Plagiarism revisited

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In 2008, our journal suffered its first obvious and proven attack by a plagiarist dressed up as a scientist. In a subsequent editorial (J Cancer Res Clin Oncol 135:327–328, 2009), we acknowledged that we were no more immune to such assaults than any other journal. We made it clear, however, that we would relentlessly denounce every single occurrence detected by us or our readers.

We are now declaring a second case of plagiarism in our journal and making it public to the scientific community.

Below, one can view examples from the two manuscripts concerned with the congruities marked. The authors, from China, apologized in several e-mails. We, the responsible editors, do not accept their apologies. There is not a single reason that could possibly exist for such scientific misconduct. In addition to the swathes of identical text, we cannot even confirm the validity of the data; an inquiry to the only company that manufactures the radiolabelled microspheres to which the authors refer revealed that it had never delivered this product to China.

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Original version	Plagiarized version
Radioembolization was offered to patients who either did not respond to chemotherapy or had to abandon chemotherapy because of its toxic effects. Radioembolization was approved for each individual patient by a multidisciplinary team consisting of oncologists, radiation oncologists, surgeons, physicians from nuclear medicine, and interventional radiologists.	Radioembolization was offered to patients who either did not respond to chemotherapy or had to abandon chemotherapy because of its toxic effects. Radioembolization was approved for each individual patient by a multidisciplinary team consisting of oncologists, radiation oncologists, surgeons, physicians from nuclear medicine, and interventional radiologists.
At radioembolization, 17 of the 30 patients (57 %) presented with extrahepatic metastatic disease. Ten of those 30 patients (33 %) had isolated bone metastases that were not considered to be determining the individual life expectancy. Two of the 30 patients (6.6 %) had limited paraaortal lymph node metastases only, and five of the 30 patients (17 %) had concomitant osseous and lymph node metastases. There was no evidence of extrahepatic metastases in 13 of the 30 patients (43 %).	Thirty-seven of the 58 patients presented with extrahepatic metastatic disease. Twenty-five of those patients had isolated bone metastases that were not considered to be determining the individual life expectancy. Ten of those patients had limited paraaortal lymph node metastases only. There was no evidence of extrahepatic metastases in 21 of the 58 patients.

We can only repeat the statements we made after our first encounter with this sad topic:

1. Science is not immune to fraud and misconduct, and even the best prevention cannot fully protect journals from unqualified or unscrupulous scientists.
2. Journals and their editors count on the awareness of their readers now and in the future.
3. We will continue to denounce plagiarists and put them on a black list.