

Fabricated studies in women's health: disconcerting experience from a whistleblower

Ben W Mol MD, PhD.



Background

- I have written to editors and publishers about >900 articles in women's health.
- Concerns included implausible time-lines and effect-sizes, discrepancies between publication and trial-registration, data-copying from other articles, plagiarism and wrong statistics.
- 226/262 (86%) of cases were Retraction or Expression of Concern
- For time reasons, I will not discuss the content of the cases, but just process
- The formal response numbers are reported to this meeting as abstract OP20.3 (Tuesday 4pm Banqueting Hall).

Editors copied me in while writing to authors,
suggested a letter-to-the-editor, named me in
the retraction message or published my name in
an editorial.



Contents lists available at ScienceDirect

European Journal of Obstetrics & Gynecology and Reproductive Biology

journal homepage: www.elsevier.com/locate/ejogrb

An investigation of seven other publications by the first author of a retracted paper due to doubts about data integrity

38.3 ± 1.8 • 37 ± 2.2

3212 ± 547 • 3115 ± 659 •

9.2 ± 0.89 • 8.93 ± 0.72 •

9.86 ± 0.41 • 9.76 ± 0.36 •

	Combination group (n = 53)	Placebo group (n = 50)
	45/53 (84.9)*	24/50 (48)*
	34/40 (85)*	13/36 (36.1)*
	37 ± 2.2	37.1 ± 2.4
	3115 ± 659 •	3090 ± 715
APGAR scores		
1 min	9.2 ± 0.89 •	8.93 ± 0.72 •
5 min	9.86 ± 0.41 •	9.76 ± 0.36 •
SVD (%)	30 (65)	32 (71.1)
EGA at SVD (weeks)	38.1 ± 2.1	36.8 ± 2.3
No. of cesarean sections (%)	16 (35)	7 (36.8)
EGA at CS (weeks, mean ± SD)	38.6 ± 1.9	37.9 ± 1.5

EGA Estimated gestational age,
SVD Spontaneous vaginal deliveries,
CS Cesarean sections
* Differences were significant at
 $P < 0.05$

Fawzy 2008 Arch Gynecol Obstet

Table 3
Outcomes.^a

Outcome			
	38.3 ± 1.8 •	34.2 ± 1.2	
	3212 ± 547 •	2505 ± 659 •	
Clinical pregnancy			
<6 mo	9.20 ± 0.89 •	8.93 ± 0.72 •	
6–12 mo			
Spontaneous abortions	9.86 ± 0.41 •	9.76 ± 0.36 •	
Duration of pregnancy at the time of spontaneous abortion	10.5 ± 2.5	10.2 ± 2.5	<0.001
Live births			
Among patients with primary spontaneous abortions	67 (74)	59 (66)	0.25
Duration of pregnancy at the time of delivery among live births, wk	35/51 (69)	30/48 (63)	0.53
Duration of pregnancy at the time of delivery among live births, wk	38.3 ± 1.8 •	34.2 ± 1.2	<0.001
Birth weight, g	3212 ± 547 •	2505 ± 659 •	<0.001
Apgar score			
1 min	9.20 ± 0.89 •	8.93 ± 0.72 •	0.026
5 min	9.86 ± 0.41 •	9.76 ± 0.36 •	0.083

^a Values given as number (percentage), mean ± SD, or number/number of patients with primary spontaneous abortions (percentage), unless indicated otherwise.

Ismail 2016a Int J Gynaecol Obstet

EXPRESSION OF CONCERN

Expression of Concern

Ismail AM, Hamed AH, Saso S, Abu-Elhasan AM, Abu-Elghar MM, Al-Hajj Ali N, El-Tatongy M, El-Refaiey AA, Mosbah A. Treatment options and pregnancy outcome in women with idiopathic recurrent miscarriage: a randomized placebo-controlled study. *Arch Gynecol Obstet*. 2008;278(1):33-38. doi:10.1007/s00132-007-0004-2. PMID: 18251232. [10.1016/j.ijgo.2015.09.004](https://doi.org/10.1016/j.ijgo.2015.09.004).

This Expression of Concern is for the above article, published online 15 September 2015. The article has been published by agreement between the journal Editor-in-Chief and the authors. The Editor-in-Chief was made aware of concerns regarding the integrity of the data underlying this research and identical observations between this article and two others.^{1,2} The authors and Assiut University responded to the concerns raised and Assiut University conducted a full review of the raw data, randomization process, study design and authorship. Assiut University found that the data correlates with the results and any similarities with other studies is mostly due to chance. However, the authors were unable to fully address concerns regarding randomization of the data, inclusion criteria and discrepancies between the trial registration record and the reported outcomes. Given this, the journal has concerns regarding the integrity of the research and has decided to issue this Expression of Concern.

Assiut University found that the data correlates with the results and any similarities with other studies is mostly due to chance.

REFERENCES

1. Fawzy M, Shokeir T, El-Tatongy M, Warda O, El-Refaiey AA, Mosbah A. Treatment options and pregnancy outcome in women with idiopathic recurrent miscarriage: a randomized placebo-controlled study. *Arch Gynecol Obstet*. 2008;278(1):33-38.
2. Ismail AM, Abbas AM, Ali MK, Amin AF. Peri-conceptual progesterone treatment in women with unexplained recurrent miscarriage: a randomized double-blind placebo-controlled trial. *J Maternal-Fetal Neonatal Med*. 2017;31(1):388-394.

EXPRESSION OF CONCERN

Expression of Concern

Ismail AM, Hamed AH, Saso S, Abu-Elhasan AM. Boprophylaxis among patients with recurrent Feb;132(2):219–23. [10.1016/j.ijgo.2015.09.004](https://doi.org/10.1016/j.ijgo.2015.09.004)

This Expression of Concern is for the above article which has been published by agreement between the authors and the journal. The authors have been made aware of concerns regarding the integrity of the study and the randomization process, study design and authorship. The authors and Assiut University responded to the concerns raised. However, the authors' response is mostly due to chance. However, the journal has decided to retract the article as the integrity of the research and has decided to

REFERENCES

1. Fawzy M, Shokeir T, El-Tatongy M, Warda C. Recurrent miscarriage: a randomized placebo-controlled trial. *J Obstet Gynaecol*. 2015;132(2):219–23.
2. Ismail AM, Abbas AM, Ali MK, Amin AF. Perinatal outcomes in a randomized double-blind placebo-controlled trial. *J Obstet Gynaecol*. 2015;132(2):219–23.

First published online: 7 June 2022

DOI: 10.1002/ijgo.14281

RETRACTION

Ismail AM, Hamed AH, Saso S, Abu-Elhasan AM, Abu-Elghar MM, Abdelmeged AN. Randomized controlled study of pre-conception thromboprophylaxis among patients with recurrent spontaneous abortion related to antiphospholipid syndrome. *Int J Gynecol Obstet*. 2016 Feb;132(2):219–23. [10.1016/j.ijgo.2015.09.004](https://doi.org/10.1016/j.ijgo.2015.09.004).

This Retraction is for the above article, published online on 02 December 2015 in Wiley Online Library (wileyonlinelibrary.com), and has been published by agreement between the journal Editor-in-Chief, Prof. Michael Geary, and John Wiley & Sons Limited. Following the publication of an Expression of Concern in November 2021,¹ the journal was made aware of further concerns raised in letters to the editor from Prof. Ben Mol, and subsequently a group of 25 international experts in obstetrics and gynecology. The authors of the letters pointed to the similarity of data in the article by Ismail et al. and two other previously published studies,^{2,3} involving multiple identical data values.

Ismail et al. and the institution where the research was conducted, Assiut University, responded to the concerns raised, but were unable to address questions regarding identical data values, randomization of the data, inclusion criteria and discrepancies between the trial registration record and the reported outcomes to the Editor-in-Chief's satisfaction.

Following review by the journal's Research Integrity Editor, further concerns were also raised regarding: the degree of difference between intervention and control groups in duration of pregnancy among those with live births, which was not addressed in the Discussion and the lack

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Editorial Board

Tovah Honor Aronin, Ph.D. – Senior Editor, BMC series

practices in health care.

Tovah Honor Aronin has been an Editor for BMC since 2016 and has been working on *BMC Pregnancy and Childbirth* since 2017. Before moving into publishing, Tovah received her Ph.D. from Johns Hopkins University Baltimore, USA, where she studied calcium signaling in yeast, developing a novel microscopy probe for real-time measurement of calcineurin activity. An early fascination with Punnett squares led to a focus on genetics, which then broadened into an interest in the communication and application of scientific research across disciplines. Tovah is an editor for the [BMC series blog](#) and is interested in promoting best

Corrections

CORRECTION

Open Access



Correction: Antenatal cervical length measurement as a predictor of successful vaginal birth

Omima T. Taha*, Mohamed Elprince, Khaled A. Atwa, Asmaa M. Elgedawy, Amal A. Ahmed and Rasha E. Khamees

Correction: BMC Pregnancy Childbirth 20, 191 (2020)
<https://doi.org/10.1186/s12884-020-02878-z>

Following publication of the original article [1], the following corrections should be made:

The first paragraph of the results should read:

A total of 162 patients [66 (40.7%) nulliparous and 96 (59.3%) multiparous women] were recruited (Table 1). Some of them had pregnancy-induced disorders as gestational diabetes (1/66 in nulliparous and 5/96 in multiparous women) and gestational hypertension (4/66 in nulliparous and 2/96 in multiparous women).

In Table 1, the mean cervical length measurement for multiparous women was incorrect. The corrected Table 1:

The third paragraph of the results should be replaced with the following:

There were significant associations between cervical length and both onset of labor and mode of delivery in nulli- and multi-parous women (Chi-squared test p-value < 0.001 for all).

Table 3 shows that there was a statistically significant weak positive correlation between cervical length and gestational age at delivery in nulli-parous women.

Published online: 23 November 2022

Table 1 Demographic data (162 patients)

	Nulli-parous 66/162 (40.7%)	Multi-parous 96/162 (59.3%)	p-value
Age (years) Mean ± SD)	25 ± 3.6	28.8 ± 4.1	< 0.001
Weight (kg/m ²) Mean ± SD)	27.5 ± 2.3	29 ± 3.4	0.04
Marital status (N %)			0.01
None	0 (0%)	6 (6.2%)	
Middle	12 (18.2%)	30 (31.3%)	
High	54 (81.8%)	60 (62.5%)	
Cervical length (mm)			
Mean ± SD)	43.3 ± 9.6	40.2 ± 6.7	0.50
Median	43.0	42.0	0.96

The original article can be found online at <https://doi.org/10.1186/s12884-020-02878-z>.

*Correspondence: omimatharwat@yahoo.com

Department of Obstetrics and Gynecology, Faculty of Medicine, Suez Canal University, Round Road, Ismailia 41111, Egypt

Reference

1. Taha OT, Elprince M, Atwa KA, et al. Antenatal cervical length measurement as a predictor of successful vaginal birth. *BMC Pregnancy Childbirth*. 2020;20:191. <https://doi.org/10.1186/s12884-020-02878-z>.

Corrections BMC pregnancy childbirth

1. [Nutrition and diet myths, knowledge and practice during pregnancy and lactation among a sample of Egyptian pregnant women: a cross-sectional study.](#)

Abdalla M, Zein MM, Sherif A, Essam B, Mahmoud H.

BMC Pregnancy Childbirth. 2024 Feb 16;24(1):140. doi: 10.1186/s12884-024-06331-3.

PMID: 38365622 **Free PMC article.**

2 retractions

2. [Correction: Antenatal cervical length measurement as a predictor of successful vaginal birth.](#)

Taha OT, Elprince M, Atwa KA, Elgedawy AM, Ahmed AA, Khamees RE.

BMC Pregnancy Childbirth. 2022 Nov 23;22(1):871. doi: 10.1186/s12884-022-05192-y.

36419028 **Free PMC article.** No abstract available.



[Correction: Safety and efficacy of preoperative tranexamic acid in reducing intraoperative and postoperative blood loss in high-risk women undergoing cesarean delivery: a randomized controlled trial.](#)

Shalaby MA, Maged AM, Al-Asmar A, El Mahy M, Al-Mohamady M, Rund NMA.

BMC Pregnancy Childbirth. 2022 Nov 7;22(1):823. doi: 10.1186/s12884-022-05102-2.

PMID: 36344921 **Free PMC article.** No abstract available.



18 retractions

Author with retracted paper

Ashraf Nabhan - Ain Shams University, Egypt



Ashraf Nabhan is a Professor of Obstetrics and Gynecology at Ain Shams University, Egypt. He is a consultant of Obstetrics and Gynecology at the University Hospitals. His university hospital is one of the largest maternity hospitals in the Middle East and Africa with more than 16,500 births per annum. Nabhan's areas of interest, where he published extensively, include high risk pregnancy and operative obstetrics. He is a world expert in synthesized evidence and in developing evidence-based clinical practice guidelines.

Among many credentials, He is the founder and director of Egyptian Center of Evidence Based Medicine (ECEBM), renowned as a national and regional center of excellence in Evidence Based Healthcare. His center is a member of Global Evidence Synthesis Initiative (GESI) network and The Partnership for Reproductive, Maternal, Newborn, Child & Adolescent Health (PMNCH). His center produces

! **Retracted article**
See the [retraction notice](#)

Randomized Controlled Trial **6.1** > [Hum Reprod.](#) 2006 May;21(5):1320-4.
doi: 10.1093/humrep/dei487. Epub 2006 Jan 12.

A randomized clinical trial of the effects of isosorbide mononitrate on bone formation and resorption in post-menopausal women: a pilot study

[Ashraf F I Nabhan](#) ¹

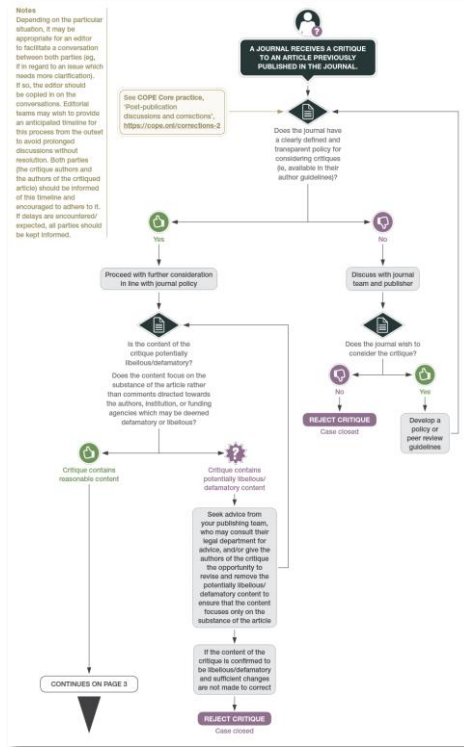
! **Retracted article**
See the [retraction notice](#)

Randomized Controlled Trial **3.8** > [Int J Gynaecol Obstet.](#) 2008 Dec;103(3):213-6.
doi: 10.1016/j.ijgo.2008.07.011. Epub 2008 Sep 21.

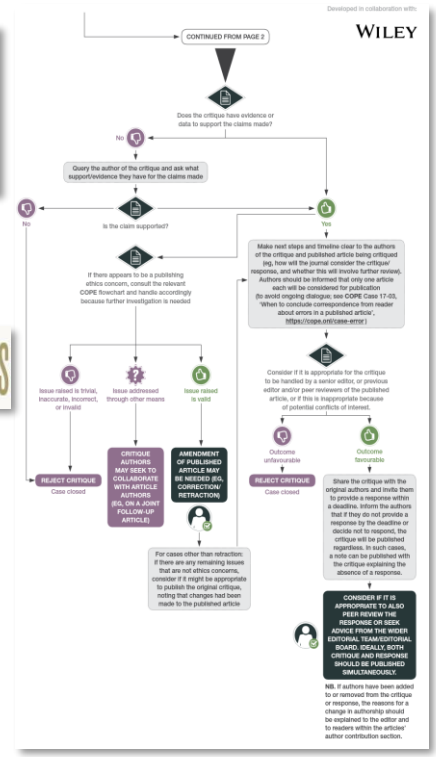
Isosorbide mononitrate versus alendronate for postmenopausal osteoporosis

[Ashraf F Nabhan](#) ¹, [Noha H Rabie](#)

COPE relies on the institute of the problematic authors



HANDLING OF POST-PUBLICATION CRITIQUES





Authors: Kelly X Zhou¹, Tim Skern², Gideon Meyerowitz-Katz², Ben W Mol^{1, 3, 4}

Name of the author	E-mail ID
Miss Kelly X Zhou ¹	kelly.zhou@monash.edu
Dr Gideon Meyerowitz-Katz ²	gideon.meyerowitzkatz@health.nsw.gov.au
Professor Ben W Mol ^{1, 3, 4} <i>Corresponding author</i>	ben.mol@monash.edu

Sheta2016 Table 1

Table 1. Clinical and laboratory data of the patients

	TACE	TACE and RFA	TACE and MWA
Albumin (g/dl)			
Before	3.27 ± 0.16	3.40 ± 0.16	3.52 ± 0.33
After	3.18 ± 0.27	3.32 ± 0.25	3.33 ± 0.52
F-test	1.478	1.302	0.951
P-value	0.232	0.261	0.342
Bilirubin (mg/dl)			
Before	1.41 ± 0.26	1.22 ± 0.07	1.27 ± 0.20
After	1.86 ± 0.89	1.50 ± 0.76	1.64 ± 0.57
F-test	4.586		
P-value	0.039*		
INR			
Before	1.21 ± 0.10		
After	1.28 ± 0.09		
F-test	7.334		
P-value	0.025*		
AFP (ng/ml)			
Before	2735.3 ± 1061.4	2811.0 ± 1061.4	2811.0 ± 1061.4
After	1466.50 ± 1136.74	1466.50 ± 1136.74	1466.50 ± 1136.74
F-test	5.427		
P-value	0.001*		
AST (U/l)			
Before	40.5 ± 11.93		
After	53.4 ± 10.8		
F-test	1.155		
P-value	≤ 0.01*		
ALT (U/l)			
Before	32.8 ± 9.06		
After	45.4 ± 14.9		
F-test	1.651		
P-value	≤ 0.01*		

*indicates statistical significance (P<0.05).

Group Name	N (count)
Group 1	10
Group 2	10

Source of Variation	Sum of Squares	d.f.	Variance	F	P
Between Groups:	387.2000	1	387.2000	1.5314	0.2318
Within Groups:	1998.8000	18	111.0444		
Total:	2386.0000	19			

Elfert2016a Table 1

Table 1. Patient baseline characteristics

Parameters	Baclofen (n = 50)	Placebo (n = 50)	P-value
Age [mean (SD)] (years)	51.59 ± 7.26	53.47 ± 8.22	0.268 0.2284
Sex (male) [n (%)]	28 (56)	24 (48)	0.958
Serum albumin (g/dl)	3.03 ± 0.58	3.15 ± 0.57	0.175 0.2993
Total bilirubin (mg/dl)	2.18 ± 1.33	2.03 ± 0.98	0.896 0.5224
Serum creatinine (mg/dl)	1.05 ± 0.20	1.00 ± 0.18	0.248 0.1919
INR	1.46 ± 0.31	1.54 ± 0.28	0.175 0.1788
Child-Pugh score	7.01 ± 1.56	6.94 ± 1.62	0.260 0.8263
Mean arterial pressure	90.34 ± 8.87	91.32 ± 9.76	0.614 0.1788
Serum calcium (mg/dl)	8.81 ± 0.35	9.0 ± 0.6	0.160 0.0560
Serum sodium (meq/l)	136 ± 2.29	137 ± 1.4	0.121 0.0038

Table 2. Serum level of α-fetoprotein before and after transarterial chemoembolization within 1 and 3 months

	Group I (mean ± SD)	Group II (mean ± SD)	t	P-value
Before TACE	1013.250 ± 422.021	415.650 ± 76.050	1.564	0.129
1 month after TACE	333.158 ± 120.066	88.000 ± 36.310	2.028	0.05*
3 months after TACE	90.389 ± 37.335	33.737 ± 14.050	1.346	0.002*

*indicates statistical significance. TACE, transarterial chemoembolization.

AbdElsalam2019a

Table 4. Comparison between the placebo group and the drug group in muscle cramp characteristics 1 month after treatment

	Placebo (n = 50) [mean ± SD (median)]	Drug (n = 50) [mean ± SD (median)]	P value
Days until relief	11.66 ± 8.25 (9.00)	3.80 ± 1.61 (3.00)	< 0.001
Number of muscle cramps/week	9 ± 4 (10.0)	0.5 ± 1 (0.0)	< 0.001
Duration	3.90 ± 1.15 (4.0)	0.71 ± 1.06 (0.0)	< 0.001

Table 2. Serum level of α-fetoprotein before and after transarterial chemoembolization within 1 and 3 months

	Group I (mean ± SD)	Group II (mean ± SD)	t	P-value
Before TACE	1013.250 ± 422.021	415.650 ± 76.050	1.564	0.129
1 month after TACE	333.158 ± 120.066	88.000 ± 36.310	2.028	0.05*
3 months after TACE	90.389 ± 37.335	33.737 ± 14.050	1.346	0.002*

*indicates statistical significance. TACE, transarterial chemoembolization.

AbdElsalam2019a

Table 3. Laboratory investigations in the two groups

	Placebo (n = 50) (mean ± SD)	Drug (n = 50) (mean ± SD)	P value
Bilirubin	2.86 ± 1.63	3.12 ± 2.78	0.56
Albumin	2.02 ± 0.40	2.14 ± 0.41	0.14
PT	70.40 ± 14.31	68.92 ± 16.82	0.63
Na	130.86 ± 3.32	131.68 ± 3.81	0.25
K	3.94 ± 0.35	4.10 ± 0.74	0.17
Ca	10.27 ± 1.79	10.77 ± 1.81	0.16

Ca, calcium; K, potassium; Na, sodium; PT, prothrombin time.

AbdElsalam2020b

Table 5. Muscle cramps frequency and severity in the placebo and drug groups after 1 month of treatment, and side effects in both groups

	Placebo (n = 62); mean ± SD; median	Drug (n = 62); mean ± SD; median
Relieved after	11.66 ± 8.18 9.00	3.08 ± 1.30 3.0
No./w (frequency)	11.19 ± 2.54 11.0	0.91 ± 1.00 1.00
Duration	3.90 ± 1.14 4.0	1.86 ± 2.05 0.50
Pain score	7.24 ± 1.63 7.50	3.27 ± 3.00 3.00

Table 1. Patient baseline characteristics

Parameter	Placebo (n = 50)	Drug (n = 50)	F	p
Age (mean ± SD) (years)	51.59 ± 7.26	53.47 ± 8.22	2.4092	0.1380
Sex (male/f) (%)	28 (56)	24 (48)		
Albumin (g/dl)	3.03 ± 0.58	3.15 ± 0.57	0.175	0.2993
Total bilirubin (mg/dl)	2.18 ± 1.33	2.03 ± 0.98	0.896	0.5224
INR	1.21 ± 0.10	1.21 ± 0.07	0.0049	0.0000
AST (U/l)	40.5 ± 11.93	39.9 ± 14.08	0.971	0.3289
ALT (U/l)	32.8 ± 9.06	31.55 ± 10.86	1.453	0.2330

AbdElsalam2020b

Table 3. Baseline laboratory investigations in both groups

	Placebo (n = 62); mean ± SD	Drug (n = 62); mean ± SD
Bilirubin	2.26 ± 1.62	2.04 ± 1.51
Albumin	3.30 ± 0.49	3.40 ± 0.54
PT	75.40 ± 14.19	79.51 ± 18.48
Na	130.86 ± 4.29	133.62 ± 17.77
K	4.22 ± 0.35	4.38 ± 0.61
Ca	9.65 ± 2.32	9.91 ± 1.43



statistical significance (P<0.05).

Source of Variation	Sum of Squares	d.f.	Variance	F	p
Between Groups:	387.2000	1	387.2000	1.5314	0.2318
Within Groups:	4551.2424	18	252.8468		
Total:	4938.4424	19			

NOT STATISTICALLY SIGNIFICANT

Source of Variation	Sum of Squares	d.f.	Variance	F	p
Between Groups:	336.2000	1	336.2000	2.4092	0.1380
Within Groups:	2511.9189	18	139.5511		
Total:	2848.1189	19			

NOT STATISTICALLY SIGNIFICANT

90.34 ± 8.87	91.32 ± 9.76	0.614	0.1788
8.81 ± 0.35	9.0 ± 0.6	0.160	0.0560
136 ± 2.29	137 ± 1.4	0.121	0.0098
3.96 ± 0.22	4 ± 0.51	0.367	0.6117
29 (58)	26 (52)		0.974
45 (90)	41 (82)		0.856
11 (22)	8 (16)		0.965

Dear Ben

The concerns you raised with the Editor were put to the lead author and the reply was subsequently sent to the Quality Assurance Unit, Faculty of Medicine, Tanta University (Quality.assuranceunit@med.tanta.edu.eg) and the Dean of the Faculty with a request for investigation in line with COPE (<https://publicationethics.org>) guidelines. Other than errors in the number of patients recorded in Table 1 and 6 of EJGH 2020, 32:1042-1045 to be covered in an erratum, the Quality Assurance Unit concluded they do not have any concerns about the articles and the authors, and that the authors followed institutional protocol and guidelines, and is work they have already checked. The Quality Assurance Unit at the Faculty of Medicine have indicated their willingness to investigate any proven issues around these articles.

Regards

Phil



The Retraction Watch Database

Author(s): Abd-Elsalam, Sherief

Retraction or Other Notices

Project(s)/Journal --- Publisher/Affiliation(s)/Retraction

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Senior Lead Publisher, Medical Journals
Health Learning, Research & Practice

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Canary Wharf
London E14 5RE, UK



Dear Ben

The Retraction Watch Database

the Quality Assurance Unit, Faculty of Medicine, Tanta University (Quality.assuranceunit@med.tanta.edu.eg) and the Dean of the Faculty with a request for investigation in line with COPE (<https://publicationethics.org>) guidelines. Other than errors in the number of patients recorded in Table 1 and 6 of EJGH 2020, 32:1042-1045 to be covered in an erratum, the Quality Assurance Unit concluded they do not have any concerns about the articles and the authors,

Regards

Phil



European Journal of
**Gastroenterology
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None of the cases flagged in institutes in
Canada, China, Egypt, Iran, India,
United Kingdom and Italy resulted
in a serious investigation.

N-acetyl-cysteine is a novel adjuvant to clomiphene citrate in clomiphene citrate-resistant patients with polycystic ovary syndrome

Ahmed Y. Rizk, M.D.,^a Mohamed A. Bedaiwy, M.D.,^b and Hesham G. Al-Inany, M.D.^c

^aDepartment of Obstetrics and Gynecology, Benha University, Benha; ^bDepartment of Obstetrics and Gynecology Assiut School of Medicine, Assiut; and ^cDepartment of Obstetrics and Gynecology, Cairo University, Cairo, Egypt

The effectiveness of clomiphene citrate in LH surge suppression in women undergoing IUI: a randomized controlled trial

Hesham Al-Inany, M.D., Ph.D.,^a Hamdy Azab, M.D.,^a Waleed El-Khayat, M.D.,^a Adel Nada, M.D.,^a Eman El-Khattan, M.D.,^a and Ahmed M. Abou-Setta, M.D., Ph.D.^b

^a Department of Obstetrics and Gynecology, Cairo University, Cairo, Egypt; and ^bAlberta Research Centre for Health Evidence, University of Alberta, Edmonton, Alberta, Canada

Ahmed M. Abou-Setta, M.D., Ph.D.^b

^bAlberta Research Centre for Health Evidence, University of Alberta, Edmonton, Alberta, Canada

TABLE 1 Basic characteristics of the study population.

Variable	Group I (n = 115)	Group II (n = 115)	P value
Age (y)	27.3 ± 4.7	28.4 ± 2.7	NS
Duration of infertility (y)	3.1 ± 1.9	2.4 ± 1.6	NS
Cause of infertility			
Unexplained infertility	61 (53%)	58 (50.4%)	NS
Mild male factor	54 (47%)	57 (49.6%)	NS
Body mass index (kg/m ²)	28.5 ± 1.6	28.1 ± 3.1	NS

P=0.0306
P=0.0028

TABLE 2 Cycle characteristics.

Variable	Group I (n = 115)	Group II (n = 115)	P value
No. of canceled cycles	5/110	8/107	NS
Inadequate response	4/5	6/8	NS
Hyperresponse	1/5	2/8	NS
Basal LH (mIU/mL)	6.4 ± 2.2	5.8 ± 2.4	NS
Basal FSH (mIU/mL)	6.7 ± 2.5	7.2 ± 4.8	NS
Days of stimulation	7.2 ± 1.8	8.1 ± 1.3	NS
E ₂ at time of hCG (pg/mL)	360.3 ± 162.9	280 ± 110.0	<.05
LH on day of hCG (mIU/mL) for cases with	7.3 ± 1.8	7.8 ± 2.2	NS

P=0.0493

0.033

TABLE 1

Comparison of the baseline features and clinical outcomes of the two treatment groups.

Variable	Group I (n = 75)	Group II (n = 75)	P value
Age (y)	28.9 ± 4.7	28.4 ± 5.7	NS
Duration of infertility (years)	5.0 ± 2.9	4.4 ± 2.6	NS
Wt (kg)	101.3 ± 12.4	99.2 ± 12.3	NS
Height (m)	164.1 ± 5.31	162.5 ± 5.7	NS
BMI	30.5 ± 2.6	30.1 ± 3.1	NS
Waist/hip ratio	0.86 ± 0.05	0.87 ± 0.08	NS
LH (IU/mL)	10.4 ± 2.2	10.8 ± 2.4	NS
FSH (IU/mL)	4.7 ± 2.5	5.2 ± 4.8	NS
LH/FSH ratio	2.2	2.1	NS
Fasting insulin (U/mL)	18.8 ± 4.7	17.2 ± 4.4	NS
Fasting glucose (mg/dL)	81.9 ± 12.6	85.9 ± 14.1	NS
E ₂ at time of hCG (pg/mL)	360.3 ± 367.9	120 ± 10.0	.0007
Ovulation rate	49.3%	1.3%	<.0001
Follicles >18 mm	2.4 ± 0.97	0.01 ± 0.11 ^a	<.0001
Progesterone	6.87 ± 5.6	1.8 ± 2.2	<.0001
Endometrial thickness (mm)	5.9 ± 0.7	4.9 ± 1.9	NS
Pregnancy	1/5	0	.00006

^aOnly one follicle was shown to be more than 18 mm in one patient.

Rizk. Use of N-acetyl cysteine in patients with PCOS. Fertil Steril 2005.

With the journal since November 2022

From: Lawrence Richer <lricher@ualberta.ca>

Date: Tuesday, 4 April 2023 at 2:37 am

To: Ben Mol <ben.mol@monash.edu>

Subject: Re: STRICTLY CONFIDENTIAL: Concern about work from Dr. Abou-Setta

Dr. Mol

I am following up on your last email about Dr. Abou-Setta. On further exploration, we have determined that the research presented in the manuscripts in question was neither conducted at nor approved by the University of Alberta. Absent any conclusion on the specifics, we have no jurisdiction to proceed further.



**UNIVERSITY
OF ALBERTA**



From: Peter Nickerson <Peter.Nickerson@umanitoba.ca>

Date: Wednesday, 13 September 2023 at 1:05 am

To: Ben Mol <ben.mol@monash.edu>

Cc: Diane Hiebert-Murphy <Diane.Hiebert-Murphy@umanitoba.ca>

Subject: Re: STRICTLY CONFIDENTIAL: Concern about work from Dr. Abou-Setta

Hello Professor Mol,

First, I apologize for not responding to your earlier emails, I had been on vacation and finally catching up.

At the University of Manitoba this issue is attended to by our Vice President Research and International Office (Dr. Mario Pinto). We forwarded your information to Dr Pinto office back at the time of your first email in February. His comment back to my office was that this related to activity at a time when he was affiliated with the University of Alberta and hence, they would have to be the institution to take this forward. Again apologies, I was under the impression that this would have been communicated to you.

Kind regards,

Peter

Association of Hydroxyethyl Starch Administration With Mortality and Acute Kidney Injury in Critically Ill Patients Requiring Volume Resuscitation

A Systematic Review and Meta-analysis



Ryan Zarychanski, MD, MSc

Ahmed M. Abou-Setta, MD, PhD

Alexis F. Turgeon, MD, MSc

Brett L. Houston, BSc

Lauralyn McIntyre, MD, MSc

John C. Marshall, MD

Dean A. Fergusson, PhD, MHA

parator fluids.⁹ A further explanatory factor may be the influence of research misconduct or author bias.^{10,11}

In 2011, 86% (88 of 102) of the research published by Joachim Boldt, MD, since 1999 was retracted after a government investigation reported research misconduct reflecting failure to acquire ethical approval for research and fabrication of study data.^{10,11} The effect of these retractions has been far-reaching. All major systematic reviews and clinical guidelines are now being revised to account for the retracted data and permit sensitivity analyses on the remaining publications by Boldt et al.

with reduced mortality. Moreover, after exclusion of 7 trials performed by an investigator whose research has been retracted because of scientific misconduct, hydroxyethyl starch was associated with a significant increased risk of mortality and acute kidney injury. Clinical use of



TABLE 1

Characteristics of participants at baseline.

Characteristic	Group A (n = 39)	Group B (n = 39)
Age at start of treatment (y)	49 ± 4.3	50 ± 3.9
Height (cm)	165.5 ± 5.3	163.4 ± 5.6
Weight (kg)	67 ± 10.2	65.8 ± 10.7
Mean age at menopause (y)	50.2 ± 6.5	49.8 ± 6.3
Years of menopause	5.6 ± 4.3	5.8 ± 4.5
Parity (n)	2.8 ± 1.8	2.7 ± 1.7

Note: Values are mean ± SD. The *P* value for all data was not significant.

Casini. *PHY and psychological assessment in menopause. Fertil Steril* 2006.

973

Casini 2006

TABLE 1

Characteristics of participants at baseline.

Characteristic	Group A (n = 179)	Group B (n = 197)
Age at start of treatment (years)	49 ± 4.3	50 ± 3.9
Height (cm)	165.5 ± 5.3	163.4 ± 5.6
Weight (kg)	67 ± 10.2	65.8 ± 10.7
Mean age at menopause (y)	50.2 ± 6.5	49.8 ± 6.3
Years of menopause	5.6 ± 4.3	5.8 ± 4.5
Parity (n)	2.8 ± 1.8	2.7 ± 1.7

Note: Unless otherwise specified, values are mean ± SD. The *P* value for all data was not significant.

Unfer. *Phytoestrogen long-term treatment. Fertil Steril* 2004.

Unfer 2004b

With the journal since august 2023



I have been accused of being a racist by numerous authors from 4 countries

Multiple authors complaining at my university

20 of my own papers have been accused of fabrication and investigated, all without any finding of wrongdoing (one correction).

Position and integrity of the uterine scar is determined by cervical dilation at the time of Caesarean section

Rasha Kamel*¹, Andrea Kaelin Agten*², Laure Noel³, Tamer Eissa¹, Marwa Sharaf¹, Sherif Negm^{#1}, Baskaran Thilaganathan^{#3,4}
(*Joint first authors, #Joint senior authors)

¹Maternal- Fetal Medicine Unit, Department of Obstetrics and Gynaecology, Cairo University, Kasr Al-Ainy University Hospitals, Egypt;

²Fetal Medicine Unit, Nottingham University Hospitals NHS, Nottingham, UK ;

³Fetal Medicine Unit, St George's University Hospitals NHS Foundation Trust, University of London, London, UK ;

⁴Vascular Biology Research Centre, Molecular and Clinical Sciences Research Institute, St George's University of London, London, UK;




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Position and integrity of uterine scar are determined by degree of cervical dilatation at time of Cesarean section

R. KAMEL¹, T. EISSA¹, M. SHARAF¹, S. NEGM^{1#} and B. THILAGANATHAN^{2,3#}

¹Maternal-Fetal Medicine Unit, Department of Obstetrics and Gynecology, Cairo University, Kasr Al-Ainy University Hospital, Egypt;

²Fetal Medicine Unit, St George's University Hospitals NHS Foundation Trust, University of London, London, UK; ³Vascular Biology Research Centre, Molecular and Clinical Sciences Research Institute, St George's University of London, London, UK

Position and integrity of the uterine scar is determined by cervical dilation
at the time of Caesarean section

Rasha Kamel*¹, Andrea Kaelin Agten*², Laure Noel³, Tamer Eissa¹, Marwa

Sharaf¹, S

(*Joint first

¹Maternal

Cairo Uni

²Fetal Me

³Fetal Me

University

⁴Vascular

Institute,

A	B	C	D	E	F	G	H	I	J
Age	Height	Weight	BMI		Parity	Ethnicity	Date of CS	CS type (Em or El)	CX.dilatation
21yrs	163	65	24.4646		0	white		emergency	5cm
32yrs	162	73	27.8159		2	white		emergency	7cm
30yrs	155	65	27.0552		1	white		emergency	3cm
25yrs	166	69	25.0399		2	african		emergency	5cm
19yrs	168	88	31.1791		0	white		elective	0cm
29yrs	170	95	32.872		3	white		emergency	4cm
32yrs	162	71	27.0538		3	white		Emergency	10cm
20 yrs	157	85	34.4842		0	white		Elective	3cm
22 yrs	159	68	26.8977		0	white		emergency	8cm
27yrs	152	70	30.2978		0	white		Emergency	6cm
22yrs	158	67	26.8386		0	white		Emergency	5cm
28yrs	162	73	27.8159		1	white		Elective	1cm
28yrs	160	82	32.0313		1	white		Emergency	5cm
32yrs	170	80	27.6817		0	white		emergency	6cm
21yrs	163	78	29.3575		0	white		emergency	7cm
20 yrs	159	73	28.8754		0	white		emergency	4cm
32yrs	162	75	28.578		3	white		Emergency	6cm
29yrs	171	85	29.0688		2	white		Emergency	5cm
21yrs	169	71	24.8591		1	white		elective	2cm
18yrs	163	79	29.7339		0	white		emergency	6cm
18 yrs	155	67	27.8876		0	white		emergency	5cm
26yrs	165	87	31.9559		0	white		Emergency	4cm
30yrs	177	81	25.8546		2	african		elective	0cm
34yrs	165	74	27.1809		2	white		emergency	4cm
43	166	64	23.2254		0	white		Elective	0cm

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R. KAMEL¹©, T. E

¹Maternal-Fetal Medicine U

²Fetal Medicine Unit, St George's University Hospitals NHS Foundation Trust, University of London, London, UK; ³Vascular Biology
Research Centre, Molecular and Clinical Sciences Research Institute, St George's University of London, London, UK

Position and integrity of the uterine scar is determined by cervical dilation

at the time of Caesarean section

Rasha Kamel¹, Andrea Kaelin Agten², Laure Noel³, Tamer Eissa¹, Marwa

Sharaf¹, S

(*Joint first

¹Maternal

Cairo Uni

²Fetal Me

³Fetal Me

University

⁴Vascular

Institute,

	A	B	C	D	E	F	G	H		Date of CS	Date of US
	Age	Height	Weight	BMI		Parity	Ethnicity	Date of CS	CS		
	21yrs	163	65	24.4646		0	white			21/05/2019	08/05/2019
	32yrs	162	73	27.8159		2	white			21/05/2019	09/05/2019
	30yrs	155	65	27.0552		1	white			21/05/2019	09/05/2019
	25yrs	166	69	25.0399		2	african			23/05/2019	09/05/2019
	19yrs	168	88	31.1791		0	white			23/5/2019	09/05/2019
	29yrs	170	95	32.872		3	white			23/5/2019	09/05/2019
	32yrs	162	71	27.0538		3	white		Er	30/3/2019	09/05/2019
	20 yrs	157	85	34.4842		0	white		El	31/3/2019	10/05/2019
	22 yrs	159	68	26.8977		0	white			31/3/2019	10/05/2019
	27yrs	152	70	30.2978		0	white			31/3/2019	11/05/2019
	22yrs	158	67	26.8386		0	white			31/3/2019	08/06/2019
	28yrs	162	73	27.8159		1	white			31/3/2019	08/06/2019
	28yrs	160	82	32.0313		1	white			21/4/2019	08/06/2019
	32yrs	170	80	27.6817		0	white		er	26/4/2019	08/06/2019
	21yrs	163	78	29.3575		0	white			26/4/2019	08/06/2019
	20 yrs	159	73	28.8754		0	white			27/4/2019	08/07/2019
	32yrs	162	75	28.578		3	white			27/4/2019	08/07/2019
	29yrs	171	85	29.0688		2	white			27/4/2019	08/07/2019
	21yrs	169	71	24.8591		1	white			27/4/2019	08/07/2019
	18yrs	163	79	29.7339		0	white			30/3/2019	08/07/2019
	18 yrs	155	67	27.8876		0	white		er	28/05/2019	09/07/2019
	26yrs	165	87	31.9559		0	white		Er	23/06/2019	09/07/2019
	30yrs	177	81	25.8546		2	african		el	28/05/2019	09/07/2019
	34yrs	165	74	27.1809		2	white		er	30/7/2019	09/07/2019
	43	166	64	23.2254		0	white			04/01/2019	09/07/2019
										04/01/2019	
										04/01/2019	
										04/01/2019	

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R. KAMEL¹✉, T. E

¹Maternal-Fetal Medicine U

²Fetal Medicine Unit, St George's University Hospitals NHS Foundation Trust, University of London, London, UK; ³Vascular D

Research Centre, Molecular and Clinical Sciences Research Institute, St George's University of London, London, UK

C O P E | PROMOTING INTEGRITY IN
RESEARCH AND ITS PUBLICATION

WILEY

ULTRASOUND

in Obstetrics & Gynecology

EDITOR EMERITUS

Basky Thilaganathan
UK





From: "THILAGANATHAN, Basky (ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST)" <basky.thilaganathan@nhs.net>

Date: Saturday, 6 March 2021 at 9:52 pm

To: Ben Mol <ben.mol@monash.edu>

Cc: Jim Thornton <Jim.Thornton@nottingham.ac.uk>

Subject: RE: Your paper published in UOG

Dear Ben and Jim

You are conducting an extensive international campaign of research investigation with no clear protocol by your own admission. Quite astounding hypocrisy on both your parts for scrutinising the conduct of other studies for protocol and biases, without paying any heed to the your own study without protocol.

You both claim to "investigate what you see" and seem to consider this acceptable - well, here is what I "see". You are both disproportionately selecting Middle-Eastern studies for investigation in the same way that a shop detective racially profiles and follows a dark-skinned individual around the store. You clearly don't 'see' this in your campaign, and quite frankly, denying it on the basis of the *tu quoque* fallacy of saying my best friend is black or the love of my life is Muslim no longer washes as it did in the days of the Klu Klux Klan.

Whilst I applaud your commitment to "Again" campaign. I beg to differ about supply with the nationalities and religious respective hospitals, universities and

I would be grateful if you could both support for Research Governance.

I hope you enjoy this lovely weekend!
Basky

.....saying my best friend is black or the love of my life is Muslim no longer washes as it did in the days of the Klu Klux Klan.



From: Brian Patel <brianpatel55@gmail.com>
Sent: 14 June 2021 23:15
To: gmc@gmc-uk.org; notifications@ahpra.gov.au
Cc: simon.barrett@monash.edu; Brigitte Scammell <mszbs@exmail.nottingham.ac.uk>
Subject: **Racial** Stereotyping in Academic Medicine: Profs Ben Mol and Jim Thornton

Dear Sir

We wish to make a formal complaint to the GMC/AHPRA regarding **racism** in academic medicine about Professors Ben Mol (Monash University, Australia) and Jim Thornton (Nottingham University, UK).

The issue of misconduct in research is an important one and these two professors have made it their end of career mission to seek and expose what they believe to be fraudulent publications. Whilst we applaud their mission and sense of purpose, we cannot condone the methodology they use to conduct their campaign.

Professors Mol and Thornton profile and select the studies they investigate based on the country of origin rather than use an appropriate scientific approach or inclusive methodology. We have attached a spreadsheet of the studies they have decided to or are investigating - obtained from an academic colleague of theirs. It is evident that almost all of the studies they have chosen to look at is of Middle Eastern origin - principally from Egypt.

It is a great concern to us and other academics that Professors Mol and Thornton choose to only investigate studies on the basis of **racial** stereotyping of the researchers. No matter how honourable their mission, this approach cannot be correct. It is no better than members of a police force who only choose to profile and investigate black individuals on suspicion of criminal activity.

We apologise for the anonymous nature of this complaint, but these two professors have a reputation for being aggressive and punitive. The researchers on this list would testify to the harassing approach of these two Professors who presume that most Egyptian researchers are guilty of misconduct without due or fair scientific process.

A group of concerned academics

Anonymous complaint against me at AHPRA accusing me of racism
This complaint was accompanied with an attachment spreadsheet
that I only had shared with Basky at the time.



RESEARCH

Open Access



Fetal echocardiographic parameters in pregnancies complicated by diabetes: a case control study

Amal Darwish¹, Maged Abdel-Racouf², Rasha Kamel³, Emad Salah¹, Mai Salah⁴ and Ahmed Okasha^{5*}

groups	age	HbA1C	MitralE	MitralA	MitralEA	PAV	AAT	VFT	IVCT	VET	IVRT	MPI	IVST
diabetic	28	5.4	31	48	0.64	66	30	19	46	166	43	0.5	4.5
diabetic	31	5.7	23	37	0.62	87	60	180	30	15	50	0.53	3.2
normal	19	4	20.1	32	0.63	55.9	50	150	40	170	60	0.59	2.4
normal	19	4	20.1	32	0.63	55.9	50	150	40	170	60	0.59	2.4
normal	21	4	30	41	0.73	60	50	160	34	160	36	0.44	2.3
normal	21	4	30	41	0.73	60	50	160	34	160	36	0.44	2.3
normal	21	4.6	28.9	52.5	0.55	71	57	153	62	147	74	0.87	3.4
normal	21	4.6	28.9	52.5	0.55	71	57	153	62	147	74	0.87	3.4
normal	22	4.5	30.7	44.49	0.69	49.6	47	130	30	170	39	0.4	3.4
normal	22	4.5	30.7	44.49	0.69	49.6	47	130	30	170	39	0.4	3.4
normal	24	4.5	30.8	37.7	0.82	53.9	43	130	43	160	40	0.52	3.7
normal	24	4.5	30.8	37.7	0.82	53.9	43	130	43	160	40	0.52	3.7
normal	20	4.4	29	45.45	0.64	75	70	200	30	150	40	0.47	3.9
normal	20	4.4	29	45.45	0.64	75	70	200	30	150	40	0.47	3.9
diabetic	20	5.2	25.7	51	0.5	53.25	60	160	49	160	40	0.51	3.5
normal	26	4.2	39	48.75	0.8	128	60	166	53	164	47	0.63	4.5
normal	26	4.2	39	48.75	0.8	128	60	166	53	164	47	0.63	4.5
normal	23	4.8	31	44.6	0.7	58	60	150	31	181	60	0.5	2.9
normal	23	4.8	31	44.6	0.7	58	60	150	31	181	60	0.5	2.9
normal	22	4.2	19	31.1	0.61	66	50	220	40	150	50	0.6	4
normal	22	4.2	19	31.1	0.61	66	50	220	40	150	50	0.6	4
diabetic	33	6.9	33.6	60	0.56	100	60	110	40	122	5	0.74	5
normal	28	4.1	24	39.4	0.61	77	50	155	34	172	49	0.48	3.4
normal	28	4.1	24	39.4	0.61	77	50	155	34	172	49	0.48	3.4
normal	30	4.6	27	43.5	0.62	74	50	140	35	160	36	0.45	2.6
normal	30	4.6	27	43.5	0.62	74	50	140	35	160	36	0.45	2.6
normal	25	4.3	20.3	39	0.52	64	50	180	30	160	50	0.5	4
normal	25	4.3	20.3	39	0.52	64	50	180	30	160	50	0.5	4
diabetic	19	6.4	22.1	38.2	0.58	63.4	90	160	48	160	54	0.58	3.7
diabetic	27	5.5	20.58	49.59	0.42	54.83	70	150	52	140	60	0.64	4
normal	24	4.3	18	33.33	0.54	64	30	170	30	180	45	0.44	3.1

RESEARCH

Open Access



Fetal echocardiographic parameters in pregnancies complicated by diabetes: a case con

Amal D: On Mon, 8 Apr at 7:20 AM , Jim Thornton <jim.thornton@nottingham.ac.uk> wrote:

From: Tovah Aronin <tovah.aronin@biomedcentral.com>

Sent: 19 April 2024 19:31

Dear Dr. Thornton,

Thank you for your email below regarding your concerns about the data for the specified paper in *BMC Pregnancy and Childbirth*. I will look into your concerns. Please be aware that these investigations are confidential and often lengthy, so I may not be in touch with you again for some time.

Best wishes,
Tovah Honor Aronin, Ph.D.

Team Manager
BMC-series Journals


One New York Plaza, Suite 4600
New York, NY 10004-1562
USA

Please be aware that these investigations are confidential and often lengthy, so I may not be in touch with you again for some time.

groups	age	HbA1C	MitralE	MitralA	MitralEA	PAV	AAT	VFT	IVCT	VET	IVRT	MPI	IVST
diabetic	28	5.4	31	48	0.64	66	30	19	46	166	43	0.5	4.5
diabetic	31	5.7	33	37	0.62	87	60	180	30	15	50	0.53	3.2
					0.63	55.9	50	150	40	170	60	0.59	2.4
					0.63	55.9	50	150	40	170	60	0.59	2.4
					0.73	60	50	160	34	160	36	0.44	2.3
					0.73	60	50	160	34	160	36	0.44	2.3
					0.55	71	57	153	62	147	74	0.87	3.4
					0.55	71	57	153	62	147	74	0.87	3.4
					0.69	49.6	47	130	30	170	39	0.4	3.4
					0.69	49.6	47	130	30	170	39	0.4	3.4
								130	43	160	40	0.52	3.7
								130	43	160	40	0.52	3.7
								200	30	150	40	0.47	3.9
								200	30	150	40	0.47	3.9
								160	49	160	40	0.51	3.5
								166	53	164	47	0.63	4.5
								166	53	164	47	0.63	4.5
								150	31	181	60	0.5	2.9
								150	31	181	60	0.5	2.9
												0.6	4
												0.6	4
												0.74	5
												0.48	3.4
												0.48	3.4
												0.45	2.6
												0.45	2.6
								180	30	160	50	0.5	4
								180	30	160	50	0.5	4
								160	48	160	54	0.58	3.7
								150	52	140	60	0.64	4
								170	30	180	45	0.44	3.1
								170	30	180	45	0.44	3.1
								180	40	140	70	0.78	4.3
								130	30	170	40	0.41	2.9
								130	30	170	40	0.41	2.9
normal	32	4.5	23.6	44	0.54	60	40	130	30	170	40	0.41	2.9
diabetic	24	6.1	19	35	0.54	42	40	150	39	145	61	0.69	4.8
normal	23	4.3	19	29.23	0.65	160.9	40	190	40	170	40	0.47	2.8
normal	23	4.3	19	29.23	0.65	160.9	40	190	40	170	40	0.47	2.8



university of
groningen

Ultrasound and childbirth

PhD thesis

Rasha Kamel

to obtain the degree of PhD at the
University of Groningen
on the authority of the
Rector Magnificus Prof. C. Wijmenga
and in accordance with
the decision by the College of Deans.

This thesis will be defended in public on

June 9th 2023 at 9:00 hours

Rijksuniversiteit Groningen (RUG)



I have asked advice from the committee for publication ethics (COPE) in five series of cases about evident fabrication that was not dealt with in reasonable timelines. Despite evident fabrication, publishers state after years ‘they are looking for a statistician’ or that ‘a case is complicated as the author is not sharing data’. COPE subsequently confirmed this was all according to their guidelines.



My conclusion:

- The COPE post-publication system is broke
- Women and children pay the price

