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## **Widening the tightrope: new abstract guidelines for BJD authors**

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Scientific abstracts are a tightrope. Authors must give enough information to inform reviewers, editors and readers within the constraints of a very short format. Give too little information, and readers will not understand what the investigators did. Give too much information, and risk exceeding the journal's abstract word limit. Spend too many words elaborating the methods, and leave too little room to explain the findings.

Striking the right balance is more difficult than it may seem but is incredibly important. Many readers, including clinicians and patients, will not read beyond the abstract either due to time constraints or paywalls limiting access to full text manuscripts. Titles and abstracts are crucial to screening processes for systematic reviews. Abstract reporting is particularly important for randomized clinical trials (RCTs) because they may directly influence clinical decision making, however abstracts remain central to all Original Articles.

The CONSORT (Consolidated Standards of Reporting Trials) extension for journal and conference abstracts was published in 2008 to promote improved reporting of RCT abstracts.<sup>1</sup> The extension includes a 17-item checklist of items that should be included in the abstracts of RCT manuscripts (Table 1). The main CONSORT statement and checklist refers to the extension for abstracts, but does not itself give specific guidance for abstract structure or content.<sup>2</sup> While many journals have endorsed the main CONSORT statement as a requirement for trial submissions, most do not mention the extension for abstracts. A review of the websites of the top ten dermatology journals by impact factor found that none endorsed the abstract extension, even though nine had endorsed the main CONSORT statement (Ref McPhie).<sup>3</sup>

In this issue of *BJD*, McPhie et al. evaluated 198 abstracts of RCTs published over five years in the top ten dermatology journals by impact factor (Ref McPhie).<sup>3</sup> The mean proportion of essential items reported in the abstracts was only 42%, with particularly low reporting for items related to methods of randomization and funding source. The dermatology literature is not unique in this deficiency – similar results have been found for high-impact general medical journals.<sup>4</sup> In order to identify trial and journal characteristics associated with better reporting, McPhie et al. calculated multivariable-adjusted odds ratios for various journal and trial characteristics. Higher journal impact factor and having a registered trial protocol were each associated with better reporting, two factors that may indicate generally higher trial quality. The most significant association, though, was with abstract word count: having an abstract word limit over 250 was associated with 14 times the odds of better abstract reporting (OR 14.36; 95% CI 6.76 to 30.52).

In response to these findings, *BJD* is making two changes to its guidelines for authors:

1. Requiring all reports of RCTs to include a CONSORT extension for abstracts checklist.
2. Expanding the allowable word count for all original articles (not just clinical trials) to 350 words.

While *BJD* already allowed abstract word counts of 250, considered the minimum for adequate reporting,<sup>1</sup> the further increased word count will widen the abstract tightrope. Our intention is to

assist authors to adhere to the new guidance, ensuring that readers can swiftly assimilate the key elements of studies published in BJD.

## References

- 1 Hopewell S, Clarke M, Moher D *et al.* CONSORT for reporting randomized controlled trials in journal and conference abstracts: explanation and elaboration. *PLoS medicine* 2008; **5**: e20.
- 2 Schulz KF, Altman DG, Moher D *et al.* CONSORT 2010 statement: updated guidelines for reporting parallel group randomised trials. *BMJ* 2010; **340**: c332.
- 3 McPhie
- 4 Hays M, Andrews M, Wilson R *et al.* Reporting quality of randomised controlled trial abstracts among high-impact general medical journals: a review and analysis. *BMJ open* 2016; **6**: e011082.

**Table 1. Items included in the CONSORT for Reporting Randomized Controlled Trials in Journal and Conference Abstracts.<sup>1</sup> Modified with permission.**

<b>Item</b>	<b>Description</b>
Title	Identification of the study as randomized
Authors	Contact details of supporting authors. This item is specific for conference abstracts
Trial design	Description of the trial design (e.g., parallel, cluster, non-inferiority)
<b>Methods</b>	
Participants	Eligibility criteria for participants and the settings where the data were collected
Interventions	Interventions intended for each group
Objective	Specific objectives or hypothesis
Outcome	Clearly defined primary outcome for this report
Randomization	How participants were allocated to interventions
Blinding (masking)	How participants, care giver, and those assessing the outcomes were blinded to group assignment
<b>Results</b>	
Numbers randomized	Number of participants randomized to each group
Recruitment	Trial status
Numbers analyzed	Number of participants analyzed in each group
Outcome	For the primary outcome, a result for each group and the estimated effect size and its precision
Harms	Important adverse events or side effects
Conclusions	General interpretation of the results
Trial registration	Registration number and name of trial register
Funding	Source of funding