

with dihydroartemisinin–piperaquine in a setting with high sulfadoxine–pyrimethamine resistance, including the A581G mutation, and lay a foundation to translate research into policy for the prevention of malaria in pregnancy. The road ahead is clear.

\*R Matthew Chico, William J Moss

London School of Hygiene & Tropical Medicine, London WC1E 7HT, UK (RMC); and Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA (WJM)  
matthew.chico@lshtm.ac.uk

We declare no competing interests.

- 1 Clerk CA, Bruce J, Affpunguh PK, et al. A randomized, controlled trial of intermittent preventive treatment with sulfadoxine-pyrimethamine, amodiaquine, or the combination in pregnant women in Ghana. *J Infect Dis* 2008; **198**: 1202–11.
- 2 Tagbor H, Bruce J, Agbo M, Greenwood B, Chandramohan D. Intermittent screening and treatment versus intermittent preventive treatment of malaria in pregnancy: a randomised controlled non-inferiority trial. *PLoS One* 2010; **5**: e14425.
- 3 Gonzalez R, Mombo-Ngoma G, Ouedraogo S, et al. Intermittent preventive treatment of malaria in pregnancy with mefloquine in HIV-negative women: a multicentre randomized controlled trial. *PLoS Med* 2014; **11**: e1001733.
- 4 WHO. A strategic framework for malaria prevention and control during pregnancy in the Africa region. Brazzaville: World Health Organization Regional Office for Africa, 2004.

- 5 Roper C, Pearce R, Bredenkamp B, et al. Antifolate antimalarial resistance in southeast Africa: a population-based analysis. *Lancet* 2003; **361**: 1174–81.
- 6 Kayentao K, Garner P, van Eijk AM, et al. Intermittent preventive therapy for malaria during pregnancy using 2 vs 3 or more doses of sulfadoxine-pyrimethamine and risk of low birth weight in Africa: systematic review and meta-analysis. *JAMA* 2013; **309**: 594–604.
- 7 Gutman J, Kalilani L, Taylor S, et al. The A581G mutation in the gene encoding *Plasmodium falciparum* dihydropteroate synthetase reduces the effectiveness of sulfadoxine-pyrimethamine preventive therapy in Malawian pregnant women. *J Infect Dis* 2015; **211**: 1997–2005.
- 8 Desai M, Gutman J, L'anziva A, et al. Intermittent screening and treatment or intermittent preventive treatment with sulphadoxine-pyrimethamine for the control of malaria during pregnancy in western Kenya: an open-label, three-group, randomised controlled superiority trial. *Lancet* 2015; published online Sept 29. [http://dx.doi.org/10.1016/S0140-6736\(15\)00310-4](http://dx.doi.org/10.1016/S0140-6736(15)00310-4).
- 9 Schurmann D, Bergmann F, Albrecht H, et al. Effectiveness of twice-weekly pyrimethamine-sulfadoxine as primary prophylaxis of *Pneumocystis carinii* pneumonia and toxoplasmic encephalitis in patients with advanced HIV infection. *Eur J Clin Microbiol Infect Dis* 2002; **21**: 353–61.
- 10 WHO. Guidelines on co-trimoxazole prophylaxis for HIV-related infections among children, adolescents and adults. Recommendations for a public health approach. Geneva: World Health Organization, 2006.
- 11 Bhattacharyya MN, Jones BM. Haemophilus vaginalis infection. Diagnosis and treatment. *J Reprod Med* 1980; **24**: 71–75.
- 12 Chico RM, Hack BB, Newport MJ, Ngulube E, Chandramohan D. On the pathway to better birth outcomes? A systematic review of azithromycin and curable sexually transmitted infections. *Expert Rev Anti Infect Ther* 2013; **11**: 1303–32.
- 13 Chico RM, Cano J, Ariti C, et al. Influence of malaria transmission intensity and the 581G mutation on the efficacy of intermittent preventive treatment in pregnancy: systematic review and meta-analysis. *Trop Med Int Health* 2015; published online Sept 1. DOI:10.1111/tmi.12595.

## Protocol review at *The Lancet*: 1997–2015

Stimulated by Muir Gray and others, critical appraisal of the scientific literature excited widespread interest in the 1990s. A natural extension of the critical examination of research papers was to question the quality of research protocols. In response to questions about the peer-review process for research grants, and concern about whether the process discouraged innovation,<sup>1</sup> *The Lancet* was asked to consider publishing protocols. We did this, in an abridged form, from January, 1997.<sup>2</sup> Our decision was based on a desire to get closer to authors, accelerate time to publication, and to reduce bias against well-designed and adequately powered randomised controlled trials of important questions that showed no difference in outcomes.

Since that time, *The Lancet* has accepted 148 protocol summaries,<sup>3</sup> and published several of the primary manuscripts from those studies that are completed. The process has been valuable in enabling editors to work more closely with researchers and to gain greater appreciation of the research process; while at the same

time helping researchers avoid common pitfalls that might compromise a manuscript's ease of publication.

Protocol review was only one of many responses championed by funders, investigators, regulators, and editors during the past two decades that showed the desire for greater rigour and transparency in research. Others include trial registration, publication of protocols, reporting guidelines, and clearer standards for protocol design.

Our original goals for protocol review of understanding the needs of researchers better, innovating faster ways to publish, and being sensitive to potential bias in decision making, remain important and continue to guide our evolution across *The Lancet* family of journals. These goals rightly find expression in new developments, such as 10+10 for rapid publication of trials<sup>4</sup> and the REWARD campaign (REduce research WAstE and Reward Diligence).<sup>5</sup> As they do, it is important to re-evaluate existing projects, such as protocol review. Having done so, and noted greater appreciation for the importance of protocols, study registration, and

the widespread availability of publication for protocols, our conclusion is that *The Lancet's* protocol review service has served its purpose. Therefore, we will cease to accept submissions for protocol review after Dec 31, 2015. All protocols received on or before that date will be considered and our commitments to the authors of protocols that we accept will be honoured. The editors continue to welcome the inclusion of a protocol for all research submissions and to require them for randomised trials. Furthermore, we encourage authors of accepted research papers of any design to post a copy of the full protocol on their institutional website so that *The Lancet* can publish a link to it.<sup>6</sup> In this way, protocol review can be open to all readers.

#### *The Editors of The Lancet*

*The Lancet*, London EC2Y 5AS, UK

- 1 Horton R. Luck, lotteries, and loopholes of grant review. *Lancet* 1996, **348**: 1255–56.
- 2 Horton R. Pardonable revisions and protocol reviews. *Lancet* 1997, **349**: 6.
- 3 The Lancet. Accepted protocol summaries. <http://www.thelancet.com/protocol-reviews-list> (accessed Nov 21, 2015).
- 4 The Lancet. 10+10: Rapid decisions and fast track publication for RCTs. *Lancet* 2015; **385**: 578.
- 5 The Lancet. Rewarding true inquiry and diligence in research. *Lancet* 2015; **385**: 2121.
- 6 Summerskill W, Collingridge D, Frankish H. Protocols, probity, and publication. *Lancet* 2009; **373**: 992.

## Wakley Prize 2015: a lesson in medical humanism

In July we invited readers to enter the 2015 Wakley Prize. It was a pleasure to read the varied selection of submissions, which included essays about challenging encounters with patients, struggles in clinical practice, the social and political context of health, and individual experiences of illness. The editorial team selected "Lifelines" by Claude Matuchansky<sup>1</sup> as the winning essay.

Matuchansky is Professor Emeritus of Medicine from the Lariboisière-St Louis Faculty of Medicine at Paris Diderot University in France. In the course of his long career, he has focused on clinical gastroenterology and nutritional support, particularly on extended parenteral nutrition and intestinal transplantation in patients with absent or very short bowel. In his poignant essay, he writes about one such patient, Martin, "the patient who marked me most profoundly".

When asked about the motivation for writing this essay Matuchansky told *The Lancet*: "The inspiration for my essay comes from my prolonged and daily

clinical experience at the bedside and (which could seem curious) a growing modesty that has accumulated over the years. From the height of our caregiver status clinicians often feel that, through compassion and empathy, we know all that we need to know about the patients. However, can we be sure to provide complete, holistic care whilst still being empathic, compassionate, and respecting the privacy that the patients wish to retain? We never know all matter of things. That's why we progress."

It was not through the clinical care he provided but rather by finding out what mattered most to Martin that Matuchansky learned a "lesson in medical humanism". We hope you enjoy reading this beautiful essay to find out what that was.

*Joanna Palmer, Philippa Berman, Priya Venkatesan*  
*The Lancet*, London EC2Y 5AS, UK

- 1 Matuchansky C. Lifelines. *Lancet* 2015; **386**: 2539–40.



Claude Matuchansky

See [Wakley Prize Essay](#) page 2539