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Editorial

The Colombian Journal of Anesthesiology (RCA) welcomes the Declaration of Transparency and Guidelines for the publication or articles, including CARE, for case reports☆

La *Revista Colombiana de Anestesiología* (RCA) acoge la Declaración de transparencia y lineamientos para publicación de artículos, entre ellos CARE, para reporte de caso

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The purpose of science to discover and to generate new knowledge is based on hypothesis that through meticulous studies may prove to be true or false. Hence, most of the scientific writings provide the essentials for the reader to understand the trial, assess its quality and learn something new. Some core characteristics of scientific writing are the description of the problem, the objectives of the trial, the hypothesis subject to evaluation, any methodology required to accomplish the results and the discussion of those results to conclude whether the hypothesis is accepted or rejected. Structuring the written text according to these parameters allows for greater clarity, transparency and honesty on behalf of the peer reviewers and a genuine contribution to the scientific community.

Problem

Articles published in scientific journals exhibit different types of errors and the most common one is omission of information. This oversight may impact every section of the manuscript (title, summary, introduction, methods, results, discussion and references) as well as all kinds of studies (meta-analysis, cases and controls, cohorts, random control trials, among others).[1–4] The shortage of information hinders the reader's ability to establish the relevance of the trial, the objectivity in data collection, the unbiased data analysis and the power of the conclusions. The poor quality of reporting of diagnostic studies has been established through some tools such as QUADAS and STARD standards.[2] Omitting information in articles may be due to various causes; some are derived from inconsistent results, from contradictory data leading authors to report only those results that match the original hypothesis. In some cases, scientific fraud is the reason for the omission of information, for manipulation of information or plagiarism. Some fraud examples have been evidenced in scientific journals, including anesthesiology publications, forcing the editors to withdraw those articles.[5,6]

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Objective

One of the objectives of scientific journals is to encourage the author to adhere strictly to the values of professional ethics, transparency and honesty. Information about these core values of scientific literature is crucial when educating students and future basic and clinical science researchers. Disseminating information on ethics and responsible scientific writing is an absolute requirement for Universities, not only for undergraduate students, but also for professional researchers. Consequently, the Colombian Journal of Anesthesiology (RCA) wants to make sure the manuscripts submitted for publication report all the necessary data so that the readers and peer reviewers have all the necessary elements of judgement to assess the quality of the study, to weigh its strengths and weaknesses and to clearly determine its relevance.

Table 1 – CARE Checklist (2013) of information to include when writing a case report.

CARE Checklist (2013) of information to include when writing a case report

Topic	Item	Checklist item description	Reported on Page
Title	1	The words "case report" should be in the title along with what is of greatest interest in this case	
Key Words	2	The key elements of this case in 2 to 5 key words	
Abstract	3a	Introduction—What is unique about this case? What does it add to the medical literature?	
	3b	The main symptoms of the patient and the important clinical findings	
	3c	The main diagnoses, therapeutics interventions, and outcomes	
	3d	Conclusion—What are the main "take-away" lessons from this case?	
Introduction	4	Brief background summary of this case referencing the relevant medical literature	
Patient Information	5a	Demographic information (such as age, gender, ethnicity, occupation)	
	5b	Main symptoms of the patient (his or her chief complaints)	
	5c	Medical, family, and psychosocial history including co-morbidities, and relevant genetic information	
	5d	Relevant past interventions and their outcomes	
Clinical Findings	6	Describe the relevant physical examination (PE) findings.	
Timeline	7	Depict important milestones related to your diagnoses and interventions (table or figure)	
Diagnostic Assessment	8a	Diagnostic methods (such as PE, laboratory testing, imaging, questionnaires).	
	8b	Diagnostic challenges (such as financial, language, or cultural)	
	8c	Diagnostic reasoning including other diagnoses considered	
	8d	Prognostic characteristics (such as staging in oncology) where applicable	
Therapeutic Intervention	9a	Types of intervention (such as pharmacologic, surgical, preventive, self-care)	
	9b	Administration of intervention (such as dosage, strength, duration)	
	9c	Changes in intervention (with rationale)	

Table 1 – CARE Checklist (2013) of information to include when writing a case report.

Follow-up and Outcomes	**10a**	Clinician- and patient-assessed outcomes	
	10b	Important follow-up test results	
	10c	Intervention adherence and tolerability(How was this assessed?)	
	10d	Adverse and unanticipated events	
Discussion	**11a**	Discussion of the strengths and limitations in the management of this case	
	11b	Discussion of the relevant medical literature	
	11c	The rationale for conclusions (including assessment of possible causes)	
	11d	The main "take-away" lessons of this case report	
Patient Perspective	**12**	Did the patient share his or her perspective or experience? (Include whenever possible)	
Informed Consent	**13**	Did the patient give informed consent? Please provide if requested	Yes ☐ No ☐

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Methods and standard formats to enhance accuracy and transparency

With the intention of improving the quality of the articles and to prevent scientific fraud, the RCA journal has been publishing articles on the topic of scientific writing, discussing issues such as plagiarism,[7,8] systematic/random error and fraud,[9] disclosure of conflict of interests[10] and the use of standardised guidelines for the submission of scientific articles.[11] Additionally, since 2010 the RCA joined the *International Committee of Medical Journal Editors* (ICMJE) and so the protocols of articles on human experiments should have been previously published in a registry database of clinical trials protocols.[12]

As of this issue the RCA adopts the guidelines of the EQUATOR network (*Enhancing the QUAlity and Transparency Of health Research*, available at http://www.equator-network.org). The RCA invites readers and researchers interested in publishing their papers in this journal to consult these guidelines. Following these guidelines will result in information better presented, avoiding omissions of essential information and facilitating the job of peer reviewers. The guidelines that recommend a minimum number of elements that should be in the scientific manuscripts will enable more accuracy in writing, as Donald Miller mentioned in an editorial published in this journal.[11] These guides or formats are not intended to be a compulsory mandate limiting creativity, innovation and free thinking which are so important to the researcher. The list of guidelines that follow is useful, just not only to publish in the RCA, but also to publish in scientific journals that have also adopted these guidelines:

CONSORT: *Experimental studies, including randomised trials: CONSORT 2010 Statement: updated guidelines for reporting parallel group randomised trials*[13,14]
STROBE: *Observational studies: The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Statement: guidelines for reporting observational studies*[4]
STARD: *Diagnostic accuracy studies: Towards complete and accurate reporting of studies of diagnostic accuracy: the STARD initiative. Standards for Reporting of Diagnostic Accuracy*[15]
PRISMA: *Systematic reviews: Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement*[16]
COREQ & ENTRQ: *Qualitative research: Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus group & Enhancing transparency in reporting the synthesis of qualitative research*: ENTREQ[17,18]
CHEERS: *Economic evaluations: Consolidated Health Economic Evaluation Reporting Standards (CHEERS) Statement*[19]
SQUIRE: *Quality improvement studies: Publication guidelines for quality improvement in health care: evolution of the SQUIRE Project*[20]
CARE: *Case Reports: The CARE Guidelines: Consensus-based Clinical Case Reporting Guideline Development*[21]

With regards to CARE, the RCA also seeks to improve the quality of clinical case reports. To that end, the following table and amended CARE-2013 verification list recently adopted by other global journals (Table 1) is submitted. Such a list discloses elements that are necessary to better explain the

problem that embraces the trial and potential solution. The RCA-adopted guidelines shall be taken as an opportunity to improve the quality and quantity of documentary information and to simultaneously evaluate any weaknesses and strengths of the trial submitted.

Although references of the original sources are attached for the various types of articles, in the above list access through EQUATOR (http://www.equator-network.org) will be more valuable for the reader and reviewer since those are all the consolidated versions, in addition to a dynamic rendering of the update processes thereof. Thus, our recommendation is to consult the network prior to submitting the articles to the journal. These guidelines have been included in the instructions for RCA authors.

Transparency statement

As of 2014 the RCA requires that any new submissions should have signed the declaration of transparency by the principal author of the article. This new requirement for all manuscripts, approved by RCA's editorial committee, is aimed at allowing the author to confirm the transparency of the information The RCA adopts the declaration of transparency as a proposal written and accepted by other global journals.[22] The text of the declaration of transparency reads as follows[22]:

Transparency declaration

The lead author* affirms that this manuscript is an honest, accurate, and transparent account of the study being reported such that no important aspects of the study have been omitted, and that any discrepancies from the study as planned (and, if relevant, registered) have been explained. *The manuscript's guarantor.

These guidelines for the publication of scientific articles on each of the subjects discussed in the Journal and in compliance with the declaration of transparency are expected to improve the quality of the scientific articles published in the RCA. Furthermore, it is the intent of the journal to expand on key information for the reader to have all the necessary parameters to assess the quality of work, to limit the number of omissions and biases, and to prevent fraud. In accordance with these guidelines, the RCA is committed to publishing articles that are consistent with the ethical and transparency values of scientific writing, for the benefit of readers, authors and the scientific community as a whole.

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Conflicts of interest

None.

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