

Correspondence

The Insights Lost from Ambiguous Retraction Notices

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The Council of Publication Ethics (COPE) recommends that the reasons behind a retraction are transparently stated in a retraction notice.¹ Subsequently, the European Association for Science Editors (EASE) developed a standardised retraction form for editors to ensure the completeness of the retraction notices they produce.² Here, I hope to supplement the largely conceptual and quantitative body of work underpinning this recommendation with an illustrative example of how vague retraction notices limit research progress.

I am in the process of understanding how TriNetX, a rapidly expanding clinical data network, can be utilised to increase the research capacity of research-active hospitals. TriNetX consists of a network of hundreds of hospitals globally. Participating hospitals are able to query the network, which will then return compiled deidentified data from electronic health records. TriNetX also provides a streamlined analytics platform allowing researchers to complete fundamental retrospective analyses on datasets at a scale that would otherwise be impossible to collate. The platform was used to produce 261 publications in 2021 alone.³

While this platform has eliminated many obstacles present in traditional epidemiological analyses, the accelerated pace of a normally laborious method expands the potential for misconduct in medical research. Previously, a clinical research team would need to hold prerequisite epidemiological, statistical, and programming knowledge to conduct a retrospective analysis able to pass editorial desk review. In a TriNetX-participating institute, a clinician with none of this specialised training can generate a series of figures and statistical inference results from a large-scale

retrospective analysis in 30 minutes. Given the common disconnect between clinicians' dedicated research time and the research targets set for them, it is plausible that TriNetX is misused (intentionally or unintentionally) to alleviate publishing pressures.

To test this hypothesis and gain insights into how this software may be misused, I performed a PubMed search on 23 October for "TriNetX" in all fields and filtered for retractions and expressions of concern; four results were returned, all in journals published by the International Institute of Anticancer Research. One article was retracted in *Anticancer Research* "due to significant concerns about the authenticity of the contributions from the listed authors and the overall integrity of the data and results presented in the study."⁴ The three other retractions in *In Vivo* were publicised in a batch retraction notice alongside two other non-TriNetX articles. No individual reasons are discussed for each article; instead, an overarching statement was made, which states that the journal found "significant concerns about the validity and authenticity of the data, methodology, and authorship claims in these studies."⁵

While these journals should be commended for preserving the scientific record and retracting untrustworthy research, I was not able to learn anything from the retraction notices written. As a result, the important question of how TriNetX is misused remains unanswered. Insights that could be used to train new users of the platform or serve as points of reference for reviewers of TriNetX-based analyses are lost. Retractions do not just correct the scientific record, but they are crucial datapoints that inform meta-research and research education. Their transparency is invaluable.

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