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ORIGINAL ARTICLE

The wave of "opinion articles" in the coverage of COVID-19 in surgical literature

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Abstract

Introduction The COVID-19 pandemic is having a deep impact on our surgical practice and scientific publishing output.
Methods The 100 best-ranked "surgery journals" were selected. The contents of the March, April, May, and June 2020 issues and ahead-of-print articles were screened. The retrieved articles on COVID-19 were separated into two categories: "opinion articles" and "scientific articles," i.e., randomized trials and original articles with structured methods and results. The number of COVID articles published in the TOP-10 journals was compared with that of COVID articles published elsewhere.
Results There were 59 COVID original articles (8%). The great majority of articles were opinion articles (83.4%). Almost 40% of COVID articles were published in the TOP-10 journals.
Conclusion Original COVID articles (the core of our knowledge) are scant. Faced with a novel disease, neither the authors nor the editors should be criticized regarding this situation. The future step should be to publish high-quality papers in the setting of a major health crisis.

Key-words Covid-19 · Surgery · Original article · Journals

Introduction

The COVID-19 pandemic is having a deep impact on our surgical practice and scientific publishing output. Between January 2020 and May 2020, over 10,000 publications could be retrieved from PubMed (search term "Covid-19") or, more than 66 papers a day, an unprecedented situation, parallel to the "COVID effect" in the media. Yet researchers and readers alike feel that this galloping inflation of "COVID papers" is not always synonymous with high-quality research. Does this feeling reflect reality? We set out to assess the impact of the COVID-19 pandemic on the surgical literature, the type and quality of surgical COVID papers, and their potential usefulness in our daily practice or COVID-19 prognosis.

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Method

The 100 best-ranked "surgery journals" as classified by the Journal Citation reports by Clarivate Analytics were selected. There was no exclusion. The contents of the March, April, May, and June 2020 issues were screened and compared with the same months of 2019. The 2020 ahead-of-print articles (until June 30, 2020) were also screened. The retrieved articles on COVID-19 were selected, analyzed, and separated into eight categories: "opinion articles" (editorials or viewpoints, narrative reviews, surveys, letters, guidelines with lower level of evidence) and "scientific articles," i.e., randomized trials, original articles (OAs) (including meta-analysis) with structured methods and results, case reports, or case-series with fewer than 10 patients). The number of COVID articles published in the 10 best-ranked (TOP-10) journals was also calculated and compared with that of COVID articles published elsewhere. The methodological quality of the OAs was assessed using the MINORS score [1] (scores ≥ 12 and 16 mean good quality, for non-comparative and comparative studies, respectively).

Table 1 Types of COVID-articles in surgical journals

	Editorials or viewpoints	Narrative reviews	Original articles	Case-series ≤10 or case reports	Surgical technique	Surveys	Letters	Guidelines	Total
All	232	44	59	61	3	49	154	135	737
TOP-10 journals	98	10	24	44	1	14	40	52	283

Results

A total of 15,909 articles were retrieved and analyzed. Years 2019 and 2020 did not differ in the number of published articles (8095 vs. 7814). The categories of 737 COVID articles are given in Table 1. There were 59 COVID OAs (8.0%), 614 opinion articles (83.4%), 64 small series surgical techniques, or case reports, and no randomized trial.

Almost 40% of COVID articles were published in the TOP-10 journals (283 out of 737 vs. 454). The rate of OAs in the TOP-10 journals was quite similar that in the whole series ($n = 24$ of 283, 8.5%).

The 59 OAs focused on outcomes of surgery patients ($n = 19$, 2.6%), organizational aspects ($n = 23$), or symptoms ($n = 17$). No OAs had good quality according the MINORS score. The one meta-analysis was on olfactory and gustatory dysfunction in COVID patients and followed the PRISMA guidelines.

Discussion

This study illustrates an unprecedented editorial situation caused by a pandemic. Opinion articles were by far the most abundant (87%), while OAs, the core of our knowledge, were scant (8%). We assume the both authors and editors, faced with a novel disease, were mostly still at the stage of putting out ideas and sharing organizational experience. Hence, neither the authors nor the editors should be criticized regarding this situation. We know that the authors are doing their best in these circumstances. To note, the few published OAs were mostly not well-designed, with very little surgical relevance, and only 2.6% being related to surgical outcomes. Looking at the next publications included in clinicaltrials.gov, there were on June 1, 2020, 35 registered trials, including 7 completed, 14 recruiting, and 14 not yet recruiting trials on various aspects of the surgical practices, i.e., emergency surgery, outcomes after elective surgery, cardiovascular surgery, oncological surgery, risk of viral contamination, education.

Our study showed that, contrary to what we expected, the total number of published articles did not increase after the development of the COVID-19 pandemic. We assume that the fast publication of papers related to COVID-19 was preferred at the expense of the articles related to other subjects.

Lastly, we note that many COVID articles were published in prestigious surgery journals. But bending to the tyranny of hot topics at the expense of relevant clinical research is not restricted to these. Even the *New England Journal of Medicine* let through an article with a questionable methodology [2]. This work should not be considered as too negative. We hope that the surgical community will publish high-quality papers in the setting of a major health crisis. However, it is possible that with the future decrease in cases of COVID-19, large clinical studies may become difficult to conduct.

Authors' contributions KS conceived the work, analyzed the data, and wrote the paper. CM, FB, CL, and MS analyzed the data and approved the final version.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

Ethical approval This article does not contain any studies with human participants or animals performed by any of the authors.

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