Previous Editor’s Pages have addressed the value of integrating the flow of new information to physicians (1). The rationale was presented for coordinating the work of the publication medium for peer-reviewed original research (Journal of the American College of Cardiology [JACC]) with the organ of rapid online dissemination of information (Cardiosource) and the presentation venue for recently generated data (Annual Scientific Sessions). In the process of integrating this flow, we initiated a new venture with the Annual Scientific Sessions (ACC.06) this year. Our early experience with this venture has provided some interesting insight into the status of brief research abstracts and their relation to full detailed manuscripts.

Early in the planning of ACC.06, discussions were held between the Program Chairs and JACC editors about ways to interact that would benefit each venue as well as both readers and attendees. We reasoned that rapid publication of the manuscripts of the highest rated abstracts would be of value to our readers. In addition, expedited review/publication of papers should be enormously appealing to authors and ultimately attract the highest quality research to both the Scientific Sessions and JACC. Therefore, we agreed that the Chair identify the three to five highest rated abstracts from each abstract category to whom JACC would offer expedited processing of the completed manuscript. Of the 1,500 abstracts received, rapid review was awarded to 50. Each selected abstract had achieved the highest grades from the panel of reviewers a decision with which the category Chair was in concurrence. Our anticipation was that the papers resulting from these abstracts would receive comparable evaluations.

At the time of this writing approximately 20 full manuscripts have been submitted in response to our offer. The manuscripts have spanned the spectrum of categories and have been generally consistent with the conclusions of the abstract. We have thus far completed the review process for three-quarters of these papers. Approximately 50% have been rejected, 25% accepted for publication, and 25% await a final decision. Of interest, there appears to be somewhat less discordance between the critiques of the individual reviewers for these manuscripts than there has been for our regular submissions (which average nearly 40% disagreement).

My initial reaction to the fate of these manuscripts upon peer review was one of surprise. The acceptance rate of 25%, which may ultimately reach 50%, is certainly superior to our usual acceptance rate of about 15%. In addition, rejection certainly does not mean that the manuscripts are not of good quality; our page limitations require that we decline many papers of considerable merit. However, I had anticipated that these papers would fare better. After all, they were the finished product of abstracts that had been judged to be among the very best of a large number of competitive submissions. Clearly, the full manuscripts did not receive the same evaluations as the abstracts.

There are, of course, a number of possible explanations for the discordance between the high grades given to the abstracts and the lower priority scores assigned to the manuscripts. It is likely that the criteria applied to grading an abstract are different from those used for a manuscript. I believe that abstract presentations are often seen as preliminary, and so the novelty and/or potential importance of the idea is accorded greater importance than the data supporting it. This is particularly true given the limited words available to describe methods, results, and conclusions in an abstract. Since abstracts are given in the form of oral or poster presentations, they may be accorded value as vehicles to engender new concepts or lively debate. Abstract reviewers may well reason that any problems with the work will be exposed during the presentation. Conversely, abstracts that apply elegant and complex methodology to systematically provide data regarding previously studied questions may be viewed as lacking novelty or excitement.

As I see it, however, the most important factor in the disparity in grading is that abstracts are just that, limited summaries of a research study. By virtue of the word limitation it is nearly impossible to adequately describe methods, results, and analysis. Raw data are rarely available for review, and description of statistics is scant if at all. The thought that a research study could be adequately contained in a dozen or so sentences is so preposterous that no reviewer has any such expectations or demands. Therefore, it is not unusual when an abstract accepted for presentation is found to have significant flaws. However, even a 10 minute oral presentation may fail to reveal major problems with a study. It should thus not be surprising that abstract presentations that are well received sometimes fail to pass the intense scrutiny of peer review as full manuscripts. The potential for such occurrences is amplified by the competition for the limited pages of top-tier medical journals, where even very good papers fail to achieve sufficient priority for publication. Nonetheless, it is a bit disconcerting that such a large percentage of the most highly graded abstracts fail to
achieve adequate priority when reviewed as full-length manuscripts.

The major issue I have with all of this is that abstracts are often portrayed as more than they actually are. As pointed out in an earlier piece on late-breaking clinical trials (2), abstract presentations are often featured in the publicity surrounding national meetings. They are frequently reported online with great fanfare and detail, and often with the air of finality that the data are accurate and that the analysis is correct. Data from abstracts are not uncommonly incorporated into bibliographies and into the presentations of speakers at medical meetings. In fact, it has been suggested that the detailed reporting of an abstract presentation with the inclusion of data slides should preclude a full-length manuscript from acceptance due to “duplicate publication.” In my opinion, all of this belies the reality of the limitations inherent in abstracts, and of their very preliminary nature. Only after a complete manuscript passes the scrutiny of peer review and appears in writing for all to evaluate should it be accepted as suitable scientific information.

Medical meetings, particularly the national and international scientific sessions, are an important component in the flow of information. Abstract presentations, as a key element of these meetings, are an important component of new knowledge. As such, I will look forward to observing as well as delivering such presentations in the future. We will also continue our efforts to integrate the knowledge contained in the meetings with that of the Journal. I persist in thinking that it is highly likely that much of the important new research data published in the future will emerge from abstracts and that these will often be identified by high grades. However, our recent experience again emphasizes the limitation of abstracts in providing new and important data. A cliché regarding clinical services and medical records states that “if it isn’t documented in the chart, it didn’t happen.” The same might be said of abstracts and full-length peer-reviewed manuscripts.

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