The most important and influential papers in tobacco control: results of an online poll

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In a recent issue, we published a list of the 100 most cited authors who have published work relevant to tobacco control.1 We also listed the 50 most cited papers in our field. That exercise produced lists of authors and papers dominated by “big epi” work: papers mainly establishing the contribution of tobacco use to disease. Such papers are often published in high impact factor journals and tend to be cited in the introductory sections of other papers.

Constructing the lists by citations alone resulted in some authors appearing who would not normally be considered leaders in tobacco control. They were primarily researchers working in epidemiology—often multi-risk factor epidemiology—whose work involved them in looking at the relation of smoking to disease. There were very few whose work involved tobacco control. Similarly, the 50 most cited papers were also dominated by epidemiological studies. The lists were decidedly narrow in showing the breadth of research scholarship examining all aspects of tobacco control policy, programmes, and the science underpinning these.

Throughout my own career, I have often noted papers that struck me as in some way seminal or as having made a research contribution that changed the ways in which our field thought about strategy and what needed to be done. I thought a parallel exercise where we invited people to vote for what they considered, simply, are the most important and influential papers in tobacco control might produce an interesting list.

METHOD

Over one month, all corresponding authors on papers published in Tobacco Control since 2001, as well as the members of the journal's editorial advisory board and its senior editors, were invited to go to a closed website to nominate up to five papers in each of 12 broad subject categories which they regarded as the “most important and influential papers” on tobacco control. Fifteen author’s emails were returned as non-functional, leaving 202 who were invited to nominate. The software associated with the nomination process allowed the PubMed database to be searched and the unique identifying number of each nominated paper to be extracted to a database. Nominators could not see papers nominated by other nominators.

The 12 lists of papers thus obtained were then placed on a public website and thrown open for public voting for four weeks. Publicity about the voting was placed on the Tobacco Control homepage, on my own website,2 and via the Globalink and Society for Research on Nicotine and Tobacco membership list servers. The software limited each person’s voting to five votes per category. Voters were unable to see the progressive voting totals as they voted. Papers nominated in more than one category were allowed to attract votes in each of their nominated categories.

RESULTS

The nomination phase saw 49 people nominate 658 different papers; 49 (19.8%) made at least one nomination (range 1–60, mean 22.1). The voting phase saw 179 people vote 2966 times for these 658 papers. Papers listed by the nominators were included in the total votes. The 12 lists (tables 1–12) are shown below in order of the number of votes received for the 10 top papers in each category (in two categories there were 11 papers because of tied votes), as well as their citations as shown on the Institute of Scientific Information’s Web of Science site as of June 2005.

Over three quarters of the leading papers were published in five journals: Tobacco Control (40), JAMA (20), BMJ (17), American Journal of Public Health (10), and New England Journal of Medicine (6).

DISCUSSION

Self nominations in the nomination phase were common although, with a few exceptions, by no means dominated any individual’s list. It is possible that some authors may have urged their colleagues to vote for their papers, but if this occurred, it did not appear to be obvious in the pattern of voting. Voters had no way of knowing how many votes would occur, it did not appear to be obvious in the pattern of voting. Voters had no way of knowing how many votes would have been needed to get them “over the line” into the top 10 in any category.

The average number of years since publication of papers in all categories was 8.5 years. In some categories (industry conduct, mass media, and “other”) recent papers dominated the lists, suggesting a recent recall bias may have been operating or, in the case of industry conduct, the avalanche of recent work engendered by the availability of internal industry documents. It may have been that some considered “influence and importance” to mean importance to today’s policy environment.

The lists of papers may be useful to teachers wishing to point students to a range of reading that those working in the field regard as important. Journals sometimes ask a prominent researcher to list important papers they would advise all newcomers to a field to read. This exercise has advanced the spirit of those sorts of lists further by engaging far more in the voting process.

Competing interests: none declared

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1 Byrne F, Chapman S. The most cited authors and papers in tobacco control. Tobacco Control 2005;14:155–60.

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Table 1  Secondhand smoke: 378 votes for 85 nominations. Top 10 received 48.6% of votes

<table>
<thead>
<tr>
<th>Paper</th>
<th>Votes</th>
<th>Citations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hirayama T. Non-smoking wives of heavy smokers have a higher risk of lung cancer: a study from Japan. BMJ 1981; 282:183–5.</td>
<td>52</td>
<td>420</td>
</tr>
<tr>
<td>Barnes DE, Hauser P, Slade J, Bero LA, Glantz SA. 15</td>
<td>38</td>
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</tbody>
</table>

Table 2  Epidemiology of tobacco caused disease: 340 votes for 45 nominations. Top 10 received 50.3% of votes

<table>
<thead>
<tr>
<th>Paper</th>
<th>Votes</th>
<th>Citations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hirayama T. Non-smoking wives of heavy smokers have a higher risk of lung cancer: a study from Japan. BMJ 1981; 282:183–5.</td>
<td>24</td>
<td>420</td>
</tr>
<tr>
<td>Wynder EL, Graham EA. Tobacco smoking as a possible etiologic factor in bronchiogenic carcinoma; a study of 684 proved cases. JAMA 1950;143:329–36.</td>
<td>18</td>
<td>538</td>
</tr>
</tbody>
</table>

Table 3  Cessation: 305 votes for 64 nominations. Top 10 received 44.9% of votes

<table>
<thead>
<tr>
<th>Paper</th>
<th>Votes</th>
<th>Citations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frie MC. US public health service clinical practice guideline: treating tobacco use and dependence. Respir Care 2000;45:1200–62.</td>
<td>12</td>
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</tr>
<tr>
<td>Doll R, Pete R, Boreham J, Sutherland I. Mortality in relation to smoking: 50 years’ observations on male British doctors. BMU 2004; 328:1519.</td>
<td>11</td>
<td>22</td>
</tr>
</tbody>
</table>

*This was a summary of the Surgeon General’s report bearing the same name. It seems likely that some voters thought they may have been voting for the full report.

Table 4  Youth: 254 votes for 60 nominations. Top 10 received 46.5% of votes

<table>
<thead>
<tr>
<th>Paper</th>
<th>Votes</th>
<th>Citations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ling PM, Landman A, Glantz SA. It is time to abandon youth access tobacco programmes. Tobacco Control 2002;11:3–6.</td>
<td>20</td>
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</tr>
<tr>
<td>Ling PM, Glantz SA. Why and how the tobacco industry sells cigarettes to young adults: evidence from industry documents. Am J Public Health 2002;92:908–18.</td>
<td>9</td>
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</tr>
<tr>
<td>Follay RW. Targeting youth and concerned smokers: evidence from Canadian tobacco industry documents. Tobacco Control 2000;9:136–47.</td>
<td>9</td>
<td>33</td>
</tr>
</tbody>
</table>

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Table 5  Epidemiology of tobacco use, knowledge, beliefs and attitudes: 251 votes for 45 nominations. Top 10 received 54.2% of votes

<table>
<thead>
<tr>
<th>Paper</th>
<th>Votes</th>
<th>Citations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shiffman SJ, Pillitteri JL, Burton SL, Rohay JM, Gimbel DR. Smokers’ beliefs about “Light” and “Ultra Light” cigarettes. Tobacco Control 2001;10(suppl 1):i17–23.</td>
<td>22</td>
<td>18</td>
</tr>
<tr>
<td>Grunenberg NE. Have tar and nicotine yields of cigarettes changed? Science 1980;209:1550–1.</td>
<td>11</td>
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<tr>
<td>Weinstein ND, Marcus SE, Moser RP. Smokers’ unrealistic optimism about their risk. Tobacco Control 2005;14:55–9.</td>
<td>11</td>
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</tbody>
</table>

Table 6  Tobacco industry conduct: 243 votes for 68 nominations. Top 10 received 58% of votes

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<thead>
<tr>
<th>Paper</th>
<th>Votes</th>
<th>Citations</th>
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</thead>
<tbody>
<tr>
<td>Dearlove JV, Bialous SA, Glantz SA. Tobacco industry manipulation of the hospitality industry to maintain smoking in public places. Tobacco Control 2002;11:94–104.</td>
<td>11</td>
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<td>9</td>
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<tr>
<td>Barnes DE, Bero LA. Industry-funded research and conflict of interest: an analysis of research sponsored by the tobacco industry through the Center for Indoor Air Research. J Health Polit Policy Law 2002;92:917–30.</td>
<td>9</td>
<td>44</td>
</tr>
</tbody>
</table>
Table 7  Economics: 239 votes for 58 nominations. Top10 received 54.8% of votes

<table>
<thead>
<tr>
<th>Paper</th>
<th>Votes</th>
<th>Citations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warner KE. The economics of tobacco: myths and realities. Tobacco Control 2000;9:78-89.</td>
<td>31</td>
<td>16</td>
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<tr>
<td>Warner KE, Hodgson TA, Carroll CE. Medical costs of smoking in the United States: estimates, their validity, and their implications. Tobacco Control 1999;8:290-300.</td>
<td>9</td>
<td>0</td>
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</tbody>
</table>

Table 8  Policy analysis, advocacy, legislation and litigation: 238 votes for 55 nominations. Top 10 received 47.9% of votes

<table>
<thead>
<tr>
<th>Paper</th>
<th>Votes</th>
<th>Citations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barnes DE, Bero LA. Why review articles on the health effects of passive smoking reach different conclusions. JAMA 1998;279:1566-70.</td>
<td>14</td>
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<td>Wakefield M, Chaloupka F. Effectiveness of comprehensive tobacco control programs in reducing teenage smoking in the USA. Tobacco Control 2000;9:177-86.</td>
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<tr>
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<td>62</td>
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<tr>
<td>Chapman S. Unravelling gossamer with boxing gloves: problems in explaining the decline in smoking. BMJ 1993;307:429-32.</td>
<td>9</td>
<td>32</td>
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Table 9  Tobacco advertising, promotion, PR and packaging: 236 votes for 55 nominations. Top 10 received 47.0% of votes

<table>
<thead>
<tr>
<th>Paper</th>
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<tbody>
<tr>
<td>Fischer PM, Schwartz MP, Richards JW, Goldstein AO, Rajas TH. Brand logo recognition by children aged 3 to 6 years. Mickey Mouse and Old Joe the Camel. JAMA 1991;266:3145-8</td>
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<tr>
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<td>2</td>
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</table>
Special Communication

Table 10  Mass media campaigns: 176 votes for 35 nominations. Top 10 received 64.8% of votes

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<thead>
<tr>
<th>Paper</th>
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<tr>
<td>Borland R, Balfour J. Understanding how mass media campaigns impact on smokers. Tobacco Control 2003;12(suppl I):i45–52.</td>
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Table 11  Pharmacology: 172 votes for 34 nominations. Top 10 received 58.7% of votes

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<thead>
<tr>
<th>Paper</th>
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<tbody>
<tr>
<td>Bialous SA, Yach D. Whose standard is it, anyway? Tobacco Control 2001;10:96–104.</td>
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<td>7</td>
<td>42</td>
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</table>

Table 12  Other: 134 votes for 22 nominations. Top 10 received 78.4% of votes

<table>
<thead>
<tr>
<th>Paper</th>
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<tr>
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Tob Control 2005 14: e1
doi: 10.1136/tc.2005.013177

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