

Textual analysis of retraction notices



Judit Bar-Ilan, Bar-Ilan University, Israel
and

Gali Halevi, Icahn School of Medicine at Mount Sinai, New York, USA

Why are papers retracted?

- Mistakes/fraud not detected during the peer review process
- Mistakes discovered by the authors after publication
- Legal/Ethical issues
 - Copyright permissions not obtained
 - Co-authors included in the publication without their approval
 - Researchers who worked on the project are not included
 - No IRB
 - Home institution requests withdrawal as a result of an investigation
 - ...

The retraction process

- Can take years
- The end result is a “retraction notice” according to COPE guidelines:

Notices of retraction should:

- be linked to the retracted article wherever possible (i.e. in all electronic versions)
- clearly identify the retracted article (e.g. by including the title and authors in the retraction heading)
- be clearly identified as a retraction (i.e. distinct from other types of correction or comment)
- be published promptly to minimize harmful effects from misleading publications
- be freely available to all readers (i.e. not behind access barriers or available only to subscribers)
- state who is retracting the article
- state the reason(s) for retraction (to distinguish misconduct from honest error)
- avoid statements that are potentially defamatory or libellous

<https://publicationethics.org/files/retraction%20guidelines.pdf>

Retraction notice

- The reasons for retraction are specifically required by COPE, but sometimes are not detailed enough

Wiley Online Library

This article has been retracted due to scientific and publishing misconduct. See the retraction statement on page 685 of volume 61 issue 5 for details.

DOI: [10.1111/j.2042-7158.2009.tb00347.x](https://doi.org/10.1111/j.2042-7158.2009.tb00347.x)

ScienceDirect

This article has been retracted at the request of the editor due to its close similarity to a previously published article: Drug-eluting stents versus coronary artery bypass grafting in patients with diabetes mellitus. Ann Thorac Surg 2006;82:1692-7. On further investigation the editor was also concerned by some data irregularities.



This article has been retracted due to copyright issues.

Research objective

- Gain a better understanding of the reasons for retraction by analyzing the contents of retraction notices

THE LANCET

Online First Current Issue All Issues Special Issues Multimedia Information for Authors

All Content Search Advanced Search

Access provided by MACHBA- Hebrew University of Jerusalem

< Previous Article Volume 375, No. 9713, p445, 6 February 2010 Next Article >

Comment

Retraction—Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

The Editors of The Lancet
Published: 06 February 2010

PlumX Metrics

DOI: [https://doi.org/10.1016/S0140-6736\(10\)60175-4](https://doi.org/10.1016/S0140-6736(10)60175-4)

Article Info

Summary Full Text References

Following the judgment of the UK General Medical Council's Fitness to Practise Panel on Jan 28, 2010, it has become clear that several elements of the 1998 paper by Wakefield et al¹ are incorrect, contrary to the findings of an earlier investigation.² In particular, the claims in the original paper that children were “consecutively referred” and that investigations were “approved” by the local ethics committee have been proven to be false. Therefore we fully retract this paper from the published record.

References

1. Wakefield, AJ, Murch, SH, Anthony, A et al. Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children. *Lancet*. 1998; **351**: 637–641
[View in Article](#) | [Summary](#) | [Full Text](#) | [Full Text PDF](#) | [PubMed](#) | [Google Scholar](#)
2. Hodgson, H. A statement by The Royal Free and University College Medical School and The Royal Free Hampstead NHS Trust. *Lancet*. 2004; **363**: 824
[View in Article](#) | [Summary](#) | [Full Text](#) | [Full Text PDF](#) | [PubMed](#) | [Google Scholar](#)

Early report

Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

A J Wakefield, S H Murch, A Anthony, J Linnell, D M Casson, M Malik, M Berelowitz, A P Dhillon, M A Thomson, P Harvey, A Valentine, S E Davies, J A Walker-Smith

Summary

Background We investigated a consecutive series of children with chronic enterocolitis and regressive developmental disorder.

Methods 12 children (mean age 6 years [range 3–10], 11 boys) were referred to a paediatric gastroenterology unit with a history of normal development followed by loss of acquired skills, including language, together with diarrhoea and abdominal pain. Children underwent gastroenterological, neurological, and developmental assessment and review of developmental records. Ileocolonoscopy and biopsy sampling, magnetic-resonance imaging (MRI), electroencephalography (EEG), and lumbar puncture were done under sedation. Barium follow-through radiography was done where possible. Biochemical, haematological, and immunological profiles were examined.

Findings Onset of behavioural symptoms was associated by the parents, with measles, mumps, and rubella vaccination in eight of the 12 children, with measles infection in one child, and otitis media in another. All 12 children had intestinal abnormalities ranging from lymphoid nodular hyperplasia to granulomatous ulceration. Histology showed patchy chronic inflammation in 11 children and reactive ileal lymphoid hyperplasia in seven, but no granulomas. Behavioural disorders included autism (nine), disintegrative psychosis (one), and possible postviral or vaccinal encephalitis (two). There were no focal neurological abnormalities and EEG tests were normal. Abnormal laboratory results were significantly raised urinary methylmalonic acid compared with age-matched controls ($p=0.03$), low haemoglobin in four children, and low serum IgA in four children.

Interpretation The children had associated gastrointestinal disease and developmental regression in a group of previously similar children, which was generally associated in time with possible environmental triggers.

Lancet 1998; **351**: 637–41

See Commentary page

Inflammatory Bowel Disease Study Group, University Departments of Medicine and Histopathology (A J Wakefield ¹ MSc, A Anthony ² MSc, J Linnell ³ MSc, A P Dhillon ⁴ MSc, S E Davies ⁵ MSc) and the University Departments of Paediatric Gastroenterology (S H Murch ⁶ MSc, D M Casson ⁷ MSc, M Malik ⁸ MSc, M A Thomson ⁹ MSc, J A Walker-Smith ¹⁰ MSc), Child and Adolescent Psychiatry (M Berelowitz ¹¹ MSc), Neurology (P Harvey ¹² MSc), and Radiology (A Valentine ¹³ MSc), Royal Free Hospital and School of Medicine, London NW3 2QG, UK

Correspondence to: Dr A J Wakefield

Introduction

We saw several children who, after a period of apparent normality, lost acquired skills, including communication. They all had gastrointestinal symptoms, including abdominal pain, diarrhoea, and bloating and, in some cases, food intolerance. We describe the clinical findings, and gastrointestinal features of these children.

Patients and methods

12 children, consecutively referred to the department of paediatric gastroenterology with a history of a pervasive developmental disorder with loss of acquired skills and intestinal symptoms (abdominal pain, bloating and food intolerance), were investigated. All children were admitted to the ward for 1 week, accompanied by their parents.

Clinical investigations

We took histories, including details of immunisations and exposure to infectious diseases, and assessed the children. In 11 cases the history was obtained by the senior clinician (JW-S). Neurological and psychiatric assessments were done by consultant staff (PH, MB) with HMS-4 criteria.¹ Developmental assessments included a review of prospective developmental records from parents, health visitors, and general practitioners. Four children did not undergo psychiatric assessment in hospital; all had been assessed professionally elsewhere, so these assessments were used as the basis for their behavioural diagnosis.

After bowel preparation, ileocolonoscopy was performed by SHM or MAT under sedation with midazolam and pethidine. Paired frozen and formalin-fixed mucosal biopsy samples were taken from the terminal ileum; ascending, transverse, descending, and sigmoid colons, and from the rectum. The procedure was recorded by video or still images, and were compared with images of the previous seven consecutive paediatric colonoscopies (four normal colonoscopies and three on children with ulcerative colitis), in which the physician reported normal appearances in the terminal ileum. Barium follow-through radiography was possible in some cases.

Also under sedation, cerebral magnetic-resonance imaging (MRI), electroencephalography (EEG) including visual, brain stem auditory, and sensory evoked potentials (where compliance made these possible), and lumbar puncture were done.

Laboratory investigations

Thyroid function, serum long-chain fatty acids, and cerebrospinal fluid lactate were measured to exclude known causes of childhood neurodegenerative disease. Urinary methylmalonic acid was measured in random urine samples from eight of the 12 children and 14 age-matched and sex-matched normal controls, by a modification of a technique described previously.² Chromatograms were scanned digitally on computer, to analyse the methylmalonic-acid zones from cases and controls. Urinary methylmalonic-acid concentrations in patients and controls were compared by a two-sample *t* test. Urinary creatinine was estimated by routine spectrophotometric assay.

Children were screened for antientomycal antibodies and boys were screened for fragile-X if this had not been done

The dataset

- 998 articles retracted by Elsevier
 - Published between 1985-2014
 - Retracted by October 2014

Major reasons for retraction

- **Ethical misconduct** which includes
 - Authorship disputes, citation manipulation, copyright/legal issues, duplicate publication, plagiarism, self-plagiarism, missing credit, review fabrication, unauthorized data reuse and other ethical issues (e.g. no IRB approval)
- **Scientific distortion** which includes
 - Data errors (intentional or unintentional), data fabrication, data manipulation, data cannot be validated, findings not replicable, wrong interpretation of results
- **Administrative error** which includes
 - Not the final version of the article was published, wrong issue, etc.

Category distribution

| Category | # articles | % out of total (998) |
|-----------------------|------------|----------------------|
| Ethical misconduct | 632 | 62% |
| Scientific distortion | 339 | 35% |
| Administrative error | 27 | 3% |

Largest subcategory

- Plagiarism or self-plagiarism
 - 500 articles
 - 50% of total
 - 79% of ethical misconduct

Multiple retractions

- Authors with 3 or more retractions
 - 22 such authors were identified
- Largest number of retracted articles by Pattium Chiranjeevi
 - 16 in our dataset, 70 overall (Jayamaran, 2008)
 - Identical retraction notices in all 16 cases:

“...Questions were raised as to the volume of publications, the actual capacity (equipment, orientation and chemicals) of the laboratory in which Prof. Chiranjeevi worked, the validity of certain of the research data identified in the articles, the fact that a number of papers appear to have been plagiarized from other previously published papers, and some aspects of authorship...”

Most
frequently
occurring
words in the
retraction
notices



Examples of frequently occurring phrases

“The scientific **community** takes a very **strong view** on this matter and we **apologize** to readers of the journal that this was **not detected** during the submission process.”

“This article ... have **plagiarized** part of a paper that had **already appeared**. One of the conditions of submission of a paper for publication is that authors declare **explicitly** that their work is **original** and has not appeared in a publication elsewhere. Re-use of any data should be **appropriately** cited. As such this article represents a **severe abuse** of the scientific publishing system.”

“An **investigation** ...concluded that some **figures** had been **manipulated** by the first author.”

Recent development



- RetractionWatch is setting up a database of metadata of all known retractions, including the reasons for being retracted
 - <http://retractiondatabase.org/RetractionSearch.asp>
- Form to report missing retractions can be accessed from
 - <https://retractionwatch.com/2018/01/18/database-missing-retraction-tell-us/>

Submit a Retraction to Retraction Watch

Thanks for helping make our database as comprehensive as possible. Before submitting, please check retractiondatabase.org for the retraction in question. Please note that this isn't for papers that you think should be retracted; send notes about those to retractionwatchteam@gmail.com.

Title of retracted paper

Your answer

Journal where retracted paper appeared

Your answer

Link (URL or DOI)

Your answer

Anything you know about this retraction (and your name/contact information, if you want to share it)

Your answer

SUBMIT

Never submit passwords through Google Forms.