Duplicate publication is near the top of the list of issues that editors of medical journals discuss when they get together. Considering the importance of publishing to academic advancement, it is not surprising that authors seek to maximize the dissemination of their work. Duplicate publication can take a number of forms, ranging from splitting data into the “minimal publishable unit” (MPU) described by Bill Parmley, to publishing in symposia or proceedings as well as in journals, to submitting virtually the same data to two or more journals in the same language. The issue is receiving heightened attention recently due to the dissemination of new research findings in virtually complete form on the internet and in non-subscription medical periodicals shortly following oral presentations.

Some have questioned why duplicate publications should be viewed negatively at all. They point out that individual medical journals and books often have very different readerships. In addition, they argue that repetition is beneficial in the process of learning and understanding and that subscribers who read a paper twice may therefore benefit in the process. However, the peer-review process demands considerable resources from journals and reviewers, and the application of these to already published material is a great waste. In addition, many journals are able to accept <25% of the manuscripts submitted, and they must reject some of considerable merit. Clearly, rejecting a paper containing new information to accept one that has been previously published is unfair to both authors and readers. With regard to readers, it can be frustrating for them to spend precious time only to find they are rereading a paper they have already seen in another journal.

Defining what constitutes duplicate publication can itself pose a significant challenge. Presenting the same methods, results, and analysis in two journals with different reader orientation, or in a journal and edited symposium, is an obvious example. However, judgment can be more difficult when dealing with slightly differing analyses of the same data that are derived by the same methods and obtained from the same patients. On some occasions, the results may have been provided in an initial manuscript that presented end points, whereas another paper reports a more in-depth sub-study. On occasion, the primary difference between two manuscripts is the order of the author list. The increasing number of randomized clinical trials provides a rich substrate for such submissions. It is the policy of the editors of JACC to accept the assertion of the authors that a paper is not duplicative, although such manuscripts are often markedly down-graded for lack of originality.

The uncertainty regarding what constitutes duplicate publication has increased sharply in the past several years with the advent of electronic communication. This venue is capable of disseminating the findings of oral presentations shortly after they are delivered. The internet, in particular, can have the data available for viewing within hours of the presentation. With the current state of audio and visual recordings, it is often possible for such reports to provide the text and figures from the presentation. In some cases, the authors themselves provide copies of the text and illustrations of their own presentations, using words and figures that are likely to be identical to those of a finished manuscript. The posting of such material on the internet is similar to that currently being applied to select manuscripts by some medical journals, including JACC, and it can assume a relatively enduring format. I, myself, receive e-mails detailing the results of late-breaking clinical trials a day or two after their presentation. The nature of such rapid communications, particularly when containing full text and figures, has led some to question whether these constitute duplicate publications.

Stimulated by the above, the HEART group, consisting of the editors of all the cardiovascular journals, discussed the implications that such rapid reports hold for the conventional publication of papers in medical journals. As part of this process, JACC also inquired about the policy of several non-cardiovascular journals. Consensus existed with regard to most issues. Specifically, all agreed that neither authors nor journals could control the dissemination of information gathered from the public forum of an abstract or other oral presentation. Similarly, all agreed that informal comments at media conferences held in conjunction with large medical meetings would not influence journal publication. There was some difference of opinion, however, with regard to the release of exact text and figures to the media and medical internet sites. Some journals considered that a paper might be disqualified from acceptance if the majority of the contents of the paper was provided directly by author. However, most editors who were consulted did not consider even this to be duplicate publication.
An interesting concept evolved during the course of the editors’ discussions. It was recognized that what separated the publication of a paper in a standard medical journal from publication or presentation in any other media was the process of peer review. The scrutiny of the reviewers and editors provided assurance as to the accuracy of the methods and the validity of the results. The consensus of the editors was that, without critical review, virtually no other format could impart comparable credibility to a manuscript, and other formats would therefore not represent duplicate publication. It follows, of course, that the essence of a medical journal is the peer-review process, regardless of whether a study appears in print or online. Review articles, editorial comments, and non-scientific contents may provide important accessories, but it is critical review by qualified experts that makes a journal a journal.

Duplicate publication has been a challenge for medical journals for many years and is likely to remain so for the foreseeable future. Editors and reviewers will have to grapple with the subtle distinctions inherent in the MPU and multiple sub-studies of large clinical trials. However, it seems to me that dissemination of studies on the internet or in other non-reviewed media will not provide a dilemma. In these latter cases, the issue will be whether a report has been subjected to peer review or not. Until a research manuscript has passed the scrutiny of peer review, it cannot be said to have been truly published.

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