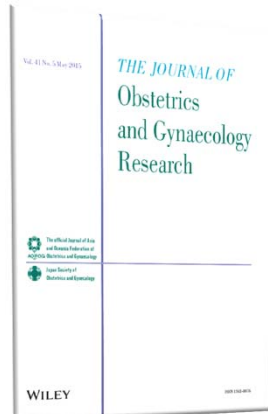


2015.8.2 Wiley Executive Seminar



## Wiley Executive Seminar Publication Ethics JOGRのPlagiarismへの対応

九州大学 生殖病態生理学分野(産科婦人科)教授  
The Journal of Obstetrics and Gynaecology Research  
編集委員長 加藤聖子

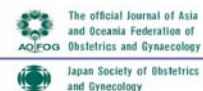
## COI

「演者の利益相反：開示すべき事項なし

「Conflict of Interest (COI) of the Presenter :  
No potential COI to disclose」

加藤聖子

*THE JOURNAL OF*  
**Obstetrics and Gynaecology Research**



## 講演内容

### **The Journal of Obstetrics and Gynaecology Researchの紹介**

不正行為・問題論文について

問題論文の例

問題論文の取り扱い

問題論文を減らす対策

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## The Journal of Obstetrics and Gynaecology Research

The official journal of  
**Asia and Oceania Federation of  
 Obstetrics and Gynecology**  
 and  
**Japan Society of Obstetrics and  
 Gynecology**

Original, peer-reviewed papers in all area  
 of Obstetrics and Gynecology, including  
 perinatology, oncology, reproductive  
 endocrinology and infertility,  
 urogynecology and women's health care

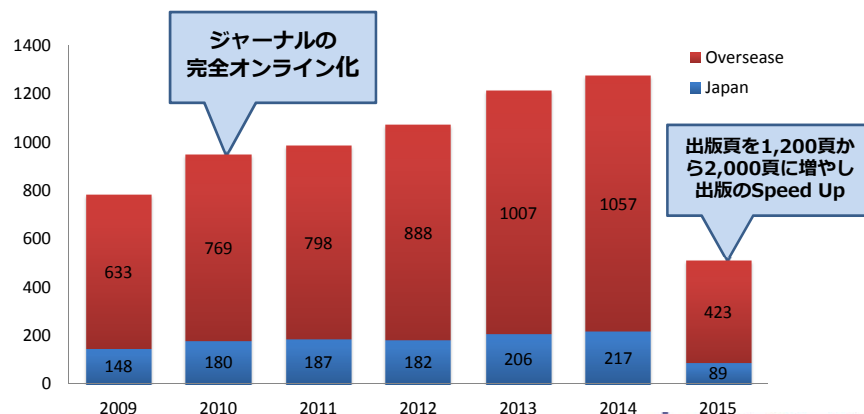


Frequency: Monthly  
 Current Volume: 41 (2015)

[http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1447-0756](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1447-0756)

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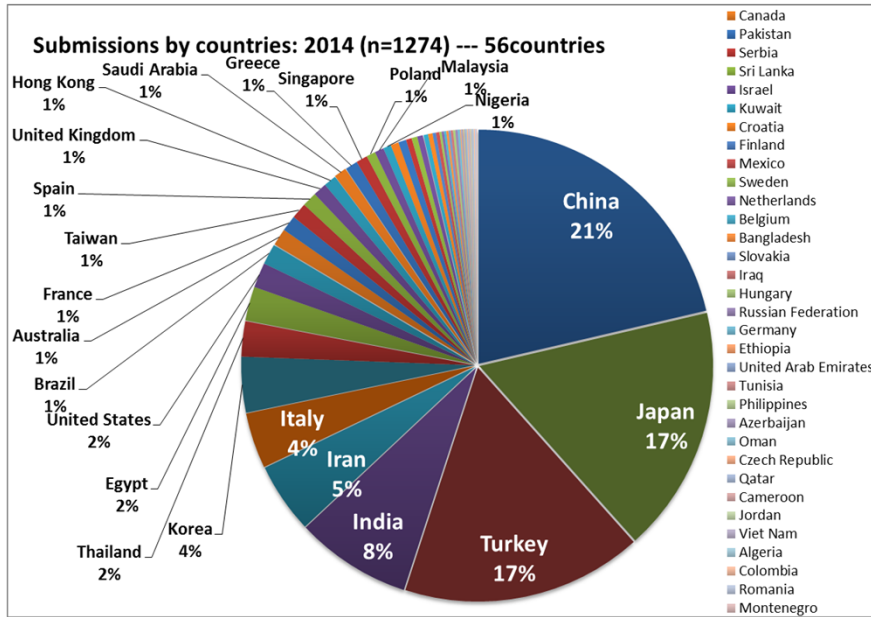
現在41巻 月刊誌 年間約2000ページを出版  
 JOGRの投稿数推移



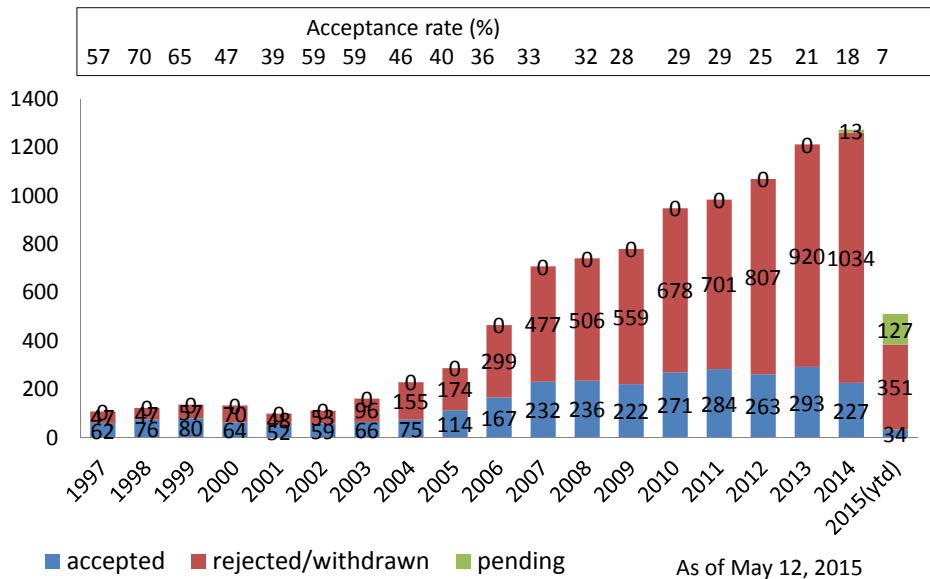
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 Japan Society of Obstetrics  
 and Gynecology

## Submission by country 2014



## Submission has been increasing year by year.



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### Inappropriate acts in the publication process

#### Plagiarism: (盗作)

Appropriation of ideas, thoughts, or language of another person and their representation as one's own original work.

#### Repetitive publication (二重投稿、二重出版)

We are using a plagiarism or repetitive publication checking software 'Cross Check', getting 'similarity Index'.

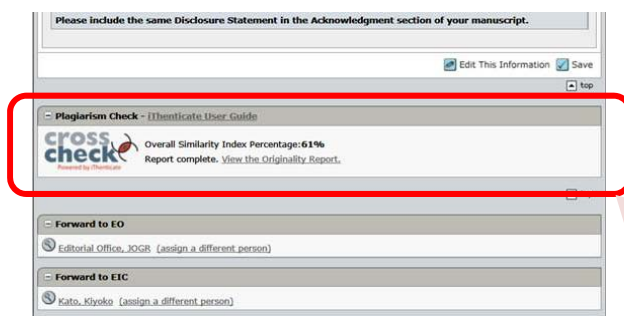
#### Fabrication or Falsification: (偽造、改ざん)

Fabrication: Making up all parts of experiment or data.

Falsification: False reporting of data, methods, or study .

We have not found them but difficult to find out.

## 査読



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がこの画面から  
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## 問題論文について

編集会議年	審議論文として取り扱った論文数	審議の理由	実際に問題論文として制裁がついた論文数	対象国
2012	6	提出書類の署名偽造、二重投稿 盗作	6	トルコ、エジプト イタリア、イラン 中国、インド
2013	6	二重投稿 盗作	4	ブラジル、中国 タイ
2014	56	二重投稿 盗作 サラム論文 引用等の不正	29	タイ、エジプト 中国、日本、トルコ イタリア、韓国 パキスタン、インド クウェート サウジアラビア
2015 (6月)	13	盗作 二重投稿	5	トルコ、台湾 イタリア、中国

## サラミ論文(出版)

サラミ法 (salami slicing) とは一本の研究論文で報告できる大きな研究を小さい発表論文に分割する行為。

一本の研究論文を発表可能な最小単位に分割して、それぞれの論文で同じ研究からの種々の研究結果を報告すること。

一つ以上の論文に同じ母集団、方法、研究課題があるとき、それらの論文はまとめてサラミ論文としてみなす。

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# 盗作論文

INTRODUCTION  
The pathophysiology of uterine incontinence in pregnancy and the postpartum is multifactorial. The state of pregnancy itself, hormonal changes, changes in the cervicovaginal angle, post-delivery anatomical deficits, and dynamic forces involving the levator ani muscle and connective tissues have all been implicated. These stresses on the pelvic floor result not only in immediate postpartum incontinence, but also in incontinence which more recurrent than pregnancy.<sup>1</sup>

The most common form of urinary incontinence (UI) during pregnancy is stress urinary incontinence (SUI). It is more common in pregnancy advances and is estimated to affect the quality of life of 14.3% of pregnant women.<sup>2</sup> In addition, both urge incontinence and mixed incontinence (urge and stress) or SUI is more negative impact on the quality of life of these women.<sup>3</sup> Although SUI severity increases with pregnancy progression from the first to the third trimester<sup>4</sup> and during the weeks of gestation, 16.9% of pregnant women report having no urinary incontinence before 13<sup>th</sup>.<sup>5</sup> Another important aspect of pregnancy-related UI is an increased risk of postpartum incontinence in the postpartum period or later in life.<sup>6</sup> Many studies have reported that pregnant women who had UI during pregnancy are at higher risk for postpartum UI than those without UI during pregnancy.<sup>7-11</sup>

Understanding the onset, severity, and persistence of both incontinence during and after pregnancy may provide insight into the natural history of incontinence, and hence in the difference between transient incontinence due to the hormonal and mechanical effects of pregnancy and the changes that may occur as a result of delivery. Incontinence during pregnancy has been linked to age,<sup>12</sup> body mass index (BMI),<sup>13</sup> uterine physical exam<sup>14</sup>, or smoking history.<sup>15</sup> Urogenital health is more determinant of incontinence. Subsequently, activities (exercise and recreation) can increase risk<sup>16-18</sup> especially in combination with obstetric factors; however, certain incontinences in the antenatal analysis of these practices and related complications (such as gestational diabetes and UTI) have been found, suggesting that they appear as markers of the extent of urogenital activity.<sup>19</sup>

We aim to estimate the type, frequency, and severity and to evaluate responses and quality of life aspect of urinary incontinence during pregnancy and postpartum in pregnant women.

MATERIALS AND METHODS  
This follow-up study investigated a cohort of women without urinary incontinence at the start of pregnancy; from the beginning of pregnancy to six months post-partum with the aim of identifying the onset of incontinence. The study followed the Helsinki declaration and written informed consent was obtained from all study participants. The study was approved by the Research Ethics Committee of the Medical Faculty of Beahk University.

Consecutive candidate women with symptoms of UI and mild incontinence before pregnancy (created by themselves) or presence of urogenital diseases, respiratory disorders, urogenital pathology (anatomical and urological), history of abortion, impaired mobility, previous pregnancies (parity), use of contraceptives, use of drugs (chemotherapy, diabetes, epilepsy, medical abortion, previous history of the current pregnancy: fetal death, and being abstinent the entire or partial incontinence as well as difficulty in standing and/or walking) Turkish language were included.

The inclusion criteria consisted of those patients of 18-70 years of age, prepared women with child or child experience, free, and absence of any urogenital disease (anatomical, urogenital, infectious, benign), of non-urological origin (cancer, use of chemotherapy or radiotherapy drugs and diabetes mellitus).

The mean age was 30.84 (SD 4.22) years. The mean gestational weeks of the 1st and 2nd trimesters of the UI group, which includes all urinary incontinence, were highest in the post-partum period (41.17). The prevalence rates of the 1st and 2nd trimesters of UI group, which includes stress incontinence, were highest in the third trimester of pregnancy (34.4%), which includes mixed incontinence, were highest in the third trimester of pregnancy (34.4%). The prevalence rates of the 1st and 2nd trimesters of the UI group, which includes urge incontinence, were highest in the third trimester of pregnancy (34.4%).

DISCUSSION  
The main objective of this study was to determine the prevalence of UI types, UI severity and effect of UI on quality of life during pregnancy and whether there are any differences between the characteristics of incontinence and affected women during pregnancy and postpartum period. The prevalence of pregnancy-related UI in pregnant women was found to be 14.3%. Other studies in different countries, including UI in pregnant women reported prevalence rates of 10-20% (range from 21.1% to 20%<sup>20-22</sup>). It is clear that the prevalence and severity of UI varies between countries.

There is a lot of literature and publications available about the causes of UI during pregnancy, but its incidence in Malaysia is still a controversial change resulting from the position of the pregnant women in the field and the changes in habits, habits, and medical practices that occur during pregnancy have all been proposed as possible triggering factors of UI during pregnancy (obstetric, increased hormone production and the changes occurring in the connective tissue of the pelvic floor to lower the pressure).

Our findings are similar to previous studies in terms of prevalence of UI, but the prevalence of UI in the third trimester of pregnancy is 14.3%, which is higher than the prevalence of UI in the third trimester of pregnancy (14.3%). UI during pregnancy is reported as a marker of UI after

マッチング率: 49%,過去にも同様な論文があり、immediate reject with caution

↓  
今回2回目であり、2年の投稿禁止

# 2重投稿

From: [redacted]  
Sent: Friday, April 15, 2011 2:46 PM  
To: JOGR Editorial Office  
Subject: Re:RE: About the manuscript for review

Dear editor,

The manuscript was also submitted to Neuropeptides and I was invited to review the manuscript by Neuropeptides on 9th. April, 2011. However, I failed to find the date of its submission to Neuropeptides. The decision is not made by Neuropeptides although I

have suggested a rejection without further review, too.

Don't hesitate to contact me to make it clearer if necessary.

Sincerely,

[redacted]  
Department of Obstetrics and Gynecology

査読者からの指摘(同じ論文が別のジャーナルから査読を依頼された)

↓  
5年の投稿禁止



## 2重投稿

**Reviewer 1 Recommendation:** Reject

**Confidential Comments to the Associate Editor:**

Monday, June 17, 2013

The journal of Obstetrics and Gynecology Research

Dear Editor,

Re: Neonatal Survival Curves For Pregnancies with Absent or Reverse-End Diastolic Flow in Umbilical Artery Doppler Velocimetry

Manuscript ID JOGR-2013-0376

As I was surveying the available literature dealing with the predictor parameters of neonatal death I came across an identical study by the same group of researchers in Portuguese published in Rev Bras Ginecol Obstet. 2010 Jul;32(7):352-8.

The comparison between these two abstracts is listed below. The various sections of the abstracts of both manuscripts are in tandem.

I have compared the two manuscript and came to the following conclusion.

1. The data is almost the same
2. The authors have made minor changes to the Abstract, Methods, Results, and conclusion sections of the study

査読者より指摘(ポルトガル語で出版された論文と非常に似ている)

## 2重投稿

3. There is hardly any difference in the results and conclusions between the two manuscripts other than a change of the wording within the sentences. For example in the study of Rev Bras Ginecol Obstet. 2010 Jul;32(7):352-8 the authors concluded that "Gestational age at diagnosis, birth weight, and Apgar score at the first minute were factors that could predict neonatal death in pregnancies with DV or DR determined by umbilical artery Doppler velocimetry".

In the present manuscript the authors concluded that "Gestational age  $\geq$  28 weeks, use of corticosteroids, resolute obstetric decision, birthweight  $\geq$  1 kg and Apgar at first minute  $\geq$  7 proved to be significant variables related to neonatal survival in pregnancies with AEDF or REDF in umbilical artery Doppler.

I therefore wait for your decision whether this manuscript should at all be considered for review in the first place.

Sincerely,

Professor of OBGYN & Radiology  
Associate Professor of Genetics

初回、言葉の違い



警告処分 (Reject with caution)

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問題論文の例

問題論文の取り扱い

問題論文を減らす対策

## 問題論文の取り扱い

不正の種類	JOGRの場合の制裁
Fabrication	2 years to life
Falsification	2 years to life
Plagiarism	2 years to life
Repetitive Publication	Up to 2 years
Obfuscation, submitted manuscript or published article	Letter of reprimand to the author cannot submit a manuscript to the Journal for up to two years
Manuscripts that violate international, national, or institutional rules of research involving human subjects, experimental animals, DNA, new drugs, and new devices or radioactive material	2 years to life
Human experimentation, including products of conception	2 years to life
Manuscripts and published articles for which the author failed to retain all the primary data and tissues	2 years to life
Specific inappropriate acts of authorship	Letter of reprimand to the author cannot submit a manuscript to the Journal for up to two years

## 問題論文の取り扱い

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- 3) 著者らが不正を認めない場合には編集委員会内にFormal Investigationをおこない不正を検証する。

## 問題論文の取り扱い

### Immediate Reject with Caution

#### 必要な引用はされているが、文章のオリジナリティーが低い場合

The Editorial Board has determined that your article relies too heavily on quoted material from previously published articles or sources and **does not include enough original content in order to satisfy the criteria for review and publication in our journal.**

#### あきらかに盗作と思われるケース（引用もされていない）場合

The Editorial Board has determined that **your article contains significant uncited overlap with material from previously published articles or sources** and therefore does not satisfy the criteria for review and publication in our journal.

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# 投稿

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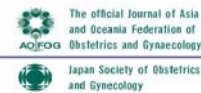
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1601 Confirm that the results of this manuscript have not been distorted by the research funding or conflicts of interest.

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# 投稿

各項目の確認や、各著者の論文での役割、全著者の署名を提出

The Journal of Obstetrics and Gynaecology Research  
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**Ethical approval of studies**

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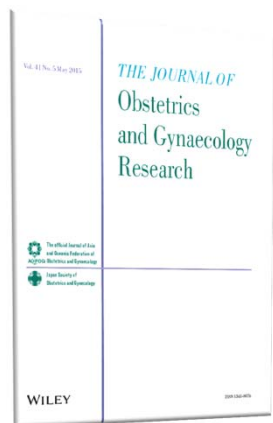
Institutional animal care and use committee approval-

In lieu of a formal ethics committee, the principles of the Helsinki Declaration were followed-

All human subjects provided written informed consent with guarantees of confidentiality-

2. Ethics board approval number is \_\_\_\_\_

3. Animal approved project number is \_\_\_\_\_



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