

Diversity and quality in otolaryngology research

This year starts with a tremendous demonstration of the breadth and quality of Australian research in otolaryngology. A quality effort from a Victorian research group demonstrates the impact of celecoxib, a cyclooxygenase 2 selective non-steroidal anti-inflammatory drug, on post-operative tonsillectomy outcomes.¹ It is a great effort to produce a Consolidated Standards of Reporting Trials ('CONSORT'; <http://www.consort-statement.org/>) compliant trial. This reporting statement represents an evidence-based, minimum set of recommendations for reporting randomised trials. It offers a standard way for authors to prepare reports of trial findings, facilitating their complete and transparent reporting, and aiding their critical appraisal and interpretation.

Such statements are invaluable as they provide an easy template or checklist for what is expected in scientific literature. There was a terrific effort from Adelaide researchers to show compliance with Preferred Reporting Items for Systematic Reviews and Meta-Analyses ('PRISMA'; <http://www.prisma-statement.org/>) as a template for their systematic review on hyaluronic acid sinus dressings.² These structured reviews have a methodology to them to avoid author bias; in addition, they contrast with the more narrative reviews such as that on temporomandibular joint disorders, which are valuable, but are very much a clinician perspective.³ Another resource for systematic reviews is the Cochrane Handbook (<http://training.cochrane.org/handbook>).

Although many of us may never produce a full systematic review or undertake a true randomised trial, these documents provide a learning platform for new manuscript writers. For lower levels of evidence, there exists a series of other guides: Meta-Analysis of Observational Studies in Epidemiology ('MOOSE'; <http://www.equator-network.org/reporting-guidelines/>), Standards for Reporting Diagnostic Accuracy ('STARD'; <http://www.stard-statement.org>), Strengthening the Reporting of Observational Studies in Epidemiology ('STROBE'; <http://www.strobe-statement.org>) (used in observational research, such as cohort, case-control and cross-sectional studies), and Consensus-based Clinical Case Reporting Guideline Development ('CARE'; <http://www.equator-network.org/reporting-guidelines/care/>). The latter guidelines are intended to ensure 'completeness, transparency and data analysis in case reports and data from the point of care'.

Any prospective author should consult these documents to ensure their submission meets the reporting standards. Some journals even request a completed Strengthening the Reporting of Observational Studies in Epidemiology guidelines checklist to ensure that appropriate due diligence has been undertaken by authors. This is a standard that we should all strive for.

The range of research in this issue, from acute mastoiditis,⁴ to training,⁵ voice⁶ and factors impacting the quality of neck dissections,⁷ underpins the research efforts in the Australian otolaryngology community. Improving study design and reporting will only further push our efforts onto the global stage. Please consider these reporting documents for your next submission. *The Journal of Laryngology & Otology* has a high acceptance rate for Australian research that is original, well designed and by authors willing to incorporate their peers' review.

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