

BioMed Central
Floor 6, 236 Gray's Inn Road
London
WC1X 8HB
UK

To the Editor:

Having read with interest the article by Lacasse, et al: *Knowledge of undisclosed corporate authorship ("ghostwriting") reduces the perceived credibility of antidepressant research: a randomized vignette study with experienced nurses*¹, we were concerned that the authors had, by conflating industry sponsorship with ghostwriting, not accurately addressed the perception of credibility that they set out to measure.

Additionally, when authors use terms such as "ghostwriting" incorrectly, there is a danger of further confusing an already confusing situation. A recent systematic review² reinforces that whether and how researchers define ghostwriting can have a major effect on the conclusions. Lacasse, et al appear to use "ghost authorship" and "ghostwriting" interchangeably.

Lacasse, et al purported to have addressed a major limitation of previous research by designing their study to examine one independent variable only - the influence of ghostwriting. As the authors noted:

"The major limitation of the [previous] study was that the conflict-of-interest (COI) conditions were bundled (there was no "ghostwriting only" condition) so that the impact of financial COI or ghostwriting could not be identified separately. We therefore conducted a follow-up study examining the impact of ghostwriting alone on perceived credibility."

However, the authors' study was itself confounded by the assessment of at least three, and possibly four, independent variables, rather than by a discrete analysis of "ghostwriting" alone. As the examples below reveal, the vignette used by Lacasse et al., bundled up much more than ghostwriting:

- **Guest authorship** (i.e., where an individual is listed as an author who did not meet all of the authorship criteria).
Extract from Lacasse, et al. vignette: *"Although he did not write the manuscript, Dr. Harvey agreed to be listed as the primary author of the study."*
GAPP critique: This is NOT ghostwriting, but rather, guest authorship.
- **Ghostwriting** (i.e., where an individual who does not meet all of the authorship criteria, but was involved in writing the manuscript, is not acknowledged as helping to write the manuscript and the funding source for their services is not disclosed).
Extract from Lacasse et al. vignette: *"This study was written up by Biopsychiatric Pharmaceuticals, Inc., the company that makes Serovux."*
GAPP critique: This COULD be ghostwriting, if the writer(s) and the funding source were not disclosed.
- **Hidden conflicts-of-interest** (i.e., where relevant financial or non-financial interests of the authors are not disclosed).
Extract from Lacasse, et al. vignette: *"The marketing department did not want to list company employees as the only authors, because readers may notice that all of the authors work directly for the company that makes Serovux."*
GAPP critique: This is NOT ghostwriting – this COULD be an example of conflicts-of-interest, if the funding source was not disclosed. Further, as industry best practice does not allow marketing staff to be involved in publications, this statement in the vignette is not consistent with current best practice.

Lacasse et al may have also examined ghost authorship; unfortunately, the vignette is ambiguous as it is not clear whether any of the company authors were omitted from the co-author list.

- **Ghost authorship** (i.e., where an individual does meet all of the authorship criteria, but is not listed as an author).
Extract from Lacasse et al. vignette: *“So, Biopsychiatric Pharmaceuticals, Inc. sent Dr. Harvey a pre-written manuscript, authored by employees of the company, and asked Dr. Harvey to be listed as first author.”*
GAPP critique: This is NOT ghostwriting – this COULD be ghost authorship, if some of the company employees who did meet all of the authorship criteria were not listed as co-authors.

Terms and their prospective influence on perceived credibility were thus no further elucidated by their bundling in the Lacasse study.

In the interests of perspective, it may have been helpful for Lacasse et al to have cited Wislar, et al³ and their survey, to help put the prevalence of ghostwriting into context. We would also hope that if Lacasse et al wish to help address ghostwriting, that they would encourage the use of the anti-ghostwriting checklist available gratis from PLoS Med⁴.

Other concerns relate to the use of a scale that has not been formally validated; the fact that the study was admittedly underpowered, according to the pre-study power analyses; and speculative statements regarding the importance of the ghostwriting issue to practicing clinicians. In addition, it is not clear from the article how the term “ghostwriting” was defined for participants in the study – an obviously important variable in assessing perception of impact. The questions posed by the two anonymous reviewers are also worthy of serious consideration, further stressing other variables that may have confounded the analysis of the discrete influence of perceived “ghostwriting”.

Ironically, given the efforts being made to identify the specific contributions made by authors or those being acknowledged, particularly in terms of making sure writers are NOT ghostwriters, It is not clear that some of the authors would qualify as such under ICMJE criteria. Lacasse et al acknowledge Joseph Anson, but don't tell the reader anything about the contribution he made...we can only hope he didn't help write or edit the article, as his role and funding source were not disclosed.

With kind regards, on behalf of fellow GAPP members Dr Cindy Hamilton, Dr Adam Jacobs, Gene Snyder, and Professor Karen Woolley (www.gappteam.org).

Art Gertel

Disclosures: All GAPP members have held, or do hold, leadership roles at associations representing professional medical writers (eg, AMWA, EMWA, DIA, ISMPP, ARCS), but do not speak on behalf of those organizations. GAPP members have, or do provide professional medical writing services to not-for-profit and for-profit clients.

¹ JR Lacasse, J Leo, AN Cimino, KF Bean, M Del-Colle, Knowledge of undisclosed corporate authorship (“ghostwriting”) reduces the perceived credibility of antidepressant research: a randomized vignette study with experienced nurses. BMC Research Notes 2012, 5:490, 5 September 2012.

²Stretton S, McGee S. Systematic review on the prevalence of ghostwriting: misleading, misguided, and mistaken ‘evidence’ (abstract). Curr Med Res Opin 2012;28(suppl 1):S16.

³ Wislar JS, Flanagin A, Fontanarosa PB, Deangelis CD. Honorary and ghost authorship in high impact biomedical journals: a cross sectional survey. *BMJ*. 2011; 343: d6128.

⁴ Gøtzsche PC, Kassirer JP, Woolley KL, Wager E, Jacobs A, et al. (2009) What Should Be Done To Tackle Ghostwriting in the Medical Literature? *PLoS Med* 6(2): e1000023.