"Fake News" in the Rush to Inform on COVID-19: How Research Retractions Can Inform Best Practices for Real-World Data Quality and Reporting

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Abstract

Introduction: COVID-19 publications may represent the largest growth of scientific literature ever, with an estimated >~16-23,000 papers including >~6,000 preprints through April and projected to double every few weeks [1,2]. Unfortunately, this analysis proliferation in the advance of well-controlled trials includes high-profile COVID-19 manuscript retractions in the Lancet and NEJM (i.e., Surgisphere data concerns), which has the potential to erode trust in real-world data (RWD) [3,4].

Objectives: Study objectives were to: 1) analyze manuscript retractions with a focus on COVID-19 and 2) propose RWE best practices based on insights from these retractions.

Methods: Using the RetractionWatch® database, we described reasons for COVID-19 manuscript retractions [5]. Based on our assessment, we identified modifications to current practices that address retraction reasons, with a focus on transparency and data quality assessment using OHDSI tools.

Results: There were 22 retracted COVID-19 publications through June 23, 2020, with the most common retraction reasons relating to data and analysis issues (Table 1). For the symposium, COVID-19 retraction summaries will be updated with new retractions and in-depth assessment of RWD-related retractions.

Table 1. Characteristics of COVID-19 Retractions through June 23, 2020

Characteristic	N=22 R	etractions			
Time: Publication to Retraction (Days)		Descriptive Statistics			
Mean, Median Min, Max Total Non-Missing	19.8, 9 0, 92 21				
			Description of Retraction or Retraction Reason	Frequencies	
			(multiple responses allowed)	Count	Percent
Has a data issue*	7	32			
Has an analysis, result, or conclusion issue*	7	32			
Limited information available	7	32			
No notice of withdrawal	5	23			
Duplicate publication (in error)	3	14			
Authorship concerns	2	9			
Ethical concerns	1	5			
Status at Withdrawal	Count	Percent			
In press	2	9			
Not Prepared	1	5			
Preprint	8	36			
Published	11	50			
Country	Count	Percent			
China	8	36			
United States	6	27			
Others (twice: India, France; once: Bangladesh, Indonesia, Iran, S. Korea)	8	36			

Note: Percentages may not add to 100 for mutually exclusive categories due to rounding. *Issues for data includes concerns, reliability and errors. Issues for analysis, results, and conclusions include concerns and errors.

Generally, COVID-19 articles were reviewed, published, and retracted more quickly than historical retractions [6]. Information about some retractions was sparse. Best practices motivated by this retraction analysis include publicly-available documentation to achieve unambiguous reporting of data transformations, data quality assessment, analysis decisions, and programming code (Table 2). These practices allow for more thorough assessment of RWD quality and RWE validity.

Table 2. Documentation and Data Quality and Analysis Reporting Recommendations

Best Practice: Publicly available documentation	Source: Example	Source or Tool to Facilitate Implementation	
ETL Logic Documentation: available publicly or upon request by reviewers	https://ohdsi.github.io/ETL- LambdaBuilder/docs/Optum Cli nformatics	White Rabbit Rabbit in a Hat	
Local vocabulary mappings	https://github.com/OHDSI/ETL- LambdaBuilder/tree/master/do cs/Optum%20Clinformatics/Voc ab%20Updates	Usagi	
Data quality report	https://data.ohdsi.org/DataQua lityDashboard/	Data Quality Dashboard	
Metadata about the source made available to reviewers	Example: Count of persons removed from CDM Number Persons Reason Persons Pe	information about the bund	
Structured reporting of analysis decisions and diagnostics Pharmacoepidemiology analysis programming code posted or upon request by reviewers	https://www.tripod-statement.org/about/ https://data.ohdsi.org/OhdsiStudies	RECORD-PE checklist [7] STaRT-RWE template [8] Tripod statement (prediction models) Post to GitHub or provide to editor upon request	

Conclusions: Standards for RWD quality, analysis, and reporting exist [9-12], but amendments are critical as use of RWD grows substantially. Data use agreements and/or confidentiality considerations may impinge upon publicly available data and documentation; however, reviewers and journal editors must be provided with some minimal set of documentation to ascertain data provenance and quality for new sources. OHDSI tools and corresponding best practices will allow the opportunity for us to lead in both defining and applying best practices in RWD quality and analysis reporting.

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