



Handling Manuscript Rejection*

Insights From Evidence and Experience

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The purpose of this article is to provide authors with insights gained from evidence and experience on how to handle rejected manuscripts.

HOW COMMON IS MANUSCRIPT REJECTION?

Authors, particularly inexperienced authors, may take comfort in knowing that manuscript rejection is common.^{1,2} One study³ showed that 62% of published papers had been rejected at least once. Authors should also be aware that many top-tier journals have high rejection rates.⁴ Since 2005, the rejection rate for unsolicited manuscripts submitted to *CHEST* has ranged from 87 to 91% (R. Irwin, MD; personal communication; September 2008).

REJECTION HURTS, BUT IS IT FATAL?

Most, if not all, authors feel some level of pain when their manuscript is rejected. We find it helpful to remind disappointed authors of the

following: (1) rejected manuscripts still have a reasonable chance of being published within a reasonable time frame (Table 1). In most studies, at least 50% of rejected manuscripts were published within 2 years. At each of our organizations, > 90% of manuscripts are eventually published in a timely manner in journals with an impact factor. (2) The peer-review process means almost all authors receive criticism.⁵ (3) Reviewers can provide free and useful suggestions for manuscript improvement.^{1,5} Reviewers' comments were deemed valuable by 76% (176 of 231 authors) of authors whose manuscripts were eventually accepted and 60% (21 of 35 authors) of authors whose manuscripts were rejected or withdrawn.⁶ (4) Many editors who receive more submissions than they can accept have to reject good manuscripts.^{4,7,8} Editors may decide to reject manuscripts without sending them out for peer review.

WHAT CHOICES CAN AUTHORS MAKE WHEN THEIR MANUSCRIPT IS REJECTED?

The choices authors make after manuscript rejection are influenced by their commitment to publish, as well as the editor's decision on the type of rejection (Fig 1). If authors are not committed to publishing, an initial rejection can be enough to justify giving up. This is certainly the best way to guarantee publication failure! As authors have usually invested considerable time, funds, and effort to conduct their study and prepare a manuscript,^{1,7} we strongly encourage authors to keep trying to publish until they are successful or until a fatal flaw (eg, inappropriate study method) has become apparent. Giving up after one rejection is like running a marathon and giving up only centimeters away from the finish! If authors remain committed to publishing, then the next step is to clearly understand every comment in the rejection letter.

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Table 1—Publication Success Rates for Previously Rejected Manuscripts*

| Study† | Therapeutic Area | Rejected Manuscripts, No. | Rejected Manuscripts Subsequently Published in Other Journals, No. (%) | Publication Delay |
|---|---|---------------------------|--|---|
| Hall and Wilcox, 2007 ³ | Epidemiology | 155 | 116 (75) | Most published within 19 mo |
| Mundy, 1984 ¹⁸ | General medicine | 113 | 82 (73) | Most published within 23 mo |
| Koch-Weser and Yankauer, 1993 ¹⁹ | Public health | 83 | 60 (72) | Most published within 30 mo |
| Ray et al, 2000 ²⁰ | General medicine | 350 | 240 (69) | Mean time from rejection to publication elsewhere was 18 mo (minimum, 4 mo; maximum, 60 mo) |
| Chew, 1991 ¹ | Diagnostic radiology | 254 | 162 (64) | Mean time from rejection to publication elsewhere was 15 mo (minimum, 2 mo; maximum, 38 mo) |
| McDonald et al, 2007 ⁸ | Radiology | 554 | 304 (55) | Mean time from rejection to publication elsewhere was 16 mo (minimum, 1 mo; maximum, 37 mo) |
| Nemery, 2001 ¹² | Occupational and environmental medicine | 405 | 218 (54) | Most published within 24 mo |
| Liesegang et al, 2007 ⁷ | Ophthalmology | 1344 | 686 (51) | Most published within 24 mo (median, 15 mo; minimum, 0.4 mo; maximum, 39 mo) |
| Opthof et al, 2000 ¹³ | Cardiovascular | 644 | 301 (47) | Most published within 36 mo |
| Armstrong et al, 2008 ¹¹ | Dermatology | 489 | 201 (41) | Most published within 28 mo |
| Green and Del Mar, 2006 ⁶ | General medicine | 11 | 3 (27) | Not reported |

*Rates were obtained from publications retrieved from a MEDLINE search conducted in July 2008 (search terms: “fate,” “manuscripts,” “rejection”; limited to English). Additional publications were sourced from hand searching reference lists in publications retrieved from MEDLINE search. Due to methodologic limitations (*eg*, limited follow-up periods, limited search strategies), the publication success rates cited for previously rejected manuscripts may underestimate the actual publication success rates.

†Studies are presented in order of publication success rate.

THE REJECTION LETTER: WHAT DO THE EDITOR'S AND REVIEWERS' COMMENTS REALLY MEAN?

As painful as it might be, authors should read and reread editor's and reviewers' comments.⁹ Occasionally, comments can be difficult to interpret, for example, if reviewers write them in a rushed manner or are not comfortable writing in English. We encourage authors, particularly less-experienced authors, to consult with experienced authors or medical writers to obtain independent, nonemotional opinions on what the comments mean. Authors then need to establish whether the editor has decided on an outright or a conditional rejection. An outright rejection means there is no chance of the manuscript being published in that journal. A conditional rejection means there is still a possibility of publishing in that journal. The wording used in the rejection letter can provide authors with clues as to the type of rejection (Table 2). Unfortunately, some inexperienced authors can interpret a conditional rejection as an outright rejection. For example, extremely negative wording may be used in the letter, but the requested changes are not major.

What Should Authors Do If Their Manuscript Receives an Outright Rejection?

If authors receive an outright rejection, they need to establish the reason why (Fig 1). If a manuscript has been rejected outright because of fatal flaws, authors should seriously consider whether it is appropriate to pursue publication (Fig 1). An outright rejection could actually prove beneficial if it stops the authors from publishing, and then having to retract, a misleading and potentially dangerous paper. In contrast, if a manuscript has been rejected outright because it was unsuitable for the journal, authors should pursue publication in their second-choice journal (Fig 1). As emphasized in this series, journal choice can certainly influence publication success.¹⁰ The authors' second-choice journal may need to be a lower-impact journal.^{3,7,8,11–13}

When authors submit to their second-choice journal, they should take comments from the reviewers of the first journal into account. A study¹¹ on the fate of rejected manuscripts showed that 82% of authors incorporated at least one change suggested by the reviewers from the original journal. Even though these rejected manuscripts were subsequently

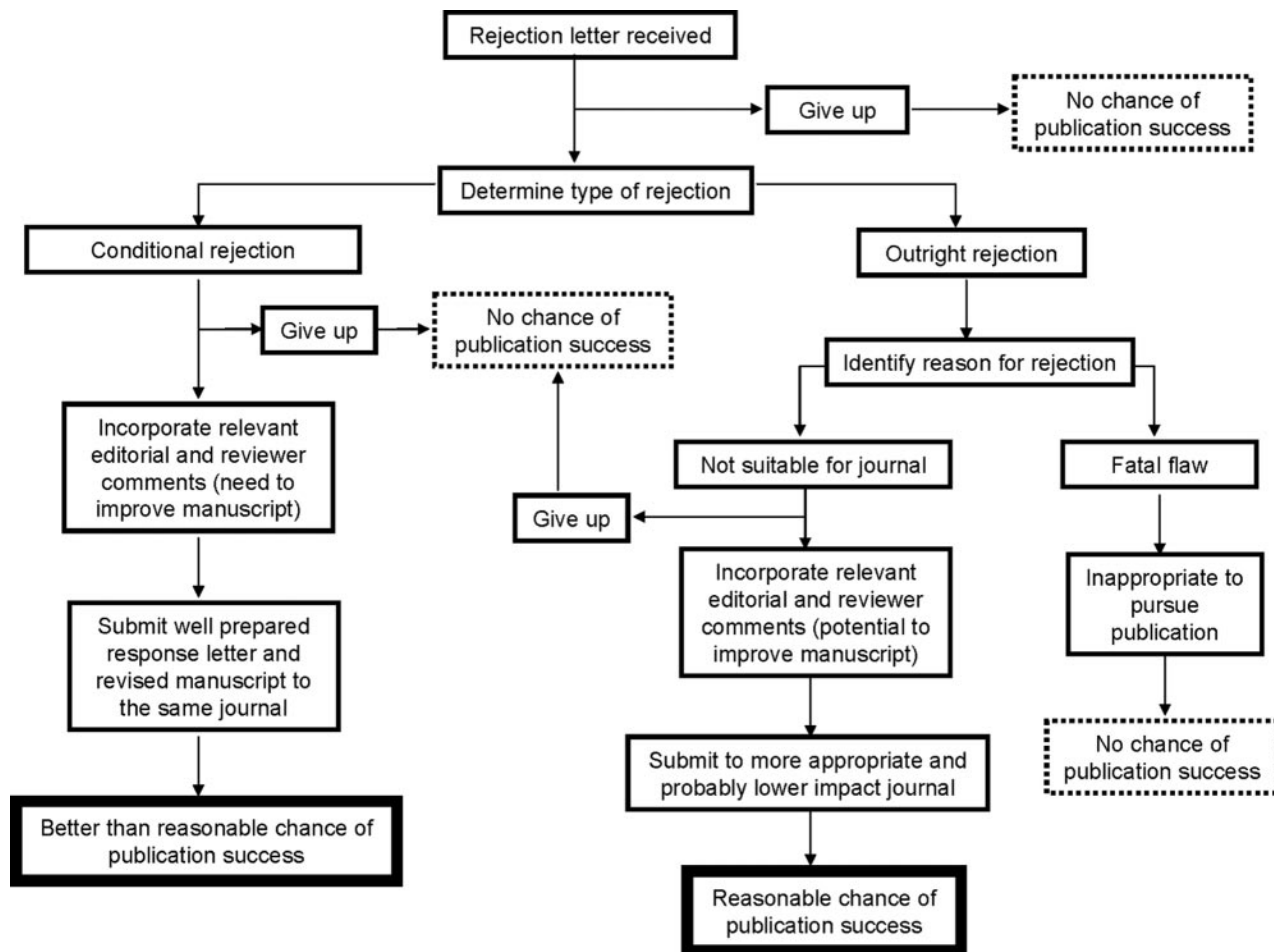


FIGURE 1. Flow diagram illustrating the choices authors can make after receiving a manuscript rejection letter from the editor of their first-choice journal.

published in lower-impact, second-choice journals, manuscripts incorporating at least one of the changes suggested by the reviewers of the first journal were published in higher-impact, second-choice journals than manuscripts without any changes.¹¹ Ignoring reviewers' comments may seem the easy option, but it can be risky. If the second journal uses the same reviewers as the first journal, the reviewers are unlikely to be impressed that their improvement suggestions were ignored.^{9,14}

WHAT SHOULD AUTHORS DO IF THEIR MANUSCRIPT RECEIVES A CONDITIONAL REJECTION?

Authors who receive a conditional rejection have reason for cautious optimism. Publication is not guaranteed, but it may be close. At this stage, the worst thing authors can do is procrastinate. Indeed, editors are dismayed when authors are offered conditional acceptance, but do not resubmit.^{6,7} Authors

should decide whether they want to “persist and publish” or “procrastinate and perish.” Authors who want to persist and publish must submit a well-prepared response document.

Table 2—Common Wording Used in Outright or Conditional Rejection Letters

| Outright Rejection | Conditional Rejection |
|---|--|
| Submit to another journal | Unacceptable in its current form |
| Unsuitable for our readership | Will require major revisions |
| Insufficient priority at this time | Would be more suitable as a brief report |
| Relevant to a more specialized audience | This paper, while of interest, needs to be completely restructured |
| Although of interest to our readers, fundamental flaws in the study design preclude publication | The reviewers have raised serious concerns that need to be addressed |
| We do not accept unsolicited review articles | Manuscript would need to be revised to comply with the requirements of our journal |

HOW SHOULD AUTHORS PREPARE THEIR RESPONSE DOCUMENT?

Authors should ensure they follow the editor's revision submission instructions. Many editors will require a submission that includes a point-by-point response to the editor's and the reviewers' comments, as well as a revised manuscript. Authors should endeavor to make as many of the changes requested by the editor and reviewers as they can, but, should not feel obliged to make changes that they believe are not warranted.

A well-prepared response document should be complete, polite, and based on evidence, not emotion!¹⁴ To help ensure a complete response, authors might find it helpful to prepare a two-column table. The first column contains an itemized list of every comment made by the editor and reviewers, and the second column contains the authors' responses. This format makes it easy for the editor and reviewers to see that the authors have considered every comment and minimizes the risk that authors will inadvertently miss a comment. An alternative method is to cut and paste the editor's and reviewers' comments into a document and then, next to each comment, insert the authors' response. The "tracked changes" feature in Microsoft Word (Microsoft; Redmond, WA) can be used to identify (mark) where changes have been made in the revised manuscript. When resubmitting a manuscript to *CHEST*, authors must provide a "marked-up" (tracked changes identified) version and a "clean" (tracked changes removed) version of the revised manuscript.

To help ensure a polite response, authors should remind themselves that most reviewers try to provide constructive criticism. If authors do not agree with a comment, they should ensure their rebuttal is diplomatic. The importance of rising above rudeness has been emphasized in a helpful (and humorous) article⁵ on how to deal with different reviewer types.

To help ensure an evidence-based response, authors may find it helpful to search the literature again to identify additional, and possibly more recent, supportive publications. If further evidence is not available, authors should explain why the evidence already cited is sufficient. The additional citations and explanations do not necessarily need to be incorporated into the revised manuscript, but they should be included in the response document.

Finally, when responding to reviewers, it is too late and not very helpful for authors to question whether their manuscript may have received more favorable comments had it been sent to different reviewers. When submitting their next manuscript, however, authors may consider nominating reviewers and non-reviewers (*ie*, individuals who should not review their

manuscript). Compared to editor-selected reviewers, author-suggested reviewers may be more likely to recommend acceptance,¹⁵ particularly in the early stages of peer review.¹⁶ Interestingly, nominating nonreviewers may increase the odds of publication success even more than that of nominating reviewers.¹⁷ Authors should be aware that the final decision on acceptance typically rests with the editor, not the reviewers. Notably, *CHEST* allows authors to nominate reviewers and nonreviewers. Authors should, however, justify why nonreviewers have been nominated.

SUMMARY

Manuscript rejection is common, but usually not fatal. Evidence and experience suggest that authors who are committed to publishing and know how to handle a rejected manuscript have a reasonable chance of achieving publication success.

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REFERENCES

- 1 Chew FS. Fate of manuscripts rejected for publication in the AJR. *AJR Am J Roentgenol* 1991; 156:627-632
- 2 Pierson DJ. The top 10 reasons why manuscripts are not accepted for publication. *Respir Care* 2004; 49:1246-1252
- 3 Hall SA, Wilcox AJ. The fate of epidemiologic manuscripts: a study of papers submitted to *Epidemiology*. *Epidemiology* 2007; 18:262-265
- 4 Wager E. Getting research published. Oxon, UK: Radcliffe Publishing Ltd, 2005
- 5 Ernst E. A beginner's guide to criticism. *Med J Aust* 2007; 187:649
- 6 Green R, Del Mar C. The fate of papers rejected by Australian Family Physician. *Aust Fam Physician* 2006; 35: 655-656
- 7 Liesegang TJ, Shaikh M, Crook JE. The outcome of manuscripts submitted to the American Journal of Ophthalmology between 2002 and 2003. *Am J Ophthalmol* 2007; 143:551-560
- 8 McDonald RJ, Cloft HJ, Kallmes DF. Fate of submitted manuscripts rejected from the American Journal of Neuroradiology: outcomes and commentary. *AJNR Am J Neuroradiol* 2007; 28:1430-1434
- 9 Roberts W. Revising manuscripts after studying reviewers' comments. *Am J Cardiol* 2006; 98:989-989
- 10 Thompson PJ. How to choose the right journal for your manuscript. *Chest* 2007; 132:1073-1076
- 11 Armstrong AW, Idriss SZ, Kimball AB, et al. Fate of manuscripts declined by the Journal of the American Academy of Dermatology. *J Am Acad Dermatol* 2008; 58:632-635
- 12 Nemery B. What happens to the manuscripts that have not been accepted for publication in *Occupational and Environmental Medicine*? *Occup Environ Med* 2001; 58:604-607
- 13 Opthof T, Furstner F, van Geer M, et al. Regrets or no regrets? No regrets! The fate of rejected manuscripts. *Cardiovasc Res* 2000; 45:255-258

- 14 Williams HC. How to reply to referees' comments when submitting manuscripts for publication. *J Am Acad Dermatol* 2004; 51:79–83
- 15 Schroter S, Tite L, Hutchings A, et al. Differences in review quality and recommendations for publication between peer reviewers suggested by authors or by editors. *JAMA* 2006; 295:314–317
- 16 Wager E, Parkin EC, Tamber PS. Are reviewers suggested by authors as good as those chosen by editors? Results of a rater-blinded, retrospective study. *BMC Med* 2006; 4:13
- 17 Goldsmith LA, Blalock EN, Bobkova H, et al. Picking your peers. *J Invest Dermatol* 2006; 126:1429–1430
- 18 Mundy DJ. Time needed for publication of journal articles. *Ann Intern Med* 1984; 101:61–62
- 19 Koch-Weser D, Yankauer A. The authorship and fate of international health papers submitted to the *Am J Public Health* in 1989. *Am J Public Health* 1993; 83:1618–1620
- 20 Ray J, Berkwits M, Davidoff F. The fate of manuscripts rejected by a general medical journal. *Am J Med* 2000; 109:131–135