

## Editorial

# **Current Controlled Trials in Cardiovascular Medicine: a new journal for a new age (<http://cvm.controlled-trials.com>)**

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We are delighted to welcome you to the first issue of *Current Controlled Trials in Cardiovascular Medicine*. With this innovative journal, published both on the web and in print, our aim is to stimulate debate, facilitate communication among investigators and users of trial results, provide tools, advice, and support for investigators and users of trial results, and to bring you the best available information relating to the application of clinical trials to cardiovascular practice.

### **Innovative approach**

This journal is the first of a family of journals planned by Current Controlled Trials (a member of the Current Science Group), each focusing on a different area of medicine. All will make full use of the new technology to meet the needs of clinical investigators and those who use the results of clinical trials to improve health care. Four innovative features distinguish these journals from most existing publications. The first is full text open access to reports of primary research. All primary research reports that we publish will be made available free, both on our website (<http://cvm.controlled-trials.com>) and on BioMed Central (<http://biomedcentral.com>), as well as being made immediately available on PubMed Central (<http://pubmedcentral.nih.gov>), the open access repository of primary biomedical research set up by the US National Institutes of Health. This means that authors can be sure that their work will be fully accessible to researchers and users of research around the world.

The second innovation is that authors of primary research will retain the copyright for their work, which means that they will be free to circulate their data and articles to others.

The third innovation is that we have a bias towards rather than against publication. All trials that are methodologically and ethically sound will be accepted for publication,

after peer review and appropriate revision, whether their findings are positive or negative. By doing this, while maintaining the scientific validity of published reports of trials, we aim to limit the tendency towards publishing only positive results of trials and to make the data from clinical trials more easily accessible for systematic review and meta-analysis.

The fourth innovation is that we aim to support trials (and investigators) from inspiration to publication and beyond. We will do this in several ways. We will encourage investigators to register their trials within the *metaRegister* of Controlled Trials (<http://controlled-trials.com>) and to apply for an International Standard Randomised Controlled Trial Number (ISRCTN), also available at the Current Controlled Trials website (<http://controlled-trials.com>). Both initiatives aim to increase the likelihood that trial results will be published and can be easily accessed by systematic reviewers and other users of clinical trial results.

We are also following *The Lancet's* lead in welcoming submission of trial protocols [1]. These will be peer reviewed and posted if accepted. Acceptance represents a provisional commitment, pending peer review, to publish the results of the trial should the authors wish to submit them to us. We are also exploring the possibility that posting protocols on the Current Science Group's open access sites (<http://biomedcentral.com> and <http://controlled-trials.com>) will enable investigators to use this as a channel for recruiting participants, by linking to the *metaRegister* and to other open-access sites that provide information about ongoing trials.

We will provide a home on the web (<http://cvm.controlled-trials.com>) for any information or communication that investigators wish to post relating to their trial. This may include trial co-ordination messages, information for

participants, interim analyses, preliminary data, and full data sets. And of course, when results are available, we welcome the submission of full reports of trials. Our website (<http://cvm.controlled-trials.com>) also allows rapid feedback from peers and users, and authors will be able to post revisions of their published manuscripts in response to this feedback.

Finally, through the commissioning of reviews and commentaries, we will place trial results in context, by exploring what they add, where they fit into the broader picture, and what are the implications for future research.

### Ensuring quality and integrity

We aim to do everything we can to ensure the quality and integrity of published information. We therefore welcome recent developments aimed at improving the reporting of trials and the ethics of scientific publishing. We will be asking all authors to ensure that their trial has an ISRCTN (available at <http://controlled-trials.com>), to submit their trial reports in accordance with the CONSORT guidelines [2], to provide a statement describing what contribution each of them made to the published article [3], and to declare any competing interests [4].

In return, we are committed to providing a thorough and speedy peer review process. We pledge to reach a decision on all submissions within 6 weeks of receipt, and to publish articles on line within one month of acceptance – see our website soon (<http://cvm.controlled-trials.com>) for a full description of our peer review and editorial processes, and now for a list of our international editorial board and associate editors. Peer reviewers will be asked to declare competing interests, and, in the light of recent research [5,6], we will be exploring ways to make the peer review process more open and accountable. The web allows us to transform peer review from a one-off assessment to an ongoing process of feedback and comment. We also hope to improve the accuracy and ease of publishing trials by collaborating with other major journal publishers and the US National Institutes of Health to create standard electronic templates for submission and publication of trials.

### Analysis and discussion

In addition to publishing original data and analysis of controlled clinical trials, we plan to publish abstracts, brief commentaries, reviews, and reports highlighting recent clinical trials and important developments in cardiovascular medicine wherever they appear in the world's literature, and to include articles that debate controversial topics. We will also be setting up online discussion forums on a range of topics relevant to cardiovascular medicine, and providing links to other relevant databases, such as PubMed (<http://www.ncbi.nlm.nih.gov/PubMed>), PubMed Central (<http://pubmedcentral.nih.gov>), and Cardiosource (<http://cardiosource.com>).

We hope that you will enjoy this first issue of *Current Controlled Trials in Cardiovascular Medicine*, and that you will begin to make the journal your own, by sending us your work, initiating and contributing to debates, and commenting on published articles. We look forward to your comments and suggestions on how we can work with you to improve the design and implementation of clinical trials in cardiovascular medicine, and the interpretation and application of their results.

### References

1. Horton R: **Pardonable revisions and protocol reviews.** *Lancet* 1997, **349**:6.
2. Begg C, Cho M, Eastwood ELS, Horton R, Moher D, Olkin I, Pitkin R, Rennie D, Schulz K, Simel D, Stroup D: **Improving the quality of reporting of randomised controlled trials. The CONSORT statement.** *JAMA* 1996, **276**:637–639. [<http://www.consort-statement.org>]
3. Rennie D: **The contributions of authors.** *JAMA* 2000, **284**:89–91.
4. Smith R: **Beyond conflict of interest. Transparency is the key.** *BMJ* 1998, **317**:291.
5. Van Rooyen S, Godlee F, Evans S, Black N, Smith R: **Effect of open peer review on quality of reviews and reviewers' recommendations: a randomised controlled trial.** *BMJ* 1999, **318**:23–27.
6. Walsh E, Rooney M, Appleby L, Wilkinson G: **Open peer review: a randomised controlled trial.** *Br J Psychiatry* 2000, **176**:47–51.

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