# Do we need journal peer review? Changes between 121 epidemiology preprints and their subsequent journal publications

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## **Objective**

To identify changes between epidemiology preprints posted on bioRxiv and their subsequent journal publications.

#### **Methods**

Till 31 December 2019 there were 1,538 epidemiology preprints posted on bioRxiv. On 5 January 2021, 844 (55%) of those were subsequently published as journal articles, of which 622 (74%) had only one preprint version. Based on our sample size calculation for representative sampling with 8% margin of error estimates, we randomly sampled 121 of those 622 preprints and compared them to their journal versions of record using quantitative and qualitative analyses. Statistical analyses were performed using MedCalc version 19.6.4. Preliminary results (study is ongoing) are presented below.

121 bioRxiv **Preprints** 

**Published** in 73 journals (Median IF 4)

27% submitted ≥10 days before posting of the preprint

34% submitted 9 days around posting of the preprint

39% submitted ≥10 days after posting of the preprint

Median time from preprint to publication: 204 days (IQR 131 to 243, range 34 to 662).

### **Results**

# **121 Preprints**

How many



Section (Md words, Md difference)

changed?

**But...what changed?** 

One (biased) example (additions in red)

**Title** (15, 0)

Authors (Md n=6, 0)

31 (26%)

8 (7%)

26 titles changed less than 3 words

toward to towards

Consortium name removed

**Abstract** (250, **+2**)

107 (88%)

53 add. or rem. results, 23 copyedited only

5 removed, 2 added, and 1 reordered authors

'the' added before Congo

**Introduction** (505, **+31**)

106 (88%)

67 expanded literature, 37 altered objectives

which exhibits sensitive population dynamics to the water level, e.g., rainfall, flooded agricultural activities

**Methods** (941, **+135**)

120 (99%)

37 listed additional analyses, 9 ↑or↓ sample size added data availability statement

**Results** (804, +79)

115 (95%)

82 ↑or↓ no. of reported results, 19 copyed. only

To estimate the clinical relevance of our findings, the ORs for being diagnosed with pancreatic cancer within the follow-up time was calculated

**Discussion** (1,119, +180)

116 (96%)

37 changed first (outcome) sentence of discussion, 65 added limitations

clinical implications section added

References (Md n=36, +6)

Questions (instead of conclusions) to those looking at the poster: What changes do you feel prove the value or need for peer review? Would the lack of any (significant) change imply that the review provided a seal of approval for a study well done? How do we measure the effect of introduced changes on the scientific community? Or that those changes were indeed needed? Or that without them these studies would've been perceived to have lower quality or impact?

**Recommendations:** To increase transparency and provide evidence for the value and need of peer review, journals and review platforms should describe changes that occurred to manuscripts due to peer review. And they should list all (quality) checks that were conducted during manuscript evaluation.