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The CONSORT 2010 Statement¹ included a new item (item 24) on the availability of the full protocol of the trial. We applaud the CONSORT Group for adding this very important item. However, this new standard might pose challenges for trialists who developed their protocols in languages different from English and who wish to submit their manuscripts to English-language journals, which most higher-ranked journals are.

Because protocols are usually submitted for ethics approval in the original language, language bias can be introduced if the journal editors only accept the full English version of the protocol. Considering that standards for the full CONSORT statement could only be checked if the editor and the peer reviewers are able to appraise the full protocol (which is only possible if they can assess the protocol in its original language), this item will not necessarily facilitate assessment of adherence after publication.

The burden of translation fees and concerns with the accuracy of translations could add another layer of administration and bureaucracy to an already overburdened research system and discourage trialists from non-English-speaking countries from publishing their research in English (particularly for investigator-initiated research).

We propose that CONSORT explains in its explanatory document that trialists can submit their full protocol in languages other than the language of the journal and provide the link and information in the original language.

We declare that we have no conflicts of interest.

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The CONSORT Statement has changed substantially over the past 14 years. The changes in CONSORT 2010¹ indicate that the reporting quality of randomised controlled trials is still being perfected. However, reporting guidelines such as CONSORT and PRISMA are not well disseminated and implemented in China.

CONSORT was first introduced into China in 1997.² But a recent survey³ showed that less than 5% of Chinese clinical medical journals indexed in MEDLINE or EMBASE recommended CONSORT in their instructions to authors; this proportion was significantly below that of high-impact-factor medical journals.⁴ The survey also showed that more than half of editors had never heard of CONSORT, and that 40% thought there was no need to introduce CONSORT into the instructions to authors. The number of randomised controlled trials done in China has rapidly grown, but it is estimated that the designs of more than 90% of around 2000 randomised trial reports published in Chinese medical journals were flawed.⁵

Since the application of CONSORT has shown benefits in improving reporting quality of randomised trials published in English medical journals, we expect to see the same in Chinese and other non-English medical journals. Maybe the CONSORT group could collaborate with medical associations in developing countries and non-English-speaking countries, and help them regularly train their medical editors. After all, to some extent, medical editors play important parts not only in the publication but in the direction of medicine.

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A new law for allocation of donor organs in Israel

I very much appreciate Jacob Lavee and colleagues' Viewpoint about Israel's new strategy for cadaveric organ donation (March 27, p 1131).¹ I applaud their efforts in advocating for and implementing this important new programme. However, I am a little disappointed that the first proposal of such a plan was attributed to Thukral and Cummins in 1990. Frederick Lowy and I wrote a paper that appeared in July, 1989,² outlining such a programme.

We wrote: "We propose that people from the age of 18 years be allowed to enrol voluntarily in an organ donation program. Any person joining this program would agree to permit all usable organs to be taken for transplantation at the time of death. In return he or she would have priority for receiving organs generated by the program that might be needed at a future date..."

In a subsequent article,³ we argued that "Increasing the availability of cadaveric organs is most desirable, since it would decrease (although probably not eliminate) the need for living organ transplantation and would provide organs (ie, hearts) that could not otherwise be obtained."

The printed journal includes an image merely for illustration