

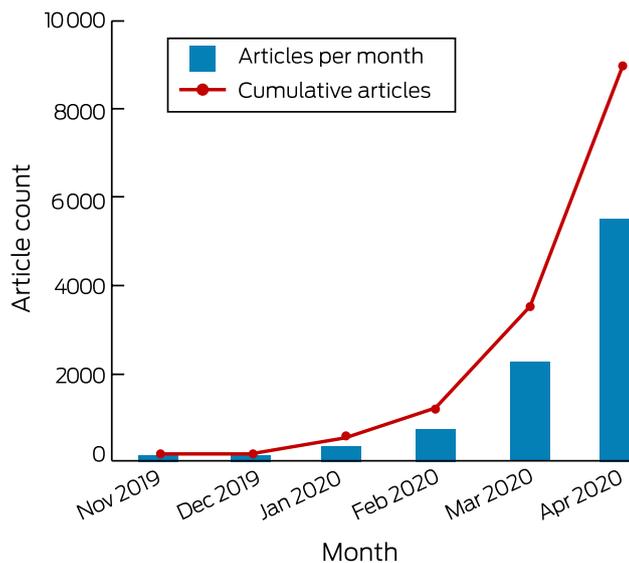
Rapid publishing in the era of coronavirus disease 2019 (COVID-19)

TO THE EDITOR: The advent of coronavirus disease 2019 (COVID-19) has generated an unparalleled level of interest from the medical and non-medical community. As clinician-scientists, we watch in astonishment at the exponential growth of academic publications in journals. In January 2020, PubMed saw a sharp rise in the number of publications related to COVID-19, which continues to grow (Box).

We could not help but wonder if this has generated a race to publish. Of course, publishing is crucial to help confront one of the most devastating global health issues of the century. However, it is well recognised that external pressures to publish can muddle the intrinsic pursuit for scientific curiosity and excellence,¹ and COVID-19 has certainly provided the incentive for many clinicians and scientists alike to seek rapid publication. This may, unfortunately, fuel competition in the research/publishing field, which was exemplified by the concerning lack of research collaborations when humans were faced with natural disasters,² including the 2003 severe acute respiratory syndrome coronavirus (SARS-CoV) outbreak.³

The urgent nature of this situation means a number of preliminary studies and publications on COVID-19 are fast-tracked through the peer review process — or not at all — in the hope of rapidly publicising important findings, opinions and experiences. However, hastily penned observations may mislead and

Monthly and cumulative published articles on coronavirus disease 2019 (COVID-19)*



* We conducted an online search in PubMed and included all articles with the terms "coronavirus", "COVID-19", "COVID" and/or "SARS-CoV-2". The information is correct as of 30 April 2020. ♦

do more harm than good. A recent non-peer-reviewed publication on a preprint server likening SARS-CoV-2 structurally to the human immunodeficiency virus (HIV) was quickly retracted after the scientific community highlighted serious flaws in the study.⁴ Furthermore, a preliminary study⁵ supporting the use of hydroxychloroquine as a COVID-19 treatment prompted a flurry of off-label use and media attention. The study was later criticised as being too small and biased, and provided insufficient evidence to recommend its use.⁶

In summary, rapid publishing allows extensive dissemination of knowledge and sharing of experiences; yet the astute clinician needs to keep an open mind and

analyse what is being published, for this cannot take the place of rigorous scientific evaluation and best clinical practice. This is a challenging time in the academic world and COVID-19 will, no doubt, test our abilities to untangle the vast range of literature available.

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