the system(s) in which the decision(s) need(s) to be made.	_____
Study perspective	6	Describe the perspective of the study and relate this to the costs being evaluated.	_____
Comparators	7	Describe the interventions or strategies being compared and state why they were chosen.	_____
Time horizon	8	State the time horizon(s) over which costs and consequences are being evaluated and say why appropriate.	_____
Discount rate	9	Report the choice of discount rate(s) used for costs and outcomes and say why appropriate.	_____
Choice of health outcomes	10	Describe what outcomes were used as the measure(s) of benefit in the evaluation and their relevance for the type of analysis performed.	_____
Measurement of effectiveness	11a	Single study–based estimates: Describe fully the design features of the single effectiveness study and why the single study was a sufficient source of clinical effectiveness data.	_____
	11b	Synthesis-based estimates: Describe fully the methods used for the identification of included studies and synthesis of clinical effectiveness data.	_____
Measurement and valuation of preference-based outcomes	12	If applicable, describe the population and methods used to elicit preferences for outcomes.	_____
Estimating resources and costs	13a	Single study–based economic evaluation: Describe approaches used to estimate resource use associated with the alternative interventions. Describe primary or secondary research methods for valuing each resource item in terms of its unit cost. Describe any adjustments made to approximate to opportunity costs.	_____
	13b	Model-based economic evaluation: Describe approaches and data sources used to estimate resource use associated with model health states. Describe primary or secondary research methods for valuing each resource item in terms of its unit cost. Describe any adjustments made to approximate to opportunity costs.	_____
Currency, price date, and conversion	14	Report the dates of the estimated resource quantities and unit costs. Describe methods for adjusting estimated unit costs to the year of reported costs if necessary. Describe methods for converting costs into a common currency base and the exchange rate.	_____
Choice of model	15	Describe and give reasons for the specific type of decision-analytic model used. Providing a figure to show model structure is strongly recommended.	_____
Assumptions	16	Describe all structural or other assumptions underpinning the decision-analytic model.	_____
Analytic methods	17	Describe all analytic methods supporting the evaluation. This could include methods for dealing with skewed, missing, or censored data; extrapolation methods; methods for pooling data; approaches to validate or make adjustments (e.g., half-cycle corrections) to a model; and methods for handling population heterogeneity and uncertainty.	_____

Follow models

Lancet Case report

- Three paragraphs
- 2-5 references
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CASE REPORT

Case report

An explosive case

Jorge Espinosa-Reyes, Camilo Fornegra, Julio Cardona-Gonzalez, Diego Rosselli

On August 12, 2001, while taking part in a training session in a rural area 150 km from Bogota, a 19-year-old soldier was injured by a 40 mm grenade fired at close range from an M-60 machine gun. The army physician arrived in a few minutes and found an alert patient with an injury in his left cheek and profuse bleeding through the mouth and nose. He started an infusion of whole blood, and transferred the soldier to the local hospital where a radiograph of the skull showed an unexploded 4×8 cm grenade in the nasopharynx in close contact with the skull base (figure, top). 5 hours after the accident the patient arrived by helicopter at the Hospital Militar Central, where plans for extraction had been put in place to minimise risk to the surgical team and the patient. One wing of the hospital was evacuated and adapted for use as an operating room for the initial procedure, and all operating room staff wore Kevlar armoured anti-explosive vests (figure, bottom). We avoided using metal instruments and electric tools.

Three teams intervened in close succession. A general surgeon gave the patient local anaesthesia and did a tracheotomy with the patient in the left lateral position, which was the only position in which he could ventilate properly. The general surgeon then left the operating room. An anaesthetist induced anaesthesia using intravenous and inhaled agents, intubated the patient, and left the room. Finally, the facial trauma group manually extracted the grenade through the mouth of the patient, and delivered the device to an explosives expert for disposal. We then moved the patient to the main building where the debridement was finished without any complications. The total surgical procedure lasted 4 h. Postoperative radiographs and three-dimensional CT reconstructions showed bilateral naso-orbits-pharyngeal fractures, Le Fort I and left hemi-Le Fort II fractures, an open left mandible fracture, and right parasymphysis fracture. 2 weeks later facial reconstruction and fracture fixation were done uneventfully. The patient was last seen in October, 2003. He had a linear 3 cm scar on his left cheek, and was in the last stage of his oral rehabilitation programme, but had no other limitations.

Removal of unexploded missiles from live patients are rare events. A review of 32 such cases, most of them from the Vietnam war, described injuries predominantly to the limbs.¹ An unexploded grenade was unexpectedly found



Lateral radiograph showing unexploded grenade in the nasopharynx (top). Kevlar suit worn by operating room staff (bottom)



at autopsy in a Turkish soldier's skull.² We have had to operate on four more cases at our institution. Worldwide, surgeons are at risk of a variety of occupational hazards. In areas of conflict, such as Colombia, danger sometimes goes well beyond the occasional punctured operating glove.

Lancet 2003; 362: 2066

Universidad Militar Nueva Granada, (J Espinosa-Reyes MD, C Fornegra MD, J Cardona-Gonzalez MD, D Rosselli MD) *Transversal* 5 No. 49-00, Bogota, Colombia

Correspondence to: Dr Diego Rosselli (e-mail: diego_rosselli@post.harvard.edu)

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- 1 Lein B, Holcomb J, Brill S, Heltz S, McCrory T. Removal of unexploded ordnance from patients: a 50-year military experience and current recommendations. *Mil Med* 1999; 164: 163-65.
- 2 Dulger HE, Tokdemir M. An accidental death caused by an unexploded 40-mm grenade. *Mil Med* 2001; 166: 557-59.

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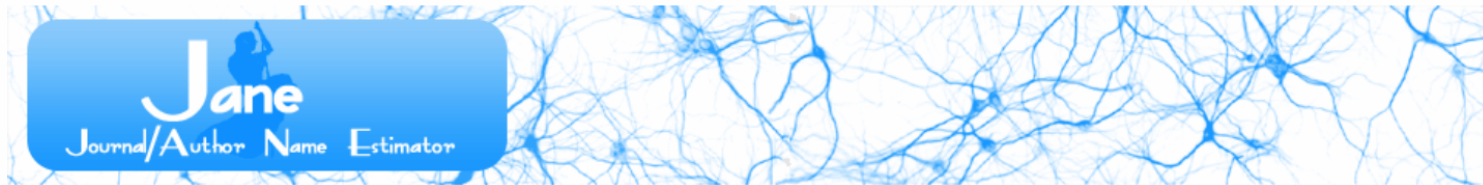
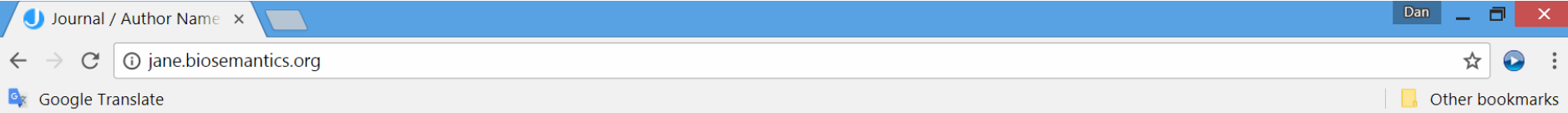
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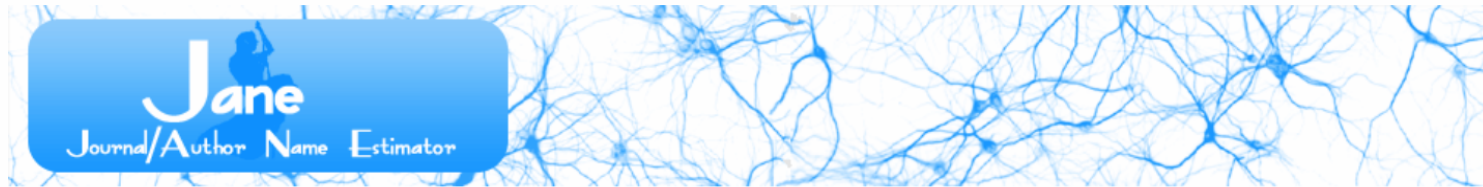
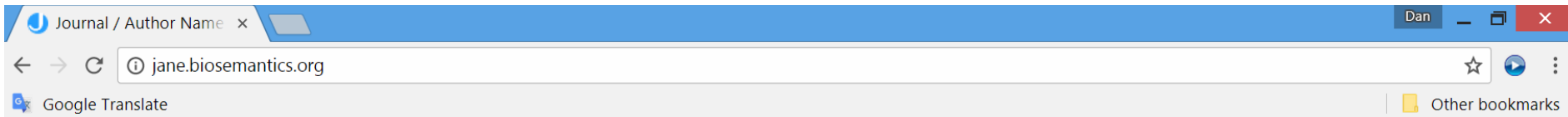
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Results: There were 189 CD and 242 UC patients (mean ages 43.5 ± 15.9 y and 53.2 ± 17.9 y, respectively). The total healthcare cost over the four-year follow-up period was €19,121 for CD and €7,097 for UC ($p < 0.001$). Medication costs accounted for 70.7% of total healthcare costs in CD patients, with 66.4% for biologics and 4.3% for all other medications; additional costs were for surgery (9.7%) and hospitalizations (6.0%). In UC patients, biologics amounted to 27.5% of total cost, other medications 25.8%, investigations (24.2%) and outpatient visits (10.9%).

Conclusions: CD patients engendered much higher healthcare costs than UC patients. Biologics are now the main cost driver in CD and UC in our facility, resulting in a considerable rise in overall expenditure without any substantial concomitant reduction in the other cost utilities.

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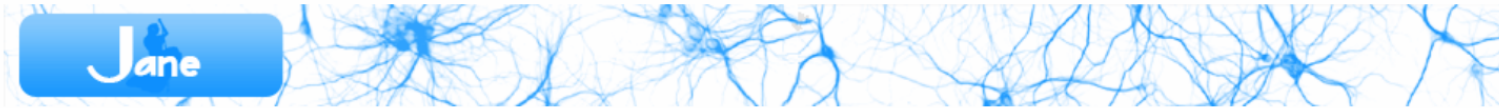
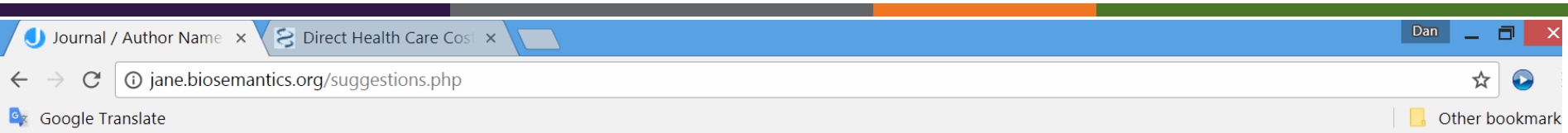
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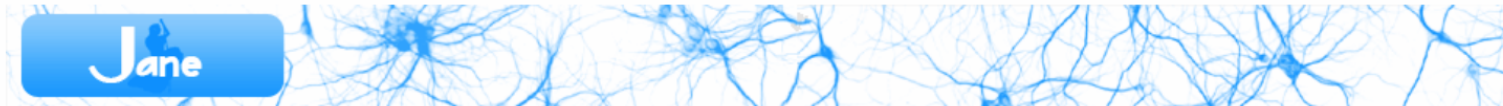
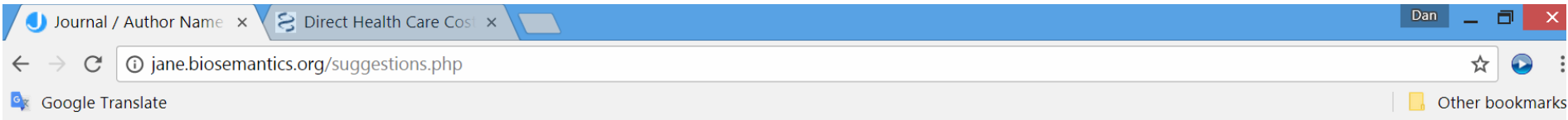
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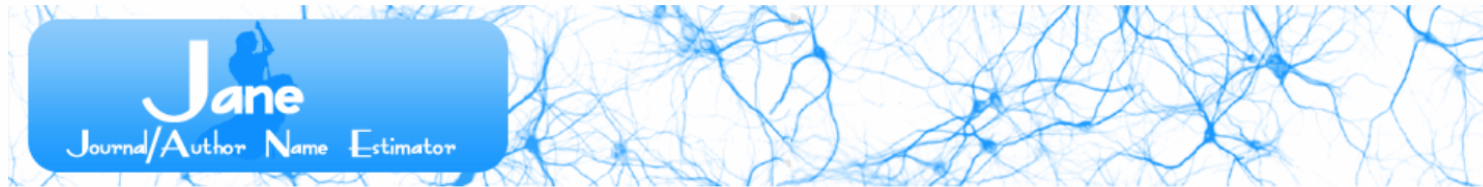
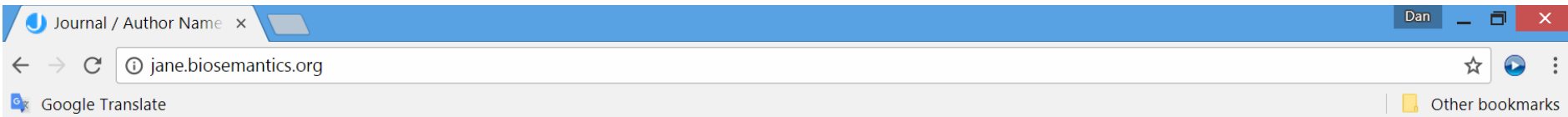
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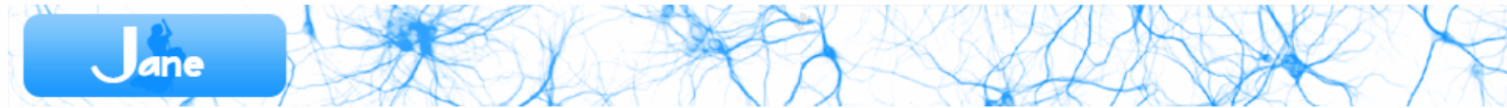
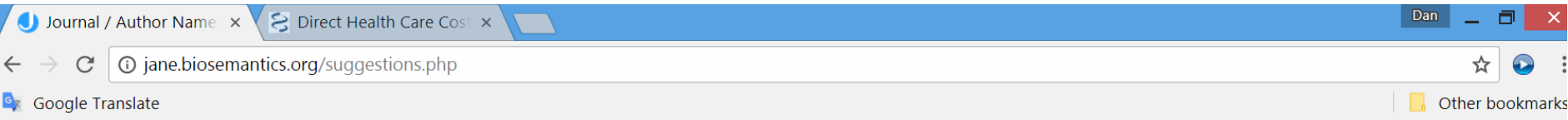
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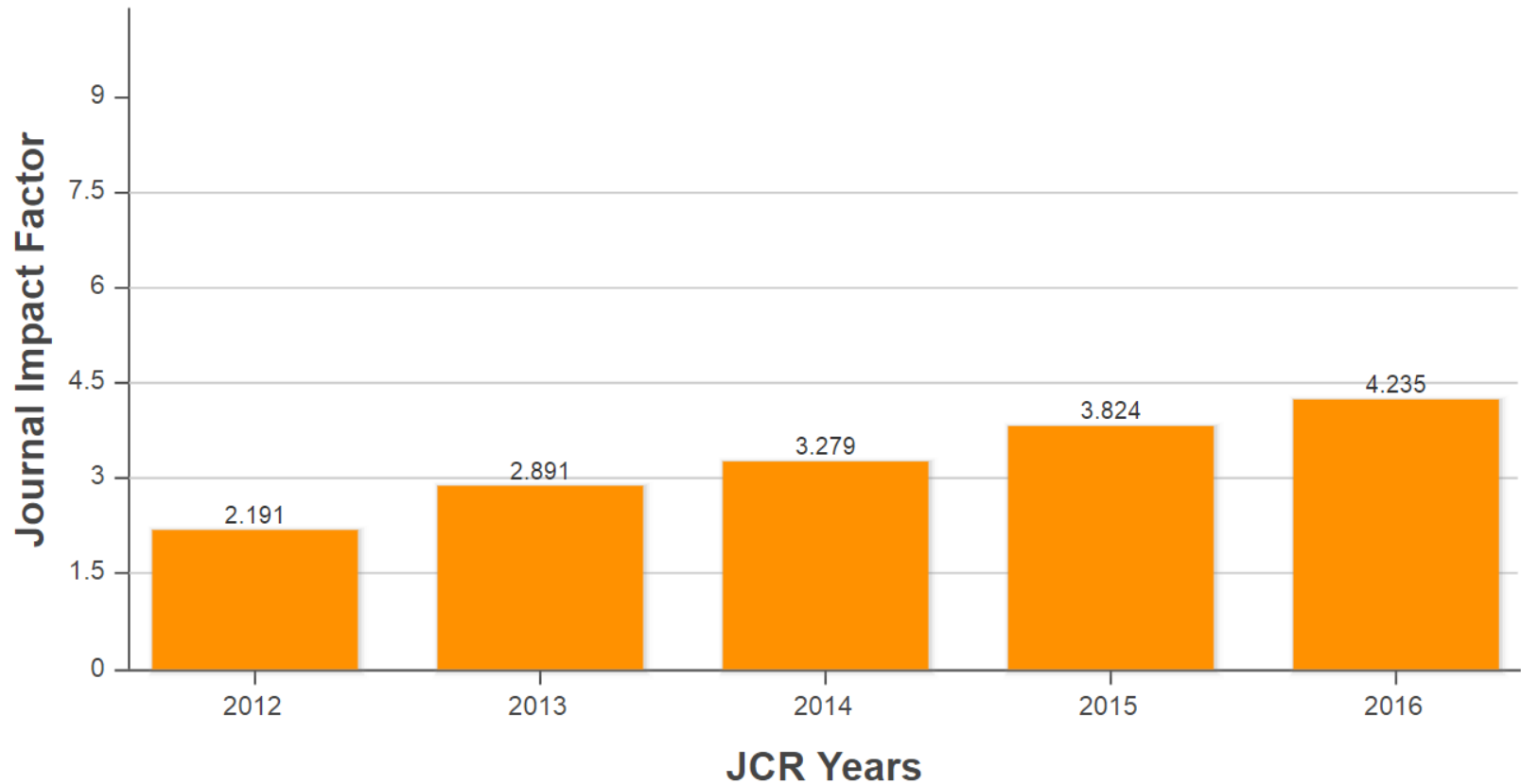
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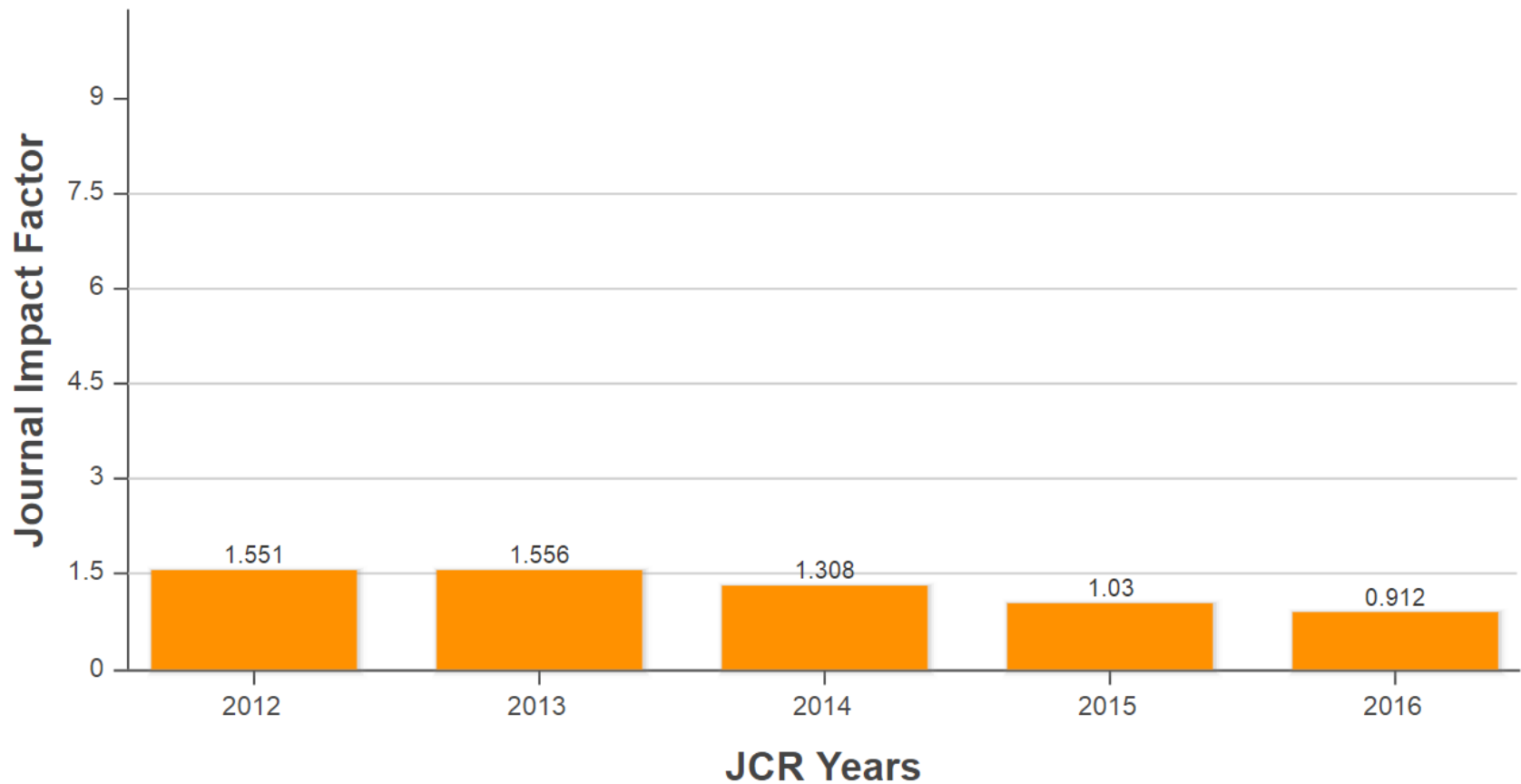
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