

## Citing Preprints in Manuscripts and Grants

Preprints allow more rapid dissemination of research than traditional peer-reviewed publications, which can take months or even years. In fields such as mathematics and physics, researchers have been circulating preprints—even as hard copies sent by mail—for decades.<sup>1</sup> Biomedical scientists have been slower to adopt preprints, but most biomedical journals now allow submission of manuscripts that have previously been published as preprints. Thus, preprints seem to finally be gaining a foothold in biomedicine, and the COVID-19 pandemic accelerated this trend.<sup>2</sup> Now, preprint servers are used commonly enough that authors and grant applicants may wish to cite preprints or peer-reviewed articles that originated as preprints. In general, preprints can be cited anywhere other articles are cited, but it's critical that citations distinguish between preprints and peer-reviewed articles.

When citing a preprint, make clear that the item cited is a preprint and provide a stable link at which the preprint can be accessed (DOI and/or URL). If applicable, indicate which version of the preprint was used by providing a version number or the posting date. The *AMA Manual of Style*<sup>3</sup> recommends the following format, although non-JAMA journals may use different styles:

Nelson AR, Xian H, Shalapour S, Cammenga J, Karin M. IRF1 regulates self-renewal and stress-responsiveness to support hematopoietic stem cell maintenance. bioRxiv. Preprint posted online March 2, 2023. doi: 10.1101/2023.01.24.525321

The International Committee of Medical Journal Editors (ICMJE) recommends that if a preprint is subsequently published in a peer-reviewed journal, the peer-reviewed version should be cited if appropriate.<sup>4</sup> However, the *AMA*

*Manual of Style* recommends that “the version cited is the version used”; that is, you should cite the document from which you gathered the referenced information, whether that is a version of the preprint or the published, peer-reviewed article.<sup>3</sup>

Preprints posted in appropriate repositories can also be cited in NIH grant applications and progress reports.<sup>5,6</sup> NIH considers preprints a type of “interim research product,” defined as “complete, public research products that are not final.” Interim research products may be cited in NIH grant materials anywhere references are cited—for instance in the Bibliography & References Cited section of the Research Strategy, in biosketches, and in progress report publication lists. You can also link preprints resulting from NIH-funded research to your award in your NCBI My Bibliography account.

NIH’s policy focuses on how applicants and awardees should cite their own interim research products. Citing others’ preprints in grant applications is also allowed, but as described above for journal articles, some caution is needed. Preprints cited in grants should be identified as preprints and interpreted appropriately considering that they have not been peer-reviewed. Also, keep in mind that NIH reviewers consider the rigor of the prior research you cite to support your proposed research, so when you need to establish a strong scientific basis for your studies, citations of peer-reviewed studies are preferable when available. Thus, a good rule of thumb for the Research Strategy is to treat preprints—yours or someone else’s—as you would treat preliminary data.<sup>6</sup>

The ICMJE also recommends caution when citing preprints that were posted long ago but never published, although they state that “the time interval of concern will vary depending on the topic and specific reasons for citation.”<sup>4</sup>

## References cited

1. Garisto D. Preprints make inroads outside of physics. *APS News* 2019;28(9). <https://www.aps.org/publications/apsnews/201909/preprints.cfm>
2. Tutt B. The growing acceptance of preprints in biomedical publishing. *The Write Stuff* 2018;18(4). [https://openworks.mdanderson.org/writestuff\\_2021/5/](https://openworks.mdanderson.org/writestuff_2021/5/)

3. Fischer L, Frank P. Online journal articles, preprints, and manuscripts. In: Christiansen SL, Iverson C, Flanagan A, et al. *AMA Manual of Style: A Guide for Authors and Editors*. 11<sup>th</sup> ed. Oxford University Press, 2020. Updated May 28, 2020. Accessed April 24, 2023. <https://academic.oup.com/amamanualofstyle/book/27941/chapter/207563234#395777865>
  4. International Committee of Medical Journal Editors. *Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals*. Updated May 2022. Accessed April 28, 2023. <https://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/overlapping-publications.html#three>
  5. National Institutes of Health. Reporting preprints and other interim research products. NOT-OD-17-050. March 24, 2017. Accessed April 24, 2023. <https://grants.nih.gov/grants/guide/notice-files/not-od-17-050.html>
  6. Deming S. New NIH guidance on citing interim research products in grant applications: a note of caution. *The Write Stuff* 2017;14(2):2. [https://openworks.mdanderson.org/writestuff\\_2017/2/](https://openworks.mdanderson.org/writestuff_2017/2/)
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## "Toxicity" vs. "Toxic Effect": Which Is Better?

Is it correct to use the word *toxicity* when referring to a treatment's toxic effect in the body? Consider these sentences:

The most common toxicities reported were fatigue and diarrhea.  
No grade 3 toxicities occurred.

According to the *AMA Manual of Style*, such usage is incorrect. As the manual explains, "Toxicity is the quality, state, or degree of being poisonous. A patient is not toxic. A patient does not have toxicity."<sup>1</sup> Preferred wording would be *toxic effect*, *toxic reaction*, or *adverse effect*.

### **Preferred:**

The most common toxic reactions reported were fatigue and diarrhea.  
No grade 3 toxic effects occurred.  
The toxicity of the drug combination was studied.

In practice, the use of *toxicity* to mean *toxic effect* has become more frequent since we wrote [a posting about this topic](#) a decade ago. We suspect that the common usage will eventually be considered acceptable by the *AMA Manual*. In the meantime, because this manual is the leading stylebook for

biomedical publishing, and because many journals adhere to it, we recommend following its guidance to use *toxic effect*. However, if you choose to use *toxicity*, you won't be misunderstood.

## Reference

1. Frey T, Young RK. Correct and preferred usage. In *AMA Manual of Style*, 11th ed. New York, NY: Oxford University Press; 2020. Accessed May 15, 2023. <https://academic.oup.com/amamanualofstyle/book/27941/chapter/207567296>

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## Microsoft Editor: Intelligent Writing Assistance

Microsoft Editor is like Grammarly. It provides advanced help with grammar, spelling, tone, etc. Look for the blue dashed line, blue double-lines, or red squiggly lines for suggestions. Editor is only integrated through [office.com](https://office.com) on MD Anderson computers (it's not available on the desktop version of Word at this time). View a [short video](#) and [slides](#) from Tool Time Tuesday to learn more.

### Getting Started

Go to [office.com](https://office.com) and open your Word document. Editor is listed under the "Home" tab. You will see a score at the top of the Editor pane. Don't read too much into this score.

**Remember, you are writing for your audience. You are not writing for the editor!** Below the score, you can select a style of writing, including "Formal," "Professional," and "Casual." Here are a few of the features:

- **Corrections.** Corrections include spelling and grammar errors. Corrections are generally MUST FIX issues. You should review these.
- **Rewrite suggestions.** Highlight one or more sentences. Right-click on the highlighted text and choose "rewrite suggestions."
- **Refinements.** Refinements are just suggestions. They're not necessary to correct in all cases. If there's a check mark, you're clear. If there's a number, you may want to review.

- **Document Stats.** Select the Editor button to see the editing options. In the pane, choose “Document stats.” These include word count, number of paragraphs, time “to read” or “to speak,” difficulty to read score, and total suggestions from “Editor.”

### **Browser Extension**

Download the [browser extension](#) for Chrome or Edge to use Editor. This works in other apps like Outlook online, Gmail, LinkedIn.

- The app automatically adds a squiggly line in different colors that you can click on.
- From the browser extension, turn options on or off (spelling, grammar, refinements).
- Choose a Proofing Language (Spanish, Chinese, Vietnamese, etc.). Choose proofing options per language.
- Exclude Editor from specific websites.

When in doubt, ask an editor! The Research Medical Library has editors on call every day to answer your writing questions. Contact us at [RML-Editing@mdanderson.org](mailto:RML-Editing@mdanderson.org).

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## **LGBTQIA+ eBooks, Audiobooks, and Resources**

Celebrate and support Pride Month with the library’s special collection in Libby. [The Pride Collection](#) includes audiobooks and eBooks celebrating LGBTQIA+ communities.

If you’re looking for information on how to search the LGBTQ health literature, the library recommends the [Yale University Guide on LGBTQIA+ Health Resources](#). This guide is intended for students, researchers, health professionals, and anyone who wants to improve their knowledge and awareness of LGBTQ health. We highlight a few resources on the guide below.

If you have any questions about using these resources, please contact library staff at [RML-Help@mdanderson.org](mailto:RML-Help@mdanderson.org).

- [Policy Reports, Papers, and Briefs](#)
- [Guidelines](#)
- [Data and Statistics](#)
- [Teaching Resources](#)
- [Research Resources](#)

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Visit the library's [Education Hub](#) to register for upcoming classes, view helpful videos, or enroll in self-paced courses on scientific writing and literature searching.