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From the Editor

Duplicate Publication

DR. VAN VALKENGOED AND COLLEAGUES published two papers dealing with the poor performance of selective screening criteria for asymptomatic *Chlamydia trachomatis* infection in the inner city population of Amsterdam. One paper published in the journal *Sexually Transmitted Diseases (STD)* focused on the poor performance of literature-derived selective screening criteria for women. The second paper, published in *Sexually Transmitted Infections (STI)*, presented the poor results obtained using selective screening criteria generated by the authors for a general population in inner city Amsterdam. The *STD* paper discussed the results obtained with women while the *STI* paper presented results obtained with males and females.

In both papers the female population is identical. The numbers are identical. The treatment is the same. The description of the statistical analysis is identical in the two manuscripts and the same results with the women are reported in both—51% overall participation, 2.8% chlamydial prevalence rate. The editors of both journals (*STI* and *STD*) evaluated these materials and came to the conclusion that there was excessive overlap of the results presented in these two papers. A redundancy notice is scheduled to appear in the August issue of *STI*:

The hanging committee of Sexually Transmitted Infections wishes to announce that two published papers by Van Valkengoed et al (1,2) exhibit a degree of overlap. Specifically, the female patients are the same in both papers. They are indistinguishable from the point of population size (5714), age (15–40), setting, participation rate (51%), chlamydia prevalence rate (2.8%; CI 2.1–3.4%), and the number of women excluded because of never having been sexually active (125). There is also a certain degree of overlap between the two papers in the introduction, methods, results, and discussion sections.

1. Van Valkengoed IGM, Boeke JAP, Moore SA, et al. Disappointing performance of literature derived selective screening criteria for asymptomatic *Chlamydia trachomatis* infection in an inner city population. *Sex Transm Dis* 2000; 27: 504–7.

2. Van Valkengoed IGM, Moore SA, Van Den Brule AJC, et al. Low diagnostic accuracy of selective screening criteria for asymptomatic *Chlamydia trachomatis* infections in the general population. *Sex Transm Inf* 2000; 76: 375–80.

A sanction (a ban on publishing manuscripts from these authors in *STD* for a one-year period) has been implemented. Van Valkengoed and coauthors disagree that there was any duplicate publication: their letter is published elsewhere in this issue. They feel that these papers are completely different and do not resemble each other at all. They seem to feel that repeated analysis of a cohort presenting the same results is not duplicate publication. Unfortunately that is not the case. When the manuscript was submitted the authors stated “no paper resembling the submitted manuscript is under consideration elsewhere nor will a similar manuscript be published elsewhere.” Once the data have been published in the journal, that journal holds the copyright. The exact same results should not appear in a subsequent manuscript. In this instance the fact that data from a male population was added to the previously published data from the female population for a secondary analysis evades the issue. The results with the female population had already been published, and those same results should not be published again.

Sincerely,

Julius Schachter, PhD

Editor of *Sexually Transmitted Diseases*

Re: Duplicate Publication

A. JOAN P. BOEKE, IRENE G. M. VAN VALKENGOED, SERVAAS A. MORRÉ, ADRIAAN J. C. VAN DEN BRULE, WALTER DEVILLE, CHRIS J. L. M. MEIJER, and LEX M. BOUTER

To the Editor:

We strongly disagree with your conclusion that we are guilty of duplicate publication. The objectives, analyses, and results presented in the two papers in *Sexually Transmitted Diseases* (paper 1)¹ and *Sexually Transmitted Infections* (paper 2)² are completely different and do not resemble each other at all. The aim of paper 1 was to determine the value of currently publicized screening criteria for asymptomatic populations as selection criteria for the general population. A literature review was performed to identify criteria for women. Criteria for men were not available. These criteria were then applied to the female participants in the Amsterdam Screening Study. The diagnostic accuracy of these criteria was then found to be poor. That led to the second research question, which was addressed in paper 2: could suitable new criteria for selective screening of females and males be derived from our own study population? In paper 2 we report on the development of this new set of selective screening criteria and their diagnostic accuracy. In addition, detailed prevalence data and the results for both men and women nonrespondents in the Amsterdam Screening Study were presented.

The papers did not contain references to each other. This was not through intent, but was due to the simultaneous process of submission for publication. At the time of submission, there was simply no other "paper" to refer to. When checking the proof prints of the papers we should have added "in press" to the references, which we neglected to do. We sincerely apologize for this and will remember to do so in future.

In summary, we believe your verdict of duplicate publication to be unjust and your sanction to be too harsh for the omission of cross-references.

References

1. van Valkengoed IGM, Boeke AJP, Morre SA, et al. Disappointing performance of literature-derived selective screening criteria for asymptomatic *Chlamydia trachomatis* infection in an inner-city population. *Sex Transm Dis.* 2000; 27:504–507.
2. van Valkengoed IGM, Morre SA, van den Brule AJC, et al. Low diagnostic accuracy of selective screening criteria for asymptomatic *Chlamydia trachomatis* infections in the general population. *Sex Transm Infect* 2000; 76:375–380.