From conference presentation to publication: What is happening to Australia's palliative literature?

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Background

Evidence based practice presumes that systematic reviews include all research relevant to the clinical question and that clinicians are able to access the best available evidence to inform their clinical practice. Much research work is presented at conferences and scientific meetings and is summarised in abstracts for conference proceedings. However such abstracts are rarely available through electronic bibliographic databases such as PubMed or Embase. If the work is not subsequently published it is effectively lost to most of the clinical and research community.

The review of publication rates of studies initially presented at conferences or scientific meetings undertaken by Scherer and Langenberg [2000] showed a conversion rate of slightly less than half. Most of the abstracts that were published were published within three years of presentation at the meeting. They found that 'significant' results seemed to be an important factor in influencing whether an abstract is fully published. The review also notes the importance of publication in ensuring that systematic reviews are not biased by unreported results highlighting the importance of "grey" literature repositories such as as SIGLE or CareSearch.

Other researchers have looked at various issues associated with the publication of conference abstracts including:
•type of presentation
•basic science or clinical research
•reasons for non-publication
•type of journal in which abstracts were ultimately published
•country of origin
•size of the meeting
•publication outcomes of conference abstracts submissions not accepted for presentation.

The purpose of this study was:
• to determine an indicative abstract to publication rate for palliative care, and
• to identify factors that could be associated with publication.

[1] Scherer RW, Langenberg P. Full publication of results published in abstracts. *The Cochrane Database of Methodology Reviews* 2000 Issue 4 Art. No.: MR000005. DOI: 10.1002/14651858.MR00005. This version first published online: 23 October 2000 in Issue 4, 2000

Methods

The study used a convenience sample of abstracts held in the CareSearch conference abstract database in May 2004. By their inclusion in the CareSearch repository these abstracts were deemed to be palliative in nature. Abstracts had been presented to Australian conferences in the period 1980 -1999. The data set consisted of 1339 abstracts of conference presentations.

To determine if an abstract had been published, conference details were used to search four electronic bibliographic databases - Embase, CINAHL, Ovid Medline and PsycINFO. The search was conducted by author(s) name(s) and by keywords from title and/or abstract. Citations identified by searching were comparing against the conference abstract to determine if it was the same body of work.

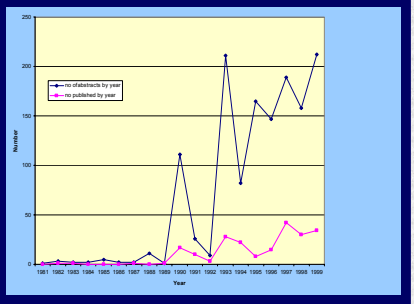
The following data items were collected:
•Conference at which abstract was presented
•Year of conference presentation
•Whether conference was an AIDS specific conference
•Established conference (More than three meetings)
•Number of authors noted on abstract
•More than one institution involved in the study
•Type of presentation (plenary, oral, workshop etc)
•Abstract grading by CareSearch evaluators
•Published or not
•Year of publication
•Citation details if published

Results

The study found that 213 of the 1339 conference abstracts had been published in one of the journals indexed on the four major bibliographic databases giving a conversion rate for the palliative conference abstracts of only 15.9%.

The publication rate within years varied from 0% to 100%.

The number of conference abstracts and the number of articles published from the available set by year are outlined in Table 1.



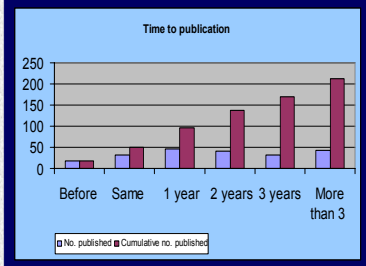
Where a single author was listed on the conference abstract the publication rate was only 10%. Multiple authorship as found on the conference abstracts increased the likelihood of subsequent publication to 24%.

The publication rate by type of conference presentation was as follows:

Plenary - 14.8%
Workshop - 6.5%
Oral/talk - 17.4%
Poster - 14.3%

The 213 published articles were found in78 separate journals listed on the major electronic bibliographic databases. The journals were both international and local journals. The journals most represented in the published articles set were:

Medical Journal of Australia (14%)
Journal of Pain and Symptom Management (9%)
Psycho-Oncology (6%)
Journal of Palliative Care (6%)
Palliative Medicine (6%)



Of the 213 published abstracts 64% were published within two years of the conference presentation.

Around 8% of the abstracts had been published prior to conference presentation.

Of the abstracts that are converted to publication, around 35% take three or more years to be published.

Discussion

Publication represents an important step in the spectrum of knowledge dissemination and also affects the accessibility and retrieval of literature. Hence, the low rate of publication of conference abstracts represents a significant loss of information, opinion and evidence for the discipline of palliative care.

Some abstracts may have been published in journals not indexed on the major electronic bibliographic databases. Others may not have met the standard for peer reviewed publication. Authors may not have seen their work as suitable for publication or may not have have the time or expertise to convert a conference presentation to a manuscript format.

The range and number of journals in which the abstracts were published reflects the diffuse nature of palliative care and indicates the difficulties with regard to searching and retrieval of relevant information in this field. There are some indications that the time to publication in palliative care may be greater than in other areas. Multiple authorship seems to increase the likelihood of publication.

The low conversion rate supports the need for other mechanisms such as CareSearch to track the missing material and the need to encourage increased rates of publication in the formal reviewed and indexed literature.

Conclusions

The conversion rate of 16% for this convenience sample of palliative abstracts is much lower than the reported norm for conferences and scientific meeting of around 45%.

A conversion rate of 16% means that only a small proportion of the thought and research as reported at conferences is available for easy access and retrieval through the major electronic search systems.

Potential retrieval is made more complex by the wide range of journals in which the conference presentations were published.

This means that reviews drawing only on the "published" and "indexed" literature may be based on an incomplete knowledge base in the field of palliative care.

Information repositories such as SIGLE or CareSearch have an important role in providing access to a more comprehensive knowledge base.

Capacity building in palliative care should include issues around publishing and knowledge dissemination.

Acknowledgements: This research made use of materials collected as part of the Evidence Based (CareSearch) project. The Evidence Based (CareSearch) project is funded by a grant from the Department of Health and Ageing. Our thanks go to Stella Nall and Zac Alstin who assisted with the data collection.

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