“Publish or perish” is a mantra familiar to everyone touched by academic life. The degree to which professional viability depends on publishing may vary, but the kernel of truth in this expression often leads to the corollary that “more is better.” An emphasis on the number of publications as an indicator of productivity in academic promotion is one factor driving the rise of the LPU (least publishable unit), a euphemism for the smallest quantum of information required to generate a peer-reviewed publication. The LPU is a known entity not just with editors and peer reviewers, but also with readers, who take note when publications with thinly sliced, highly similar content reach the pages of the journals. With the goal of continually improving the impact of our journals as well as the quality of the reading experience, the editors of the Journal of Cataract & Refractive Surgery (JCRS) and the Journal of Refractive Surgery (JRS) draw attention to the problem in this joint editorial and offer suggestions to authors to enhance the impact of their work, improve the likelihood of publication, and avoid the perils of duplicative submissions.

At JCRS and JRS, we have become increasingly concerned about the number of submissions and published papers that overlap significantly in content, methods, clinical subjects, and, sometimes, even conclusions. While clarity and concision are important and sometimes dictate the need to address topics in separate papers, there are many more instances in which a more comprehensive presentation would be more meaningful and more efficient. Some examples of this tendency include separate publication of multiple measurement derivatives from the same device in a single case series (for example, Scheimpflug-derived anterior curvature, posterior curvature, and corneal thickness), separation of visual acuity and aberrometry data from the same interventional series, and separate noncomparative case series that could have been approached as comparative series to offer more insight into the relative advantages and disadvantages of surgical alternatives. Combining submissions into a single, more comprehensive paper usually requires only an incremental increase in page space and can greatly increase its clinical value and likelihood of being cited.

A number of potential consequences follow from attempts to publish multiple papers when one would suffice:

**Dilution of quality content.** “Content density” decreases across the publication domain when papers repeat large sections of the introduction, methods, and discussion without proportional increases in the amount of new information. Impact factors depend on frequency of citation as a function of page space, and this important metric for academic promotion will experience downward pressure as the ratio of new information to page space decreases. Ultimately, authors and journals will benefit more from maximizing the quality of a given paper than from pursuing the LPU approach.

**Loss of meaningful data comparisons** due to sequestration of data across multiple submissions. By spreading data across multiple submissions, authors lose the opportunity to draw more meaningful conclusions and explore associations between variables that are distributed across those papers. A recent series of submissions attempted to separate publication of visual function questionnaire results and refractive outcomes. This approach parses the information into less meaningful subunits and does not allow analysis of important drivers of visual outcome or patient satisfaction.

**Over-representation of results from the same patient series** in the literature. Multiple citations based on a single study population create a false sense of statistical independence that can introduce bias in perception and in meta-analyses.

**Cost.** The costs involved in bringing a paper from authorship to publication are considerable and have

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led to a growing tendency for journals to charge authors by the page. These costs argue for efficiency in publication when possible.

Reviewer fatigue. Excellent peer reviewers are a valuable, overworked, scarce resource. Dividing content between 2 papers when 1 is better doubles the draw on reviewer resources while offering diminishing returns in terms of impact.

Author fatigue. Most authors have clinical responsibilities, nonclinical academic and professional responsibilities, and personal and family commitments to balance. Writing 2 papers when 1 is better increases the writing and editing burden and requires time and resources that could have been dedicated to other projects and pursuits. Consequences of author fatigue include a decrease in quality of submissions and an increase in the number of manuscripts that are clearly not reviewed in detail by the listed senior author. As economic pressures increasingly come to bear on medicine, efficient use of academic time is more important than ever.

Author sanctions. While rejection continues to be the chief consequence for manuscripts that seek to manipulate the editorial process in pursuit of the LPU, published errata and article retractions are more serious and visible consequences for work that clearly violates the copyright transfer statement common to both journals, which states that “none of this work, in whole or in part, has been published or is being considered for publication elsewhere.”

Reader fatigue. The silent victims of the LPU are the readers, who are bombarded with unprecedented amounts of subspecialty information through an increasing variety of media channels. Reader fatigue can be reduced by increasing the density of content—placing interrelated study results together rather than splitting them across journals, emphasizing comparative effectiveness and meaningful relationship between concepts, and emphasizing novel research. Studies that more carefully develop these themes at the design stage will be more likely to pass the ever-important “so what?” threshold and make a more concentrated impact on the field.

To combat the LPU phenomenon, we encourage authors to highlight any potential overlap with current or prior manuscripts in the cover letter, where authors can clarify what information is unique to the current submission and offer any justification for separate publications. Further, if authors feel the need to divide a topic into more than 1 paper, we strongly encourage them to submit the papers to the same journal and/or alert the editors of the related publication so there are no surprises if or when the related publications reach press. Most authors do not deliberately practice the LPU approach, but the tendency to split related topics is a natural response to publication pressures and requires conscious effort to combat. We will increase our efforts at JCRS and JRS to foster a culture of selective, high-impact publication and believe that similar efforts by prospective authors will have a positive impact on the future of our subspecialty.

REFERENCES