



**LABORATÓRIO
DE FISIOLÓGIA
DA RESPIRAÇÃO**
I.B.C.C.F.º - U.F.R.J.



AUTORIA DE TRABALHO CIENTÍFICO: DE DR. JEKYLL A MR. HYDE

Walter A. Zin
wazin@biof.ufrj.br

**Laboratório de Fisiologia da Respiração
Instituto de Biofísica Carlos Chagas Filho
Universidade Federal do Rio de Janeiro**



Autoria

- **Autor: pessoa que contribuiu intelectual e substantivamente para o trabalho**
- **Autoria biomédica tem implicações acadêmicas, sociais e financeiras de grande importância**



Autoria

- No passado os leitores eram pouco informados acerca das contribuições dos autores e daqueles citados nos “Agradecimentos”
- Algumas revistas atualmente exigem e publicam informações acerca dos contribuições de cada co-autor para o estudo
- Os Editores são encorajados a desenvolver e implementar uma política para co-autoria, bem como a identificação de um co-autor que seja responsável pela integridade do trabalho como um todo





Autoria

- Decidida o mais cedo possível, quando do desenho do experimento
- Somente incluir pessoas que:
 - Possam defender o conteúdo intelectual do trabalho, incluindo dados e conclusões
 - Devem tornar público qualquer erro
 - No caso de fraude, devem tornar pública a natureza e a extensão da mesma, e responder por isso





Autoria: Critérios

- **Todos os seguintes critérios devem ser obedecidos:**
 - Ter gerado pelo menos parte do conteúdo intelectual (concepção e desenho, ou análise dos dados, ou interpretação dos mesmos)
 - Ter participado da redação ou da revisão crítica do conteúdo intelectual
 - Ter aprovado a versão a ser publicada



Autoria: Critérios

- **Trabalhos multicêntricos:**
 - O grupo deve identificar o(s) indivíduo(s) diretamente responsável(is) pelo manuscrito
 - Esses indivíduos devem preencher completamente os critérios para co-autoria
 - Os Editores solicitarão a esses indivíduos para preencher os respectivos formulários de autores e de conflitos de interesse





Autoria: Critérios

- **Trabalhos multicêntricos:**
 - O(s) autor(es) responsável(eis) devem indicar claramente a ordem preferencial dos co-autores e designar um nome para o grupo
 - As revistas, em geral, listam os demais colaboradores nos “Agradecimentos”



Autoria: Critérios

- Não justificam co-autoria:
 - Obtenção de recursos
 - Coleta de dados
 - Supervisão geral do grupo de pesquisa
 - Empréstimo ou fornecimento de material
 - Autorização para utilizar facilidades do laboratório





Autoria: Ordem

- **A ordem dos co-autores deve ser uma decisão conjunta de todos eles**
- **Todos os autores devem estar preparados para explicar essa ordem**



Autoria: Ordem

- Algumas revistas adotam a ordem alfabética
- A maioria ordena de acordo com a importância de cada autor no estudo
 - O primeiro autor é o responsável primário pela coleta e análise dos dados, e pela redação
 - O último, um pesquisador experiente, é o responsável final pelo estudo
 - Os autores intermediários são listados de acordo com sua importância no estudo



Autoria: Agradecimentos

- Os participantes que não possuem todas as características de um co-autor devem ser listados na seção “Agradecimentos”
 - Exemplos:
 - Indivíduo que prestou serviços puramente técnicos
 - Assistente de redação
 - Pesquisadores que contribuíram com apoio inespecífico
- Todas as pessoas devem dar permissão escrita para serem citadas nos “Agradecimentos”



Autoria: Agradecimentos

- **Indivíduos que contribuíram materialmente para o estudo, mas que não se qualificam como autores podem ser listados como:**
 - “Clinical Investigators”
 - “Participating Investigators”
- **Suas funções ou contribuições devem ser descritas:**
 - “Served as scientific advisor”
 - “Critically reviewed the study proposal”
 - “Collected data”
 - “Provided and cared for study patients”



Autoria: Responsabilidades

- Os autores devem estar cientes das seguintes regras quando submeterem um manuscrito para publicação:
 - O manuscrito não pode estar sendo avaliado por outra revista, e não será enviado para avaliação, até que o periódico que o revê chegue a uma decisão
 - O manuscrito é um trabalho original e verdadeiro, sem invenções, fraudes ou plágios
 - Os autores realizaram uma importante contribuição científica e conhecem os dados originais
 - Os autores leram o manuscrito e assumem a responsabilidade pelo seu conteúdo, compreendendo que se o artigo, ou parte dele, for incorreto ou fraudulento, deverão dividir a responsabilidade pelo fato





Autoria: Responsabilidades

Erratum: An Official American Thoracic Society Policy Statement. Pay-for-Performance in Pulmonary, Critical Care, and Sleep Medicine

To the Editor:

Due to an oversight by the writing committee, one of the authors of the ATS statement “Pay-for-Performance in Pulmonary, Critical Care, and Sleep Medicine” (1) was omitted from the original print and electronic publication of the document. The list of authors should have included Dr. Tasnim Sinuff, M.D., Ph.D. We apologize to Dr. Sinuff for the error.

JEREMY M. KAHN, M.D., M.S.

**ON BEHALF OF THE AMERICAN THORACIC SOCIETY
PAY-FOR-PERFORMANCE WORKING GROUP**

Reference

1. Kahn MJ, Scales DC, Au DH, Carson SS, Curtis JR, Dudley RA, Iwashyna TJ, Krishnan JA, Maurer JR, Mularski R, et al.; American Thoracic Society Pay-for-Performance Working Group. An Official American Thoracic Society Policy Statement: Pay-for-Performance in Pulmonary, Critical Care, and Sleep Medicine. Am J Respir Crit Care Med 2010;181:752–761.



Amer J Respir Crit Care Med 182: 1456, 2010



Autoria: Responsabilidades

Retraction of an Interpretation

IN THE REPORT "STRUCTURE OF THE 8200-YEAR COLD EVENT REVEALED BY A SPELEOTHEM trace element record" (1), we presented a 7762- μm -long ion probe trace element traverse chosen to include the 8200-year event as detected in a previously published laser ablation oxygen isotope study from the same stalagmite (2). The oxygen isotope anomaly was distinct and dropped 8‰ below baseline values to a low value for the entire Holocene of -12‰ and was reproducible on a reverse track. However, recent reanalysis of the calcite believed to contain the oxygen isotope anomaly suggests that the anomaly was probably an analytical artifact possibly caused by laser ablation-induced fracturing during the original analysis (3). Consequently, without the original $\delta^{18}\text{O}$ "marker," the precise location in the stalagmite of calcite deposited during the 8200-year event is uncertain.

The trace element data in this Report, previously believed to correspond precisely with the entire 8200-year event, are now believed to represent the hydrological and bioproductivity response in western Ireland to a cold/dry event of uncertain provenance and intensity. The U-Th-derived dates of the event correspond approximately with the 8200-year event in Greenland ice cores, but without the additional guidance of the $\delta^{18}\text{O}$ anomaly, the precise timing in relation to the 8200-year event is now somewhat ambiguous. Unfortunately, it is now unlikely that the approximately 114-year duration ion probe track coincides with the entire 8200-year event (if at all); thus, the ~ 37 -year estimate derived for its duration is probably no longer accurate. However, the trace element data remain robust and are interpreted as reflecting colder and drier conditions in western Ireland, followed by the return to more maritime conditions at the end of the first-order trace element anomaly. Additionally, the novel application of annual trace element cycles to build a high-resolution chronology and reconstruct paleoseasonality remains unchanged.

JAMES U. L. BALDINI,¹ FRANK MCDERMOTT,² IAN J. FAIRCHILD³

¹Department of Earth Sciences, Durham University, South Road, Durham DH1 3LE, UK. ²Department of Geology, University College Dublin, Dublin 4, Ireland. ³School of Geography, Earth and Environmental Science, University of Birmingham, Birmingham B15 2TT, UK.

References

1. J. U. L. Baldini, F. McDermott, I. J. Fairchild, *Science* **296**, 2203 (2002).
2. F. McDermott, D. P. Mathey, C. Hawkesworth, *Science* **294**, 1328 (2001).
3. I. J. Fairchild *et al.*, *Earth Sci. Rev.* **75**, 105 (2006).



Science 317 (5839): 748, 2007



Autoria: Responsabilidades

Correspondence

Retraction: Stromal-Derived Factor-1 α /CXCL12-CXCR 4 Axis Is Involved in the Dissemination of NSCLC Cells into Pleural Space

From the Editor:

The *Journal* has received a letter from the president of Kagoshima University, Kagoshima, Japan, stating that after an investigation it has been determined that the article by Ken-ichi Oonakahara, Wataru Matsuyama, Ikkou Higashimoto, Masaharu Kawabata, Kimiyoshi Arimura, and Mitsuhiro Osame (1), published in the May 2004 issue of *AJRCMB*, was fraudulent: there was raw experimental data that could not be provided. All the authors except for one were members of the Kagoshima University Faculty of Medicine. The letter states that the Kagoshima investigative committee had contacted the lead author, Dr. Oonakahara, asking to inspect raw data for the article. The letter continues that Dr. Oonakahara explained he could not furnish that data because Dr. Matsuyama had been in charge of keeping it; unfortunately, Dr. Matsuyama has passed away.

Accordingly, the *Journal* retracts the publication of the article to correct the scientific record.

Conflict of Interest Statement: S.D.S. has served on several advisory boards, receiving nominal fees below the ATS threshold. He serves as Editor of the *AJRCMB*, for which he is compensated by the ATS.

STEVEN D. SHAPIRO
EDITOR

Reference

1. Oonakahara K, Matsuyama W, Higashimoto I, Kawabata M, Arimura K, Osame M. Stromal-derived factor-1 α /CXCL12-CXCR 4 axis is involved

in the dissemination of NSCLC cells into pleural space. *Am J Respir Cell Mol Biol* 2004;30:671-677.

Retraction: Involvement of Discoidin Domain Receptor 1 in the Deterioration of Pulmonary Sarcoidosis

From the Editor:

The *Journal* has received a letter from the president of Kagoshima University, Kagoshima, Japan, stating that after an investigation it has been determined that the article by Wataru Matsuyama and colleagues (1), published in the December 2005 issue of *AJRCMB*, was fraudulent. At that time Dr. Matsuyama was a faculty member of Kagoshima University. The letter states that Dr. Matsuyama had admitted that he had no raw data for the article and that the article was based upon fabricated data. Accordingly, the *Journal* retracts the publication of the article to correct the scientific record.

We are sad to report that the letter additionally states that Dr. Matsuyama died in November 2007.

Conflict of Interest Statement: S.D.S. has served on several advisory boards, receiving nominal fees below the ATS threshold. He serves as Editor of the *AJRCMB*, for which he is compensated by the ATS.

STEVEN D. SHAPIRO
EDITOR

Reference

1. Matsuyama W, Mitsuyama H, Watanabe M, Shirahama Y, Higashimoto I, Osame M, Arimura K. Involvement of discoidin domain receptor 1 in the deterioration of pulmonary sarcoidosis. *Am J Respir Cell Mol Biol* 2005;33:565-573.





Autoria: Responsabilidades

RETRACTION

Kain ZN, MacLaren J. *P* Less Than .05: What Does It Really Mean? PEDIATRICS 2007;119:608–610.

The authors have requested that their commentary titled “*P* Less Than .05: What Does It Really Mean?” that was published in the March 2007 issue of *Pediatrics* (doi:10.1542/peds.2006-3030) be withdrawn because much of the text was published previously in *Anesthesia & Analgesia*.

doi:10.1542/peds.2007-2209



Autoria: Responsabilidades

Pharmacological Research 57 (2008) 476



ELSEVIER

Contents lists available at ScienceDirect

Pharmacological Research

journal homepage: www.elsevier.com/locate/yphrs



Retraction notice

Retraction to “Effect of trimetazidine on renal ischemia/reperfusion injury in rats”
[Pharmacol. Res. 50 (2004) 623–629]

Devinder Singh, Kanwaljit Chopra

Punjab University, U.J.P.S., Pharmacology Division, Chandigarh 160014, India

This article has been retracted at the request of the Editor-in-Chief.

Reason: Pharmacological Research, in agreement with the first author Dr. Devinder Singh and in line with publishing ethics, has decided to retract this article since it reproduces the same histological images of kidney sections already published in *Pharmacol Res.* 2004 Aug;50(2):187–93.



Autoria: Responsabilidades

Brazilian Journal of Medical and Biological Research (2008) 41: 437-438
ISSN 0100-879X

Retraction

Retraction of the paper “Niemann-Pick type C1 protein influences the delivery of cholesterol to the SREBP:SCAP complex”

Yong-Jun Guo, Wei-Hua Li, Rong Wu, Qiang Xie, Zu-Huang Zhang and Lian-Qun Cui
Braz J Med Biol Res 2008; 41: 26-33

The Editors of the Brazilian Journal of Medical and Biological Research are retracting the paper “Niemann-Pick type C1 protein influences the delivery of cholesterol to the SREBP:SCAP complex”. Yong-Jun Guo, Wei-Hua Li, Rong Wu, Qiang Xie, Zu-Huang Zhang, Lian-Qun Cui. *Braz J Med Biol Res* 2008; 41: 26-33 because of plagiarism. The person responsible, Y.J. Guo, Department of Cardiology, Shandong Provincial Hospital, Fujian Medical University, Xiamen, China, has admitted this breach of ethics, has stated that the other authors were not aware of the plagiarism, and sends his sincere apologies to all involved. The original work was published in an Honour Thesis by Julie Wood of the University of New South Wales, Sydney, Australia.



Autoria: Responsabilidades

J Appl Physiol 107: 1989, 2009;
doi:10.1152/jappphysiol.00131.2009.

Retraction

Brooks NE, Schuenke MD, Hikida RS. Aging attenuates muscle responsiveness to creatine supplementation, but not overload, in rat plantaris muscles. *J Appl Physiol* (First published May 14, 2009). doi:10.1152/jappphysiol.00131.2009—It is with sincere regret that Brooks et al. report the retraction of this manuscript. Some data were inaccurately duplicated control animal data from a previous manuscript. In the first manuscript, data were reported exactly as they were collected for CSA and myonuclear domain size. In the latter manuscript, statistical outliers were removed, resulting in data disagreement between the manuscripts. We inadvertently neglected to mention the outlier removal. Upon being questioned on this issue by APS, we returned the outlying data to the manuscript. At that point, some of our conclusions were no longer supported. In addition, reporting of a subset of data (young and old controls) for body weight, muscle weight, muscle-to-body weight ratio, and fiber type distribution in the *Journal of Applied Physiology* was not fully acknowledged. At the request of APS, we are dutifully retracting the paper.

We apologize to the American Physiological Society for the inconvenience. We hold the *Journal of Applied Physiology* in high regard and assure you these errors were not intentional or of deceptive intent. We further apologize to our colleagues for any difficulties caused by the publication of this paper.

N. E. Brooks
M. D. Schuenke
R. S. Hikida



Autoria: Responsabilidades



EUROPEAN RESPIRATORY *journal*

OFFICIAL SCIENTIFIC JOURNAL OF THE ERS

Eur. Respir. J. 38: 1490, 2011

“Impact of maternal asthma on perinatal outcomes”

F. Firoozi, C. Lemière, M-F. Beauchesne, S. Perreault, A. Forget, and L. Blais

We regret that the above paper was retracted from publication in the *European Respiratory Journal*. This editorial decision was taken due to the existence of a closely related published paper that was not disclosed by the authors at submission.



available at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevier.com/locate/rmed



Respiratory Medicine (2010) 104, 1278-1287

Effect of maternal moderate to severe asthma on perinatal outcomes

Faranak Firoozi, Catherine Lemière, Francine M. Ducharme, Marie-France Beauchesne, Sylvie Perreault, Anick Bérard, Ema Ferreira, Amélie Forget, Lucie Blais

Université de Montréal, Québec, Canada

Centre de Recherche de l'Hôpital du Sacré-Coeur de Montréal, Québec, Canada

Hôpital de Montréal pour enfants, Québec, Canada

Research Centre, CHU Ste Justine, Québec, Canada



Autoria: Responsabilidades

SCIENTIFIC AMERICAN

Permanent Address: <http://www.scientificamerican.com/article.cfm?id=fudge-factor>



Fudge Factor: A Look at a Harvard Science Fraud Case

Did Marc Hauser know what he was doing?

By [Scott O. Lilienfeld](#) | Wednesday, December 15, 2010 | [13](#)

As of this writing, the precise nature of Marc Hauser's transgressions remains murky. Hauser is Harvard's superstar primate psychologist—and, perhaps ironically, an expert on the evolution of morality—whom the university recently found guilty of eight counts of scientific misconduct. Harvard has kept mum about the details, but a former lab assistant alleged that when Hauser looked at videotapes of rhesus monkeys, in an experiment on their capacity to learn sound patterns, he noted behavior that other people in the lab couldn't see, in a way that consistently favored his hypothesis. When confronted with these discrepancies, the assistant says, Hauser asserted imperiously that his interpretation was right and the others' wrong.

Autoria: Responsabilidades

EARLY REPORT

Early report

Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

A J Wakefield, SH Murch, A Anthony, J Linnell, D M Casson, M Malik, M Bonlowitz, A P Dillon, M A Thomson, P Harvey, A Valentine, SE Davies, JA Walker-Smith

Summary

Background We investigated a consecutive series of children with chronic enterocolitis and regressive developmental disorder.

Methods 12 children (mean age 5 years [range 3-10], 11 boys) were referred to a paediatric gastroenterology unit with a history of normal development followed by loss of acquired skills, including language, together with diarrhoea and abdominal pain. Children underwent gastroenterological, neurological, and developmental assessment and review of developmental records. Ileocolonoscopy and biopsy sampling, magnetic-resonance imaging (MRI), electroencephalography (EEG), and lumbar puncture were done under sedation. Barium follow-through radiography was done where possible. Biochemical, haematological, and immunological profiles were examined.

Findings Onset of behavioural symptoms was associated with measles, mumps, and rubella vaccination in eight of the 12 children, with measles infection in one child, and otitis media in another. All 12 children had intestinal abnormalities ranging from lymphoid nodular hyperplasia to granuloid ulceration. Histology showed patchy chronic inflammation in 11 of 11 children and reactive ileal lymphoid hyperplasia in seven, but no granulomas. Behavioural disorders included autism (nine), disinhibited conduct disorder (one), and possible postviral or vaccinal encephalitis (two). There were no focal neurological abnormalities and MRI and EEG tests were normal. Abnormal laboratory results were significantly raised urinary methylmalonic acid compared with age-matched controls (10/10), low haemoglobin in four children, and a low serum IgA in four children.

Interpretation The idiopathic associated gastrointestinal disease and developmental regression in a group of previously normal children, which was generally associated in time with possible environmental triggers.

Lancet 1998; **351**: 637-41
See Comment on page 637

Inflammatory Bowel Disease Study Group, University Departments of Medicine and Histopathology (A J Wakefield *msc*, A Anthony *msc*, J Linnell *msc*, A P Dillon *msc*, S E Davies *msc*), **and the University Departments of Paediatric Gastroenterology** (SH Murch *msc*, D M Casson *msc*, M Malik *msc*, M A Thomson *msc*, J A Walker-Smith *msc*), **Child and Adolescent Psychiatry** (M Bonlowitz *msc*), **Neurology** (P Harvey *msc*), and **Radiology** (A Valentine *msc*), **Royal Free Hospital and School of Medicine, London NW3 2QG, UK**

Correspondence to: Dr A J Wakefield

Introduction

We saw several children who, after a period of apparent normality, lost acquired skills, including communication. They all had gastrointestinal symptoms, including abdominal pain, diarrhoea, and bloating and, in some cases, food intolerance. We describe the clinical findings, and gastrointestinal features, of these children.

Patients and methods

12 children, consecutively referred to the department of paediatric gastroenterology with a history of a pervasive developmental disorder with loss of acquired skills and intestinal symptoms (abdominal pain, bloating and food intolerance), were investigated. All children were admitted to the ward for 1 week, accepted by their parents.

Clinical investigations

Each child had a detailed history, including details of immunisations and exposure to infectious diseases, and assessed the children. In 11 cases, the history was obtained by the senior clinician (JW-S). Neurological psychiatric assessments were done by paediatricians (JA, MD) with HMS-4 criteria.¹ Developmental assessment included a review of prospective developmental records from parents, health visitors, and general practitioners. Four children did not undergo psychiatric assessment in hospital; all had been assessed professionally elsewhere, so these assessments were used as the basis for their behavioural diagnosis.

After bowel preparation, ileocolonoscopy was performed by SIBM or MAT under sedation with midazolam and pethidine. Patched frozen and formalin-fixed mucosal biopsy samples were taken from the terminal ileum, ascending, transverse, descending, and sigmoid colons, and from the rectum. The procedure was recorded by video or still images. The procedure was compared with images of the previous seven consecutive paediatric colonoscopies (four normal colonoscopies and three on children with ulcerative colitis), in which the physician reported normal appearance in the terminal ileum. Barium follow-through radiography was possible in some cases.

Also under sedation, cerebral magnetic-resonance imaging (MRI), electroencephalography (EEG) including visual, brain stem auditory, and sensory evoked potentials (where compliance made these possible), and lumbar puncture were done.

Laboratory investigations

Thyroid function, serum long-chain fatty acids, and cerebrospinal-fluid lactate were measured to exclude known causes of childhood neurodegenerative disease. Urinary methylmalonic acid was measured in random urine samples from eight of the 12 children and 14 age-matched and sex-matched normal controls, by a modification of a technique described previously.² Chromatograms were scanned digitally on computer, to analyse the methylmalonic-acid zones from cases and controls. Urinary methylmalonic-acid concentrations in patients and controls were compared by a two-sample *t* test. Urinary creatinine was estimated by routine spectrophotometric assay.

Children were screened for antimeasles antibodies and boys were screened for IgG-X if this had not been done



Autoria: Responsabilidades

Child	Behavioural diagnosis	Exposure identified by parents or doctor
1	Autism	MMR
2	Autism	MMR
3	Autism	MMR
4	Autism? Disintegrative disorder?	MMR
5	Autism	None—MMR at 16 months
6	Autism	MMR
7	Autism	MMR
8	Post-vaccinal encephalitis?	MMR
9	Autistic spectrum disorder	Recurrent otitis media
10	Post-viral encephalitis?	Measles (previously vaccinated with MMR)
11	Autism	MMR
12	Autism	None—MMR at 15 months

MMR=measles, mumps, and rubella vaccine.

Table 2: Neuropsychiatric diagnosis

Introduction

We saw several children who, after a period of apparent normality, lost acquired skills, including communication. They all had gastrointestinal symptoms, including abdominal pain, diarrhoea, and vomiting and, in some cases, food intolerance. We describe the clinical findings, and gastrointestinal features of these children.

We have identified a chronic enterocolitis in children that may be related to neuro-psychiatric dysfunction. In most cases, onset of symptoms was after measles, mumps, and rubella immunisation. Further investigations are needed to examine this syndrome and its possible relation to this vaccine.



Autoria: Responsabilidades

Retraction—Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children



Following the judgment of the UK General Medical Council's Fitness to Practise Panel on Jan 28, 2010, it has become clear that several elements of the 1998 paper by Wakefield et al¹ are incorrect, contrary to the findings of an earlier investigation.² In particular, the claims in the original paper that children were "consecutively referred" and that investigations were "approved" by the local ethics committee have been

proven to be false. Therefore we fully retract this paper from the published record.

Published Online
February 2, 2010
DOI:10.1016/S0140-
6736(10)60175-4

The Editors of The Lancet

The Lancet, London NW1 7BY, UK

- 1 Wakefield AJ, Murch SH, Anthony A, et al. Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children. *Lancet* 1998; **351**: 637-41.
- 2 Hodgson H. A statement by The Royal Free and University College Medical School and The Royal Free Hampstead NHS Trust. *Lancet* 2004; **363**: 824.



The Lancet 375: 445, 2010



Autoria: Responsabilidades



**& ANESTHESIA
ANALGESIA**

Steven L. Shafer, MD
Editor-in-Chief

100 Pine Street, Suite 230, San Francisco, CA 94111
Phone: (415) 777-2750, Fax: (415) 777-2803

October 28, 2010

To our readers:

In December 2009 *Anesthesia & Analgesia* published the manuscript “Cardiopulmonary Bypass Priming Using a High Dose of a Balanced Hydroxyethyl Starch Versus an Albumin-Based Priming Strategy” by Joachim Boldt, Stephan Suttner, Christian Brosch, Andreas Lehmann, Kerstin Röhm, and Andinet Mengistu (*Anesthesia & Analgesia* 2009; 109: 1752-1762). Shortly following publication the Journal received several letters from concerned readers that the variability in the cytokine assay was too low to be believed. Upon reviewing the results, we concurred with that assessment. We also believed that the variability in blood gas results reported in the paper was too low to be believable.



Autoria: Responsabilidades

After several months of inquiries we determined that Professor Boldt's institution, Klinikum Ludwigshafen, had no Institutional Review Board. Instead, IRB review and ethical oversight of research conducted at Klinikum Ludwigshafen is the responsibility of Landesärztekammer Rheinland-Pfalz ("LÄK"), the Rheinland State Medical Board. In May I sent a request for review to LÄK, explaining my concerns about the veracity of the report published in *Anesthesia & Analgesia*.

On October 25th I received notification from LÄK about their findings. Professor Boldt's manuscript describes IRB review, written informed consent, prospective randomization, and a follow-up questionnaire. LÄK determined that there was no IRB approval, no informed consent, no randomization process, and no follow-up questionnaire as described in the study. These are very serious misrepresentations in Professor Boldt's manuscript. As a result, the entire manuscript is compromised, and is hereby retracted.



Autoria: Responsabilidades

The primary concern investigated by LÄK was whether the data in the manuscript were fabricated. Fabrication is easy to disprove by providing original research data (e.g., patient medical records, laboratory records, disk files from research equipment) to demonstrate the validity of the report. Despite having several months to collect such data, Professor Boldt has not provided LÄK with any original research data to refute the allegation of data fabrication. LÄK has not reached a conclusion that the data were fabricated. This is still an open question, and LÄK is continuing its investigation.

Based on the findings of LÄK, the report published in *Anesthesia & Analgesia* is fraudulent. Numerous representations in the manuscript are untrue. It is possible that the study was never performed at all. If the study were performed as reported, then that would represent a profound violation of research ethics, as there was no IRB approval or patient informed consent.



Autoria: Responsabilidades

Professor Boldt has published more than 200 manuscripts in the peer reviewed medical literature. A shadow has been cast over that body of work based on a determination that the report published in *Anesthesia & Analgesia* is fraudulent. In the coming months and years we will work with LÄK to determine the veracity of all reports by Professor Boldt published in *Anesthesia & Analgesia*.

Editorial comments to accompany this retraction will appear in the March 2011 issue of *Anesthesia & Analgesia*. However, our responsibility to our readership, and to the patients we care for, requires our immediately sharing the findings of the inquiry by LÄK with our readership and the academic community, and our immediate retraction of the manuscript



Autoria: Responsabilidades

I apologize to our readership, and to the patients cared for by our readership, for the publication of a fraudulent report in *Anesthesia & Analgesia*. We will examine our editorial policies, the quality of our peer review, and look for ways to detect fraudulent research in the peer review process.

I appreciate the dedication to academic integrity demonstrated by Landesärztekammer Rheinland-Pfalz in pursuing their investigation into the veracity of a report published in *Anesthesia & Analgesia*. They have been exceedingly helpful and forthcoming at every step. I have absolute confidence that LÄK will work with the Journal to review the veracity of the manuscripts published by Professor Boldt in *Anesthesia & Analgesia* and restore the integrity of the published scientific record.





Autoria: Responsabilidades

Sincerely,



Steven L. Shafer, MD Editor-in-Chief

Anesthesia & Analgesia





Autoria: Responsabilidades

**Editors-in-Chief Statement Regarding Published Clinical Trials
Conducted without IRB Approval by Joachim Boldt**

March 2, 2011

To our readers:

Landesärztekammer Rheinland-Pfalz ("LÄK-RLP"), the State Medical Association of Rheinland-Pfalz, Germany serves as the Institutional Review Board (IRB) for clinical research at Klinikum Ludwigshafen, where Dr. Joachim Boldt's recent research was conducted. LÄK-RLP has completed a careful evaluation of the status of IRB approval for research conducted by Dr. Boldt dating back to 1999 and determined, to the best of its ability, the status of IRB approval for 102 articles published by Dr. Boldt.

Table 1 lists 89 articles for which LÄK-RLP was unable to verify IRB approval. Table 2 lists 11 articles for which LÄK-RLP was able to verify IRB approval. Table 3 lists 2 articles for which LÄK-RLP determined that IRB approval was not necessary.

The undersigned Editors-in-Chief of medical journals affected by these findings will retract the articles in our respective journals that are listed in table 1. Formal retraction notices will appear in each journal.



Autoria: Responsabilidades

The retraction of the articles in Table 1 for lack of IRB approval means that the research was unethical, and that IRB approval for the research was misrepresented in the published article. It does not mean that the research results *per se* are fraudulent. Klinikum Ludwigshafen has commissioned an investigating committee to systematically assess the veracity of the findings presented in Dr. Boldt's articles against patient and laboratory records. We will communicate to our readers any finding of data fabrication, falsification, or misrepresentation identified by the investigating committee at Klinikum Ludwigshafen.

We, the undersigned Editors-in-Chief, on behalf of our Editorial Boards, affiliated societies, and publishers, extend our appreciation to LÄK-RLP for their review of the status of IRB approval for Dr. Boldt's research and to the investigating committee at Klinikum Ludwigshafen for their ongoing review of his research findings.

On behalf of our respective journals,



Autoria: Responsabilidades

The ATS Journals' Policy on Image Manipulation

Images of gels, radiographs, immunohistochemistry, confocal microscopy, and other representative data sources are frequently shown in articles appearing in the ATS journals. A number of studies have shown that manipulation of images is disturbingly frequent, with as many as 20% of all published scientific manuscripts containing figures in which the presentation has been enhanced in some manner (1–3). Fraudulent manipulations are rare, occurring in an estimated 1% of articles, but can result in major misdirection of scientific investigation and effort. Our own recent survey of a random set of figures obtained from accepted articles to the *AJRCMB* found that approximately 23% of images had undergone some alteration, including erasure or filling in of parts of the background, splicing of bands from one gel into another, and “cloning,” in which pixels are transferred from one area to another in a photo.

Our instructions to authors for the *AJRCCM* and *AJRCMB* were changed in 2007 to note that while it is acceptable to adjust the brightness, contrast, or color balance of an image, this can only be done if such changes are applied to the whole image and as long as there is no misrepresentation of any information in the image (4). This language and approach is consistent with that of many other scientific journals, and permits authors to generate optimal quality figures demonstrating their primary data (2, 5). However, a major concern for us remains fraudulent manipulation of images that misrepresents the results of experiments.

New software has become available that permits detection of image manipulation and is now being routinely and uniformly used in the evaluation of all figures from articles nearing acceptance at ATS journals, including *AJRCCM*, *AJRCMB*, and *PATS* (4, 6). The Editors are informed of all instances of image manipulation, and will contact authors for explanation before publication if we have concerns that their data are not being impartially presented. We remind our authors that they should always keep and have access to their original unprocessed images to provide to the Editor upon request (cf. the image manipulation section of the Instructions for Contributors [<http://www.thoracic.org/go/journals>])

We understand that authors want to present high-quality figures that optimally show their data, and we have no issues with this approach. At the same time, we need to ensure that the informa-

tion presented in the ATS journals is unbiased and appropriately represents the original experimental results. Our policy to analyze all images in accepted articles provides a high level of confidence that what the readership sees fairly and accurately presents the data generated in the authors' investigative setting.

Conflict of Interest Statement: E.A. has no financial relationship with a commercial entity that has an interest in the subject of this manuscript. K.B.A. has served on an advisory board for Sepracor, Inc., for which he received \$5,000 in 2007 and \$5,000 in 2006; he has served on the Scientific Advisory Board of the Hamner Institute for Health Sciences, for which he received \$4,000 in 2007 and \$2,000 in 2008; he received a research grant from Sepracor, Inc. for approximately \$100,000 in 2008–2009. S.D.S. has served on advisory boards for GlaxoSmithKline, Boehringer, Wyeth, and Novartis; he also serves as Editor of *AJRCMB*, which is compensated by ATS. A.R.L. is the head of GlaxoSmithKline Center of Excellence, a grant award through him to the University of Chicago; this is for investigator-initiated basic research and is in the amount of approximately \$500,000 direct costs/year since 2000; he has a grant unrelated to this subject for \$75,000 from Merck and Co. to investigate the cell biology of neutrophils; this work is in progress; he had a similar grant from Merck to perform studies in eosinophils 2 years previously for the same amount; he has received an honorarium on occasion in which he chaired or spoke at the Lund Conference for AstraZeneca (approximately \$2,500); none of his papers or talks related to currently marketed products by any company.

EDWARD ABRAHAM, M.D.
Editor, AJRCCM

KENNETH B. ADLER, PH.D.
Editor, AJRCMB

STEVEN D. SHAPIRO, M.D.
Past Editor, AJRCMB

ALAN R. LEFF, M.D.
Editor, PATS

References

1. Farid H. Digital image forensics. *Sci Am* 2008;298:66–71.
2. Neill US. Stop misbehaving! *J Clin Invest* 2006;116:1740–1741.
3. Rossner M, Yamada KM. What's in a picture? The temptation of image manipulation. *J Cell Biol* 2004;166:11–15.
4. Abraham E. Update on the *AJRCCM*–2007. *Am J Respir Crit Care Med* 2007;175:207–208.
5. North AJ. Seeing is believing? A beginner's guide to practical pitfalls in image acquisition. *J Cell Biol* 2006;172:9–18.
6. White C. Software makes it easier for journals to spot image manipulation. *BMJ* 2007;334:607.

DOI: 10.1164/rccm.200809-1443ED



This editorial is also published in the November 2008 issue of the *American Journal of Respiratory Cell and Molecular Biology* and in an upcoming issue of the *Proceedings of the American Thoracic Society*.





Autoria: Responsabilidades

Retraction of Two Articles

On Behalf of the American Thoracic Society

Introduction

From the Editor:

Following an investigation by the staff of the American Thoracic Society as well as the University of Louisville, and at the request of the authors, the *American Journal of Respiratory Cell and Molecular Biology* has agreed to retract the following articles due to concerns related to digital manipulations and image duplications that were performed by the first (also corresponding) author without the knowledge of the coauthors, bringing into question the validity of the findings: ShouWei Han, Hilda N. Rivera, and Jesse Roman (2005) “Peroxisome proliferator–activated receptor- γ ligands inhibit $\alpha 5$ integrin gene transcription in non–small cell lung carcinoma cells” (1); and ShouWei Han, Jeffrey D. Ritzenthaler, XiaoJuan Sun, Ying Zheng, and Jesse Roman (2009) “Activation of peroxisome proliferator–activated receptor β/δ induces lung cancer growth via peroxisome proliferator–activated receptor coactivator γ -1 α ” (2).

The first author has not responded to requests by coauthors. Therefore, the coauthors have requested retraction of these articles and apologize to the readers of the journal.

THE EDITOR

the American Journal of Respiratory Cell and Molecular Biology

Copyright © 2012 by the American Thoracic Society

References

1. Han S, Rivera HN, Roman J. Peroxisome proliferator–activated receptor- γ ligands inhibit $\alpha 5$ integrin gene transcription in non–small cell lung carcinoma cells. *Am J Respir Cell Mol Biol* 2005;32:350–359.
2. Han S, Ritzenthaler JD, Sun X, Zheng Y, Roman J. Activation of peroxisome proliferator–activated receptor β/δ induces lung cancer growth via peroxisome proliferator–activated receptor coactivator γ -1 α . *Am J Respir Cell Mol Biol* 2009;40:325–331.



AJRCMB 46: 414, 2012

Autoria: Responsabilidades



Centre for DNA and Fingerprinting Diagnostics scientist in plagiarism controversy

Rahul Devulapalli, TNN Sep 22, 2012, 12.21AM IST

HYDERABAD: A plagiarism charge against a senior scientist of Centre for DNA and Fingerprinting Diagnostics has rocked the premier research institution, which is now conducting an investigation into the matter. The senior scientist, who even heads a department in CDFD, allegedly copied work from other sources and got published it as his research findings in an international science journal. The journal has now approached CDFD with the complaints it received from a Japanese scientist, who claimed that parts of his work was lifted by the Hyderabad-based scientist and passed on as his own.

Sunil Kumar Manna, head and staff scientist of the immunology department of CDFD, had submitted a paper on cancerous cells to the Journal of Biological Chemistry, a leading US-based science periodical. After his paper was published, a Japanese researcher complained to the journal that some information and photographs of the research paper were from his work on the same subject and were copied and manipulated by Manna. The journal then brought the complaint to the notice of CDFD.



Autoria: Responsabilidades

Fact Sheet

Errata, Retractions, Partial Retractions, Corrected and Republished Articles, Duplicate Publications, Comments (including Author Replies), Updates, Patient Summaries, and Republished (Reprinted) Articles Policy for MEDLINE®

<http://www.nlm.nih.gov/pubs/factsheets/errata.html>



Autoria: Conflito de Interesses Relacionados aos Autores

- **Todos os autores devem não apenas explicitar suas relações pessoais e comerciais relacionadas com o trabalho, mas certificar que qualquer conflito de interesse encontra-se identificado e resolvido**
- **Aqueles que assim não o fizerem devem ser desqualificados da lista de autores**





Autoria: Conflito de Interesses Relacionados ao Financiamento

- **Todas as fontes financiadoras do estudo e todas as ligações com empresas comerciais e fundações privadas devem ser declaradas**
- **Os autores devem assegurar que não possuem ligações comerciais (salários, direitos de propriedade intelectual, assessorias, participação no capital da empresa, ações, etc) capazes de gerar conflito de interesses em relação ao trabalho**





Autoria: Conflito de Interesses Relacionados ao Financiamento

- Os autores não devem concordar com medidas que os impeçam de ter acesso aos dados, analisá-los independentemente, redigir manuscritos e os publicar





Autoria: Conflito de Interesses Relacionados ao Financiamento

- **Os autores devem descrever o papel dos patrocinadores (se houver):**
 - no desenho experimental
 - na coleta, análise e interpretação dos dados
 - na redação de relatórios e trabalhos
 - na decisão de submetê-los à publicação
- **Caso essa interferência não exista, o fato deve ser declarado**



Autoria: Conflito de Interesses Relacionados ao Financiamento

- O Editor pode solicitar a cada um dos autores de um estudo financiado por interessados nos resultados que declare, por exemplo: “I had full access to all of the data in this study and I take complete responsibility for the integrity of the data and the accuracy of the data analysis”



Autoria: Conflito de Interesses Relacionados ao Editor e Revisores

- **O Editor deve evitar a escolha de revisores com óbvios potenciais conflitos de interesse, tais como colegas de Departamento ou Instituição de algum dos co-autores**
- **Os autores frequentemente fornecem ao Editor os nomes de pessoas que não deveriam atuar como revisores de determinado trabalho**



Autoria: Conflito de Interesses Relacionados ao Editor e Revisores

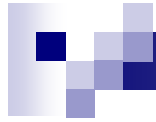
- O revisor deve revelar ao Editor qualquer conflito de interesse que possa enviesar sua opinião acerca do manuscrito e se desqualificar para a tarefa
- O Editor que toma a decisão final acerca da aceitabilidade de um trabalho não deve ter envolvimento pessoal, profissional ou financeiro com qualquer dos aspectos que avalie



Autoria: Conflito de Interesses Relacionados ao Editor e Revisores

- **Outros indivíduos que participam do processo de análise (e.g., empregados do Journal) e publicação de artigos devem sempre atualizar o Editor em relação aos seus interesses financeiros e se retirarem do processo, se for o caso**
- **Esses indivíduos, bem como os revisores dos trabalhos, não devem utilizar informações dos mesmos para benefício próprio**





**“Relativity applies to
Physics, not Ethics”**

Albert Einstein





Obrigado !

