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**NEWSLETTER #110 DECEMBER 2022**

*As 2022 draws to a close, we wish all of our members a happy and healthy New Year!*

### **Cui Bono**

When people do something blatantly outrageous, we often ask ourselves, “What are they trying to prove?” When this involves a scientific study, it can seem as if the researchers can’t stop themselves from designing the study in such a way that it does EVERYTHING possible to skew the results in the desired direction. And study design offers researchers plenty of leeway as they select patients, interventions (both the choice and method of delivery), outcome measures, definitions of success, etc. In the case of a purported placebo-controlled crossover RCT, the choices become positively dizzying with the additional possibilities of defining the “placebo” intervention and directing the randomization.

How do we respond to such a study when it attacks a therapy that we know benefits patients and has been published by what is purported to be one of the best medical journals? Our only recourse is to write a Letter to the Editor, but journals keep a firm grip on this mechanism: they might limit the number of letters they will publish in response to a particular report as well as the length of such letters (and even the number of authors), and they certainly limit the dialogue, which ends with (and waits for) the response of the authors of the original report.

Years ago we encountered a study that seemed designed to fail on every level ([Turner et al.](#)) and experienced just this sort of shut-down when we responded with a [Letter to the Editor](#). Notably, we found that the word count restrained us from pointing out all of the problems with the study design and execution. In their response, the authors of the report brushed off our charges, and the journal would not support continued dialogue.

Largely because of this experience, when we created WIKISTIM, we were careful to include a Discussion Section where comments could be posted and concerns raised

and responded to *ad infinitum*. Thus, our Discussion Section is not limited by time or word count or number of authors or by how many responses a topic has received. And just this month, our web engineer improved the performance of this part of WIKISTIM, making it more stable for future use.

Please visit our upgraded [Discussion Section](#) to add your voice to a topic under consideration (such as the recent paper by [Hara et al.](#) that we criticized in this newsletter last month and which is still garnering a lot of attention) or to start a new topic. We are also happy to report that our own journal, *Neuromodulation*, has agreed to publish multiple letters to the editor about the Hara paper, our own among them.

## Thank You to Dr. Kalia and to NANS

We are pleased to thank Dr. Hemant Kalia for his generous donation. We also continue to be grateful to the North American Neuromodulation Society for its unflinching support, which was especially welcome this month.

## Increase in the Number of Subscribers

WIKISTIM now has 1673 subscribers. Thank you for spreading the word!

## Citations Added From Search on December 15, 2022

Whenever possible, we provide free full-text links. For journals where a full-text PDF downloads immediately when a page is opened or has a “watermark,” we link to the link rather than to the PDF. (If necessary to see all of the lists, please click “View Entire Message.”)

### Deep Brain Stimulation (now 7294 citations)

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### **Dorsal Root Ganglion Stimulation (now 239 citations)**

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### **Gastric Electrical Stimulation (still 518 citations)**

### **Peripheral Nerve Stimulation (now 665 citations)**

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