## It's COVID o'clock

## Editor

COVID-19 pandemic is an unforeseen disaster, shaking health systems worldwide but is also an unforeseen opportunity to do research in all fields.

In addition to studies concerning the virologic and basic-science information on the coronavirus, there have been a plethora of clinical studies and case reports in the field of surgery because of the possible implications for patient management and the risk of infection<sup>1</sup>.

However one is taken aback when looking at the plethora of repetitive papers dealing with recommendations<sup>2</sup>, use of surgical equipment<sup>3</sup>, management of cancer patients and surgical training problems<sup>4</sup>.

A search on PubMed using the keyword *Covid-19* identifies about 27,500 papers published in around 3 months, 3,600 of which are related to surgery. Most of them are guidelines by surgical societies based on the epidemiologic data and on common sense and therefore all resembling each other.

An editorial published in JAMA<sup>5</sup>, underlies that 2/3 of submitted COVID19-related papers represent mere opinions. The pressure felt by the editors to publish time sensitive information brought changes to the editorial process, often skipping the expert reviewer evaluation with final decisions taken by the Editor-in-Chief.

It would be interesting to know the rejection rate of journals for COVID related peer reviewed articles.

Actually, the majority of peer reviewed studies dealing with COVID and surgery contain only retrospective information on how, rather predictably, the disease disrupted hospital activity and come to the same repetitive conclusions, without scientific impact representing an easy loophole for authors to improve their visibility.

It seems that, just like Alibaba and the forty thieves used the magic words "open sesame" to enter the treasure cave, in 2020 researchers worldwide are using" COVID-19" to crack into scientific journals.

Even this letter, with self-irony prevailing over self-righteous indignation, could be interpreted as an opportunistic attempt to score another publication.

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- Collaborative CO. Global guidance for surgical care during the COVID-19 pandemic. *Br J Surg* 2020; **107**: 1097–1103.
- 2 Welsh Surgical Research Initiative (WSRI) Collaborative. Surgery during the COVID-19 pandemic: operating room suggestions from an international Delphi process. *Br J Surg* 2020; **107**: 1450–1458.
- 3 Jessop ZM, Dobbs TD, Ali SR, Combellack E, Clancy R, Ibrahim N et al. Personal Protective Equipment (PPE) for Surgeons during COVID-19 Pandemic: A Systematic Review of Availability, Usage, and Rationing. Br J Surg 2020; https://doi.org/10.1002/ bjs.11750 [Epub ahead of print].
- 4 Khan S, Mian A. Medical education: COVID-19 and surgery. Br J Surg 2020; 107: e269.
- 5 Bauchner H, Fontanarosa PB, Golub RM. Editorial Evaluation and Peer Review During a Pandemic: How Journals Maintain Standards. *JAMA* 2020; **324**: 453–454.